



# Towards a European Roadmap on Migraine:

## Strategic Conclusions and Policy Recommendations

Based on the conclusions of the “**Breaking the Silence on Migraine**” event.  
European Parliament, 11 June 2025.

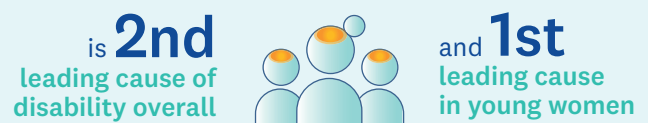
### 1. Executive Summary

The **Breaking the Silence on Migraine** event, co-organised by the **European Migraine and Headache Alliance (EMHA)** at the **European Parliament on 11 June 2025**, brought together a truly global community of stakeholders, including patient advocates, healthcare professionals, policymakers, and industry representatives to highlight the **urgent need to prioritise migraine as a major health, economic, and societal challenge**. In total, **34 patient advocacy groups**, representing **20 different countries** from Europe, North America, Asia, as well as South America, joined forces in Brussels to share experiences, advocate for change, and **contribute to shaping a more inclusive and impactful policy agenda on migraine**.

#### WHO IS AFFECTED?



#### HOW DISABLING IS IT?



#### The disease burden is dramatic:

The economic cost of migraine is staggering, reaching **€11 billion** in indirect costs across the EU<sup>3</sup> due to **absenteeism and reduced productivity**. People with frequent migraine lose up to **46 workdays per year**, and **72% report it affects their professional lives**. Yet, only **18% of employees who disclose their condition receive workplace support**<sup>4</sup>. These losses are compounded by comorbid mental health disorders migraine sufferers are **2 to 10 times more likely to have anxiety or depression**<sup>5</sup>, contributing to an estimated **€170 billion annual burden to the EU** from overlapping conditions<sup>6</sup>.



#### Unequal access to effective treatment:

The latest therapeutical innovations have shown remarkable benefits in **reducing attack frequency and severity**. However, patients still face barriers due to **restrictive reimbursement, healthcare bottlenecks, and a lack of public and institutional awareness**. **87% of patients and 94% of healthcare providers agree that better migraine control improves mental health**, yet access remains uneven<sup>7</sup>.



#### Awareness, education, and policy harmonization are key:

Despite its prevalence, **migraine is often dismissed as stress or weakness**, worsening patient distress and **discouraging them from seeking treatment**. This stigma, alongside **inadequate training and guidance in many health systems**, reinforces gaps in care and policy inaction.



#### Equitable care is imperative:

**3 out of 4 migraine patients are women**, many of them in their **most productive years**<sup>8</sup>. Among **European working women with migraine**, **74% report they cannot function at full capacity at work or school**<sup>9</sup>. Severe or uncontrolled migraine often forces women to take sick leave, decline opportunities, or exit the workforce entirely. EU policies must **recognize migraine as a women's health issue** and ensure **tailored support through future strategies for gender equality and mental health**. Despite the above we cannot fail to address the problem of men with migraine.

## 2. Call-to-Action

POLICY AREA ACTION



### • Policy recognition & strategic prioritisation



Mandate the development of a **European Neurological Health Strategy** via a resolution in the European Parliament aligned with the EU Healthier Together Initiative, whilst at the same time calling on the European Commission to **include migraine as a priority disease** area alongside stroke, dementia, and epilepsy.

Member States should also be encouraged to adopt national migraine strategies or integrate migraine into national brain or NCD plans recognizing migraine as a chronic disease with a significant economic and social impact on patients and healthcare systems.



**Recognise migraine as a key women's health and gender issue** within the EU's gender and health equity frameworks — including the European Parliament's work on sexual and reproductive health and rights — by urging the FEMM Committee and other parliamentary actors to expand the scope of the EU's women's health agenda to reflect the disproportionate impact of neurological diseases like migraine on women's quality of life, workforce participation, and access to appropriate care.



### • Access to treatments and innovation



Call on the Commission and Member States to **harmonise access criteria for migraine therapies** by proposing a Council Recommendation that ensures equitable reimbursement conditions and removes unnecessary step-therapy barriers for modern migraine treatments.



