Malta

Research conducted in

Malta is one of the clearer strategy-forward cases in the region, having embedded dementia within a structured and continuously updated policy framework rather than relying on fragmented or ad hoc measures. Reaching New Heights – National Dementia Strategy for the Maltese Islands 2024-2031 builds on earlier planning and is supported by named support infrastructure, including a national dementia helpline, dementia activity centres, and a dedicated community-based intervention team, alongside specialist service anchors centred on Mater Dei Hospital and associated rehabilitation, long-term care, and community mental health institutions. As a result, the main constraint in Malta's dementia system is not policy absence but execution at scale: improving timely and equitable diagnosis, reducing variation in access to specialist assessment, and ensuring that post-diagnostic support is delivered consistently across hospital, community, and residential settings. Workforce capacity, coordination between health and social care, and cultural normalization of earlier help-seeking remain key factors shaping how fully the strategy's ambitions translate into everyday practice.

Highlights

Health system **Universal, Mixed Funding (Mixed provision)**
ADI member association(s): **Malta Dementia Society**
National dementia plan: **National Dementia Strategy (2023 - 2030)**
Dementia plan funding: **Funded plan**
Dementia prevalence rate: **1651**
Dementia incidence rate: **293**
Population: **548550**
Median age: **41**
Health expenditure (% of GDP): **10**

Diagnosis

Primary care physicians serve as the initial entry point, referring patients to public neurology, psychiatric, or geriatric services. Key specialised diagnostic settings include Mater Dei Hospital, Karin Grech Rehabilitation Hospital, and community mental health clinics. Referral criteria indicate age stratification, occasionally framing dementia through early-onset lenses. Standard clinical cognitive tools include Maltese-validated versions of the MMSE and MoCA. Structural neuroimaging via CT and MRI is readily accessible within public hospitals to exclude secondary causes, whereas functional PET scans, biomarkers, and genetic risk screenings are not routinely integrated.

Diagnosis pathway

Malta's pathway begins with primary care general practitioners who refer patients to public geriatric, neurology, or psychiatry services. Mater Dei Hospital acts as the primary acute and referral centre. Multidisciplinary support is provided by a Dementia Intervention Team. Diagnosis is critical due to an ageing population and preventable risk factors like loneliness and high cholesterol. Referrals show age-based stratification, historically viewing dementia through an early-onset lens. However, health information systems remain fragmented, relying on paper-based documents in hospitals.

In Malta, the diagnostic pathway for dementia is structured around a primary care–led entry point. The growing importance of early diagnosis is underscored by recent prevalence estimates indicating that approximately 7,988 people were living with dementia in Malta in 2021 (1.54% of the population), including an estimated 275 individuals with early-onset dementia and 422 non-Maltese citizens. Projections suggest that the number of people with dementia could rise to more than 21,500 by 2060, highlighting the need for expanded diagnostic capacity and culturally accessible assessment services across the country.

According to the Lancel Commission 2024 report, a proportion of dementia cases in Malta may be preventable through targeted risk-reduction measures. While theoretical models suggest that up to 40% of cases could be avoided if all modifiable risk factors were eliminated, more realistic estimates indicate that evidence-based interventions could reduce dementia prevalence by approximately 34%. High LDL cholesterol, loneliness, and untreated vision impairment emerged as the most important modifiable risk factors. The findings support the use of multidomain prevention programmes that combine lifestyle, medical, and psychosocial interventions, providing an evidence base for Malta's dementia prevention policies and public health planning.

Dementia diagnosis in Malta is generally initiated through primary care, with general practitioners referring patients to public geriatric, neurology, or psychiatry services for specialist assessment, while private consultations remain available for those able to pay out-of-pocket. Care coordination is supported by a multidisciplinary Dementia Intervention Team comprising specialist nurses, occupational therapists, social workers, and a physician, helping to connect healthcare and social support services within the community. Malta's National Dementia Strategy 2024–2031 builds on earlier policy efforts by prioritizing prevention, early diagnosis, treatment, care, and support services. Although the country does not have a dedicated national strategy for informal caregivers, a range of voluntary, community, and faith-based organizations provide additional support to people living with dementia and

their families.
Publicly available government information identifies key specialist settings involved in dementia assessment, including Mater Dei Hospital, Karin Grech Rehabilitation Hospital, San Vinċenz de Paul Residence, and Community Mental Health Clinics. These institutions collectively anchor Malta's specialist dementia capacity, with Mater Dei Hospital serving as the principal acute and specialist referral center.

A government circular addressing dementia treatment further clarifies the referral pathway into neurology outpatient services at Mater Dei Hospital for suspected dementia. Notably, this document specifies referral criteria by age, explicitly mentioning patients up to 70 years, which suggests a degree of pathway stratification by age cohort, at least in certain policy instruments. While older patients are clearly seen and treated within the system, this age reference indicates that dementia has historically been framed partly through the lens of early-onset or working age cognitive disorders, alongside geriatric pathways linked to long-term care and rehabilitation facilities. Alternative routes into diagnosis exist but remain less formalized. Patients already engaged with community mental health services, geriatric services, or long term care institutions may be identified internally and referred onward for specialist confirmation. However, there is no indication of a parallel private sector diagnostic pathway being formally integrated into national planning, even though private consultations may occur in practice.

