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A critical analysis of national dementia plans: comparison of preventive strategies in five European countries

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Keywords: Dementia; health policy; framework; prevention; risk reduction
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Abstract

Background. *Preventive measures can avert up to 45% of dementia cases worldwide. The aim of the study is to analyse some selected national dementia prevention strategic plans.*
Methods. *A qualitative comparative analysis was performed between national dementia plans of the European countries with the best healthy life expectancy among the elderly. The national dementia plans of France, Ireland, Italy, Spain and Sweden were included. The consensus on priority actions and key elements of prevention policies was evaluated, according to the World Health Organization recommendations and to an analysis tool designed for evaluating chronic diseases policies.*
Results. *All the countries emphasized the importance of prevention policies within their dementia plans and established monitoring committees. However, not all countries defined timelines for policy implementation and only Spain updated its national plan so far. The integration of dementia prevention with other chronic disease preventive campaigns is still lacking, and also a clear allocation of funds for dementia plans is absent so far.*
Conclusions. *All countries extensively followed the World Health Organization's recommendations. However, the plans have not been updated. Thus, they do not address all the current known risk factors for dementia, preventing only a fraction of potentially preventable cases. Moreover, the need for financial support in national dementia plans are critical but inadequately addressed, with inconsistent or undefined funding sources to implement their goals.*

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Background

Dementia is one of the most prevalent neurological disorders, the fourth leading cause of Disability-adjusted life years (DALYs) and the seventh leading cause of death worldwide (1-3). Currently, the global estimates of dementia prevalence in individuals aged ≥65 years are at 6.9%, and in the European Region is even higher at 8.5% (4). Dementia prevalence is still increasing and will more than double by 2050 (5,6). For Europe's 14.1 million people with dementia, medical, social, and private care cost US$ 31,144 per person (4). Health agencies and governments, especially in Europe, recognised dementia as a key area of political priority. Indeed, they are planning, implementing and monitoring targeted dementia policies and programmes to counteract its major impact on families, communities and economies (7,8). Until now, dementias have no effective and decisive therapy, and the clinical benefit and meaning of the new treatments on the market is not established yet (9). In this scenario, prevention plays the most important role. It is important for the future economic health of our societies to invest money into preventing dementia and its short-term and long-term effects (10,11). In 2020, the Lancet Commission identified 12 risk factors underlying the onset of dementia (12) acting throughout a person's life span, including "lower level of education, hearing loss, traumatic brain injury, hypertension, alcohol abuse, obesity, smoking, depression, social isolation, physical inactivity, diabetes and air pollution" (13). In 2024, the Lancet Commission identified 2 additional risk factors: visual loss and high LDL cholesterol (14). If we could eliminate these 14 risk factors, addressing them over the entire life span of our population, it is estimated that our societies could prevent up to 45% of current cases of dementia in Europe and worldwide (13-16). Primary prevention should act both on individuals at high-risk and also on those at low and moderate risk as well – through a population approach – as it has a major impact on the occurrence of the diseases and on the health of the population (17). There are World Health Organization's (WHO) recommendations and scientific evidence aimed at reducing risk both at the individual level and at the population level (18-20). Western Europe is expected to have the smallest increase in prevalence of dementia cases in 2050 (+74%), in comparison with all countries globally (+166%), as it has already begun working to limit risk factors (6). In this regard, a comparative analysis of European health policies is the key to identify and understand what actions countries are pursuing and to identify possible virtuous strategies (21). Thus, the aim of this paper is to provide an analysis of selected national strategies related to prevention policies for dementia.

Methods

Our study selected a panel of five European countries with a better healthy life expectation among the elderly, according to specific inclusion criteria (see paragraph 2.1). National dementia plans were searched through individual governmental health ministries and departments websites by an author (LB) as available by 1st January 2025. The documents were downloaded in the original language, translated into English by a professional software (DeepL PRO) and verified by another Author (TC). Data extraction and analysis of selected countries' national dementia plans were conducted by LB and TC. Documents interpretations were discussed in multiple online meetings, comparing them with reference documents (see paragraph 2.2) in agreement with qualitative methods (see paragraph 2.3). Table 1 presents the conclusive list of countries and national dementia strategies that were included in the analysis.