Ensure that **innovative migraine treatments are prioritised in EU policy frameworks** including the Critical Medicines Act and the upcoming Biotech Act by advancing coordinated actions that improve their health technology assessment, market access, and supply security across all Member States



### • Knowledge research & data



**Allocate dedicated EU funding through research and education programmes (e.g. Horizon Europe, EU4Health)** to support initiatives on migraine and neurological disorders, with a focus on diagnostic tools, GP training, and public awareness, while promoting collaboration with scientific communities and patient organisations to ensure impact-oriented allocation.



**Commission a comprehensive study by the European Parliament Research Service (EPRS)** to quantify the economic impact of untreated migraine across the EU and model potential savings through improved treatment access with the support of SANT MEPs.



### • Workforce protection



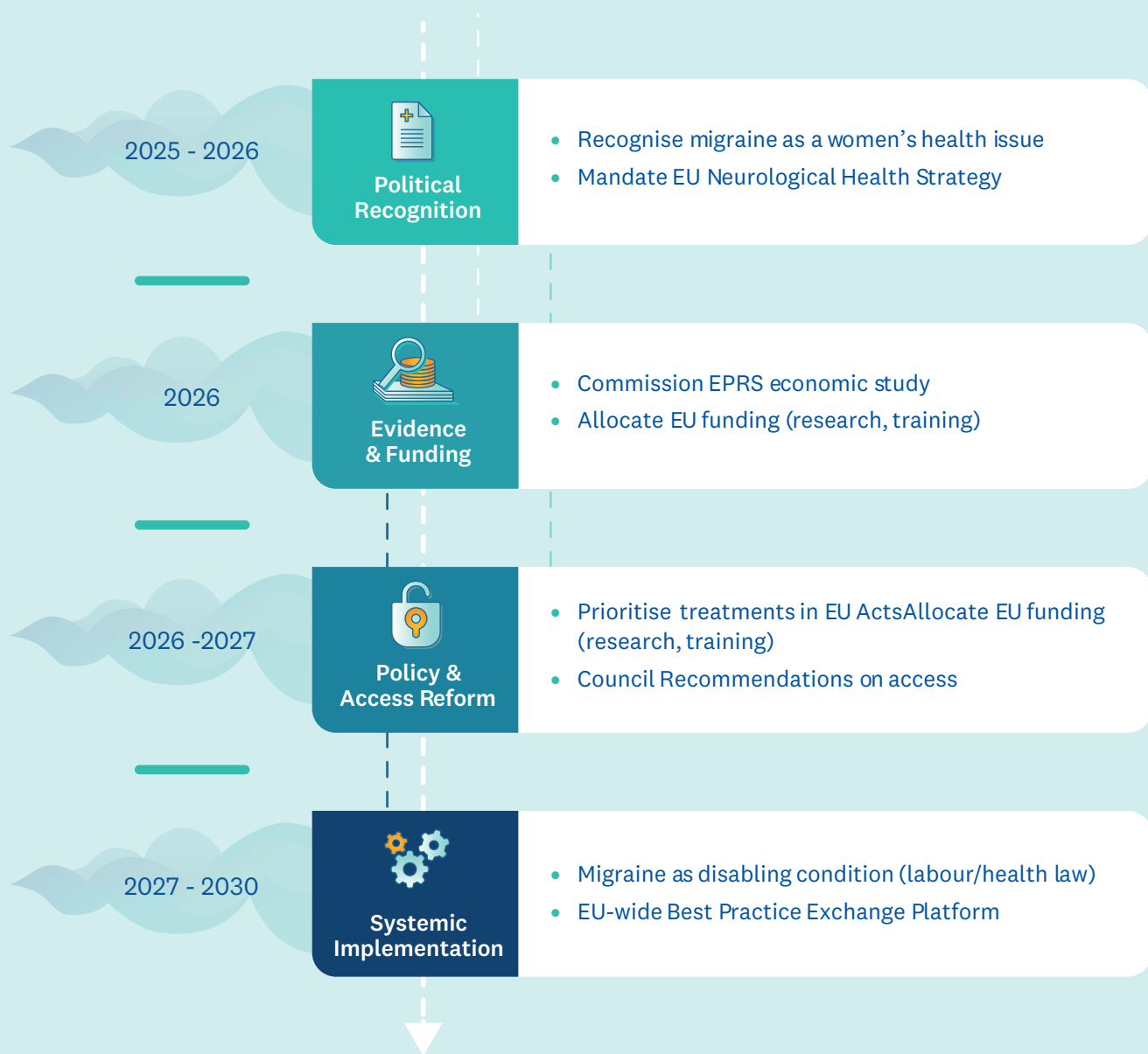
**Recognise migraine both as a protected and disabling chronic condition and as a significant factor affecting productivity and labour market participation** within EU employment and health policy frameworks. This includes encouraging the European Commission to issue guidelines for Member States to integrate migraine into national labour codes and occupational health legislation, in line with the EU's commitments on disability rights, inclusive labour markets, and the broader recognition of chronic conditions that impact workforce efficiency and well-being.



