Overcoming Barriers to Participation in Global Pain Communities by Pain Researchers and Healthcare Professionals From Low-And Middle-Income Settings

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Global pain communities are networks composed of individuals and organizations that aim to promote a comprehensive approach to pain, including education, treatment, research, and policy advocacy [1]. These communities include patient- led groups (e.g., Pain Alliance Europe); foundations (e.g., US Pain Foundation), non-governmental organizations (e.g., Global Alliance for Patient Access); scientific organizations (e.g., IASP); and social networks (e.g., #ChronicPain on X); among others.

These communities not only foster knowledge sharing [2], but also advocate for legislative strategies to protect patient well-being, facilitate access to funding for research and treatment, and integrate patients from around the world to foster a more humane approach to pain management. Ultimately, they serve as collaborative spaces to address chronic pain as a global issue and to develop solutions that transcend regional specificities.

However, healthcare professionals and pain researchers from low- and middle-income settings are underrepresented in global pain communities.

Why is This the Case?

There are several barriers that limit participation of pain researchers and care providers from these settings in global pain communities, including:

- **Lack of awareness:** Many professionals are unaware of these communities or do not know how to access them.
- **Financial barriers to participating in international conferences:** Participation in international conferences often involves significant costs that may be unaffordable for professionals residing in low- and middle-income settings [3-5]. Furthermore, researchers and healthcare professionals from low- and middle-income countries often face visa and travel restrictions when planning to attend conferences held in high-income countries [3-5].
- **Regional imbalance:** These communities are based predominantly in Europe and the United States, making it harder for professionals from other regions to engage. This geographic concentration brings several challenges, including time zone differences, cultural mismatches, and clinical or contextual priorities that may not align with other parts of the world. These factors can limit the inclusion of diverse voices and hinder global collaboration.
- **Language barriers:** English language is a dominant medium of communication among the Global Pain Communities (such as in scientific publications and conferences), which can limit participation of researchers, clinicians, and patient-led groups from non-English speaker regions [1,6].
- **Clinical workload and lack of time:** Healthcare professionals often face a significant workload [2,5,7] and are primarily evaluated based on their clinical productivity. Clinical pressure is often higher in low- and middle-income settings, where there is

a notable shortage of pain specialists. As a result, professionals frequently work long hours, leaving them with limited time and energy to actively engage in global pain communities.

- **Lack of incentives and recognition:** Health systems in LMISs rarely provide leave or funding options to allow pain researchers and care providers to participate in global pain communities [1].
- **Political, cultural and contextual barriers:** Pain management regulations—such as access to specific medications or perceptions of certain treatments [1]—vary by country and can limit collaboration across different contexts [3,4,9].
- **Limited interaction with patient groups:** Limited engagement and a disconnect between healthcare professionals and patient organizations hinders the development of collaborative and culturally relevant approaches. Contributing factors include the use of technical language, institutional formality, cultural differences, and a lack of awareness or understanding of the role and value of patient-led organizations.
- **Digital divide:** Not all professionals or researchers have access to the digital platforms used by global pain communities [12]. Some groups may also face barriers related to digital or general literacy.
- **Belief in local self-sufficiency:** Some clinicians may remain focused on meeting urgent local needs (such as patient care) and may feel their clinical work is sufficient while missing on opportunities to engage in broader international networks.

Recognizing these barriers is the first step toward overcoming them and fostering participation in global pain communities.

Here, we propose strategies to encourage the participation of healthcare professionals and researchers from low- and middle-income settings in global pain communities:

- **Raise awareness of these communities:** Explain what they are, how they work, their purpose, and their benefits.
- **Improve access to digital technologies:** This is a key strategy to enhance knowledge exchange and overcome participation barriers [12]. Technology can reduce geographic, economic, and institutional gaps, enabling more equitable exchange across regions and disciplines. Digital tools such as online platforms, open-access journals, and virtual conferences have expanded access to high-quality content. Webinars, podcasts, and multilingual content promote interaction among diverse actors. Mobile apps and telemedicine platforms also help translate knowledge into clinical practice, even in low-resource settings. Pain assessment and patient-reporting tools strengthen communication and generate valuable data for clinical research.
- **Encourage academic recognition for participation in these networks [5]:** Advocate within institutions and demonstrate the benefits that participation brings to them.
- Support funding for projects and access to scientific societies, conferences, and research platforms in low-resource countries through reduced fees and financial assistance.
- **Decentralize community activities:** Expand their presence beyond major cities, encourage the organization of events in all world regions, and promote virtual meetings to improve access from remote areas.
- I**ncorporate linguistic diversity in scientific dissemination [1]:** Use live translation and, potentially in the future, AI-powered translation tools.
- **Create spaces that value creativity and local efforts to exchange ideas:** These could begin as small meetings among people from similar backgrounds and later connect to share diverse realities for mutual learning.
- **Recognize the value of community work and research in clinical contexts [9,13]:** Ensure that productivity is not measured solely by clinical workload.
- Promote collaboration between clinical practice and research by encouraging translation of fundamental research findings into real-life applications [13].
- **Encourage clinician and researcher participation in patient communities:** Collaborating with individuals who have diverse lived pain experiences enhances the relevance of research [11,14] and fosters meaningful, two-way dialogue. When this happens, professionals deepen their understanding of the field, strengthen ties with the community, and promote "research co-production" [7].

Global pain communities represent a valuable opportunity to improve the quality of life for people living with pain and to support the professional development of clinicians and researchers. Active participation in these networks facilitates the exchange of knowledge, experiences, and resources, with a tangible impact on research, training, and clinical pain management.

However, overcoming barriers to access and participation remains a critical challenge—particularly in low- and middle-income settings. With the joint commitment of academic institutions, health systems, professionals, and patient organizations, there is an opportunity to move toward a more inclusive, collaborative, and person-centered model.

The future of pain management depends on our ability to build bridges, reduce inequities, and strengthen international networks. The strategies proposed in this document aim to accelerate that process and, ultimately, overcome the barriers to participation in global pain communities by pain researchers and healthcare professionals from low- and middle-income settings.

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