1. Inclusion criteria

The top-5 ranked countries were selected for the analysis according to the most updated WHO indicator "Healthy Life Expectancy at Age 60" (HALE), which provides both non-fatal and fatal health outcomes in a summary measure of average levels of population health (22). This indicator was considered appropriate for comparing the impact of long-term disabling conditions, as dementia, on the health of different countries' populations. In addition, to make the analysis consistent and the plans comparable, we included countries satisfying the following criteria: 1) be a member state of the European Union for at least 20 years (since 2002); 2) have a population of at least 5 million inhabitants. Indeed, countries with larger populations might have more diverse cultural, ethnic, and social groups, each with its own health beliefs, practices, and needs, and these can play a significant role in how health policies are framed and how effective they are.

2. Reference documents

The analysis of national dementia plans was guided by two reference documents: the first one recommends specific policies or actions for dementia prevention at national level, and the second one to assess the plans as well-designed policy tools.

Table 1 - Selected countries and their National Dementia Plans

Country	Document	Issuing Body	Link
France	Plan Maladies Neuro-Dégénératives	Ministère des Affaires sociales, de la Santé et des Droits des femmes, Conception et réalisation	https://sante.gouv.fr/soins-et-maladies/maladies/maladies-neurodegeneratives/article/feuille-de-route-maladies-neuro-degeneratives-2021-2022
Ireland	The Irish National Dementia Strategy	Department of Health	https://www.hse.ie/eng/dementia-pathways/about/the-national-dementia-strategy/
Italy	Piano Nazionale Demenze	Presidenza del Consiglio dei Ministri Conferenza Unificata	https://www.iss.it/le-demenze-piano-nazionale-demenze
Spain	Plan Integral de Alzheimer y otras Demencias	Ministerio De Sanidad, Consumo Y Bienestar Social	https://www.sanidad.gob.es/profesionales/saludPublica/docs/Plan_Integral_Alhzeimer_Octubre_2019.pdf
Sweden	Nationell strategi för omsorg om personer med demenssjukdom	Socialdepartementet	https://www.regeringen.se/ or https://www.alzheimer-europe.org/sites/default/files/2021-10/Sweden%20National%20Dementia%20Strategy.pdf

2.1 Reference document 1: Policies or actions for dementia prevention

The seven themes used for the analysis and the actions within them were selected from a reference document, the *Global action plan on the public health response to dementia 2017–2025* (20), published by WHO in 2017. This document was identified through an extensive ad-hoc scoping review (see Supplementary material 1). The seven action areas from the *WHO Global action plan* served as reference, because they propose actions to member states for supporting or fostering dementia prevention and care.

2.2 Reference document 2: health policy assessment tool

The additional key elements were chosen from a policy evaluation tool by Cheung et al, *Health policy analysis: a tool to evaluate in policy documents the alignment between policy statements and intended outcomes* (23), which aims to evaluate the alignment between policy statements and intended outcomes of chronic illness policy document. The tool encompasses a structured framework designed to assess the inclusion of essential components within the policy text.

3. Qualitative analysis

A qualitative comparative analysis was performed since it allows for a rigorous and systematic investigation of complex situations through a small case number (21). The two reference documents derived from scientific evidence and recommendations to member states of international agencies provide strength to the analysis. The adherence of national dementia plans to the preventive recommendations included in the reference documents, as well as the discussion of their similarities and differences, permits to build operational recommendations for future preventive strategies (24).

According to the *Global action plan on the public health response to dementia 2017–2025*, we evaluated the adherence of national dementia plans to the recommended preventive priority actions, organized into seven themes (see Table 2). To consider a priority action as present, it had to be explicitly mentioned in the national dementia plans, thus preventing the possibility of interpretation bias.

We investigated the presence of further additional key elements, according to the reference document *Health policy analysis: a tool to evaluate in policy documents the alignment between policy statements and intended outcomes*, for the dementia plans' implementation and evaluation (see Table 3).

A consensus was reached when either all countries adhered to the specified criteria or when a single country expressed a divergence. For example, all countries shared the importance of providing training to health and social staff for prevention of stress of carers, except for Italy, hence this was still classified as a consensual criterion. The criteria on which agreement was not reached represent areas for improvement, as they come from recommendations issued by the reference documents above.

