IASP 2025 GLOBAL YEAR
Pain Management, Research and Education in Low- and Middle-Income Settings

FACT SHEET

Gabatarwar Ƙungiyar ƙasa da ƙasa ta nazarin ciwo (IASP) na shekarar 2025: Kula da ciwo, bincike da ilmantarwa a gurare masu ƙaranci da matsakaicin kuɗin shiga

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Gabatarwa:
Taken IASP na shekarar 2025 shi ne: "Kula da ciwo, bincike da ilmantarwa a gurare masu ƙaranci da matsakaicin kuɗin shiga." Wannan take bai taƙaita ga iya ƙasashe masu ƙaranci ko matsakaicin kuɗin shiga ba. Ya ƙunshi gurare masu matsakaici ko ƙarancin kuɗin shiga da kuma al'umma na musamman kamar baƙaƙen fata 'yan asalin Austreliya da mutane masu tarin al'adu da yawa da kuma 'yan gudun hijira a ƙasashe masu ƙarfin tattalin arziƙi. Mayar da hankali a kan gurare masu ƙaranci ko matsakaicin kuɗin shiga yana nuna amincewa da cewa akwai bambance-bambance na zamantakewa da ƙalubale na harkokin lafiya a yankuna daban-daban. Wannan mahanga ce ta kaucewa yin kuɗin goro ta hanyar amfani da taswira. Hakan zai sa a shigar da dukkan nau'ikan mutane domin tabbatar da cewa sun samu kulawar da ta dace game da ciwo. Mutane talatin da biyar yan sa kai daga ƙasashe 24 ne suke aikin aiwatar da wannan muradin wanda kaso 60 cikin ɗari na mutanen sun fito daga ƙasashe masu ƙaranci ko matsakaicin tattalin arziƙi.

Muradai:
Shirin shekarar 2025 shi ne binciko ƙalubale da kuma hanyoyin warware su game da matsalar ciwo a gurare masu matsakaici ko ƙarancin kuɗaɗen shiga. Za a wayar da kai wajen samun kuɗaɗen ɗaukar nauyin bincike-bincike masu inganci da za su kawar da matsalolin kulawa da ciwo, inganta harkar koyar da kula da ciwo ga ma'aikatan lafiya domin kula da masu ciwo da kuma inganta kula da ciwo ta kowace fuska. Bugu da ƙari, akwai muradi na inganta ilimin ciwo ga ma'aikatan asibiti masu kula da masu ciwo da ba wa masu ciwo ilimin kula da kansu da kuma haɗakar ma'aikatan lafiya wajen kula da daɗaɗɗen ciwo[1]. Fatanmu shi ne, hakan zai taimaka wajen shigar da duk mai buƙatar kulawa game da ciwo a cikin tsarin kulawar ba tare da bambanci ba a duk inda suke.

Me ya sa za a mayar da hankali a kan gurare masu matsakaici ko ƙarancin kuɗaɗen shiga:
Duk duniya, ciwo wata babbar matsala ce ga lafiyar al'umma wanda ƙalubalensa ya fi ta'azzara ga ƙasashe masu ƙaranci ko matsakaicin tattalin arziƙi da kuma mutanen da suke cikin hatsarin taɓarɓarewar rayuwa a ƙasashe masu ƙarfin tattalin arziƙi.[2,3] an yi hasashen cewa ƙalubalen naƙasa ta dalilin lalurorin ciwo zai ƙaru a shekaru gommai masu zuwa.[4,5] Kasashe masu ƙaranci ko matsakaicin tattalin arziƙi sun ƙunshi fiye da kaso 4 cikin biyar na al'ummar duniya amma bincike da zai bayar da bayani game da yadda za a kula da waɗannan al'ummomi ya yi ƙaranci.[6] Alal misali, a shekarar 2017, binciken ƙalubalen cututtuka na duk duniya ya samu bincike na asali a ƙasashe ƙalilan masu matsakaici ko ƙarancin tattalin arziƙi. Yawancin ƙasashen sun dogara da alƙaluman yawan cututtukan baya da aka wallafa a wasu sassan duniya.[7]

