Alzheimer's Disease International

National Dementia Plans: Pan-Regional Workshop, London 2026

Developing and deploying National Dementia Plans, aligned to the WHO's Global Action Plan on dementia

Workshop Programme & Outcomes

World Health Organization

Context:

At the World Health Assembly in May 2025, Member States extended the *Global Action Plan on the public health response to dementia* to 2031.

The original plan, which was unanimously adopted in 2017 has so far resulted in around 23% of governments developing National Dementia Plans during a period that was severely disrupted by COVID-19, conflicts, humanitarian crises and a global financial crisis. In 2026 we now find ourselves at a pivotal moment, with regulators around the world starting to approve the first disease-modifying treatments for Alzheimer's and with over 120 new modifying and symptomatic treatments in the pipeline.

Simultaneously, new breakthroughs promise to streamline the diagnostic pathway. Aligned to this, WHO forecasts an almost tripling of prevalence by 2050, with global cases projected to reach 139 million, and with mortality data revealing that dementia will be the 3rd leading cause of death by 2040.

About the workshop:

This workshop was hosted by Alzheimer's Disease International, the global federation of more than 100 Alzheimer and dementia associations around the world. It was designed for key government officials and the heads of the dementia teams, along with the leading Alzheimer and dementia association in each country to come together and discuss the seven action areas of the Global Action Plan on Dementia.

In addition, the workshop included participation from key dementia specialists from the WHO Neurological, Sensory and Oral Conditions Unit, Geneva, regional advisors, plus leading dementia experts in diagnostics, treatment, research and post diagnostic support.

Goals & Objectives:

The primary goal of the workshop was to support governments in the development and deployment of their National Dementia Plans, based on the sharing of knowledge and insights from around the world, using best practice case studies and examples across the action areas of the WHO Global Action Plan on Dementia.

Governments and Alzheimer's/dementia associations aimed to gain crucial insights on how to further develop and successfully deploy their dementia strategies, aligned to the WHO Global Action Plan.

Sponsors

ADI was delighted to be able to host this workshop, through the kind contributions of event sponsors: Biogen, Eisai, and Eli Lilly and Company.

Biogen Eisai Lilly

Overview and key takeaways

Overview and key takeaways from Chris Lynch, Acting CEO and Director of Policy, Research, Communications & Publications

Chris Lynch, acting CEO at ADI, chaired the workshop. His key takeaways from the two-day session are of a sector at a pivotal moment and that national dementia plans and strategies need to evolve and adapt, often at pace, to the challenges of this very time bound condition. His key takeaways include:

- This rare opportunity to bring together ministries and national associations from 7 countries, was incredibly valuable. It provided a rich experience and information sharing opportunity, which must be replicated around the world.

- Over a year into the extension to the Global Action Plan on dementia, it is clear that momentum is building in the development of national responses but that creation off national plans must be followed by robust implementation, monitoring. Ongoing fine-tuning and funding.

- One real area of concern, is the lack of health system planning, adaptation and readiness for the new world of diagnostics and treatments. Diagnosis pathways have notoriously been prolonged and difficult, resulting in 75% of people globally going undiagnosed, and until recently, the sector also had no disease modifying treatments.

- The workshop highlighted an inherent gap between national plans and the readiness of healthcare systems, and a key recommendation is that governments need to engage key stakeholders in readiness discussions at the earliest possible opportunity.

- In addition, the workshop also highlighted that national dementia associations are having to adapt to a new audience for their information, advice and support, especially around new blood tests and access to treatments and a newer, younger audience, around risk reduction. A key takeaway is the need to develop their advocacy around new diagnostics and treatments, especially around access, equity and value.

Overview and key takeaways

Overview and key takeaways from Chris Lynch, continued

- An excellent and repeating focus on the workshop was the realisation of the overlap between dementia risk factors and those of other leading NCDs, and the fact that many NCDs are themselves risk factors for dementia, including diabetes, stroke, obesity etc. The workshop was a good opportunity to discuss how to identify and broaden the NCD stakeholder group and to start to incorporate joint healthcare advice and messaging with other NCDs.

- Setting goals and targets in national dementia plans gives them a robustness, and this needs to extended to setting diagnose rate targets, and in the future, targets for decreasing future prevalence forecasts.

- Learning from other conditions, that have experienced similar pivotal moments, is essential to ensure that national plan deployment is as impactful as possible. Other highly stigmatised conditions like cancer and HIV/AIDS experienced massive changes following the introduction of new diagnostics, screening and treatments. Stakeholder engagement in the development and deployment of national plans must tap into the advice and experience of these other conditions.

Action Area 1: Dementia as a Public Health Priority

WHO target: 75% of countries (146 of 194) will have developed or updated national policies, strategies, plans or frameworks for dementia, either stand-alone or integrated into other policies/plans, by 2025

Session speakers:

- **Dr Laura Garcia Diaz**, Dementia Specialist, Neurological, Sensory and Oral Conditions Unit, World Health Organization
- **Dr Khalid Saeed**, Regional Advisor, Mental Health and Substance Abuse programme, Department of Noncommunicable Diseases and Mental Health, Regional Office for the Eastern Mediterranean, World Health Organization
- **Dr Frédérique Djurdjevic**, Consultant, European Regional Office, World Health Organization
- **Conny Helder**, Former Minister for Long-term Care and Sport, Ministry of Health, Welfare and Sport, Netherlands

Session highlight and actions

- Due to population ageing, the burden of dementia globally remains high, and will continue to increase.
    - Dementia is forecast to be the 3rd leading cause of death globally by 2040 and increasingly the leading cause of death in a number of countries.
    - Global dementia numbers expected to reach 78 million by 2030.
- The majority of the disease burden falls on LMICs, but economies all over the globe are unable to sustain high costs associated with dementia.
    - The economic burden of dementia is US $1.3 trillion dollars every year, a figure that will more than double by 2030.
- ADI's own progress tracker towards action area 1 of the global action plan, From Plan to Impact, was launched at the World Health Assembly just a few weeks prior to the workshop. It shows that only 32% of WHO Member States have developed a national dementia plan to date. However, there is encouraging momentum, with more than 18 additional plans currently in development as countries work towards the 2031 target.
- The Global action plan was extended to 2031 and **the WHO** has a number of tools available to support the implementation of a national dementia plan.

