

EDITORIAL

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International Headache Week 2026: March 15-21

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Why do 2.9 billion people find it so difficult to be heard?

The number (2.9 billion) is the estimated global prevalence, in the most recent (2023) iteration of the Global Burden of Disease, Injuries, and Risk Factors study (GBD2023), of the common headache disorders (migraine, tension-type headache and medication-over-use headache) [1–3]. It is a number that has risen in line

with population expansion over more than three decades [2], indicating no likelihood of reduction without concerted policy intervention. Among this number, the high level of headache-attributed lost health expressed as years lived with disability (YLDs) has been glaringly evident since GBD2013 [4, 5], and is once more confirmed by GBD2023 [1–3]. And it is not only lost health: headache disorders cause disability, impair participation in the necessary activities of daily life, damage productivity and impose high financial costs on individuals and society [6–8].

Not all of these 2.9 billion people require professional health care [9], but many sources provide evidence that, even in high-resource countries, the health-care needs of the large proportion who do are poorly met [8, 10–13]. Clearly, the goals of universal health coverage (UHC), or those of the World Health Organization's (WHO's) intersectoral global action plan on epilepsy and other neurological disorders (IGAP) [14–16], cannot be achieved while this is so. It is in this that these people have difficulty being heard.

Their needs vary, of course. Access merely to something better than paracetamol, and guidance in its use, would significantly improve the lives of very large numbers in many low-resource countries, where nothing better is on offer – not because more effective (and cost-effective [17]) medications are not available but because no policies or health-care systems are in place to deliver

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them [15, 18]. At the other end of the needs spectrum, a very few people, relatively, require highly individualised multidisciplinary care, with access to all modalities of treatment. Health-care providers who advocate on behalf of those affected by headache, mostly from high-resource countries, tend to focus on the latter, because it is the latter – already receiving care – who are most prominent within health-care providers' field of vision [19]. But far greater gains in global population health would accrue from meeting the needs of the former [20].

Thus, the viewpoint of those caring for individual patients clashes with the public-health perspective, and therein, probably, lies the answer to the question with which this editorial began. Those who might listen do not hear a coherent actionable message but a discordant hubbub. WHO, in conversations with *Lifting The Burden* (LTB), has more than once observed that the headache organisations rarely speak in unison.

International Headache Week (IHW) was an initiative begun by LTB, conceived not simply as an annual awareness event but, much more importantly, as a harmonisation of voices. It has so far been driven by LTB. It was not, however, LTB's idea: it was a response to a suggestion made late in 2023 by WHO. The week commencing on the 3rd Sunday of March, which would always include Cluster Headache Awareness Day on 21st [21], was adopted in 2024 in agreement with the International Headache Society (IHS), European Headache Federation (EHF) and European Migraine and Headache Alliance (EMHA), but with very little time to make much of IHW that year. IHW 2025 was announced on social media channels (for example, by IHS [22–24]). Its theme, *Children have headache too*, was suggested by the recently published findings of GBD2021 [25], but this was not universally promoted, so its impact was limited.

Preparations this year have been much better, with all the major international and many national and sub-national headache organisations fully on board. The theme, and seven messages to be released daily throughout the week, will focus on the findings of GBD2023, published during October to December 2025 [1–3], and be promoted by these organisations through their media channels in their various own ways. For this one week, and on each day of the week, all voices should be in unison — with much more influence than any might achieve alone.

It is not a purpose of this editorial to promote these messages, only to draw attention to their potential for good. To have reached this stage of harmony, within two years of commencing the initiative, is a major collaborative success. In future years, now the IHW network has been built, all organisations will have better opportunity to contribute to both the theme and messages. IHW may be rebranded as World Headache Week to emphasise its

global relevance. The ultimate objective is its adoption by United Nations, so that WHO may add its voice, although this may take some years, and requires *sustained* agreement between the various headache organisations.

IHW should be seen as an embryo, a start, not an end in itself. One week of speaking in unison can be nurtured into longer periods of acting in unison. The collaboration between LTB, IHS and EHF that led successfully in 2025 to six additions to WHO's essential medicines list, three for migraine and three for cluster headache [26], has shown what can be achieved by working together.

Abbreviations

EHF	European Headache Federation
EMHA	European Migraine and Headache Alliance
GBD	Global Burden of Disease, Injuries, and Risk Factors study
IGAP	Intersectoral global action plan on epilepsy and other neurological disorders
IHS	International Headache Society
IHW	International Headache Week
LTB	<i>Lifting The Burden</i>
UHC	Universal health coverage
WHO	World Health Organization
YLD	Year lived with disability

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