

From Plan to Impact

May 2026

“One year into the extension to the Global Action Plan on dementia, just 24% of governments have so far developed national plans. It is essential that we galvanise all stakeholders to ensure that this hard-fought-for extension results in robust and funded plans from every government around the world.”

Chris Lynch, ADI acting CEO

Introduction

In May 2025, the World Health Assembly voted to extend the Global Action Plan on the Public Health Response to Dementia 2017–2025.

The strategy aims to tackle the global health challenge posed by dementia, a condition that is forecast to affect 78 million people by 2030 and skyrocket to 139 million worldwide by 2050. The costs associated with the condition are expected to soar from US\$1.3 trillion per year in 2019 to US\$ 2.8 trillion by 2030.

Member States have now reiterated their commitment through 2031, giving them another six years to fulfil the actions outlined in the plan.

Since 2018, Alzheimer’s Disease International (ADI) has published From Plan to Impact every year, taking stock of the progress made by Member States and shedding light on the seven action areas of the Global Action Plan: dementia as a public health priority; awareness and friendliness; risk reduction; diagnosis, treatment, care, and support; support for dementia carers; information systems; and research and innovation.

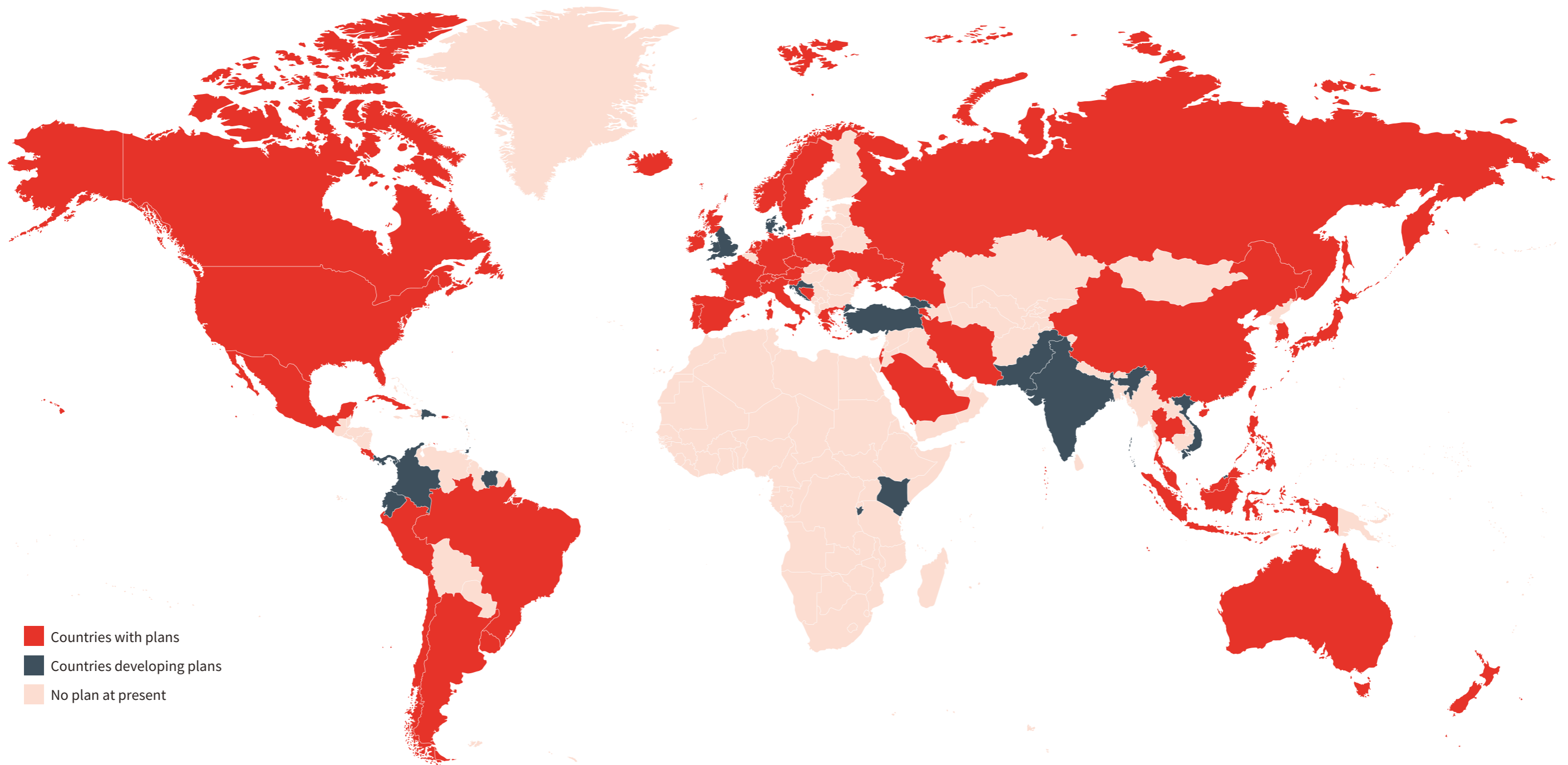
In 2026, one year after the extension, ADI continues to monitor the number of national dementia plans (NDPs) adopted by governments, as well as NDPs in development worldwide. National dementia plans remain the most surefire way to ensure that the multifaceted challenges of dementia are holistically addressed.

