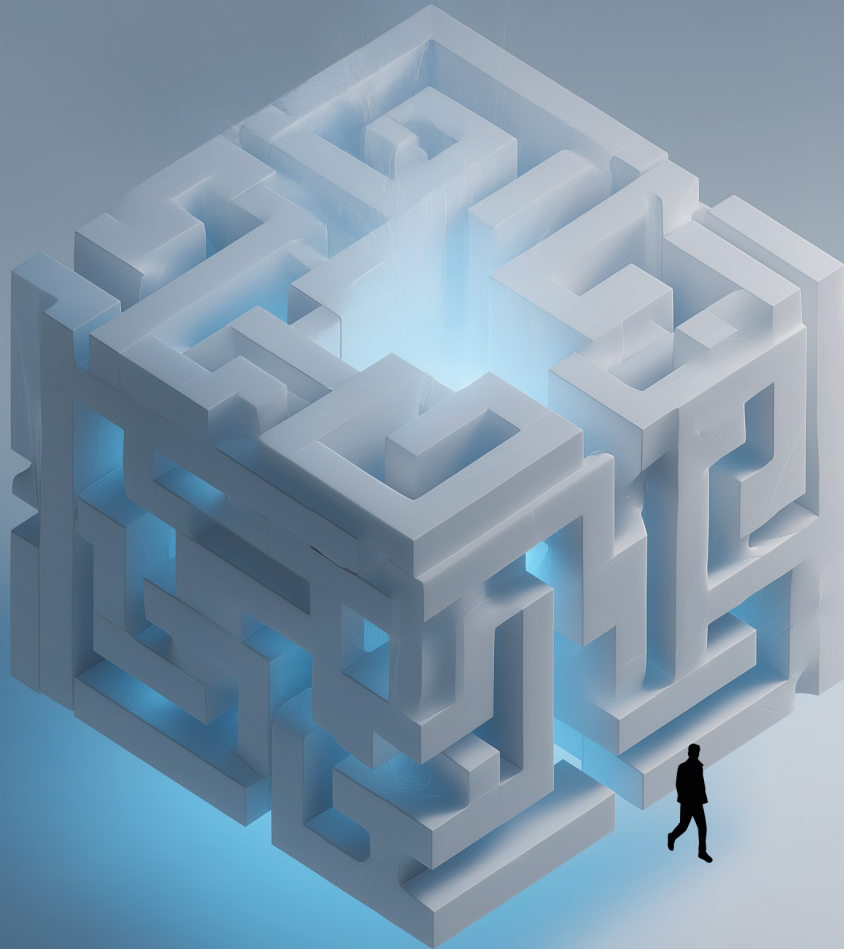




MINDSHIFT
A CROSS-COUNTRY MISSION TO RESHAPE ALZHEIMER'S CARE



MAKING ALZHEIMER'S CARE READY FOR THE INNOVATION ERA

A cross-country mission to reshape Alzheimer's Care

POLICY PAPER

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EXECUTIVE SUMMARY

The fight against Alzheimer is entering a new phase. Scientific advances – from blood-based biomarkers to disease-modifying therapies – are fundamentally reshaping the way the disease can be diagnosed, managed, and treated. The central question is no longer whether progress is happening, but whether healthcare systems are ready to translate it into timely, equitable, and sustainable access and benefit for people living with Alzheimer disease across Europe.

MindShift is a cross-country mission spanning 12 European countries: Italy, Spain, Poland, the Netherlands, France, Germany, Sweden, Estonia, Austria, Hungary, Bulgaria, and the Czech Republic, designed to find answers to these questions through structured multistakeholder dialogue among policymakers, clinicians, and patient representatives.