Table 2 - Analysis of priority actions of National Dementia Plans among selected countries

Priority areas	Actions	France	Ireland	Italy	Spain	Sweden
Dementia as a Public Health priority	Develop a national Dementia plan	+	+	+	+	+
	Update the national Dementia	-	-	-	+	-
	Set up a Dementia unit	+	+	+	+	+
Dementia awareness and friendliness	Promote awareness campaign	+	+	+	+	+
	Promote early diagnosis	+	+	+	+	+
Dementia risk reduction	Integrate with other prevention programmes	+	+	-	+	-
	Address obesity	-	+	-	+	-
	Address tobacco use	-	+	-	+	-
	Address alcohol misuse	-	+	-	+	-
	Promote cognitive stimulation	+	+	-	+	-
	Promote social engagement	+	+	+	+	+
Dementia diagnosis, treatment, care and support	Promote case-finding	-	-	-	-	-
	Build knowledge and skills of health workers on prevention	+	+	+	+	+
	Shift from hospitals towards community-based care setting interventions	+	+	-	+	-
Support for Dementia carers	Provide information and training to carers about caregiving	+	+	+	+	+
	Provide training to health and social staff for prevention of stress of carers	+	+	-	+	+
	Develop interventions for protection of carers and/or stigma avoidance	+	+	+	+	-
Information systems for dementia	Develop specific national surveillance and monitoring systems	+	+	+	+	+
	Map resources for prevention and risk reduction	+	+	+	+	+
	Collect epidemiological data	+	+	+	+	+
Dementia research and innovation	Develop national research agenda on prevention	+	+	-	+	+
Last update	Year of publication	2014	2014	2015	2019	2018
Timeframe	Years of implementation	2014-19	U	U	2019-23	2018-22

Key identifiers: [+] Present, [-] Not present, [U] Undetermined

Results

The data collected from national dementia plans of 5 selected countries were analysed under the lens of prevention. The documents are developed differently. Indeed, the French and Italian national dementia plan had an action-oriented structure, organised into several objectives to reach. The Irish, Spanish and Swedish national dementia plans had a more traditional structure divided in chapters, including the background, objectives, monitoring and other specific issues. Given the methodology of the current study, data were reconstructed under the seven priority areas according to the WHO reference document (see Table 2).

According to the reference document for health policy assessment, further key elements which structure a plan intended for making an effective change to the system were evaluated (see Table 3).

Discussion

In this study, we analysed dementia prevention policies in official national dementia plans of five European countries.

Table 3 - Analysis of key elements of National Dementia Plans among selected countries

Key elements	Description	France	Ireland	Italy	Spain	Sweden
Accessibility	The policy document is accessible online	+	+	+	+	+
Goals	The goals are explicitly stated	+	+	+	+	-
	The action centers on improving the health of the population	+	+	+	+	+
Financial support	The cost of condition to community has been mentioned	-	+	+	+	-
	Estimated financial resources for implementation of the policy is given	-	-	-	-	-
	Allocated financial resources for implementation of the policy are clear	-	-	-	-	+
Monitoring & evaluation	The policy indicated monitoring and evaluation mechanisms	+	+	+	+	+
	The policy nominated a committee or independent body	+	-	+	+	+
	The data were collected before, during and after the introduction of the new policy	-	-	+	+	+
Public opportunities	Multiple stakeholders are involved	+	+	+	+	+

Key identifiers: [+] Present, [-] Not present

1. Areas of consensus and divergence among analysed plans

All countries recognized, since many years, the importance to develop a national dementia plan, especially France, which published the first plan in 2001. All countries identified an agency or committee to implement their plans and to monitor their progresses and achievements, but with heterogeneous composition and competencies in different legislative and organizational contexts. For example, France decided to include representatives of patients' associations, professional bodies, healthcare facilities, local and governmental authorities, and other stakeholders; Spain followed a similar strategy to France, identifying also the names of representatives. Italy established a list of institutions, including Ministry of Health, national Agencies and Bodies, Regions, and patients' associations. Sweden delegated the monitoring function to the National Board of Health and Welfare. Ireland decided to define it in a subsequent law.

Within the area of *dementia awareness and friendliness*, *dementia and risk reduction* area, and in the *dementia diagnosis, treatment, care and support* area, all countries recognised the necessity of allowing people with dementia to engage in the community and maximize their autonomy. All countries emphasised the relevance of promoting social engagement, intended as involvement of all the stakeholders in advocacy, policy, planning, legislation, service provision and monitoring. Furthermore, all countries planned to increase the knowledge and abilities of health personnel, with a special focus on promoting early diagnosis. In particular, Ireland promoted awareness-raising, information and training, specifying the importance to extend these activities to primary care professionals, caregivers and the general population (25). In all plans, also the importance of early diagnosis has been emphasised, as it has been recognised for more than 2 decades as a key point in the clinical pathway that can improve the quality of life of the patients and carers (26). On the other hand, the use of case-finding was never included. Indeed, its appropriateness in clinical practice is currently limited by gaps in the evidence base (27-30).

