

## **The dim past and the Origins of COPCORD.**

Recorded by Ken Muirden the original COPCORD  
“Project Coordinator”.



It is perhaps difficult now to appreciate that the origins of COPCORD began in the winter cold of Geneva in January 1981 now 30 years ago. Up until 1977 (designated World Rheumatism Year) WHO had the notion that rheumatic complaints were mainly a problem in the overweight elderly in First World countries. WHO's focus was on “killing diseases” especially in high population areas meaning rural communities in developing countries. The then President of ILAR, Ray Robinson lobbied WHO successfully and found funds for the Geneva meeting to take place. This was between ILAR representatives from the various regions and WHO officials. I was asked (as Secretary-general of ILAR and President of APLAR) to chair the meeting. To assist were no less than three epidemiologists with some experience in the Rheumatic diseases. These were firstly Erik Allander of Sweden whose main achievement was to dream up the acronym COPCORD emphasizing the community based nature of the program and the importance of control. The second was Philip Wood of the UK who had worked previously for WHO in various capacities. Last and by no means least was Hans Valkenburg from the Netherlands –the only participant who had experience of epidemiology and surveys in developing countries, in his case in Southern Africa. I would add to the group of attendees Dick Wigley of New Zealand who uniquely continues to contribute to COPCORD in a practical way as he has from the very beginning.

With only token financial support from WHO the plan decided was to conduct a survey of rheumatic complaints and disability in a population 15 years and over, to provide educational material for health workers and to seek causative risk factors and thus preventative strategies.

COPCORD got off to a literally shaky start in 1985 when Dick, Lourdes Manahan (a Manila rheumatologist) and I traveled in a jeep over an incredibly rough road to a village in central Luzon in the Philippines to survey the population.

Subsequently a more extensive survey was conducted in Indonesia by John Darmawan and from there COPCORD has reached all continents of the world.

Many colleagues have contributed to the success of the program. However, I would like to give special mention to Arvind Chopra. He in his work mainly in India has stressed the importance of prospective studies that amplify so well cross-sectional surveys. This is what helps to identify risk factors contributing to disease and so points to steps that can be taken to achieve control. And the term COPCORD emphasizes not only community but also control. I feel that Hans Valkenburg would have approved.