Currently electronic patient records needs are not met, but a recently launched Digital Health and Health Data Strategy 2030 has been launched.

References

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Wait times

Malta's National Dementia Strategy explicitly prioritizes timely diagnosis as a strategic objective, indicating institutional recognition that delays represent a meaningful barrier to effective care. Despite this emphasis, standardized and publicly reported national wait time benchmarks, for example, for neurology consultations, brain imaging, or multidisciplinary assessment, are not consistently available in open official sources. As a result, waiting times appear to vary by service type, referral urgency, and institutional capacity rather than being governed by uniform national targets. This lack of transparent wait time reporting makes it difficult to assess equity of access or to benchmark Malta's diagnostic timeliness against other European systems.

References

- https://sustainabledevelopment.gov.mt/wp-content/uploads/2024/10/Reaching-New-Heights-National-Dementia-Strategy-for-the-Maltese-Islands-2024-2031.pdf

Diagnosis cost

Status: Mostly or fully covered
The state absorbs standard diagnostic costs within public pathways. Patients entering via general practitioners

receive free consultations, core cognitive assessments, and structural imaging like CT or MRI scans at public facilities. However, indirect costs persist through travel to centralised clinics and repeat appointments. Individuals utilising private sectors for faster assessments or private-sector imaging must fully self-finance their care. Advanced tools like PET scans or biomarker testing are excluded from public funding and require private out-of-pocket payments.

In Malta, the cost of dementia diagnosis within the public healthcare system is largely absorbed by the state for individuals accessing care through government services. Patients entering the diagnostic pathway via a general practitioner and subsequently referred to specialist services, such as neurology clinics at Mater Dei Hospital or other public institutions, do not typically face direct out-of-pocket payments for consultations, core cognitive assessments, or standard diagnostic procedures. Structural imaging, including CT and MRI when clinically indicated, is also generally covered when performed within public facilities, although access is subject to referral criteria and service availability rather than patient payment. However, while direct financial barriers are limited in the public system, indirect costs may arise in the form of waiting times, repeated appointments, or travel to centralized facilities, particularly Mater Dei Hospital. Individuals who seek faster assessment through private consultations or private-sector imaging services incur out-of-pocket expenses, as private diagnostic care operates outside the public entitlement framework. Advanced diagnostic modalities, such as PET imaging or biomarker testing, are not part of routine publicly funded pathways and, where pursued privately or abroad, would typically be fully self-financed. Overall, Malta's diagnostic cost structure prioritizes financial protection in standard public pathways while allowing cost-based stratification through private alternatives.

References

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Cognitive tests

Status: Available

Clinical assessment remains the foundation of dementia diagnosis in Malta. There is no evidence of a population-wide screening or systematic case-finding program, and detection is primarily opportunistic, arising from clinical encounters in primary or specialist care. Cognitive assessment forms a core component of specialist evaluation. The MMSE (Mini-Mental State Examination) and MoCA (Montreal Cognitive Assessment) have been translated and validated for use in the Maltese language, with the Maltese version referred to as MoCA-M. This suggests that standardized cognitive testing is embedded not only in clinical practice but also in pharmaceutical governance and reimbursement mechanisms.

References

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- https://www.um.edu.mt/library/oar/handle/123456789/67328
- https://www.alzheimer-europe.org/sites/default/files/alzheimer_europe_dementia_in_europe_yearbook_2012.pdf

Imaging tests

Status: Commonly used

Neuroimaging forms part of the specialist diagnostic work-up for dementia in Malta, particularly within hospital-based services led by Mater Dei Hospital. Structural imaging, most commonly computed tomography (CT) or magnetic resonance imaging (MRI), is generally used to exclude secondary causes of cognitive impairment and to support differential diagnosis once patients reach specialist care. While official dementia information materials do not provide modality-specific protocols, the availability of imaging within the public hospital system indicates that CT and MRI are accessible as part of standard specialist assessment rather than exceptional investigations. Positron emission tomography (PET), including amyloid or FDG PET, does not appear to be incorporated into routine national diagnostic pathways for dementia. There is no reference in policy documents or public guidance to PET as a standard diagnostic tool, suggesting that its use, if present at all, is highly limited, case-specific, or dependent on external referral arrangements rather than embedded within the public system. In December 2025, Mater Dei Hospital introduced one of two planned PET scanners for cancer patients, but its use for dementia or Alzheimer's disease is not yet mentioned. Overall, imaging in Malta supports a conventional, exclusionary and confirmatory diagnostic model with innovative care models on route.