For actions in *Support for Dementia carers*, the prevention of stress and stigma towards patients and caregivers has been included in almost all national strategies except for Sweden. Caregivers of people living with dementia face significant challenges, including burnout and increased risk of depression (31). Multicomponent interventions, such as psychological input, psychoeducation, and training courses, have been found to be effective in reducing caregiver burden and stress and promote prevention (32,33). These findings underscore the need for comprehensive support programs that address the unique needs of caregivers. Indeed, training programmes for caregiving have also always been mentioned, recognising *Support for Dementia carers* as a priority area.

To establish Information systems for dementia, all

countries fostered the collection of epidemiological data, the mapping of resources and the implementation of a specific national surveillance system. Among them, the Swedish Dementia Registry (SveDem), developed in 2007, with the aim to improve the quality of diagnostic work-up, treatment and care of patients with dementia disorders in Sweden, represents an exceptional example (34). Every year, a report from this database is released to the public to let political and administrative leaders, as well as medical and care professionals, know about the present quality of services. (34).

Finally, countries found consensus under the priority area *Dementia research and innovation*. France devoted an entire section to the development and coordination of research on neurodegenerative diseases, including prevention as priority area, as well as Ireland. Spain devoted an entire section to research, within which it defines actors, priorities and objectives, counting prevention as one of the research areas to be investigated. These included the importance of increasing public and private funding and improving collaboration and coordination between the different centres and consortia carrying out research (35). Sweden included a section on research, which stated that there are significant gaps in knowledge in the field of dementia prevention. Italy only mentioned the importance of research to improve the prevention, diagnosis and treatment of the disease, without providing any further articulation.

Turning to the key elements of chronic disease policies, all countries have made their documents easily *accessible* online on their official governmental websites. The *objectives* have been clearly spelled out by France, Ireland, Italy, and Spain. Only Sweden articulated it differently from the other countries, not listing or tabulating explicit objectives, but rather defining strategic actions. France identified 96 action points which were qualitatively described, but only part of them could be quantitatively measured. In contrast, Ireland and Italy identified respectively 14 and 17 priority actions, and most of them can be measured quantitatively. Spain stated 20 priority actions and all of them were well described and could be easily measured quantitatively.

All countries implemented *monitoring and evaluation mechanisms*. However, not all the countries collected data before, during and after the introduction of the plan. Indeed, bridging the gap between data collection, research, and policymaking, is still a major challenge (36). Moreover, the importance *of stakeholders' involvement* was acknowledged as a public opportunity of collaboration for the implementation of the policy by all countries, as they included scientific societies and patients and caregivers' associations in the monitoring and evaluation processes. Finally, constructive health funding policy discussion is required to develop a common understanding between health sector leaders and central budget authorities to achieve health policies objectives (37); however, all this requires several modifications that are mentioned in the following section.

2. Key targets for improvement

The area of risk reduction is the one that requires most considerations. The WHO recommended to integrate dementia prevention with other chronic diseases campaigns (20). This necessitated cross-sectoral collaboration between diverse domains at the regional and local levels to develop preventative actions. Such calls have been recognised in the French, Irish, and Spanish dementia plans. However, given the years of updating the different plans, the risk factors on which to act with a population-based preventative approach are missing or incomplete. As the WHO recommendations were published before the last updated evidence (13,14), they focus only on preventive interventions against smoking, alcohol and obesity (20). These represent the risk factors that would only reduce 7 out of 45% of potentially preventable dementia cases, not including the remaining 38% (13,14). Planning, coordination and implementation of population-based preventive interventions on the 14 risk factors for dementia are currently the most effective action in the dementia challenge and should be an integrated public health priority in the health policies of all countries (13,14). This evidence emerged also in England, where a review of policies and strategies at local level underlined the importance of these preventive interventions delivered in primary care (25).

Furthermore, only the French, Irish, and Spanish plans provided any direction on the transition from hospital to primary care. Community-based care for dementia patients is essential but its sustainability may be limited by inconsistent funding and fragmented supply (38).

