



# **The Unseen Burden of Migraine: Impacts on Care, Productivity, and Economic Growth in an Aging Society**

## Key Takeaways and Calls to Action

February 2026

# Background

Migraine affects 1.1 billion people globally and is among the leading causes of disability worldwide, yet it remains underrecognized and undervalued as an economic and workforce issue.<sup>1</sup> In Europe alone, the condition costs more than €111 billion annually, with over 90% of that cost stemming from lost productivity rather than healthcare spending.<sup>2</sup>

As birth rates decline around the world as every country modernizes, countries face the specter of a shrinking workforce, reduced productivity, and declining economic output. At the same time, adults are living ever longer lives. In Japan, Italy, and Germany, for example, around 30% of their populations are already aged 55 and older, with all other developed countries expected to follow shortly.<sup>3 4</sup> This twin trend leading to more old than young calls for a radical reframing of our understanding of “working-age population,” alongside approaches that actively support the health and well-being of employees, whether age 40 or 80.<sup>4</sup>

Aligned to this trend, our care needs are growing in lockstep with the aging of the population, and societies and economies are increasingly reliant on the care provided by caregivers, both paid and unpaid, and the majority of whom are women, to support our health and care systems. Left unaddressed, migraine, a condition that disproportionately affects women at two or three times the rate of men, threatens to further exacerbate our growing global care crisis.<sup>5</sup>

Collectively, these trends underscore the necessity of maintaining the health and productivity of all adults to support longer and healthier working lives in both formal and informal settings.<sup>4</sup> Diagnosing and addressing treatable conditions like migraine is crucial in mitigating productivity losses, meeting our growing care needs, and sustaining economic growth.

On October 7, 2025, the Global Coalition on Aging (GCOA) convened an expert roundtable on the sidelines of the OECD-GCOA Workshop on Healthy Aging and the Workplace. This private convening explored migraine’s role as a barrier to economic participation, workforce productivity, and inclusive growth, amid growing labor market and productivity pressures as all societies age. Recent analyses demonstrate that migraine costs between 1% and 2% of GDP annually, ranking it among the top two diseases worldwide in socioeconomic burden.<sup>1 6</sup> Participants agreed that reframing healthcare expenditures as investments in productivity - not costs - is essential to offset these losses and strengthen labor participation and economic resilience in aging societies.

[This meeting and report were funded by Pfizer.](#)

## KEY TAKEAWAYS

### 1. Migraine Is a Major Drag on Economic Productivity

Across countries and income levels, migraine consistently imposes a measurable drag on output. Studies estimate migraine leads to GDP losses between 1–2%, with significant indirect costs from absenteeism and presenteeism.<sup>1–6</sup> Fiscal analyses show that in high-income countries, migraine’s public-sector impact equals roughly 0.5% of GDP or 5% of annual health budgets, while in Asian economies the figure is around 0.28% of GDP and 8% of public health budgets.<sup>7</sup> In Germany alone, productivity losses from migraine are valued at 23 billion euros each year.<sup>7</sup> In economies where informal labor participation is common, people living with migraine are likely to experience a double burden, with unacknowledged migraine still impacting productivity, but without the safety net of formal social support mechanisms to protect their household finances. This data make a compelling case that migraine treatment is workforce infrastructure. Even modest improvements in diagnosis and access to preventive therapies could recapture up to one-third of lost productivity.



**Diego Hernández, PhD**  
WiFOR Institute

“Migraine consistently ranks among the top two in socioeconomic burden – second only to diabetes.”

### 2. Workforce Stigma and Underdiagnosis Suppress Participation

The majority of migraine sufferers never disclose their condition: 34% of people living with migraine report being discriminated against at work, 58% avoid telling their employer due to concerns of being penalized, and only 2% report receiving workplace accommodations.<sup>8</sup> Stigma and lack of understanding discourage employees from seeking care or reporting absences due to migraine; and 60% of hiring managers report that they would hesitate to hire candidates with migraine.<sup>8</sup> This leads to chronic presenteeism, reduced advancement for migraine sufferers, and loss of talent. Without data visibility, policymakers and employers underestimate migraine’s scale and its economic and productivity consequences.



**Elena Ruiz de la Torre**  
European Migraine &  
Headache Alliance (EMHA)

“We try to hide our migraine, because if we speak about it, we risk losing our jobs. There are many things that need change, especially when it comes to stigma.”



**Adnan Habibija**  
Trade Union Advisory  
Committee (TUAC)

“Most of migraine’s burden never appears in health accounts. The real costs fall on workers, employers, and society through lost productivity, reduced career progression, and lower lifetime earnings – impacts that are often overlooked.”

