From Burden to Prevention: Reframing Chronic Pain in EU Health Policy

16/10/2025 – 11:30-13:30 – European Parliament

Speakers

- MEP Dan-Stefan Motreanu - EPP
- MEP Sirpa Pietikäinen (SP) - EPP
- MEP Vytenis Povilas Andriukaitis (VPA) – S&D
- MEP Tomislav Sokol (TS) – EPP
- Patrice Forget (PF) – European Pain Federation EFIC/ SIP Chair
- Liisa Jutila (LJ) – Pain Alliance Europe PAE/ SIP Co-Chair
- Ulrike Kaiser (UK) - Klinik für Anästhesiologie und Intensivmedizin – Universitätsklinikum
- Amy Jo Collins (AC) – World Health Organisation/ World Rehabiliation Alliance
- Anna van Renen (AVR) – International Longevity Centre UK
- Mary O'Keeffe (MOK) – University Colleague Dublin
- Nadia Malliou (NM) – Pain Alliance Europe PAE
- Joanne O'Brien Kelly (JOK) – European Pain Federation EFIC

Opening Remarks

SP: Explains the importance of chronic pain and speaks to the suffering of people living with chronic pain. States that chronic pain should be a separate issue on the EU health agenda, yet it continues to be under-researched and poorly managed. SP comments on the cost for societies, particularly due to unemployment and early retirement. SP notes the importance of resilient societies and the need for prevention to reduce the transition from acute to chronic pain.

VPA: Speaks to the fact that chronic headaches are common and we need to raise this issue higher on the political agenda. VPA explains that chronic pain is the most common health condition in Europe, with millions of Europeans currently living with chronic pain. VPA states that chronic pain is not only a medical issue but a societal issue as it directly links to mental health. Finally, VPA states that pain prevention should also be built on the local/community level.

Welcome from SIP

PF and **LJ** introduce SIP and PAE and their role. PF notes that policy direction is important for pain to ensure that pain does not evolve into chronic pain.

SIPs position paper on preventive healthcare of chronic pain

PF: Introduces the SIP platforms and their role, including long-term priorities. PF notes that access to treatment, primary care, and social/psychological factors needs to be recognised as chronic

pain is a multi-dimensional condition. PF also notes the economic burden on healthcare systems and the importance of living an active life to prevent chronic pain.

Prevention: A new theme of research and practice

UK: Declares conflict of interest due to being funded by German ministry. UK shares her perspective as a researcher and speaks to the fact that pain chronicity has somatic and psychosocial factors. UK explains that no one is born with chronic pain and therefore, there is always a cause which comes from different external influences. UK speaks to the importance of enhancing knowledge and research about chronic pain and its contributing factors, cites different studies.

How rehabilitation, access to care, and cross-sector collaboration can help address and prevent chronic pain as part of broader non-communicable disease (NCD) strategies

AJC: Explains that chronic pain will affect everyone at some point and rehabilitation will help people regain independence. ACJ introduced the World Rehabilitation Alliance (WRA), established in 2023 to strengthen rehabilitation within health systems, noting that 2.6 billion people currently require rehabilitation, including those living with chronic pain condition. AJC emphasised that functioning is the clearest measure of how health systems improve lives, not just extend them, and highlighted that without functioning data, it remains unclear whether prevention efforts truly enhance quality of life. AJC noted that there is currently no global indicator for functioning, leaving unanswered questions about how people manage chronic conditions and achieve a higher quality of life. ACJ concluded that functionality represents a common advocacy goal between the WRA and the pain community, and that investing in rehabilitation is both cost-effective and key to building more resilient societies.

Exploring the role of vaccination in chronic pain prevention

AVR: Speaks to the importance of vaccination for preventing NCDs. AVR notes that vaccination is important for many different chronic pain diseases, however, uptake of vaccinations in adults in an underused tool. AVR states that low health literacy has been a key factor in the low uptake of vaccination. Research proved that with higher health literacy, more people would engage in prevention/vaccination. Finally, AVR states that return on investment is high if prevention is a focus.

Prevention research: what do we still need to know?

MOK: Explains that chronic pain is a systemic problem and healthcare systems act too late. MOK explains the window for prevention and the need to take action at this stage of the pain journey.

Research tends to focus on bio-psycho-social factors separately even though many pain patients have a combination of all three. MOK states the limited understanding of why some people recover from pain symptoms and others do not. MOK speaks to the social factors of pain, including gender and socio-economic status. Finally, MOK states that evidence that excludes the most affected, is not really evidence at all.

Q&A

Q: Directed to MEP TS, where does chronic pain currently sit on the EU health policy agenda?

A: TS explains there is a lack of focus and investment in health on the EU agenda. Currently, there is a clear focus on competitiveness and resilience but many question where public health comes into this. TS comments that public health objectives including prevention and health liertacy will be jeopardized due to the new ECF. TS states that funds may be re-allocated to other divisions, leaving a lack of focus on public health. TS also states that support from stakeholders to pressure the Commission on the importance of public health is critical. TS comments that prevention is the most cost-effective way of addressing health conditions; however, this is not visible in the short-term thereby leaving prevention as a low priority. Finally, TS states that pharma's are the blueprint as people will listen to them if they put pressure and it is important to work together.

Q: How can data on chronic pain support integration into broader health and economic agendas?

