



Maldives National Dementia Strategic Action Plan 2026 – 2036



**National
Mental Health
Department**
Ministry of Health, Family and Welfare



**World Health
Organization**
Maldives

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Ministry of Health, Family and Welfare
Republic of Maldives

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CONTENTS

6

FOREWORD

by Minister of Health, Family and Welfare

7

FOREWORD

by WHO Representative

8

Abbreviations

10

Executive Summary

12

Maldives dementia SWOT analysis

CONTENTS

14	Key facts about Dementia
16	The caring experience
18	Introduction
19	Background
23	Dementia planning
25	National Dementia Strategic Action Plan
28	Priority action areas
28	ACTION AREA 1: Dementia awareness and friendliness
33	ACTION AREA 2: Dementia risk reduction
39	ACTION AREA 3: Dementia Diagnosis, Treatment, Care, and Support
49	Action Area 3: Dementia Diagnosis, Treatment, Care, and Support continued.

CONTENTS

56	ACTION AREA 4: Support for dementia carers
62	Essential action areas
62	ACTION AREA 5: Dementia as a public health priority
70	ACTION AREA 6: Information systems for dementia
74	ACTION AREA 7: Dementia Research and Innovation
78	Monitoring and evaluation
116	References
121	Appendix A Online Resources
125	Appendix B WHO Global Dementia Observatory – Maldives 2017



Foreword by Minister of Health, Family and Welfare

Dementia is emerging as one of the most significant public health challenges of our time. As the Maldives undergoes a demographic transition towards an ageing population, it is our collective responsibility to ensure that every individual can live their later years with dignity, respect, and the support they need. The Maldives National Dementia Strategic Action Plan 2026–2036 represents a national milestone, a commitment to address dementia not as an inevitable consequence of ageing, but as a condition that requires understanding, prevention, care, and coordinated national action.

This plan provides a comprehensive framework to guide our national response over the next ten years. It outlines seven key objectives: to increase dementia awareness and friendliness; reduce dementia risk across the life course; improve diagnosis, treatment, care, and support; strengthen assistance for family carers; establish dementia as a public health priority; enhance information systems and data collection; and promote research and innovation. Together, these objectives aim to ensure that people with dementia and their carers are supported to live well, participate fully in their communities, and access the services and respect they deserve.

Guided by principles of human rights, equity, and community-based care, the plan calls for prevention, early intervention, and a multisectoral approach that unites health, social, education, and community sectors. It recognises the invaluable role of families and caregivers and seeks to empower them with the knowledge, resources, and support necessary to sustain quality care. By strengthening systems and services at every level, the plan lays the foundation for a more dementia-friendly Maldives, one that values inclusion, compassion, and person-centred care.

The development of this plan is the result of extensive collaboration among government ministries, non-governmental organisations, civil society, and international partners. I extend my sincere appreciation to the World Health Organization (WHO) for its technical guidance, and to all stakeholders whose expertise, lived experience, and commitment contributed to shaping this national strategy. I also commend the National Mental Health Department for its leadership and dedication in steering this important initiative.

The Ministry of Health, Family and Welfare remains steadfast in its commitment to transforming this plan into improvements in the lives of people living with dementia and their families. Our goal is not only to strengthen care systems, but to ensure that people affected by dementia experience understanding, support, and dignity in their everyday lives

Geela Ali
Minister of Health, Family and Welfare



Foreword by WHO Representative

Dementia is one of the fastest-growing public health challenges of our time, with profound health, social, and economic implications for individuals, families, communities, and health systems. As the global population continues to age, the need for coordinated, evidence-based, and people-centered interventions to dementia has never been more urgent. In this context, the development of the Maldives National Dementia Strategic Action Plan (2026–2036) represents a timely and significant milestone in the country's commitment to protecting the dignity, rights, and wellbeing of older persons and those living with dementia.

WHO commends the Ministry of Health, Family and Welfare for its leadership in prioritizing dementia as a public health and social care issue and for aligning national efforts with the WHO Global Action Plan on the Public Health Response to Dementia and relevant regional frameworks. This Strategic Action Plan provides a comprehensive and forward-looking roadmap that emphasizes prevention across the life course, timely diagnosis, integrated care and support, protection of human rights, and meaningful support for carers; particularly family carers, who form the backbone of dementia care in the country context.

WHO is proud to have supported the development of this Strategic Action Plan through the provision of technical assistance, and the facilitation of an inclusive, multisectoral stakeholder consultation process. Extensive discussions and validation meetings brought together representatives from Government Ministries, health and social care institutions, civil society organizations, professional associations, and people with lived experience.

This ensured that the Strategic Action Plan is firmly grounded in national priorities, responsive to community needs, and informed by global evidence and best practices. The Strategic Action Plan rightly recognizes that dementia cannot be addressed by health sector alone. It calls for coordinated action across health, social protection, education, housing, local governance, and community services, while placing strong emphasis on human rights, equity, and community-based care. It also lays emphasis on strengthening primary health care, improving information systems, and fostering research and innovation which are critical in ensuring sustainability and accountability.

WHO remains committed to continue working with the Government of Maldives and national stakeholders in the implementation of the Strategic Action Plan. Through sustained investment, collaboration, capacity-building, and knowledge exchange, we are confident that the Maldives can build a more dementia-inclusive society; one in which people living with dementia and their carers are respected, supported, and empowered to live with dignity and quality of life.

Ms Payden
WHO Representative

Abbreviations

ACAD	Academia
ACM	Aged Care Maldives
ADI	Alzheimer's Disease International
ASM	Alzheimer's Society of Maldives
CRPD	Convention on the Rights of People with Disabilities
CSC	Civil Service Commission
DIJ	Dhivehirajjeyge Israhvehinge Jamiyya (DIJ)
FDC	Fahi Dhiriulhun Corporation
HDC	Housing Development Corporation
H&HCT	Hospitals and Health Care Teams
HIMR	Health Information Management and Research, Ministry of Health, Family and Welfare
HPA	Health Protection Agency, Ministry of Health, Family and Welfare
HPSN	Home for People with Special Needs
HRCM	Human Rights Commission
MAHA	Maldives Association of Health Awareness
MAHC	Maldives Allied Health Council
MBS	Maldives Bureau of Statistics
MCGH	Male' City group of Hospitals
MFDA	Maldives Food and Drug Authority
MCHI	Ministry of Infrastructure Housing and Urban Development
MMA	Maldives Medical Association
MMDC	Maldives Medical & Dental Council
MNA	Maldivian Nurses Association

Abbreviations

MNMC	Maldives Nursing and Midwifery Council
MoE	Ministry of Education, Higher Education and Skills Development
MoFPE	Ministry of Finance and Public Enterprises
MoHFW	Ministry of Health, Family and Welfare
MoIAE	Ministry of Islamic Affairs and Endowments
MoHST	Ministry of Homeland Security, Labour and Technology
MoYESF	Ministry of Youth Empowerment, Sports and Fitness
NCMH	National Centre for Mental Health
NGO	Non-Governmental Organisation
NIE	National Institute of Education
NMHD	National Mental Health Department, Ministry of Health, Family and Welfare
NSPA	National Social Protection Agency
PHC	Primary Health Care
PILC	Public Interest Law Centre
QARD	Quality Assurance and Regulation Division, Ministry of Health, Family
SHE	Society of Health Education
UNCRPD	United Nations Convention on the Rights of People with Disabilities
UNFPA	United Nations Population Fund
WDC	Women's Development Committee
WHO	World Health Organization

EXECUTIVE SUMMARY

Vision

A Maldives in which dementia is understood, risks are reduced across the life course, and care is co-ordinated. People with dementia and their carers live well, are included in society and receive the respect, care and support they need to fulfil their potential with dignity, respect, autonomy and equality

Goal:

To improve the quality of life of people living with dementia, their carers and families while reducing modifiable dementia risks for communities

Principles

- ▶ Human Rights
- ▶ Empowerment
- ▶ Evidence-based
- ▶ Multisectoral
- ▶ Universal care
- ▶ Equity & inclusivity
- ▶ Balance of attention
- ▶ Community focus

Priority action areas

1

Increase dementia awareness and friendliness

Objectives

- ▶ Raise public awareness of dementia
- ▶ Create age- and dementia-friendly environments

2

Reduce dementia risk

- ▶ Increase awareness of modifiable risk factors for dementia
- ▶ Adopt evidence-based interventions for managing modifiable risks

3

Improve diagnosis, treatment, care, and support

a.Diagnosis and treatment

- ▶ Develop capacity to respond to rapid increase in numbers

- ▶ Improve access to timely diagnosis
- ▶ Educate health professionals about dementia and risk reduction
- ▶ Improve access to post diagnostic interventions
- ▶ Improve pharmacological treatment

b. Care and support

- ▶ Develop co-ordinated post diagnostic support
- ▶ Improve access to information on support options
- ▶ Develop community and residential aged care services
- ▶ Improve the quality of care of people with dementia in hospitals and long-term care
- ▶ Improve end-of-life care for people with dementia

4 Support dementia carers

- ▶ Improve carer access to dementia information and education
- ▶ Improve support services for carers
- ▶ Recognise the critical role of family carers

Essential action areas

5 A public health priority

- ▶ Establish governance and reporting
- ▶ Protect the rights of people with dementia

6 Information systems

- ▶ Improve access to dementia data
- ▶ Use the data to implement policies and plans

7 Research and innovation

- ▶ Increase investment in dementia research and innovative technologies
- ▶ Support the adoption of research and innovation

MALDIVES DEMENTIA SWOT ANALYSIS

Strengths

Health care

- ▶ Government commitment to a dementia strategy
- ▶ Universal health insurance
- ▶ Comprehensive, tiered health system
- ▶ Availability of health facilities in each inhabited island
- ▶ Expansion of home visiting and outreach programs from health facilities
- ▶ Plans to revitalise primary care based on rollout of primary care pilot at Faafu Atoll, with WHO
- ▶ Focus on NCD prevention and treatment
- ▶ Graduating Maldivian health professionals with coverage of dementia in some curricula
- ▶ Mental health planning that includes dementia
- ▶ Use of World Health Organisation (WHO)'s Mental Health Gap Action Programme (mhGAP) that includes dementia
- ▶ Development of tele-medicine
- ▶ Data integration planned

Social care

- ▶ Family care
- ▶ Old age pension
- ▶ Maldives National Ageing Policy and National Action Plan on Ageing
- ▶ Senior citizens centre and plans for more
- ▶ Translation of WHO's 'iSupport' for carers of people with dementia
- ▶ ASM Carer Support Group

Weaknesses

Health care

- ▶ Heavy and rising demand on Male' hospitals
- ▶ Reliance on foreign doctors
- ▶ Limited dementia awareness amongst some health professionals
- ▶ Primary health workers not trained in dementia detection and support
- ▶ No specific clinical dementia guidelines
- ▶ No dementia standardised care pathway

Social care

- ▶ Limited public awareness of dementia amongst public, NGOs and public sector workers
- ▶ Dementia is viewed as normal part of ageing
- ▶ Stigma and possible discrimination
- ▶ Heavy reliance on family care with little formal support
- ▶ Limited practical and psychological support for carers
- ▶ Private, untrained domestic workers, with language barriers
- ▶ Limited community care services
- ▶ No aged care specific facilities (one home for people with special needs)

Opportunities

- ▶ Dynamic Alzheimer's Society of Maldives (ASM) with caregiver representation and growing partnerships
- ▶ Growing intergenerational interest (e.g. volunteer Scouts and Girl Guides)
- ▶ Long standing NGO, Aged Care Maldives
- ▶ Aged care community nursing interest
- ▶ Community screening initiative
- ▶ Dementia prevalence study planned
- ▶ Growing dementia awareness
- ▶ Better identification of dementia risk factors through revitalised primary care and expanded outreach programs
- ▶ Good internet/mobile coverage
- ▶ International collaboration
- ▶ Global attention on dementia

Threats

- ▶ Steep rise in numbers of people with dementia predicted
- ▶ People with dementia yet to speak out
- ▶ Geographical dispersal
- ▶ Climate change threats
- ▶ Budget restrictions
- ▶ Environment of Male' is not age friendly
- ▶ Limited dementia data.

