

EMHA Whitepaper

Strategic Advocacy Framework to Improve Migraine Care and Support

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Migraine Context Setting

Migraine is a complex and often debilitating bio-neurological disorder affecting a significant portion of the global population, yet it remains underrecognized and undertreated by both society and healthcare systems. Despite being the **second leading cause of years lived with disability (YLD) globally, as reported in the 2019 Global Burden of Disease Study**, migraine is often dismissed as a minor ailment, leading to insufficient attention and resources being dedicated to its management (Vos et al., 2020).

For many patients, obtaining an accurate diagnosis is a prolonged and challenging journey. According to the **Access to Care Survey conducted by the European Migraine & Headache Alliance (EMHA)**, migraine patients frequently encounter significant barriers in accessing specialized headache centers, face inadequate referral pathways, and experience delays exceeding three years from diagnosis to treatment. The situation is even more critical regarding innovative treatments such as anti-CGRP therapies, which remain out of reach for many patients due to slow approval processes and restricted coverage (*Access to Care Survey. Available at: <https://www.emhalliance.org/access-to-care-survey/>*) (Lipton et al., 2007). This diagnostic delay can exacerbate the patient's condition, reduce quality of life, and increase the socioeconomic burden associated with untreated or poorly managed migraine.

Epidemiological data highlights the pervasive nature of migraines. **Globally, migraine affects approximately 1 in 7 people, with a prevalence of 14.7% of the population** (Stovner et al., 2018). It is **three times more common in women than in men**, reflecting hormonal influences in its pathophysiology. In Europe, the prevalence among adults is reported to be as high as 15%, with the **highest burden observed in individuals aged 25–55**, often impacting their most productive years (Linde et al., 2012).

Despite these staggering figures, migraines remain disproportionately under resourced compared to other bio-neurological conditions. There is an urgent need for increased awareness and political recognition, timely diagnosis, and equitable access to effective treatment to address this neglected disease. Bridging these gaps in care is critical to reducing the significant personal and societal burden posed by migraine.

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PERSPECTIVES ON THE MOST IMMEDIATE AND PRESSING NEEDS IN THE MIGRAINE SPACE AND INITIATIVES TO ADDRESS THEM

This white paper is intended to support the full integration of migraine into the Neurological Health Strategy outlined in the 2025 Draft Work Programme of the European Parliament’s Health Committee (SANT). The inclusion of a dedicated strategy on neurological health presents a critical opportunity to reposition migraine as a serious and systemic health concern that requires coordinated action at both European and national levels.

The document draws on the key findings and recommendations from a policy roundtable held at the 2024 European Headache Congress, where leading migraine experts from more than 20 countries gathered to identify actionable solutions to address the care gaps that persist across the EU.

The discussion highlighted critical priorities for advancing migraine care, focusing on the most urgent needs and high-impact opportunities. These priorities include:

- A. Improving Timely Screening and Diagnosis** 
 - B. Expanding Coverage and Early Access to Therapeutic Innovation** 
 - C. Political Commitment of Migraine as a Neurological Disease** 
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These priorities—such as strengthening medical education, creating streamlined care pathways, introducing workplace interventions, and improving access to innovation—provide a roadmap for reducing the burden of migraine and advancing equitable access to care.

Beyond informing EU policy, this paper is also a tool for national advocacy. It supports patient associations, healthcare professionals, and policymakers in working together to ensure that migraine is fully recognized and integrated into national health strategies, aligning with the broader goals of the European framework.

Through coordinated efforts, we can ensure that migraine is recognized and treated as a neurological disorder—rather than merely a common headache—and that the necessary resources are allocated for its effective management.

By fostering multisectoral collaboration—across patient groups, clinicians, policymakers, and private sector leaders—this initiative lays the groundwork for a more holistic, coordinated approach to migraine care. As the SANT Committee prepares for its upcoming hearing to shape the Neurological Health Strategy, this document offers a timely and evidence-based contribution.

Seizing this moment is essential. Integrating migraine into the EU’s neurological strategy is not only a clinical imperative, it is a matter of fairness and health equity for the millions of Europeans whose lives are impacted daily by this debilitating condition. This represents a significant step forward in EU health policy, with the potential to define actionable measures to address the long-standing gaps in migraine care across Europe.

