Egypt

Research conducted in 01/12/2025

Egypt's dementia ecosystem is advancing on several fronts but remains uneven. University hospitals in Cairo and other major cities anchor diagnosis and care through geriatrics, neurology, and old-age psychiatry services, while the Universal Health Insurance (UHI) reform provides a structural path to scale coverage as it phases in. Research capacity is growing around the Egyptian Dementia Network (EDN) registry, tertiary imaging platforms, and collaborations such as the Davos Alzheimer's Collaborative (DAC) with local academic partners. Civil society, especially the Egyptian Alzheimer Society, adds carer education, memory-café models, and public campaigns that draw families into formal pathways earlier. Together, these clinical, research, and community pillars form a credible base for earlier diagnosis, better navigation, and more consistent symptomatic treatment.

Highlights

Health system **Universal, Mixed funding (Mixed provision)**
ADI member association(s): **Egyptian Alzheimer Society**
National dementia plan: **Egypt doesn't have a dedicated national plan on Alzheimer's disease or dementia.**
Dementia plan funding: **No plan**
Dementia prevalence rate: **268**
Dementia incidence rate: **48**
Population: **119171692**
Median age: **25**
Health expenditure (% of GDP): **5**

Diagnosis

Egypt's dementia pathway is shifting towards structured coverage under the 2018 Universal Health Insurance, yet remains hindered by significant diagnostic bottlenecks. While university hubs provide essential neuroimaging, advanced biomarkers and genetic testing are largely excluded from public reimbursement, creating a reliance on out of pocket private care. Consequently, geographic disparities persist, with rural populations facing longer wait times and limited access to specialised centres. To bridge these systemic voids, the Egyptian Alzheimer Society offers critical secondary support, though high costs for advanced diagnostics remain a primary barrier.

Diagnosis pathway

Egypt's dementia pathway is evolving under the 2018 Universal Health Insurance Law, transitioning towards mandatory coverage and structured referrals. Patients typically enter via general practitioners, moving to university-affiliated hospitals for specialised neuroimaging and differential diagnostics. In the absence of a formal national plan, the Egyptian Alzheimer Society provides a vital secondary layer, offering cognitive screenings, caregiver education, and navigation support to bridge public system gaps.

Egypt's dementia and cognitive-disorders pathway is increasingly shaped by the Universal Health Insurance (UHI) Law No. 2/2018, which introduced mandatory coverage, purchaser–provider separation, and a gradual governorate-by-governorate rollout. In practice, people typically enter the system through a general practitioner (GP) or family physician, or through hospital outpatient clinics, where cognitive concerns are first identified based on family reports, functional decline, or comorbid medical presentations. From there, referral pathways lead to tertiary and university-affiliated hospitals, which function as de facto memory hubs due to their concentration of specialists and diagnostic infrastructure. They coordinate cognitive testing, neuroimaging, laboratory work-ups, and differential diagnosis (e.g., vascular dementia, depression-related cognitive impairment, Parkinsonian syndromes), and they also serve as referral centres for complex or atypical cases from across the country.

In parallel, civil society organisations, most notably the Egyptian Alzheimer Society (EAS), play a critical navigation and support role. Although non-governmental organisations (NGOs) do not replace formal diagnosis, they provide screening days, caregiver education, memory cafés, psychosocial activities, and referral guidance, often acting as the first point of contact for families uncertain about where to seek help. This NGO layer partially compensates for the absence of a formal national dementia plan and structured post-diagnostic support within the public system.

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Wait times

Status: Long wait time

Official statistics on dementia-related delays are unavailable, yet public-sector bottlenecks persist, particularly outside metropolitan hubs. While university hospitals face heavy patient volumes, private clinics offer rapid diagnostics for those able to afford out-of-pocket costs. Consequently, significant geographic and socioeconomic disparities remain between urban centres and rural governorates.

Egypt does not publish national dementia-specific waiting times statistics, but academic commentary and NGO experience consistently highlight delays in public-sector diagnosis, particularly for non-urgent referrals and in governorates outside major metropolitan areas. University hospitals often face high patient volumes, leading to extended waits for specialist appointments and imaging slots. By contrast, private clinics can substantially shorten waiting times, often providing consultations and imaging referrals within days, but at significant out-of-pocket cost. This dynamic produces urban–rural and income-based disparities, with residents of Cairo and Alexandria enjoying faster access than patients in Upper Egypt or smaller governorates, and wealthier families achieving earlier diagnosis through private care.

