Alzheimer Europe Exhibition:

Shaping Europe's response to dementia

Exploring prevalence, policy and the need for coordinated European action

Alzheimer Europe

31 August - 4 September 2026
European Parliament

Table of contents

Support action on dementia at an EU level: #DementiaNeedsEU

Overview of the Alzheimer Europe Exhibition

Today, over 9 million people are living with dementia in the EU. At Alzheimer Europe, our mission is to change perceptions, practice and policy so that people living with dementia and their carers are recognised, respected and supported throughout Europe.

For more than 30 years, our organisation has worked to meaningfully involve people affected by dementia, challenge stigma and raise public awareness, advance human rights, champion diversity, inclusion and intersectionality, and make dementia a priority in European and national policy.

This exhibition highlights the urgent need for stronger, more coordinated dementia policies across Europe. Through evidence, lived experience and collaborative initiatives, it amplifies the voices of people living with dementia and demonstrates how policy can improve access to timely diagnosis, care and support, advance research and foster inclusion.

Organised by Alzheimer Europe, and hosted by Nina Carberry MEP, with the support of the European Alzheimer Alliance, the exhibition aims to encourage informed dialogue, strengthen collaboration between policymakers and the dementia community. We are grateful to our parliamentary hosts, partners and supporters for helping to bring this important conversation to the heart of European policymaking.

Our objectives are to:
- Raise awareness of dementia prevalence and impact
- Showcase developments over the past decade, including ongoing European initiatives, achievements and dementia strategies
- Highlight continuing gaps, challenges and inequalities
- Present clear recommendations for EU policymakers
- Build political commitment and action

The exhibition aims to inspire discussion, strengthen partnerships and encourage continued action towards a Europe where every person living with dementia and every carer can live with dignity, equality and the support they deserve.

Alzheimer Europe

European Alzheimer's Alliance

NINA CARBERRY MEP

Alzheimer Europe Reception

Launching the Alzheimer Europe EP Exhibition

1 September 2026, 18:30 - 19:30
Multifunctional Area Ground 0 (Former Members' Bar)
Altiero Spinelli Building, European Parliament, 60, rue Wiertz, B-1047 Brussels

Agenda

18:30 - 18:35 **Welcome**
Nina Carberry MEP (Ireland), Co-Chair, European Alzheimer's Alliance

18:35 - 18:45 **Perspectives of people with lived experience**
Kevin Quaid (Ireland), Chair of the European Working Group of People with Dementia
Trevor Salomon (United Kingdom), Chair of the European Dementia Carers Working Group
Jordan & Cian Adams (United Kingdom), The "FTD Brothers", campaigning for people with frontotemporal dementia

18:45 - 19:00 **Reactions and contributions by members of the European Alzheimer's Alliance**
Tomislav Sokol MEP (Croatia)
Vladimir Prebilič MEP (Slovenia)
Maria Guzenina MEP (Finland)
Ondrej Dostal MEP (Czechia)
Michal Szczerba MEP (Poland)
Tomas Zdechovsky MEP (Czechia)
Barry Andrews MEP (Ireland)
Kristian Vigenin MEP (Bulgaria)
Tilly Metz MEP (Luxembourg)

19:00 - 19:05 **Closing remarks**
Jean Georges, Executive Director, Alzheimer Europe

19:05 - 19:30 **Informal discussion, networking and reception**

Co-funded by the European Union
Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Commission. Neither the European Union nor the granting authority can be held responsible for them.

Support from Members of the European Parliament (MEPs)

During World Alzheimer's Month and alongside the Alzheimer Europe Exhibition, Members of the European Parliament (MEPs) shared video messages highlighting key issues affecting people with dementia, their families and carers, and calling for greater European action to make dementia an EU priority.

Excerpts of their messages are featured below. Scan the QR codes to watch the full videos.

Vytenis Andriukaitis MEP (Lithuania)

"45% of all dementia cases are linked to modifiable risk factors. Many of them identical to those driving cardiovascular disease and cancer - high blood pressure, diabetes, smoking, excessive alcohol, physical inactivity, air pollution and social isolation. We already have European campaigns against these risk factors, we already invest in prevention of heart disease, of cancer, but dementia is not yet part of that conversation. This is a political failure, and it is one we must fix."

Watch video

Nina Carberry MEP (Ireland)

"Talk about dementia, challenge stigma and show support for people living with the condition, for their carers and for their families. We need to collectively push for stronger EU policies, better funding and more accessible supports across health, research and social care. As our population ages, we must plan properly for the future and ensure accessible, affordable support for people living with dementia."

Watch video

Maria Guzenina MEP (Finland)

"Six years ago, an uninvited guest moved into my mother's home. The woman who had raised me with love started losing pieces of herself, and it felt devastating that there was no way to evict this uninvited guest from her home. [···]
It is time we turn from awareness to concrete action. We owe it to millions of families facing this reality today and to the millions more who will face it tomorrow."

Watch video

Sirpa Pietikäinen MEP (Finland)

"It is high time to develop a dedicated plan for neurodegenerative diseases, or as a minimum prioritise them in brain health or neurological condition plans, to coordinate spending and programmes across health, research and social policies.
With the right policies and cooperation between Member States, we can fight neurogenerative diseases, Alzheimer's included, and improve the quality of life of patients and they carers."

Watch video

Support from Members of the European Parliament (MEPs)

Manuela Ripa MEP (Germany)

"As our population ages, we must place a stronger focus on prevention. By identifying and addressing risk factors early, we can help reduce the growing challenge of dementia and support healthier ageing across Europe."