Action Area 2: Raising Awareness and Dementia-Friendly Initiatives

WHO target: 100% of countries will have at least one functioning public awareness campaign on dementia to foster a dementia-inclusive society by 2025; 50% of countries will have at least one dementia-friendly initiative to foster a dementia-inclusive society by 2025

Session speakers:

- **Chris Lynch**, Acting CEO, Alzheimer's Disease International (ADI)
- **Dr Khalid Saeed**, Regional Advisor, Mental Health and Substance Abuse programme, Department of Noncommunicable Diseases and Mental Health, Regional Office for the Eastern Mediterranean, World Health Organization
- **Dr Frédérique Djurdjevic**, Consultant, European Regional Office, World Health Organization
- **Dr Albert Kern,** Federal Ministry of Health, Germany
- **Saskia Weiss,** Deutsche Alzheimer Gesellschaft, Germany
- **Dr Enrique Arrieta,** Confederación Española de Alzheimer y otras demencias (CEAFA)
- **Leen Madanat**, Al Oun Jordan Association for Alzheimer's Disease (AJAAD**)**

Session highlight and actions

- The workshop agreed that low awareness and stigma remain key barriers, especially to diagnosis.

- The session highlighted that data on prevalence, incidence and diagnosis rates needs much greater focus, and that a core element of any national dementia plan must be the ongoing collection of data on the scale of the challenge.

    - One of the key recommendations was for governments to align or commission universities to focus on epidemiology research into the national population to begin to build out a preliminary database (which increases as time goes on and more research is conducted).

- World Alzheimer's Month (September) is an important initiative to begin or continue awareness-raising efforts (memory walks, memory cafes, talks, musical events, webinars, community activities, etc.) for dementia in your country.

    - Towards the 100% target in the Global Action Plan for awareness raising (see target above) ADI makes toolkits available every year, that national associations and governments can adapt and localise for their needs.

Action Area 2: Raising Awareness and Dementia-Friendly Initiatives

Session highlight and actions, continued

- Examples of awareness raising activities (or World Alzheimer Month activities) were given from Egypt, Germany and Jordan.

Egypt

Germany

Jordan

Action Area 3: Dementia Risk Reduction Strategies

WHO target: The relevant global targets defined in the Global action plan for prevention and control of noncommunicable diseases 2013–2020 and any future revisions are achieved for risk reduction and reported

Session speakers:

- **Prof Miia Kivipelto,** MD, PhD, Professor of Clinical Geriatrics at Karolinska Institutet (KI), Center for Alzheimer Research, and senior geriatrician and Director for Research & Development of Theme Aging at Karolinska University Hospital, Stockholm, Sweden
- **Dr Katrin Seeher**, Dementia Specialist, Neurological, Sensory and Oral Conditions Unit, World Health Organization
- **Lewis Arthurton,** Head of Policy and Communications, Alzheimer's Disease International (ADI)

Session highlight and actions

- Research is increasingly demonstrating the potential of risk reduction to lower future prevalence forecasts, representing a positive area for intervention. However, achieving meaningful impact will require a multidisciplinary approach.

- FINGER (Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability) risk reduction trial focus areas:

    - Healthy food
    - Physical activity
    - Mental stimulation
    - Social activities
    - Heart health

- WW-FINGERS, spans 73 countries and 95 teams, and supporting more than 20,000 participants, with notable progress taking place in the United States, Malaysia, Finland and Japan. FINGER interventions had beneficial effects on reducing the use of health care services and costs in the 8-year follow up.

- The research is showing that benefits include inpatient care reduction, reduction in emergency room visits, and substantial cost savings

- On a WHO level, Member States could benefit from increasing risk reduction activities and programmes. Risk reduction, in more recent national dementia plans, is becoming a core pillar of national strategies and must be a central component of all national dementia plans going forward.

    - Sweden's new national dementia plans was given as an example of making risk reduction a core pillar of their strategy.

- **Access the newly updated WHO risk reduction guidelines: Learn more**

Action Area 4: Diagnosis, Treatment, Care & Support

WHO target: In at least 50% of countries, as a minimum, 50% of the estimated number of people with dementia are diagnosed by 2025.

Diagnosis, treatment and support is the biggest area of the GAP and each section needs its own dedicated response.

Session speakers:

- **Chris Lynch**, Acting CEO, Alzheimer's Disease International (ADI)
- **Paola Barbarino**, Special Advisor, Alzheimer's Disease International (ADI)
- **Conny Helder**, Former Minister for Long-term Care and Sport, Ministry of Health, Welfare and Sport, Netherlands

Session highlight and actions

- The research pipeline for new treatments is strong, with over 150 different treatments in development for Alzheimer's disease.
- A key point emerging from the workshop is that national dementia plans rapidly need to evolve to include health system readiness for new diagnostics and treatments, building a pathway from policy to practice in their national planning.
- Health systems must adapt and evolve to support Alzheimer's disease and dementia treatments as they achieve regulatory and payer approval.
- Governments and health systems need to adapt to be able to measure the value of new treatments and earlier diagnosis
    - People measure themselves by their productivity, and so we must change our collective mindset to support people to continue to contribute to society (and remain employed) following a diagnosis by providing the right support frameworks around living with dementia.
    - The session amplified that national associations also need to become more skilled at translating information about new diagnostics and treatments for their audiences and also conversant in articulating messages about access, value and equity in their advocacy.

Action Area 4: Diagnosis, Treatment, Care & Support

Session highlight and actions, continued.

- The Alzheimer's Disease Atlas project is a first of its kind tool that helps us to get a snapshot of dementia across the globe, especially as it relates to country-specific data such as:
    - Population
    - Diagnostic Pathway
    - Specialised Care
    - Caregiver Support
    - National Policies
    - Access to Amyloid-targeting treatments (ATTs)

Access the AD Atlas

- Alzheimer's associations play a critical role in acting as a trusted information provider for their communities.
    - Such as through providing accurate and up-to-date information, especially in countries where stigma is high and awareness is low.
- The workshop highlighted that the care and support element of this action area needs as much attention as diagnosis and treatment.
- Case study from the Netherlands:
    - Overhauled long term care system, building dementia-friendly retirement communities where older people are able to live independently within a community setting, surrounded by other people.
    - The biggest overhaul was considering the societal outcome of care – the goal is to make life for older people resemble as closely as possible to their life prior to entering a long-term care setting, for as long as possible.
    - Workforce capacity can be a barrier to long term care solutions – the demand may be there, but impossible to succeed without workforce capacity.
- The workshop acknowledged that the role of primary care must evolve and adapt at pace, to both in the diagnosis and treatment areas but also in ongoing, post diagnosis monitoring, care and support.

