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Strengthening Africa's Brain Health and Economic Resilience

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61 **Keywords:** Africa, ADRD, Davos Alzheimer's Collaborative (DAC), brain health, brain capital,
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71 **Editors' summary:** Authors present a five-year action plan that prioritizes high-impact, practical
72 interventions in brain health across six key areas — to safeguard the continent's health and
73 economic stability alongside projected demographic shifts.

74
75
76 **Abstract:**
77
78 Africa stands at a decisive moment in which urgent action is essential to safeguard its brain
79 health and economic stability. While Africa's population remains predominantly young, it is
80 expanding and aging rapidly. This demographic shift is projected to drive a sharp rise in
81 neurodegenerative diseases, including Alzheimer's, with profound health and economic costs —
82 but brain health research, policy, funding, and care across the continent remain critically
83 underdeveloped. In this Perspective, we examine key trends in aging and brain health across
84 Africa and introduce the 6×5 Plan – a five-year strategic framework developed through
85 collective multi-stakeholder insights – to address this pressing challenge. The plan targets six
86 high-impact priorities: strengthening advocacy and health literacy, positioning brain health as a
87 socioeconomic driver, breaking down silos of people and data, repurposing local resources,
88 investing in Artificial Intelligence (AI) and digital health, and boosting research funding. To

89 ensure effective implementation and long-term sustainability, the plan will be executed through
90 a pan-African, multi-sectoral task force. This initiative seeks to accelerate Africa's response to
91 the needs of a changing population and position the continent as a global leader in brain health
92 innovation.

93

94

95

96

97 **Main**

98

99 Africa, the world’s second-largest continent, is home to 1.5 billion people—nearly 20% of the
100 global population^(1,2). Spanning 54 countries across five geopolitical zones, the region is a rich
101 mosaic of biological, social, and environmental diversity. With over 2,000 distinct linguistic
102 groups, Africa stands as the most genetically and culturally diverse region in the world⁽³⁻⁵⁾.

103

104 Although Africa remains relatively youthful compared to other regions, rapid industrialization and
105 improvements in living standards over the past 50 years have accelerated its demographic
106 transition. By 2050, the number of Africans aged 60 and above is projected to soar from
107 approximately 69 million in 2017 to over 226 million—an astonishing increase of more than
108 200%⁽⁶⁾. This shift is expected to drive a substantial rise in age-related health conditions, with
109 Alzheimer’s Disease and Related Disorders (ADRD) emerging as a pressing concern. Beyond
110 the social and human toll, the economic burden of ADRD will be immense, encompassing direct
111 healthcare costs, productivity losses, and caregiving expenses—further straining already fragile
112 health and economic systems^(7,8). Yet, Africa’s preparedness remains limited, with research,
113 policy, and funding efforts still woefully underdeveloped.

114

115 In this Perspective, we examine Africa’s aging trends, related policies and economic
116 implications. We present a multi-stakeholder, five-year action plan that prioritizes high-impact,
117 practical interventions in brain health across six key areas. The plan aims to fast-track Africa’s
118 preparedness and enhance the continent’s response to its expected aging demographic and the
119 associated economic challenges.

120

121 **The Health and Economic Burden of Dementia in Africa**

122

123 In the late 20th century, ADRD was primarily considered a global health issue in high-income
124 countries (HICs). However, this perception is rapidly changing, with recent projections indicating
125 that by 2050, 70% of dementia cases will be in low- and middle-income countries (LMICs) and
126 Africa will contribute a considerable proportion of these. The number of ADRD cases in Africa is
127 expected to surge to an estimated 14 million by 2050, accounting for approximately 12% of
128 global dementia cases— a sharp increase from around 3 million in 2019^(8,9). In sub-Saharan
129 Africa, dementia cases are projected to rise from 2.13 million in 2015 to 7.62 million by 2050,
130 while North Africa is anticipated to experience an even more dramatic increase, reaching 10
131 million cases, reflecting a 367% rise in prevalence^(8,10,11). Beyond demographic shifts, factors
132 such as healthcare access, diagnostic methods, genetics and environmental risks may
133 contribute to these regional variations^(10,11).

134

135 Despite limited data on dementia-related mortality and morbidity in Africa, the disease already
136 represents a considerable health burden. The Global Burden of Disease (GBD) Study 2019
137 indicates that dementia accounts for a substantial portion of neurological Disability-Adjusted Life
138 Years (DALYs) in Africa, with age-standardized rates ranging from 232 to 387 per 100,000
139 population, depending on the region⁽¹²⁾. Countries such as Tunisia, Algeria, and Egypt have
140 some of the highest dementia-related disease burdens globally⁽¹³⁾.

141
142 The economic impact is also substantial. In 2019, the global economic burden of dementia
143 exceeded \$1.3 trillion, with sub-Saharan Africa possibly contributing over \$6.2 billion⁽⁸⁾. This
144 includes direct and indirect medical costs, informal care, and productivity losses⁽¹⁴⁻¹⁶⁾.

145
146 It is crucial to emphasize that these burdens are likely underestimated, as the true health and
147 economic impact of ADRD in Africa remains difficult to assess due to unreliable data, resource
148 constraints, and significant diagnostic gaps.

149 150 **Brain health policies and dementia research in Africa**

151
152 Between 1988 and 2024, brain health and aging-related policies, including those targeting
153 ADRD, have undergone considerable advancements across Africa. A critical appraisal of these
154 policy shifts and trends is included in **Box 1**; key policies from the last 35 years are listed and
155 briefly described in **Table 1**. Despite this progress, regional implementation remains slow, with
156 many African countries struggling to transition from frameworks to actionable programs.
157 According to the Global Dementia Observatory (GDO)⁽¹⁷⁻¹⁹⁾, Africa ranks among the lowest in
158 reporting and engagement, with only 12 countries submitting GDO data. Among these
159 countries, only one has a dementia-specific policy in development, four have integrated
160 dementia into broader policies, five have conducted public awareness campaigns, three have
161 initiated risk-reduction efforts, four have incorporated dementia into non-communicable
162 diseases (NCDs) or healthy aging initiatives, and four provide training and support for
163 caregivers. No African country has yet met the World Health Organization's (WHO)
164 recommendation to establish comprehensive national dementia strategies by 2025⁽¹⁹⁻²³⁾.