A. Improving Timely Screening and Diagnosis: Transforming Migraine Care



Improving screening and early diagnosis is widely regarded as a transformative approach to migraine management.

Despite the emergence of innovative treatments for migraine, their impact is severely constrained by persistent challenges in diagnosis and access. A large proportion of individuals with migraine remain undiagnosed, often due to the episodic nature of the condition and a lack of awareness among both the public and healthcare professionals. Many patients live with symptoms for years without recognizing them as migraine, and without ever consulting a doctor. **As a result, even the most advanced therapies fail to reach those who need them most.**

A central bottleneck lies in the primary care system. In many countries, referral pathways are unclear, and headache education is minimal. Without improved training and structured support, **GPs are left ill-equipped to identify and manage migraine, leading to delays in care.**

Pharmacists and community-based care providers are an underutilized resource, yet they lack the legal coverage, training, or incentives to play a more proactive role. In places where pharmacists are empowered to conduct assessments or dispense certain treatments, uptake remains low due to policy limitations and unclear responsibilities.

The broader clinical care pathway is fragmented. **Patients often fall through the cracks, moving between pharmacies, workplaces, and primary care providers without coordinated follow-up.**

To unlock the potential of existing therapies and improve outcomes for patients, **healthcare systems must prioritize early and accurate diagnosis**. This means enhancing education and strength the role of GPs, integrating validated screening tools into routine care, and empowering pharmacists and community providers to recognize and respond to migraine symptoms. Public awareness campaigns are needed to support these efforts, from corporate workplace interventions through to integrating migraine education into school health programs. **By closing these gaps, we can ensure more patients receive timely, effective treatment — and move toward a healthcare system that finally takes migraine seriously.**

Policy Recommendations:



1. Enhancing Education During Medical Training

The time currently dedicated to learning about migraines during medical studies is clearly insufficient—between 2 and 4 hours—and likely reflects the systemic underestimation of this condition. Given the high prevalence of migraines and their significant impact on patients' daily lives, expanding education beyond specialist training is equally important. General practitioners (GPs) and community pharmacists, particularly, often serve as the first point of contact for individuals experiencing migraine symptoms, yet their ability to contribute to diagnosis and triage remains underutilized.

Encouraging interprofessional exchange between pharmacists, neurologists, and GPs can further improve collaborative diagnosis and referral pathways, optimizing migraine management across different levels of care.



2. Strengthening the role of General Practitioners

Strengthening the education and role of GPs on migraine diagnosis and treatment can facilitate earlier identification and appropriate management of patients.

To further improve appropriate management of patients, policymakers and healthcare professionals should consider adopting tools like the EMHA Migraine Scoring System, which is currently under development by migraine experts to evaluate disease severity more accurately. This new scoring system introduces a new way of evaluating migraine severity and can facilitate tailored management and monitoring of migraine over time, potentially improving alignment with sufferers' perceptions and enhancing understanding between

physicians and patients. The tool enables patients and clinicians to speak a shared language when discussing migraine burden, potentially for monitoring symptoms, and importantly for combating stigma. Though not yet widely published, MTIS research provides a strong foundation for its future implementation (available at: [Programme - MTIS 2024](#)).

3. Implementing Community-Based Initiatives


Public Health Screening:

Including migraine in health questionnaires used in public healthcare programs can help identify undiagnosed cases. For instance, in Denmark, school nurses already conduct health questionnaires as part of public health initiatives. However, only a small percentage of these nurses are trained to recognize migraine as a potential issue. Closing this gap and identifying young sufferers through such programs could prevent the loss of an entire generation of undiagnosed individuals. Starting early with educational initiatives, such as school-based health assessments or public awareness campaigns, can also help shift public perception and reduce the stigma around migraine. [This can extend to include migraine education in schools and higher education settings](#). Expanding health education curricula to include migraine awareness can help teachers, parents, and students better recognize early symptoms and seek timely medical advice.