Action Area 5 Support for carers & inclusion of voice of lived experience

WHO target: 75% of countries provide support and training programmes for carers and families of people with dementia by 2025.

Session speakers:

- **Dr Laura Garcia Diaz**, Dementia Specialist, Neurological, Sensory and Oral Conditions Unit, World Health Organization
- **Chris Lynch**, Acting CEO, Alzheimer's Disease International (ADI)

Session highlight and actions:

Dr Laura Garcia Diaz, of the WHO, shared global data on the impact of dementia on caregivers:

- Globally, 89 billion hours of informal dementia care are provided each year, 70% of them by women.
- The impact on caregivers:
  - Stress and burnout
  - Over 50% of carers globally say their health has suffered as a result of their caring responsibilities even whilst expressing positive sentiments about their role.
- Financial impact:
  - In LMICs, 90% of the care for those living with dementia occurs in the home.
  - 50% of the costs for dementia are related to informal care.
- Social isolation:
  - 35% of carers across the world said that they have hidden the diagnosis of dementia of a family member.
- Support for carers
  - iSupport is a WHO initiative that provides training for dementia carers so that they can best support the person living with dementia, and themselves.
- The workshop session highlighted that it is vital to capture the voice of lived experience, both PWD and carers, at every step of the journey.

Action Area 6 & 7: Research and Information Systems in Dementia

Action Area 6 - WHO target: 75% of countries provide support and training programmes for carers and families of people with dementia by 2025

Action Area 7 - WHO target: The output of global research on dementia doubles between 2017 and 2025.

Session speakers:

- **Dr Laura Garcia Diaz**, Dementia Specialist, Neurological, Sensory and Oral Conditions Unit, World Health Organization
- **Chris Lynch**, Acting CEO, Alzheimer's Disease International (ADI)

Session highlight and actions

- There is a pressing need for all national dementia plans to include a commitment to dementia research.
    - All national dementia plans should identify and include registries alongside strategies capture data on an ongoing basis.
- Global Dementia Observatory (GDO)
    - There are 35 indicators and sub-indicators included in the GDO.
    - These indicators create ways to define success of each of the 7 action areas.
    - The indicators can measure the recommended actions outlined in the action plan, as well as the global targets.

Learn more about the Global Dementia Observatory

- Research blueprint
    - The guide seeks to support dementia research and is the first step to tackling some of the many research challenges within the dementia space.
    - WHO will aid in implementation of the blueprint and help with monitoring milestones and progress – which all in all help to then implement the global dementia action plan.
    - People with lived experience also need a voice within the research space.
    - Civil society has the opportunity to advocate for a more efficient and collaborative research environment.
    - Researchers can contribute to filling in the existing gaps, helping achieve the strategic goals and milestones.

Learn more about the WHO's '**A blueprint for dementia research'**

Dementia as a national priority; bringing it all together

A concluding session and Q&A to hear from Ministries about their national responses, their commitments and plans for NDP development, deployment & monitoring. Focus areas, timescales, and what success will look like.

Q: What will you focus on for your development of a NDP?

Egypt:

- Had a national plan in 2015.
- In the process of making a new, separate, dedicated dementia plan – also in the process of creating a committee and setting goals.
- The plan is being developed around three pillars: awareness, implementation, research.
- Preparing and training healthcare providers must go hand-in-hand with early detection and diagnosis.
- Focus on research, innovation, and service development in addition to raising awareness.

Denmark:

- Beginning to draft a second national dementia plan for Denmark.
- The new plan may address emerging medicines and treatments. There was also interest in appointing a dementia coordinator, as included in the Scottish plan, and this will be followed up.
- One of the main roadblocks is labour and workforce shortage.
- Many countries have similar problems integrating the health systems

Germany:

- Prevention of risk factors will be one of the areas of focus in the next strategy for Germany.
- Biomarkers and new treatments will be a focal point.
- Implement from 2028 onwards, these two areas will be of main interest in the next three years.

Dementia as a national priority; bringing it all together

Q: What will you focus on for your development of a NDP? continued.

Jordan:

- Will make it a commitment to address dementia in Jordan
- Stigma remains a problem in the country and the region, and this is the first major hurdle to address. At the political level, there should be more awareness of rights for people living with dementia.
- The plan will be grounded in a rights-based approach.
- Ministry of Health has established a committee to begin the national monitoring of neurological diseases and dementia.
- Many of the components of a national dementia plan already exist and require consolidating and strengthening within a national dementia plan.

Morocco

- The objective is to finalise a draft plan by September 2026, alongside the scheduled elections, and subsequently seek the endorsement of the incoming government.
- Some of the main areas of focus for Morocco will be combatting stigma and risk reduction by addressing some of the important risk factors for Morocco like illiteracy.
- Training specialists and healthcare professionals for diagnostic purposes will also be key to furthering dementia awareness and policy in the country.
- Diagnostic tools like scanning, biomarkers will become increasingly useful as there are no PET scanners in Morocco.

General:

- Currently, there is a disconnect between the plans that already exist and the introduction of new diagnostics and treatments. Most plans were developed before the new innovations.
- We recommend that all future NDP development factor in as many new advancements, treatments, etc., as possible.

Dementia as a national priority; bringing it all together

Q: In LMICs, there is a shift towards universal healthcare, how do you ensure dementia support amidst the development of this and do we promote collaboration between sectors to ensure you get the support you need?

- A significant challenge, in many countries, is that Finance Ministries need to be involved from the onset, relating to costs and savings associated with diagnosis and treatment pathways, especially aligned to emerging new diagnostics and treatment and a focus on prevention and risk reduction

- The prevention paradox – you cannot see or definitively point to what you have prevented from occurring.

- There is no way to have any risk reduction efforts or programmes without money – but it is exceedingly difficult to have these discussions with insurance and with the Ministries of Health.