165
166 On a positive note, a promising trend is emerging across the continent to strengthen
167 implementation strategies, driven by a growing commitment to pan-African collaboration and
168 global partnerships. This momentum is primarily fueled by the African Union's Agenda 2063,
169 which envisions a future where Africa's citizens are healthy and well-nourished, supported by
170 substantial investments in quality healthcare⁽²⁴⁾. Notable developments include the 2023 launch
171 of the African Union Taskforce on Non-Communicable Diseases, Injuries, and Mental Health⁽²⁵⁾.
172 Furthermore, interesting and innovative multisectoral declarations have been proposed,
173 including the 2023 Nairobi Declaration on Reducing the Burden of Dementia in LMICs⁽²⁶⁾, which
174 emphasizes the critical need for cross-sector collaboration to strengthen continent-wide efforts,
175 and the 2024 Yaoundé Declaration on Brain Economy⁽²⁷⁾, which advocates for policies that
176 position brain health as a fundamental driver of economic development and societal well-being.

177
178 On the research front, several researcher-led initiatives are actively working to bridge the
179 knowledge gaps on ADRD in Africa. Notable examples include the Health and Aging in Africa: A
180 Longitudinal Study of an INDEPTH Community in South Africa (HAALSI Dementia)^(28,29), the
181 [Brain Resilience Kenya Study](#), the African Dementia Consortium⁽³⁰⁾, the AFRICA-FINGERS
182 Study⁽³¹⁾, the [AD-DETECT Kenya Study](#), the Strengthening Responses to Dementia in
183 Developing Countries (STRiDE) project⁽³²⁾, and the African Initiative for Bioinformatics Online
184 Training in Neurodegenerative Diseases (AI-BOND)⁽³³⁾.

185

186 However, most of these research efforts remain fragmented and relatively small in scale, with
187 time-limited funding and/or narrow scope, and perhaps most crucially, they lack substantial
188 multisectoral support—particularly from governments. As a result, their implementation,
189 scalability, generalizability, and overall impacts may be limited.

190

191 **Accelerating Africa’s Preparedness for Its Aging Transition**

192

193 Many African nations are currently undergoing a critical phase in their demographic transition,
194 entering (or on the cusp of entering) a ‘golden window’ of economic opportunity, driven by
195 favourable demographic shifts. Fertility rates are declining, and the ratio of working-age
196 individuals to dependents is projected to increase from approximately 1.0–1.3 to around 1.7
197 over the next two decades ⁽³⁴⁻³⁶⁾. This transition presents a unique opportunity for accelerated
198 economic growth through expanded labour force participation and increased productivity.

199

200 However, this demographic dividend – that is, the potential for accelerated economic growth
201 when the working-age population becomes proportionally larger than the non-working-age
202 population – is neither guaranteed nor permanent. Without timely and strategic investments in
203 policies that support healthy aging, longevity, and cognitive resilience, Africa risks transitioning
204 rapidly from a scenario where the majority of dependents are children, to a burdensome
205 scenario one where the majority of dependents are older adults. Such a shift could undermine
206 the economic gains realized during this period of increased productivity ⁽³⁷⁾. To fully capitalize on
207 this ‘golden window’, African countries must draw on lessons from nations further along the
208 aging curve and take coordinated, proactive measures to ensure that their future aging
209 populations remain healthy, engaged, and economically productive for as long as possible.

210

211 Several valuable lessons have emerged from countries at more advanced stages of population
212 aging, which highlight the importance of adopting preventative brain health policies across the
213 entire life course, rather than focusing solely on later life. Key strategies identified as particularly
214 effective include addressing social determinants of health and modifiable risk factors—such as
215 improving maternal health, promoting early childhood education, supporting mental well-being,
216 reducing chronic stress, fostering social connectedness, encouraging physical activity,
217 minimizing exposure to air pollution, and ensuring early detection and management of chronic
218 diseases in mid-life ^(38,39). Additionally, investing in primary care and community-based health
219 systems ⁽⁴⁰⁻⁴²⁾, along with the early adoption of digital health technologies such as telemedicine
220 ⁽⁴³⁻⁴⁶⁾, could provide more affordable and sustainable alternatives to traditional, resource-
221 intensive diagnostic methods and specialized referral services.

222

223 Nonetheless, it is important to acknowledge that Africa faces a distinct set of complex
224 challenges that may constrain its ability to adopt strategies proven effective in other regions.
225 These include limited infrastructure, restricted funding, shortages in the health workforce, and
226 significant cultural and linguistic diversity ⁽⁸⁾. Developing effective brain health strategies for
227 Africa requires not only adapting global lessons to local contexts, but also fostering innovative,
228 locally driven approaches. This requires a shift in the continent’s mindset toward inclusive, life-

229 course health policies, alongside the development of strong multisectoral partnerships that
230 actively engage governments, academia, communities, civil society, and the private sector.
231 While much of the existing work in this area has been spearheaded by the WHO and non-profit
232 organizations, stronger leadership and active involvement from national governments across the
233 continent are essential. A coordinated, continent-wide effort—supported by global partnerships
234 —will be critical for co-developing scalable, affordable, and evidence-based solutions tailored to
235 Africa’s unique needs.

237 **The 6x5 Plan**

238
239 Here, we present the 6x5 Plan — a collaborative, expert-informed strategic framework
240 designed to accelerate Africa’s response to its shifting demographics. This plan reflects the
241 collective insights of a diverse group of stakeholders who convened at the Nature conference
242 titled “[The Future of Dementia in Africa: Advancing Global Partnerships](#).” Held in collaboration
243 with the [Davos Alzheimer’s Collaborative \(DAC\)](#) and the Brain and Mind Institute at Aga Khan
244 University, the event took place in September 2024 in Nairobi, Kenya. The conference gathered
245 over 250 participants, including researchers, clinicians, government officials, WHO
246 representatives, and patient advocacy groups from across Africa and around the world. Over
247 the course of two days, evidence was collected through various channels, including conference
248 sessions, roundtable discussions, surveys, and expert consultations to identify the priorities list
249 of the 6X5 plan.

250 This plan identifies six key priorities to be pursued over the next five years, with an emphasis on
251 continuous progress and adaptation to evolving needs. The priorities have been carefully
252 selected as actionable ‘low-hanging fruits’; that is, actions with the greatest potential to
253 strengthen the continent’s preparedness for its growing aging population and address brain
254 health needs in the short- and intermediate-term. **Figure 1** illustrates the six priority areas and
255 the five core principles that underpin their implementation. To ensure the plan’s sustainability
256 and scalability, we also established a multisectoral Pan-African task force to oversee its
257 implementation across diverse contexts.

258
259 The following section outlines the six priority areas, the rationale for their selection, and their
260 expected impact. A summary of the associated gaps and actionable opportunities per each
261 priority is provided in **Table 2**.

263 **Priority 1: Enhancing Brain Health Advocacy and Health Literacy**

264
265 There is a pervasive lack of urgency in recognizing ADRD as a key public health priority across
266 Africa. While the importance of brain health is acknowledged to some extent, conditions
267 affecting older adults, such as Alzheimer’s disease, often become deprioritized in public health
268 efforts.

