

## SIP National Platform Call 18.02.2026 Minutes

### **Attendees:**

**SIP Team:** Patrice Forget (PF), Angela Cano Palomares (ACP), Sam Kynman (SK), Liisa Jutila (LJ), Marzia Ley (ML), Nadia Malliou (NM)

Maria Teresa Flor de Lima (MTFdL), Avetis Avetisyan (AA), Gunilla Göran (GG), Emmanuelle Opsommer (EO), Ellen Gepts (EG), Eddy Claes (EC), Andre Mouraux (AM), Annika Widuch (AW), Jo Brown (JB), Mathilde Kehler (MK), Miren Revuelta (MR), Noelia López (NL), Miren Rivuelta (MR), Maria Candela Madariaga (MCM), Thomas Isenberg (TI), André Wolff (AW).

PF welcomed the participants and opened the meeting by highlighting the need to strengthen the collective dialogue on SIP's priorities and to learn from one another. He expressed his appreciation for the valuable input and work of the National Platforms.

LJ then introduced herself, welcomed all participants, and expressed her satisfaction at seeing so many active members and National Platforms involved. She shared her hope that the SIP family would continue to grow across Europe.

ACP presented the key priorities for the year, including the economic considerations of pain and employment, gender equality and pain, Ireland's upcoming EU Council Presidency, and support for SIP National Platforms. She added that a meeting with Marian Harkin is planned and represents an important opportunity in the context of the Irish Presidency. Additional priority areas include non-communicable diseases and prevention, digital health and ICD-11, and cooperation with EU-OSHA.

ACP explained that SIP is currently working on the topic of the economic considerations of pain and employment through the development of a position paper and a complementary infographic, as well as the monitoring of relevant employment policies. Further work planned for the year includes the organisation of a roundtable/event on the topic and the translation of materials.

PF underlined that the burden of pain represents around 4% of GDP and that most of this burden is borne directly by people living with pain. While pain clearly goes beyond purely economic considerations, he stressed that decision-makers often focus on resource allocation. Presenting pain as an issue of better resource use can therefore be particularly effective.

ACP continued by explaining that, for the priority on gender equality and pain, SIP will also develop a dedicated position paper and an infographic, monitor relevant policies,

and encourage SIP National Platforms to translate the resources available to them, where appropriate and in line with their priorities for the year.

PF added that improving gender equity in healthcare would also directly benefit women's treatment and outcomes.

NM informed the group that PAE has been approached for discussions on gender issues. She stressed that gender inequalities span across research, clinical trials, and representation. She noted that advocacy has a clear mission in this area and that PAE is fully committed to it. She also highlighted that women's representation still needs to improve. ACP added that it would be very valuable to better understand how different National Platforms experience gender-related challenges at the country level and proposed exploring this further during the year.

Regarding Ireland's EU Council Presidency starting in June 2026, ACP explained that SIP responded to the Public Consultation on priority setting, which she will share via email. SIP will also organise an advocacy toolkit training in Ireland later in the year. ACP confirmed that Marian Harkin will meet with SIP on 3rd March and that SIP hopes this engagement can lead to a policy event and potentially to Council conclusions on pain, depending on the level of engagement achieved.

Concerning SIP national platform support, ACP announced the rollout of the SIP advocacy toolkit in Ireland, Germany, Italy, Poland and the United Kingdom. Other interested countries were invited to contact the SIP team. The initiative is currently in the planning phase. The SIP roadmap monitor will also be updated. ACP then asked participants whether there were any comments on the proposed priorities.

PF highlighted that the previous toolkit training had received excellent feedback. He described it as both approachable for beginners and useful for more advanced advocates wishing to refine their approach and also emphasised the networking benefits.

MK asked what the toolkit training involves and whether it is delivered online. ACP explained that the toolkit is a step-by-step guide on how to build a national platform and an advocacy strategy, and that it is also useful for gaining support from stakeholders and funders. The training is delivered in person, similar to the session held in Brussels last year, but tailored to individual countries. MK responded positively and welcomed the initiative.

SK added that funding is available this year to support the trainings. He noted that the ideal audience consists of newly established national platforms, followed by more established platforms wishing to refine their advocacy approach.

ACP then outlined SIP's work on NCDs and prevention, including engagement with policymakers on the SIP Preventive Healthcare Position Paper. She reported on a closed-door roundtable with the Renew Europe group MFF/ECF negotiating team, where funding for health and research, as well as prevention, were discussed and SIP's key messages disseminated.

On digital health and ICD-11, ACP explained that SIP will monitor the implementation of the European Health Data Space, develop a publication or organise a joint webinar with WHO-FIC, and conduct outreach to national governments on ICD-11 implementation.

