

The Societal Impact of Pain (SIP) Platform 2022 Road Map Monitor Report

Executive Summary

In 2022, the Societal Impact of Pain Platform (SIP) revisited the 2019 SIP Road Map Monitor, in order to understand how national guidelines, action plans, and the status of policies supporting the updated priorities of SIP, have evolved in the last few years, especially, after the challenging past two years with the COVID-19 pandemic.

The survey revealed that even though some national clinical guidelines are available in most countries, the development and implementation of specific national pain plans is largely missing across Europe. Therefore, European governments should share best practices, and learn from each other, in order to improve the current situation.

Additionally, there is a lack of prioritisation in Europe when it comes to both measuring and monitoring pain as an outcome and as a quality indicator.

Moreover, pain is not a priority when it comes to national research strategies and best practices approaches. Therefore, the establishment of pain registries, collection of broad socioeconomic data and patient involvement within pain research projects, are key areas for improvement.

It was found that policies are in place to ensure the adaptation of workplaces, and the reintegration into the workplace of people living with pain. However, more needs to be done to ensure a holistic, patient-centred approach is established, as well as uptake of such policies by all European countries.

Finally, even though pain education in undergraduate and postgraduate education is a reality in some European countries, there are still big discrepancies across Europe and major gaps when it comes to patient involvement in the development of educational tools for pain management.

Therefore, the Societal Impact of Pain (SIP) Platform, calls upon EU Institutions and National Governments to:

1. Recognise the burden and impact of pain in societies and people, and increase its priority within healthcare systems, funding and policymaking.
2. Pain as a quality indicator: Develop instruments to assess the impact of pain.
3. Pain research: Increase investment in research on the societal impact of pain.
4. Pain in employment: Initiate policies addressing the impact of pain on employment and include pain in relevant existing initiatives.
5. Pain education: Prioritise pain education for healthcare professionals, patients, policymakers and the general public.
6. Ensure effective implementation of ICD-11 at national level, which will in turn contribute to the development and digitalisation of healthcare services, which are complementary and can support each other.

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In Europe¹ there are approximately 740 million people², most of whom experience an episode of severe pain at some point in their life. For approximately 20 percent, that pain is chronic pain. This means that, at present, 150 million people are experiencing pain across Europe, approximately equal to the population of France and Germany combined.

In 2018, SIP published its Joint Statement³ which includes recommendations for action and collaboration by the European Commission, Member States, and civil society to reduce the societal impact of pain. These recommendations form the over-arching and guiding principles for SIP, and are divided into four categories: health indicators, research, employment, and education.

SIP's Joint Statement calls to explore opportunities to build on existing instruments which are available to define, establish and / or use pain and pain-related functioning as an indicator, in the assessment of healthcare systems' quality, as this will contribute to assessing and filling the data gap on the societal impact of pain³.

The inclusion of pain as a disease under the World Health Organization (WHO) 11th revision of the International Classification of Diseases (ICD 11)⁴, is a key development. In its response to the European Commission's Health Data Space Roadmap⁵, SIP called for the implementation of the ICD-11 definition of pain throughout healthcare systems to improve analysis of health systems performance. This will also provide the research community with data to facilitate further clinical research. According to experts in the field, ICD-11 and the International Classification of Functioning, Disability and Health (ICF), will contribute to the transformation of healthcare in the context of the Digital Single Market⁶.

Additionally, chronic pain is one of the major reasons why people exit the labour market prematurely and contributes significantly to disability retirement⁷. Despite the significant burden, large health inequalities exist in Europe and many people living with chronic pain do not have access to adequate treatment.

In 2011, SIP published their Road Map for Action. This called on European governments and EU institutions to establish an EU platform to enable the exchange, comparison, and benchmarking of best practice between Member States on pain management and its impact on society; and use the platform to monitor trends and provide guidelines to ensure harmonisation across the EU. To better understand the existing status of the priorities set out under the Road Map, gauge progress, and provide evidence for policy makers, a questionnaire was designed to monitor the national implementation of the SIP2011 Road Map, throughout Europe. The exercise was repeated again in 2014 and 2019. However, in 2019, the SIP Steering Committee recognised that a broader range of stakeholders, including healthcare professionals, patient organisations, and industry representatives involved in pain should be consulted. The survey was also evolved not only to look at the status of national guidelines and action plans, but to reflect on the status of policies supporting the updated priorities of the SIP platform.

In 2022, the Societal Impact of Pain Platform (SIP) revisited the SIP Road Map Monitor, in order to understand how national guidelines, action plans, and the status of policies supporting the updated priorities of SIP, have evolved in the last few years, especially, after the challenging past two years with the COVID-19 pandemic.

The following pages compile the results of the SIP Road Map Monitor survey and the Societal Impact of Pain SIP Road Map Monitor Working Group (SIP RMWG) recommendations towards the prioritisation of pain in Europe.