References

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- https://materdeihospital.gov.mt/en/departments-and-units/medical-imaging-department/
- https://timesofmalta.com/article/advanced-pet-ct-scanners-cancer-patients-mater-dei-hospital.1120973

Genetic tests

Genetic testing and risk stratification are not presented as routine elements of dementia diagnosis in Malta's public policy framework. The strategy documents do not reference APOE genotyping or other genetic tests as part of standard diagnostic pathways, nor do they frame dementia care in terms of predictive or pre-symptomatic genetic risk management. This suggests that genetic considerations are confined to rare or atypical cases, such as suspected familial early onset dementia, and managed within specialist settings without national-level protocols. Overall, Malta's approach remains firmly grounded in clinical assessment and functional diagnosis rather than in genomics-driven or personalized-medicine models

References

- https://aacc.gov.mt/wp-content/uploads/2025/06/Dementia-A5-Eng.pdf

Biomarker tests

Status: Rarely used

The National Dementia Strategy focuses primarily on system organization, awareness, timely clinical diagnosis, and post-diagnostic support rather than on advanced diagnostic technologies. There is no indication that cerebrospinal fluid biomarkers, blood-based biomarkers, or PET imaging are integrated into a nationwide protocol for dementia diagnosis. Where such tests are used, they are likely limited to selected cases within specialist hospital settings and dependent on clinical judgment rather than formal policy guidance. As a result, biomarker use in Malta appears to remain supplementary and case-specific rather than systemic.

References

- https://www.alzheimer-europe.org/sites/default/files/2021-10/Malta%20National%20Dementia%20Strategy%202015-2023.pdf

Treatment & care

Dementia care incorporates acute medical reviews at Mater Dei Hospital, rehabilitation at Karin Grech Hospital, and long-term support at San Vinċenz de Paul Residence. Symptoms are managed pharmacologically using approved medications like donepezil, rivastigmine, galantamine, and memantine, which are reimbursed via the Government Formulary List and Schedule V entitlements. Community stability is enhanced by the state-funded Dementia Intervention Team. Core public treatments are heavily subsidised, but intensive long-term residential options involve means-testing, shifting substantial financial, social, and hidden caregiving burdens directly onto household networks.

Specialized facilities and services

Malta's centralised infrastructure spans acute care at Mater Dei Hospital, post-acute recovery at Karin Grech Rehabilitation Hospital, and long-term care at San Vinċenz de Paul Residence. Community mental health teams offer additional psychiatric support. For home care, the state provides a free, clinically mediated Dementia Intervention Team focusing on functional assessments, behavioural management, and caregiver guidance. However, residential care may involve means-tested co-payments, and formal services heavily depend on specialist clinical referrals.

Malta's dementia care infrastructure is organized across a continuum of settings that combine acute medical assessment, rehabilitation, long-term residential care, and community-based mental health services. Government dementia information materials explicitly identify Mater Dei Hospital as the central acute and specialist hub, particularly for diagnosis, neurology outpatient follow-up, and access to hospital-based investigations. Rehabilitation and sub-acute care functions are associated with Karin Grech Rehabilitation Hospital, which plays a role in post-acute recovery and functional support for older adults, including those with cognitive impairment.

Long-term in Malta includes both private and government funded schemes. Residences are split between homes located in several localities and communities, and St Vincent De Paule which is now a licensed hospital providing more specialised long-term care.

On the community and home care side, Malta operates a dedicated state service known as the Dementia Intervention Team. This multidisciplinary service is designed to support people living with dementia in their own homes and to stabilize care arrangements following diagnosis. Eligibility requires a confirmed dementia diagnosis and ongoing consultant follow-up, and access is initiated through specialist referral rather than self-enrollment. The service is described in official materials as free of charge, positioning it as a core public intervention rather than an optional or means-tested support. The Dementia Intervention Team typically focuses on functional assessment, caregiver guidance, behavioral management strategies, and coordination with other services. Its existence reflects a policy-level recognition that dementia care cannot be delivered solely through hospital or residential settings and that sustained community-based support is essential to delay institutionalization and reduce caregiver strain. However, access remains structured and clinically mediated, reinforcing the central role of specialist services even in community care delivery.

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

Public system pharmacological costs are heavily subsidised through the Government Formulary List and Schedule V entitlements, allowing patients free access to approved anti-dementia medicines, except from ATTs. Public outpatient specialist visits and rehabilitation are covered, but post-diagnostic support remains uneven. Long-term institutional care at San Vinċenz de Paul Residence can require means-tested co-payments based on personal finances. Significant hidden costs exist in private support and informal family caregiving, shifting the financial burden onto households as dementia severity advances.

The costs of dementia treatment and ongoing care in Malta are shaped by a combination of public entitlements, formulary governance, and the degree of reliance on informal care. Pharmacological treatment within the public system is governed by the Government Formulary List (GFL), with eligible patients able to receive anti-dementia medicines free of charge through entitlement mechanisms such as Schedule V following formal diagnosis. This substantially reduces direct medication costs for patients whose treatment falls within approved formulary indications. ATTs are not covered at all.