On this regard, a key element as *Financial support* was not included in the national dementia plans. The estimated and allocated resources for the plans' implementation were not clearly stated by the countries. The Irish, Italian and Spanish plans mentioned the cost of condition to community, and

only the Swedish partially reported the allocation of financial resources for the implementation of the plan, but they did not meet the recommendations of WHO.

For more than 10 years, dementias have been launched as a public health priority by the WHO (8). Despite that, not all countries included in this analysis defined timeframes for policy implementation and only the Spanish plan was up-to-date. France added a roadmap for the years 2021 and 2022 to its strategy 2014-19. However, developing and updating plans is an important target of WHO by 2025, which aims to reach 75% of member states to see dementias recognised as a public health priority globally (20). These, should take into account the distribution and impact of the disease among their populations, as incidence and mortality are changing (39).

3. Limitations and strengths of this paper

To the best of our knowledge, it is the first international comparative analysis between different plans related to people living with dementia and represents a first step toward understanding the international development of prevention policies for dementia. The selection of assessment areas was based on identified reference documents and provided clear frameworks to perform the qualitative analysis. The inclusion criteria selected countries in the same European legislative frame and with an historical attention to dementia as public health challenge, allowing a better and more logical comparison of plans.

This critical analysis is not aimed to provide insights into the actual plans' implementation because of the chosen methodology of document analysis. In addition, national dementia plans may be linked or referred to in other national policy documents that provide indications for chronic diseases, such as actions aimed at caregivers or dementia patients. Interacting with each plan's stakeholders and policymakers can help improve future policy analysis. Moreover, the texts were analysed as English-language translations by a professional software, which may have missed nuances. Despite the fact that our study focused on European countries with comparable health systems, the lack of countries such as Japan, the United States, South Korea, and Australia limits its worldwide generativity and may be addressed in future research.

Conclusions

This study analyses how some different European national plans tried to prevent dementia and whether countries adequately addressed it through WHO's recommendations and evidence-based interventions.

All countries extensively followed the WHO's recommendations in their national plans about many priority areas, such as developing awareness campaigns, promoting social participation, supporting caregivers, and fostering early diagnosis. However, given the global concern due to its growing prevalence, the plans did not address all the known risk factors to prevent dementia. These plans need for more comprehensive and timely approaches, as they vary in their completeness and year of update. Risk reduction for dementia requires more attention in the political agenda, calling for the alignment with WHO's recommendations in this priority area and new evidence from the *Lancet Commission for Dementia prevention, intervention, and care*. Only the Spanish plan is currently updated, still stressing the importance of raising awareness among politicians in putting dementia-related policies on the governmental agenda priorities.

National dementia plans recognised Monitoring Agencies or Committees as crucial for ensuring plan execution and success, but they require updated information. At the same time, the countries differed in their approaches to collecting and analysing epidemiological data to inform policymakers. There was still a lack of comprehensive collecting before, during, and after policy implementation. More investments and efforts must be focused on data collection for monitoring and developing data-driven policy. In this regard, only the Swedish Dementia Registry represents a successful example.

This study identifies also gaps in setting clear timeframes for policy implementation and providing adequate financial resources for the execution of these plans. There is also a call for greater planning, coordination, and implementation of population-based preventive interventions, also integrating them with other chronic diseases policies.

In conclusion, to address the identified areas of improvement, this study provides clear recommendations for policymakers and suggests developing and updating data-driven national dementia plans based on epidemiological data, enhancing cross-sectoral actions and preventive interventions at the population level, ensuring sustainability of community-based care, and clearly allocating financial resources for plan implementation.

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Riassunto

Analisi critica dei Piani Nazionali Demenza: confronto tra le strategie preventive di cinque Stati Europei

Introduzione. Gli interventi di prevenzione possono ridurre fino al 45% dei casi di demenza nel mondo. Lo scopo dello studio è analizzare i piani strategici nazionali di prevenzione della demenza.

Metodi. È stata condotta un'analisi comparativa qualitativa tra i piani nazionali sulla demenza dei Paesi con la migliore aspettativa di vita in buona salute degli anziani in Europa. Sono stati inclusi i piani nazionali sulla demenza di Francia, Irlanda, Italia, Spagna e Svezia. È stato valutato il consenso sulle azioni prioritarie e sugli elementi chiave delle politiche di prevenzione, in base alle raccomandazioni dell'Organizzazione Mondiale della Sanità (OMS) e a uno strumento di analisi progettato per la valutazione delle politiche sulle malattie croniche.