Methodology: SIP Road Map Monitor 2022

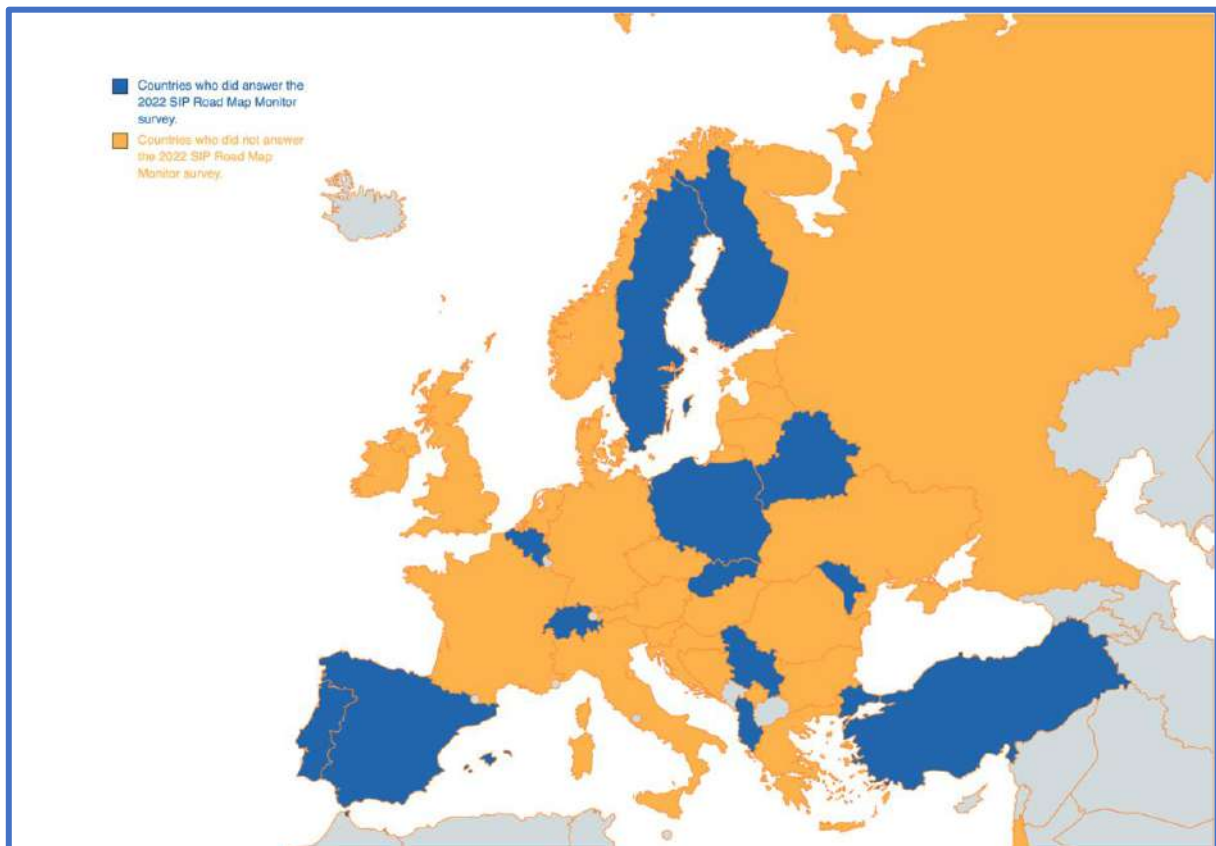
Objectives

The Societal Impact of Pain (SIP) Platform, had two main objectives for the 2022 survey. Firstly, to capture the status of implementation of long-term policy priorities, identified in the 2018 Societal Impact of Pain Joint Statement and secondly, to formulate evidence-based policy actions addressing the societal impact of pain.

Development of the Survey Questions

The 2022 survey was designed by the SIP Road Map Monitor working group, formed by experts in the field, as well as patients representatives, following and building on the 2019 survey. The 2022 survey collected information on: national health frameworks of pain, pain as a quality indicator, pain research, pain in employment and pain education.

Survey Approach and Analysis



39 countries were requested to provide information, including, 38 chapters of the European Pain Federation EFIC, 7 national representatives from Pain Alliance Europe PAE, and all 12 SIP National Platforms. The SIP Road Map Monitor working group requested all three parties to liaise per country, and provide one sole answer. The survey was therefore directed at healthcare professionals, and patient organisations/representatives.

Respondents from 13 countries provided data. 16 countries responded, however, 3 responses were removed from the analysis due to incomplete or missing answers. The response rate for all questions was 81%.

Summary of the Key Findings

About the Key Findings

This report provides background evidence and key findings that further support the recommendations and commitments made within the Societal Impact of Pain 2018 Thematic Network SIP Joint Statement. The European Pain Federation EFIC Chapters, Pain Alliance Europe PAE members, and the Societal Impact of Pain (SIP) National Platforms, may use this report to further study the situation in their country and inform policymakers around the Societal Impact of Pain four long-term policy priorities.

Key Findings

1. Some national clinical guidelines are available in most countries, but development and implementation of specific national pain plans is largely missing. Therefore, European governments should share best practices, and learn from each other.
2. There is a lack of prioritisation in Europe when it comes to both measuring and monitoring pain as an outcome and as a quality indicator. Therefore, actions are needed in order to reach the standard of the WHO directive and classification in these areas.
3. Pain is not a priority when it comes to national research strategies and best practices approaches. Therefore, the establishment of pain registries, collection of broad socioeconomic data and patient involvement within pain research projects, are key areas for improvement.
4. Policies are in place to ensure the adaptation of workplaces, and the reintegration into the workplace of people living with pain. However, more needs to be done to ensure a holistic, patient-centred approach is established, as well as uptake of such policies by all European countries.
5. Pain education in undergraduate and postgraduate education is a reality in some European countries. However, there are still big discrepancies across Europe and major gaps when it comes to patient involvement in the development of educational tools for pain management, both key areas for improvement.

Call to action

The Societal Impact of Pain (SIP) Platform, calls upon EU Institutions and National Governments to:

1. Recognise the burden and impact of pain in societies and people, and increase its priority within healthcare systems, funding and policymaking.
 - a. Make funding available at European and national level to support the continued development and implementation of national guidelines, action plans and supporting legal frameworks to enable the prioritisation and uptake of better and more integrated services for pain management in every country across Europe.
2. Pain as a quality indicator: Develop instruments to assess the impact of pain.
 - a. To explore opportunities to build on existing instruments which are available to define, establish and/or use pain as an indicator in the assessment of healthcare systems' quality.
3. Pain research: Increase investment in research on the societal impact of pain.
 - a. Make funding available for pain research, as well as for the societal impact of pain.
 - b. Ensure involving people living with pain in research projects in publicly funded calls becomes mandatory.
4. Pain in employment: Initiate policies addressing the impact of pain on employment and include pain in relevant existing initiatives.
 - a. Ensure reasonable, flexible work adjustments for people living with pain.
 - b. Ensure the biological, psychological and social factors of pain are comprehensively addressed in employment policies.
5. Pain education: Prioritise pain education for healthcare professionals, patients, policymakers and the general public.
 - a. To share best practices, indentifying gaps and proposing recommendations to foster education of healthcare professionals as well as awareness raising and education of patients, policymakers and the general public on pain and across Europe.
 - b. To involve people living with pain in the development of educational tools on pain.
6. Ensure effective implementation of ICD-11 at national level, which will in turn contribute to the development and digitalisation of healthcare services, which are complementary and can support each other.