Beyond medicines, non-pharmacological treatment and care costs vary more widely. Specialist follow-up, outpatient visits, and certain rehabilitation or community-based services provided through public institutions are typically covered, but the intensity and availability of structured post-diagnostic support are uneven. Long-term care costs, particularly for residential or institutional care settings such as San Vinċenz de Paul Residence, may involve means-tested contributions or co-payment arrangements depending on the individual's financial circumstances. Home-based care, informal caregiving by family members, and privately arranged support services often represent significant hidden costs that are not fully captured by public expenditure.

As a result, Malta's treatment and care cost profile reflects a system in which core medical treatment is strongly subsidized, while the longer-term social and caregiving dimensions of dementia generate substantial indirect and household-level costs. The financial burden therefore shifts over time from the health system to families, especially as disease severity increases and care needs become more intensive.

References

- https://pharmaceuticalaffairs.gov.mt/en/resources/the-government-formulary-list
- https://poyc.gov.mt/en/schedule-v-r/schedule-v/
- https://pharmaceuticalaffairs.gov.mt/wp-content/uploads/2024/07/ outpatients_gfl_jul_2024-3.pdf
- https://aacc.gov.mt/en/residential-care/

Caregiver support

Malta's structured support framework includes the National Dementia Helpline, Dementia Activity Centres, a dedicated government dementia directorate, and the Dementia Intervention Team. The helpline provides crucial information and signposting, while activity centres offer vital respite for families. These elements formally recognise caregiver burden as a systemic issue. However, the state lacks a dedicated national strategy for informal caregivers. Consequently, day-to-day caregiving still relies heavily on families, with voluntary and faith-based organisations supplementing the gaps.

Caregiver support occupies a prominent place in Malta's dementia policy framework. The National Dementia Strategy and related government presentations describe a structured support ecosystem that includes the National Dementia Helpline (1771), Dementia Activity Centres, the Dementia Intervention Team, and a dedicated dementia directorate function within government. These elements collectively signal an explicit recognition of caregiver burden as a systemic issue rather than a purely private family matter. The National Dementia Helpline serves as an accessible entry point for information, guidance, and signposting, while Dementia Activity Centres provide structured engagement for people with dementia and respite for caregivers. The presence of a dedicated dementia directorate further suggests institutionalization of dementia governance within the health and social care system. Nonetheless, despite this relatively comprehensive support architecture, much of the day-to-day burden of care continues to fall on families, with formal supports acting as supplements rather than substitutes for informal caregiving.

References

- https://sustainabledevelopment.gov.mt/wp-content/uploads/2024/10/Reaching-New-Heights-National-Dementia-Strategy-for-the-Maltese-Islands-2024-2031.pdf

Policy

Malta's active policy environment is governed by the National Dementia Strategy 2024-2031, which emphasises timely diagnosis, person-centred progression, and cross-sector coordination. It is supported by the Strategy for Active Ageing 2023-2030 to mitigate upstream risk determinants. However, major policy gaps persist because the strategy operates as a non-binding instrument lacking a dedicated implementation budget. This lack of legal force prevents enforceable service timelines.

National dementia plan

Malta operates under the National Dementia Strategy 2024-2031, titled Reaching New Heights, which permanently embeds dementia into national planning by consolidating previous 2015-2023 policy goals. It focuses on person-centred care, quality scaling, and workforce development, though it lacks a specified implementation budget. This is complemented by the Strategy for Active Ageing 2023-2030, which targets upstream cognitive health determinants, promotes independent living, and strengthens links between health and community social services to mitigate dependency risks.

Malta currently operates under an active National Dementia Strategy for the period 2024–2031, titled Reaching New Heights, which was formally launched in February 2024. This strategy builds directly on Malta's first National Dementia Strategy, which covered the years 2015-2023 and established the foundational architecture for dementia policy in the country. The continuation into a second strategy cycle signals that dementia is no longer treated as a time-limited pilot policy area, but as a permanent and evolving component of national health and social care planning. The 2024-2031 strategy positions itself as both a consolidation and an expansion of earlier policy commitments. It retains core principles introduced in the first strategy, such as person-centred care, awareness-raising, and caregiver support while explicitly updating priorities in response to demographic trends, system pressures, and implementation experience. The framing of the document emphasizes progression and maturation, suggesting a move from initial system building toward refinement, scaling, and quality improvement.

While the National Dementia Strategy 2024–2031 sets out an extensive programme of reforms across diagnosis, care, workforce development, and research, publicly available strategy documents do not specify a dedicated implementation budget. As a result, the extent to which future objectives will require additional funding remains unclear, particularly given projections showing a substantial increase in the number of people living with dementia in Malta over coming decades.