Watch video

Tomislav Sokol MEP (Croatia)

"Behind every number is a person, family member, a caregiver and a friend, and behind every diagnosis is a growing need for support, research, early detection, quality care and dignity. This is why I call on the European Commission to recognise as Alzheimer's disease and other dementias as a political and public health priority."

Watch video

Hilde Vautmans MEP (Belgium)

"I lost my father to Alzheimer's, so when I speak about dementia, I'm not speaking only as a politician, I'm speaking as a daughter who knows what it means to lose someone twice. September is world Alzheimer's, and millions of families across Europe know exactly what that feels like. [···] Serving as Co-Chair of the European Alzheimer's Alliance, I do not believe we can keep treating dementia as someone's else problem. We found the political will to build a European plan against cancer. It's time to apply the same level of determination to dementia."

Watch video

Kristian Vigenin MEP (Bulgaria)

"Without coordinated action, we risk deepening existing inequalities in access to diagnosis, treatment, care and support across Europe, creating a 2 Speed Europe in dementia care as well.
That is why the European Commission should recognise dementia as an urgent priority."

Watch video

Maria Walsh MEP (Ireland)

"With over 9 million people living with dementia across the EU, now is the time to raise awareness of this condition.
Women continue to be disproportionately affected, with almost twice as many women living with dementia than men across the EU.
So, in light of World Alzheimer's Month, I"m calling on the European Commission to recognise dementia as an urgent priority."

Watch video

The Commitment Card

To strengthen political commitment and action, MEPs at the reception were also invited to sign commitment cards during the reception, pledging their support across different areas of responsibility, reinforcing the importance of dementia as a priority in European policy and society.

I SUPPORT PRIORITISING DEMENTIA AT AN EU LEVEL

As a Member of the European Parliament, I will prioritise dementia as a policy issue by:

- ❑ Submitting a written question about dementia support to the European Commission
- ❑ Working with fellow Members and relevant parliamentary committees to organise and hold a session on dementia
- ❑ Signing a cross-party open letter to Commissioners calling for dementia to be prioritised now and in the next MFF
- ❑ Supporting the work of the Alzheimer's association in my country through active collaboration and engagement
- ❑ Joining the European Alzheimer's Alliance

Name _____

Political group _____

Country _____

Signature _____ Date _____

The Exhibition panels

A selection of panels focusing on understanding dementia, prevalence and recommendations for EU action

For more information
about the exhibition, visit:

What is dementia?

Dementia is not a single disease. It is an umbrella term used to describe a range of progressive, life-limiting conditions caused by different diseases which affect the brain. Dementia is the leading cause of disability and dependency in older adults, affecting over 9 million people in the European Union.

Dementia symptoms vary widely from person to person, and may include memory loss, confusion, communication difficulties, changes in mood and behaviour, and challenges with daily tasks. Symptoms develop gradually but worsen over time.

Around 5% of people with dementia develop the disease before the age of 65. This is called Young Onset Dementia.

Dementia is not a normal part of ageing

There are over 100 different kinds of dementia,
each caused by a different underlying disease in the brain.

ALZHEIMER'S DISEASE DEMENTIA

Accounts for ~50-70 % of cases

What causes it?
Amyloid and tau proteins form plaques and tangles in the brain, which disrupt connections and leads to loss of brain cell function, as well as brain cell death. As the disease progresses, plaques and tangles spread across different brain areas.

Signs and symptoms
People experience memory loss and problems with activities of daily living, with language, reasoning and social behaviour affected as the disease progresses. People with advanced Alzheimer's disease dementia also lose mobility and have difficulty eating and swallowing. Long before symptoms develop, amyloid and tau proteins begin to accumulate in the brain.

VASCULAR DEMENTIA

Accounts for ~15-20% of cases

What causes it?
Diseased blood vessels lead to reduced blood flow to the brain, resulting in damage to brain cells. Vascular dementia is often associated with diseases that cause reduced circulation, including stroke, hypertension and type 2 diabetes.

Signs and symptoms
Early symptoms may include difficulty with attention or executive decision making. Other symptoms such as memory loss may develop as vascular dementia progresses.

DEMENTIA WITH LEWY BODIES

Accounts for ~10-15% of cases

What causes it?
It is named after the damaging protein deposits that cause the disease. These deposits are made up of a protein called alpha-synuclein, which forms clumps inside brain cells.

Signs and symptoms
Early symptoms may include visual hallucinations, acting out dreams, severe changes in alertness and movement issues similar to Parkinson's disease. Other symptoms, such as memory loss, will usually appear as the disease progresses.

FRONTOTEMPORAL DEMENTIA

Accounts for ~10% of cases

What causes it?
Frontotemporal dementia (FTD) occurs when nerve cells in the frontal and temporal lobes of the brain become damaged, often due to the abnormal build-up of proteins such as tau or TDP-43.

Signs and symptoms
FTD can cause personality changes, impulsiveness and a lack of inhibition. Depending on the regions of the brain which are affected, people can experience difficulties with language, including problems with speaking, writing, or understanding the meaning of words.