KEY FACTS ABOUT DEMENTIA

- ▶ Dementia is a term for several diseases that affect memory, thinking, and the ability to perform daily activities.
- ▶ Alzheimer 's disease is the most common form of dementia, accounting for 60–70% of cases.
- ▶ Dementia gets worse over time. It mainly affects older people, but not all people will get it as they age. It is not a normal part of ageing.
- ▶ The impairment in cognitive function is commonly accompanied, and occasionally preceded, by changes in mood, emotional control, behaviour, or motivation.

Common changes in mood and behaviour include:

feeling anxious, sad, or angry about memory loss

inappropriate behaviour

being less interested in other people's emotions.

personality changes

withdrawal from work or social activities

- ▶ Dementia affects each person in a different way, depending upon the underlying causes, other health conditions and the person's cognitive functioning before becoming ill. While eventually most people with dementia will need others to help them with daily activities, there are things that can help manage symptoms.
- ▶ People can reduce their risk of cognitive decline and dementia by being physically active, socially engaged and intellectually stimulated, not smoking, controlling their weight, eating a healthy diet, and maintaining healthy blood pressure, cholesterol and blood sugar levels.
- ▶ Dementia has physical, psychological, social and economic impacts, not only for people living with dementia, but also for their carers, families and society at large.
- ▶ There is often a lack of awareness and understanding of dementia, resulting in stigmatization and barriers to diagnosis and care.

WHO Dementia Facts¹



If these signs are new, they may be a sign of dementia.

Dementia is not a normal part of ageing.

Speak to your doctor or contact your dementia and Alzheimer association

“Adapted from the infographic on Alzheimer’s Disease International website www.alzint.org”

THE CARING EXPERIENCE

PRESENTATION AT THE CONSULTATION WORKSHOP HELD IN MALE' MALDIVES ON 19 FEBRUARY 2025.

I am here today as a caregiver for both my parents: my father, who lost his battle with Alzheimer's disease at the age of 76, and my mother, who has frontotemporal dementia. Today, I'd like to talk to you about my mother. She has always been the strongest person I have ever known. She ran our household, raised her kids, and cared for her siblings as the eldest daughter in her family, as well as her nieces and nephews and grandchildren, all while running multiple businesses that prepared and sold local food and snacks.

As the head of our family and someone who is fiercely independent, I am sure she tried her best to conceal her struggles during her early days with dementia. We initially noticed that she was having trouble giving change to customers. We also noticed that she had difficulty listening and responding appropriately, which was why we initially sought medical attention.

After multiple MRI scans, EEG tests, and consultations over more than a year, she received a diagnosis. At the time of her diagnosis, she had trouble speaking and recognising her name, which led her team of doctors to believe she had frontotemporal dementia. Having held my father's hand during Alzheimer's, I found her diagnosis extremely distressing. However, I do believe I have been able to provide better care for my mother with everything I have learned.

As her disease progressed, she started forgetting the names of everyday items, her friends, and members of our family. For the past couple of years, she has referred to me as "Mamma" and my husband as "Bappa". At the same time, it is heartbreaking and comforting to know that she sees us as her parental figures. Over time, we have had to watch her slowly lose her battle.

Today, she is 73 years old, and this is her 7th year with frontotemporal dementia. She can no longer communicate verbally and has lost the ability to understand us, which often leaves her feeling frustrated and angry. Caring for her, feeding and bathing her has been particularly challenging as she is prone to violent outbursts, including hitting, pinching, throwing objects and biting. Sleep disturbances and sleepless nights have also been common lately. Seizures and subsequent hospitalisation and hospital visits have also increased within the past year.

She recently suffered a fall, resulting in a femur fracture, which resulted in a challenging time for her and our family, as her mobility was temporarily limited. Despite warnings from her team of doctors, today she can walk, or rather sprint, as we say, albeit with a slight limp.

As her disease progressed, at least two family members always stayed with her to ensure her care and safety. I gave up my job 2 years ago to stay with her full-time. Our family has established a shift system to care for her around the clock, and we have adapted our home environment and care techniques for her needs. For a while, we found that placing food around the house instead of asking her to eat at the table was more effective. We also noticed that she had trouble using regular drinking glasses and plates, so we got colourful plates and small bowls.

In addition to our experiences, the Internet, books, and the Alzheimer's Society have greatly assisted us in formulating our care guides and accessing resources. By now, we have choreographed routines for bath time, figured out how she likes to show affection, and essentially figured out what works and what doesn't.

As challenging as it has been, it has also been incredibly fulfilling and rewarding. Despite the difficult moments when I feel overwhelmed, this experience has brought us closer than at any time in the past. The intimacy, which stemmed from spending most of our time together and providing for her basic needs as she did for me, and the fond memories we made along the way, is something I will always treasure. That being said, our society and structures are not equipped, I believe, to provide the support I require to handle such an important task.

Navigating social and familial relationships has been difficult, as most people do not understand the severity of her condition, and because of this, they do not follow our guidelines for visits. Our congested urban environment in Male' makes it difficult for us even to take her outside or for emergency services to access her in her time of need. Hospital visits have proven challenging because of her behavioural issues, hospital structures, and the limited understanding of the staff, which impedes their ability to provide the required care. The ever-rising prices of products, specifically medical aids, which greatly assist us, with the limited support provided by the government for persons with special needs, such as my mother, and the unavailability of support and subsidies for caregivers, have made my experience increasingly challenging.

Yet, despite all these challenges, there is nothing I would rather do or anywhere I would rather be than beside her. I have been very fortunate to have an incredible support system, specifically my sister-in-law, daughter, brother, and husband. However, it is my understanding that not everyone is as lucky as I have been to have them, and as my mother is to have us, and my father was before her. I do not believe anyone should have to compromise on the level or quality of care accessible or affordable simply due to their circumstances.

For this reason, I would like to take this opportunity to thank the Alzheimer's Society for its hard work and dedication on behalf of me, my family, and everyone who has been touched by dementia. I understand that everyone's journey with dementia and caregiving is not linear. I am honoured to have been allowed to speak to all of you, hoping that my experiences and the burdens I've carried will help ease yours.

Thank you

Liyusha



INTRODUCTION

Dementia is term for a variety of diseases that causes decline in cognitive abilities over time, severe enough to affect day-to-day living. With a rapidly aging population, Maldives faces a massive increase in the number of people with dementia. It is estimated that the number of people with dementia will increase from 1,703 in 2019 to 11,135 in 2050.² Without action now, the health and social sector will be unable to meet growing demand, people with dementia will be left behind and families will be overwhelmed.

Maldives has a solid foundation on which to respond to the challenge of dementia. It has a comprehensive health care system, with universal health coverage in public health facilities and subsidised services in private facilities. It also has a universal pension for older people, a strong cultural commitment from families to provide care and a dynamic dementia association. However, there are urgent priorities emerging. As dementia progresses, care needs increase and can be extensive and challenging. Family members, mostly women, who provide all the care, are in urgent need of support in this role. In the absence of a formal community care system, or any long-term care arrangements, families and the health care system will be overwhelmed as the numbers of older people increase dramatically. Already, there are older people in hospitals whose families are unable to care for them at home.

Currently in Maldives people with dementia are usually diagnosed in later stages as cognitive decline is viewed as an inevitable part of normal ageing. Greater public dementia awareness, education of health professionals and a clearer pathway to diagnosis and support need to be developed.

There are limited early intervention services to help people after diagnosis to adjust and live better with dementia. Current attitudes towards older people and people with disabilities in Maldives make it likely that people with dementia and their families also face stigma, discrimination and loss of autonomy. The possibility of exploitation, neglect and abuse and the level of protection of their rights need to be explored further.

On the positive, there is now solid evidence that it is possible to reduce dementia rates at a population level and that individuals can reduce their own risk or slow the progression of dementia. Maldives has been working hard to address the rise in non-communicable diseases (NCDs), which share modifiable risk factors with dementia, such as lack of physical activity and unhealthy diets. Continued concerted efforts through population and community-based strategies and public education have an exciting potential to reduce the future incidence of dementia in Maldives.



BACKGROUND

REGIONAL CONTEXT

Maldives is part of WHO's South-East Asia region (SEARO), which supports its 10 member states in health policy, monitoring and addressing epidemiological and demographic challenges.³

SEARO has been actively engaging with people with lived experience of a mental health condition and has recognised the important role of carers in the Kathmandu Charter, a rights based document to engage people with lived experience and their families in policy.⁴

The Charter supports the implementation of the Mental Health Action Plan for the WHO South-East Asian Region 2023–2030. This plan aims to promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce the mortality, morbidity and disability for persons with mental disorders in the Region.⁵

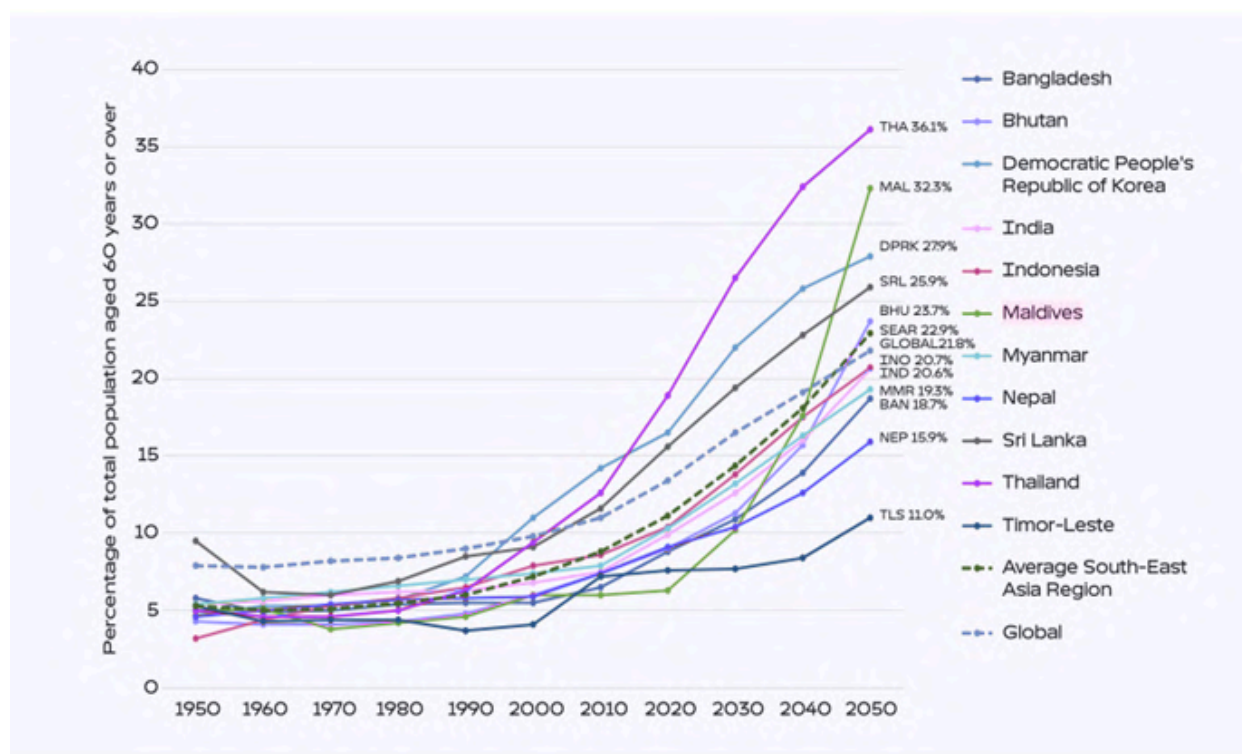
A key focus for the region is on shifting services to community based mental health care and services, following the adoption of the Paro Declaration. The regional plan also encourages strengthening capacities of health-care providers in integrated care for older people (ICOPE) and early detection of depression, dementia and Alzheimer, among other conditions.⁵

The WHO South-East Asia Regional Strategy on Healthy Ageing: 2024–2030 is also relevant to dementia, providing member states with a roadmap of actions, structured by the United Nations Decade of Healthy Ageing (2021–2030). Member states can create country-level action plans to:

- combat ageism and elder abuse
- promote age-friendly environments
- provide integrated and responsive primary care of older people,
- access to long-term care.^{6 7}

This strategy also highlights that Maldives faces very rapid ageing.