At the same time, Malta's Strategy for Active Ageing (2023 – 2030) provides an overarching policy framework aimed at promoting health, independence, and social participation among older adults across the life course, with dementia positioned as a key intersecting challenge rather than an isolated condition. The strategy emphasizes prevention, wellbeing, and inclusion through measures that support healthy lifestyles, lifelong learning, community engagement, and age-friendly environments, while also strengthening links between health, social care, and community services. By encouraging older people to remain active contributors to society for as long as possible, the strategy seeks to delay functional decline, reduce avoidable dependency, and mitigate risk factors associated

with cognitive impairment. In practice, it complements Malta's National Dementia Strategy by addressing upstream determinants of cognitive health and by reinforcing the role of community-based services, informal caregivers, and supportive environments in enabling people to age with dignity, autonomy, and social connection.

References

- https://sustainabledevelopment.gov.mt/wp-content/uploads/2024/10/Reaching-New-Heights-National-Dementia-Strategy-for-the-Maltese-Islands-2024-2031.pdf
- https://www.alzint.org/resource/from-plan-to-impact-ix/
- https://activeageing.gov.mt/wp-content/uploads/2023/04/NSPActiveAgeing2023-30.pdf

Upcoming plans

The 2024-2031 plan functions as a medium-term framework promoting psychosocial care, including cognitive stimulation and social engagement, though implementation mechanisms are less defined than medical care. Informed by previous strategy evaluations, it updates actions regarding timely diagnosis, care coordination, and caregiver support. Layered post-diagnostic initiatives extend beyond medical care, highlighting the free Dementia Intervention Team to stabilise home environments, the 1771 National Dementia Helpline for early advice, and specialised dementia activity centres.

Malta's dementia policy framework recognizes the importance of psychosocial care as a core component of dementia management. Consistent with broader European practice, psychosocial interventions such as cognitive stimulation, social engagement activities, caregiver support, and person-centred care approaches are promoted to help maintain functioning, improve quality of life, and reduce caregiver burden. However, as in many European countries, the practical mechanisms for implementing, coordinating, and evaluating these interventions across health and social care services remain less clearly defined than clinical and medical aspects of dementia care.

Rather than signaling a forthcoming replacement strategy, the 2024-2031 plan is presented as a forward-looking framework designed to sustain momentum over the medium term. It is structured around multiple action areas, notably timely diagnosis, living well with dementia, workforce development, caregiver support, and coordination across health and social care. These priorities closely reflect lessons drawn from the implementation of the 2015-2023 strategy, which was subject to review and assessment prior to the launch of the new plan. The language used in public-facing materials emphasizes continuity and upgrading rather than policy rupture. The new strategy is explicitly informed by evaluation of previous objectives, stakeholder feedback, and observed gaps in service delivery. This creates a sense of policy momentum rather than episodic reform, with dementia positioned as a standing priority that will continue to be revisited, monitored, and adapted rather than reset at the end of each strategy cycle.

Among the most prominent initiatives is the National Dementia Helpline (1771), which functions as an accessible entry point for information, advice, and signposting. The helpline plays a critical role in bridging gaps between diagnosis, services, and caregiver needs, particularly for families navigating the system for the first time. It also reflects an emphasis on early engagement and ongoing support rather than crisis-only intervention.
The Dementia Intervention Team represents a more intensive form of structured support, delivering assistance directly within the home environment. Access to this service requires a confirmed diagnosis and consultant referral, underscoring its integration into the formal clinical pathway. Described as free of charge, the service focuses on

stabilizing home care arrangements, supporting caregivers, and addressing functional and behavioral challenges in situ. Together with dementia activity centres, these initiatives form a layered post-diagnostic support structure that extends beyond purely medical care.

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- https://aacc.gov.mt/en/care-for-people-with-dementia/
- https://aacc.gov.mt/en/dementia-intervention-team/

Policy gaps

Legal barriers

Malta's legal challenges stem from enforcement limits rather than an absence of statutory recognition. The National Dementia Strategy operates purely as a policy instrument instead of binding legislation, making integration dependent on institutional cooperation rather than legal mandates. There are no legally enforceable standards for diagnostic timelines or minimum post-diagnostic service provision. Furthermore, caregiver support measures lack statutory rights, leaving vulnerable families entirely reliant on programmatic availability rather than guaranteed legal entitlements.

From a legal and regulatory perspective, Malta's dementia policy framework is relatively mature, with a formal National Dementia Strategy in place and clear administrative mechanisms governing diagnosis, treatment, and medicines entitlement. As a result, legal barriers are less about the absence of statutory recognition and more about the limits of enforceability and standardization. The National Dementia Strategy operates primarily as a policy instrument rather than as binding legislation, which means that many of its objectives, such as timely diagnosis, integrated care pathways, and consistent post-diagnostic support, rely on institutional cooperation rather than legally mandated service guarantees. This creates variability in implementation, particularly where responsibilities span multiple sectors, including health, social care, and community services. Without legally enforceable standards for waiting times, diagnostic timelines, or minimum post-diagnostic service provision, access and quality may differ depending on service capacity rather than patient need. Similarly, caregiver support measures, while articulated in strategy documents, are not uniformly underpinned by statutory rights or entitlements, leaving families dependent on programmatic availability rather than legal entitlement. In this sense, Malta's legal gap lies not in policy intent, but in the limited juridical force attached to that intent.