269 A major barrier to addressing Alzheimer’s in Africa is the absence of culturally relevant terms in
270 many African languages. This void leads to the use of stigmatizing or descriptive (and often
271 derogatory) language, further perpetuating misconceptions about the condition ^(47,48). In many

272 African cultural settings, dementia is often linked to madness, witchcraft, demonic possession,
273 or dismissed as a natural part of aging⁽⁴⁹⁻⁵¹⁾. These misunderstandings fuel stigma, which
274 negatively impacts not only patients but also their families and caregivers, potentially leading to
275 psychosocial challenges like isolation, social withdrawal, unemployment, and marginalization.

276 To address these challenges, there is an urgent need for continent-wide, harmonized advocacy
277 and health literacy campaigns aimed at reshaping public perceptions of dementias as a
278 biological issue that requires immediate attention. We recommend the development of a shared
279 vocabulary, incorporating culturally appropriate and non-stigmatizing terms for dementia and
280 related conditions in various African languages, to foster open discussions and greater public
281 understanding. In addition, innovative advocacy strategies, for example leveraging storytelling
282 techniques through social media, narrative-driven short films, and digital tools, could help to
283 make brain health education more accessible and relatable across linguistic and geographic
284 boundaries. Fostering community collaboration – by partnering with local grassroots
285 organizations, community and religious leaders, and local media outlets – should be prioritised
286 to ensure campaigns are culturally relevant and effectively reach diverse audiences.

287 To maximize impact, these brain health literacy and advocacy efforts should be integrated into
288 existing campaigns for NCDs such as HIV, mental health, cardiovascular diseases, diabetes,
289 and stroke. This integrated approach can enhance community engagement, optimize resource
290 use, and amplify outreach while addressing overlapping risk factors for ADRD.

291 **Priority 2: Positioning Brain Health as a Driver of Socioeconomic Transformation**

292 Africa's brain health agenda must move beyond a traditional, disease-centric model and adopt a
293 holistic, systems-based approach that integrates the Sustainable Development Goals (SDGs)
294 into a broader framework. This approach must address both individual and societal
295 determinants of brain health, recognizing the complex interplay between personal risk factors
296 and broader social, economic, and environmental influences. Positioning brain health as a
297 cornerstone of Africa's societal well-being, economic growth, and sustainable development is
298 imperative. Achieving this transformation requires equitable, inclusive, and long-term socio-
299 ecological public health strategies that highlight the socioeconomic benefits of investing in brain
300 health for future generations.

301 Two emerging, interconnected concepts—brain resilience and brain capital—embody this
302 vision, advocating for a strategic shift that links brain health to systemic challenges such as
303 poverty, health inequities, and workforce productivity. Brain resilience refers to the brain's ability
304 to adapt, recover, and maintain function despite aging, injury, or stress^(52,53). At a systemic level,
305 it extends to strengthening health, education, and economic infrastructures, ensuring they can
306 absorb, adapt, and evolve in response to external pressures^(54, 55). Brain capital⁽⁵⁶⁾ positions
307 brain health as a critical economic and societal asset, emphasizing the importance of investing
308 in cognitive function, creativity, and mental resilience to drive innovation, workforce productivity,
309 and long-term economic stability.

310 Africa is naturally positioned to benefit from these concepts due to its rich cultural and
311 communal traditions. The continent has a deeply rooted heritage of social connectedness,
312 collective identity, and intergenerational support—factors proven to promote cognitive well-being

313 and mitigate cognitive decline. For example, the Zulu concept of Ukuphumelela ('becoming
314 victorious') underscores mutual support, social cohesion, and shared responsibility ⁽⁵⁷⁾, while the
315 Ubuntu philosophy—'I am because we are'—emphasizes relational connectedness and
316 communal well-being ⁽⁵⁸⁾. These cultural principles have been associated with lower rates of
317 social isolation, enhanced cognitive resilience, and even instances of 'super-aging' in some
318 African communities ⁽⁵⁹⁻⁶²⁾. By integrating these values into brain health strategies, Africa has
319 the opportunity to pioneer holistic, community-centred solutions that could serve as global
320 models—particularly for regions facing social and economic challenges.

321 To effectively adapt a brain resilience model, Africa requires stronger support for lifespan-based
322 brain health interventions that address the intersectional factors shaping cognitive well-being.
323 These include an emphasis on the first 1000 days of life (a critical phase for brain development),
324 childhood education to build foundational cognitive skills, lifelong learning opportunities to
325 enhance creativity and adaptability, and women's health initiatives to address gender disparities
326 in brain health. In addition, strengthening mental health care systems is essential to support
327 emotional resilience, while healthy aging strategies should incorporate physical activity,
328 nutrition, and social engagement to promote cognitive wellbeing and healthy longevity.

329 This vision is increasingly embraced by cutting- edge pioneering initiatives like the [Wellcome](#)
330 [Leap program](#) , which provides a strong model for a lifespan approach to health and
331 development in research, emphasizing the significance of key life stages exemplified by
332 programs such as the [1kD program](#) (which focuses on early childhood development), the
333 [Dynamic Resilience program](#) (which advances causal measures and models of health
334 resilience), and the [CARE program](#) (which aims to innovate in women's health by reducing
335 Alzheimer's risk through neuroendocrine risk reduction and interventions).

336 Additionally, the current understanding of dementia risk factors must be updated and adapted to
337 reflect Africa's unique context. Besides the 14 modifiable risk factors identified by the Lancet
338 Commission on Dementia ⁽³⁹⁾, Africa must evaluate and address additional region-specific risks,
339 such as poverty and economic insecurity, infectious diseases and their neurological impacts,
340 climate change and environmental stressors, and forced migration and displacement.

341 Most importantly, integrating brain health into economic and employment policies is essential.
342 Brain health is not just a healthcare issue—it is a fundamental economic driver. Poor brain
343 health leads to reduced workforce output, increased healthcare costs, and heightened social
344 and economic burdens. Strategic investments in brain health can transform these challenges
345 into opportunities for innovation and economic growth ⁽⁶³⁾. African governments and
346 policymakers must recognize brain health as a critical economic priority, embedding it into
347 economic policies, workforce development strategies, and social protection frameworks.

348 **Priority 3: Repurposing Existing Resources Across the Continent**

349 Repurposing offers a cost-effective, high-impact approach to expanding health systems and
350 strengthening public health programs without requiring substantial new financial investments. By
351 optimizing existing resources, Africa can develop self-sustaining, pan-continental brain health
352 strategies. The effectiveness of this approach was demonstrated during the COVID-19
353 pandemic, highlighting its potential to drive innovation and resilience ⁽⁶⁴⁾. To achieve this, the

354 continent needs a comprehensive Pan-African Resource Repurposing Strategy for Brain
355 Health—one that identifies underutilized resources and fosters sustainable, affordable, and
356 locally driven solutions.