Figure 1. Percentage of the total population aged 60 years and over in WHO South-East Asia Regional Member States over time Source: Data powered by WHO MNCAH Data Portal (28 February 2025) (<https://www.who.int/data/mncah>).⁶



COUNTRY CONTEXT

Maldives is a small island nation of 1,190 islands located southwest of Sri Lanka in the Indian Ocean.⁸ There are 187 inhabited and another 168 islands with tourist resorts.⁹ It is highly vulnerable to climate change with rising sea temperatures and sea levels that threaten freshwater supplies, as well as natural disasters, such as tsunamis and floods.¹⁰

Maldives is an upper-middle income country with tourism driven economy and relatively low inequality.¹¹ It has universal basic education for primary and lower secondary levels with a high rate of literacy. The language is Dhivehi and English is widely spoken as the second language. Islam is the state religion, and it is a requirement for citizenship. Maldivians are Sunni Muslims.¹²

There has been an astonishing increase in life expectancy over the last 65 years. The life expectancy at birth was 37 years in 1960. It is currently 80.39 years, in 2025.¹³ The rapid decline in infant and child mortality, followed by a decline in fertility rates and increased life expectancy has meant that the country faces an extraordinary change in its demographics. It is now experiencing the demographic dividend of a large working age population. However, it also has a very rapidly ageing population. People aged 65 and over were 5.1 per cent of the population in 2023, projected to increase to 23.3 per cent by 2050.¹⁴

Population ageing has implications for the health and social care sectors and pension systems, with increased demand. In response, Maldives launched the National Policy on Ageing and the National Action Plan on Ageing in 2025, with many actions aligned with this dementia plan.^{15 16}

HEALTH SYSTEM

FINANCING AND ACCESS

- ▶ 11% of GDP and 22% of the budget are allocated to health care.¹⁷
- ▶ Universal health care, Aasandha, covers most health services, including overseas treatment and essential.
- ▶ The health care delivery system in the Maldives is a three-tier system of primary, secondary and tertiary health care. It consists of four tertiary-level hospitals, four Level 3 hospitals, nine Level 2 hospitals, and six Level 1 hospitals, alongside 164 primary healthcare centres categorized into four levels.
- ▶ Health services are delivered through a tiered referral system comprising of island, atoll/regional and tertiary level health services, and based on service required, referral is made to Aasandha empanelled services abroad. Nearly 60 % of domestic travel in Maldives is estimated to be for health care purposes.¹⁸
- ▶ While there is a significant reliance on expatriate health workers, the domestically trained health workforce is growing.
- ▶ WHO Country Cooperation Strategy provides an overview of Maldives health systems and services.¹⁹

PRIMARY CARE

- ▶ Home visits by family and community health workers have declined, with an increasing tendency to bypass primary care for direct access to specialist treatment.²⁰
- ▶ Bypassing primary care has put pressure on specialists and resulted in hospitals having to manage uncomplicated conditions. However, four GP clinics are now planned for Malé City, with two additional ones in Hulhumalé, making a total of six new government-run GP clinics planned in the Greater Malé region.
- ▶ A refocus and investment in primary care is underway to assist in addressing NCDs, mental health and the health needs of older people. With WHO support, the MoHFW has developed Faafu Atoll with its five inhabited islands as a demonstration site for planning and implementing integrated primary health care interventions, with the goal of rapid expansion to other atolls.¹⁷

MENTAL HEALTH

- ▶ All regional hospitals provide psychiatric consultations. Ungoofaaru Regional Hospital has opened a four bedded inpatient psychiatric unit and Noonu Atoll Hospital began offering inpatient psychiatric services in 2026, with plans to expand similar services to other atoll hospitals.²¹
- ▶ Specialist mental health services are concentrated in Male' at the National Centre for Mental Health (NCMH) at Indhira Ghandi Memorial Hospital (IGMH), which also has an inpatient unit and the Hulhumale Hospital Mental Health Centre. Several private agencies also provide mental health services, mainly in Male'.
- ▶ Maldives has undertaken extensive mental health planning, with a focus on integration with the existing healthcare system. The completed Central Regional Mental Health Plan (2022-2025)²² was followed by the National Mental Health Strategic Action Plan 2025-2029, launched In February 2025.²¹
- ▶ Development of regional mental health services will have a key focus on integrating services into primary care.²² The Faafu atoll NCD demonstration project includes both NCDs and mental health.



DEMENTIA PLANNING

GLOBAL

The World Health Organization (WHO) highlights the importance of dementia as a global health priority:

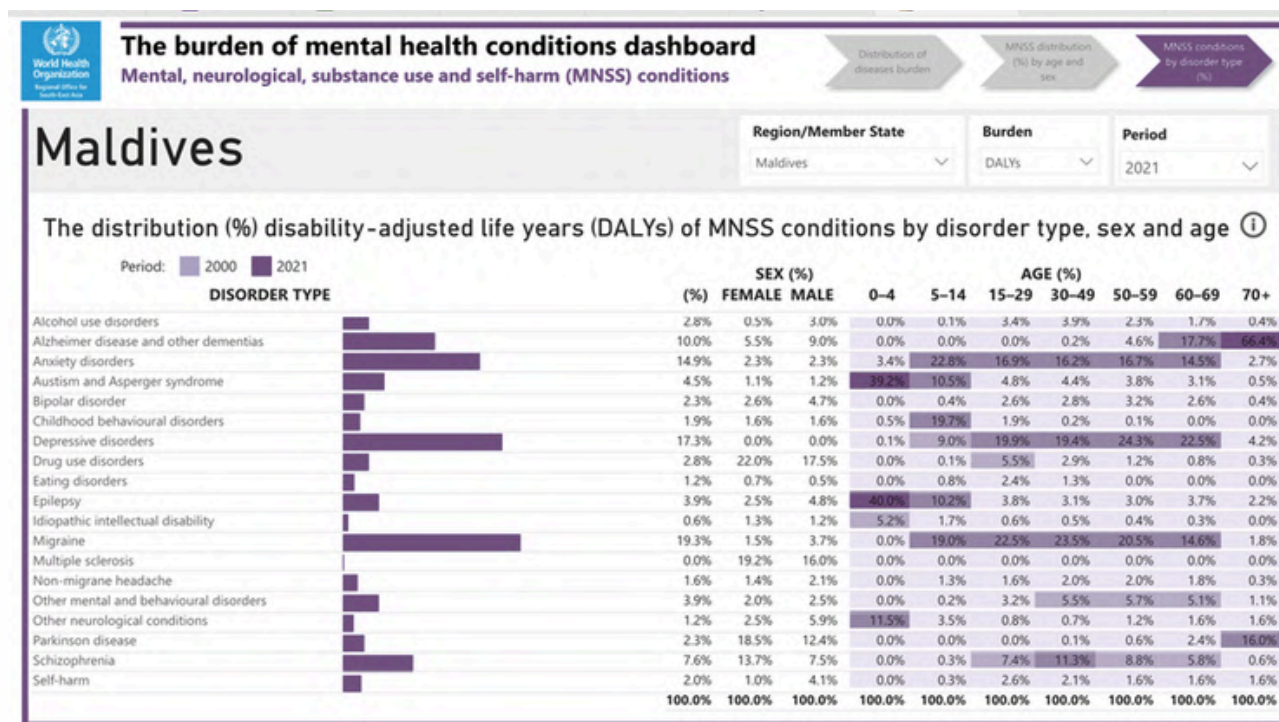
- ▶ Seventh leading cause of death and one of the major causes of disability and dependency
- ▶ Numbers will more than double from 55 million people in 2019 to 139 million by 2050
- ▶ The annual costs were US\$1.3 trillion in 2019. Approximately 50% of these costs are attributable to care provided by informal carers (e.g. family members and close friends), who provided on average 5 hours of care and supervision per day.¹

In 2017, at the 70th World Health Assembly, WHO member states adopted the Global action plan on the public health response to dementia (Global Action Plan) aiming to improve the lives of people with dementia and their carers, whilst mitigating the impact of dementia on communities and countries.²³ The Global Action Plan requires each member states to “develop, strengthen and implement national and/or subnational strategies, policies, plans or frameworks that address dementia”. On 23 May 2025, Member States at the 78th World Health Assembly agreed to extend the Global Action Plan by another 6 years.

MALDIVES

It is estimated that the number of people with dementia will increase from 1,703 in 2019 to 11,135 in 2050, a 554% increase.² This increase is only matched by countries in the Gulf region. This rapid increase in numbers of people with dementia in Maldives requires greater awareness of dementia and its risk factors, and urgent investment in prevention measures and long-term care services.

The burden of dementia in Maldives in 2021 is illustrated in figure 2.²⁴ In 2021 Dementia was already the leading mental health condition in those aged 70 years and older and second to depressive disorders in those aged 60 to 69 years.





NATIONAL DEMENTIA STRATEGIC ACTION PLAN



NATIONAL DEMENTIA STRATEGIC ACTION PLAN

VISION

A Maldives in which dementia is understood, risks are reduced across the life course and care is co-ordinated. People with dementia and their carers live well and receive the respect, care and support they need to fulfil their potential with dignity, respect, autonomy and equality.

GOAL

To improve the quality of life of people living with dementia, their carers and families while reducing modifiable dementia risks for communities.

PRINCIPLES

The guiding principles for the Maldives Dementia strategic action plan are adopted from the Global Action Plan and are aligned with the Mental Health Strategic Action Plan 2025–2029.^{21,23}

1

Human Rights of people with dementia:

Legislation, policies, strategies and activities are consistent with the Convention on the Rights of Persons with Disabilities and other human rights instruments.

2

Empowerment and engagement of people with dementia and their carers:

“Nothing about us without us.” People with dementia and their carers are empowered to be involved in all action areas of this plan.

3

Evidence-based practice:

Dementia strategies and interventions are evidence-based and reflect best practice.

4

Multisectoral collaboration:

There is a comprehensive and coordinated response at the government level of all relevant public sector agencies, including health, social services, education, employment, justice, and housing, as well as partnerships with relevant civil society and private sector entities.

5

Universal health and social care coverage:

People with dementia and carers can access essential health and social services that enable them to live well with dementia.

6

Equity:

Dementia strategies support reduction of inequalities due to social determinants such as education, gender, socioeconomic status and migrant status.

7

Appropriate attention to dementia prevention, cure and care:

Existing knowledge is used, and new knowledge created to improve dementia prevention and develop innovative models of care.

8

Community based care:

People with dementia access health and social care services in the community, in or close to their homes.

9

Inclusivity and respect:

All people with dementia are treated with respect, regardless of language, religion or culture. from all cultural and religious communities are included and represented have equitable access to services regardless of language, religion or culture.

ACTION AREAS

The Maldives Dementia Strategic Action Plan includes the seven key areas of the WHO [Global action plan on the public health response to dementia](#), (Global Action Plan). These seven action areas have been re-structured into priority and essential action areas to reflect feedback from consultation.

PRIORITY ACTION AREAS

- ① Dementia awareness and friendliness
- ② Dementia risk reduction
- ③ Diagnosis, treatment, care and support
- ④ Support for dementia carers

ESSENTIAL ACTION AREAS

- ⑤ Dementia as a public health priority
- ⑥ Information systems for dementia
- ⑦ Research and innovation.

PRIORITY ACTION AREAS

ACTION AREA 1



DEMENTIA AWARENESS AND FRIENDLINESS



ACTION AREA 1

Dementia Awareness and Friendliness

With increased societal awareness and understanding of dementia, people with dementia and families will feel less fear, discrimination and isolation. Dementia-friendly social and physical environments enable people and families to participate in community life.