- Participation in a concrete, evidence-based trial like World Wide FINGER, could showcase the cost-effectiveness of dementia prevention and help gain funding for country initiatives.

- Having a robust, solid database of the number of people living with dementia within a population or a country will aid in the accumulation of concrete evidence to bring to policymakers to garner support for dementia initiatives at the government level.

- 2/3 of the Jordanian population are currently affected by obesity, so working to prevent the risk factors which are largely modifiable behaviours will help work to reduce the number of dementia cases in a country.

- There is a need for support in varying degrees:

    - Some countries require the support of the WHO in terms of technical training, and assisting them to keep focus on the different dementia priorities: diagnosis, prevention, and post diagnosis care.

    - Some of the countries are in the process of developing a second, or even a third iteration of their national dementia plans. Countries who have yet to create their first would benefit from support from countries and organisations with relevant experience in this area.

Dementia as a national priority; bringing it all together

Continued.

- Governments could consider the use of taxation to address risk factors, such as in the case of alcohol and tobacco.
- A limitation is that taxation is meant to eventually dissuade or prevent people from partaking in the “taxed behaviour”, such as drinking or smoking, so it is not a guaranteed means of generating income indefinitely.
- In some countries, a portion of the taxation of tobacco and alcohol must go towards health initiatives.

Q: Specifically for Action Area 4, do you feel that health systems, particularly primary care, are ready to implement the needed changes or not?

- Working hand-in-hand with local or national dementia association will be key way of ensuring an integration of all aspects of dementia support, especially in the realm of primary care.
- A significant challenge is that in many healthcare settings, there is a high turnover of physicians, showing the need for dementia training at all levels, including nurses and also across primary care
- More information is required on recognising the symptoms of dementia to support early detection.
- Training courses or workshops for healthcare professionals could help improve awareness.
- Another challenge is reaching remote areas, at the moment in Egypt, any prevention or dementia work is currently focused on the cities because there is less capacity to reach less populated regions.

Dementia as a national priority; bringing it all together

Continued.

- National dementia association-trained caregivers would be a huge asset.
- In Germany there is prevention support but fewer intervention activities. Patients are recommended to partake in activities such as physical activity, etc, but there is a need for more prevention courses to fulfil activities like FINGER.
- In Germany, primary healthcare systems are getting ready for treatments, biomarker diagnostics, and the organisation of general practitioners and doctors welcomes this. But, this places a considerable time burden on GPs and entails additional training costs, with the annual cost potentially reaching €25,000 per person. On the whole, the primary healthcare system isn't ready for these advances or challenges.
- In Denmark, the labour shortage poses a major issue. As well, long term caregivers in the country do not receive any dementia training.
- A big challenge for Jordan is that there are very few neurologists in the country who can make a dementia diagnosis. Caregivers are not well prepared, and there is a need to have a healthcare professional who can see and understand the early signs of dementia and accurately diagnose it.
- An ongoing issue in Germany is reimbursement for treatment. In Germany, a neurologist or psychiatrist must be the one to recommend the new treatments, it cannot be a physician.
- Eligibility of these new treatments remains in a very small proportion at the moment.
- There is a cost-benefit analysis to be done to send someone to a neurologist, there must be an earlier triage system.
- In Morocco, clinical knowledge remains a barrier for access to proper treatment and diagnosis.

Dementia as a national priority; bringing it all together

Q: If risk reduction is the key to reducing prevalence rates, how will your plan focus on this?

- There must be country-wide buy-in in terms of dementia awareness and stigma reduction in order to produce the solid foundations needed for a national dementia plan.
- In Egypt, a lot of work has been done years ago in the risk-reduction space for NCDs – it might seem simple but it has had a great impact on the population.
- The word “dementia” does not always translate into a socially acceptable term in other languages. How do you overcome this large hurdle of stigma/awareness?
- Translation in Arabic is extremely stigmatised – that the people with dementia are “mad” or have a “lost mind”, which doesn’t help awareness-raising efforts – there is no way to talk about it scientifically or respectfully.
    - For a long time, “cancer” wasn’t said in Arabic either, it was instead called “the bad disease” as the word itself also carried a stigma. Challenging dementia stigma must begin with challenging the perceptions of the name itself.
    - Do we need to find a new term for dementia in Arabic (and other languages) or do we continue to use the stigmatised word (like cancer was) and over time change public perception?
- Hong Kong encountered this very issue and has created a new term in Chinese to reference dementia. The root problem of their issue was a gross public misunderstanding of what dementia actually was.
    - It was seen as irreversible, untreatable, and there was a need to correct the misunderstanding of the word – which may then change the meaning of the word.
    - As it is, new treatments remain very expensive in Hong Kong, but they still make sure to educate the public and convince them that a dementia diagnosis is the best path forwards anyway.

Dementia as a national priority; bringing it all together

Continued.

- The dementia space has done a disservice to its own public awareness/stigma campaign by de-medicalising dementia, so it has become very non-pharmacological in the way that we talk about it. This has probably contributed to dementia being seen as a normal part of ageing. Using medical language helps to add a layer of science and 'detachment' to the condition, despite any controversy.

- We see that the term "cancer", a medical term once largely stigmatised, is now commonly used – they didn't change their name, they pushed through and had people change their perceptions. Same thing happened with HIV.

- With HIV, it took years of testimonials, people with the condition speaking out, but there was eventually an cultural shift that began to take place, which is a great example of positively influencing stigma.

Q: What are the plans to reduce stigma and raise awareness, and how can people contribute? How to use World Alzheimer's Day/World Alzheimer's Month?

- Gatherings to raise awareness, doing psychological tests, cognitive assessments.

- World Alzheimer's Month is a yearly event where people living with dementia and caregivers put on a awareness raising talks, nutrition, design of clothing that help be dementia friendly , etc. Efforts to empower people living with the condition to live independently for as long as possible.

- Germany's "you can do something for yourself to be healthy at any age" campaign, press conferences, flyers and posters that all member organisations can use. Cultural events, information sessions – of which there are over 1000 over Germany throughout the month.

- People don't want to be seen as an illness, they want to be seen as they are.

Dementia as a national priority; bringing it all together

Continued.