MIXED DEMENTIA

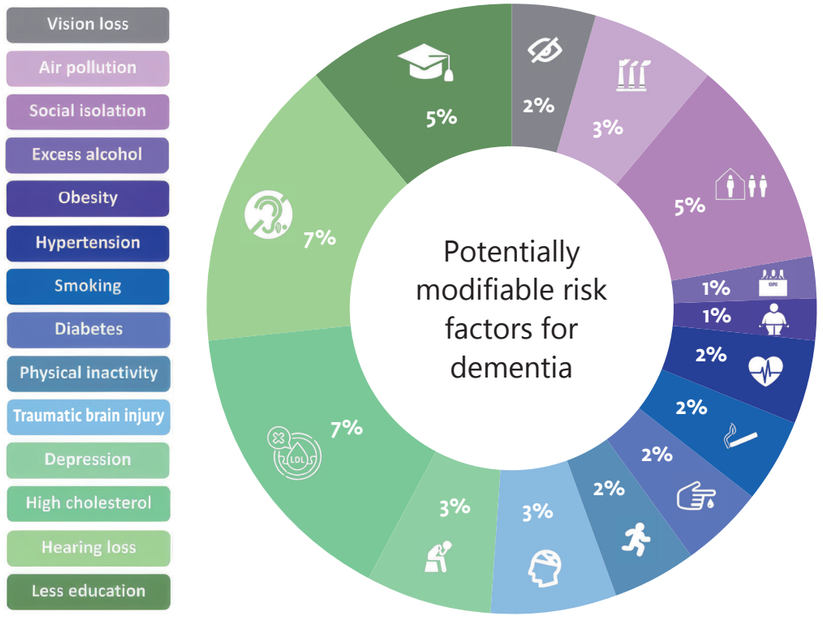
Accounts for ~10% of cases

What causes it?
Mixed dementia is where someone has more than one type of dementia at the same time. The most common combination is Alzheimer's and vascular dementia, followed by a combination of Alzheimer's and dementia with Lewy bodies.

Signs and symptoms
People with mixed dementia experience combined symptoms from different types of dementia, such as memory problems with disorientation and mood changes.

What are the key risk factors for dementia?

The 2024 Lancet Commission identified 14 modifiable risk factors that are estimated to account for up to 45% of dementia cases.



Modifiable risk factors

- Cardiovascular health: High blood pressure (hypertension), obesity, high cholesterol and diabetes
- Lifestyle habits: Smoking and excessive alcohol consumption
- Physical activity and mental stimulation: Lack of physical exercise and low cognitive engagement
- Sensory and mental health: Untreated hearing loss (especially in midlife), untreated vision loss and depression
- Social and environmental factors: Social isolation, less education in early life and air pollution
- Physical injury: Frequent or severe traumatic brain injuries

Non-Modifiable Risk Factors

- Age: The strongest known risk factor
- Genetics: Family history and specific genes such as APOE- ε4
- Sex/Gender: Approximately two-thirds of people with dementia are women

The importance of a timely and accurate diagnosis

A timely and accurate dementia diagnosis is essential to ensure people receive appropriate care, support and treatment. This allows people to make informed decisions about their future, together with their loved ones.

Across Europe, around 50% of people with dementia receive no formal diagnosis, and people are waiting an average of 2.1 years before they are diagnosed

Our "European Carers' Report 2018" identified several barriers and challenges contributing to delays in diagnosis:

Normalisation of symptoms: Some people attribute the early signs of cognitive decline to normal ageing/stress.

Clinical value judgements: Some professionals believe that there is no value in a diagnosis, as little can be done for the person.

Stigma and fear: There is still a deep-rooted stigma and fear of the diagnosis which often leads to denial or avoidance of help-seeking.

Access to specialists: There are often long waiting times for referrals to neurologists and memory clinics.

Cultural and language barriers: Health systems may not always accommodate cultural or linguistic differences among non-native populations.

Inadequate resources: There is insufficient investment in infrastructure and diagnostic tools (e.g. PET scanning, biomarker testing).

Entry points for diagnosis: GPs are the first point of contact but short consultations (often 10-15 mins) and lack of specialist knowledge can make a diagnosis difficult.

Diagnostic uncertainty: Distinguishing early-stage dementia from other conditions with overlapping symptoms can be challenging.

Poor post-diagnostic support: Once a diagnosis is made, people often lack follow-up support to manage their condition and understand what services are available.

What are anti-amyloid therapies?

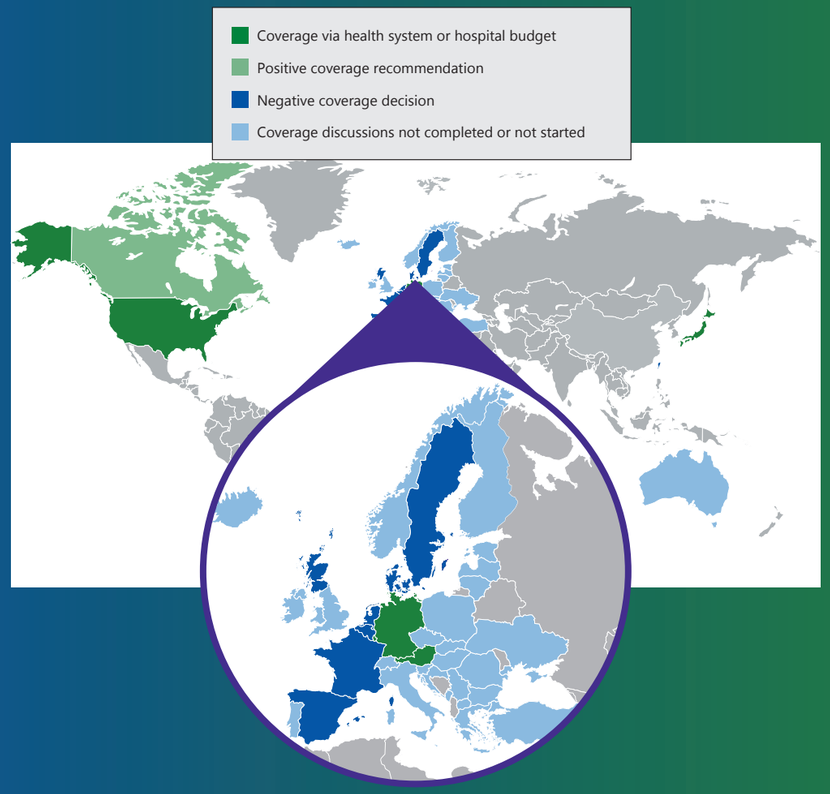
Anti-amyloid therapies are disease-modifying treatments for early Alzheimer's disease that target and clear amyloid plaques to slow cognitive decline. However, they carry safety risks, requiring strict eligibility criteria and adequately resourced healthcare systems to ensure safe delivery.