OBJECTIVES

1.1 Raise public awareness of dementia

1.2 Create age- and dementia-friendly environments

ACTION AREA 1	DEMENTIA AWARENESS AND FRIENDLINESS	LEAD AGENCY AND KEY PLAYERS	
OBJECTIVE			
1.1.	Raise public awareness of dementia		
	Activities	Lead	With
1.1.1	Continue to provide dementia awareness resources, <i>Introduction to dementia and 10 warning signs leaflets</i>	NMHD	ASM & other NGOs Hospitals and Health Care Teams (H&HCT) Private health sector Media

ACTION AREA 1	DEMENTIA AWARENESS AND FRIENDLINESS	LEAD AGENCY AND KEY PLAYERS	
1.1.2	Develop, provide and promote accessible, evidence-based dementia information, targeted at different age groups and key community services	NMHD	MoHFW HPA ASM and other NGOs Local Councils H&HCT Media NSPA
1.1.3	Organise national and local awareness campaigns to increase understanding of dementia, using traditional platforms and social media	NMHD	MoHFW HPA ASM and other NGOs Local Councils Schools (PTA)
1.1.4	Mark ADI World Alzheimer's Day and International Day of Older Persons	NMHD	MoHFW ASM and other NGOs NPA H&HCT
1.1.5	Support people with dementia and carers to share their stories and involve them in awareness campaigns	NMHD	ASM and other NGOs MoHFW Dhivehi Raajjeyge Adu
1.1.6	Increase dementia awareness amongst non-health community service providers –police, first responders, IBAMA, transport, Atoll and City/Island Councils	MoHFW Relevant agencies	ASM and other NGOs

OBJECTIVE			
1.2.	Create age- and dementia-friendly environments		
	Activities		
1.2.1.	Develop community-based age and dementia-friendly initiatives, including businesses and local services, such as banks and buses	MoHFW	Local Councils ASM and other NGOs MoHFW
1.2.2.	Develop age and dementia friendly standards for the design of public buildings, hospitals, public spaces and social housing	MoHFW MCHI	HDC FDC Councils
1.2.3.	Participate in the WHO Global Network for Age-friendly Cities and Communities	MCHI	Councils MoHFW
1.2.4.	Establish a safe return tracking program to support independent living	MoHFW	ASM Maldives Police Service

EXPECTED OUTCOMES

- ▶ Reduced stigma
- ▶ Greater public awareness of dementia
- ▶ Increased understanding amongst non-health workers of dementia
- ▶ Greater inclusion and compassion
- ▶ Earlier help seeking
- ▶ Increased willingness to share diagnosis
- ▶ Improved public spaces and buildings - age friendly or universal design

Rationale for Action for Dementia Awareness and Friendliness

“Stigma and discrimination heighten the already significant psychological, social, emotional and financial impacts that dementia has on individuals, their carers, families and communities.”²⁵

With increased societal awareness and understanding of dementia, people with dementia and families will feel less fear, discrimination and isolation. Dementia-friendly social and physical environments enable people and families to participate in community life.

Stigma can be at societal and individual levels, leading to discrimination and people and families feeling ashamed, withdrawing and becoming socially isolated. Lack of understanding of dementia and the belief that dementia is an inevitable part of ageing means that people and families think ‘nothing can be done’ and do not seek diagnosis or assistance.

Dementia awareness programs create an accurate understanding of dementia, reduce fear and stigma, enable people to recognise symptoms and increase knowledge of risk factors.²³

Dementia friendliness refers to community environments that are inclusive and supportive that enable people with dementia to participate in society. It includes respectful attitudes, safe housing, accessible outdoor spaces and transport and friendly businesses and services. There are innovative initiatives worldwide.²⁵ Dementia and age friendliness should be integrated.

Useful websites are at **appendix A**.

Dementia Awareness and Friendliness in the Maldives

Stakeholders interviewed noted that:

- ▶ Dementia awareness is reported to be low in Maldives but is increasing, due to the efforts of ASM and other NGOs partners, such as Aged Care Maldives.
- ▶ Culturally, people tend to accept cognitive decline in older adults as a natural part of aging. Families may absorb caring responsibilities without seeking medical intervention.
- ▶ In some cases, dementia symptoms are misinterpreted as a “jinni effect” or possession, prompting families to seek help from religious leaders or rely on traditional methods rather than consulting healthcare professionals.
- ▶ Some families struggle to understand dementia-related behaviours, leading to misconceptions that the person with dementia is being intentionally difficult.
- ▶ Families may take control rather than encouraging a person with dementia to maintain their independence, and decision-making. This can potentially lead to unnecessary dependence. The concept of optimising functioning is not widely practiced professionally.
- ▶ Older people, including those with dementia, can face discrimination and challenges in public spaces. Issues include difficulty navigating shops due to language barriers with migrant workers, lack of assistance, and occasional bullying by unemployed youth.
- ▶ People with dementia do get lost in the city and urban areas. ASM has held discussion with police about tracking systems. On the islands, community members will guide a disorientated person with dementia home.
- ▶ A senior citizens community centre, ‘Isravvehinge Naadhee’ was established in Male’ in February 2024 to provide a space for older adults to gather and participate in activities.

PRIORITY ACTION AREAS

ACTION AREA 2



DEMENTIA RISK REDUCTION



ACTION AREA 2

Dementia Risk Reduction

Individuals know about dementia risk factors, are supported to maintain a healthy lifestyle and take steps to reduce their risk. The government implements policy to make improvements in physical and social environments that support risk reduction.

OBJECTIVES

- 2.1 Increase awareness of modifiable risk factors for dementia
- 2.2 Adopt evidence- based interventions for managing modifiable risk factors

ACTION AREA 2	DEMENTIA RISK REDUCTION	LEAD AGENCY AND KEY PLAYERS	
OBJECTIVES			
2.1	Increase awareness of modifiable risk factors for dementia		
	Activities	Lead	With
2.1.1	Promote dementia modifiable risk factors in dementia awareness campaigns	NMHD HPA	ASM and other NGOs
2.1.2	Include modifiable dementia risk factors in health promotion information and integrate with existing public health activities that encourage healthy lifestyles	NMHD HPA	NCD Alliance MoHFW ASM and other NGOs

ACTION AREA 2	DEMENTIA RISK REDUCTION	LEAD AGENCY AND KEY PLAYERS	
	Activities	Lead	With
2.1.3	Link dementia risk reduction with existing NCD policies and programs that are identified in the Plan for the Prevention and Control of Non Communicable Diseases in Maldives (2023–2031) ²⁶	NMHD HPA	NCD Alliance and other NGOs
2.1.4	Raise awareness of the impact of social and built environments on dementia risk ²⁷	MCHI	Councils HDC MoHFW
2.1.5	Include dementia risk reduction in dementia curriculum of health professionals	MoHFW MNU	ACAD
OBJECTIVE			
2.2	Adopt evidence- based interventions for managing modifiable risk factors		
2.2.1	Identify and implement community-based programs that increase healthy ageing (for example, community gardens ²⁸)	MoHFW HPA	Councils

EXPECTED OUTCOMES

- ▶ Improved public awareness of how to reduce dementia risk
- ▶ Increased adoption of healthier lifestyles across life course
- ▶ Increased knowledge of modifiable risk factors by health professionals

Rationale for Action on Dementia Risk Reduction

“Healthy hearts, healthy bodies, healthy brains’ should be our mantra.” Dame Louise Robinson, Professor of Primary Care and Ageing at Newcastle University.²⁹

One exciting area in the dementia field has been the increasing evidence of modifiable risk factors as shown in the infographic below from the 2024 Lancet Commission on dementia.⁴³ Interventions across the life course aimed at these 14 risk factors might prevent or delay approximately 45% of dementia cases.³⁰



Source: *Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission*, Livingston, Gill et al. *The Lancet*, Volume 404, Issue 10452, 572–628

There is also research underway for other possible risk factors that require further consistent evidence before being considered in the above list, such as poor sleep, infections and mental health conditions, such as anxiety, bipolar disorder and adult attention-deficit/hyperactivity disorder (ADHD).

As people become more aware of dementia, they will be interested in what they can do to prevent themselves from developing it. They may be motivated to adopt a healthier lifestyle through increased physical activity, engaging in activities that stimulate the brain and being more socially active. Health care providers can manage hypertension, diabetes and high cholesterol.

However, people must also be supported by their environments so that it is easier to adopt healthy living behaviours.²⁷ For example, a well- designed built environment, including buildings, transport, footpaths and safe open spaces, plays an important role in encouraging physical activity, social recreation and education.²⁷

Governments can intervene through policy initiatives that reduce cigarette smoking, reduce salt and sugar in food and reduce air pollution. Reduced risk of dementia is possible as shown by decreases in age- incidence of dementia in some countries.³¹

A recent systematic review and meta-analysis found that population or community-based prevention targeting smoking, education, and physical activities are cost-effective, and even may be cost-saving.³²

Modifiable risk factors for NCDs are also risk factors for dementia so it would make sense to include dementia risk reduction in the NCD plan and programs so that there is efficient, combined use of resources and coordinated health promotion initiatives. Linking heart and brain health broadens the perceived benefits of healthy behaviour and provides greater incentive for behavioural change. Interestingly, dementia has generally been excluded from policy and attention on NCDs worldwide, with growing advocacy for its inclusion.³³

Dementia Risk Reduction in Maldives

- ▶ Many of the modifiable risk factors for dementia are receiving attention in Maldives through the focus on NCDs in the current comprehensive Plan for the Prevention and Control of Non-Communicable Diseases (NCD) in Maldives (2023– 2031).²⁶
- ▶ In November 2025, the Maldivian government announced a generational smoking ban that prohibits the sale, use and possession of tobacco products for anyone born on or after January 1, 2007. This may have long-term social and economic impacts on affected communities, potentially influencing opportunities, family structures, and intergenerational equity.
- ▶ The NCD Division in the Health Protection Agency (HPA) works closely with the Maldives NCD Alliance, with any events and campaigns have been organised by government and NGOs.
- ▶ Government initiatives to promote physical activity include 5 outdoor gyms that have been set up by MoHFW. Free to use sports grounds have been set-up in several islands by Ministry of Youth Empowerment, Sports and Fitness, and various other organisations.²⁶ There are government plans to restructure the capital city, with a focus on providing more recreational areas, free for use outdoor exercise areas in Male', Hulhumale' and several islands.²⁶
- ▶ The importance of healthy ageing has also received attention, from the "Ranveyla" Campaign launched across Maldives in 2016 to the UNFPA 2024 program called Hattah ("For the Body") for adults 55 and older at the senior citizens' centre in Malé focusing on nutrition, physical activity and overall well-being.³⁴
- ▶ Dhivehirajjeyge israhvehinge jamiyya (DIJ) or Maldives Senior Citizens Association is an NGO that consults older people throughout Maldives and conducts health awareness and advocates for rights of older people.
- ▶ MoHFW is conducting the 'Haalu Kihineh?' programme nationwide in 2025, visiting residents across all islands to assess well-being and identify individuals in need. This program may provide an indication of extent of social isolation amongst older people.
- ▶ The average household has decreased in both Male' and Atolls with the average being .5 in the 2022 census.³⁵ While older people still usually live with family, urbanization and migration are challenging this tradition, especially in the capital, Malé.
- ▶ Stakeholders reported there are now older people who live alone at home as or as a couple. Older people in Male' may live in four storey apartments with no lifts. The outside environment is noisy, with narrow footpaths, numerous motorbikes and lack of accessible green spaces.³⁶ A study of well-being in older people living in Male' found half of the people interviewed were depressed and lonely.³⁷

- ▶ More spacious living conditions are found on Hulhumale and the life in outer islands is more relaxed and traditional. Older people on islands may be more active than those who live in the crowded city.³⁸ However, many younger people move to the Male' area for work, or for their children's education, leaving behind parents who live alone or with foreign domestic assistance.³⁶ Older people on islands may also experience loneliness.

PRIORITY ACTION AREAS

ACTION AREA 3



DEMENTIA DIAGNOSIS, TREATMENT, CARE, AND SUPPORT



ACTION AREA 3

Dementia Diagnosis, Treatment, Care, and Support

People have access to a timely diagnosis and to ongoing high quality health care to the end of life, provided by dementia trained professionals. There are clear, well-coordinated pathways to post-diagnostic support.