A: TS states that a focus on numbers and productivity lost is strong data that aligns with the ECF. TS also stated that emphasising the connection between chronic pain focus and economic impact is important.

Q: NM states that primary healthcare systems currently have significant gaps and that ICD-11 should be implemented to improve pain management and treatment. NM asks what TS thinks about this.

A: TS states that primary care has been neglected for the last several decades. TS notes that training programs for primary healthcare professionals and investing into better working conditions to prevent chronic pain is important yet remains limited. Finally, TS states that the EU has limited power to impose regulations on member states, including the implementation of ICD-11.

Closing Remarks by Members of the European Parliament

TS: Explains that while EU priorities are with cancer and CVD, the SIP events is a productive way to raise visibility on chronic pain. TS speaks to the importance of funding more research, training, and more EU non-binding guidance to promote improvement in primary healthcare systems. TS

also notes that policymakers, think tanks etc should have access to the data on chronic pain. Finally, TS comments on the link between chronic pain and employment, quality of live, and social stigma.

Patient Testimony

NM: Speaks to the social impacts of living with chronic pain, including the impact on quality of life and loss of community. Shares two stories from chronic pain patients that experienced first-hand consequences of primary healthcare systems that dismiss pain symptoms. NM states the need for healthcare systems which are patient-centred, and patients are recognised as partners. Finally, NM comments that chronic pain has socio-cultural, economic and political factors, with prevention not only being an act of social justice, but an act of human dignity.

Closing Reflections and final words

JOK: Summarises key points from the speakers. JOK speaks on the importance of chronic pain prevention and the fact that it is a social and economic necessity for Europe.

LJ: Explains that chronic pain is a silent epidemic and the significant social impact of living with chronic pain.

SIP
Societal Impact of Pain

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16 October 2025, Brussels, Belgium.

MEP Dan-Ştefan Motreanu (EPP)
SIP Event Host

""Chronic pain affects millions of Europeans yet remains under-recognised in health policy. By making prevention a priority, the EU can strengthen health systems, reduce inequalities, and help citizens live fuller, more active lives."

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MEP Sirpa Pietikäinen (EPP)
SIP Event Host

"Chronic pain is the most common non-communicable medical condition in Europe, affecting estimated 1 out of 5 adults in Europe. It is a crippling, omnipresent condition that decreases quality of life and creates disability and yet it is under-understood, -diagnosed and -treated. This needs to change."

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MEP Tomislav Sokol (EPP)
SIP Event Host

"At present, 150 million people are experiencing chronic pain across Europe, this is approximately equal to the population of Germany and France combined. Prevention is therefore key and funding prevention research, to guide evidence-based action, is of the upmost importance."

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MEP Vytenis Andriukaitis (S&D)
SIP Event Host

"Preventive healthcare is the cornerstone of resilient health systems. We must act before pain becomes chronic — and that means embedding prevention into EU health strategies."

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Anna Van Renen | Research and Policy Officer at ILCUK

"Prevention is always better than a cure, and that extends to chronic pain. Vaccination can protect against painful diseases, and governments must use every tool available to ensure that people live long, healthy and dignified lives."

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Ulrike Kaiser | Senior Psychologist

"Scientists, practitioners, and policymakers must do everything possible to prevent the suffering caused by chronic pain. We should start by translating evidence and clinical experience on early interventions into everyday practice. That requires fundamental political and financial reforms so dedicated practitioners are paid and can offer these services to those affected."

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Mary O'Keeffe | EFIC Research Projects Advisor

"Preventing chronic pain is essential, not only to reduce suffering, but also to ease the escalating costs that burden our healthcare systems. Yet prevention research remains underfunded and scarcely integrated, leaving a critical gap in Europe's response to its most costly health condition. It is time to put prevention at the heart of Europe's response.

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Luis Garcia-Larrea | EFIC President

"150 million Europeans live with chronic pain. In many cases this could have been prevented with adequate measures that were not taken. Prevention of pain is necessary not only to block the transition from acute to chronic pain, but also to reduce the impact of chronic pain when it is already established."

SIP
Societal Impact of Pain

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Patrice Forget | EFIC Honorary Treasurer and Advocacy Chair

"To truly improve patient outcomes and prevent poor experiences, we must place pain prevention—both primary (before it happens) and secondary (before it becomes complicated)—at the heart of care. A patient-centred approach means not only facilitating pain management, but also anticipating and preventing pain whenever possible."

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Dr Joanne O'Brien Kelly | EFIC Vice Chair for Advocacy

"Chronic pain, the most prevalent health condition in Europe, is not only a major health issue and contributor to disability, it also has deep social and economic ramifications, underscoring the need for prevention as a core public health priority."

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Nadia Malliou | President of PAE

"From my lived experience, it's clear that the failure to prioritise early interventions creates a critical gap in our health systems. If biopsychosocial risk factors were recognised and addressed at the earliest stages of pain, we could often prevent the transition to chronicity. Prevention is not only cost-effective, it is humane and based in evidence."

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Liisa Jutila | PAE Board Member and SIP Co-Chair

"Prevention of pain is the most effective way to reduce individual suffering and societal costs. Early identification and treatment of acute pain can prevent chronic pain and social exclusion, and safeguard working capacity. Reducing stigma, strengthening self-care and peer support, and providing organisational support all contribute to better outcomes."