**Establish an EU-wide Best Practice Exchange Platform** – possibly under the auspices of the European Health Union – to support Member States in sharing strategies on access to care, headache centres of excellence, and patient support structures.

## Implementation Pathway

To ensure the success of this roadmap, actions must follow a sequence that aligns with both **policy development logic** and **ongoing EU legislative priorities**. The process begins by securing **political and institutional recognition of migraine as a strategic health and gender issue**, leveraging current work in the Parliament and Commission. This creates the foundation for evidence generation and **targeted funding** through existing **EU programmes**. Once political traction and data are in place, attention can shift to policy reform — especially access to innovation and reimbursement. Finally, labour protection and system-level best practices will ensure sustainable, equitable implementation across Member States.



Become a Champion and lead the change on migraine.

**Endorse the EU Roadmap today.**



## European Migraine and Headache Alliance (EMHA) Members and Associates



## This document has been endorsement by:



## Endnotes

- **1** Coppola, G., Brown, J. D., Mercadante, A. R., Drakeley, S., Sternbach, N., Jenkins, A., Blakeman, K. H., & Gendolla, A. (2025). The epidemiology and unmet need of migraine in five european countries: results from the national health and wellness survey. BMC public health, 25(1), 254. <https://doi.org/10.1186/s12889-024-21244-8>
- **2** Steiner, T. J., Jensen, R. H., Katsarava, Z., Stovner, L. J., Al Jumah, M., Al Khalili, Y., Al-Hashel, J. Y., Al-Karagholi, M. A., Ashina, M., Ayele, B. A., ... & Martelletti, P. (2024). The global burden of headache disorders: documenting migraine and tension-type headache in the Global Burden of Disease Study 2019. The Journal of Headache and Pain, 25(1), 92. <https://doi.org/10.1007/s40122-024-00690-7>
- **3** Linde, M., Gustavsson, A., Stovner, L. J., Steiner, T. J., Barré, J., Katsarava, Z., Lainez, J. M., Lampl, C., Lantéri-Minet, M., Rastenyte, D., Tassorelli, C., & Andree, C. (2012). The cost of headache disorders in Europe: The EuroLight project. European Journal of Neurology, 19(5), 703-711. <https://doi.org/10.1111/j.1468-1331.2011.03612>
- **4** Lancaster University. (2019, February 27). Migraine costs EU economy €95bn per year.
- **5** Duan, S., Ren, Z., Xia, H., Wang, Z., Zheng, T., Li, G., Liu, L., & Liu, Z. (2023). Associations between anxiety, depression with migraine, and migraine-related burdens. Frontiers in neurology, 14, 1090878. <https://doi.org/10.3389/fneur.2023.1090878>
- **6** AI. (2024, October 7). Scientists: Mental health issues of employees cost the EU economy 170 billion euros annually. European Newsroom.
- **7** American Migraine Foundation. (2022, October 25). The relationship between migraine and mental health. American Migraine Foundation.
- **8** Office on Women's Health. (n.d.). Migraine. U.S. Department of Health & Human Services
- **9** Dueland, A. N., Leira, R., Burke, T. A., Hillyer, E. V., & Bolge, S. (2004). The impact of migraine on work, family, and leisure among young women -- a multinational study. Current medical research and opinion, 20(10), 1595-1604. <https://doi.org/10.1185/030079904X3357>