SIP Policy Forum Meeting Minutes

23/10/2026 – 13:30-16:00
Zoom

1. Opening remarks and strategic repositioning

Ángela Cano Palomares (**ACP**) opened the meeting, presented the agenda, and welcomed all attendees and forum co-chairs to the call.

Patrice Forget (**PF**) expressed gratitude to all participants and highlighted the ongoing collaborative work between EFIC and Pain Alliance Europe (PAE). He emphasized that the rebranding from the "SIP Stakeholder Forum" to the SIP Policy Forum reflected a strengthened focus on EU health policy alignment, societal impact, and economic implications. **PF** reaffirmed that SIP remained a voluntary, discussion-based platform connecting healthcare professionals, patient organizations, policymakers, regulators, and civil society, with national platforms continuing as integral bridges between EU-level policies and national implementations.

Iben Rohde (**IR**) introduced herself and Pain Alliance Europe's (PAE) mandate, reiterating the importance of patient-led perspectives in guiding European and national health policies.

2. 2026 SIP Plan Priorities

Economics considerations of pain & employment

ACP and Marta Bartnicka (**MB**) presented the status of the 2026 initiatives focusing on the economic burden of chronic pain and workforce participation:

- The SIP Position Paper and Joint Statement on Employment and Economic Considerations of Pain were finalized in Q1–Q2 2026 and endorsed by multiple partner organizations.
- The accompanying infographic was finalized, with active translation into national languages underway.
- Continuous monitoring of EU employment, resilience, competitiveness, and health economy policies remained ongoing.
- Planning advanced for a dedicated policy event at the European Parliament scheduled for 10 November 2026 (10:30–12:30), hosted by MEP Romana Jerković.

Gender equity and pain

MB provided an update on the gender equity workstream:

- The SIP Position Paper on Pain and Gender Equity in Health was successfully finalized.
- Finalization of the visual infographic and joint statement is ongoing, with translations planned for national platform advocacy.
- Continuous monitoring of EU gender policies with regards to health and pain.

Ireland 2026

MB reviewed the completed and planned actions surrounding the Irish EU Council Presidency:

- The consultation response to the Irish Presidency was completed.
- SIP successfully engaged with Marian Harkin (Minister for Further and Higher Education, Research, Innovation and Science, and former SIP MEP supporter) and Dr. Grant Jeffrey (Director of the Workplace Health & Wellbeing Unit at Ireland's Health Service Executive).
- A policy event around the Irish Presidency is unlikely
- SIP maintained ongoing engagement to participate in the upcoming Endometriosis Conference under the Irish Presidency framework.

SIP National platform

MB and **ACP** reported on one of the biggest objectives for SIP this year: the Advocacy Toolkit Training. The trainings were completed in Italy, Poland, and Denmark. They brought together different multidisciplinary stakeholders.

IR provided positive feedback regarding the Denmark session, noting its effectiveness in fostering multidisciplinary cooperation and integrating smaller patient groups.

A training in Sweden was confirmed for late 2026, while the Polish training highlighted an expanding national advocacy landscape working toward establishing a formal SIP National Platform.

NCDs and prevention

MB reported on the objectives:

- Engage with policymakers and Global and EU Institutions on the integration of pain into EU and Global NCDs prevention frameworks.
- Position Paper: the roll-out of SIP Preventive Healthcare Position Paper is ongoing
- A Leaflet of SIP Preventive Healthcare Position Paper is to be initiated
- The Translation of the SIP Position Paper on Preventive Healthcare and Leaflet is ongoing

Digital Health, ICD-11, and Prevention

MB reported on the area of digital health and the implementation of ICD-11.

- SIP is **Monitor the implementation of the EHDS** and engage on ICD-11 related topics when and where appropriate with the EU Institutions
- SIP finalized a joint publication/webinar in collaboration with the World Health Organization Family of International Classifications (WHO-FIC) on the importance of implementing ICD-11 to recognize chronic pain as a primary disease. Outreach to national governments was set as the next step.

EU-OSHA

MB reported on the EU-OSHA collaboration. SIP formally joined the new EU-OSHA campaign on occupational safety and health. The team planned to invite EU-OSHA to the next SIP National Platform Council (NPC) and co-host a joint webinar between Q4 2026 and Q1 2027.

Other

MB reported on other SIP priorities:

- Advocacy Campaign for European Pain Awareness day is ongoing
- The SIP National Platform Calls are ongoing
- The SIP National Platform bi-lateral calls are ongoing, with a few more to go

European Pain Awareness Day (EPAD) 2026 Campaign

MB presented the 2026 EPAD campaign themed "The Hidden Cost of Pain."