12
COUNTRIES



Italy
Spain
Poland
Netherlands

France
Germany
Sweden
Estonia

Austria
Hungary
Bulgaria
Czech Republic

This Policy Paper presents the key findings and shared priorities emerging from this dialogue. It argues that the gap between scientific progress and system readiness is the defining challenge of this moment and that closing it requires coordinated action on five fronts:

01. Adopting biological diagnosis as a standard of care: integrating biomarker-based pathways into routine clinical practice to enable earlier, more accurate identification of people living with Alzheimer disease along the disease continuum.

02. Ensuring timely and equitable access to disease-modifying therapies: aligning regulatory, organisational, and reimbursement frameworks so that approved innovations reach patients without undue delay or disparity.

03. Strengthening system capacity: investing in workforce development, infrastructure, and primary care integration to support the new demands of biological diagnosis and innovative treatment.

04. Adopting forward-looking health planning: moving beyond reactive models focused mainly on social and supportive care toward strategic frameworks that anticipate future needs, allocate resources proactively, and embed innovation by design.

05. Enhancing cross-country coordination: including a call for a dedicated European-level framework for dementia, drawing on the precedent of initiatives such as Europe's Beating Cancer Plan, to reduce disparities and accelerate shared progress.

The time for incremental adjustment has passed. **What is needed now is a structural shift, one that places Alzheimer's disease at the centre of European health policy and ensures that the promise of science becomes a reality for every person living with Alzheimer disease, in every country.**



MindShift calls for turning awareness into action. Alzheimer's disease care now requires systems that are structured, adequately resourced and designed around early diagnosis, biological confirmation and equitable access to innovative treatments.

A GROWING CROSS-COUNTRY CHALLENGE

Alzheimer's disease is an increasing challenge across European countries, with implications that extend far beyond clinical dimension. According to Alzheimer Europe estimates, more than 9 million people are currently living with dementia in the EU, and this number is expected to rise significantly in the coming decades as populations age, potentially reaching over 14 million by 2050 – a projected increase of 58% across EU27 countries.

Alzheimer's disease follows a progressive continuum, from an asymptomatic phase to stages of worsening cognitive and functional impairment, ultimately leading to a gradual loss of autonomy. Its impact extends well beyond the clinical dimension, affecting activities of daily life, independence, family relationships, emotional wellbeing, and caregiver burden, while also placing increasing pressure on healthcare and social systems.

The pressure is expected to intensify as prevalence rises, particularly given the substantial role of informal care provided by family members. At the same time, demographic changes, especially population ageing, are a key driver of the projected increase in disease burden across countries.



Estimated grow in number of people with dementia 2019-2050*

*WHO Global status report 2021



**The total estimated annual worldwide cost of dementia is over \$1.3 trillion.
This figure is forecast to rise to US\$ 2.8 trillion by 2030***

*WHO Global status report 2021

A system not yet fit for early and equitable care

Despite this growing burden, Alzheimer's disease remains under-recognised, with many people still not receiving a timely diagnosis. Diagnostic pathways are often long and complex, and access to advanced tools such as biomarkers remains limited, restricting early identification and delaying entry into structured care pathways.

At the same time, significant barriers continue to limit access to innovative treatments. Structural constraints within healthcare systems delay or restrict the patients' ability to benefit from new therapeutic options - particularly disease-modifying therapies - which require appropriate diagnostic capacity, organisation of care, and sustainable reimbursement frameworks to be effectively delivered. For people living with Alzheimer's disease, these gaps translate into delayed care, missed opportunities for early intervention and limited access to timely and appropriate treatment.

Scientific progress and a changing therapeutic landscape

Alzheimer's disease is driven by biological changes in the brain, including the gradual build-up of beta-amyloid proteins, which disrupt communication between brain cells, damage neurons and eventually lead to their death.

Early stages of the disease such as Mild Cognitive Impairment (MCI) represent a critical window for intervention. At this stage, symptoms are still mild, but underlying pathology is already present. Timely diagnosis enables closer monitoring, early intervention, and support for people living with Alzheimer disease and their families.