357 A major opportunity lies in leveraging Africa’s expertise in infectious disease management. The
358 continent’s extensive experience in handling large-scale health challenges such as HIV/AIDS,
359 COVID-19, and childhood immunization programs provides valuable insights. The infrastructure,
360 surveillance systems, and community engagement strategies developed for these initiatives can
361 be adapted to brain health efforts, particularly for early detection, intervention, and dementia
362 prevention.

363 Strengthening the healthcare workforce is another critical priority which can benefit from
364 repurposing. Africa faces a shortage of specialists such as geriatricians and neurologists ^(65,66).
365 However, instead of replicating HICs reliance on highly specialized professionals, the continent
366 can adopt innovative workforce solutions. Primary care providers and community health
367 workers, who serve as trusted first points of contact within communities, can be equipped with
368 culturally sensitive screening tools and trained to identify dementia symptoms and provide basic
369 care ^(67,68). Additionally, faith healers and traditional practitioners ⁽⁶⁸⁾ who play an important role
370 in many African societies, can be integrated into dementia care efforts, bridging cultural gaps
371 and extending services to underserved populations.

372 To improve dementia awareness and overcome stigma, it will be essential to harness existing
373 social and community networks. Village elders, religious leaders, and women’s groups hold
374 strong influence in many communities, making them valuable partners in raising awareness and
375 promoting early interventions ^(69,70). Repurposing community spaces such as schools and youth
376 programs into hubs for intergenerational engagement can provide older adults with cognitive
377 stimulation, while reducing social isolation.

378 Integrating dementia care into primary healthcare systems presents another effective strategy.
379 Existing primary healthcare facilities can serve as hubs for cognitive screening, education, and
380 management. Embedding dementia care within NCDs services, such as hypertension and
381 diabetes management, will improve efficiency, expand outreach, and enhance early
382 intervention.

383 Education and training programs must also be prioritized as low-hanging fruit for repurposing
384 efforts. Incorporating dementia care modules into the curricula of healthcare workers, teachers,
385 and social service providers will help build a well-equipped workforce. Upskilling healthcare
386 professionals through targeted training programs such as ones focusing on imaging or cognitive
387 scales can enhance their capacity to diagnose, manage, and support individuals affected by
388 dementia ^(71,72).

389 The use of innovative solutions and cross-border collaboration—particularly in diagnostic and
390 treatment infrastructure—can optimize resources and minimize wastage. For instance,
391 establishing a network of accredited diagnostic laboratories and remote centres of excellence
392 that transcend regional and national boundaries would enhance access to advanced
393 diagnostics, foster regional cooperation, and enable more efficient use of limited expertise.

394 This approach is particularly crucial in the context of medical imaging—especially MRI
395 facilities—which are essential for accurate dementia diagnosis but remain scarce and
396 underutilized across much of the continent. Several complementary approaches could be
397 considered to help improve access to imaging services, including deploying portable MRI
398 scanners, implementing modified scanning protocols tailored to low-resource settings, and
399 integrating artificial intelligence (AI) to assist with image interpretation. Furthermore,
400 teleradiology can facilitate remote expert consultations, bridging geographical gaps and
401 strengthening diagnostic capacity ^(73,74).

402 Africa’s rich biodiversity and traditional medicinal knowledge present another untapped
403 opportunity for brain health solutions ⁽⁷⁵⁻⁷⁹⁾. When supported by evidence, investing in plant-
404 based innovations and integrating traditional medicine with modern scientific research could
405 unlock new treatments for patients with cognitive disorders. Strengthening research and
406 development in this area would potentially improve not only healthcare outcomes but also
407 economic growth.

408 Despite the potential of these approaches, it is important to emphasize that repurposing efforts
409 (including task shifting), within the context of the healthcare workforce and care systems, should
410 not be seen as a substitute for investment in standardized training and health care. Rather, it
411 should be viewed as a complementary approach that could enhance outcomes and optimize
412 value for money.

413 **Priority 4: Breaking Down Silos of People and Data Across Africa**

414 A well-integrated research and data ecosystem is essential for identifying high-risk populations
415 and implementing targeted dementia prevention and early intervention strategies. But Africa’s
416 research and information ecosystems remain fragmented, with scarce and underutilized data
417 due to weak data-sharing platforms, limited connectivity between research hubs, and a lack of
418 standardized mechanisms for harmonization and reporting. This fragmentation leads to
419 redundant data collection, inefficient resource allocation, and diminished research impact. As a
420 result, funders, policymakers, and evaluators struggle to make evidence-based decisions,
421 further hindering progress.

422 Many research projects suffer from short-termism, driven by narrowly focused goals and time-
423 limited grant funding. Once these projects conclude, inadequate reporting and data-sharing
424 practices often lead to the duplication of studies across different regions, wasting valuable time
425 and resources while delaying critical policy advancements. Addressing these challenges
426 requires a coordinated effort to strengthen data harmonization and sharing mechanisms.

427 This critical gap has long been recognized in Africa, and while some emerging African projects
428 are working to address it, they remain small in scale. For example, the Health and Retirement
429 Studies (HRS) ^(80,81)—including the HAALSI study in South Africa^(28,29), the Longitudinal Study of
430 Egyptian Healthy Aging (AL-SEHA)⁽⁸²⁾, the Longitudinal Study of Health and Aging in Kenya
431 (LOSHAK) ⁽⁸³⁾, and the Cognitive Aging in Ghana study ⁽⁸⁴⁾—aim to establish robust,
432 harmonized, and comparative datasets. Through data sharing and collective, informed decision-
433 making, these studies are helping to break down silos—an essential step in advancing brain
434 health research and policy in Africa.

435 To scale up these efforts and accelerate progress, Africa must prioritize dismantling institutional
436 barriers and fostering collaboration across disciplines, sectors, and regions. Establishing a Pan-
437 African network of research centres can drive a harmonized, transdisciplinary approach to data
438 generation and utilization. Strengthening cross-sector collaboration—through partnerships
439 between health systems, governments, researchers, and non-governmental organizations—will
440 be key to creating a more integrated research and policy landscape. Additionally, fostering
441 global partnerships and strengthening collaborations with international research institutions will
442 accelerate discovery and the implementation of evidence-based solutions.

443 Developing interconnected databases that consolidate health records, socioeconomic data,
444 environmental risk factors, and insights from emerging technologies—such as imaging,
445 biomarkers and omics data—will enhance data accessibility and integration. Incorporating social
446 determinants of health, including education, poverty and housing, alongside these clinical data
447 will provide a more comprehensive understanding of dementia risk factors and outcomes. Digital
448 health tools and cloud-based solutions can further bridge gaps in data sharing, ensuring
449 researchers and policymakers have real-time access to vital information.