- One of the problems concerning stigma is coming from medical professionals.
    - When there is a disease that symbolises something, it is, in the case of dementia, explained in a very mysterious way when communicating with the public – that's stigma.
    - 10 years ago the name in Chinese for dementia was consciously changed (after debate within the medical community) – even this new name is not good enough, the disease is not well-defined.
    - It is time to rethink the whole process and have people within the medical field take a leading role in destigmatising the word dementia along with the diagnosis.
    - Campaigns should be focusing on Alzheimer's disease as a specific disease, but, as cancer had to do, we need to have more research and more biomarkers.
    - Despite not having a cure, we need to effectively communicate the difference that lifestyle modifications can do in terms of condition management.
    - We need very clear directives and statements from trusted medical professionals.

- Stigmatisation deters someone from seeking help. The problem with the stigma of dementia is they do not want to go for diagnosis, which will deter a lot of treatment, care, and support that occur after a diagnosis.

- If we want to encourage more people to seek an early diagnosis, we need to tackle this head on, not only on the name, but make sure that people are willing to be tested and receive a diagnosis.

- It needs to be a multi-pronged effort. But, also not all of us have to do everything. We need to collaborate with each other, and there is enough for everybody to do.

Workshop participants

Ms Anja Bihl-Nielsen
Alzheimerforeningen,
Denmark

Anja is a trained anthropologist and has been working in the field of health and dementia politics for 15 years. In her current position as Policy Director in the Danish Alzheimerforeningen she is responsible for public affairs and policy development.

Anja has extensive experience and insight into the organization of the Danish dementia care and treatment as well as national health strategies.

Ms Evina Heydari
Danish Health Authority,
Denmark

Evina Heydari is a legal and policy professional with extensive experience in public administration, healthcare policy, labour market regulation, and EU affairs. Currently serving as Special Adviser at the Ministry of Senior Citizens in Copenhagen, leading policy development and implementation initiatives related to elderly care reform, including public-private collaboration and stakeholder coordination.

Ms Camilla Falslev Hansen
Ministry of Interior and Health,
Denmark

Camillia Falslev Hansen works at the Danish Ministry of the Interior and Health as a head of section.

Dementia is one of the areas she works with in the Ministry. Her workshop contribution is primarily focused on the policy and governance side of the field, whereas the Danish Health Authority, which is also represented at the workshop, will provide more specialised clinical and healthcare expertise.

Ms Mirjam Due Tiemensma
Danish Health Authority,
Denmark

A public health professional at the Danish Health Authority (Sundhedsstyrelsen), where she works on projects related to health promotion, public health, and innovation, with a particular interest in improving care and quality of life for people living with dementia.

She recently completed her PhD at the University of Southern Denmark in collaboration with the City of Copenhagen, examining how people living with dementia experience everyday life in urban environments.

Workshop participants

Dr Khalid Saeed
World Health Organization EMRO,
Egypt

Dr Saeed is a consultant psychiatrist of more than 26 years standing, currently working as Regional advisor, Mental Health and Substance Abuse at the regional office for the Eastern Mediterranean of WHO.

He is currently coordinating the work on mental health and psychosocial support in emergencies in the region besides leading the work on policies, legislations, treatment systems and services for mental health and substance use problem in countries of Eastern Mediterranean region.

Dr Ayman Mohammed Abbass Elsaed
Secretariat of Mental Health and Addiction Treatment,
Egypt

Dr. Ayman Mohammed Abbass Elsaed is a senior healthcare executive and Orthopaedic Surgeon Specialist with extensive experience in healthcare administration, emergency response, and hospital management across Egypt.

He currently serves as Head of the Central Administration of the Secretariat of Mental Health and Addiction Treatment. Throughout his career, he has held several leadership positions, including Director of Health Affairs in Fayoum, Deputy Director of Giza Directorate of Health Affairs, and General Manager of the Menofia Egyptian Ambulance Organization.

Dr Maissa Eid Afifi
Egyptian Alzheimer Society & Secretariat of Mental Health and Addiction Treatment,
Egypt

Consultant of Psychiatry. Ain Shams University Director of Old Age Psychiatry Department at General Secteriat of Mental health and Addiction treatment, Ministry of Health. Treasurer of Egyptian Alzheimer Society.

Dr Alaa Adel Mohamed Elmadani
General Secretariat of Mental Health and Addiction Treatment,
Egypt

Dr. Alaa Adel Mohamed Elmadani is a consultant psychiatrist and mental health leader with extensive experience in clinical practice, research, and international collaboration. She holds an M.D. in Psychiatry from Ain Shams University, alongside a Master's degree in Neurology and Psychiatry, and a Bachelor of Medicine and Surgery from Cairo University.

Currently serving as Head of External Affairs at the General Secretariat of Mental Health and Addiction Treatment (GSMHAT) in Egypt, Dr. Elmadani plays a key role in fostering partnerships with international organizations such as the World Health Organization and the Council of Europe. She has acted as technical coordinator for several national and regional initiatives, including Egypt's National Mental Health Survey, adolescent addiction services, and specialized programs for vulnerable populations.

Prof Noha Sabry
Egyptian Alzheimer Society & Secretariat of Mental Health and Addiction Treatment,
Egypt

Professor Noha Sabry is Professor of Psychiatry at Cairo University and Chair of the Research Unit at the General Secretariat of Mental Health and Addiction Treatment (GSMHAT), Ministry of Health, Egypt. She is also a board member of the Alzheimer Society of Egypt.

Professor Sabry served as the Principal Investigator of the National Survey of Mental Disorders and Substance Use Disorders in Egypt (2016–2023).
She has authored and co-authored numerous scientific publications, including a systematic review on the prevalence of mental disorders among older adults in Egypt.

Workshop participants

Prof René Thyrian
Deutsche Alzheimer Gesellschaft, Germany

Prof. Dr. Jochen René Thyrian is Professor of Interventional Health Care Research at University Medicine Greifswald and research group leader at the German Center for Neurodegenerative Diseases (DZNE).

A psychologist by training, he earned his PhD in 2005 and habilitation in 2010 at the University of Greifswald. His work focuses on dementia care, prevention, and implementation research, with more than 200 scientific publications. He is also active in dementia policy and advocacy as a board member of the Deutsche Alzheimer Gesellschaft and Alzheimer Europe.