- The campaign examines chronic pain through the lens of employment, economic productivity, and healthcare system burden.
- The released toolkit comprises a policy brief (translated into English and 21 additional languages), slide deck, leaflet, social media templates, and a campaign reel.
- Webinars supporting EPAD 2026 were uploaded to the EFIC EPAD campaign channel, with upcoming sessions open for registration.
- The key moment of this campaign is the SIP Event at the European Parliament on 10 November.

3. EU Health Policy Agenda and Political Outlook

MB outlined the four central pillars of the current EU Health Policy Agenda:

1. **Health promotion, prevention and reducing health inequalities:** Alignment with Europe's Beating Cancer Plan, the Healthier Together EU NCD Initiative, the Comprehensive Approach to Mental Health, and the Safe Hearts Plan.

2. **Health security, preparedness and resilience:** Strengthening health workforce capacity and system readiness.

3. **Access to medicines, medical technologies and health innovation:** Tracking the Critical Medicines Act, European Biotech Act, and Health Technology Assessment (HTA) framework.

4. **Digitalization, health data, and AI:** Implementation of the European Health Data Space (EHDS) and ethical AI applications.

MB reported that SIP has done extensive research to identify emerging EU Policy directions for 2027 and beyond, highlighting 6 areas relevant to SIP work:

1. **Resilience, preparedness and economic competitiveness**: Implementing EU health initiatives while strengthening workforce resilience and preparedness.
2. **Research & Innovation**: Health research is increasingly being discussed alongside biotechnology, industrial innovation and economic competitiveness. This makes the future of Horizon Europe / FP10 particularly important.
3. **Employment, workforce and quality jobs**: Addressing demographic pressures, healthcare workforce shortages and the sustainability of health and care systems.
4. **Prevention, chronic disease management and health inequalities**: Strengthening prevention, early intervention, cancer screening and the management of chronic conditions, and addressing inequalities in access to prevention, treatment and care across Member States.
5. **Digital health, AI and implementation**: Moving from EU-level frameworks towards implementation of the European Health Data Space (EHDS), and monitoring the development and application of AI in healthcare, including cancer screening and diagnostics.
6. **Climate change and health-system resilience**: Recognising extreme weather events and climate-related health risks as growing challenges for health-system preparedness.

ACP detailed how EU health policy was shifting heavily toward practical implementation and economic competitiveness. To respond to this shift, SIP proposed a **3-Tier Strategic Framework for 2027**:

- **Tier 1: Position Pain within Broader EU Policy:** Link chronic pain to economic competitiveness, workforce participation, demographic resilience, and preparedness (building on EFIC's economic data, workforce mapping, and potential collaborations with Eurofound).

- **Tier 2: Strengthen the European Pain Advocacy Community:** Expand Advocacy Toolkit trainings, update the *Book of Evidence*, and produce tailored national infographics and case studies.

- **Tier 3: Monitor Policy & Identify Synergies:** Maintain active monitoring of ICD-11 rollout, gender health equity, NCD frameworks (cardiovascular, mental health), and collaborate on cancer survivorship and quality-of-life initiatives.

Member Organisations and Sibling Organisations: Updates and Priorities

Partner organizations shared their organizational mandates, policy priorities, and areas for joint action:

European Federation of Neurological Associations (EFNA)

Orla Galvin (**OG**) described EFNA's transition from awareness-raising to direct policy intervention:

- EFNA was actively engaging with WHO, UN missions, and the World Health Assembly via the *One Neurology Global Partnership*.
- EFNA coordinates the MEP Interest Group on Brain Health and is focusing its 2027 efforts on shaping the European Parliament's Own-Initiative (INI) Report on Neurology.

European Cancer Organisation (ECO)

Marion L'hôte (**MLH**) summarized ECO's priorities:

- ECO launched the *"Reach Higher for Cancer Care"* campaign to defend health funding within the upcoming EU Multiannual Financial Framework (MFF), warning health risks being subsumed into a broader Competitiveness Fund.
- ECO released its *"Cancer & Competitiveness: Seizing the Moment"* paper and planned a 2027 follow-up focusing on return-on-investment and rehabilitation.
- Two new campaigns were slated for 2027: *Quality of Life* and *Metastatic & Advanced Cancers*.