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Diagnosis cost

Egypt's Universal Health Insurance mandates a standard benefit package, theoretically subsidising primary care and diagnostics. However, high out-of-pocket expenses persist during the nationwide rollout. Consequently, families frequently rely on private or employer-led plans to navigate specialists, imaging, and network-specific co-payments.

Egypt has rolled out a Universal Health Insurance scheme that provides a defined service-benefit package (SBP) and separates financing from provision. Public insurers cover basic outpatient and inpatient care for enrolled people. That means GP visits, many specialist consultations and some basic diagnostics are theoretically covered or subsidised under public schemes. However, Egypt has historically had very high out-of-pocket spending on health; until UHI fully rolls out and depending on what a person's insurance covers, families often pay substantial sums for specialist care and advanced diagnostics.

People with private or employer plans often use private hospitals and imaging centres; the scope (outpatient visits, imaging, tests) depends on each policy, limits, networks, prior-authorisation rules and co-payments.

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Cognitive tests

Egypt has no population-wide dementia screening programme. Detection is largely opportunistic, occurring in primary care when cognitive symptoms become functionally disruptive, and systematic within hospital-based memory clinics. Psychiatry and geriatrics units routinely use brief cognitive screening tools, such as the Mini-Mental State Examination (MMSE), Montreal Cognitive Assessment (MoCA) equivalents, and functional scales, complemented by clinical history and carer interviews.

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Imaging tests

Computed tomography (CT) and magnetic resonance imaging (MRI) are standard components of dementia work-ups and are widely available in university hospitals and large private centres. These modalities underpin most diagnoses, particularly in distinguishing vascular and mixed dementias. Advanced molecular imaging exists in Cairo's private sector, including positron emission tomography (PET) and PET/MRI, but amyloid-PET is not routine and is used selectively due to cost, limited clinical integration, and lack of reimbursement within the public pathway.

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Genetic tests

Genetic testing is not part of routine dementia diagnostics in Egypt and is not included in national clinical guidelines or the standard public care pathway. Common risk genotyping such as APOE ε4 is generally considered to have limited clinical utility for routine diagnosis and is therefore not used in day-to-day practice within public hospitals. This approach aligns with prevailing norms in many middle-income health systems, where genetic information is not viewed as actionable in the absence of disease-modifying therapies.

In exceptional cases, notably very early-onset dementia (typically 65 years) or strong multigenerational family history suggesting a monogenic form of Alzheimer's disease, genetic testing may be pursued outside the public pathway. Such testing is usually arranged through private laboratories, international diagnostic providers, or research-linked university collaborations, rather than through UHI-covered services. As a result, access depends heavily on financial capacity, clinician networks, and academic affiliation, and results are more often used for diagnostic clarification or research purposes than for direct changes in management.

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Biomarker tests

Biomarker-based diagnosis is not yet embedded in Egypt's routine dementia pathway. While cerebrospinal fluid (CSF) biomarkers, including amyloid-β (Aβ42/40), total tau, and phosphorylated tau, are internationally recognised, there is no documented evidence of their systematic use in Egypt's public-sector memory services.

Treatment & care

Egypt's psychogeriatric infrastructure remains concentrated in metropolitan academic hubs such as Ain Shams and Cairo Universities, leaving rural populations to navigate significant geographic barriers. While the 2018 insurance rollout subsidises basic consultations, a lack of integrated neurodegenerative palliative care and national caregiver subsidies forces families, primarily women, to absorb substantial emotional and financial costs. Consequently, the third sector, led by the Egyptian Alzheimer Society, provides the essential navigation, psychoeducation, and advocacy required to bridge these systemic voids and fragmented social protections.

Specialized facilities and services

Egypt's mental health framework, managed by the GSMHAT, faces significant provider shortages and fragmented coordination across ministerial and academic sectors. Specialist psychogeriatric expertise is predominantly clustered within premier university hubs, such as Ain Shams' Ahmad Shawky Hospital and Cairo University, which serve as national referral anchors. While these institutions offer sophisticated multidisciplinary diagnostics and emerging cognitive stimulation therapies, the heavy urban concentration leaves rural populations largely underserved.