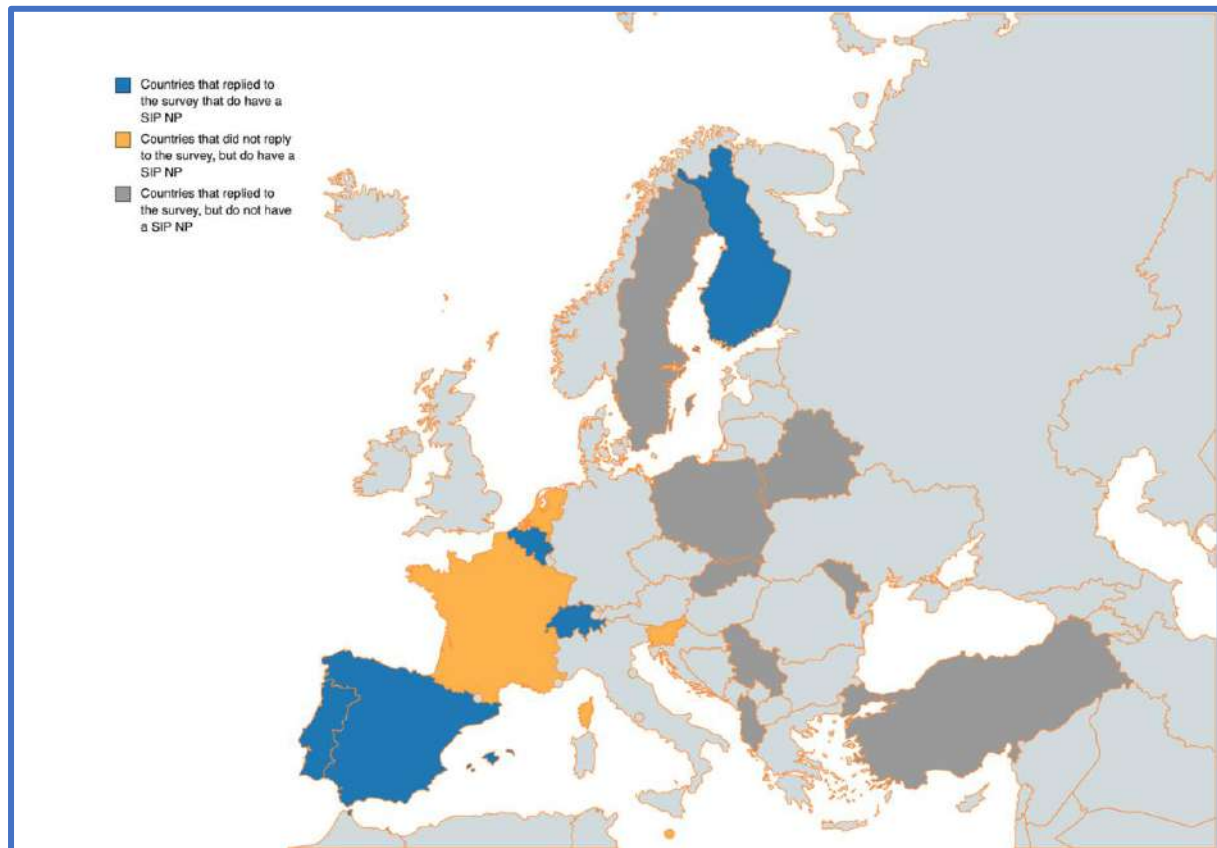
Results of the Survey

National Health Frameworks of Pain

The Societal Impact of Pain (SIP) platform launched in 2009 and since then, progress has been made with regards to improving the prioritisation of pain in Europe through the establishment of a European wide multi-stakeholder platform, with national platforms in several European countries. However, many countries still lack specific guidelines, legislation, and action plans on pain and pain management and treatment.

Do you have a multi-stakeholder platform in place for representing the Societal Impact of Pain in your country?

13/16 countries (81%) replied to the question above.



Is there a law (National Plan or legally binding regulation) specific to pain management and pain treatment in place in your country?

13/16 countries replied to the question above. Of these, seven (54%) (Sweden, Portugal, Finland, Poland, Slovakia, Belgium, and Turkey) have pain management and pain treatment laws in place, while six (46%) (Belarus, Moldova, Serbia, Spain, Switzerland, and Albania) do not.

Is there a national guideline (acute, chronic, cancer, palliative care) for pain management in place in your country?

13/16 countries replied to the question above. Of these, eight (62%) (Belarus, Sweden, Portugal, Finland, Poland, Slovakia, Spain, and Turkey) have a national guideline, while the other five (38%) (Belgium, Moldova, Serbia, Switzerland, and Albania) do not.

Has a national/regional action plan against pain been launched in your country?

13/16 countries replied to the question above. Of these, six (46%) (Moldova, Sweden, Portugal, Finland, Spain, and Turkey) have launched an action plan against pain. Of these six, three (Moldova, Finland and Portugal) cover acute pain. Two (Sweden and Turkey) do not. Four (Sweden, Portugal, Finland, and Turkey) cover chronic pain. One country (Moldova) does not.

One country (Spain), did not specify if their plan covered acute or chronic pain.

Four of the six countries (Portugal, Finland, Spain and Turkey) have their action plan publicly available. Of the thirteen, seven (54%) (Belarus, Serbia, Albania, Poland, Switzerland, Slovakia, and Belgium) have not launched an action plan.