Pharmacist Involvement:

Structured pharmacist education programs are essential to ensure they are up to date on [validated screening tools, triage protocols](#) (e.g., red and orange flag assessments), and early intervention practices. In countries where pharmacists are legally allowed to dispense treatments (such as in the UK), they must also be confident, protected, and incentivized to act. Legal coverage and clear guidelines can empower pharmacists to support early diagnosis and appropriate referrals, helping reduce the burden on overstretched primary care services. Encouraging interprofessional collaboration between pharmacists, GPs, and neurologists will further streamline referral pathways and optimize patient outcomes. In countries where pharmacists are not authorized to diagnose or recommend prescription treatments, they can still play an essential role in identifying potential migraine sufferers and referring them to general practitioners or specialists for accurate diagnosis and proper treatment.

Corporate Involvement and Workplace Interventions:

 A critical area for migraine management is in the workplace. Considering the high prevalence of migraine, it is evident that individuals affected by the condition can be

found in virtually every organization. Employers who invest in migraine-friendly workplace policies may see substantial returns, including fewer missed workdays, enhanced employee well-being, and reduced healthcare-related expenses. [Workplace initiatives to address migraine, such as education and early diagnosis, can reduce absenteeism and improve productivity.](#) Progressing into the introduction of structured migraine management programs in corporations could further reduce the burden on companies and increase employee retention.

In Switzerland, a program initiated 20 years ago has successfully addressed this issue by focusing on the education of occupational health physicians and raising awareness among employees. The program includes brief, impactful talks about migraine, which have proven highly successful.

Those individuals can potentially be identified through routine health checks conducted by employers. [These workplace initiatives provide a valuable opportunity to reach undiagnosed individuals, offering early support and facilitating access to appropriate care.](#) Improved migraine management delivers substantial benefits to companies, such as decreasing the occurrence and length of employee medical absences.

Public Health Campaigns:

Public health campaigns are crucial to shifting patient behavior and improving early engagement with healthcare providers. Many individuals self-manage migraine with over-the-counter (OTC) painkillers, unaware of the risks of medication-overuse headache (MOH)—a preventable but common consequence of prolonged and excessive use of acute treatments. [Public awareness initiatives should educate the public on the dangers of MOH, highlight the importance of seeking timely medical advice, and promote evidence-based treatment pathways.](#) By addressing the perception that migraine is “just a headache” and encouraging early consultation, these campaigns can support earlier diagnosis and reduce the long-term burden of poorly managed migraine.

B. Improving coverage and access to therapeutic innovation



Political advocacy, supported by data showing the economic benefits of migraine management, can create a tangible framework for action. The importance of preventive treatments and early intervention should be communicated to decision-makers to ensure that healthcare budgets reflect the full impact of untreated migraine.

Access to innovative migraine treatments is often delayed by structural and policy-related hurdles. According to the Access to Care Survey conducted by the European Migraine & Headache Alliance (EMHA), migraine patients frequently encounter significant barriers in accessing therapeutic innovation, face inadequate referral pathways and experience delays exceeding three years from diagnosis to treatment. **According to this survey, less migraine days per month and have an effective treatment are the most important needs in terms of Quality of Life for migraine patients.** As highlighted in the discussion, appointments with neurologists are sometimes unnecessary, yet required for access to new therapies, creating avoidable bottlenecks.

Inappropriate self-management, particularly with over-the-counter painkillers, contributes to poor outcomes and increased healthcare costs. **Policy changes are needed to allow health trusts to offer earlier interventions without such burdens.** However, the current system is highly fragmented — “what can be given by whom” varies, and many interventions require policy changes that are difficult to implement. The cost-effectiveness of early treatment is well understood by clinicians, but data to support these arguments are difficult to gather, especially when savings are spread across departments or budgets. Additionally, the financial burden often falls on employers, not ministries of health, creating misalignment between who pays and who benefits. These issues make it hard to build a unified case for broader coverage and faster access to therapeutic innovations.

Policy recommendations:



1. Cost of Doing Nothing vs early interventions

The economic burden of untreated migraine is significant, impacting workplace productivity and overall healthcare costs. **The cost of inaction includes lost working days, reduced productivity, and long-term disability benefits.** Addressing migraine early—through prevention, effective treatment, and management—can lead to substantial cost savings in healthcare systems and businesses. **Prophylactic treatments and early interventions not only improve patient outcomes but also reduce the economic strain on healthcare systems**

by decreasing emergency visits, absenteeism, and long-term disability claims. Improving data collection on migraine prevalence and healthcare costs strengthens policy arguments for better migraine care funding.