Furthermore, despite legislative progress under the 2009 Mental Health Act, implementation for older adults remains inconsistent. Families frequently bridge these systemic gaps, as palliative care remains primarily cancer-focused rather than integrated into neurodegenerative pathways. Consequently, rural residents must often undertake extensive travel to access the specialised memory clinics and geriatric infrastructure located in major cities.

Mental health services are overseen by the General Secretariat of Mental Health and Addiction Treatment (GSMHAT), which operates a limited network of hospitals and outpatient clinics and serves a population of over 100 million with approximately 1,100 psychiatrists, resulting in low provider-to-population ratios. Services are fragmented across different ministerial and university systems, leading to weak coordination and uneven care pathways. While psychogeriatric units exist in a small number of university hospitals, geriatric psychiatry capacity remains scarce, psychiatric bed availability is low, and services are heavily urban-concentrated, leaving many rural areas underserved. Integration of mental health into primary care is limited, and despite rights-based reforms under the 2009 Mental Health Act, implementation, particularly for older adults, remains inconsistent, leaving families and GPs to shoulder much of the care load.

Specialised dementia, memory, and geriatric services in Egypt are highly concentrated in university and teaching hospitals, which function as the core providers of diagnosis, treatment planning, and specialist follow-up. Ain Shams University's geriatrics services, including Ahmad Shawky Geriatrics Hospital, and Cairo University's old-age psychiatry and memory clinic are among the most prominent national reference centres, drawing referrals from across multiple governorates. These institutions typically offer multidisciplinary assessment (geriatrics, neurology, psychiatry, radiology), access to CT and MRI, and exposure to internationally aligned clinical practices.

National Institute for Longevity Elderly Sciences (NILES) at Beni-Suef University and geriatric units at major

universities such as Alexandria, Tanta, Mansoura and Cairo, with additional access through private hospitals like Behman Hospital. Memory clinics and cognitive stimulation therapy (CST) are gradually emerging, supported by research and culturally adapted implementation led by Cairo University and demonstrated community benefits in Mansoura, but services remain geographically concentrated in academic and private centres, limiting access for older adults in rural areas and smaller cities who often must travel long distances for assessment and follow-up.

Palliative care capacity exists in Egypt and has expanded in recent years, largely through cancer and hospital-based programmes. However, its integration into routine dementia and non-cancer neurodegenerative pathways remains limited, reflecting broader regional patterns addressed through World Health Organization Regional Office for the Eastern Mediterranean (WHO-EMRO) initiatives on palliative care development.

Approved medication

Generic Name	Trade Name	Used for
Donepezil	Aricept, Aricept ODT, Adlarity, Eranz, Memac, Alzepil, Davia, Donecept, Donep, Donepex, Donesyn, Dopezil, Yasnal, Memorit, Pezale, Redumas, Zolpezil, Namzaric*	Donepezil is indicated for the symptomatic treatment of mild to moderately severe Alzheimer's dementia. Official UK medicine details (MHRA SPC) link
Rivastigmine	Exelon, Exelon Patch, Prometax, Rivastach, Nimvastid	Symptomatic treatment of mild to moderately severe Alzheimer's dementia. Symptomatic treatment of mild to moderately severe dementia in patients with idiopathic Parkinson's disease. Official UK medicine details (MHRA SPC) link
Galantamine	Razadyne, Razadyne ER, Reminyl, Reminyl XL, Nivalin, Lycoremine, Galsya	Galantamine is indicated for the symptomatic treatment of mild to moderately severe dementia of the Alzheimer type. Official UK medicine details (MHRA SPC) link
Memantine	Namenda, Namenda XR, Ebixa, Memary, Axura, Akatinol, Maruxa, Nemdatine, Namzaric*	Treatment of adult patients with moderate to severe Alzheimer's disease. Official UK medicine details (MHRA SPC) link

*Namzaric = combination of Donepezil and Memantine

** MHRA: Medicines and Healthcare products Regulatory Agency - UK medicines regulator;

SPC: Summary of Product Characteristics - detailed product information

Treatment cost

Under Egypt's phased insurance rollout, contracted public providers cover basic consultations and symptomatic medications, though regional inconsistencies persist. Consequently, families frequently shoulder significant out-of-pocket costs for private diagnostics, specialised therapies, and indirect expenses like transportation or professional

home care.