Do you have nationally agreed pain management multidisciplinary teams in your country that meet the International Association for the Study of Pain (IASP) criteria?

13/16 countries replied to the question above. Of these, six (46%) (Belgium, Slovakia, Switzerland, Poland, Portugal, and Serbia) have nationally agreed pain management multidisciplinary teams. Five (39%) (Belarus, Moldova, Sweden, Albania, and Turkey) do not, and two (15%) (Spain, and Finland) do not know.

Are there acute pain services established in every hospital in your country?

13/16 countries replied to the question above. Of these, three (23%) (Serbia, Sweden, and Belgium) have acute pain services in every hospital. Eight (62%) (Belarus, Moldova, Portugal, Albania, Poland, Slovakia, Spain, and Turkey) do not, and two (15%) (Switzerland, and Finland) do not know.

Are there outpatient acute pain services established in your country?

13/16 countries replied to the question above. Five (38%) (Belgium, Finland, Portugal, Serbia, and Sweden) have outpatient pain services. Seven (54%) (Belarus, Moldova, Albania, Poland, Slovakia, Spain, and Turkey) do not, and one (8%) (Switzerland) does not know.

In conclusion, large differences between countries on the development and implementation of specific national pain plans are noticeable, and limited legal structures are in place to enforce uptake of what is available. Therefore, initiatives to support the coordination and management of pain in Europe should continue to be encouraged, in order to achieve the standardisation of national plans with regards to pain management, treatment and care.

Pain as a Quality Indicator

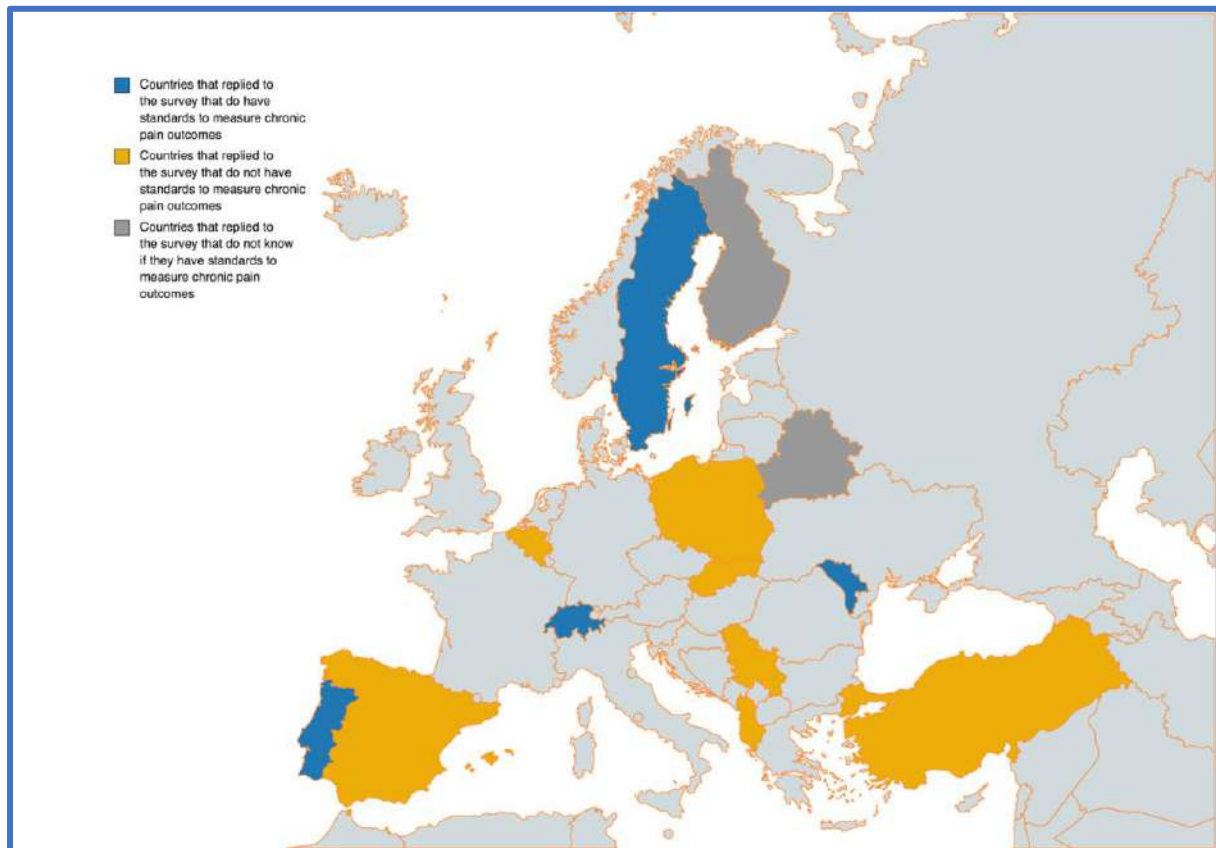
Several countries across Europe do address data collection of pain via indicators, however, it is still not a standard in many other countries.

Are there national quality indicators for pain in your country?

13/16 countries replied to the question above. Five (38%) (Sweden, Serbia, Portugal, Spain, and Turkey) have national pain quality indicators. Of these, three (23%) (Sweden, Portugal, and Spain) have systems in place to monitor the indicators. Eight (62%) (Belarus, Moldova, Albania, Finland, Poland, Switzerland, Slovakia, and Belgium) do not have national pain quality indicators.

Are there national and/or regional standards available in your country to measure chronic pain outcomes and/or severity?

13/16 countries replied to the question above.



Are there national or regional activities taking place in your country to discuss or implement ICD-11 (the International Classification of Diseases 11th Revision)?

13/16 countries replied to the question above. Four (31%) (Belgium, Finland, Poland, and Slovakia) do have activities to implement ICD-11. Five (38%) (Belarus, Serbia, Spain, Portugal, and Turkey) do not, and four (31%) (Moldova, Sweden, Albania, and Switzerland) do not know.