Therapies that can slow Alzheimer's disease progression have been approved for use in the EU since 2025, however, many European health systems have refused to fund them.

What is the current state of play for anti-amyloid therapies?

Following European Medicines Agency approval, the European Commission authorised lecanemab and donanemab in 2025, marking Europe's first new Alzheimer's disease treatments since 2002.

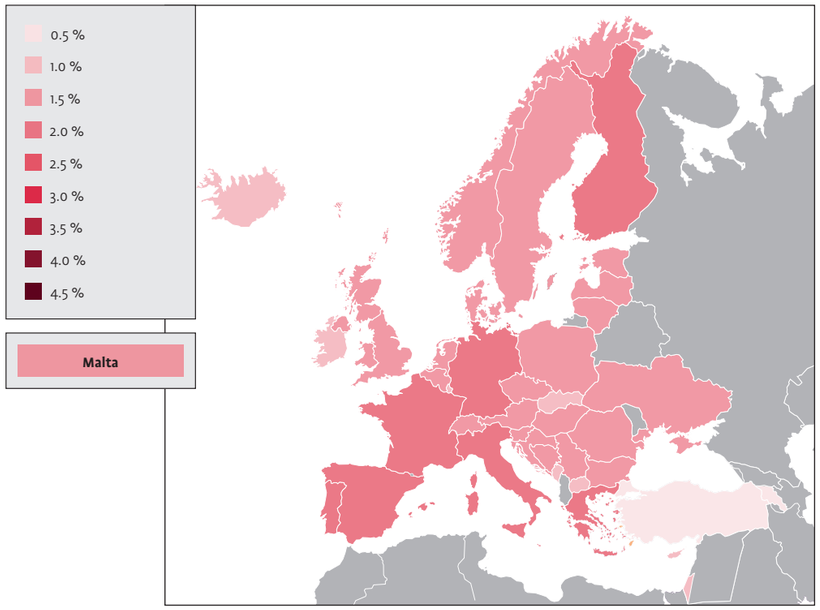
Without reimbursement, access will be shaped by budget, geography and socioeconomic status, widening inequalities and limiting the real-world evidence needed to refine treatment and improve health systems.



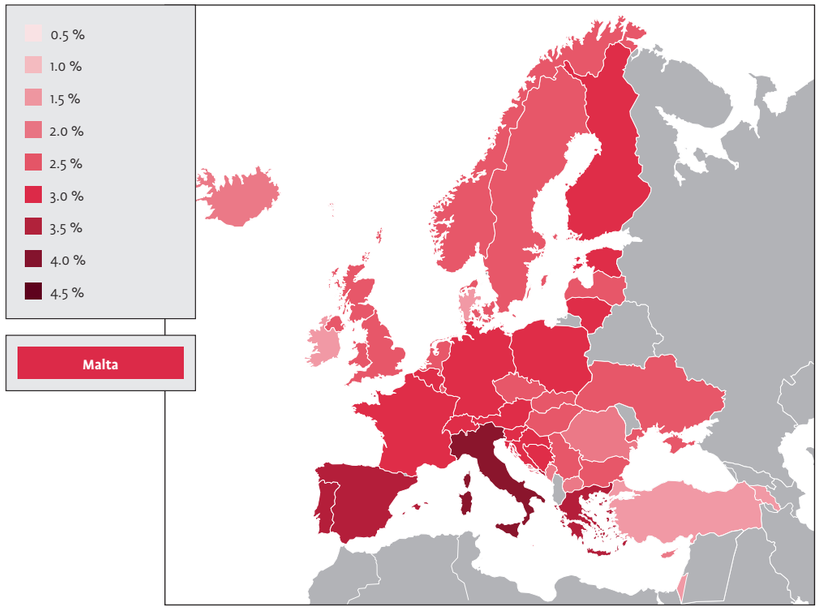
What is the distribution of dementia prevalence in Europe?

These maps show where dementia is most common across Europe, as a percentage of the total population in each country.

How common is dementia across Europe in 2025?



How common will dementia be across Europe in 2050?



How many people currently live with dementia in the EU?

"The Prevalence of Dementia in Europe 2025" report reveals the growing number of people living with dementia across Europe.

KEY FINDINGS FROM THE REPORT

Number of people with dementia in 2025
9 065 706 in EU27 countries
3 057 273 in non-EU countries
12 122 979 in the EU27 + non-EU countries combined

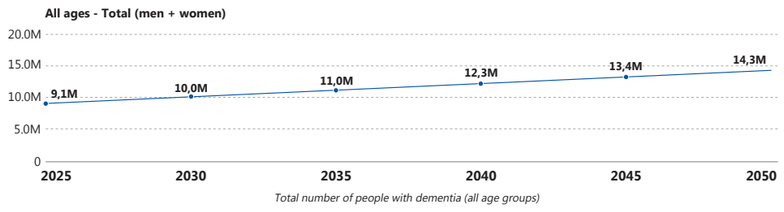
Number of people with dementia in 2050
14 335 788 in EU27 countries
5 570 068 in non-EU countries
19 905 856 in the EU27 + non-EU countries combined

% Increase between 2025 and 2050
58% increase in EU27 countries
82% increase in non-EU countries
64% increase in the EU27 + non-EU countries combined

Looking ahead, Alzheimer Europe projects the number of people living with dementia across the EU every five years from 2025 to 2050.