Under the phased implementation of UHI, follow-up specialist visits, basic monitoring, and symptomatic dementia medications are covered when delivered through contracted public providers. However, coverage depth and co-payment requirements vary by governorate and stage of rollout, leading to inconsistent patient experiences across the country. Services accessed outside the contracted public network, including private consultations, private imaging, non-covered medications, or advanced diagnostics, are paid out-of-pocket. Beyond direct medical costs, families frequently incur substantial indirect expenses, including transportation to tertiary hospitals, hiring paid carers, and accessing private rehabilitation or cognitive therapy services when public options are unavailable or insufficient.

References

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Caregiver support

Egypt's caregiver support ecosystem is primarily sustained by the third sector rather than state institutions, as no national framework currently provides respite or financial subsidies. Families, predominantly women, shoulder the bulk of daily assistance, often enduring profound psychological and emotional strain. Organizations like the Egyptian Alzheimer Society and the Dementia Support Initiative fill this void through psychoeducation and advocacy, offering vital guidance in a fragmented system where social protections remain limited.

Caregiver support in Egypt is predominantly NGO-led rather than state-institutionalised. Family care partners form the backbone of dementia care in Egypt, providing most daily assistance without formal training or systemic support and experiencing substantial psychological and emotional strain as a result. Studies consistently show moderate to severe carer load, high levels of anxiety and depression, and reduced quality of life, particularly among women, who disproportionately shoulder caregiving responsibilities, while evidence from hospital- and community-based interventions demonstrates that psychoeducation and cognitive stimulation programmes can significantly reduce load and distress. Despite this, caregiver support remains limited to a small number of NGOs concentrated in urban areas, with no national respite or carer-focused policy framework, leaving families to absorb the social, emotional, and economic costs of dementia care largely on their own.

The EAS serves as the central anchor for carer education, peer support groups, training workshops, public awareness campaigns, and dementia-friendly community activities. These initiatives provide practical coping strategies, reduce stigma, and offer informal care navigation in a system where formal coordination remains limited. Additional grassroots and professional initiatives, such as the Dementia Support Initiative in Egypt, contribute advocacy, training, and professional awareness, particularly among healthcare workers and social care actors.

However, there are no clearly defined national cash benefits or carer allowances specifically targeted to dementia, and social protection measures remain fragmented.

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Policy

Egypt currently lacks a standalone national dementia strategy, instead integrating cognitive care into broader insurance reforms. This policy vacuum, combined with a fragmented legal framework for mental capacity, results in inconsistent guardianship and significant diagnostic delays. Furthermore, deep-seated cultural stigmas often normalise cognitive decline as "typical aging," creating profound knowledge gaps. Addressing these systemic barriers requires unified statutory protections, dedicated funding streams, and sustained public education to transition from informal, family-led care toward structured, rights-based medical pathways.

National dementia plan

Egypt lacks a standalone dementia strategy, instead embedding cognitive care within the 2018 Universal Health Insurance framework. While this reform broadens medical access, the absence of a dedicated policy results in fragmented pathways, reliant on academic hubs and third-sector initiatives.

Egypt does not currently have a stand-alone, dementia-specific national strategy or action plan. Instead, dementia policy is embedded implicitly within broader health-system reform, as in the Universal Health Insurance Law No. 2/2018, which serves as the principal structural platform for expanding access to diagnosis and specialist care.

The UHI reform introduces mandatory population coverage, purchaser–provider separation, standardised benefit packages, and strengthened primary-care gatekeeping, all of which are indirectly relevant to dementia. However, because dementia is not yet articulated as a discrete policy priority, there is no nationally defined dementia pathway, post-diagnostic support framework, or dedicated funding stream, leaving implementation uneven and highly dependent on university hospitals and NGO activity.

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Upcoming plans

Egypt does not have a publicly announced national Alzheimer's disease strategy or a stand-alone national dementia plan.

Policy gaps

Legal barriers

Egypt lacks a unified, dementia-specific legal framework, leaving critical issues like mental capacity and guardianship to fragmented civil and family laws. This statutory void fosters inconsistent assessments and a

reliance on informal family decision-making. Consequently, the absence of tailored protections increases risks of exploitation while leaving caregivers without clear legal authority or oversight.