Risultati. Tutti i Paesi hanno sottolineato l'importanza delle politiche di prevenzione all'interno dei loro piani per la demenza e hanno istituito comitati di monitoraggio. Tuttavia, non tutti i Paesi hanno definito le scadenze per l'attuazione delle politiche e solo la Spagna ha aggiornato il proprio piano nazionale. Manca ancora l'integrazione della prevenzione delle demenze con altre campagne di prevenzione delle malattie croniche e manca anche una chiara allocazione di fondi per i piani nazionali sulla demenza.

Conclusioni. Tutti i Paesi hanno seguito ampiamente le raccomandazioni dell'OMS. Tuttavia, i piani non sono stati aggiornati. Pertanto, non affrontano tutti gli attuali fattori di rischio noti per la demenza, raccomandando la prevenzione di solo una frazione dei casi potenzialmente prevenibili. Inoltre, la necessità di un sostegno finanziario nei piani nazionali per la demenza è fondamentale ma non è stata affrontata in modo adeguato, con fonti di finanziamento incoerenti o non definite per attuare gli obiettivi.

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Supplementary material 1

Scoping review

I. Aim

This study aims to review evidence on the action-oriented frameworks relevant to dementia prevention policies.

II. Methods

IIA. Definition

The "framework" is a document (or model or structure) to guide the development and implementation of actions, plans and policies to reduce risks of dementia and/or improve outcomes for people living with dementia. The "action-oriented framework" is defined as a framework which focus on decision or policy-making processes. It can support policymakers, researchers, and practitioners in taking action on the social determinants of health by identifying requirements for action and entry points for intervention. It can also help identify priority issues and evaluate the potential success of interventions by allowing for the possibility of modeling interventions.

IIB. Inclusion criteria

National level frameworks, i.e. Dementia care guidelines/policies/strategies (and must not be specific to Alzheimer's Disease only);

Guidelines/frameworks/strategies licensed by governmental bodies or a national organizations which are legally able to be translated into practice;

Document available in English.

IIC. Sources of information

Guidelines/frameworks/strategies are from:
A government body or national organization
Non-Governmental Organizations (NGOs)
Scientific literature (PubMed, Embase)
Grey literature (selected websites from a list of institutions)

IID. Search strategies

PubMed

((Guidelin*[Title/Abstract]) OR ("Guidelines as topic"[MeSH Terms]) OR ("Policy"[MeSH Terms]) OR (Polic*[Title/Abstract]) OR (Program*[Title/Abstract]) OR ("Program development"[MeSH Terms]) OR (Strateg*[Title/Abstract]) OR (Framework* [Title/Abstract])) AND (("Alzheimer Disease/Prevention and control"[MeSH Terms]) OR ("Dementia, multi infarct/Prevention and control"[MeSH Terms]) OR ("Dementia, vascular/Prevention and control"[MeSH Terms]))