Ms Saskia Weiss
Deutsche Alzheimer Gesellschaft, Germany

As Managing Director of Deutsche Alzheimer Gesellschaft, since January 2022, she leads one of Germany's leading organisations supporting people affected by dementia and their families. She joined the association in 2008, initially providing telephone counseling and managing a variety of projects. Since 2015, she has coordinated the nationwide "Demenz Partner" initiative, served as Deputy Managing Director from 2017 to 2021, and has played a key role in advancing dementia awareness and support services across Germany.

She holds a degree in Social Pedagogy from the Alice Salomon University of Applied Sciences Berlin and began her career working in senior care with Caritas. She also earned an M.A. in Social Management between 2017 and 2020.

Dr Albert Kern
Federal Ministry of Health, Germany

Director of a community center; research consultant for the Robert Bosch Foundation; member of the executive board of the Wilde Bühne; research assistant at the University of Tübingen (Institute of Education); subject specialist for hospitals, addiction and drug assistance, as well as assistance for offenders and the homeless at the Paritätischer Wohlfahrtsverband, Baden-Württemberg Regional Association.

Since 2006, staff member at the Federal Ministry of Health; since 2018, head of the division "Fundamental Issues of Long-Term Care Insurance".

Mr Martin Polter
Federal Ministry of Health, Germany

Administrative Officer at the Federal Ministry of Health since May 2023. Prior to this role, he served as Head of the Internal Services Department at Deutsche Rentenversicherung Knappschaft-Bahn-See from 2021 to 2023, overseeing operational and administrative functions.

He brings more than a decade of experience in public administration and social insurance. Between 2016 and 2021, he worked as a Controlling Officer for the KNAPPSCHAFT division.

Workshop participants

Dr Ching-Choi Lam
Government of the HKSAR,
Hong Kong SAR

Chairman, Advisory Committee on Mental Health, Health Bureau, the Govt of the HKSAR
Non-official Member, Executive Council, the Government of the HKSAR.

Dr Lam is a specialist in paediatric and community medicine and is currently Chief Executive Officer of Haven of Hope Christian Service.

With his extensive knowledge of local public health policies and services, Dr Lam has sat on multiple statutory and advisory bodies. He is a non-official member of the Executive Council of the HKSAR Government. Prior to his current position as the Chairman of the Advisory Committee on Mental Health, he served the Elderly Commission for almost 20 years, and he was once the Chairman of the Commission. He now also serves as the Chaiman of the Council for Carbon Neutrality & Sustainable Development, the Healthcare & Wellness Training Board of the Vocational Training Council, the Industry Training Advisory Committee of Elderly Care Service and the Independent Commission Against Corruption Complaints Committee.

Ms Maggie Lee
Hong Kong Alzheimer's Disease Association (HKADA),
Hong Kong SAR

Ms. Maggie Lee has been practicing as a professional Occupational Therapist specializing in elderly care for over 30 years and joined the Hong Kong Alzheimer's Disease Association (HKADA) in 2004.

Over the past decades, she has played a pivotal role in accelerating the Association's service expansion and development, including established the first early detection service for dementia in Hong Kong, expanding specialized dementia day care services from one centre to four centres across different districts in Hong Kong, developed 6-Arts® brain health model in intervention and prevention for dementia.

Dr Henry Shie
Hong Kong Alzheimer's Disease Association (HKADA),
Hong Kong SAR

Dr. Henry Shie, MH, serves as the Executive Director of Hiu Kwong Group, pioneering the modernization and professionalization of long-term care services of elderly in Hong Kong.

Dr. Shie has been committed to public services and is widely appointed by the Hong Kong SAR Government and NGOs to key leadership roles. Notably, he serves as the Chairman of the Elderly Academy Development Foundation, promoting active aging and lifelong education for senior citizens. He is also the Vice-Chairperson of the Senior Citizen Home Safety Association (SCHSA), driving tech-enabled independent living through the "Call & Care" services, and the Vice-Chairman (Internal Affairs) of the Hong Kong Alzheimer's Disease Association (HKADA) to advocate for better future of people living with dementia.

In recognition of his contributions to social welfare, he was awarded the Medal of Honour (MH) by the Hong Kong SAR Government.

Dr Aseen Al Awamleh
Ministry of Health,
Jordan

Community Medicine Specialist at the Jordanian Ministry of Health, currently serving as the focal point for the Older Adults Health Program at the Directorate of Health Education and Media.

Dr Al Awamleh's work focuses on health awareness and education related to older adults through health promoters in primary healthcare centers and Community Health Committees across the Kingdom. Responsibilities also include monitoring and evaluating primary healthcare centers to support their development as age-friendly health centers.

Workshop participants

Dr Safwan Dababneh
Ministry of Health,
Jordan

A high-performing Paediatrician and Public Health Executive with over 12 years of distinguished leadership at the Jordan Ministry of Health, currently serving as the Director of the Noncommunicable Directorate. Proven track record in designing, scaling, and managing high-impact national health initiatives, including the successful expansion of the national Newborn Screening Program and the Premarital Screening Program for beta Thalassemia.

Adept at navigating complex administrative protocols, crafting national health policies, and fostering strategic alliances with local government agencies, international bodies, and NGOs. A published researcher and frequent international speaker, dedicated to advancing preventative medicine, early genetic intervention, and comprehensive noncommunicable disease strategies on a national scale.

Ms Leen Madanat
Al-Oun Jordan Association
for Alzheimer's Disease,
Jordan

In Jordan, Leen Madanat is engaged in national advocacy and policy work serving on the board of Al-Oun Jordan Association for Alzheimer's Disease, collaborating with healthcare professionals, civil society and policymakers, prioritizing empathy, cultural sensitivity and inclusion in awareness, training and caregiver support.

She has held senior leadership and management roles in schools, NGOs, public consultancy and community organizations, focusing on curriculum development, systems strengthening and collaboration with municipalities, civil society and international partners. Leen currently serves on several educational boards and national committees, including the National Strategy Committee for Seniors in Jordan (2025–2030) shaping dementia policy. She also consults with other entities aligning policy with best practices.