450 Most importantly, data-sharing platforms and research initiatives should receive formal
451 endorsement from Pan-African organizations, such as the African Union and regional health
452 bodies. In addition, considerable investment should be directed toward establishing robust
453 governance, ethical, and training frameworks to regulate data sharing and protection. Unified
454 data will empower policymakers to develop evidence-based brain health initiatives tailored to
455 Africa’s diverse contexts. Furthermore, such a system will support large-scale research efforts,
456 driving innovation in dementia care and policy development. Notably, Africa’s success in
457 coordinating people and data to combat infectious diseases, as well as its unified response to
458 COVID-19, has demonstrated the continent’s ability to break down silos. This collaborative
459 approach should be adapted to advance brain health agenda.

460 **Priority 5: Innovating Tech-Enabled Community Brain Health Systems**

461 Africa’s mobile computing revolution has leapfrogged traditional landline infrastructure, creating
462 a generation of ‘digital natives’ adept at using mobile technology for information exchange ⁽⁶⁶⁻⁶⁹⁾.
463 This digital shift, which spans across age groups, presents a transformative opportunity for
464 Africa to leverage technology in addressing brain health challenges across the continent.

465 Digital health solutions offer accessible, scalable, and cost-effective alternatives to traditional
466 healthcare approaches ⁽⁸⁵⁾. The emergence of digital biomarkers is particularly promising,
467 enabling earlier and more accurate detection, monitoring, and treatment of brain disorders ⁽⁸⁶⁾.
468 Digital phenotyping—using data from speech patterns, actigraphy, and smartphone typing
469 behaviours—allows for passive and remote monitoring of cognitive changes, facilitating timely
470 intervention for neurodegenerative conditions and improving long-term outcomes ⁽⁸⁷⁻⁸⁹⁾.

471 Beyond diagnostics, digital technologies can play a critical role in identifying and mitigating
472 modifiable risk factors associated with cognitive decline. Tools that track sleep patterns,
473 physical activity, social engagement, and mental health indicators (such as depression), can
474 provide real-time insights into brain health. By integrating behavioural nudges and personalized

475 interventions, these technologies can promote healthier lifestyles, strengthen cognitive
476 resilience, and reduce dementia risks on a broad scale ⁽⁸⁸⁾.

477 However, realizing the full potential of these digital health innovations in Africa requires
478 addressing key challenges. Without strategic planning, digital and mobile health tools risk
479 deepening existing inequalities, exacerbating the so-called 'digital divide.' Barriers such as
480 limited internet access, low digital literacy among certain groups, and geographic disparities in
481 infrastructure could hinder equitable access to these innovations.

482 To prevent such disparities, digital health solutions must prioritize inclusivity and accessibility.
483 For instance, interoperable platforms should be developed to function across widely available
484 mobile operating systems rather than being restricted to expensive, proprietary ecosystems.
485 Moreover, cognitive assessment tools must be adapted to reflect Africa's linguistic and cultural
486 diversity, ensuring that technological solutions are locally relevant and meaningful.

487 A major challenge in digital health equity lies in the development of AI-driven predictive
488 algorithms, which are often trained on data from high-income populations with better access to
489 healthcare and digital resources. Without representative datasets, these algorithms risk bias,
490 reducing their effectiveness for African populations. This is especially critical for AI models
491 assessing cognition, memory, and behaviour, as these are profoundly shaped by cultural,
492 lifestyle, literacy, and socioeconomic factors.

493 To address these gaps, there is a need for a pan-African strategy for AI and machine learning
494 (ML) solutions in brain health. This strategy would play a central role in ensuring that digital
495 health technologies and AI-driven tools for brain health are fair, valid, and accessible across
496 diverse African populations. It would develop technical guidelines, validate and customize
497 algorithms, and work with governments to establish a harmonized regulatory framework. By
498 encouraging innovation while maintaining rigorous quality standards, the strategy would help
499 ensure that evidence-based, high-quality digital brain health solutions are widely available
500 without unnecessary delays or barriers.

501 **Priority 6: Strengthening Funding for the African Brain Health Agenda**

502 In recent years, several African countries have taken steps toward implementing universal
503 health coverage (UHC) that incorporates aspects of brain health, though progress remains
504 uneven ⁽⁹⁰⁾. Despite some advances, overall resource allocations for health systems are
505 insufficient, and funding specifically dedicated to brain health research and policy development
506 is nearly non-existent. Scaling up sustainable, dedicated financing is essential to advancing an
507 effective and inclusive brain health agenda across the continent.

508 To attract investment from both public and private sectors, brain health leaders must present a
509 compelling economic and social case. Framing brain health in isolation is unlikely to gain broad
510 traction, especially given the enduring perception of Africa as primarily burdened by infectious
511 diseases—a view that, while partly rooted in history, overlooks the continent's evolving health
512 landscape. As outlined in the above priority areas, a more strategic approach is to integrate
513 brain health into existing healthcare priorities such as maternal and child health, non-
514 communicable diseases (NCDs), and social determinants of health. These areas are deeply

515 interconnected, and emphasizing their links to brain health can strengthen advocacy, unlock
516 cross-sector collaboration, and position brain health as a core component of resilient health
517 systems.

518 This integrative framing will resonate strongly with global funders—such as the [Gates](#)
519 [Foundation](#), the US [National Institutes of Health \(NIH\)](#), the [Wellcome Trust](#), and others—who
520 increasingly prioritize intersectional, systems-based approaches in their funding strategies.
521 Private philanthropic family foundations, traditionally focused on HICs, are also expanding their
522 reach into the Global South. This shift creates new opportunities for Africa to secure funding and
523 strengthen brain health initiatives. Notably, several African family offices—such as [Heirs](#)
524 [Holdings](#) and the [Sawiris Foundation](#) —are beginning to explore and deploy resources toward
525 local social and health programs. Leveraging these emerging funding opportunities can play a
526 crucial role in advancing sustainable brain health efforts across the continent.

527 Beyond international support, securing long-term sustainability requires a fundamental shift
528 toward domestic investment. While external and philanthropic funding provide critical short- and
529 medium-term support, long-term resilience depends on African governments and private sector
530 engagement within the continent. Establishing national and regional funding mechanisms
531 dedicated to brain health will be key to promoting financial independence and self-reliance.