Evidence shows that a multidisciplinary approach in the early stages - combining clinical management, cognitive intervention, and risk factor control - can delay the progression and improve the people's quality of life. It is therefore essential to establish care pathways that guarantee the integrated and continuous management of the patient from the moment the first signs of mild cognitive decline emerge, while also considering earlier approaches targeting cognitively unimpaired individuals at risk. These therapies, approved in recent years, represent a fundamental shift in the treatment paradigm and create new opportunities for earlier and more effective intervention within the disease continuum.

The implementation gap

However, the introduction of these therapies also highlights a critical gap: European healthcare systems are not yet fully prepared to deliver them. Their effective use requires timely and accurate diagnosis, identification of eligible patients, appropriate infrastructures for administration and monitoring, and clear organizational and reimbursement pathways.

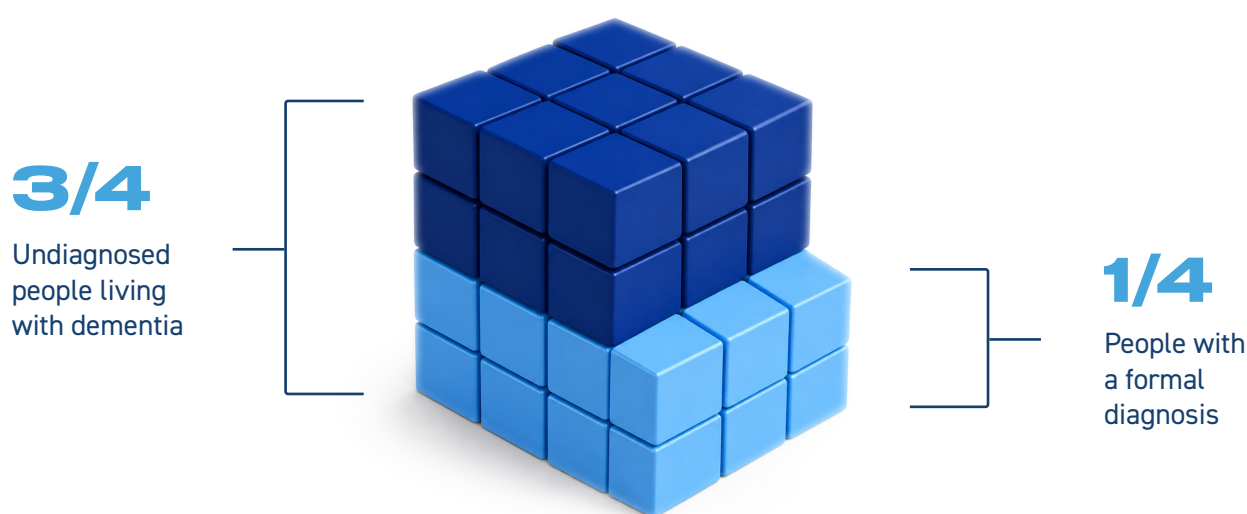
Despite rapid scientific progress, most healthcare systems remain structured around a fragmented, symptomatic model of care. Without targeted action, this mismatch risks limiting equitable access to innovative treatments and widening disparities across countries.



Europe cannot manage tomorrow's Alzheimer's burden with yesterday's pathways. Countries need earlier, clearer and more connected routes into diagnosis, care and innovation.

A SHIFT IN PERSPECTIVE: BIOLOGICAL DIAGNOSIS AS A GATEWAY TO CARE

One of the most important transformations emerging from the MindShift dialogue is the transition toward biological diagnosis. Advances in biomarkers are enabling a more precise understanding of Alzheimer's disease as a progressive continuum, where underlying pathological changes can be detected long before the onset of more severe clinical symptoms. At the same time, the emergence of blood-based biomarkers represents a major opportunity to enable scalable, less invasive and earlier biological diagnosis across healthcare systems. This shift is redefining not only how the disease is diagnosed, but also how it should be managed, and planned within healthcare systems.