Overall numbers over time

2025	2050	Change	% change
9,065,706	14,335,788	+5,270,082	+58,4% (2050 vs 2025)



Without action, the societal and economic challenges associated with dementia will continue to grow across the EU in the decades to come.

How does dementia prevalence vary by gender and age in EU27 countries?

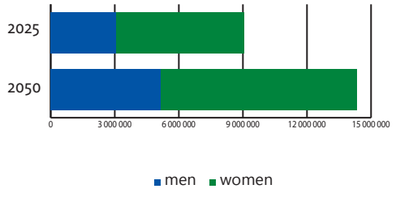
2025

Age ranges	Total population	Men with dementia	Women with dementia	Total number of people with dementia
30-59	180 687 960	143 425	82 428	225 853
60-64	30 834 202	29 947	142 746	172 693
65-69	27 876 855	145 750	199 849	345 598
70-74	24 300 356	416 906	488 119	905 025
75-79	20 118 718	642 395	902 065	1 544 460
80-84	13 821 585	629 219	1 072 662	1 701 881
85-89	9 348 497	585 139	1 439 357	2 024 496
90+	5 289 184	480 379	1 665 322	2 145 701
Population 30-90+	**312 277 357**	**3 073 159**	**5 992 547**	**9 065 706**
Total population	**448 992 587**	**% of total population**		**2.02**

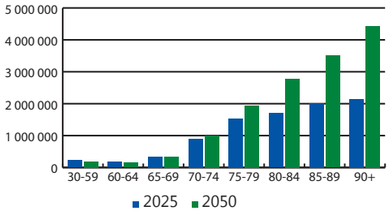
2050

Age ranges	Total population	Men with dementia	Women with dementia	Total number of people with dementia
30-59	147 180 978	118 440	66 207	184 647
60-64	26 987 342	26 760	122 468	149 227
65-69	27 038 187	145 835	188 361	334 196
70-74	26 960 180	485 160	519 432	1 004 592
75-79	25 442 284	858 530	1 090 107	1 948 637
80-84	22 627 245	1 112 180	1 658 031	2 770 212
85-89	16 456 451	1 160 021	2 346 177	3 506 198
90+	11 174 519	1 226 453	3 211 626	4 438 079
Population 30-90+	**303 867 185**	**5 133 378**	**9 202 410**	**14 335 788**
Total population	**420 955 342**	**% of total population**		**3.41**

Number of people with dementia in the EU27 in 2025 and 2050



Number of people with dementia in the EU27 in 2025 and 2050 by age group



How many people are estimated to have dementia in your country?

The impact of dementia is felt across the EU27, with significant differences between countries and among men and women.

Estimated number of people living with dementia in 2025

Country	Men	Women	Total	% of total population
Austria	59 746	112 389	172 136	1.89
Belgium	77 108	144 620	221 728	1.89
Bulgaria	36 826	78 375	115 201	1.72
Croatia	22 417	51 385	73 801	1.92
Cyprus	6 131	10 138	16 268	1.19
Czechia	60 365	118 283	178 648	1.68
Denmark	40 684	67 345	108 029	1.80
Estonia	6 850	19 954	26 803	1.99
Finland	40 868	76 689	117 556	2.09
France	471 780	946 015	1 417 794	2.13
Germany	644 122	1 203 355	1 847 478	2.20
Greece	80 562	155 911	236 473	2.38
Hungary	48 939	113 178	162 117	1.68
Ireland	26 998	42 951	69 949	1.32
Italy	491 187	945 672	1 436 859	2.43
Latvia	8 922	27 179	36 102	1.95
Lithuania	13 058	38 354	51 412	1.82
Luxembourg	3 350	5 855	9 205	1.35
Malta	3 483	5 993	9 476	1.74
Netherlands	117 838	194 791	312 628	1.70
Poland	191 414	426 766	618 180	1.62
Portugal	79 857	158 544	238 401	2.29
Romania	94 271	194 560	288 831	1.53
Slovakia	24 267	51 601	75 869	1.39
Slovenia	13 235	26 507	39 742	1.88
Spain	332 305	651 615	983 920	2.05
Sweden	76 579	124 522	201 100	1.89
Total	**3 073 159**	**5 992 547**	**9 065 706**	**2.02**

Estimated number of people living with dementia in 2050

Country	Men	Women	Total	% of total population
Austria	110 750	187 035	297 785	3.41
Belgium	139 381	229 658	369 039	3.11
Bulgaria	48 107	93 897	142 005	2.63
Croatia	32 986	66 256	99 242	3.07
Cyprus	13 725	22 054	35 780	2.37
Czechia	101 189	169 717	270 906	2.76
Denmark	66 181	106 540	172 721	2.82
Estonia	11 711	25 007	36 717	3.13
Finland	61 329	108 008	169 337	3.16
France	782 646	1 526 227	2 308 873	3.38
Germany	1 012 060	1 706 810	2 718 870	3.47
Greece	118 198	215 911	334 109	3.79
Hungary	76 027	147 483	223 510	2.56
Ireland	58 006	93 086	151 092	2.53
Italy	806 985	1 411 586	2 218 571	4.28
Latvia	13 297	31 491	44 788	2.96
Lithuania	20 332	47 726	68 059	3.01
Luxembourg	8 186	12 030	20 216	2.55
Malta	6 784	10 797	17 582	3.28
Netherlands	212 626	334 132	546 758	2.88
Poland	344 964	675 052	1 020 016	3.11
Portugal	124 546	243 261	367 807	3.76
Romania	137 807	258 303	396 110	2.47
Slovakia	48 271	89 030	137 301	2.78
Slovenia	25 017	42 062	67 079	3.39
Spain	629 992	1 159 167	1 789 159	3.98
Sweden	122 271	190 084	312 355	2.76
Total	**5 133 378**	**9 202 410**	**14 335 788**	**3.41**

