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Multiple sclerosis (MS), once considered a condition predominantly affecting White populations in North America and Europe, is now recognized as a disease that affects populations across the globe and across race and ethnicity.¹ This recognition is likely due to a number of shared factors, including more awareness of the disease, improved availability of diagnostic testing—particularly MRI—and an increase in the incidence of MS in different geographies.²

Understanding how MS varies across populations is important, as both genetic and environmental differences influence disease presentation, clinical course, and response to treatment. Differential diagnosis may vary according to the incidence of disease mimics in certain geographical areas.³ Genetic factors may also influence how different populations respond to treatment, and this is critical information because most clinical trials are informed predominantly by White North American and European participants.⁴

Significant advances in early identification of MS, discovery of disease-modifying treatments (DMTs), and the development of multidisciplinary care have improved the outlook for people with MS. However, these advances have not been realized globally.⁵ Access to diagnostic studies, DMTs, and multidisciplinary care varies according to geography and is still not attainable in many countries. Additionally, differing socioeconomic realities within high-income countries as well as low-income countries are barriers to optimal health care for MS treatment.

In this special issue of the *International Journal of MS Care (IJMSC)*, *Comprehensive MS Care: A Global Perspective*, we aim to provide a snapshot of MS care across the globe and in different populations. Valeria Rocha, MD; and Carlos Navas, MD, provide an overview of the current status of MS in Latin America. Jad Costa, MD, and colleagues review the realities of MS in the Middle East and North Africa, highlighting the impact of migration and displacement caused by armed conflict. Nicholas Aderinto, MD, reviews the increasing incidence of MS in sub-Saharan Africa and the associated challenges in diagnosis and treatment related to a shortage of neurologists

on that continent. Kaitlyn Palmer, MD; Jill Cochran, PhD, APRN, C-FNP, FAANP; and Marisa McGinley, DO, tackle issues related to the discrepancies in access to care in rural regions in the United States, particularly Appalachia, highlighting that even in countries with well-developed health care systems, access is still far from uniform. Lekha Pandit, MD, DM, PhD, provides an overview of how several treatment and research initiatives in India aim to solve the problems of access to care and availability of DMT. Given *IJMSC's* focus on multidisciplinary care, we have also included a publication from Rehabilitation in Multiple Sclerosis, or RIMS, an international consortium I am sure many of you are familiar with. Their submission focusing on usual care aspects for well-being interventions in progressive MS was led by Marcia Finlayson, PhD, OT Reg (Ont), OTR.

We recognize that although we have sought a diverse and globally representative set of papers, it is not possible to truly capture the reality of MS across the globe. We hope these papers provide readers with a sense of the challenges and the opportunities for MS care across the globe. We also hope this is a call to action to improve MS care irrespective of social or economic standing and geographic location. ■

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