European Brain Council (EBC)

Hugo Hermantin (**HH**) reviewed recent brain health policy developments:

- **HH** highlighted the launch of the *European Partnership for Brain Health* (January 2026) and the inclusion of brain health in the UN High-Level Declaration on NCDs.
- **HH** mentioned upcoming activities, including the Irish Presidency co-creation workshop, annual Brussels meetings, and Brain Awareness Week.

Eurocarers

Holly Shorey (**HS**) outlined key focus areas regarding informal caregiving:

- Eurocarers was monitoring the EU Work-Life Balance Directive implementation, noting that carer leave often remained limited or unpaid.
- Key initiatives included organizing an EP event on the upcoming *European Care Deal*, participating in the SIP EPAD event on 10 November, and focusing 2027 advocacy on quantifying the economic value of care without diminishing human experiences.
- Eurocarers will also work on strengthening capacities of carer-led organisations across Europe, such as Estonia, Poland Portugal, with a focus on gender equality.

ACP invited **IR** and **PF** to share any final comments before transitioning to the next agenda item. **PF** stated that he had learned a great deal from the discussion, discovered that their respective organizations' priorities were significantly more aligned than he had initially thought, and confirmed that cross-organization collaboration was firmly on the table.

Thibaut Le Forsonney (**TLF**, Mental Health Europe) emphasized high alignment across neurological, pain, and mental health fields. He invited partners to the upcoming Florence event, the Naples regional meeting, and the upcoming European Mental Health Innovation Summit.

Lars Bye Møller (**LBM**) shared his perspective that SIP should develop a dedicated position paper on patient involvement in health research, emphasizing that it would be highly valuable.

Nadja Malliou (NM) spoke on the critical importance of ongoing cross-organization collaboration and expressed her thanks to the participants and organizers.

Sam Kynman (**SK**) noted that defining and mapping the specialized multidisciplinary pain care workforce was a critical dependency for SIP's 2027 resilience pillar.

MLH offered to connect **SK** with ECO's lead on health workforce (Giuliana) to share methodologies.

Emilia Kosińska (**EK**, World Physiotherapy) noted the European Commission's ongoing work updating the 2005 professional qualifications framework for third-country nationals.

PF motivated participants by highlighting that if a transversal topic relevant to multiple organizations could be identified, the platform would be very happy to discuss it further. He suggested organizing joint webinars or similar initiatives to reach broader audiences and organizations, emphasizing that collaborative efforts yielded a much stronger impact for influencing policy.

ACP asks Isane Aparicio (**IA**) from EFPA if she wants to share EFPA's priorities for 2027.

IA highlighted EFPA's upcoming event in Copenhagen, advocacy for human-centered digital health, workforce standards, involvement in COP31, and collaboration with EU-OSHA on mental health at work.

IA added that EFPA will have their council meeting in two weeks where they'll discuss their 2027 priorities, which will probably be similar to this year.

Rocío de la Vega (**RDLV**) requested that future SIP priorities explicitly address paediatric and adolescent pain, noting systemic inequities and lack of trial data. **PF** and **ACP** agreed that paediatric chronic pain represents a critical gap to consider in upcoming workstreams.

NM noted that it is not feasible to incorporate too many competing priorities into advocacy efforts. However, she highlighted that the platform could effectively support ongoing initiatives at the European Parliament level, pointing out that improving paediatric pain management and research remained a priority.

4. SIP Platforms Presenting

Representatives from national platforms provided status reports.

LBM shared that SIP Denmark selected the ICD-11 national implementation as its core 2027 objective following the national health sector restructuring.

Avetis Avetisyan (**AA**) reported that SIP Armenia focused its 2026 efforts on translating advocacy materials, multidisciplinary training, and preparing for the Armenian International Congress on Pain Medicine (December 2026). The 2027 objectives centre on formal national pain recognition and patient involvement.

Marianne Horn (**MH**) from SIP Netherlands reported that the national guideline for chronic pain care delivery was formally approved by 16 professional bodies. 2027 activities include engaging the Minister of Health, celebrating the platform's 10th anniversary, and focusing their annual congress on *"Children in Pain."*

Jo Brown (**JB**) from SIP UK outlined the development of a federated national platform structure connecting four home nations (England, Scotland, Wales, Northern Ireland), establishing a professional network, patient coalition, and independent research partnership.