Dr Sawsan Majali
Al-Oun Jordan
Association for
Alzheimer's Disease,
Jordan

Dr. Sawsan Majali is a distinguished Jordanian healthcare leader and social development expert with over four decades of experience in nursing education, health, public policy, and community empowerment. She holds a Ph.D. in Nursing from the University of Michigan and has served in various academic, governmental, and civil society roles, championing health equity and social protection.

In health services, Dr. Majali has held influential positions, including Secretary General of the Jordanian Higher Population Council, Senator in the Jordanian Senate, and Co-Chair of the Health, Population and Environment Committee, where she participated in the review of the Health and Medical Responsibility law, Higher Health Council law, and Public Health law. She participated in the formulation of Jordan's Social Protection Strategy (2024–2033).

Dr Mustapha El Alaoui Faris
Association Maroc Alzheimer,
Morocco

Mustapha El Alaoui-Faris is professor of Neurology and Neuropsychology at the Mohammed-V University and Director of the Alzheimer's Center of Rabat, Morocco. His main clinical interests are Dementia, Clinical Neuropsychology and Parkinson's disease.

He pioneered translation of Neuropsychological Tests and Neuro-linguistic Studies on aphasia, alexia and agraphia in Arabic and he established the first Memory Clinics in Morocco and the Master's Degree of Clinical Neuropsychology and Dementia at the Medical School of Mohamed-V University in Rabat.

Prof. El Alaoui Faris was the founder and past president of the Moroccan Society of Neurology and the Moroccan Society of Neuropsychology and current President of the Moroccan Alzheimers' Association.

Workshop participants

Ms Conny Helder
Former Minister of Health, Welfare and Sport, Netherlands

Conny Helder served as Minister of Long Term Care and Sports, and Minister of Health in the Netherlands from January 2022 to July 2024. Prior to her ministerial roles, Conny Helder held executive positions in various healthcare organizations, spanning long-term, primary, and hospital care. She brings extensive expertise in healthcare leadership, with a strong emphasis on technological innovation and scientific research. Currently, Conny Helder is dedicated to advancing healthcare innovation, focusing on regenerative medicine, oncology, and the transformation of elderly and dementia care.

Prof Agustin Martinez-Molina
Ministry of Social Rights, Spain

Researcher and academic with over 15 years of experience in Behavioral Science Methodology, perceived quality models, and social impact evaluation. He currently serves as Head of Research at IMSERSO (Ministry of Social Rights, Spain), leading international collaboration with the WHO and the European Centre for Social Welfare (UN) to promote evidence-based public policies on ageing and social welfare.

Dr Enrique Arrieta
Confederación Española de Alzheimer y otras demencias, Spain

Member of CEAFA (Spanish Confederation of Associations of Relatives of Alzheimer's Patients) medical expert group. Degree in Medicine and Surgery, and Degree in Psychology. Specialist in Family and Community Medicine. Family Physician at Segovia Rural Health Center (1984 - 2024).

Associate Professor of Psychology of Aging at IE University (Segovia. Spain, 2000 - 2010).
Specialization Diploma in Alzheimer's Disease Care
Member of the Neurology, Palliative Care, and Communication working groups of SEMERGEN (Spanish Society of Family Doctors) and Member of the Regional Board of SEMERGEN Castile and León.

Member of the Psychosomatics and Primary Care Group of the Spanish Society of Psychosomatic Medicine.
Member of the Editorial Board of SEMERGEN Journal.
Principal Investigator or Collaborating Investigator in several projects related to Dementia and Palliative Care (FIS and Sacyl grants, and studies developed by the Castile and León Health Sentinel Network), with various presentations, papers, and publications, as well as participant in informative and docent activities, related to these topics.

Workshop participants

Prof Miia Kivipelto
Karolinska Institutet (KI),
Sweden

Miia Kivipelto, MD, PhD, is Professor of Clinical Geriatrics at Karolinska Institutet, Center for Alzheimer Research, and serves as Senior Geriatrician and Director of Research & Development at Theme Aging, Karolinska University Hospital in Stockholm, Sweden.

Miia's research focuses on the prevention, early diagnosis, and treatment of cognitive impairment, dementia, and Alzheimer's disease. Her work has identified key modifiable lifestyle and vascular risk factors, explored interactions with genetic risk, and advanced understanding of the underlying mechanisms of cognitive decline.

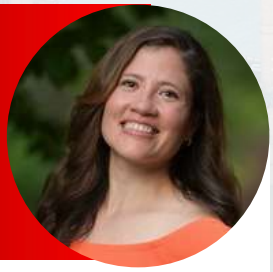
She is the Principal Investigator of the groundbreaking FINGER trial and the founder and scientific leader of World-Wide FINGERS, the first global network for dementia prevention. A highly cited scientist with over 510 publications and an H-index of 96, she has received numerous prestigious awards and is frequently invited to speak at leading international dementia conferences and serve on global expert panels.

Dr Katrin Seeher
World Health Organization,
Switzerland

Originally trained as a psychologist, Katrin has been working with people with dementia and other neurodegenerative diseases and their families for almost 20 years. She holds a PhD from the University of New South Wales, Sydney Australia where she also worked as Research Fellow until joining the World Health Organization (WHO) in 2016.

In her current role at WHO, Katrin is responsible for the implementation of the Global action plan on the public health response to dementia 2017-2031 and its monitoring framework, the Global Dementia Observatory (GDO).

She led the development of WHO's Global status report on the public health response to dementia, the forthcoming update of WHO's guidelines on risk reduction of cognitive decline and dementia and assists countries around the world in formulating comprehensive national responses to dementia and other neurological conditions.



Dr Laura Garcia Diaz
World Health Organization,
Switzerland

Laura Garcia Diaz holds a bachelor of arts degree in psychology, a masters degree in health and aging, a masters degree in occupational therapy, and a doctorate degree in Rehabilitation Science. Laura's work has focused on developing and disseminating tools to support people living with dementia, carers and healthcare providers. Her research thesis focused on supporting the development, implementation and evaluation of a dementia-friendly initiative in Canada.

With over 8 years of experience in knowledge translation, Laura is passionate about supporting the global dissemination of dementia resources, and enhancing networking and collaboration amongst partners working in the dementia field.