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## KEY TAKEAWAYS



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**Manuel Veguín García**  
IMSERSO, Spain

### 3. A Gendered and Generational Challenge

Migraine is both a gender-equity and an aging-workforce issue. Three in four sufferers are women, primarily in their most productive years.<sup>5,9</sup> Among European women with migraine, 74% report that they cannot function fully at work or school.<sup>9</sup> As societies age, older workers - especially women balancing employment and caregiving - face compounding effects that threaten workforce participation and care-system sustainability.

“Eighty-nine percent of care workers are women. There is a clear relevancy of migraine to care and healthcare labor markets.”

### 4. Policy and Employer Alignment Is Essential

Overwhelming evidence confirms that investing in health drives economic growth. Early diagnosis and effective prevention can offset 20–30% of migraine-related productivity losses.<sup>7</sup> Research suggests effective treatment can reduce lost workdays due to migraine by up to 2 days per month. Framing health expenditures as return-generating investments can elevate migraine prevention and management for policymakers and employers with mandates to deliver on healthy aging and workforce sustainability.<sup>1</sup> This approach reframes migraine control as an economic growth policy, not just a healthcare issue. Further, fragmentation between health, labor, and finance ministries, combined with limited employee health metrics, hinders systemic action. Employers lack the incentive and tools to quantify migraine’s effect on performance, while health systems underinvest because the costs are largely indirect, falling on someone else’s ledger.<sup>1</sup> Integrating migraine into cross-ministerial policy and employer-data frameworks will be key to unlocking progress.



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**Lotte Steuten**  
Office of Health Economics

“The cost of migraine inside the healthcare system is low, which is exactly why it has not been addressed. Most of the burden sits outside the system in lost productivity, yet we have no policy mechanisms to address that.”

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**KEY TAKEAWAYS****5. Migraine Lacks a Compelling Narrative for Decision-Makers**

The majority of migraine sufferers never disclose their condition: 43% hide it at work, and only 2% report receiving accommodations.<sup>9</sup> Stigma and lack of understanding discourage employees from seeking care or reporting absences due to migraine; and 60% of hiring managers report that they would hesitate to hire candidates with migraine.<sup>8</sup> This leads to chronic presenteeism, reduced advancement for migraine sufferers, and loss of talent. Without data visibility, policymakers and employers underestimate migraine's scale and its economic and productivity consequences.



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**Paul McGovern**  
Google

“We haven’t yet learned how to market occupational health in ways that speak to what different stakeholders might be most worried about: finance considering ROI, HR considering retention, CEOs looking for performance.”



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**Elina Suzuki**  
OECD

“Policymakers are overwhelmed by competing priorities, so we need more horizontal coordination. Many invisible-pain conditions share common challenges, and identifying those threads could help reduce stigma across the board.”

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## FIVE CALLS TO ACTION

Together, these five takeaways underscore that migraine is not merely a health condition but a multidimensional economic and social issue that touches every sector – from healthcare and labor to gender equity and workforce productivity – with growing urgency amid 21st century demographic change. The data are compelling, but lasting progress will depend on coordinated action, clearer communication, and alignment among policymakers, employers, and advocates.<sup>10</sup> Translating evidence into tailored strategies for each audience, supported by stronger data, workplace innovation, and modernized health policy, will be essential to elevate migraine as a shared global priority. The following calls to action outline concrete steps to turn this understanding into impact.

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**Rob Music**  
Migraine Trust

“For some, migraine is not only a health condition but adds an additional layer of inequality with gender, ethnicity and social grade all impacting how they are treated or expected to be treated. It is sad to see just how deep migraine misunderstanding runs in our society and the very real consequences this is having on people with the condition.”

### 1. Make Migraine a Priority in Economic and Workforce Policy

Integrate migraine into national aging, brain-health, and productivity strategies. Encourage researchers, employers, and ministries of finance, labor, and health to jointly assess the economic returns of migraine prevention and treatment. Support regional and global benchmarking of productivity losses linked to neurological conditions to guide investment priorities.

### 2. Treat Health Investment as a Workforce Strategy

Expand access to preventive and innovative migraine therapies through modernized reimbursement and incentives. Invest in primary-care training, diagnostic tools, and digital pathways to keep workers in the labor force longer. Use economic modeling to quantify productivity returns from migraine interventions.<sup>17</sup>

**FIVE CALLS TO ACTION****3. Create Migraine-Supportive Workplaces**

Implement flexible scheduling, remote options, adaptive lighting, and quiet spaces to reduce migraine triggers. Integrate migraine awareness into manager and HR training alongside mental-health and stress-management programs. Encourage employers to measure migraine-related absenteeism and presenteeism as part of their employee-health ROI metrics. Recognize migraine as a chronic, disabling, but manageable, condition under occupational-health and labor legislation. Provide tax or policy incentives for employer-based prevention and adaptation programs. Integrate migraine into broader healthy-workforce and longevity initiatives to support longer, more productive working lives.