3A. OBJECTIVES FOR DEMENTIA DIAGNOSIS AND TREATMENT

- 3.1 Develop capacity of health sector to respond to rapid increase in the number of older people and people with dementia
- 3.2 Improve access to timely diagnosis
- 3.3 Educate health professionals about dementia
- 3.4 Improve access to post-diagnosis interventions
- 3.5 Improve pharmacological treatment

3. A. DEMENTIA DIAGNOSIS AND TREATMENT

ACTION AREA 3A	DEMENTIA DIAGNOSIS AND TREATMENT	LEAD AGENCY AND KEY PLAYERS
OBJECTIVE		
3.1	Develop capacity of health sector to respond to rapid increase in the number of older people and people with dementia	

	Activities	Lead	With
3.1.1	Co-ordinate dementia plan's implementation with government policies/plans for ageing population	NMHD	MoHFW
3.1.2	Increase the number of medical, nursing and allied health positions that specialise in geriatrics/gerontology	MoHFW	
3.1.3	Create incentives and career pathways to specialize in gerontological care and dementia	MoHFW	MoE
3.1.4	Develop community or home-based nursing as a speciality	MoHFW	MoE
3.1.5	Develop capacity of primary health teams, through regular training, to: ▶ Be alert to signs and symptoms of dementia ▶ Undertake screening and assessment ▶ Refer for diagnosis when uncertain and for pharmacological treatment ▶ Provide co-ordinated care for co-morbidities ▶ Provide ongoing support to family carers	NMHD	MoE
3.1.6	Develop scope of practice for dementia care for health professionals, involving regulatory bodies, professional associations and education and training institutions	MoHFW	ACAD MoE
3.1.7	Conduct dementia care training for family carers and private care workers, as part of training for quality long- term care ³⁹	NMHD	ASM and other NGOs

ACTION AREA 3A	DEMENTIA DIAGNOSIS AND TREATMENT	Lead agency and key players	
OBJECTIVE			
3.2	Improve access to timely diagnosis		
	Activities	Lead	With
3.2.1	Adapt existing dementia clinical care guidelines to Maldives context. (For example, Malaysian guidelines)	MoHFW	MNU MMA
3.2.2	Create and promote an accessible companion guide to the clinical guidelines for people with dementia and families	MoHFW	ASM and other NGOs
3.2.3	Review cognitive screening tests and decide the most appropriate for different settings, translate and validate and include in the Maldives dementia clinical care guidelines	MoHFW	MMA MNA
3.2.4	Clarify the role of each professional, and agree to and promote a co-ordinated dementia assessment, diagnosis and support pathway	MoHFW	
3.2.5	Develop telemedicine and telenursing solutions at regional and island level to overcome geographical challenges in accessing specialist care ⁴⁰	MoHFW	MCGH
3.2.6	Establish a multidisciplinary cognitive clinic with robust telemedicine capabilities	MoHFW	MCGH

ACTION AREA 3A	DEMENTIA DIAGNOSIS AND TREATMENT	LEAD AGENCY AND KEY PLAYERS	
OBJECTIVE			
3.3	Educate health professionals about dementia		
	Activities	Lead	With
3.3.1	Develop dementia competencies for health professionals (Drs, nurses, allied health)	MoHFW MMA MNA MAHC	MNU MOE MNA MMA
3.3.2	Include dementia competencies and dementia guideline (3.2.1) in general health professional training programs	MNU	MOE
3.3.3	Provide training opportunities for local health professionals to specialise in geriatrics and gerontology	MoHFW MNU	
3.3.4	Provide dementia courses in continuing professional education (CPE) programs for health professionals	MNU	MoE
3.3.5	Leverage existing conferences and educational opportunities to include dementia-related topics	MoHFW	MOE
3.3.6	Collaborate with international dementia, geriatric and gerontological bodies to increase access to educational opportunities	MoHFW	ACAD NGOs MoE

ACTION AREA 3A	DEMENTIA DIAGNOSIS AND TREATMENT	LEAD AGENCY AND KEY PLAYERS	
OBJECTIVE			
3.4	Improve access to post-diagnosis interventions		
	Activities	Lead	With
3.4.1	Develop a <u>cognitive therapy</u> (CST), small group program for people with mild to moderate dementia ⁴¹	NMHD	ASM
3.4.2	Explore, and if available, promote access to one to one <u>cognitive rehabilitation</u> for people with mild to moderate dementia ⁴²	NMHD	ASM and other NGOs
3.4.3	Explore other <u>rehabilitation</u> options for people with dementia, identify barriers and solutions ⁴³	NMHD	ASM and other NGOs
OBJECTIVE			
3.5	Improve pharmacological treatment		
3.5.1	Improve access to pharmacological treatments	MoHFW	STO MoFPE
3.5.2	Educate public and health professionals on safe and quality use of medicines ▶ Accurate recording of prescription changes ▶ Not sharing prescription medicines ▶ Need to take some medicines long-term ▶ Risks of psychotropics and benefits of non-pharmacological alternatives	MFDA	HPA
3.5.3	Monitor progress in other countries on use of anti-amyloid antibody treatments that are disease modifying	MoHFW	

EXPECTED OUTCOMES

- ▶ Increased capacity of health sector to respond
- ▶ Increased dementia knowledge of health professionals
- ▶ More timely diagnosis
- ▶ Improved access to appropriate pharmacological treatment
- ▶ Increased referral to support
- ▶ Visible pathway
- ▶ Increased access to expertise when needed.

Rationale for Action on Dementia Diagnosis and Treatment

This action area is crucial for improving the quality of life of people living with dementia and the caregivers who support them. When implemented, the strategies will enable timely diagnosis, provide access to ongoing health care to the end of life, improve quality of health services, enhance the capacity of professionals and urgently increase community support.

People with dementia and their families usually seek help from the health care system for diagnosis, information, treatment and ongoing management of co-existing chronic health conditions. While there is insufficient evidence to support population or routine screening for dementia, older people or their carers who raise concerns about the person's cognitive function should be taken seriously and be properly assessed.³⁰ With education, primary health care teams can take on this role.

A dementia diagnosis is not made based solely on a cognitive function test score. Rather, it requires a comprehensive assessment, with the following steps to be undertaken:⁴⁴

1. Detailed history taking from the person and, if possible, with a person who knows the person well
2. Cognitive function test
3. Pathology tests to exclude a medical cause
4. Assessment for depression or delirium
5. Medication review to exclude medications that affect brain function
6. Functional assessment to determine interference with activities of daily living
7. Imaging to exclude a brain tumour or other rare brain pathology and to help establish the subtype diagnosis. (Structural imaging may not always be needed in those presenting with moderate-to-severe dementia, if the diagnosis is already clear).⁴⁵

People sometimes argue that a diagnosis is useless in the absence of a cure. However, there are benefits of diagnosis, particularly as it should lead to post-diagnostic treatment and support, including pharmacological treatment and cognitive therapies.^{30,46}

Dementia is often one of many other complex health needs of older people that requires a comprehensive, co-ordinated response as highlighted in WHO's Integrated Care of Older People's (ICOPE) approach for primary care.⁴⁷ This approach is also the hallmark of geriatric medicine.

"The practice of geriatric medicine is based on the comprehensive assessment and management, including health promotion and rehabilitation, of older people with declining or substantial loss of intrinsic capacity. By minimising losses of intrinsic capacities and mitigating their effects on functional abilities, geriatric medicine can improve health outcomes. The improved health outcomes include reduced morbidity and premature mortality, better experience of care, lower and more appropriate use of acute hospital facilities, and reduced dependence on institutional-based care."⁴⁸

Dementia Diagnosis and Treatment in the Maldives

Stakeholders interviewed reported that:

- ▶ It is likely that many people in Maldives are undiagnosed as awareness of dementia remains low in the community and among health professionals.
- ▶ There is no established memory service or cognitive clinic nor an agreed referral pathway for dementia. There is a need for evidence-based guidance in dementia diagnosis and support and education of health professionals.
- ▶ There is some coverage of dementia in undergraduate health curricula. There is interest in developing more specialised nursing roles (including gerontological care and dementia), but there is a lack of positions and career incentives for nurses to pursue these specialties.
- ▶ Neurologists see most people with memory issues. People can, and usually do, access specialists directly without going through primary care. Limited availability of neurologists leads to long waiting times.
- ▶ In February 2025, there are six neurologists and one who visits Tree Top Hospital (TTH), all consulting in Male'. There is one psychiatrist with mental health of older people expertise. There are no geriatricians, though there are recruitment efforts. The lack of geriatric and rehabilitation expertise affects the assessment, treatment and care of older people.
- ▶ MoHFW is planning to develop community-based rehabilitation on the islands for people with disabilities and older people.
- ▶ Wealthier individuals often travel abroad to countries like Sri Lanka, India or Thailand for dementia diagnosis. Medication supply issues occur. Families occasionally source medicines from other countries like Malaysia due to inconsistent supply and stockouts. Many people believe medicines are the only credible treatment option.
- ▶ MRIs are commonly used during the diagnostic process but can be costly and time-consuming and communication gaps between clinicians and radiologists can occur.
- ▶ Specialists often need to do or repeat basic investigations because no prior dementia workup has been done or information is not available.
- ▶ Cognitive testing tools like the Addenbrooke's Cognitive Examination (ACE) 3 and Montreal Cognitive Assessment (MoCA) are not officially validated in the local Dhivehi language, though some translations exist.
- ▶ Community screening for dementia is in progress (2024/2025), by ASM and other NGO partners in 2024, using the risk factors, 10 warning signs of dementia and Mini-Cog tool through a train the trainer model, in collaboration with Demensia Brunei.
- ▶ ASM has started an activities program for people with dementia for cognitive stimulation. It is advocating for a dementia daycare and information centre, though acquiring space or land in Male' is challenging.

Future possibilities include:

- ▶ There is enormous potential for telemedicine in the Maldives to have a role in diagnosis and treatment though there is need for proper infrastructure to be in place for it to be effective.
- ▶ With training, medical personnel in primary care or atoll and regional hospitals could be responsible for case finding, undertaking many of the assessment steps for diagnosis and then referral to specialists for confirmation of diagnosis if uncertain, pharmacological treatment and ongoing management advice.
- ▶ With training, the wider primary health care team has the potential to be alert to possible dementia in older people, undertake a cognitive screening test, arrange for a comprehensive assessment when suspected and provide ongoing post -diagnostic support to the person and family carers. These skills could be part of integrated care of older people (ICOPE).⁴⁷
- ▶ With the roll out of WHO's mhGAP dementia training, trained workers could offer practical advice to carers on changed behaviours, such as hallucinations, loss of interest, repeated questioning and aggression.⁴⁹



ACTION AREA 3

Dementia Diagnosis, Treatment, Care, and Support Continued

People with dementia can continue to live and participate in their community. They are supported to adjust to living with dementia. There are opportunities to be physically active, be social and to have intellectual stimulation. As their needs increased, family caregivers are supported by community services and a workforce trained in dementia care. There are alternative care arrangements in circumstances where the family is unable to provide care.

3B. OBJECTIVES FOR DEMENTIA CARE AND SUPPORT

- 3.6 Develop post-diagnostic support for people with dementia and families
- 3.7 Improve access to information on support options
- 3.8 Develop community and residential aged care services
- 3.9 Improve the quality of care of people with dementia in hospitals and long-term care
- 3.10 Improve end-of-life care for people with dementia

3.B DEMENTIA CARE AND SUPPORT

ACTION AREA 3B	DEMENTIA CARE AND SUPPORT	LEAD AGENCY AND KEY PLAYERS
OBJECTIVE		
3.6	Develop co-ordinated post-diagnostic support for people with dementia and families	

	Activities	Lead	With
3.6.1	Develop strategies to combat stigma and social isolation, including outreach to older people where they live	MoHFW	NGOs
3.6.2	Consider establishing intergenerational programs to support people with dementia ^{50 51}	MoE MoHFW	NGOs MoYESF ACAD
3.6.3	Explore use of aids and affordable <u>assistive technologies</u> that can help people living with dementia to live safely and independently ²⁷	NSPA	STO IBAMA Councils
3.6.4	Develop an inclusive, multipurpose day centre with a dementia-specific program that includes social engagement, cognitive stimulation, and respite for family carers	MoHFW	ASM and other NGOs
3.6.5	Develop and monitor safety and quality standards for the day centre	MoHFW	
3.6.6	Develop mechanisms to provide co-ordinated care services	MoHFW	NGOs
OBJECTIVE			
3.7	Improve access to information on support options		
	Activities	Lead	With
3.7.1	Educate health and other professionals to provide information about ASM and other relevant NGO services and supports available	MoHFW	ASM and other NGOs
3.7.2	Develop a co-ordinated system among government entities to create a registry of people with a dementia diagnosis, linking to the national disability registry ⁵²	MoHFW NSPA	