Are there national or regional activities taking place in your country to discuss or implement ICF (the International Classification of Functioning, Disability and Health)?

13/16 countries replied to the question above. Two (16%) (Serbia, and Belgium) do have activities to discuss/implement ICF. Five (38%) (Belarus, Poland, Slovakia, Spain, and Turkey) do not, and six (46%) (Moldova, Sweden, Portugal, Albania, Finland, and Switzerland) do not know.

In conclusion, European countries still have a long way to go when it comes to measuring and monitoring pain as an outcome and pain as a quality indicator. In order to improve pain care, more needs to be done, in order to align with the WHO directive and classification in these specific areas, both at EU and national levels.

Pain Research

A large burden is placed on civil society partnerships to develop and fund research programmes, due to co-funded research projects by the European Commission and Member States being inconsistent in terms of funding, coordination and pain focused.

Do you collect and document socioeconomic data on pain (e.g. medication costs, hospital-based services, disability compensation, days of work missed, early retirement) in your country?

13/16 countries replied to the question above. One (8%) (Sweden) collects socioeconomic data on pain. Nine (69%) (Belarus, Moldova, Serbia, Albania, Switzerland, Slovakia, Spain, Belgium, and Turkey) do not, and three (23%) (Portugal, Finland, and Poland) do not know.

Are there national/regional pain registries in your country or other databases?

13/16 countries replied to the question above. One (8%) (Sweden) has pain registries. Eleven (84%) (Belarus, Moldova, Serbia, Portugal, Albania, Poland, Switzerland, Slovakia, Spain, Belgium, and Turkey) do not, and one (8%) (Finland) does not know.

Is pain mentioned in the national research strategy of your country?

13/16 countries replied to the question above. No country (0%) said yes. Seven (54%) (Moldova, Serbia, Albania, Poland, Slovakia, Belgium, and Turkey) said no, and six (46%) (Belarus, Sweden, Portugal, Finland, Switzerland, and Spain) do not know.

Is a national research strategy for pain implemented in your country?

13/16 countries replied to the question above. No country (0%) said yes. Twelve (92%) (Moldova, Sweden, Serbia, Albania, Switzerland, Spain, Belgium, Belarus, Portugal, Poland, Slovakia, and Turkey) said no; and one (8%) (Finland) did not know.

Who is the main funding body for pain research in your country among the below?

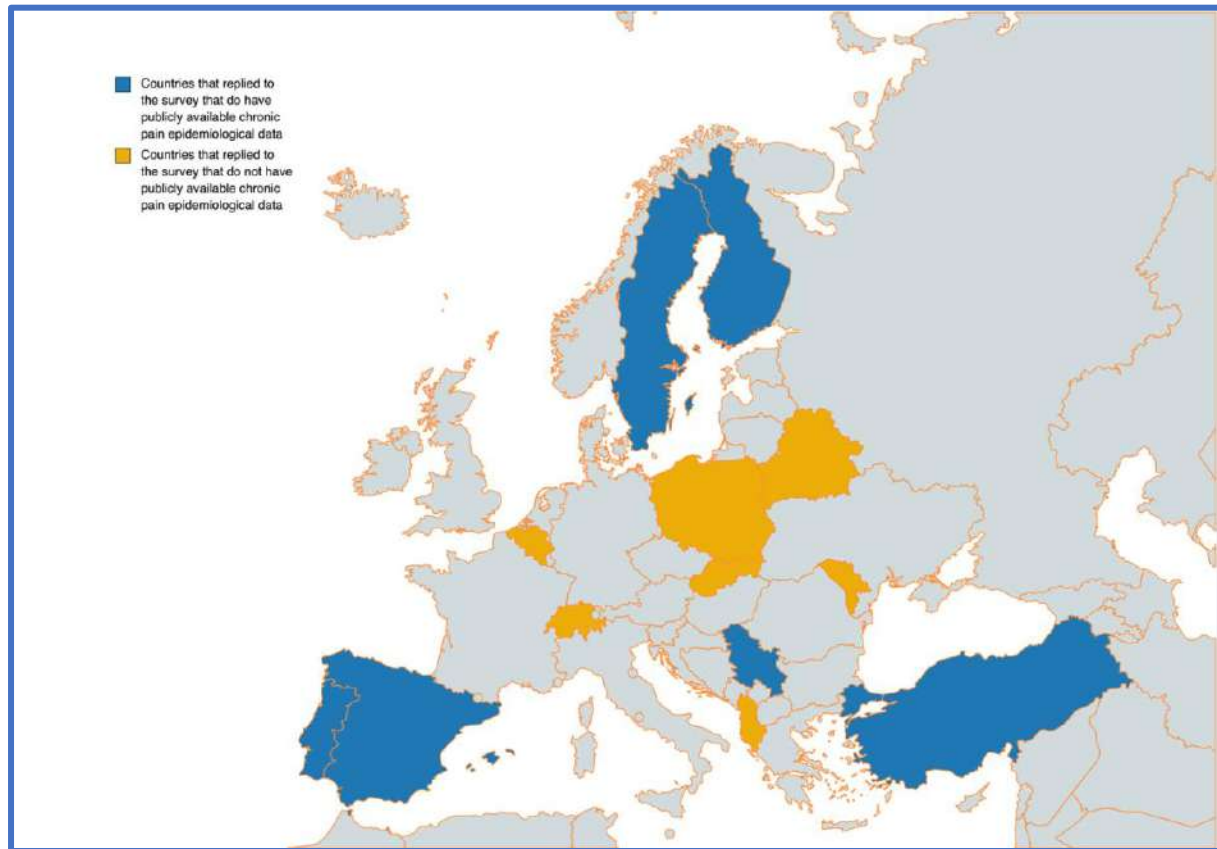
13/16 countries replied to the question above. Five (38%) (Sweden, Portugal, Finland, Switzerland, and Belgium) stated that pain research is funded by public bodies. Six (46%) (Spain, Poland, Portugal, Serbia, Belarus, and Turkey) mentioned industry. One (8%) (Albania) mentioned charities/NGOs, and seven countries (54%) (Belarus, Moldova, Serbia, Albania, Switzerland, Slovakia, Turkey) mentioned medical societies.