References

- https://sustainabledevelopment.gov.mt/wp-content/uploads/2024/10/Reaching-New-Heights-National-Dementia-Strategy-for-the-Maltese-Islands-2024-2031.pdf

Cultural barriers

Dementia is traditionally normalised as an inevitable part of ageing rather than identified as a distinct neurological condition, delaying critical help-seeking and medical evaluations. Deep-seated family-centred care norms create

strong societal expectations for relatives to provide support, which frequently reduces the uptake of formal community services. Additionally, persistent social stigma surrounding cognitive impairment discourages open discussion and early planning, acting as systemic friction that delays the transition from strategy to lived experience.

Cultural barriers in Malta's dementia policy landscape relate primarily to societal attitudes toward ageing, cognitive decline, and family responsibility. Dementia has traditionally been framed within the context of normal ageing rather than as a distinct neurological condition requiring early and proactive intervention. This framing can delay help-seeking behavior, as individuals and families may normalize early symptoms or avoid medical evaluation until functional impairment becomes pronounced. Such cultural perceptions undermine the strategy's emphasis on timely diagnosis, even when clinical pathways formally exist.

Family-centered care norms also shape how dementia is managed in practice. Strong expectations that families will provide care can reduce uptake of formal support services or delay engagement with community-based interventions. While Malta has invested in caregiver support mechanisms, cultural reluctance to externalize care responsibilities may limit their full utilization. In addition, stigma associated with cognitive impairment can discourage open discussion, planning, and early engagement with support services. These cultural factors do not negate the presence of a robust policy framework, but they act as friction points that slow translation from strategy to lived experience, reinforcing the gap between formal policy design and real world outcomes.

A shift in stigma and awareness has been created over the past few years through several campaigns which have taken place. However policy lags behind somewhat.

Research

Dementia research is primarily concentrated at the University of Malta through the multidisciplinary Alzheimer's Disease Research Group. Malta lacks a structured national drug-trial pipeline or regular participation in large-scale pharmaceutical trials. Instead, domestic research prioritises strategic planning, service optimisation, and epidemiological prevalence tracking. Notable innovative methodologies include a 2018 public-private biomedical project with German institutions examining the experimental compound anle138b, and a 2017 digital project at the Mark Weiser Lab utilising wearable pervasive electronic monitoring to track and analyse patient wandering patterns.

Selected academic institutions

University of Malta

Clinical trials and registries

No Malta-specific Alzheimer's disease drug-trial pipeline is clearly evidenced in the high-level policy and planning sources reviewed. There is no indication that Malta functions as a regular site for large-scale pharmaceutical trials targeting disease modifying or symptomatic dementia treatments. Instead, Malta's internationally visible engagement with dementia focuses on strategic planning, national coordination, and service-system improvement rather than participation in experimental therapeutics. This does not preclude individual participation in externally led studies or limited academic collaborations, but such activity does not appear to constitute a structured national research priority. The absence of a domestic clinical trial pipeline reflects both Malta's scale and its policy choice to prioritize service optimization over experimental research capacity in dementia care.

References

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Selected innovative methods

Malta focuses on social and governance innovation over high-technology options, prioritising scalability, equity, and integrated care teams. In May 2026, a new day centre in Sliema expanded non-pharmacological care, offering sensory stimulation and respite for fifty families. Academically, the University of Malta's Alzheimer's Disease Research Group drives multidisciplinary studies. Past innovations include a 2018 public-private biomedical project evaluating the compound anle138b, and a 2017 study utilising wearable digital devices for pervasive electronic monitoring of patient wandering.

Recent studies estimate that a 2% population prevalence of dementia would be reached by 2025, around 25 years earlier than earlier projections suggested. The findings underscore a faster and more substantial rise in dementia prevalence in Malta than previously recognized, with important implications for health and social care planning.

To deal with dementia, the country has invested in a coordinated ecosystem that includes a national helpline,

dementia activity centres, a dedicated community-based intervention team, and a multi-year national strategy with defined action areas. These initiatives represent organizational and governance innovation aimed at improving access, continuity of care, and caregiver support. Such innovations are system-level rather than clinical in nature, focusing on how services are delivered, coordinated, and sustained over time. In this sense, Malta's approach reflects a model of social and organizational innovation, prioritizing scalability, equity, and integration over high-cost or high-technology solutions.

In May 2026, Malta expanded its community-based dementia care services through the opening of a new dementia day centre in Sliema, implemented as part of the National Dementia Strategy 2024–2031. The facility provides specialised therapeutic and psychosocial support, including sensory stimulation, reminiscence activities, social engagement programmes, and respite services for caregivers. Designed to support approximately 50 families, the centre aims to promote independence, improve quality of life, reduce caregiver burden, and enable people living with dementia to remain in their communities for longer. The opening also reflects Malta's continued investment in non-pharmacological and person-centred approaches to dementia care through a growing network of dementia-specific day centres.