Research shows that most people currently living with dementia have not received a formal diagnosis. Approximately three quarters of people with dementia have not received a diagnosis

Biological diagnosis introduces a shift from uncertainty to greater diagnostic confidence, allowing for:

- A more accurate identification of the disease
- Supports intervention at earlier stages, when it can have greatest impact
- A more structured and forward-looking care pathways that reflect the progression of the disease

A system transformation, not an incremental change

This shift requires healthcare systems to adapt in a fundamental way. Diagnostic pathways need to be redesigned to integrate biomarker-based approach, system capacity must be strengthened, and clinical practice aligned with emerging scientific knowledge.

This transition is not incremental, it is structural. It calls for moving from a reactive late-stage model of care to one that is proactive, continuum-based, and biologically informed, ensuring that individuals can be identified earlier, managed more effectively, and supported throughout the course of the disease.



Diagnosis must catch up with science. Biomarker-enabled pathways should become practical, reliable and equitable gateways to timely Alzheimer's care - not privileges available only in selected centres.

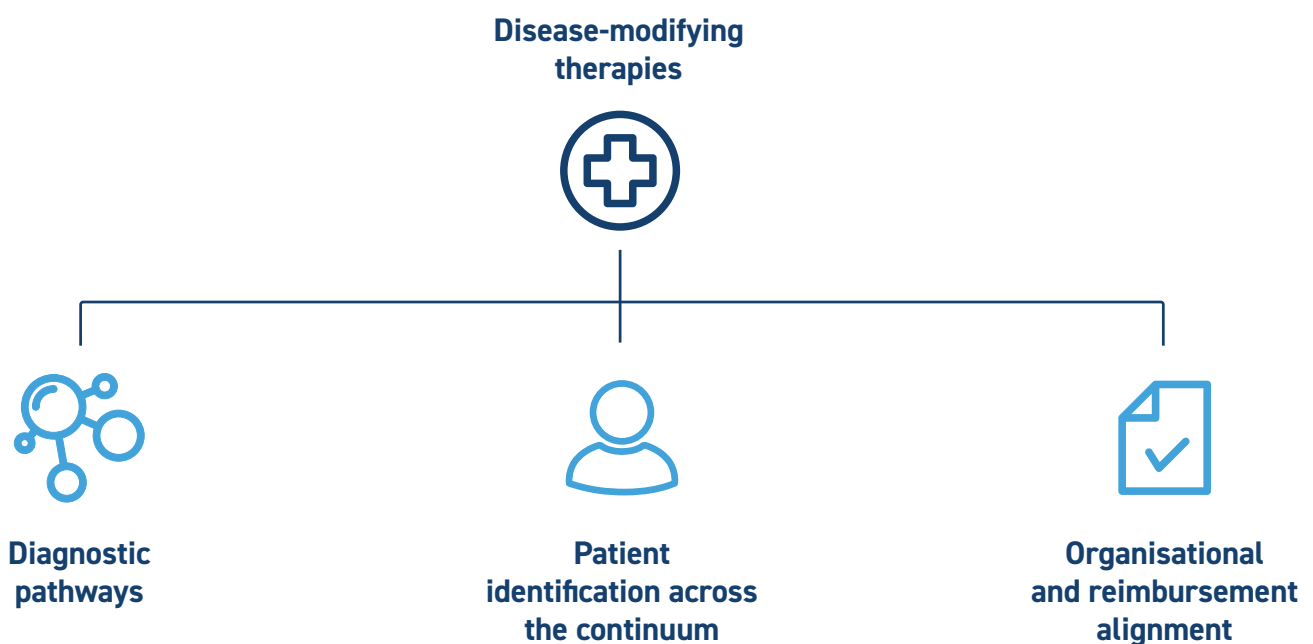
FROM INNOVATION TO IMPACT: EMBEDDING DISEASE-MODIFYING THERAPIES INTO CARE PATHWAYS

Scientific progress is reshaping the Alzheimer's disease landscape. The emergence of disease-modifying therapies marks a fundamental shift, from a purely symptomatic approach to interventions that begin to address the underlying biology of the disease. This signals a new phase in Alzheimer's disease care, where progress extends beyond later stages and creates real opportunities to influence disease progression across its continuum.