532 Capitalizing on existing public-private partnerships (PPPs) across many African countries offers
533 a valuable opportunity to strengthen and strategically repurpose these collaborations toward
534 brain health and broader health system innovation. Simultaneously, tapping into venture capital
535 resources in Africa—such as [LeapFrog Investments](#), [HealthCap Africa](#), and [Vital Capital](#)—can
536 open new pathways for health tech innovation through start-ups and scale-ups. Unlike
537 traditional donor funding or development loans from institutions like the [African Development](#)
538 [Bank \(AfDB\)](#) or [International Monetary Fund \(IMF\)](#), this approach offers potential for more
539 organic, market-driven, and sustainable growth.

540 Health tech entrepreneurship can unlock employment and self-actualization opportunities for
541 millions of educated but underemployed young Africans. Expanding the continent’s health-
542 related manufacturing base—particularly for medical equipment and digital health
543 technologies—can reduce costs, create jobs, and enhance mental well-being, self-worth, and
544 overall productivity. Additionally, growing the brain health sector—through professional training,
545 innovative technologies, and pharmaceutical advances—can further stimulate economic growth.

546 This growth model echoes elements of China’s post-1978 economic reforms ⁽¹¹⁰⁾, which
547 leveraged manufacturing, innovation, and foreign investment. Although Africa’s governance
548 structures differ and globalization faces new challenges, the principle of combining public policy,
549 private capital, and localized innovation remains highly relevant.

550 Supporting older adults to live longer, healthier lives represent a major economic opportunity; a
551 thriving aging population drives demand for new markets, services, and industries, increasing
552 economic output and contributing to GDP growth. These benefits will encourage funders and
553 donors to recognize brain health as not only a public health imperative but also a strategic
554 investment in Africa’s future economic development. To sustain momentum, establishing robust
555 auditing and monitoring systems is crucial for measuring the economic and social returns of

556 brain health investments, attracting further funding, and ensuring effective use of resources.
557 Most importantly, none of these goals can be fully achieved without addressing corruption—a
558 complex and persistent challenge that requires ongoing commitment and vigilance.

559 **Next steps**

560 To effectively implement the priority areas outlined in the 6x5 Plan, we launched a Pan-African
561 Task Force on Brain Health in March 2025. This task force is coordinated and supported by the
562 [Davos Alzheimer's Collaborative \(DAC\)](#)—a nonprofit initiative committed to finding a cure for
563 ADRD. DAC aims to mirror the success of global efforts against infectious diseases such as
564 HIV/AIDS, COVID-19, and malaria.

565 The task force adopts a multi-level, multisectoral structure (**Figure 2**), bringing together diverse
566 expertise across various sectors. Members include researchers, clinicians, government officials,
567 policymakers, grassroots organizers, community leaders, NGOs, and other critical stakeholders
568 from across Africa's five geopolitical zones. This inclusive structure ensures contextually
569 relevant, regionally balanced contributions to addressing brain health challenges.

570 The 6 working groups of the task force are now fully operational, each one tasked with
571 implementing the one of the six priorities and assigned designated leaders. At the outset, we
572 defined key strategic success metrics to guide and evaluate the task force's progress over the
573 next five years, ensuring measurable progress and accountability. The task force will convene
574 regular meetings (beginning with a special event at the 2025 G20 Summit) providing
575 opportunities to assess progress, align on next steps, and strengthen regional and international
576 cooperation.

577 **Conclusion**

578 The 6X5 plan calls for a paradigm shift in how ADRD and broader brain health challenges are
579 understood and addressed across Africa. The plan offers a clear, actionable roadmap to drive
580 this transformation—aimed at improving health, social, and economic outcomes for all Africans.

581 We believe this initiative will serve as a powerful catalyst for accelerating the continent's
582 preparedness for the next phase of its demographic transition. With its unique strengths,
583 growing innovation ecosystems, and community resilience, Africa is well positioned to leapfrog
584 conventional approaches used in other regions, setting a new global standard for inclusive,
585 sustainable brain health strategies.

586 It is important to note that our plan is intended to complement—not replace—existing national
587 and regional policies. While we have prioritized the most impactful and achievable strategies for
588 the immediate term, we are committed to ongoing evaluation and refinement of our priorities to
589 ensure they remain responsive, relevant, and effective in the years ahead.

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595 **Competing interests**

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597 The authors declare no competing interest

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602 **Figure 1. The 6x5 Plan.** The plan identifies six key priorities to be pursued over the next five
603 years, with an emphasis on continuous progress and adaptation to evolving needs. These
604 priorities include enhancing brain health advocacy and health literacy, positioning brain health
605 as a catalyst for socioeconomic transformation, repurposing existing resources, breaking down
606 silos of people and data, innovating tech-enabled community brain health systems, and
607 strengthening funding for the African Brain Health Agenda. The plan's implementation will be
608 driven by five core principles: a life-course perspective, Pan-African engagement, multisectoral
609 collaboration, strong partnerships, and context-specific solutions.

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612 **Figure 2. Organizational structure of the DAC Africa Task Force on Brain Health.** The task
613 force is responsible for delivering the 6x5 Plan. At the top, the Organizing Committee provides
614 strategic oversight, composed of key global partners including DAC, the World Health
615 Organization (WHO), the World Economic Forum (WEF), the World Bank, and Alzheimer's
616 Disease International (ADI), and the African Union. The Secretariat, led by DAC, coordinates
617 operational support and communication. The task force's direction is guided by six thematic
618 chairs specializing in research, nonprofit, industry, policy, economics, and systems thinking,
619 who shape strategy and liaise with working group leads. Six working groups, each led by
620 operational leads from the five geopolitical zones, focus on executing the priorities of the 6x5
621 Plan, ensuring regionally relevant and inclusive solutions across Africa.

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Box1: The emergence of brain health and dementia policies in Africa from 1988–2024

Historically, health policies in Africa have prioritized communicable diseases due to their immediate and widespread public health impact. However, since the late 1980s, increasing attention has been given to non-communicable diseases (NCDs), including mental, neurological, and psychosocial disorders. Early initiatives ⁽⁹¹⁻⁹³⁾ focused on establishing national mental health structures and care guidelines before expanding to substance abuse treatment and prevention strategies. By 2011, priorities had shifted toward stigma reduction and integrating mental health training into primary healthcare, setting the stage for a more sustainable mental health system ⁽⁹⁴⁾. Despite these advancements, little emphasis was placed on ADRD, healthy aging, or the well-being of older populations. Additionally, policies often lacked multisectoral collaboration and relied on anecdotal data rather than rigorous reporting mechanisms.