2. Leveraging Technology and Data

Gathering real-world data on migraine prevalence, economic impact, and patient outcomes can be a powerful tool for advocacy in front of payers. However, healthcare data is often siloed, making it difficult to present a unified case for action. By improving data collection and using it to demonstrate the economic burden of untreated migraine, advocates can provide compelling evidence for the cost-effectiveness of early intervention. Policymakers are often driven by cost savings, so reframing migraine care as an economic opportunity—rather than a financial burden—can be an effective advocacy tool. Additionally, improved data integration can help track treatment effectiveness, optimize healthcare resource allocation, and refine national migraine management strategies.



3. Urgent need for a well-structured healthcare pathway:

This is essential to ensure that patients are accurately diagnosed and referred to specialists who can provide the most effective treatment options. Currently, many healthcare systems lack clear referral pathways, causing delays in specialist access and treatment. GP training is critical in recognizing migraine symptoms early, facilitating timely referrals and providing an appropriate migraine care, while specialist awareness of the latest therapeutic innovations ensures that patients receive the most appropriate care. Each patient's experience with migraine is unique, requiring a personalized approach to treatment selection and administration. Achieving this level of care demands not only medical expertise but also strong political commitment to improving migraine management through better healthcare policies and resource allocation.

They can educate patients on correct medication use, identify signs of medication overuse, and support timely referrals to specialists when needed. Inappropriate self-management, particularly with generic acute medicines or painkillers, contributes to poor outcomes and increased healthcare costs. Integrating pharmacists more formally into migraine care pathways can enhance access to treatment advice and reduce delays in appropriate medical intervention.



4. Accelerating access to innovation:

Ensuring earlier access to innovative treatments is a crucial component of reducing the social and economic burden of migraine. Current approval and reimbursement policies often create unnecessary barriers to accessing new migraine treatments. Delays in accessing effective therapies prolong patient suffering and contribute to ongoing productivity losses and increased healthcare utilization. By streamlining approval processes, expanding reimbursement for novel treatments, and ensuring equitable access to innovative therapies, healthcare systems can not only improve patient quality of life but also mitigate the broader economic impact of migraine. Accelerating access to innovation at an early stage of intervention represents a strategic investment with significant long-term benefits for both individuals and society.

C. Political Commitment & Recognition of Migraine as a Bio-neurological Disease



Migraine, recognized by the World Health Organization (WHO) as one of the top five most debilitating illnesses, is often misunderstood and overlooked by policymakers. Despite its significant burden on individuals, businesses, and healthcare systems, there remains a critical lack of political commitment to allocating resources and financial support for its effective management.

Policymakers often overlook migraine as a public health priority, leading to insufficient funding and a lack of structured policy interventions. From a parliamentary perspective, several key challenges were highlighted. Firstly, the stigma and low visibility of migraine as a public health priority, with migraine often dismissed as a minor issue rather than a severe bio-neurological disorder. **The misconception that migraine is ‘just a headache’ persists, even at the highest levels of decision-making.** This was starkly illustrated in a previous policy discussion where efforts to prioritize migraine on the European health agenda were met with this exact phrase. Secondly, **policymakers’ tendency to focus on high-fatality or costlier diseases as “people don’t die from migraine”, often overlooking migraine’s significant impact on quality of life and the economy.** And thirdly, the consequent insufficient funding for migraine-specific programs and campaigns, delaying advancements in research and care.

Policy Recommendations:



1. Raising awareness about migraine impact, including voice of patients

Policymakers frequently underestimate migraine's impact, perceiving it as less severe than other bio-neurological conditions due to its episodic nature and low fatality rates. Hearing personal stories directly from someone living with migraines - their experiences, the level of impact on their daily routines, and how it influences decisions affecting their personal and professional lives - is an incredibly powerful tool for raising awareness and pushing legislative action.

Leverage PAGs and influential individuals:

PAGs and influential individuals having migraine can play an important role in pushing for policy changes and help raise awareness. Engaging politicians to take a stand on migraine care can help secure funding, resources, and policy reforms. Having champions in

government - politicians who recognize the importance of addressing migraine as a serious bio-neurological condition - also help introduce migraine-related questions or resolutions in parliament, stimulating broader debate and action. Such stories resonate deeply and leave a lasting impression on those who hear them.