Egypt does not have a unified, dementia-specific legal framework addressing core issues such as mental capacity, guardianship, informed consent, driving fitness, or financial decision-making. Instead, legal protections and obligations for people living with dementia are derived indirectly from general health legislation, the Civil Code, personal status law, and constitutional provisions, none of which are tailored to the progressive and fluctuating nature of cognitive impairment.

This legal fragmentation contributes to inconsistent capacity assessments, widespread reliance on informal family decision-making, and limited clarity around substituted decision-making or supported autonomy. In the absence of clear statutory guidance, families frequently assume de facto guardianship without formal oversight, which can expose people living with dementia—particularly in advanced stages—to heightened risks of financial exploitation, neglect, or abuse, while also leaving carers uncertain about their legal authority. The lack of dementia-specific statutes thus represents a significant governance gap, undermining rights-based care and highlighting the need for clearer legal standards aligned with the realities of neurodegenerative disease.

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Cultural barriers

Deep-seated cultural stigmas and the normalization of cognitive decline as "typical aging" frequently obstruct early interventions in Egypt. A 2024 national survey highlighted profound knowledge gaps, where most respondents struggled to define dementia or identify treatment pathways. Consequently, families often delay medical consultations to avoid social labeling, prompting clinicians to use neutral terminology like "memory clinics" to encourage engagement and dismantle persistent barriers to care.

Cultural perceptions remain a significant barrier to early diagnosis and care. Cognitive decline is often normalised as "just aging," and stigma surrounding mental and neurological illness can delay help-seeking until symptoms are severe or behaviorally disruptive. These attitudes contribute to late presentation, underdiagnosis, and fragmented care trajectories, reinforcing reliance on family coping rather than medical intervention.

Public awareness of dementia in Egypt remains low and is compounded by persistent stigma, despite the growing disease burden. National survey evidence from 2024 shows widespread knowledge gaps, with only a small minority of respondents able to correctly define dementia and a substantial proportion misinterpreting it as part of ageing. Deficits are particularly pronounced regarding treatment options and daily-life impact, and are strongly associated with non-medical backgrounds, lack of prior exposure or training, and unfamiliarity with dementia-related terminology. While medical students demonstrate moderately better overall knowledge, significant weaknesses persist in caregiving and prevention-related domains, indicating insufficient curricular emphasis on dementia care.

Stigma further undermines timely diagnosis and research participation, as families often avoid discussing cognitive decline due to fear of social labelling, leading to delayed help-seeking and late-stage presentation; clinicians respond by adopting neutral language, such as "memory clinics," to reduce barriers. Together, these findings

underscore that improving dementia outcomes in Egypt requires sustained public education, stigma reduction, and better integration of dementia training across both medical education and community outreach.

Research

Egypt is advancing early detection through the Egyptian Dementia Network (EDN) registry and international collaborations, while preclinical research explores traditional medicinal plants.

Selected academic institutions

Cairo University Ain Shams University American University in Cairo

Clinical trials and registries

Egypt does not operate a dedicated national dementia or Alzheimer's disease clinical trials registry. Instead, information on ongoing or completed studies is accessed through international platforms, such as ClinicalTrials.gov, where Egypt appears as a host country for selected Alzheimer's disease and cognitive-disorder trials. The Egyptian Drug Authority (EDA), established in 2019, is the central regulatory body responsible for authorising and supervising clinical research, ensuring safety and compliance with ethical standards.

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References

- https://clinicaltrials.gov/

Selected innovative methods

Egypt is advancing its diagnostic landscape through the EDN registry and international collaborations, like the DAC-AUC-UCL initiative, focusing on scalable early detection and workforce readiness. Preclinical research also explores traditional Egyptian medicinal plants, such as Adhatoda vasica, for potential neuroprotective properties, though these laboratory findings require extensive clinical validation.

At the systems level, the EDN registry represents a major methodological innovation by enabling standardised data collection across centers, supporting longitudinal analysis and policy-relevant insights. In parallel, the Davos Alzheimer's Collaborative (DAC)–American University in Cairo (AUC)–University College London (UCL) collaboration emphasises scalable early-detection approaches, workforce training, and preparation for future biomarker integration, positioning Egypt to engage with next-generation diagnostic paradigms as they become clinically actionable.