Is patient and/or public involvement (PPI) mandatory in your country in developing pain research projects in publicly funded calls?

13/16 countries replied to the question above. No country (0%) said yes. Nine (69%) (Moldova, Sweden, Serbia, Albania, Finland, Switzerland, Spain, Belgium, and Turkey) said no, and four (31%) (Belarus, Portugal, Poland, and Slovakia) do not know.

Do you have any publicly available national epidemiology data on chronic pain in your country?

13/16 countries replied to the question above.



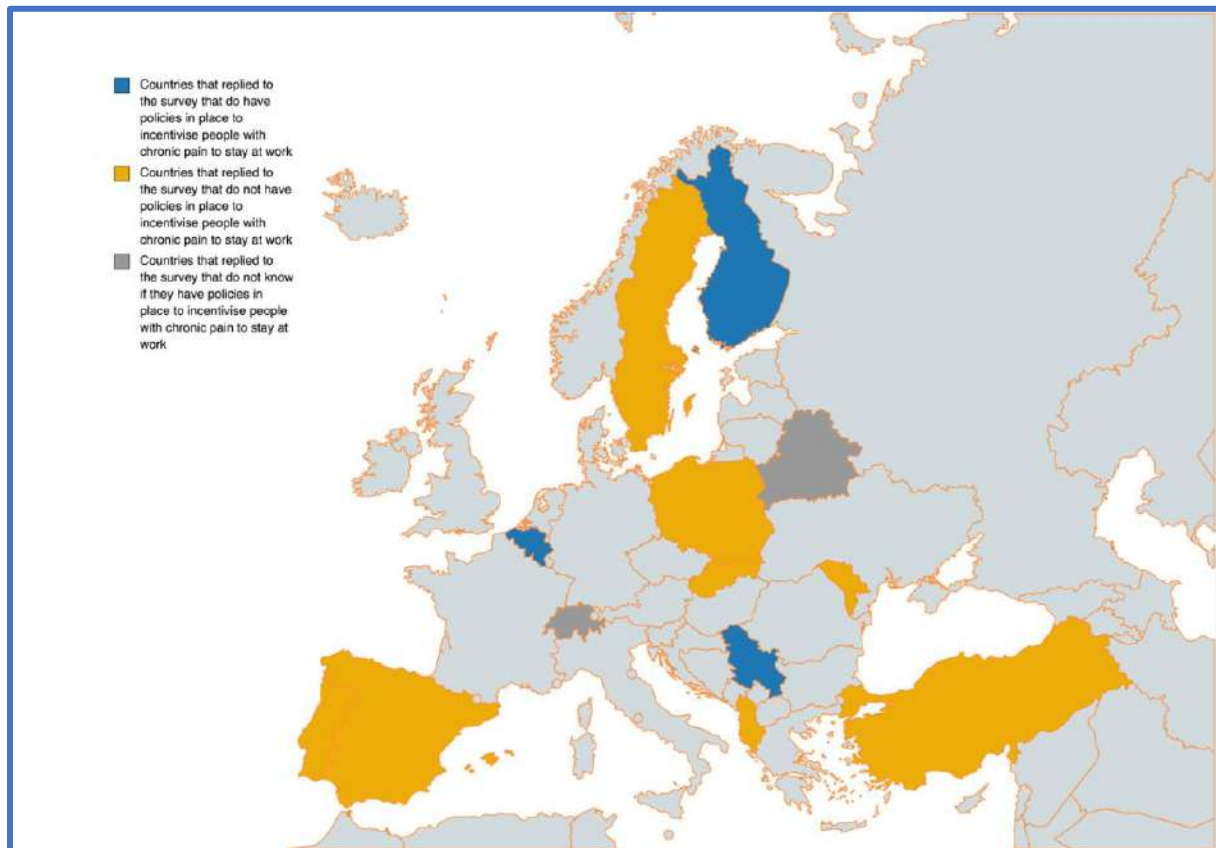
In conclusion, there is still work to be done with regards to placing pain on the agenda when it comes to national research strategies. In general, the collection of socioeconomic data, or the inclusion of patients/and or public involvement in research projects is still an important point for improvement.

Pain in Employment

Evidence indicates that ‘good work’ has a positive effect on our health and wellbeing, and remaining in, or returning to work can have a positive impact on overall mental health and well-being⁸. Chronic pain has a major impact on workers and their productivity and as such, it should be adequately addressed.

Are there any national or regional policies in place in your country to incentivise staying at work for people living with chronic pain?

13/16 countries replied to the question above.



Are there any national or regional regulations in your country to reintegrate people living with chronic pain into work?

13/16 countries replied to the question above. Three (23%) (Sweden, Serbia, and Belgium) have regulations to reintegrate people with chronic pain into work. Eight (62%) (Belarus, Moldova, Portugal, Albania, Finland, Poland, Spain, Turkey) do not, and two (15%) (Switzerland, and Slovakia) do not know.

Is pain management included in vocational rehabilitation programmes in your country?

13/16 countries replied to the question above. Three (23%) (Sweden, Serbia, and Turkey) include pain management in their vocational rehabilitation programmes. Five (38%) (Moldova, Portugal, Albania, Finland, and Poland) do not, and 5 (39%) (Belarus, Switzerland, Slovakia, Spain, and Belgium) do not know.

In conclusion, while policies to maintain workability for those living with pain do exist, much needs to be done to ensure the biopsychosocial factors of pain are comprehensively addressed in employment policies and ensure reasonable, flexible work adjustments for workers living with pain.