Migraine affects one in seven people worldwide, meaning it impacts individuals in every sector, including parliament. Parliamentarians who suffer from migraine can help raise awareness about the condition simply by being open to share their personal experiences. For instance, Ms. Davison, during her tenure as an MP, played a key role in highlighting the stigma and low visibility of migraine as a public health priority. She used her platform to advocate for better recognition of the condition as a serious health issue and pushed for more resources and funding to address its impact. Her efforts exemplify how policymakers with personal experience of migraine can influence meaningful change. A stronger political commitment is not just an opportunity but a necessity to address this widespread yet neglected condition. By prioritizing resources and support for migraine management, governments can make a meaningful difference in the lives of millions while strengthening their healthcare systems and economies.

Use data strategically, paving the way for necessary investments

To achieve lasting progress, neurologists, patient advocates, and other stakeholders must use data strategically, to raise awareness among policymakers. Highlighting the economic and social benefits of improved migraine management can shift the conversation from costs to savings, paving the way for necessary investments. Economic burden reports, cost-of-inaction studies, and healthcare burden statistics can be particularly effective in demonstrating the tangible benefits of prioritizing migraine management.



2. Committing to allocation of resources and funding to improve access to therapeutic innovation

Political commitment is essential to drive the policy changes needed to improve access to effective interventions. Three key activities are necessary to achieve this:

Revising outdated policies:

Many health systems limit access to migraine treatments due to outdated policies, forcing patients into unnecessary and costly specialist appointments and therapy steps. By revising these policies and integrating migraine management into primary care and occupational health programs, governments could achieve long-term cost savings while enhancing

patient outcomes. Interventions directed towards early diagnosis and community pharmacy involvement can reduce unnecessary specialist visits and improve overall efficiency.

Establishing state-sponsored knowledge centers for migraine:

One key recommendation is the establishment of state-sponsored knowledge centers dedicated to migraine. These organizations, in collaboration with patient advocacy groups, could focus on educating healthcare professionals, including neurologists and occupational health doctors, and raising public awareness about migraine as a brain disorder. **Such centers would not only improve care pathways but also serve as a platform for advocacy and policy influence.**

Reframing migraine care as an economic opportunity, rather than a healthcare burden.

The economic and social costs of migraine are substantial. For example, untreated or poorly managed migraine contributes to billions in lost productivity annually, with businesses often shouldering the financial burden. In the Netherlands alone, migraine-related costs for companies exceed €4 million annually. Addressing this issue through better diagnosis,



treatment, and workplace initiatives could substantially reduce these costs, benefiting both employers and employees. **Reframing migraine care as an economic opportunity, rather than a healthcare burden, can be an effective advocacy tool.**

3. Recognize migraine as a bio-neurological disease

Migraine must be recognized as a bio-neurological disease, a disorder of the brain, to ensure that those affected gain access to the proper resources, support, and treatment. A key challenge is the widespread lack of understanding, as an example, up to 80% of people in the Netherlands are unaware that migraine is a bio-neurological condition. This misconception, even among healthcare professionals, perpetuates the stigma surrounding migraine and contributes to its underrepresentation in discussions about brain-related illnesses.

National and European Policy Commitment

Despite the significant impact of migraine on quality of life, it is often dismissed as "just a headache." This perception is not only misleading but also harmful, as it hinders proper diagnosis, research funding, and policy changes. For migraine to receive the attention it deserves, **neurologists and healthcare professionals must be more vocal about migraine's bio-neurological roots,** emphasizing its classification as a brain disorder in medical education, patient consultations, and research discussions.

There is also a societal tendency to prioritize diseases based on their mortality rates, with conditions like Alzheimer's or Parkinson's receiving more attention due to their life-

threatening nature. However, migraine, despite its high prevalence and debilitating effects, is often seen as less significant because it is not fatal and is largely invisible. This has led to a situation where migraine is not perceived as a serious health issue, despite the profound impact it has on millions of lives.

Policymakers must ensure that migraine is formally recognized as a bio-neurological disease by integrating it into European and national health strategies and securing adequate funding for research and treatment. The EMHA believes that the European Commission should uphold its commitment to the Non-Communicable Disease (NCD) Initiative, ensuring that bio-neurological disorders like migraine are fully included, as previously promised. To support this goal, EMHA calls for the **inclusion of migraine and other neurological diseases in EU-level strategies** such as the *Healthier Together Initiative*, *EU Neurological Strategy*, and any future updates to *NCD* frameworks. This inclusion would provide a valuable foundation for addressing migraine and other bio-neurological conditions in a structured and meaningful way at the policy level.

