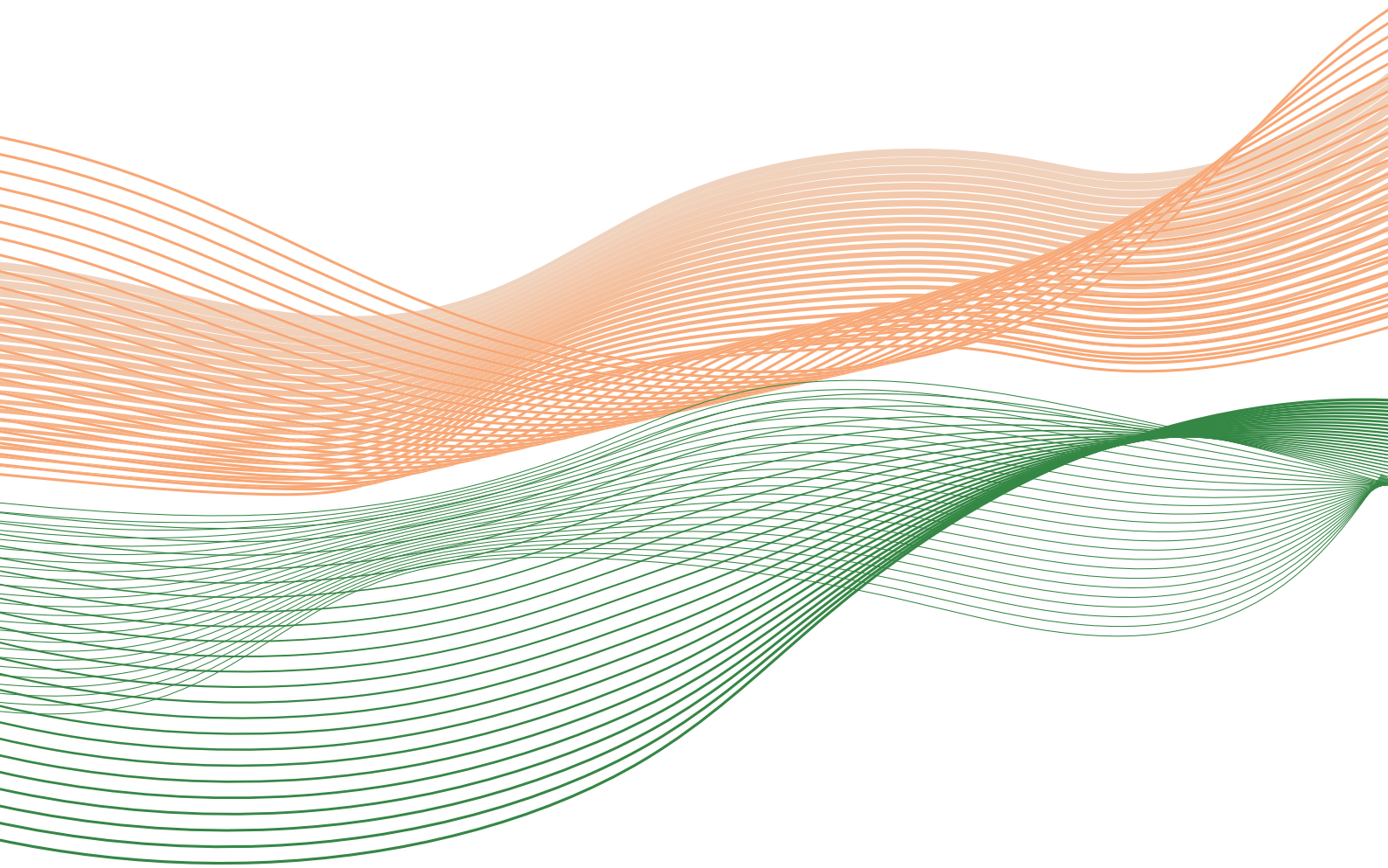
Pain Management Series

HGPI Health and Global Policy Institute

Policy Recommendations for Migraine Care

Promoting the Diffusion of Innovation for People Living with Migraine



July 2026

Health and Global Policy Institute

Background and Challenges

Migraine is a national health concern affecting approximately 8.4 million people aged 15 years and older in Japan—nearly 10 million when children are included—yet it has long been socially dismissed as "just a headache." Internationally, while Japan keeps pace with Europe and the United States in approving new drugs, its diagnosis rate remains significantly lower than that of the United States, and the advancement of headache care continues to lag. Migraine disproportionately affects women, with a prevalence approximately 3.6 times higher than that among men, and is particularly common among individuals in their 30s and 40s who balance work, childcare, and caregiving responsibilities. As such, it is closely linked to broader policy agendas, including women's empowerment, labor productivity, and the declining birth rate. Nonetheless, many patients remain caught in a state of clinical inertia, repeatedly self-managing their condition with over-the-counter medication without ever receiving specialized diagnosis or treatment. This is a deeply entrenched structural problem, arising from the convergence of three factors—patients who resign themselves to "just a headache," non-specialist physicians who avoid active intervention outside their specialty, and a healthcare system in which short consultations are the economically rational choice—as the "rational choices" of patients and providers reinforce one another. Drawing on expert interviews with three headache specialists, ethnographic research involving physicians and patients, and an international literature review, these recommendations present an integrated, cross-sectoral policy package to break this cycle, comprising the following eight proposals.