The Alzheimer's Disease Research Group (ADRG) was established at the University of Malta in response to the growing recognition of dementia, particularly Alzheimer's disease, as a major public health, social, and economic challenge. Despite limited resources, dementia research activity in Malta has expanded significantly, with most work concentrated at the University of Malta and conducted in collaboration with national and international institutions, including the International Institute on Ageing and public health authorities. Research spans biological, pharmacological, dietary, and social dimensions of dementia, alongside applied studies focused on care pathways and caregiver support. The ADRG was created to consolidate this multidisciplinary effort, promote collaboration in European and international research programs, and strengthen links between academic research, policy development, and civil-society organizations, positioning Malta as a small but active contributor to dementia research and system improvement.

In February 2018, the University of Malta announced a major research initiative targeting Alzheimer's dementia and Parkinson's disease, two neurodegenerative conditions affecting an estimated 8,000 people in Malta. Funded through the University's Centre for Molecular Medicine & Biobanking and supported by private-sector contributions via the Research, Innovation and Development Trust (RIDT), the project aimed to advance understanding of how and why brain cells degenerate and to translate this knowledge into the development of new disease-modifying therapies. At the time, available treatments were limited to symptom management, underscoring the potential significance of the research. The three-year project (2018–2020) involved international collaboration with leading German research institutions, including the Max Planck Institute for Biophysical Chemistry and the German Centre for Neurodegenerative Diseases in Munich. A key research focus was the experimental compound anle138b, which showed potential to delay disease onset or slow progression in neurodegenerative disorders. The initiative highlighted Malta's growing engagement in high-level biomedical research, the role of public–private partnerships in funding scientific innovation, and the University of Malta's strategic emphasis on contributing to global research efforts with direct clinical relevance.

In September 2017, researchers at the University of Malta marked World Alzheimer's Day by launching a research initiative focused on one of the most challenging aspects of dementia care: patient wandering. The study aimed to better understand wandering behaviors, identify the risks they pose to people with dementia, and develop practical technological solutions to support both patients and caregivers. The research specifically involved individuals in the

early stages of dementia residing at St Vincent de Paul Residence, ensuring real-world relevance within a care setting. The project combined wearable devices and smart mobile technologies using pervasive electronic monitoring (PEM) to log and analyze individual wandering patterns. Research activities were carried out at the Mark Weiser Lab within the University of Malta's Faculty of ICT, where simulations and human activity recognition methods were developed to improve real-time risk detection. Supported through collaboration between the university, St Vincent de Paul Residence, and Information Systems Limited via research funding mechanisms, the initiative sought to enhance quality of life technologies in dementia care. The study highlighted both the potential of assistive digital tools to improve safety and caregiver support, and the broader challenge posed by limited technological resources in hospitals and elderly care facilities.

A series of Alzheimer Europe podcasts, released in November 2014, explored emerging research on lifestyle and nutritional factors in relation to Alzheimer's disease and dementia risk. In the first segment, a senior lecturer from the University of Malta discussed how nutrition may contribute to reducing the risk of developing Alzheimer's disease, reflecting growing interest in modifiable risk factors within dementia prevention research. Subsequent vodcasts focused specifically on coffee consumption and cognitive health. An epidemiologist from Erasmus MC reviewed population-level epidemiological evidence linking coffee consumption with a reduced risk of Alzheimer's disease and dementia, drawing on findings from a multi-year, externally funded research project. This was complemented by a presentation from a research director at INSERM, who examined the possible biological mechanisms underlying the relationship between coffee intake and cognitive decline. Together, the podcasts highlighted interdisciplinary and international research perspectives on diet, epidemiology, and brain health within the broader Alzheimer Europe knowledge-sharing platform.

A 2012 study published in the Malta Medical Journal presents updated prevalence estimates and projections for dementia in the Maltese islands, revising earlier figures that had underestimated the scale and speed of growth of the condition. Earlier estimates, based on the EURODEM project, suggested around 4,072 individuals with dementia in 2005, with numbers expected to nearly double by 2050. However, newer European prevalence data reviewed under the EUROCODE project produced higher and more refined age- and gender-specific rates. Applying these revised European prevalence rates, the study estimates that by 2010 there were approximately 5,198 individuals with dementia in Malta aged over 60, significantly more than previously projected. Looking ahead, the number of people with dementia over 60 is projected to approach 10,000 by 2030, representing around 2.3% of the total Maltese population.