Between 2011 and 2015, a paradigm shift occurred in how NCDs, including brain diseases, were perceived in LMICs. This shift was largely driven by key global initiatives, such as the 2011 United Nations General Assembly Political Declaration on NCDs ⁽⁹⁵⁾, the WHO Global Action Plan for the Prevention and Control of NCDs (2013–2020) ⁽⁹⁶⁾, and the inclusion of NCDs in the Sustainable Development Goals (SDG 3.4) in 2015 ⁽⁹⁷⁾. In response, African health systems broadened their focus beyond infectious diseases, resulting in regional policies and declarations targeting NCDs. Notable frameworks included the Brazzaville Declaration on NCDs ⁽⁹⁸⁾, the Luanda Commitment on NCDs ⁽⁹⁹⁾, and the WHO African Regional Framework for Integrating Essential Noncommunicable Disease Services into Primary Health Care ⁽¹⁰⁰⁾. Disease-specific regional strategies further reinforced efforts to address NCDs across the continent.

From 2013 to 2024, momentum has grown in developing policies to address ADRD and aging in Africa. Key frameworks, such as the WHO Healthy Ageing in the African Region report ⁽⁹⁵⁾, the Comprehensive Mental Health Action Plan 2013–2030 ⁽¹⁰¹⁾, and the Global Dementia Action Plan ⁽¹⁸⁾, have expanded the scope of earlier policies. These initiatives emphasize integrating brain health across the lifespan, strengthening research and data reporting, enhancing governance, and prioritizing prevention and early intervention.

Table 1: Aging and Dementia-Related Policies in Africa (1988-2024)

| Year | Policy/Framework | Key Focus | Responsible Organization | Description |
|------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1988 | WHO Resolution Prevention and Treatment of Mental and Neurological Disorders ⁽⁹¹⁾ | Establish and strengthen mental health care guidelines | WHO African Region | <ul style="list-style-type: none"> Recognises the burden of mental, neurological and psychological disorders in the region Urges Member States to establish and strengthen National Mental Health Coordinating Groups, Develops care guidelines and training programs. Assigns WHO Regional Director to support and monitor progress. |
| 1990 | WHO Resolution Community Mental Health Care Based on the District Approach in Africa ⁽⁹²⁾ | Expand national mental health care programs | WHO African Region | <ul style="list-style-type: none"> Builds on the 1988 resolution. Integrates mental health care into primary health services. Expands programs to address alcohol and drug abuse. Assigns a senior officer in the Ministry of Health to oversee coordination. |
| 1994 | WHO Resolution Accelerating the Development of Mental Health in the African Region ⁽⁹³⁾ | Update legislation and training with a prevention focus | WHO African Region | <ul style="list-style-type: none"> Integrates mental health training into primary healthcare worker programs. Puts emphasis in modernizing legislation, and centring prevention in national mental health programs. |
| 2011 | WHO Regional Strategy for Mental Health ⁽⁹⁴⁾ | Reduce stigma and develop prevention-centred policy | WHO African Region | <ul style="list-style-type: none"> Focuses on prevention, policy development, and countering stigma. Covers efforts to reduce substance abuse. |
| 2013 | WHO Healthy Ageing in the African Region: Situation Analysis and Way Forward ⁽¹⁰²⁾ | Strengthen policy protections and service delivery for aging populations | WHO African Region | <ul style="list-style-type: none"> Focuses on elderly population issues, including specialized healthcare delivery for dementia or other mental disorders. |
| | Comprehensive Mental Health Action Plan 2013-2030 ⁽¹⁰³⁾ | Governance, services, prevention, research | WHO | <ul style="list-style-type: none"> Endorsed by the Seventy-fourth World Health Assembly. Focuses on strengthening governance and leadership, care services, information systems, and prevention efforts. No specific mention of Africa. |
| 2016 | WHO Multisectoral Action for a Life Course Approach to Healthy Ageing ⁽¹⁰⁴⁾ | Awareness, research, strategic partnerships | WHO | <ul style="list-style-type: none"> Promotes creation of healthy aging policies, interventions, and research agenda in member countries by 2020. |
| 2017 | WHO Global Dementia Action Plan (2017–2025) ⁽¹⁸⁾ | Awareness, caregiver support, risk reduction | WHO | <ul style="list-style-type: none"> Covers awareness, risk reduction, diagnosis, treatment, caregiver support, information systems, and research. Targets 75% of countries to have national policies by 2025. |
| 2021 | WHO Framework for Implementing the Priority Actions of The Global Plan of | Combat ageism, protective policies for elderly populations | WHO African Union | <ul style="list-style-type: none"> Focuses on national frameworks for healthy aging. Includes combatting stigma, supporting |

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|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Action of the Decade of Healthy Ageing (2021-2030) ⁽¹⁰⁵⁾ | | | workforce, and improving capacity for long term care and research. |
| 2022 | African Union's Agenda 2063 Reports ⁽²⁴⁾ | Strategies for food security, health, and technical skills | African Union and European Union | <ul style="list-style-type: none"> • Focuses on making these areas strategic choices for governments and investors. • Opens avenues for integrating a broader public health agenda for non-communicable diseases, including ADRD and other neurological conditions, at the continental scale |
| | WHO AFR/RC72/5 (Framework to Strengthen Implementation of Comprehensive Mental Health Action Plan) ⁽¹⁰⁶⁾ | Mental Health, Neurological, and Substance misuse services (MNS) service integration and workforce expansion. | WHO African Region | <ul style="list-style-type: none"> • Focuses on neurological and mental disorders, including substance use. • Aims to develop strategic plans, strengthen health services, and increase mental health budgets by 2030. |
| | The Nairobi Declaration-Reducing the burden of dementia in low- and middle-income countries (LMICs) ⁽²⁶⁾ | Reducing the burden of dementia | Multisectoral WHO, Funders, Governments, Researchers, and other Stakeholders | <ul style="list-style-type: none"> • Advocacy for concerted effort for improved research funding and policy support for reducing dementia burden in Africa and other LMICs |
| | Optimizing Brain Health Across the Life Course: WHO Position Paper ⁽³⁸⁾ | Optimizing brain health at all life stages | WHO | <ul style="list-style-type: none"> • 10-year action plan focusing on neurological disorders, especially epilepsy, with strategic objectives for policy, care, and research. |
| | Framework to strengthen the implementation of the comprehensive mental health action plan 2013–2030 in the WHO African Region: report of the Secretariat ⁽¹⁰¹⁾ | Comprehensive targets for MNS services and policies. | WHO African Region | <ul style="list-style-type: none"> • aims to strengthen the implementation of the Comprehensive mental health action plan 2013–2030 in the African Region • Completion 2030 |
| 2023 | African Union Taskforce on NCDs and Mental Health ⁽²⁵⁾ | Cross-sector collaboration on brain health. | African Union | <ul style="list-style-type: none"> • Not publicly available |
| 2024 | Progress Report: Framework For Implementing the Priority Actions of the Global Plan of Action of the Decade of Healthy Ageing ⁽¹⁰⁷⁾ | Report on progress made establishing age-friendly policies and strategies | WHO African Union | <ul style="list-style-type: none"> • Thirty member states developed policy and strategy frameworks. • Twenty member states established/strengthen older persons programs. • No research agenda milestones reached. |
| | African Union Strategy on Mental Health and Psychosocial Support for Teachers in Africa ⁽¹⁰⁸⁾ | Enhance mental health of educators in Africa | African Union Commission | <ul style="list-style-type: none"> • Focuses on mental health literacy, support access, teacher wellbeing, and school-based programs. • Aims for increased Mental Health and Psychosocial Support programs in schools in schools (MHPSS) by 2030 |
| | WHO Risk Reduction Guidelines (Updated) ⁽¹⁰⁹⁾ | New risk factors like HIV, air pollution. | WHO | <ul style="list-style-type: none"> • Focuses on prevention. • Identifies modifiable risk factors for dementia tiered by supportive evidence. |
| | Yaoundé Declaration on Brain Economy, Brain Health and Brain Capital ⁽²⁷⁾ | Brain health across the life span, for promoting and preserving brain capital for | Multisectoral United Nations, BRAIN-Africa African Union, WHO African | <ul style="list-style-type: none"> • Aims for 'brain-positive'/'brain-healthy' economic frameworks • formation of Global Brain Council |