Dalilai da yawa ne suke hana gabatar da bincike mai inganci a ƙasashe masu ƙaranci ko matsakaicin tattalin arziƙi wanda kwamitin aiki na 2025 zai yi ƙoƙarin daƙile su. Waɗannan dalilai sun haɗa da rashin mayar da hankali a kan bincike a matakin ƙasa ko ma'aikatu da ƙarancin wayewar hakan a gun malamai masu koyarwa da ma'aikatan asibiti da kuma jama'ar gari. Sai kuma ƙarancin ɗaukar nauyin bincike.[6,8] Bugu da ƙari, akwai ƙarancin masu bincike na musamman ko kuma horarrun masu bincike. Matsalar harshe ma tana ta'azzara ƙarancin yin bincike da kuma wallafa su. Ta dalilin haka, masana ilimin kimiyya suna faɗawa ramin wallafa bincikensu a mujallun boge wanda hakan yakan jefa kokwanto wajen aminta da abun da suke wallafawa game da ciwo.[6,9,10]

A ƙasashe masu ƙaranci ko matsakaicin tattalin arziƙi, harkar ciwo ba ta samun kulawa sosai saboda wasu manyan matsalolin lafiya kamar raunuka na hatsari da matsalolin haihuwa da ƙananan yara da kuma cututtuka masu yaɗuwa.[11,12]Abin takaicin da hakan yake haddasawa shi ne, masu fama da ciwo suna fama da rashin ingantacciyar kulawa.[3] Kulawar da ake samu yanzu a mafi yawancin lokaci ta gaza a matakin inganci (ba ta wadatarwa, ba tsaro, ga tsada) ga kuma wasu matakan kulawa masu hatsari da suka haɗa da zubar da jini.[13] Duk da haka, akwai damarmakin gwada hanyoyin kula da ciwo na gargajiya wanda wataƙila su inganta lafiyar masu fama da ciwo. Warware waɗannan matsalolin zai taimaka matuƙa wajen rage rashin daidaito a harkar lafiya da kuma inganta lafiyar biliyoyin al'ummar da suke zaune a ƙasashe masu ƙaranci ko matsakaicin tattalin arziƙi.

Shekarar 2025 ta ƙara mayar da hankali a kan mutane masu rauni a ƙasashe masu ƙarfin tattalin arziƙi wanda ya haɗa da 'yan ƙasa da 'yan gudun hijira da mutane masu al'adu daban-daban.[14] Mutane da yawa suna gudun hijira daga ƙasashe masu ƙaranci ko matsakaicin tattalin arziƙi zuwa ƙasashe masu ƙarfin tattalin arziƙi saboda rashin aikin yi da talauci da rashin kulawa da lafiya mai inganci da kuma rikice rikice. A ƙasashensu, sukan fuskanci wariya da rashin kulawa mai inganci, da taɓarɓarewar lafiya. Matsalar harshe ma tana taka rawa wajen rashin shigar da su cikin bincike wanda hakan yana saka sakamakon binciken ya ƙi karɓuwa a matsayin wanda ya game kowa da kowa. Duk da waɗannan matsaloli, ba a ɗau hanyar warware su yadda ya kamata ba. Mayar da hankali da shekarar 2025 ta yi a kan waɗannan mutane abu ne mai matuƙar muhimmanci ta fuskar daidaito wajen bai wa masu fama da ciwo kulawa.

Muradun da za a cimma:
Muradun sun haɗa da takardar bayanai da fodkas (podcast) da darasi na yanar gizo da naɗaɗɗiyar hira ta ƙwararru. Za a bayyana wallafaffun bincike na mujallun *PAIN* da *PAIN Reports*. Muna maraba da taimakawa wajen fassara gajerun bayanai zuwa harsuna daban-daban na al'ummomi masu fama da ciwo domin samun gamewar bayanan ga jama'a da ma'aikatan asibiti da masu bincike da hukumomi masu gabatar da tsaruka da manufofi.