For the first time, there is a credible prospect of slowing disease progression, particularly when patients are identified early through biological diagnosis at stages where intervention can have the greatest impact. This has important implications for people living with Alzheimer disease - who may preserve autonomy and quality of life for longer – as well as their careers and healthcare systems, which could move towards more sustainable management of the disease burden.

A system not yet ready to deliver innovation

However, these advances also expose important gaps. The effective use of disease-modifying therapies depends on healthcare systems being able to evolve accordingly, by establishing appropriate diagnostic pathways, ensuring accurate patient identification along the continuum, and aligning organisational and reimbursement frameworks to support timely access.



Disease-modifying therapies require systems to evolve: stronger diagnostic pathways, accurate patient identification, and aligned organisational and reimbursement frameworks to enable timely access.

Without these conditions in place, innovation risks to remain disconnected from routine care. Structural constraints, delays in access, and limited alignment between scientific progress and system readiness may prevent healthcare systems from responding adequately to the therapeutic needs of people living with Alzheimer's disease.

A test for system transformation

In this context, disease-modifying therapies represent not only a scientific milestone, but also a test of whether healthcare systems can transition toward a more proactive, integrated, and forward-looking model of care.

Their clinical and societal value will be fully realised only if they are embedded within a broader transformation of Alzheimer's disease care – one that is grounded in biological understanding, aligned with the understanding of the disease continuum, and capable of ensuring timely and equitable access for patients.



Therapeutic progress will only matter if systems can absorb it. Countries must build the diagnostic, organisational and reimbursement conditions needed to ensure timely, equitable and sustainable access to care.

STRATEGIC HEALTH PLANNING FOR A SUSTAINABLE ALZHEIMER'S RESPONSE

The transformations outlined above cannot be sustained without a more strategic and coordinated approach to health care planning. As Alzheimer's disease is increasingly addressed across its full continuum, health systems must move beyond short-term, fragmented responses and adopt a more structured and forward-looking planning framework.

Healthcare systems are called to respond to Alzheimer's disease across its full continuum – rather than only at its later, symptomatic stages.

This requires aligning policy, clinical pathways, and resource allocation around a shared vision of system readiness. Planning must anticipate the implications of biological diagnosis and emerging therapies, ensuring that infrastructure, workforce capacity, and funding mechanisms are developed in a coherent and timely manner. In this context, health planning becomes not only a tool for managing current demand, but a lever to shape future system performance.

From fragmentation to coordination

A more coordinated cross-country approach can further reinforce these efforts. By enabling the exchange of best practices, aligning priorities, and promoting more consistent levels of preparedness, countries can reduce inefficiencies and accelerate their ability to respond to the evolving Alzheimer's disease landscape. This is particularly important in ensuring that innovation is integrated in a sustainable way, avoiding disparities in access and making better use of available resources across countries.

Cross-country comparison across MindShift participating countries reveals significant disparities in system readiness that underscore the urgency of more coordinated planning. Data from the Alzheimer's Disease Atlas highlights striking differences in dementia prevalence rates, health expenditure, and national policy frameworks among the 12 countries involved in the initiative:

Country	Dementia Prevalence (per 100k)	Health Expenditure (% GDP)	National Dementia Plan
Italy	2,387	8.52%	Yes (funded)
Germany	2,337	11.8%	No
France	1,393	11.9%	Yes
Netherlands	1,620	10.1%	Yes
Spain	1,567	9.7%	Yes
Sweden	1,787	10.89%	Yes
Poland	1,311	7.0%	Yes
Hungary	1,230	6.4%	No
Austria	1,602	10.88%	Yes

These disparities reflect a broader structural challenge: countries with higher dementia prevalence do not necessarily invest more in care, and the absence of a funded national plan in several participating countries points to a critical planning gap that coordinated cross-country action could help address.