Patient advocacy groups should work closely with policymakers to promote initiatives that elevate migraine in national and regional health agendas, ensuring that patients' voices shape policy direction and funding priorities.

Raising awareness that migraine is a disease of the brain is crucial to overcoming this stigma. Only then will we begin to see the necessary resources, funding, and policy changes to improve diagnosis, treatment, and patient care. It is essential that politicians and the public recognize migraine for what it truly is—a debilitating bio-neurological disorder requiring urgent attention and action.

Public messaging campaigns and influencers

Public messaging campaigns, led by policymakers and advocacy groups, could reinforce this point, using relatable narratives and scientific backing to increase knowledge about the condition. This could include structured media partnerships, interviews, and leveraging public figures who have migraines.

Additionally, media influencers and public figures can help reshape the perception of migraine, by sharing personal experiences and medical facts. Strategic collaborations with influencers should aim to destigmatize migraine and increase awareness about its bio-neurological basis. Challenges include reluctance to link their brand with a medical condition and audience skepticism. Partnering with influencers who have migraines or work in health advocacy can help overcome these barriers and build trust.

Conclusion

This white paper represents a critical contribution to the shaping of the forthcoming European Neurological Health Strategy, as outlined in the 2025 Draft Work Programme of the European Parliament's Health Committee (SANT). Migraine remains one of the most prevalent and disabling neurological disorders in Europe, yet continues to be under-recognized and under-prioritized in healthcare systems across the continent.

The insights and recommendations presented here are the result of expert dialogue and collaborative analysis involving leading migraine specialists from over 20 European countries. Their collective expertise and lived experience reflect the diversity of healthcare systems and patient realities across the EU, making this document a powerful tool to inform evidence-based, patient-centred policy development.

Beyond its relevance at the EU level, this white paper also plays a crucial role in empowering national-level discussions. It supports the efforts of patient associations, working hand-in-hand with healthcare professionals and policymakers, to ensure that migraine is recognized and addressed as a neurological disease within national health strategies. Their collaborative advocacy is essential for driving systemic change, from local implementation to EU-wide policy reform.

As the SANT Committee moves forward with the Neurological Health Strategy, it is vital that migraine is fully integrated into its scope—not only as a public health challenge, but as a neurological disorder that demands coordinated, cross-sector action at EU and national levels. The priorities outlined here—including improvements in diagnosis, care pathways, access to innovation, workplace support, and policy recognition—offer a clear roadmap for action.

By embedding these recommendations into the final European strategy, the EU has the opportunity to take a decisive step forward in reducing the burden of migraine, advancing neurological health equity, and improving the quality of life for millions of Europeans.

Authors brief Bio



Elena Ruiz de la Torre

Executive Director at EHA European Migraine and Headache Alliance EHA

Elena Ruiz de la Torre is one of the world's leading patient advocates and researchers. She is a tireless and passionate champion for people with headache disorders in the workplace and beyond, with her advocacy career beginning in her native Spain, founder of the Spanish Headache Patient Association, and then expanding to Europe, joining the EMHA Board as Executive Director, and now the world. Elena leads the European Migraine and Headache Alliance, a nonprofit patient umbrella group that represents 33 patient groups from across the continent. She also opened and enlarged the EMHA to a broader net of international associates as part of the organization to be aligned in messages and exchange best practices worldwide.

She has also authored and co-authored several publications, and her list of current advocacy work is extensive, including the “Eurolight,” “My Migraine Voice Survey,” “Migraine at Work,” “Access To Care,” “Migraine Friendly Workplace,” “Stigma Project” and more.

Elena is also part of several advisory committees, such as:

- Brain Health Mission Steering Committee
- European Headache Congress Faculty Member
- EFNA Board Member
- EAN Scientific Committee on Headache
- Association of Migraine Disorders Advisory Board Member
- European Brain Council Rethinking Migraine
- EFPIA Patient Think Tank
- EAN/EHF Guidelines on Spontaneous Intracranial Hypotension and Orthostatic Headache
- EAN Scientific Panel on Headache
- and more...