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|--|--|-------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | economic productivity and wellbeing | Region & African Governments | <ul style="list-style-type: none">• development of brain capital in Africa and reducing disparities globally.• Projected to be incorporated into the UN act for the Future Implementation. |
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Table 2: Priorities and key actionable opportunities in the 6X5 plan

| Priority | Actionable opportunities |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (1) Enhancing Brain health advocacy and Health Literacy | <ul style="list-style-type: none"> • Develop culturally appropriate terminology to facilitate understanding of ADRD as a biological process and help reduce stigma. • Create targeted large advocacy campaigns and educational programs using innovative approaches, e.g. narrative short films, social media. • Engage communities to shift cultural perceptions and provide support for affected individuals and families. |
| (2) Positioning Brain Health as a Driver of Socioeconomic Transformation | <ul style="list-style-type: none"> • Promote brain resilience and brain capital as key concepts linking cognitive health to economic and social growth. • Leverage African cultural traditions to create community-centred brain health strategies. • Adopt a systems-based approach that integrates brain health into SDGs agenda. • Strengthen interventions across the lifespan, focusing on nutrition, childhood education, maternal and mental health, and healthy aging. • Expand the list of modifiable risk factors for dementia to include Africa-specific risk factors such as poverty, infectious diseases, climate change, and migration • Integrate brain health into economic and employment policies to drive economic development and workforce productivity. |
| (3) Repurposing Existing Resources Across the Continent | <p>Develop a Pan-African repurposing strategy aimed to identify underutilized resources and transform them into sustainable, affordable, and locally driven solutions. Examples include:</p> <ul style="list-style-type: none"> • Leverage Africa’s expertise in managing infectious diseases like HIV/AIDS and COVID-19 to inform brain health strategies. • Strengthen the healthcare workforce by training primary care providers, community health workers, and integrating traditional practitioners into dementia care. • Integrate dementia care into primary healthcare, aligning it with NCD services like hypertension and diabetes management. • Foster cross-border collaboration to optimize diagnostic and treatment resources across the continent. • Maximize social and community networks, including elders, religious leaders, and women’s groups, to reduce stigma and promote awareness. • Explore Africa’s biodiversity and traditional medicine for potential new treatments. • Invest in targeted education and training programs to upskill healthcare professionals in dementia care. |
| (4) Breaking down silos of people and data Across Africa Gaps | <ul style="list-style-type: none"> • Create a Pan-African network of research centres to foster a harmonized, transdisciplinary approach to data generation. • Develop integrated data-sharing platforms combining health, socioeconomic, and environmental information, supported by pan-African institutions. • Use digital health tools and cloud-based solutions to bridge data-sharing gaps and ensure real-time access to information. • Foster global partnerships and collaborations with international research institutions to accelerate discovery and evidence-based solutions. • Leverage Africa’s success in coordinated responses to infectious diseases and COVID-19 to advance brain health initiatives and break down silos. |

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| | <ul style="list-style-type: none"> Strengthen cross-sector collaboration between health systems, governments, researchers, and NGOs. |
| (5) Innovating Tech-Enabled Community Brain Health Systems | <p>Develop a pan-African strategy for AI and ML solutions in brain health, aiming to:</p> <ul style="list-style-type: none"> Design tech enabled solutions with local input, using regional data to train and validate AI/ML algorithms. Incentivize and regulate digital solutions to be compatible with various mobile health systems and offline use. Support incubation in early development stages and create business models leveraging existing digital health infrastructure. Collaborate with local governments and regulatory bodies to establish a safe, ethical framework that enables and promotes 'citizen science' data sharing in brain health. |
| (6) Strengthening Funding for the African Brain Health Agenda Gaps | <ul style="list-style-type: none"> Strengthen the economic and societal case for brain health to attract local and international funding. Develop impact investment models for brain health, prioritizing funding from within Africa. Secure governments commitment for brain health policies through the concept of "Brain Capital." Establish public-private partnerships to support brain health initiatives. |

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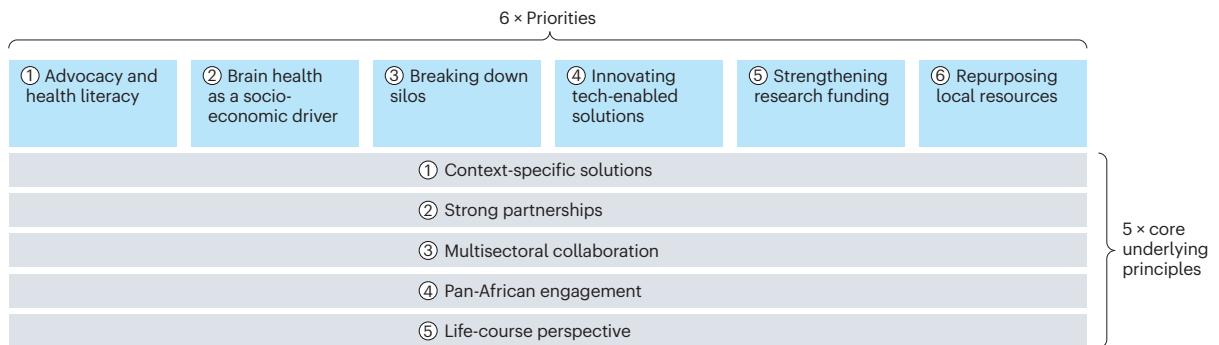
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