ACTION AREA 3B	DEMENTIA CARE AND SUPPORT	LEAD AGENCY AND KEY PLAYERS	
OBJECTIVE			
3.8	Develop community and residential aged care services		
	Activities	Lead	With
3.8.1	Identify the demand for general and dementia specific community and residential aged care and explore funding options	MoHFW	
3.8.2	Establish a home care service that can respond to a person’s increasing care needs ▶ Affordable, high quality, safe and sustainable, with well trained staff ▶ To include domestic assistance, meals, personal care, social support, allied health, respite ▶ Well-regulated and monitored	MoHFW	NGOs
3.8.3	Enable NGOs to deliver co-ordinated community services with government and private funding	MoHFW	
3.8.4	Develop a residential care option/s, with well-defined eligibility criteria, regulatory oversight and sufficient, well-trained staff	MoHFW	NGOs
3.9	Improve the quality of care of people with dementia in hospitals and long-term care		
3.9.1	Determine the incidence of complications for people with dementia. For example, falls, pressure injuries, delirium	MoHFW	Hospitals Dhamanaveshi HPSN Care facilities

ACTION AREA 3B	DEMENTIA CARE AND SUPPORT	LEAD AGENCY AND KEY PLAYERS	
3.9.2	Determine the incidence of restrictive practices	MoHFW	Hospitals Dhamanaveshi HPSN Care facilities
3.9.3	Assess hospital environments for dementia-friendliness ⁵³	MoHFW	Hospitals
3.9.4	Develop strategies to reduce harm, and improve dementia-friendliness	MoHFW	Hospitals Dhamanaveshi HPSN Health Care facilities
OBJECTIVE			
3.10	Improve end-of-life care for people with dementia		
	Activities	Lead	With
3.10.1	Develop comprehensive, holistic palliative care services	MoHFW	
3.10.2	Educate health professionals on how to conduct end of life planning discussions	MoHFW MoIAE	MNU
3.10.3	Promote advance care planning	MNU	ASM

EXPECTED OUTCOMES

- Increased access to post-diagnostic support and services
- Better maintenance of independence and skills
- Increased availability of community services
- Increased availability of social care facilities (day centre, residential)
- Improved quality of care in hospital
- Increased access to palliative care - better management of symptoms at end of life and more support for end-of-life decisions
- Greater advance care planning.

Rationale for Action on Dementia Care and Support

People with dementia and their families can feel overwhelmed following a diagnosis. Initiatives such as support groups can help individuals feel socially connected, give a sense of belonging and provide a safe place to seek advice and encouragement.²⁷

As needs increase, community services provided in the home can include help with instrumental activities of daily living, such as shopping and cooking, and then personal care needs, such as bathing, dressing, managing incontinence and medications. A 'reablement' approach in service delivery can assist people with dementia improve or maintain their independence.

As dementia progresses, people may have complex health needs, communication difficulties, and behavioural changes. Behavioural changes include, but are not limited to, agitation, sleep disturbances, wanting to leave, pacing, apathy, hallucinations and aggression. Undiagnosed pain can be expressed as agitation and unfortunately a person may be sedated without the underlying cause of pain being investigated.

As they experience functional decline, people with dementia are at risk of further complications such as falling, developing incontinence and pressure injuries, dehydration and undernourishment. Medication-related harm and delirium are also common. These complications can lead to hospital admission and hospital admission can result in these complications. Hospital admission can be very distressing for people with dementia though efforts can be made to increase dementia-friendliness.⁵³

People with dementia require a continuum of health and social services or quality long-term care when they can no longer care for themselves. Long-term care is defined as "the activities undertaken by others to ensure that people with or at risk of a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity."³⁹ The setting can be at home or in a facility.

People with dementia increasingly need supported decision-making to continue to be in control and make their own decisions about healthcare, living arrangements, finances and everyday chores. Supported decision-making is endorsed in Article 12 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).⁵⁴ They may rely on a trusted person to support them, to communicate their needs and when they lose capacity, to make decisions on their behalf. The health system needs to be structured so that health professionals work with the person with dementia and their supporter to deliver health care.

Dementia usually shortens a person's life. Shortly before dying people with advanced dementia can experience distressing symptoms such as pain, eating problems, breathlessness, neuropsychiatric symptoms, and complications such as respiratory infections.⁵⁵ Palliative care can help with symptom management, relief and comfort. Palliative care also supports families and provides information about what to expect and the decisions they will need to make as substitute decision makers.⁵⁵ Unnecessary treatments that do not improve quality of life can be avoided.

Current Dementia Care and Support in Maldives

- ▶ There is a strong cultural expectation for families to manage the care of individuals with dementia at home. Women bear the significant portion of responsibility.^{56 36}
- ▶ Demographic, social and economic trends are likely to lead to a decrease in the availability of family carers. Families are becoming smaller with increasing reliance on dual-income households.
- ▶ There is a home visiting health care program in Greater Male' delivered by Dhamanaveshi and Hulhumale Hospital to support bedridden and mobility limited older people. It provides consultations, catheter and tube management, blood sample collection, prescriptions and care education. In 2022, there were 67 registered clients (Dhamanaveshi had 37 and Hulhumale Hospital 30), with a mean age of 81.4 years.⁵⁷ The majority of carers were untrained (78%), most were offspring (67%) and only 10% were hired care workers.⁵⁷ The MoHFW has plans to launch a social aspect to the program, involving volunteers and young leaders.
- ▶ According to the Maldives Healthcare Quality Standards, public health units should have a list of elderly patients with frequency of follow up visits for bedridden patients recorded.⁵⁸
- ▶ There are no aged care homes though there are previous and current government plans for development. There is one public long-term facility, Home for People with Special Needs (HPSN) in Kaafu Atoll that provides care for people with physical and intellectual disabilities, mental health disorders and older people who cannot be cared for by their family. Recently transferred from the MoHFW to the NMHD, it accommodates 206 individuals, with 20 people over the age of 65. In February 2025, WHO provided technical assistance and made recommendations for improvements in facility infrastructure, living conditions and therapeutic practices.⁵⁹
- ▶ All people 65 and over are entitled to a pension, which has greatly improved the financial circumstances of older people. Additionally, a housing scheme provides extra housing points to carers of dependent older adults.⁶⁰
- ▶ The National Social Protection Agency, responsible for Aasandha, has a medical welfare financial assistance program.⁶¹ Equipment is also available through the disability registry. The National Social Protection Agency also provides a disability allowance.⁶¹
- ▶ An important local community development initiative is IBAMA. IBAMA stands for "Ijthimaee Badhahi Madhadhuverin," - "IBA" means "you" and "MA" means "me." Led by MoHFW) and supported by UNICEF Maldives, representatives from health centres, island councils, police, education and social services come together at the island level to identify children and families in need of services and to coordinate access to support.

Stakeholders interviewed reported that:

- ▶ The senior citizen's community centre, Isravvehinge Naadhee established in Male' in February 2024 does not currently cater for older people who are frail or with dementia.
- ▶ There are NGOs who visit older people and provide home-based nursing through dedicated volunteers, local donations or international sponsorship. They do not receive any government funding. Chronic under resourcing, limited capacity to meet needs and unfulfilled promises can lead to frustration.
- ▶ Some private hospitals provide limited outreach services.
- ▶ Some families privately employ domestic workers from other countries such as the Philippines, Nepal or Bangladesh to care for old people. This is costly and there are often language barriers, hindering communication.
- ▶ Maldives needs workers trained in aged care, dementia and community nursing. The Polytechnic College has a Certificate 3 in Elderly Care. MNA is developing a curriculum for home-based nursing with another NGO, Community Nurses Volunteers that provides care to vulnerable people who cannot afford home care. They aim to promote community nursing as a profession and to raise awareness of the needs of the growing number of older people.
- ▶ The capacity of the urban hospitals in greater Male' is already overstretched. Older people can stay a long time in hospitals when families are unable to care for them.
- ▶ Families may be reluctant to consider disease progression and to have early discussions on the extent of medical interventions for persons with advanced dementia. Initiatives in one private hospital to prepare families for what to expect and discuss end-of-life care preferences was noted. The team is working on developing formal advance care planning forms and information brochures to further support this process.

PRIORITY ACTION AREAS

ACTION AREA 4



SUPPORT FOR DEMENTIA CARERS



ACTION AREA 4

Support for Dementia Carers

Carers understand dementia and are well supported to undertake their demanding role. They are able to maintain their own health and wellbeing and the well-being of other family members. They can navigate the health and support system and are viewed by professionals as partners in care and treated with respect.

OBJECTIVES

- 4.1 Improve carer access to dementia information and education
- 4.2 Improve support services for carers
- 4.3 Recognise the critical role of family carers

ACTION AREA	SUPPORT FOR DEMENTIA CARERS	LEAD AGENCY AND KEY PLAYERS	
OBJECTIVE			
4.1	Improve carer access to dementia information and education		
	Activities	Lead	With
4.1.1	Further develop and promote a range of accessible and evidence-based resources for family carers on issues from care after diagnosis through to palliative care	NMHD	ASM and other NGOs ACAD
4.1.2	Continue to develop carer support groups to enable carers to share their experiences and learn from others	NMHD	ASM and other NGOs MoE MoYESF

4.1.3	Pilot and evaluate the effectiveness of iSupport program for family carers using community mental health workers or NGO leaders as trained facilitators	MoHFW	ASM MNU
4.1.4	Develop access to advice for managing behavioural changes and personal care challenges (for carers, public and private home care workers)	NMHD	
OBJECTIVE			
4.2	Improve support services for carers		
	Activities	Lead	With
4.2.1	Review international dementia carer interventions, adapt and implement for Maldives context ⁶²	MoHFW	NMHD
4.2.2	Develop and provide a range of community, sustainable respite services for carers From workshop: Respite ideas included: ▶ A registry of volunteers willing to take care of a person with dementia for a few hours so that carer can take a break, could be a requirement of undergraduate programs	MoHFW	MoYESF ACAD
4.2.3	Improve access to affordable patient transfer services from home to hospital for people who are non-ambulatory	MoHFW	NSPA Aaasandha
4.2.4	Train community social group members on how to identify and reduce carer stress and burn-out	MoHFW	

ACTION AREA	SUPPORT FOR DEMENTIA CARERS	LEAD AGENCY AND KEY PLAYERS	
OBJECTIVE			
4.3	Recognise the critical role of family carers		
	Activities	Lead	With
4.3.1	Review the rights of carers of people with dementia, including recognition, education, employment, financial assistance, respite and support services	MoHFW	HRCM CSC
4.3.2	Provide access to legal advice for carers	NSPA	MoHFW NGOs
4.3.3	Develop policies that protect working carers and enable flexible work practices (if not already in place)	MoHFW	CSC
4.3.4	Develop strategies that recognise and reward carers for their efforts, including financial and social support (Recognition example- International Day of Care and Support) ⁶³	MoHFW	CSC NSPA Aasandha

EXPECTED OUTCOMES

- ▶ Increased availability of respite options
- ▶ Improved wellbeing of carers
- ▶ Reduced carer stress
- ▶ Increased carer opportunities for work and education

Rationale for Action on Dementia Care and Support

“In Member States of the Region, most of the responsibility of long-term care is borne by the family, especially by the women of the family who are neither acknowledged nor paid for their contribution. On the one hand, the lack of skills in family-based caregivers leads to a suboptimal quality of care for frail, dependent and disabled older people; on the other hand, the burden of enormous care takes a toll on the caregivers resulting in physically as well as mentally devastating caregiver burn-out. It also deprives them of their access to education, employment as well as recreation, which in the long run, has a negative impact on family, society and the nation as a whole”.

Preface, Training package on long-term care in home or institutional settings in South-East Asia Region (Participant's Manual). New Delhi: World Health Organization, Regional Office for South-East Asia, 2021.

As dementia progresses, individuals require more supervision and assistance in daily self-care, often provided by family members. However, caring for a person with dementia can be stressful and complex, requiring access to expert information and advice, particularly for behavioural changes. Caregiving can be overwhelming and isolating, affecting a carer's own health and emotional wellbeing.