Dr Frédérique Djurdevic
World Health Organization
EURO,
United Kingdom

Dr Frédérique Djurdjevic is a public health expert whose work focuses on ageing, mental health and reducing health inequalities. She consults for the World Health Organization on ageing and mental health, working with the WHO Regional Office for Europe, WHO Headquarters, and the WHO European Office for Investment for Health and Development. She has contributed to the development and design of the WHO Europe Regional Strategy, "Ageing is Living".
She has previously worked with UN-affiliated organisations (European Centre for Social Welfare Policy and Research in Vienna and FIAPA in Paris), as well as with City St George's, University of London, focusing on ageing, long-term care and co-morbidities.

Frédérique has conducted NHS health services research focused on reducing health inequalities for people with non-communicable diseases.

Workshop participants

Mr Chris Lynch
Alzheimer's Disease International (ADI), United Kingdom

Chris is Acting CEO. He is an international leader in healthcare policy, advocacy, research and communications, with over 30 years' experience. He has spent the past 14 years in the dementia sector, working at the forefront of global efforts to strengthen policy and health system responses. His work spans national dementia plans, international advocacy, research and awareness.

As Director of Policy, Research, Communications & Publications, Chris leads ADI's engagement with global bodies including the WHO, UN, G7 and G20, and oversees policy, research and flagship initiatives such as World Alzheimer's Month and the World Alzheimer Report. He is a member of the WHO Civil Society Working Group for Non-Communicable Diseases.

Ms Paola Barbarino
Alzheimer's Disease International (ADI), United Kingdom

Paola is a special advisor for ADI. Prior to this, she was CEO of LIFE and occupied senior positions with Cass Business School, Tate, British Library and IIED. She is a Council Member of the World Dementia Council, a Trustee of The Postal Museum, and a Trustee of Lauderdale House. Previously she was a Non-Executive Director of the Non-Communicable Disease Alliance (NCDA), a Trustee of Shelter, the housing/homelessness charity, and of MLA London.

She holds a degree cum laude in Classics from Federico II Napoli University, an MA in Field and Analytical Techniques in Archaeology and an MA in Library and Information Science both from University College London.

Dr Lewis Arthurton
Alzheimer's Disease International (ADI), United Kingdom

Lewis is Head of Policy and Communications at ADI, where he leads the organisation's policy engagement with the United Nations, the World Health Organization, and Member States. He also oversees the World Alzheimer's Month awareness campaign and manages ADI's broader communications portfolio.

Before joining ADI, Lewis worked as an analyst at a global consultancy specialising in market access, reimbursement, and pricing for novel pharmaceuticals. Alongside this role, he also served as a specialist researcher within the House of Lords. Lewis also has experience working as a Health Care Assistant within the UK's NHS and as an Ebola Lab Technician in Sierra Leone.

Lewis holds a DPhil. in Molecular Cell Biology in Health and Disease from the University of Oxford. Lewis also serves on the WHO Mental Health, Brain Health and Substance Use (MNS) Strategic Advisory Group, and acts as an advisor to the World Young Leaders in Dementia.

Ms Jane Cziborra
Alzheimer's Disease International (ADI), United Kingdom

Jane leads the strategic planning and delivery of ADI's global events portfolio, including the ADI International Conference, regional conferences and Alzheimer University programmes worldwide.

With over 20 years' experience at ADI, she has been instrumental in developing and expanding the organisation's events programme into a key platform for global knowledge exchange and capacity building. Her work has strengthened ADI's regional reach and supported the growth of its member organisations.

Previously working in the corporate sector, Jane brings deep expertise in event strategy and association management, with a strong focus on delivering inclusive and impactful international forums. She holds a BA in French and European Studies and speaks French and Spanish

Workshop participants

Ms Gloria Mantineo
Alzheimer's Disease International (ADI), United Kingdom

Gloria supports the development and delivery of ADI's membership work, working closely with the Head of Membership to strengthen engagement with member organisations.

She brings experience in membership services and administration, with a strong focus on organisation and relationship management. Prior to joining ADI, she worked as a Membership Officer at the Royal Southern Yacht Club and the Association of Independent Multiple Pharmacies, managing a wide range of member relationships and administrative processes.

Gloria is highly organised and solution-focused, known for building trusted relationships with colleagues and members from diverse cultural and linguistic backgrounds. She holds a degree in European Languages from the University of Catania and has also worked as a teacher of Italian as a second language for adults.

Ms Hannah Schneider
Alzheimer's Disease International (ADI), United Kingdom

As Policy and Communications Officer, Hannah supports ADI's policy, advocacy and communications work, including engagement with multilateral organisations such as the World Health Organization and the UN.

She contributes to campaigns including World Alzheimer's Month and supports communications linked to policy initiatives.

Hannah holds a BA in Communications from the University of Ottawa and an MSc in the History of International Relations from the London School of Economics. She previously worked with the NATO Defence Education Enhancement Programme, translating educational materials into French.

Mr Robbie Appelton-Sas
Alzheimer's Disease International (ADI), United Kingdom

As Digital Lead, Robbie is responsible for ADI's digital content and platform development, ensuring insights from research, advocacy engagement and staff expertise reach ADI's global network.

He specialises in creative strategy, marketing and capacity building, and is passionate about supporting healthcare initiatives, economic growth and gender equality through digital communications. Notably, he has delivered multiple digital communications training programmes for female entrepreneurs across Africa, the Eastern Mediterranean and South Asia through the United Nations SheTrades initiative (ITC & GIZ). Robbie has achieved a double distinction MSc in Digital Anthropology at University College London. His ethnographic research focused on Birtish immigration policy and citzenship infrastructures.

Ms Rosie Houghton
Alzheimer's Disease International (ADI), United Kingdom

Rosie manages and develops relationships with ADI's corporate partners, supporting income generation and partnership growth across the organisation's fundraising portfolio.

She has over 15 years' experience in corporate partnerships, fundraising, marketing and events, with a strong track record of building and nurturing partner relationships. Since joining ADI in 2020, she has contributed to the development of long-term partnerships and supported engagement across a range of sectors.

Prior to this, Rosie held roles at Breast Cancer Haven, Jeans for Genes and The Myton Hospices, specialising in corporate fundraising, events and marketing. She holds a BSc from Harper Adams University College.

Workshop participants

Peter Bryden
Biogen,
Switzerland

Bily Kuo
Eisai EMEA,
United Kingdom