Shigo IASP domin magance waɗannan matsaloli:
Shekarar 2025 za ta haɗa kan ma'aikatan asibiti da masu bincike da masu tsara dokoki da masu kare haƙƙin marasa lafiya domin inganta samun kulawa ga marasa lafiya masu fama da ciwo a ƙasasshe masu ƙaranci ko matsakaicin kuɗin shiga. Haɗin guiwa tsakanin ma'aikata da masu hannu a sha'anin ciwo zai taimaka wajen inganta kulawa da masu ciwo ya kuma rage samun wariya a wajen kulawa. Mu yi amfani da wannan dama wajen saka waɗannan gurare a idon duniya domin samar musu da canji a harkar kula da ciwo, bincike da ilmantarwa. Domin ƙarin bayani a kan muradun 2025 na IASP a ziyarci shafin IASP-pain.org.

References

1. Cardosa MS. Promoting multidisciplinary pain management in low-and middle-income countries—challenges and achievements. *Pain*. 2024;165(11S):S39-S49.
2. Alva Staufert MF, Ferreira GE, Sharma S, Gutierrez Camacho C, Maher CG. A look into the challenges and complexities of managing low back pain in Mexico. *Glob Public Health*. Jun 2021;16(6):936-946. doi:10.1080/17441692.2020.1808038
3. Sharma S, McAuley JH. Low Back Pain in Low- and Middle-Income Countries, Part 1: The Problem. *J Orthop Sports Phys Ther*. May 2022;52(5):233-235. doi:10.2519/jospt.2022.11145
4. Ferreira ML, de Luca K, Haile LM, et al. Global, regional, and national burden of low back pain, 1990–2020, its attributable risk factors, and projections to 2050: a systematic analysis of the Global Burden of Disease Study 2021. *The Lancet Rheumatology*. 2023;5(6):e316-e329.
5. Gill TK, Mittinty MM, March LM, et al. Global, regional, and national burden of other musculoskeletal disorders, 1990–2020, and projections to 2050: a systematic analysis of the Global Burden of Disease Study 2021. *The Lancet Rheumatology*. 2023;5(11):e670-e682. doi:10.1016/s2665-9913(23)00232-1
6. Sharma S, Verhagen AP, Elkins M, et al. Research from low-income and middle-income countries will benefit global health and the physiotherapy profession, but it requires support. *J Physiother*. Jan 2024;70(1):1-4. doi:10.1016/j.jphys.2023.08.013
7. Tamrakar M, Kharel P, Traeger A, Maher C, O'Keeffe M, Ferreira G. Completeness and quality of low back pain prevalence data in the Global Burden of Disease Study 2017. *BMJ Glob Health*. May 2021;6(5):e005847. doi:10.1136/bmjgh-2021-005847
8. Sharma S, Birnie KA, Wang S, Fernandes Gomes FI, Gibbs JL, Mittinty MM. The value of the International Association for the Study of Pain to career development: perspectives of trainee and early career members. *Pain*. Nov 1 2023;164(11S):S31-S38. doi:10.1097/j.pain.0000000000003061
9. Amano T, Rios Rojas C, Boum Ii Y, Calvo M, Misra BB. Ten tips for overcoming language barriers in science. *Nat Hum Behav*. Sep 2021;5(9):1119-1122. doi:10.1038/s41562-021-01137-1
10. Network TE-P, O'Connell NE, Belton J, et al. Enhancing the trustworthiness of pain research: A Call to Action. *The Journal of Pain*. 2024:104736.
11. Briggs AM, Huckel Schneider C, Slater H, et al. Health systems strengthening to arrest the global disability burden: empirical development of prioritised components for a global strategy for improving musculoskeletal health. *BMJ Global Health*. 2021-06-01 2021;6(6):e006045. doi:10.1136/bmjgh-2021-006045
12. Briggs AM, Jordan JE, Sharma S, et al. Context and priorities for health systems strengthening for pain and disability in low- and middle-income countries: a secondary qualitative study and content analysis of health policies. *Health Policy Plan*. Feb 13 2023;38(2):129-149. doi:10.1093/heapol/czac061
13. Sharma S, Pathak A, Parker R, et al. How low back pain is managed—a mixed methods study in 32 countries. Part 2 of Low Back Pain in Low- and Middle-Income Countries Series. *Journal of Orthopaedic & Sports Physical Therapy*. 2024;
14. Lin I, Goucke R, Bullen J, Sharma S, Barnabe C. Inequities in pain: pain in low-and middle-income countries and among Indigenous peoples. In: van Griensven H, ed. *Pain: A textbook for health professionals*. 2023:353.

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