From reactive management to proactive system design

Ultimately, strengthening health planning means shifting from reactive management to **proactive system design**. Health Systems need to anticipate change, support the integration of innovation, and deliver long-term value for patients, caregivers, and society as a whole. Without this shift there is a risk that growing demand, scientific progress, and system capacity will remain misaligned, limiting the impact of advances in Alzheimer's disease care.

Three shared recommendations for stronger Alzheimer's planning

Across participating countries, three common denominators emerge as essential prerequisites for a stronger and more sustainable Alzheimer's response:

01. An updated and adequately funded national dementia plan. Several MindShift countries still lack a formal, funded national strategy for dementia. Where plans exist, funding does not always reflect the scale of the challenge or the implications of new diagnostic and therapeutic approaches. Every country should have an operational, regularly updated national plan that integrates biological diagnosis and disease-modifying therapies into its strategic framework.

02. Adequate and forward-looking financing. Investment in Alzheimer's care must keep pace with both scientific progress and demographic trends. This means moving beyond maintenance funding toward proactive investment in diagnostic infrastructure, workforce development, and care pathway redesign, recognizing that early investment in diagnosis and treatment generates long-term savings for health systems and society.

03. Optimised care pathways built around functional networks. Fragmented, siloed care models are no longer fit for purpose. What is needed are integrated, multidisciplinary networks that connect primary care, specialist centres, research institutions, and community services, ensuring continuity of care across the full disease continuum and enabling equitable access regardless of geography.

National efforts alone are not sufficient, a European-level framework for dementia is needed. Europe has demonstrated that it can play a decisive role in shaping health system responses to major public health challenges as evidenced by Europe's Beating Cancer Plan and the European Heart Health Strategy, both of which provided not only strategic direction but also dedicated funding mechanisms to support Member States in addressing priority health areas. These initiatives show what becomes possible when European-level ambition is matched by coordinated investment and shared accountability.

Alzheimer's disease deserves the same level of political commitment. A dedicated European plan for dementia – one that sets common goals, supports national implementation, and mobilises EU funding – would significantly accelerate progress across countries, reduce existing disparities, and ensure that scientific advances translate into equitable access for all Europeans living with the disease.

Member States have both the opportunity and the responsibility to advocate for this. By speaking with a common voice – as MindShift aims to demonstrate – they can build the political momentum needed to place dementia firmly on the European health agenda and push for a comprehensive EU response that matches the scale of the challenge.



Readiness cannot be improvised. Health systems need a forward-looking plan for Alzheimer's care that anticipates demand, allocates resources and embeds innovation by design.

FIVE PRIORITIES TO TURN ALZHEIMER'S INNOVATION INTO SYSTEM IMPACT

In conclusion, addressing the evolving challenge of Alzheimer's disease requires a shift from incremental adjustment to structured system readiness. Scientific progress will translate into tangible and sustainable benefits only if countries act on a coordinated set of priorities.



Adopt biological diagnosis and BBBM within standard care pathways, ensuring timely and accurate identification of patients along the disease continuum;



Align organisational, regulatory, and reimbursement frameworks to enable equitable and timely access to disease-modifying therapies;



Strengthen system capacity, including workforce development, primary care, and infrastructure, to support new diagnostic and therapeutic approaches;



Adopt strategic, long-term health planning models that anticipate future demand and integrate innovation into system design;



Enhance cross-country coordination, promoting the exchange of best practices and solutions to reduce disparities in access to innovation and preparedness of the ecosystems.

Together, these priorities can support the transition toward a more proactive, integrated, and sustainable model of Alzheimer's care: one that is capable of translating innovation into real-world impact for people living with Alzheimer's disease, their supporters, and for the healthcare systems across countries.

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