A decade of European and global milestones for dementia policy

2016

The 2nd EU Joint Action on Dementia – "Act on Dementia" facilitates the exchange of best practices and strengthening of national policies through collaborative action between 2016-19.

During the Dutch EU Presidency, a two-day conference entitled "Living well with(out) dementia" is held in Amsterdam, Netherlands.

During the Slovak EU Presidency, a conference entitled "Alzheimer's disease – epidemic of the third millennium: Are we ready to face it?" takes place in Bratislava, Slovakia.

2017

During the Maltese EU Presidency, a meeting of the European Group of Governmental Experts on Dementia, is held in St Julian's, Malta.

The World Health Organization (WHO) launches the Global Action Plan on the Public Health Response to Dementia 2017-2025.

2018

The European Commission disbands the European Group of Governmental Experts on Dementia. Alzheimer Europe re-establishes and expands the group following discussions with the Dutch, Italian and Scottish Governments.

2019

The WHO publishes the first guidelines on risk reduction of cognitive decline and dementia.

2021

The WHO publishes the Global Status Report on Dementia, showing that none of the targets of the Global Action Plan are on course to be met.

2023

Alzheimer Europe publishes the Helsinki Manifesto.

2024

Alzheimer Europe launches a Call to Action and Dementia Pledge.

2025

The EU JADE Health (Joint Action addressing Dementia and Health) launches, with work and pilots on prevention, early detection and holistic care.

UN Member States recognise dementia as a leading non-communicable disease (NCD) for the first time.

The European Commission approves the first disease-modifying therapy for early-stage Alzheimer's disease.

The WHO/World Health Assembly extends the life of the Global Action Plan on the Public Health Response to Dementia, until 2031.

2026

The European Parliament SANT committee undertakes an own-initiative procedure (INI) on a neurological health strategy.

The WHO publishes revised guidelines on risk reduction of cognitive decline and dementia.

Does your country have a national dementia strategy?

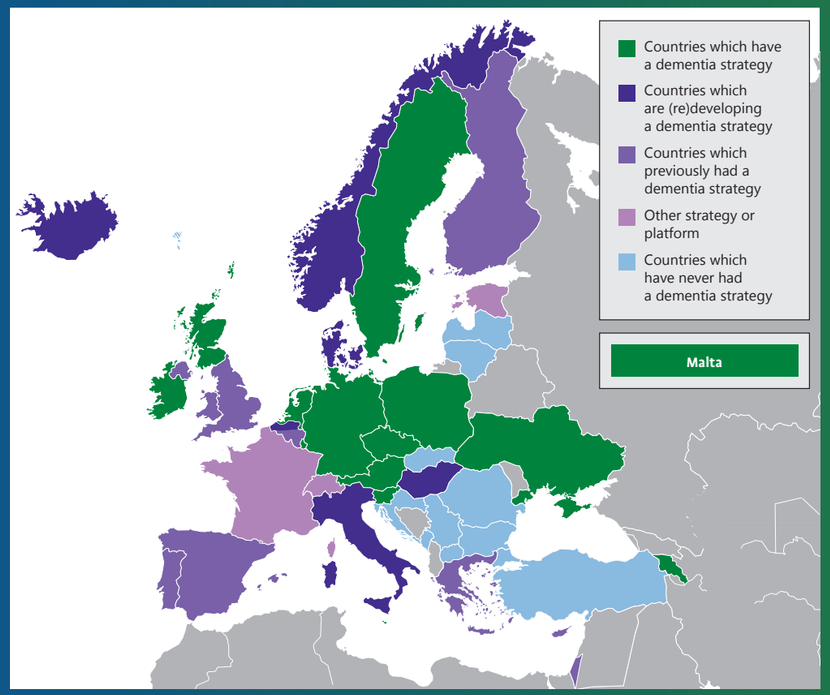
Alzheimer Europe has long called for governments in Europe to develop and implement national dementia strategies.

This is also one of the key commitments of the World Health Organization's (WHO) Global Action Plan on the Public Health Response to Dementia, which has been extended until 2031.

A national dementia strategy shows that a country is committed to making dementia a public health priority. It sets out a plan for improving care, support and services for people living with dementia, their families and carers. It also contributes towards raising public awareness and improving diagnosis and treatment.

As of 2026, fewer than 50% of European countries have, or are developing, a national dementia strategy.

Current state of play for national dementia strategies in Europe (as of July 2026)



Learn more here

What actions should the EU take on dementia?

The EU must introduce a European Dementia Action Plan, to coordinate efforts and programmes across the domains of health, research and social affairs.

The EU must prioritise dementia both now and in the future Multiannual Financial Framework (MFF) 2028-2034, strengthening its commitment to health, research and social affairs.

A call to action to the EU

More than 9.1 million people live with dementia in the EU, which will rise to 14.3 million by 2050. Dementia has an estimated annual cost of EUR 392 billion across Europe.