Key findings

- The number of national dementia plans (NDPs) implemented by WHO Member States has risen slightly since 2025 from 45 to 47* since last year. This equates to 32.2 percent of the 146 target, and only 24.2 percent of all 194 Member States who agreed to implement plans in 2017. As of May 2026, 56 countries or territories (including non-WHO Member States) had NDPs.
- Dementia plans across WHO Member States include 23 in Europe, ten in the Americas, seven in the Western Pacific, four in the Eastern Mediterranean, three in Southeast Asia, and none in Africa.
- 20 countries are currently developing an NDP or are integrating dementia within a wider health plan, including 18 WHO Member States.
- One year following the extension to the targets of the Global Action Plan on the Public Health Response to Dementia, its impact at the international, national, and local levels cannot be understated. The plan remains the most effective framework for governments to build comprehensive dementia plans that address the multifaceted challenges inherent to this condition.

* Member State plan figures include the United States of America and Argentina, as their withdrawal from the World Health Organization remains pending. Switzerland is also included, reflecting its transition to a National Dementia Platform.

Current national dementia plans and plans in development



- Countries with plans
- Countries developing plans
- No plan at present

Countries and territories with national dementia plan, or with dementia integrated as part of a wider health plan

Argentina	Brazil	Czechia	Iran	Luxembourg	New Zealand	Qatar	TADA Chinese Taipei
Armenia	Canada	France	Ireland	Macau SAR	Norway	Russian Federation	Thailand
Australia	Chile	Germany	Israel	Malaysia	Peru	Saudi Arabia	Ukraine
Austria	China	Gibraltar	Italy	Maldives	Philippines	Slovenia	UK - Northern Ireland
Bermuda	Costa Rica	Greece	Japan	Malta	Poland	Spain	UK - Scotland
Bonaire	Cuba	Iceland	Republic of Korea	Mexico	Portugal	Sweden	United States of America
Bosnia and Herzegovina	Curaçao	Indonesia	Kuwait	Netherlands	Puerto Rico	Switzerland	Uruguay

Countries and territories with a national dementia plan, or dementia integrated as part of a wider health plan, in development

Brunei Darussalam	Dominican Republic	Pakistan	UK - Wales
Burundi	Ecuador	Panama	Vietnam
Colombia	Georgia	Suriname	
Croatia	Hong Kong SAR	Trinidad and Tobago	
Denmark	India	Türkiye	
Dominica	Kenya	UK - England	

Based on information received from Alzheimer and dementia associations, May 2026

Recommendations



The extension of the Global Action Plan provides a renewed mandate for ensuring that dementia remains a public health priority. **Member States must urgently work towards achieving all the plan's targets by 2031.**



While the number of national dementia plans has increased slightly since 2025, numbers are stagnating, and fall far short of the Global Action Plan target of 146. **Member States must prioritise the development of national dementia plans following their 2017 and 2025 commitments.**



While the number of plans has increased, funding for implementing national dementia plans has not kept pace. **Transparent and adequate funding is essential to ensure these plans have a meaningful impact on people living with the condition, their carers, and wider society.**



ADI member associations are often the driving force behind the creation of national dementia plans and should be recognised as key stakeholders in development and deployment, given their knowledge and hands-on expertise in addressing the impact of dementia on those living with the condition, carers, and wider society.



Member States must leverage the United Nation's non-communicable diseases (NCD) declaration to ensure dementia is fully included. Dementia shares many risk factors with leading NCDs, and in fact many NCDs are themselves risk factors for dementia. It is essential that NDP strategies, frameworks, budgets, campaigns, and reporting fully integrate dementia, especially around risk reduction and prevention, to have a tangible impact on the projected number of cases.

Conclusion

The extension of the Global Action Plan was hard-won, and we must collectively make the most of it. ADI applauds the governments of the Maldives, Ukraine, Poland, Argentina, and Peru for passing their first national dementia plans since May 2025. The breadth of geographical, economic, and societal differences between these countries is proof that dementia concerns us all, and that all states can – and should – do something for their citizens affected by the condition.