Pain Education

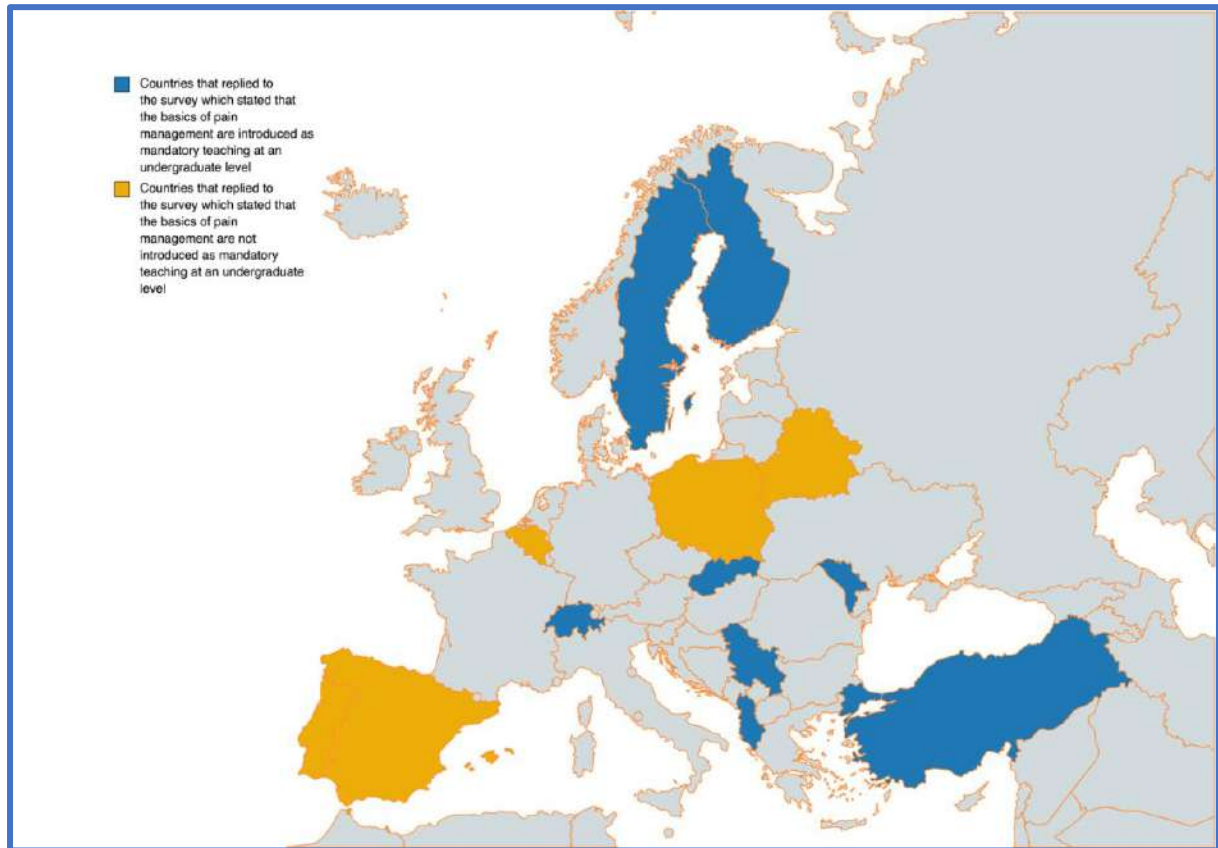
While the basics of pain management are introduced as a mandatory teaching at an undergraduate level in many European countries, and specialist pain training at a postgraduate level does exist in many European countries, and for different disciplines, much more needs to be done to ensure the standardisation of pain education across Europe at both undergraduate and postgraduate levels. On

European Pain Federation EFIC®, Rue de Londres - Londenstraat 18, B1050 Brussels. Transparency Register no. 35010244568-04. The 'Societal Impact of Pain' (SIP) platform is a multi-stakeholder partnership led by the European Pain Federation EFIC and Pain Alliance Europe (PAE), which aims to raise awareness of pain and change pain policies. The scientific framework of the SIP platform is under the responsibility of EFIC and the strategic direction of the project is defined by both partners. The pharmaceutical company Grünenthal GmbH is the main sponsor of the Societal Impact of Pain (SIP) platform.

the other hand, patient and/or public involvement needs to improve in order to ensure pain educational tools are easily accessible by all (healthcare professionals, patients living with pain and the general public).

Are the basics of pain management introduced as mandatory teaching at an undergraduate level in your country?

13/16 countries replied to the question above.



Does formal, agreed, specialist pain training (at a postgraduate level) exist at national level in your country for medical doctors?

13/16 countries replied to the question above. Eight (62%) (Sweden, Serbia, Portugal, Finland, Switzerland, Slovakia, Belgium, and Turkey) stated that there is a formal, agreed, specialist pain training for medical doctors at a postgraduate level. Five (38%) (Belarus, Moldova, Albania, Poland, and Spain) stated that there is not.

Does formal, agreed, specialist pain training (at a postgraduate level) exist at national level in your country for nurses?

13/16 countries replied to the question above. Two (15%) (Finland, and Belgium) stated that there is specialist pain training for nurses at a postgraduate level. Eleven (85%) (Belarus, Moldova, Sweden, Serbia, Portugal, Albania, Poland, Switzerland, Slovakia, Spain, and Turkey) stated that there is not.

Does formal, agreed, specialist pain training (at a postgraduate level) exist at national level in your country for physiotherapists?

13/16 countries replied to the questions above. Three (23%) (Sweden, Finland, and Switzerland) stated that there is specialist pain training for physiotherapists at a postgraduate level. Ten (77%) (Belarus, Serbia, Moldova, Sweden, Portugal, Albania, Poland, Spain, Belgium, and Turkey) stated that there is not.

Does formal, agreed, specialist pain training (at a postgraduate level) exist at national level in your country for psychologists?