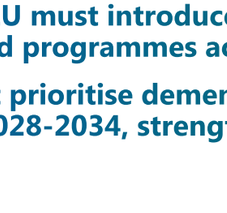
At the 78th World Health Assembly, Member States approved an extension of the World Health Organization's (WHO) Global Action Plan on the Public Health Response to Dementia 2017–2025 through 2031, recognising that none of the plan's targets were on track to be achieved.

Alzheimer Europe's message for decision-makers at an EU and national level is clear: **The number of people living with dementia will continue to grow over the coming decades.**

A failure to act now, by investing sufficiently in health, care and social protection systems, as well as providing adequate support for research and implementing preventative interventions, risks exacerbating the challenges ahead.

Alzheimer Europe urges European decision-makers to implement the following concrete actions to prioritise dementia at an EU Level:

Health



- Recognise the distinct nature of dementia, as well as its scale, cost and societal impact, and provide the necessary political leadership to prioritise dementia as a public health issue.
- Dedicate funding for projects and actions related to different aspects of dementia (e.g. prevention, care, treatment etc.) in each year of future health programmes, with equitable funding arrangements, in line with other non-communicable diseases (NCDs).
- Dedicate funding within the health programme to roll out best practices identified as part of the previous EU Joint Actions on dementia and EU-funded research projects.
- Provide dedicated programmes to develop the capacity and infrastructure of national healthcare systems to provide high-quality care and support, with a particular focus on diagnosis and treatment.
- Dedicate funding for projects on the prevention of modifiable risk factors for dementia identified by the Lancet Commission on dementia.

Research

- Include a dedicated "research mission" on dementia in the EU research programme covering basic, clinical and care science.
- Increase the funding allocated for dementia research proportionately to its societal cost, bringing the total funding to at least the level of other NCDs.
- Increase funding for clinical and care research for health and social care professionals, including around diagnosis, clinical care and therapeutic interventions etc.
- Promote data sharing and ensure continuity, usability and sustainability of collected data and samples once research periods conclude.
- Support epidemiological research into dementia, to allow for the identification of the number of people living with specific types of dementia.

Disability policy

- Work to ensure that Member States' definitions of disability include dementia as a disability, in compliance with the UN Convention on the Rights of Persons with Disabilities.
- Implement the Horizontal Non-Discrimination Directive.
- Update the European Semester process so that recommendations are linked to EU funding programmes, proactively encouraging Member States to use these funds to address Country Specific Recommendations.

Support for carers

- Make resources available within the European Social Fund for projects which provide training, support and resources for carers.
- Adjust the social scoreboard and European Semester process to monitor the support provided for informal carers and make recommendations on actions for countries to improve the wellbeing of informal carers.

The Helsinki Manifesto

A decade after the publication of the Glasgow Declaration (2014), dementia has been deprioritised at both European and national levels, despite rising numbers of people living with the condition and a continued lack of access to diagnosis, treatment and care.

Learn more here

In response, Alzheimer Europe adopted the Helsinki Manifesto at its Annual General Meeting in Helsinki, Finland, on 16 October 2023, setting out its priorities for dementia policy and campaigning for 2024–2029. The Manifesto focuses on four areas: health, research, disability and social rights, and support for informal carers.

The Helsinki Manifesto is a call for a Europe where people affected by dementia are not left behind, with action to improve care, research and support.

Its key demands are:

1. The development and implementation of a European Dementia Action Plan, to coordinate efforts and programmes across the domains of health, research and social affairs.
2. Investment in improvements to support timely diagnosis, including access to imaging, biomarker testing and new treatment options.
3. An increase in the funding allocated for dementia research, proportionate to its societal cost, bringing the total funding to at least the level of other non-communicable diseases (NCDs).
4. The prioritisation of dementia in future health programmes with dedicated funding for projects and actions in line with other NCDs (e.g. cancer).

European Alzheimer's Alliance

Let's work together to make dementia an EU priority!

Join the European Alzheimer's Alliance!

Our mission

The European Alzheimer's Alliance (EAA) was launched in the European Parliament on 5 September 2007, following a call from Alzheimer Europe and its member organisations to make dementia a European public health priority.

Today, the EAA continues as a non-exclusive, multinational and cross-party group comprising 89 Members of the European Parliament (MEPs) from 22 EU Member States and representing the majority of political groups in the European Parliament.

United in their commitment to improving the lives of people affected by dementia, they focus on two key objectives:

- Send out the political message that concerted action is needed in the field of prevention, diagnosis and treatment of Alzheimer's disease, as well as research and social policies.
- Promote actions to give dementia priority at European and national levels.

Show your support for people affected by dementia.

MEPs who support the rights of people with dementia and who commit to prioritising dementia across EU policies are welcome to join the EAA at any time.

Ask us for more information or email:
info@alzheimer-europe.org

About Alzheimer Europe

Giving a voice to people with dementia in Europe

Our mission

Alzheimer Europe sees its mission as changing perceptions, policy and practice in order to improve the lives of people affected by dementia.