5. SIP National Platforms Survey 2026 – Results

ACP presented the key findings from the SIP National Platform Survey (20 responses across 11 national platforms):

1. **EU Policy Translation (8 of 11 platforms):** The primary value platforms derive from SIP is the monitoring and translation of EU policy into accessible national advocacy language.
2. **Economic & Employment Focus (6 of 11 platforms):** Confirmed high demand to continue the 2026 employment and economic impact theme into 2027.

3. **Patient Involvement & Empowerment and Health systems and access to pain care (6 of 11 platforms)** ranked co-equally as a top request, with platforms asking for tangible toolkits, checklists, and capacity-building resources.
4. **2026 Priority Standout:** Digital health, EHDS, and ICD-11 emerged as the most active national topic in 2026 (7 of 11 platforms).
5. **Co-Hosting Capacity:** 4 platforms agreed unconditionally to co-host 2027 activities (Armenia, France, Italy, Spain), 4 expressed conditional interest based on resources, while others cited strict voluntary capacity constraints.

ACP invited all participants to share their thoughts on the survey findings.

PF emphasized that addressing research was vital, noting that investment needed to be evaluated from both quantitative and qualitative perspectives. To stimulate discussion, he encouraged participants to be as specific as possible, remarking that while many initiatives were not unique, establishing a clear understanding of patient priorities remained essential.

NM addressed patient engagement, noting that while the SIP Advocacy Toolkit served to engage broader society, patient engagement presented distinct challenges. She stressed that it could not be assumed that all patients were automatically equipped to represent national platforms, conduct advocacy, or position key priorities effectively. **NM** defined true patient empowerment as providing individuals with foundational resources, such as the SIP Book of Evidence, to help them understand advocacy concepts, stay informed on relevant topics, and gain confidence during difficult policy discussions. The objective, she emphasized, was to level the playing field so all patient representatives felt empowered to advocate effectively.

JB shared two resource types, the toolkits and practical examples, to ensure individuals with lived experience had clear pathways to empowerment. She suggested developing a tangible checklist that patients could follow step-by-step as an entry point into advocacy.

ACP thanked **JB** and acknowledged the value of adding a concrete checklist to future iterations of the toolkit as it continued to evolve based on feedback from national platforms. She noted that **LBM** had also highlighted the need for concrete guidance materials.

LBM pointed out that patient involvement in research, patient involvement in clinical practice, and patient empowerment for policy advocacy represented three distinct domains. He noted that the existing SIP Toolkit was specifically tailored for policy advocacy, rather than research or clinical practice. He raised key questions for consideration: whether there was high demand for patient involvement specifically in research, whether adequate methodologies existed to support it, and how to manage the additional time required to involve patients meaningfully in research frameworks.

ACP noted that while it remained to be determined how best to integrate patient involvement in research into SIP's immediate scope, the team would discuss the topic internally and follow up with **LBM**.

RDLV observed that while patient involvement was highly beneficial, practical implementation was complex. She suggested hosting dedicated workshops with patient representatives and establishing standardized guidelines for involvement. **RDLV** highlighted key barriers, including differing national research regulations, accessibility challenges due to disabilities, and digital literacy issues for online vs. in-person engagement. Working directly with trained patient representatives, she suggested, could help bridge the gap between initial concepts and practical execution.

ACP invited **PF** to share any final reflections.

PF concluded by noting that extensive internal discussions had taken place not only on expanding patient involvement, but on ensuring it was conducted in a meaningful, impactful way. He affirmed that significant synergies existed across the participating organizations and reiterated the importance of driving these joint initiatives forward.

What platforms are saying: key themes from the open text

Platforms (e.g., SIP Denmark) requested shorter, "pre-digested" executive summary formats rather than long toolkits to ease the burden on voluntary teams. **ACP** agreed with this feedback, she reported that it was discussed in detail and will be included in next Advocacy Toolkit Trainings.

SIP Denmark requested designated translation budgets. **ACP** noted that utilizing AI-assisted drafting followed by EFIC Councillor validation was being successfully piloted for EPAD materials.

LBM and **NM** discussed the challenge of using aggregated EU numbers in national parliaments. It was agreed that providing validated templates for platforms to plug in national data would make advocacy significantly more impactful.

6. Closing Remarks and Acknowledggments

PF concluded the meeting by emphasizing the critical importance of ongoing collaboration while maintaining a clear focus on core strategic priorities. He expressed sincere thanks to all participants for their active engagement, extended appreciation to **IR**, **NM**, and Pain Alliance Europe (PAE) for their continued support, and commended the EFIC team, specifically **ACP** and **MB**, for organizing the forum.