LJ emphasised that, from a patient perspective, ICD-11 remains difficult to understand. She explained that when speaking to decision-makers, she often highlights that chronic pain is not recognised as a standalone condition in ICD-10, which frequently comes as a surprise. She stressed the importance of this issue for SIP.

ACP then presented the planned cooperation with EU-OSHA. SIP will join EU-OSHA's new campaign in the autumn, invite EU-OSHA to a SIP National Platform meeting—potentially the last one of the year—and possibly co-develop a webinar in early 2027.

Other planned activities include the European Pain Awareness Day campaign, as well as the regular National Platform and bilateral calls. ACP invited any final comments before moving to national updates and asked SIP Switzerland to share its presentation.

EO introduced herself as a new participant. She is based at the School of Health Sciences and Arts in Lausanne, where she is a professor and former dean. She is taking over SIP Switzerland coordination from André Ljutow this year and is focusing on becoming familiar with SIP structures. SIP Switzerland will hold its third national meeting next month, focusing on ICD-11 and involving stakeholders, health professionals, policymakers, insurers, and political authorities.

GG presented updates from SIP Sweden. The year will include several events and collaborations. She explained that she is a long-standing patient representative and that the SIP Sweden steering group meets every month. Planned activities include webinars similar to those held last year, participation in European Pain Awareness Day and the Global Campaign for Pain Control and Care initiatives. SIP Sweden also participates in the SIP National Platform calls and the SIP Stakeholder Forum meeting each year.

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From 4 to 7 May, SIP Sweden will take part in the University of Gothenburg Global Conference on Person-Centred Care. From 22 to 26 June, SIP Sweden will participate in a large national democratic dialogue forum involving approximately 30,000 visitors and 1,200 organisations, where patient organisations will represent SIP Sweden. Parliamentary elections will take place in Sweden in September, and SIP Sweden is considering organising a panel debate on pain care.

GG also presented a mapping of chronic pain care pathways in Sweden, showing considerable variation between regions and highlighting significant challenges related to digital infrastructure, with some regions still relying on paper-based systems. This

mapping is used by patient organisations to demonstrate the need for improved care. She concluded by presenting achievements since SIP Sweden was established in 2025, including the involvement of eight patient organisations and eight pain-related organisations, as well as the translation of SIP infographics for use in webinars.

LJ asked how SIP Sweden manages funding. GG replied that funding structures are still under development.

TI then shared updates from Austria and Germany. He described the DACH tri-national pain conference involving Switzerland, Germany, and Austria, as well as the upcoming German National Pain Congress in Mannheim in October. He noted that the PRiSE documents would be sent to the German Ministry of Research. He also reported on lobbying activities at the German Bundestag related to hospital reform and the medical use of cannabis, as well as hospital visits organised with Members of Parliament and media engagement. A national pain forum will take place on 29 November, Pain Awareness Day on 2 June, and a national pain lobbying event at the Bundestag in July. A lobby training day is planned for the third or fourth quarter of the year, with EFIC invited to contribute a one-hour session. TI also demonstrated the lobbying section of the German Pain Society's website.

ACP then invited SIP Denmark to share updates and proposed rescheduling a more detailed discussion to the next meeting. MK welcomed the group and reported that SIP Denmark and FAKS have established cooperation with the Danish Pain Society. She noted their intention to submit more patient-focused abstracts to conferences and described their strong focus on ICD-11 implementation, political engagement, and awareness raising. SIP Denmark has been in contact with the Danish Health Data Authority and is awaiting further feedback, as ICD-11 is currently not considered a priority by Danish regions. They have also contacted the Nordic Classification Centre for Healthcare to explore possible collaboration and are awaiting a response. MK suggested that a Scandinavian alliance on ICD-11 could be explored with Sweden. SIP Denmark has also held three meetings with the Danish IASP chapter and translated SIP infographics. The Danish Pain Forum will take place in March.

In response, GG confirmed that ICD-11 has been fully translated into Swedish and is now available. ACP noted that Sweden is the first country to implement ICD-11, which PF also confirmed. GG explained that full implementation is expected to be visible by 2027.

ACP closed the meeting by announcing that bilateral SIP calls will be scheduled and asking participants to submit news for the SIP newsletter by 24 March. She apologised for the limited time available for discussion and proposed starting the next meeting with an exchange session. LJ thanked all participants and the SIP team for their work, congratulated SIP Sweden on its progress, and welcomed the growing number of countries involved. PF thanked everyone and encouraged participants to invite external partners or experts to deliver short presentations at future meetings. GG thanked the SIP team for the organisation and the productive exchanges.