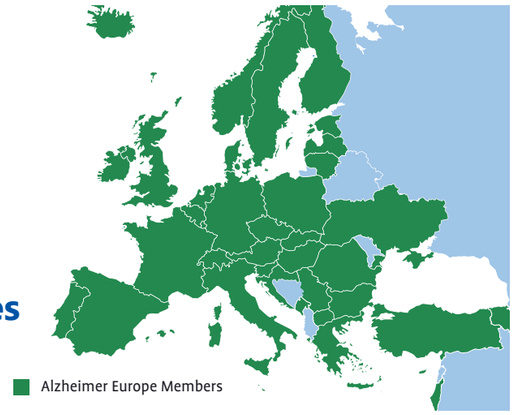
Our strategic objectives

Alzheimer Europe's work is guided by 10 strategic objectives:

1. Meaningfully involve people affected by dementia.
2. Challenge stigma and promote public awareness of dementia.
3. Advance the human rights of people affected by dementia.
4. Champion diversity, inclusion and intersectionality.
5. Make dementia a priority of European and national policies on disability, health, social affairs and research.
6. Foster dementia research and innovation.
7. Promote equal access to quality diagnosis, treatment, care and support.
8. Raise awareness of brain health and prevention.
9. Support national Alzheimer's associations and build a strong united movement.
10. Ensure financial and organisational sustainability.

Alzheimer Europe's national member organisations

Our members are helping people with dementia and their carers in 39 countries



ARMENIA – YEREVAN
Alzheimer's Care Armenia

AUSTRIA – VIENNA
Alzheimer Austria

AUSTRIA – VIENNA
Demenz Selbsthilfe Austria

BELGIUM – BRUSSELS
Ligue Nationale Alzheimer Liga

BULGARIA – SOFIA
Alzheimer Bulgaria

CROATIA – ZAGREB
Alzheimer Croatia

CYPRUS – NICOSIA
Cyprus Alzheimer's Association and Related Dementias, Forget-Me-Not

CZECHIA - PRAGUE
Czech Alzheimer's Society

DENMARK - COPENHAGEN
Alzheimerforeningen

ESTONIA - TALLINN
NGO Living with Dementia

FAROE ISLANDS – TÓRSHAVN
Alzheimerfelagið

FINLAND – HELSINKI
Alzheimer Society of Finland (Muistiliitto)

FRANCE – PARIS
France Alzheimer

GERMANY – BERLIN
Deutsche Alzheimer Gesellschaft e.V

GREECE – THESSALONIKI
Panhellenic Federation of Alzheimer's Disease and Related Disorders

HUNGARY – BUDAPEST
Social Cluster Association

ICELAND – HAFNARFJORDUR
Heilahjálp

IRELAND – DUBLIN
The Alzheimer Society of Ireland

ISRAEL – KEFAR SABA
EMDA – The Alzheimer's Association of Israel

ITALY – MILAN
Federazione Alzheimer Italia

ITALY – ROME
Alzheimer Uniti Onlus

LATVIA – RIGA
Latvijas Alcheimera asociācija

LITHUANIA – VILNIUS
Demencija Lietuvoje

LUXEMBOURG – LUXEMBOURG
Association Luxembourg Alzheimer

MALTA – MSIDA
Malta Dementia Society

MONTENEGRO – PODGORICA
NVO Futura

NETHERLANDS – AMERSFOORT
Alzheimer Nederland

NORTH MACEDONIA – SKOPJE
NGO Institute for Alzheimer's disease and Neuroscience (IAN)

NORWAY – OSLO
Nasjonalforeningen for folkehelsen

POLAND – WARSAW
Alzheimer Polska

POLAND – WARSAW
Polskie Stowarzyszenie Pomocy Osobom z Chorobą Alzheimera

PORTUGAL – LISBON
Alzheimer Portugal

ROMANIA – BUCHAREST
Societatea Alzheimer Romania

SERBIA – BELGRADE
Serbian Society for Alzheimer Disease (SUAB)

SLOVAKIA – BRATISLAVA
Slovenská Alzheimerova spoločnosť

SLOVENIA – LJUBLJANA
Spominčica – Alzheimer Slovenija

SPAIN – MADRID
Fundación Alzheimer España

SPAIN – PAMPLONA
Confederación Española de Alzheimer (CEAFA)

SWEDEN – STOCKHOLM
Demensförbundet

SWITZERLAND – BERN
Alzheimer Schweiz Suisse Svizzera

TÜRKIYE - ISTANBUL
Türkiye Alzheimer Derneği

UKRAINE – KYIV
Nezabutni – Charitable Foundation

UNITED KINGDOM – EDINBURGH
Alzheimer Scotland

UNITED KINGDOM – LONDON
Alzheimer's Society

With thanks to our contributors and supporters

Alzheimer Europe gratefully acknowledges the funding received from the following organisations and programmes

European funding

Co-funded by the European Union

The disability programme of the European Union Citizens, Equality, Rights and Values programme.

JPND research — Luxembourg National Research Fund

The Luxembourg National Research Fund under the aegis of the EU Joint Programme - Neurodegenerative Disease Research (JPND).

innovative health initiative

The Innovative Health Initiative.

The Horizon Europe research and innovation programme.

Alzheimer Europe is involved in the following European projects:

access·ad — ADVANCING ALZHEIMER'S DISEASE CARE

AD-RIDDLE — Advancing Solutions for Alzheimer's Disease

AI4HOPE

DEM-CAPS

DORIAN GRAY

ensured

epnd — European Platform for Neurodegenerative Diseases

figaro

FluiDxAD

multi-memo

PREDICTFTD

PREDICTOM — EARLY DEMENTIA DETECTION

Prominent — PRECISION MEDICINE IN NEURODEGENERATION

Support action on dementia at an EU level:
#DementiaNeedsEU

Alzheimer Europe a.s.b.l. • 5B, Heienhaff • L-1736 Senningerberg
Tel.: +352 29 79 70 • Fax: +352 29 79 72 • info@alzheimer-europe.org
www.alzheimer-europe.org

www.facebook.com/alzheimer.europe
bsky.app/profile/alzheimereurope.bsky.social
www.linkedin.com/company/alzheimer-europe
www.instagram.com/alzheimereurope/