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**Paul McGovern**  
Google

“Employers have enormous power to change this. A health positive workplace has a lot of benefits for many health conditions. You can create a virtuous cycle by having a workplace in which employee health is respected and seen as a driver of productivity, and a driver of the bottom line.”

**4. Build an Evidence and Advocacy Coalition to Raise Awareness and Literacy Around Migraine**

Convene an international coalition to advance migraine-related economic data, employer engagement, and policy reform. Leverage the WHO Intersectoral Global Action Plan on Neurological Conditions (2023–2031) and use the European Migraine and Headache Alliance (EMHA) European Roadmap (2025) as a technical guide for harmonized access and best-practice exchange.<sup>9</sup> Expand partnerships with economists to standardize methods for valuing productivity and fiscal gains from health interventions. Engage a wide cadre of influential partners to raise awareness of migraine’s impact and prevention and treatment options.




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**Catarina Mastellaro**  
WHO Foundation

“There’s huge momentum in workplaces around mental health. With data, migraine can be an entry point to examine how well health systems perform, and that kind of analysis would benefit other conditions too”

**5. Reframe the Narrative Around Migraine Creating Messaging That Resonates**

Create coordinated communications and an advocacy strategy that links migraine’s human and economic impact to the priorities of each audience. Building a cohesive set of data-driven, audience-specific messages will be essential to elevate migraine as a shared economic, social, and workforce priority with actionable solutions that bring clearly defined benefit to decisionmakers.

# Conclusion

The Paris roundtable made one point unmistakably clear: migraine is a macroeconomic issue hiding in plain sight.<sup>1</sup> Unchecked, it erodes productivity, widens gender gaps, and weakens fiscal stability in aging economies. By embedding migraine prevention and management into economic and workforce policy, and by leveraging the growing body of evidence, governments and employers can recapture billions in lost output while ensuring healthier, longer, and more inclusive working lives.<sup>6</sup>

# Participants

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# References

1. Lovera, C., & Ubels, J. (2025). *The socioeconomic burden of migraine: The case of six European countries*. WIFOR Institute. <https://www.wifor.com/en/download/the-socioeconomic-burden-of-migraine-the-case-of-6-european-countries>
2. Linde, M., Gustavsson, A., Stovner, L. J., Steiner, T. J., Barré, J., Katsarava, Z., Lainez, J. M., Lampl, C., Lanteri-Minet, M., Rastenyte, D., Ruiz de la Torre, E., Tassorelli, C., & Andree, C. (2011). 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.x>
3. Bain & Company. (2023). *Older workers will fill 150 million more jobs globally by 2030, exceeding a quarter of the workforce in high-income countries* (Press Release). <https://www.bain.com/about/media-center/press-releases/2023/older-workers-will-fill-150-million-more-jobs-globally-by-2030-exceeding-a-quarter-of-the-workforce-in-high-income-countries/>
4. Albert, E. (2024, October 18). How aging is shaking up our societies. *Le Monde*. [https://www.lemonde.fr/en/economy/article/2024/10/18/how-aging-is-shaking-up-our-societies\\_6729723\\_19.html](https://www.lemonde.fr/en/economy/article/2024/10/18/how-aging-is-shaking-up-our-societies_6729723_19.html)
5. Seddik, S., et al. (2020). The socioeconomic burden of migraine: An evaluation of productivity losses due to migraine headaches based on a population study in Germany. *Cephalalgia*, 40(12), 1316–1327. <https://doi.org/10.1177/0333102420944842>
6. Ubels, J., & Hernandez, D. (2025). *The socioeconomic burden of migraine in China, Japan, South Korea and Taiwan*. WIFOR Institute. <https://www.wifor.com/en/download/the-socioeconomic-burden-of-migraine-in-china-japan-south-korea-and-taiwan>
7. Global Market Access Solutions (GMAS). (2025). *Fiscal impact of migraine on public finances: Comparative analyses in Europe, Asia, and Latin America*. [Public brief].
8. The Migrane Trust (2025). *The Migraine Trust welcomes today's publication of the keep Britain Working Report*. <https://migrainetrust.org/news/the-migraine-trust-welcomes-todays-publication-of-the-keep-britain-working-final-report/>
9. European Migraine & Headache Alliance (EMHA). (2025). *Towards a European Roadmap on Migraine*. [https://www.emhalliance.org/wp-content/uploads/dlm\\_uploads/EMHA-Roadmap-2025-EU-roadmap\\_july17.pdf](https://www.emhalliance.org/wp-content/uploads/dlm_uploads/EMHA-Roadmap-2025-EU-roadmap_july17.pdf)
10. World Health Organization (WHO). (2023). *Intersectoral Global Action Plan on Epilepsy and Other Neurological Disorders (2023–2031)*. <https://iris.who.int/server/api/core/bitstreams/a5fa2e1e-f2ce-4c54-94df-2676ffc90d66/content>