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Support

Dementia support relies on state structures alongside civil society entities like the Marigold Foundation and Malta Dementia Society. Government initiatives provide the 1771 National Dementia Helpline, specialised activity centres, and a dedicated directorate. The volunteer-led Malta Dementia Society delivers widespread community outreach, hosting the Walk for Dementia, cultural film premieres, and workplace education programs with partners like Deloitte Malta. Crucially, Malta pioneered the local implementation of the WHO iSupport training package, delivering accessible online modules, instructional videos, and printed guides to improve informal caregiver wellbeing.

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:

Malta Dementia Society

Selected initiatives

The volunteer-run Malta Dementia Society leads nationwide advocacy, education, and fundraising. In 2025, their initiatives included an annual walk in Valletta, a Mother's Day campaign, a lecture on nutrition, and the short film Vjaġġ. They also renewed a corporate partnership with Deloitte Malta to deliver workplace dementia awareness sessions. Significantly, Malta became the first country globally to launch a culturally adapted version of the WHO iSupport training program, providing online modules and printed manuals for informal caregivers.

The Malta Dementia Society, founded in 2004 by Charles Scerri, Stephen Abela, and Mark Xuereb, is a volunteer-run non-governmental organization dedicated to raising dementia awareness, supporting people living with dementia and their caregivers, and advocating for improved dementia care and policy in Malta. Throughout 2025, the Malta Dementia Society organized and participated in a wide range of awareness-raising, educational, cultural, and fundraising events aimed at supporting people living with dementia and their caregivers, while broadening public understanding of the condition. Key fundraising and public-awareness activities included the Annual Fundraising Buffet Dinner held on 19 September 2025 at Villa Arrigo, combining community engagement with live music and fundraising initiatives, and the Annual Walk for Dementia on 20 September 2025 in Valletta, organized to commemorate World Alzheimer's Day and visibly demonstrate public solidarity. In May 2025, a Mother's Day awareness campaign was run in partnership with a private retailer, linking dementia awareness to everyday consumer activity and donating part of proceeds to support dementia services.

The Society also placed strong emphasis on inclusion, education, and innovation in care. This included a talk on LGBTIQ+ lived experiences of dementia hosted at a residential care home in April 2025, addressing often-overlooked social dimensions of dementia; participation in a national symposium and awards ceremony on innovation and compassion in dementia care in March 2025; and a public lecture on nutrition and dementia care delivered at a hospice setting. Cultural engagement formed part of outreach efforts as well, with the January 2025 premiere of Vjaġġ, a short film on dementia produced in collaboration with cultural and public-sector partners. Collectively, these events reflect a multifaceted approach combining advocacy, education, inclusivity, fundraising, and cultural expression within Malta's dementia-support ecosystem.

In October 2025, Malta Dementia Society has renewed its long-standing partnership with Deloitte Malta. The collaboration focuses on raising awareness, improving understanding of dementia, and supporting community-based education and advocacy initiatives. As part of its ongoing work, the Malta Dementia Society recently marked World Alzheimer's Day with its annual Walk for Dementia, bringing together participants from across Maltese society. The partnership also includes workplace engagement, with the society delivering an awareness session for staff at Deloitte Malta to improve understanding of the impact of dementia on individuals, families, and communities. Both organizations emphasized the importance of private-sector support in sustaining dementia services and awareness efforts. Deloitte highlighted its commitment to community wellbeing and inclusivity, while the Malta Dementia Society underlined that financial and institutional backing from partners such as Deloitte is essential to maintaining and expanding its support, education, and advocacy activities nationwide.

On 18 February 2022, Malta became the first country worldwide to introduce World Health Organization (WHO)'s iSupport training program for caregivers of people with dementia. The Maltese version of iSupport was launched following a two-year collaborative process involving the Ministry for Senior Citizens and Active Ageing, clinicians, academics, civil society organizations, and family caregivers, with the goal of adapting the WHO-developed program to the local Maltese context.

iSupport, originally launched by WHO in 2019, is an evidence-based training designed to support informal caregivers by addressing both the practical aspects of dementia care and the physical and psychological challenges associated with caregiving. In Malta, the program was introduced as an accessible, self-paced online training, complemented by a printed manual, simplified reference materials (iSupport Lite), and short instructional videos. WHO officials described Malta's adoption of a customized iSupport program as a global milestone, highlighting its importance in improving caregiver wellbeing as dementia prevalence rises worldwide. The launch was framed as part of Malta's broader, long-standing cooperation with WHO on dementia and brain health, and as further evidence of Malta's commitment to treating dementia as a public health priority. At the time of the launch, Malta was among a limited group of countries with a formal national dementia strategy aligned with WHO's Global action plan on the public health response to dementia (2017–2025).

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Dedicated media outlets

No dedicated dementia-only media outlet is clearly documented in the core policy and planning sources. Public awareness, education, and outreach appear to be conducted primarily through government communication channels, public-service campaigns, and partner organizations involved in strategy implementation. This centralized communication approach aligns with Malta's broader reliance on state-led structures in dementia care, but may limit the diversity of voices and advocacy-driven narratives typically seen in countries with a stronger NGO or media presence in the dementia space.