Ms. Dehenna Davison

Former UK MP and Under-Secretary of State for Leveling Up

She served as the Member of Parliament (MP) for Bishop Auckland from 2019 to 2024. She served as Parliamentary Under Secretary of State at the Department for Levelling Up, Housing and Communities between September 2022 and September 2023. In 2022, she announced that she would not seek re-election in the next general election. In 2023, she resigned from her role as Parliamentary Under-Secretary of State due to chronic migraine. In March 2024, Davison led the first parliamentary debate on migraine since the 1960s, bringing much-needed attention to the condition in government discussions.



Dr. Guusje ter Horst

Retired Dutch politician and psychologist

Ms. Guusje ter Horst is a seasoned politician with a background in psychology. She served as a member of the Amsterdam municipal council and became alderwoman in 1994 initiating a major renovation of the city of Amsterdam. From 2001 to 2007, she was the mayor of Nijmegen. In addition to this, Ms. ter Horst has been a key policy driver for the government program "Participate Without Limits" from December 2022 to July 2024, aimed at empowering people with disabilities. She is member of the supervisory board of Royal Dutch Shell since January 2013, and chairwoman of the supervisory board of the Institute for Sound and Vision since July 2011.



Drs. Jannet Vaessen

Senior Research fellow

Jannet Vaessen is currently a Senior Research Fellow at The Law Center for Health and Life at the University of Amsterdam. Previously, she served as the Executive Director and Founder of WOMEN Inc., an NGO that has been advocating for equal opportunities for all, regardless of gender or sex, through research, public and political campaigns, workshops, and events since 2005. With a master's degree in modern history from the University of Amsterdam, her interdisciplinary perspective enables her to explore the intricate relationships between law, healthcare, and societal dynamics. Her research examines the paradigm shift toward diversity in healthcare and its connection to the right to health.



Dr. Reto Agosti

Neurologist and Swiss politician

Dr. Reto Agosti is currently CEO and Chief Medical Officer at the Headache Centre Hirslanden, that he founded back in 2002. He specialized in neurology and neuropathology at University Hospital Zurich and completed various fellowships in the fields of neurorehabilitation, neuropsychology and migraine at Boston University and Massachusetts General Hospital. He has been Head of the Department of Headache and Pain and senior neurologist physician at the University Hospital of Zurich from 1999 to 2002. He is member of several medical associations in the fields of neurology, headache and migraine. Dr. Agosti was elected to the Zurich Cantonal Council in 2023. There he is a member of the Committee for Social Affairs and Security.



Prof. Peter Goadsby

Neuroscientist and Expert in Headache Research

Peter Goadsby is a renowned neuroscientist and expert in headache research. He is a Professor of Neurology at King's College London and Director of the National Institute for Health Research - Wellcome Trust King's Clinical Research Facility. Goadsby's pioneering research has focused on understanding the mechanisms of migraine and cluster headaches, leading to the discovery of calcitonin gene-related peptide (CGRP) as a key factor in migraine onset. His work has contributed to the development of CGRP-targeting treatments, such as gepants and monoclonal antibodies, which have become important clinical therapies for migraine. With an extensive academic career, Goadsby has held prominent positions, including at the University of California, San Francisco, and Great Ormond Street Hospital. He has received numerous accolades, including the Brain Prize in 2021 for his contributions to migraine research and election as a Fellow of the Royal Society in 2022.



Prof. Messoud Ashina

Professor of Neurology and Researcher

Dr. Messoud Ashina, Dr. in Medicine from the Azerbaijan Medical University, completed his residency in neurology at the University of Copenhagen and he is currently Professor of Neurology in the Faculty of Health and Medical Sciences, University of Copenhagen. and Director of the Human Migraine Research Unit at the Danish Headache Center and Department of Neurology, Rigshospitalet Glostrup. He is Past President of the International Headache Society (2019–2021). Prof. Ashina's research interests include the pathophysiology of migraine and mechanisms of action of antimigraine medications, as well as experimental migraine models, functional neuroimaging, and novel antimigraine drug targets. He has authored over 600 papers, abstracts and book chapters on the topic of headache, including migraine and cluster headache.



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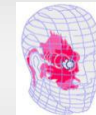


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