An exploratory laboratory study examined plants used in Egyptian traditional medicine for memory complaints, assessing their activity in Alzheimer's disease–relevant in vitro assays. Extracts were tested for acetylcholinesterase (AChE) inhibition, COX-1 inhibition, and antioxidant effects. Adhatoda vasica and Peganum harmala showed AChE

inhibition under laboratory conditions; Ferula assafoetida demonstrated COX-1 inhibition; and Terminalia chebula, T. arjuna, and Emblica officinalis exhibited antioxidant activity. These findings reflect early-stage, preclinical results only. They do not demonstrate clinical effectiveness or safety in humans, and further research would be required before considering any therapeutic application.

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Support

Egypt is pioneering data-driven care through the EDN registry and global research alliances, enhancing diagnostic precision and workforce readiness. While university-led campaigns challenge aging myths, the lack of specialised media restricts outreach, leaving rural and lower-literacy populations underserved by digital-only platforms.

Organizations are listed for informational purposes based on publicly available sources. Inclusion does not necessarily indicate affiliation with or endorsement by Alzheimer's Disease International (ADI).

Selected national associations, patient family associations, NGOs:

Egyptian Alzheimer Society (EAS) Dementia Support Initiative in Egypt (DSIE)

Selected initiatives

The EDN has established the nation's inaugural multicenter registry, a pivotal advancement for evidence-based governance. By documenting clinical trends and diagnostic bottlenecks, this initiative provides the empirical framework necessary for future resource distribution and standardised care guidelines. Complementing this, international alliances involving the Davos Alzheimer's Collaborative and local academic institutions are enhancing diagnostic precision and workforce competencies. These partnerships serve as a strategic bridge, aligning Egypt with global breakthroughs in biomarker research. Furthermore, high-profile awareness campaigns at major universities, aligned with WHO objectives, are actively dismantling the misconception that cognitive decline is an inevitable consequence of ageing. Together, these efforts cultivate a more informed public and a more resilient, data-driven healthcare infrastructure.

The Egyptian Dementia Network (EDN)

The Egyptian Dementia Network (EDN) has launched the country's first multicenter dementia registry, a foundational step for evidence-based policymaking. By systematically collecting clinical and demographic data across participating centres, the registry aims to map prevalence patterns, diagnostic delays, and service gaps, providing the empirical basis required for future national planning, resource allocation, and guideline development. In a context where population-level dementia data are scarce, this initiative represents a critical policy enabler.

DAC-AUC-UCL collaboration

International research and capacity-building partnerships are increasingly positioning Egypt within global brain-health initiatives. Notably, the DAC-AUC-UCL collaboration focuses on early detection, biomarker research, workforce training, and data harmonization. These partnerships strengthen local clinical and research capacity, support alignment with international diagnostic standards, and may serve as a policy bridge between research innovation and future national strategies, particularly as disease-modifying therapies and biomarker-based diagnostics mature globally.

Alzheimer's and Brain Awareness Month

June 2025 marked Alzheimer's and Brain Awareness Month, a global observance dedicated to raising public awareness about dementia and Alzheimer's disease, reducing stigma, and highlighting the need for earlier diagnosis, better care, and stronger support for people living with dementia and their families. The month emphasised that dementia is not a normal part of ageing, that awareness and prevention are critical, particularly in low- and middle-income countries where most people living with dementia are based, and aligned with the WHO Global Action Plan on the public health response to dementia (2017–2025), which calls for increased awareness, risk reduction, and dignity-centred care.

World Alzheimer's Day and Alzheimer's Awareness Month

In 2024, Ain Shams University marked World Alzheimer's Day and Alzheimer's Awareness Month through an awareness event organised by the Faculty of Medicine. The event featured community-focused and professional awareness lectures, including a presentation by EAS's Secretary General on the association's role in public education. It was followed by an interactive session on lifestyle-based prevention of cognitive decline and a lecture addressing the psychological and behavioral symptoms of Alzheimer's disease. The celebration formed part of Ain Shams University's broader efforts to raise public awareness and improve understanding of Alzheimer's disease among both healthcare providers and the wider community.

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Dedicated media outlets

Egypt does not have dementia-specific media outlets or journals aimed at the general public. Instead, information dissemination relies on NGO websites, hospital platforms, ministry communications, and social media channels, which are used to share carer resources, educational materials, and event announcements. While effective for urban and digitally connected audiences, this model limits outreach to rural and lower-literacy populations.

References

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