I Promote public awareness and improve societal understanding of migraine

There is a need to build a shared societal understanding that migraine is a treatable condition and that appropriate care and continuous management can substantially improve quality of life. Beyond outreach to schools and workplaces, sustained communication is essential through public lectures, partnerships with the media, and the development of reliable online information sources. The national government should clarify which body is responsible for leading these efforts and establish continuous public awareness activities as a formal government undertaking.

II Institutionalize migraine and headache education within school curricula

Approximately 90% of adolescent patients at headache outpatient clinics are already in a severe state at the time of their first visit, and more than 20% of them are absent from school. A tripartite approach targeting students, teachers, and guardians together should be advanced. By explicitly incorporating headache education into the Ministry of Education's national curriculum guidelines (Courses of Study), developing referral guidance manuals for school nurses, and establishing clinical guidelines for pediatric headache, schools should be positioned as the front line for early detection and intervention.

Ⅲ Establish systematic referral pathways from primary care to headache specialists

Most migraine patients remain under the care of their primary care physician, and only a fraction are referred to specialists. Moments such as a "no abnormalities found" result at a neurosurgery clinic, or contact with patients who frequently purchase over-the-counter medication at gynecology clinics and pharmacies, should be built into the system as standard opportunities for migraine screening and specialist referral. The training of specialized headache nurses and the use of online medical care are also needed to address regional disparities.

Ⅳ Reform reimbursement systems to appropriately recognize and reward specialized headache care

Appropriate migraine care requires 15 to 30 minutes for history-taking, lifestyle guidance, and review of the headache diary, yet the current reimbursement system contains no mechanism to reflect this. To correct a situation in which "prescribing painkillers in a short consultation is the economically rational choice," a time-based fee for specialized headache outpatient care should be newly established and evaluation frameworks for continuous management should be developed. In addition, the rationalization of the eligibility criteria for CGRP monoclonal antibodies (the step-up requirement) should be placed on the agenda of the Central Social Insurance Medical Council (Chuikyo).

Ⅴ Strengthen the integration of migraine initiatives into workplace health and productivity management programs among employers and health insurers

Most of the losses caused by migraine stem not from absenteeism but from "presenteeism"—reduced productivity while still attending work. Advanced examples such as Fujitsu's headache e-learning program should be more clearly positioned as evaluation criteria under the Certified Health and Productivity Management Organization Recognition Program, and migraine should be treated as a health issue for all employees rather than one confined to women. Collaborative health management (collabo-health) with insurers and Data Health Plans should also be leveraged to advance the prioritization of migraine and the horizontal expansion of leading practices, in a manner that also serves insurers' interests in maintaining productivity and optimizing healthcare costs.

Ⅵ Shift toward migraine policymaking grounded in patient and public involvement

Because migraine centers on subjective symptoms that only the patient can fully perceive, it is essential to position patients not merely as recipients of care but as partners in shaping policy. Patient-centered care that makes use of headache diaries and digital headache logs should be standardized, and patient participation should be institutionalized in the Ministry of Health, Labour and Welfare's research groups and policy review panels, in the Chuikyo, and in the development of clinical guidelines.

VII Improve access to innovative therapies and reduce financial barriers to treatment

CGRP monoclonal antibodies are innovative therapies that can transform the lives of patients with treatment-resistant migraine, yet an out-of-pocket cost of around 20,000 yen per month constitutes a barrier to long-term continuation, and disparities in access have emerged across income levels and employment types depending on whether supplementary insurance benefits are available. Measures to reduce out-of-pocket costs, the rationalization of eligibility criteria for approved drugs, value assessment based on real-world data, and wider awareness of the patient assistance programs offered by individual pharmaceutical companies should be advanced in parallel, in a way that does not lower drug prices to the point of triggering drug loss.

VIII Establish a dedicated governmental framework and legal basis for advancing migraine policy

The Ministry of Health, Labour and Welfare has no division dedicated to migraine; the issue is subsumed under the broad heading of "pain," leaving no clear body responsible for driving policy forward. A division with cross-cutting jurisdiction over chronic headache and chronic pain should be established, chronic headache should be explicitly incorporated into the national health promotion plan, and a suprapartisan study group of legislators should be launched. In doing so, it is important that the issues specific to migraine be positioned as a distinct agenda so that they are not lost within the broader category of "pain."

Conclusion

A headache once endured as "uncontrollable pain" can, through an encounter with a specialist, self-understanding gained via a headache diary, and trial and error within a relationship of trust, be transformed into a "predictable, manageable, and treatable inconvenience." What makes this transformation possible is not the existence of effective drugs alone; it is building, as a matter of policy, the pathways through which patients can reach appropriate care. These eight recommendations form a mutually reinforcing policy package, and their greatest impact will be achieved through coordinated action among schools, workplaces, healthcare providers, and government agencies. The full text of these recommendations is available on our institute's website (https://www.hgpi.org/).

Health and Global Policy Institute (HGPI)
5-11-16, Roppongi, Minato-ku, Tokyo
(The International House of Japan)
106-0032 JAPAN
TEL: +81-3-4241-5020 FAX: +81-3-6859-9291 E-mail: info@hgpi.org