The majority of care hours for people with dementia are provided by women.¹ In many countries, caring roles are determined by gender, with women providing direct care and supervision while men may take on a decision-making role. Cultural norms and religious beliefs may provide motivation for caring but also prevent carers from seeking or accepting assistance.⁶⁴

There is increasing evidence of the beneficial effects of interventions for carers on reducing burden, depression, and anxiety, especially in low- and middle-income countries where carers face greater challenges with little support.⁶⁵

WHO has developed a self-guided online intervention, iSupport, to reduce depression and distress in dementia carers, which is being implemented in many countries. While a recent UK randomised trial found no evidence of its effectiveness as a self-guided intervention, it may be effective if delivered alongside other psychosocial support and in countries where there is little access to information and services.^{66,67}

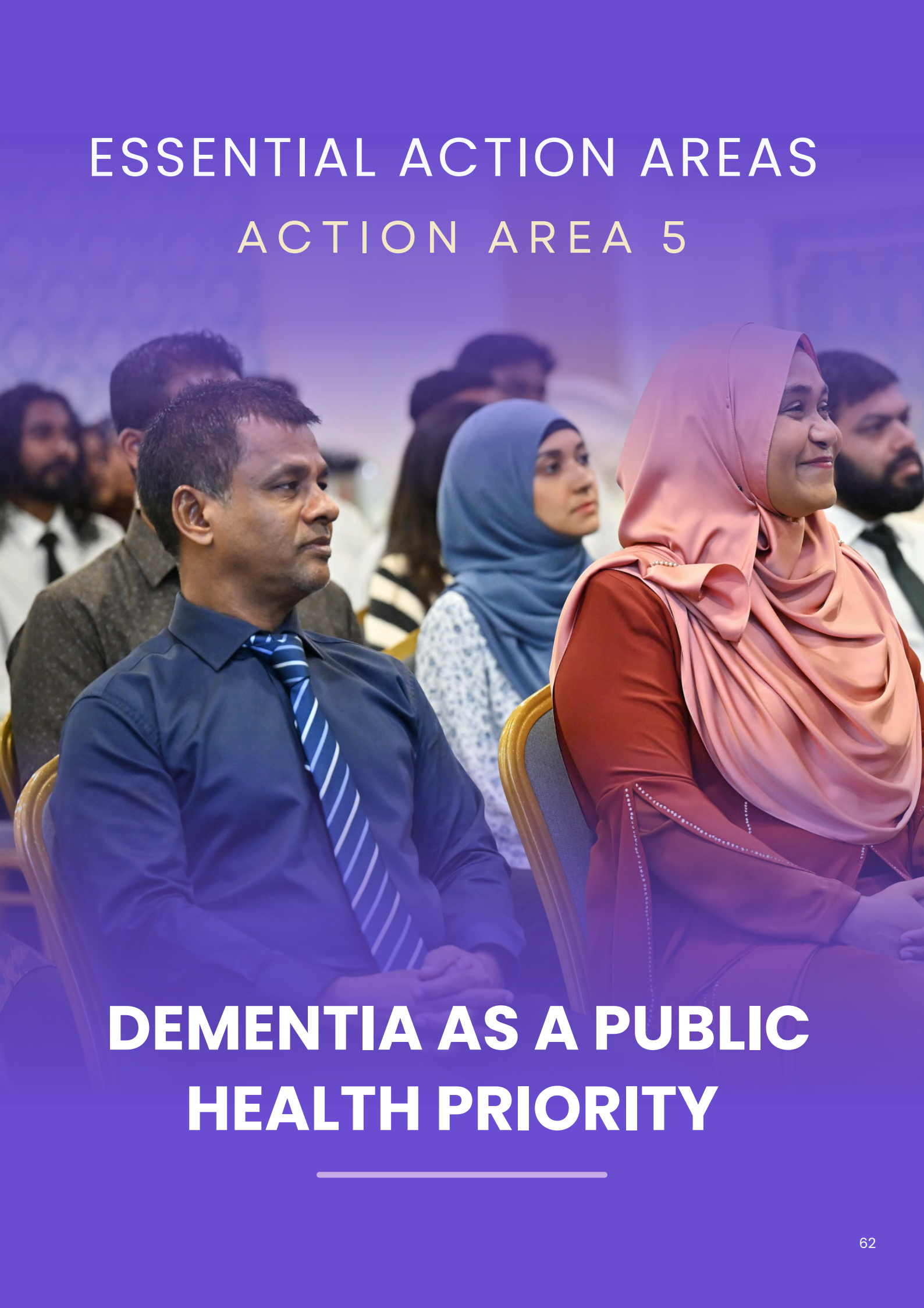
Dementia Care and Support in Maldives

Stakeholder consultations:

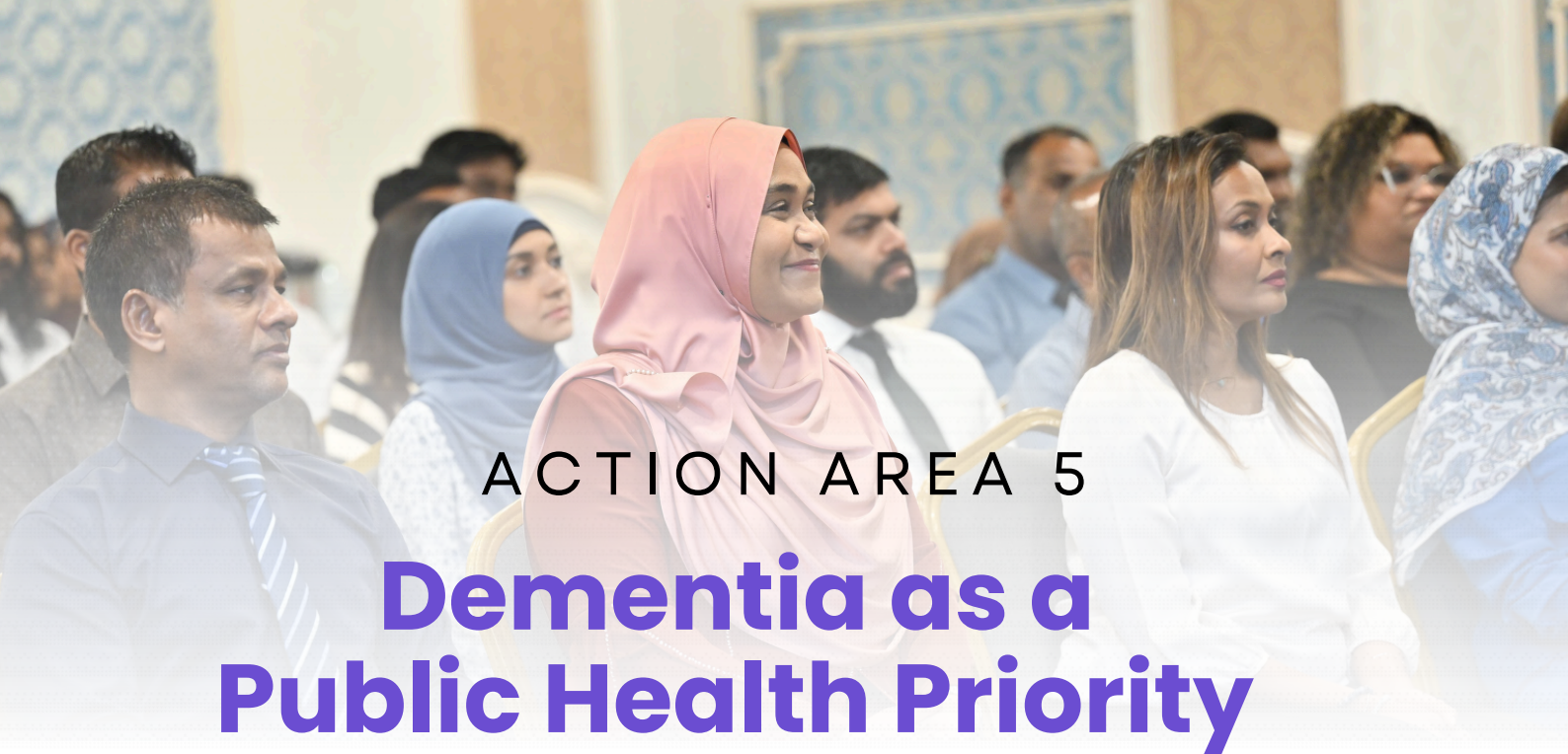
- ▶ Most carers interviewed had stopped working or studying to take on a caring role and some had returned home from working overseas when a parent was diagnosed with dementia.
- ▶ Some families, especially on islands, have strong community support, while some may have limited support if relatives have moved away. Families who can privately employ foreign domestic workers worry about the language barriers and quality of care. Carers interviewed in the preparation of this dementia plan noted extra expenses in caring role.
- ▶ In September 2023, ASM established an online caregiver support group, though numbers are currently small. Many carers may be unaware of the service. Carers who have contacted ASM noted the absence of advice and not knowing where to turn. They can be reluctant to express their struggles, fearing that they will be perceived as disrespectful, complaining or burdened in caring for their elders.
- ▶ ASM is translating WHO's iSupport for Dementia manual, a training program for carers, into Dhivehi.
- ▶ Carers interviewed expressed pride in their caring role, and some felt that people outside of the family would not understand the person or know their needs. However, they agreed that a 'back up' service in case of emergencies would alleviate stress. Currently there are no respite services, such as cottage care, in-home, or small group outings.
- ▶ A carers' registry could assist with access to therapy and services.

ESSENTIAL ACTION AREAS

ACTION AREA 5

A photograph of a diverse group of people seated in an audience, looking towards the right. In the foreground, a man with short dark hair, wearing a dark blue button-down shirt and a blue and white striped tie, is seated. Next to him, a woman wearing a pink hijab and a matching pink long-sleeved dress is seated, looking slightly upwards and to the right. Behind them, other audience members are visible, including a woman in a blue hijab and a man in a white shirt and dark tie. The background is softly blurred, suggesting an indoor event space.

DEMENTIA AS A PUBLIC HEALTH PRIORITY



ACTION AREA 5

Dementia as a Public Health Priority

Dementia planning

A national dementia strategic plan is in place for Maldives that provides direction for developing its health and social care systems so that they can provide care and support for people with dementia and families.

Equity and rights

Equity and human rights are promoted and equitable access to care and support is provided. Mechanisms are in place to protect the rights of people with dementia that include safeguards for concepts such as legal capacity, supported decision making, power of attorney and protection from abuse. The rights of people with dementia are upheld, enabling them to live with respect and dignity and free from abuse.⁶⁸

OBJECTIVES

5.1 Establish governance and reporting

5.2 Protect the rights of people with dementia

ACTION AREA 5	DEMENTIA AS A PUBLIC HEALTH PRIORITY	Lead agency and key players	
OBJECTIVE			
5.1	Establish governance and reporting		
	Activities	Lead	With
5.1.1	Develop and publish a joint national dementia action plan	MoHFW	NMHD

5.1.2	Establish a position/unit responsible for dementia	NMHD	
5.1.3	Undertake a costing of the dementia action plan	MoHFW	NMHD
5.1.4	Allocate funds for implementation of the dementia action plan	MoHFW	NMHD
5.1.5	Cross reference the dementia action plan in all other relevant policy documents	MoHFW	NMHD
5.1.6	Integrate dementia into the implementation of ongoing primary health and NCD care initiatives	MoHFW	NMHD
5.1.7	Integrate dementia into implementation of disability and ageing initiatives	MoHFW	NMHD
5.1.8	Establish and maintain governance arrangements across relevant departments	MoHFW	NMHD
5.1.9	Maintain a dementia working group (DWG) to guide implementation, with representation from stakeholders including people with dementia, carers, health professionals, NGOs and cross government agencies	MoHFW	NMHD All stakeholders
5.1.10	Include members of the dementia working group in development of relevant policies	MoHFW	NMHD
5.1.11	Establishing a comprehensive and coordinated mechanism to monitor implementation progress	MoHFW	NMHD DWG

ACTION AREA 5	DEMENTIA AS A PUBLIC HEALTH PRIORITY	LEAD AGENCY AND KEY PLAYERS	
OBJECTIVE			
5.2	Protect the rights of people with dementia		
	Activities	Lead	With
5.2.1	Review if there are mechanisms in place for legal capacity, self-determination, supported decision-making, power of attorney, and protection against exploitation and abuse	HRCM	MoHFW PILC
5.2.2	Educate the public about rights of people with dementia to promote inclusion	PILC HRCM	ASM
5.2.3	Include dementia, capacity, rights, advance care planning, guardianship, elder abuse protection in undergraduate and post graduate curricula for law, health and social sector and for religious scholars	MNU MoHFW AGO	MoE PILC
5.2.4	Include dementia in the monitoring of the UNCRPD	HRCM	
5.2.5	Investigate whether people with dementia, including those in prisons, experience violence, exploitation, abuse or neglect ⁷	HRCM	MoHST
5.2.6	Investigate whether people with dementia experience restrictive practices	MoHFW	MoHST
5.2.7	Advocate for legislation to protect the rights of people with dementia, aligned with the UN CRPD	HRCM	

5.2.8	Enact the Mental Health Bill to ensure further protection	MoHFW	NMHD
5.2.9	Review the extent that health guidelines and quality and safety standards include dementia care	MoHFW	
5.2.10	Develop or update guidelines and quality and safety standards across settings to include dementia care	MoHFW	

EXPECTED OUTCOMES

POLICY AND PLANNING

- Increased consideration of dementia in all relevant government portfolios
- Dedicated dementia policy contact
- Increased multisectoral collaboration
- Increased budget allocation
- Dementia strategy launched
- Increased participation of people with dementia in dementia policy and implementation

PROTECTION OF RIGHTS

- Greater sense of freedom and safety and empowerment
- Reduced financial exploitation
- Better standards of health care.