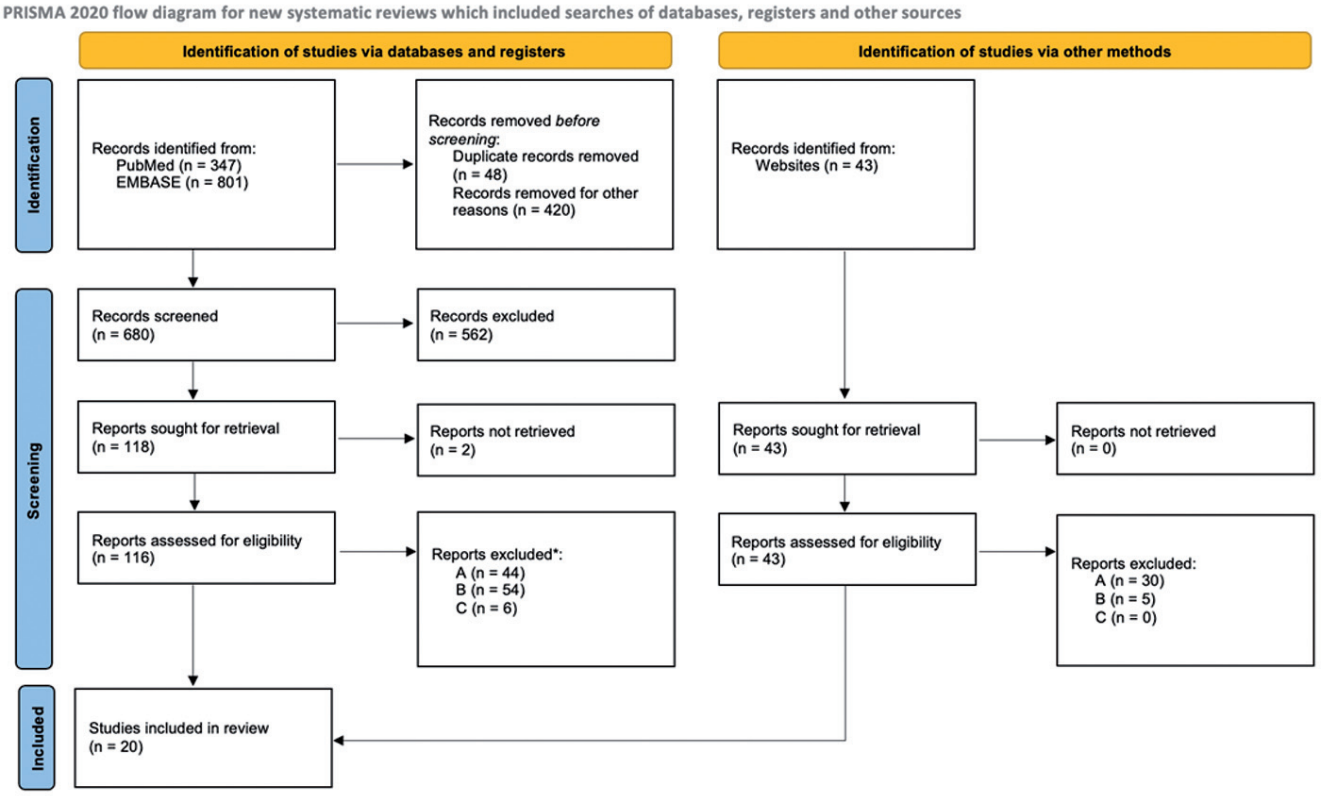
Embase

Guidelin* OR 'Guidelines' OR Policy OR Polic* OR Program* OR Program development OR Strateg* OR Framework* AND Alzheimer Disease/Prevention and control OR Dementia, multi infarct/Prevention and control OR Dementia, vascular/Prevention and control

Selected websites

Institution	Website	Zone
Scientific Institute of Public Health	https://www.sciensano.be/en	Belgium
Canadian Institutes of Health Research	https://cihr-irsc.gc.ca/e/193.html	Canada
European Centre for Disease Prevention and Control	https://www.ecdc.europa.eu/en	Europe
European Prevention of Alzheimer's Dementia Consortium	https://ep-ad.org/	Europe
Alzheimer Europe	https://www.alzheimer-europe.org/	Europe
Institut Pasteur	https://www.pasteur.fr/en	France
Haute Autorité de santé	https://www.has-sante.fr/	France
Robert Koch Institute	https://www.rki.de/EN/Home/homepage_node.html	Germany
The Alzheimer Society of Ireland	https://alzheimer.ie/	Ireland
Istituto Superiore di Sanità	https://www.iss.it/	Italy
National Institute for Public Health and the Environment	https://www.rivm.nl/en	Netherlands
Instituto de Salud Carlos III	https://eng.isciii.es/eng.isciii.es/Paginas/Inicio.html	Spain
Karolinska Institutet	https://ki.se/en	Sweden
Swiss Tropical and Public Health Institute	https://www.swisstph.ch/en/	Switzerland
National Health System	https://www.nhs.uk/	UK
Alzheimer's Society	https://www.alzheimers.org.uk/	UK
Centers for Disease Control and Prevention	https://www.cdc.gov/	USA
Alzheimer's Foundation of America	https://alzfdn.org/	USA
National Institute of Health	https://www.nih.gov/	USA
Alzheimer.gov	https://www.alzheimers.gov/	USA
National Institute on Aging	https://www.nia.nih.gov/	USA
World Health Organization	https://www.who.int/	World
UNICEF	https://www.unicef.org/	World
Alzheimer Association	https://www.alz.org/	World
Alzheimer's Disease Internation	https://www.alzint.org/	World

III. Results



*(A) Not "action-oriented" document; (B) Not comprehensive prevention policies to recommend at national level; (C) Language not included

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