13/16 countries replied to the question above. One (8%) (Switzerland) stated that there is specialist pain training for psychologists at a postgraduate level. Twelve (92%) (Belarus, Moldova, Serbia, Sweden, Portugal, Albania, Finland, Poland, Slovakia, Spain, Belgium, and Turkey) stated there is not.

Are national pain education resources in your country available for the general public?

13/16 countries replied to the question above. Six (46%) (Sweden, Portugal, Albania, Finland, Slovakia, and Belgium) do have national pain education resources for the public, and seven (54%) (Belarus, Moldova, Serbia, Poland, Switzerland, Spain, and Turkey) do not.

Has your national department of health in your country developed guidelines for people living with pain?

13/16 countries replied to the question above. Two (15%) (Sweden, and Spain) stated that the national department of health do have pain guidelines. Ten (77%) (Belarus, Moldova, Serbia, Portugal, Albania, Poland, Switzerland, Slovakia, Belgium, and Turkey) do not, and one (8%) (Finland) does not know.

Is it mandatory in your country to have patients and/or public involved (PPI) in the development of educational tools on pain?

13/16 countries replied to the question above. Two (15%) (Serbia, and Turkey) stated that it is mandatory to have PPI in the development of pain education tools. Eleven (85%) (Belarus, Moldova, Sweden, Portugal, Albania, Finland, Poland, Switzerland, Slovakia, and Spain) stated that it is not.

In conclusion, even though progress has been made with regards to the inclusion of pain into undergraduate and postgraduate medical education in different disciplines, there are still gaps to be addressed and improvements to be made with regards to educational tools for healthcare professionals, people living with pain, and the general public. Standardisation and a greater consistency across European countries is needed in this regard.

What are the major achievements in your country with regards to national pain strategies?

Achievements mentioned by countries include:

- Development of pain guidelines.
- Organisation of pain conferences.
- Systematic measurement of pain intensity.
- Establishment of pain units in public hospitals.

- Pain medicine being accepted as a fellowship programme.
- The national plan organising and funding a pain policy in the Belgian hospitals.
- Advocacy activities, including patients having the human right to pain management.
- The number of physicians who are knowledgeable and equipped in the biopsychosocial approach to pain is rising rapidly.

What are the biggest or major challenges in your country with regards to pain strategies?

Challenges mentioned by countries include:

- Socio-economic cost.
- Epidemiological data.
- Stigma of chronic pain.
- Reducing referral times.
- Lack of funding/finance.
- Enforceability of published guidelines.
- Communication between stakeholders.
- Expansion of pain management services.
- Pain not being prioritised by policymakers.
- Sensibilisation and knowledge about chronic pain.
- Lack of interest in upskilling among health professionals.
- Professionals working in silos/engaging in rigid practices.
- Pain therapy not being recognised as a medical speciality.
- Establishing consistent systems to measure pain outcomes.
- Socio-professional reintegration – “Return to work”-initiatives.
- Retaining highly qualified pain management health professionals.
- Developing national self-management and educational programmes.

General Conclusions

The results of the 2022 SIP Road Map monitor survey, reflect the knowledge of the European Pain Federation EFIC chapters, Pain Alliance Europe PAE members and SIP national platforms. The findings showcase the status of national guidelines, action plans and policies supporting the updated priorities of SIP, at this moment in time.

Overall, some progress has been made in some of the countries surveyed. On the other hand, some countries have kept constant since the last report in 2019. There is still work to be done and a long way to go, in order for all European countries to reach the Societal Impact of Pain (SIP) platform pain standards. All European countries should strive to have a national guideline and action plan for pain management and treatment. The results are clear, more needs to be done with regards to achieving pain as a quality indicator, as this will lead to a better collection of pain data to support research; better pain education; and more options to support people living with pain, to stay in work or return to work. Additionally, funding should be made available by European Institutions and national governments to support these long-term objectives.

Therefore, the Societal Impact of Pain (SIP) Platform, calls upon EU Institutions and National Governments to:

1. Recognise the burden and impact of pain in societies and people, and increase its priority within healthcare systems, funding and policymaking.
2. Pain as a quality indicator: Develop instruments to assess the impact of pain.
3. Pain education: Prioritise pain education for healthcare professionals, patients, policymakers and the general public.
4. Pain in employment: Initiate policies addressing the impact of pain on employment and include pain in relevant existing initiatives.
5. Pain research: Increase investment in research on the societal impact of pain.
6. Ensure effective implementation of ICD-11 at national level, which will in turn contribute to the development and digitalisation of healthcare services, which are complementary and can support each other.

Finally, on behalf of the Societal Impact of Pain (SIP) platform, thank you to everyone involved in the development and completion of this 2022 SIP Road Map monitor.

About the Societal Impact of Pain (SIP) Platform

The 'Societal Impact of Pain' (SIP) platform is a multi-stakeholder partnership led by the [European Pain Federation EFIC](#) and [Pain Alliance Europe \(PAE\)](#), which aims to **raise awareness of pain and change pain policies**.

The platform provides opportunities for discussion for health care professionals, pain advocacy groups, politicians, healthcare insurance providers, representatives of health authorities, regulators, and budget holders.

The scientific framework of the SIP platform is under the responsibility of EFIC and the strategic direction of the project is defined by both partners. The pharmaceutical company [Grünenthal GmbH](#) is the main sponsor of the Societal Impact of Pain (SIP) platform.

Contacts: For further information, please contact:

Ángela Cano Palomares, Project Manager, Societal Impact of Pain (SIP) Europe, at European Pain Federation EFIC – angela.palomares@efic.org

Emilia Kosińska, Association and Projects Manager, Pain Alliance Europe – emilia.kosinska@pae-eu.eu

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¹Note: data taking from 37 countries, absent in Andorra, Armenia, Azerbaijan, Belarus, Georgia, Iceland, Liechtenstein, Luxembourg, Malta, Monaco, and the Vatican City.

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