Rationale for Action for Dementia as a Public Health Policy

“Dementia is a condition that requires of us a multiagency and multidisciplinary collaborative approach. It does not respect the boundaries between health and social care. It requires us not just to do more, but to do things differently.” Professor Sube Banerjee ⁶⁹

Improvements in dementia prevention, treatment and care requires a whole-of-government, multi-stakeholder, public health approach.²³ As well as a comprehensive action plan, dementia planning should be linked to other national policies. Monitoring actions should include monitoring protection of the rights of people with dementia.

Internationally, the voice of people with dementia is now heard through Dementia Alliance International. In individual countries, people with dementia are increasingly involved in advocacy, policy development and in research. The involvement of people with dementia is usually facilitated by greater public knowledge of dementia, less stigma and earlier diagnosis.

People with dementia do not automatically lose their ability to make health and financial decisions. It is a basic legal presumption that adults have capacity unless it is proven otherwise. However, some people with dementia may need to be supported and in later stages, may not have any capacity to make certain decisions. When they do lose their decision-making ability, a substitute decision maker who knows the person’s preferences should be consulted.

Dementia as a Public Health Policy in Maldives

POLICY AND PLANNING

Maldives has undertaken extensive mental health planning, with a focus on integration with the existing healthcare system. The National Mental Health Strategic Action Plan (MHSAP) 2025–2029 acknowledges that a whole of government approach is required and suggests the following to facilitate collaboration and inter-sectoral joint service planning:

- ▶ Establishing financial mechanisms
- ▶ Forming intersectoral coordinating committees
- ▶ Fostering interagency agreements
- ▶ Training staff
- ▶ Providing joint services in areas such as employment, education, housing, criminal justice, drug rehabilitation, physical health, disability, emergency, and aged care services.²¹
- ▶ Forming intersectoral coordinating committees
- ▶ Fostering interagency agreements
- ▶ Training staff
- ▶ Providing joint services in areas such as employment, education, housing, criminal justice, drug rehabilitation, physical health, disability, emergency, and aged care services.²¹

MHSAP 2025 – 2029 mentions under strategies for promotion and prevention in mental health (3.1.7): Develop a tool for identification and intervention for geriatric mental wellbeing and incorporate in the service delivery charters.²¹

Other Maldives health policies relevant to dementia include:

- ▶ National Health Master Plan 2016–2025
- ▶ The National Multi-sectoral Action Plan for the Prevention and Control of Noncommunicable Diseases in Maldives (2023–2031)
- ▶ National Action Plan on Ageing 2025–2028
- ▶ National Ageing Policy (2025–2028)
- ▶ Step-by-Step guide and toolkit for primary health care reorganisations in Maldives 2024
- ▶ Telemedicine Guidelines for Healthcare Professionals 2024
- ▶ Maldives Health Care Quality Standards 2022 ⁵⁸

While the National Mental Health Department is the lead agency for the development of the Maldives Dementia Strategy, it acknowledges dementia policy also crosses over other areas such as NCDs, health of older people and ageing and disability policy more broadly. An effective response to dementia requires action across departments and Ministries, with active engagement of people with dementia, family carers and partnerships with NGOs.

WHO's Country Cooperation Strategy for Maldives has five strategic priority areas.¹⁹ Strategic priority area three is to address unmet health needs of vulnerable population groups, including health of older people. The proportion of older people diagnosed with dementia is an indicator under its monitoring and evaluation framework.

In Maldives, MoHFW has responsibility for ageing policy. The Maldives National Policy on the Ageing (2025) and its corresponding National Action Plan (2025–2028) are launched and under implementation, guiding national efforts on ageing. Work has also commenced on a National Strategy for Long-term Care, supported by the establishment of a national technical working group.

PROTECTION OF RIGHTS

MoHFW is also responsible for the rights of people with disabilities. The National Social Protection Agency provides the disability allowance and financial assistance and maintains the registry of persons with disabilities. The Disability Council is the main monitoring body.

The Human Rights Commission (HRCM) actively works on issues related to legal capacity, self-determination, and protection against exploitation and abuse. It monitors and advocate for laws and mechanisms that protect and safeguard individuals' rights. It has a mandate to promote the rights of persons with disabilities and monitor the implementation of the UNCRPD; and national legislation and policies.⁷⁰

After ratifying the CRPD in 2010, Maldives then enacted the 2010 Protection of the Rights of Persons with Disabilities and Provision of Financial Assistance Act (the Disability Act). MoHFW is currently implementing a five-year national plan on disability inclusion.

According to the CRPD, dementia is a disability. The CRPD takes a social model of disability that emphasises that social norms, environment and attitudes, not the person's impairment, result in challenges and barriers. Instead of focusing on a person's deficit, the focus is on measures and reasonable adjustments that allow for autonomy and control to enable people with disabilities to continue participation in community life. In addition, people with disabilities should have legal protection.

The identification of dementia as a disability can be strengthened in Maldives. There is the opportunity to identify people with dementia in the disability registry. While there is no mention of dementia as a disability in the comprehensive United Nations Partnership on the Rights of Persons with Disabilities (UNPRD) Situational analysis of the Rights of persons with disabilities in the Maldives, many of the recommendations are relevant to people with dementia.

Article 35 (a) of the Constitution maintains that the State, community and family must provide protection and assistance to older persons, children and others belonging to marginalised groups.

The UNPRD Maldives disability report recommends supporting the formulation and enactment of the Mental Health Bill to ensure protections, including legal capacity.⁷⁰

In the Maldives Healthcare Quality Standards, Standard 20.4 requires of health care facilities:

“There is established procedure to take informed consent and involving the patient in treatment process, wherever it is required by practice norm or law.”⁵⁸

Stakeholders consulted reported:

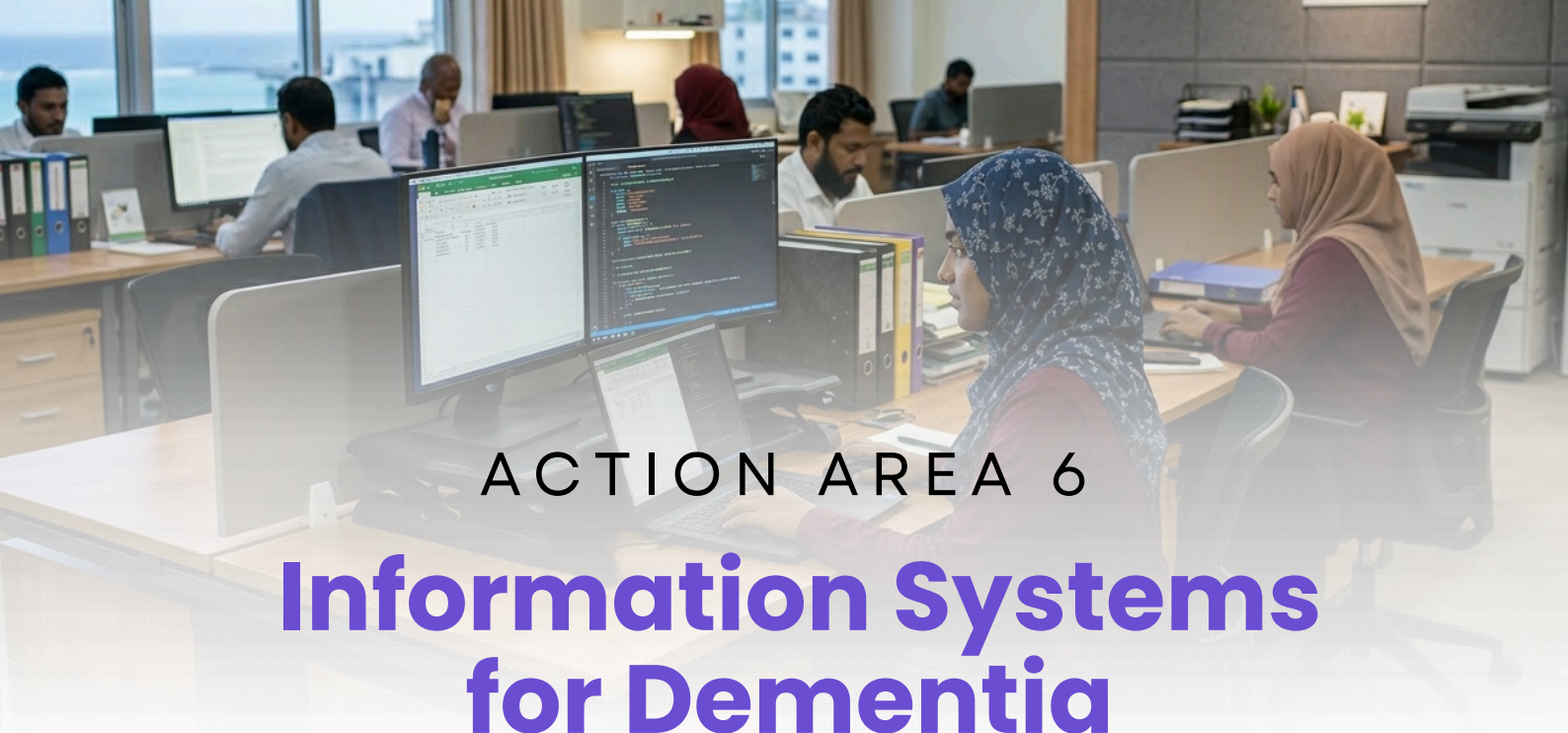
- ▶ A rights-based Bill for Older Persons has been previously drafted in Maldives but has not yet been enacted.
- ▶ ASM has initiated discussions with the Public Interest Law Centre to develop a framework for a mental capacity act.
- ▶ In Maldives, decision making responsibility is complex. Under its legal system and Islamic sharia, the decision responsibility automatically shifts to the eldest adult son, or male in the family lineage.
- ▶ Isolated instances of people with dementia experiencing violence, exploitation, or neglect.
- ▶ Limited awareness of rights of people with dementia and ageist attitudes amongst lawyers, politicians and religious leaders.
- ▶ The Public Interest Law Centre (PILC) is an NGO that can provide legal aid and advocates for reform in areas of public interests such as human rights.

ESSENTIAL ACTION AREAS

ACTION AREA 6



INFORMATION SYSTEMS FOR DEMENTIA



ACTION AREA 6

Information Systems for Dementia

Dementia prevalence is known based on high quality epidemiological studies and the data is used in policy and planning and program design. Routine collection of dementia relevant data enables stakeholders to see if improvements have been made to dementia care.

OBJECTIVES

6.1 Improve access to dementia data

ACTION AREA 6	INFORMATION SYSTEMS FOR DEMENTIA	LEAD AGENCY AND KEY PLAYERS	
OBJECTIVE			
6.1	Improve access to dementia data		
	Activities	Lead	With
6.1.1	Update the GDO data for Maldives		
6.1.2	Consider the inclusion of dementia questions in routine population surveys:		
6.1.3	► Household Income and Expenditure Survey	MBS	

6.1.4	► Demographic and Health Survey (DHS)	MoHFW	
6.1.5	► Census 2032	MBS	
6.1.6	Include dementia in MoH's history-taking and assessment form	MoHFW	
6.1.7	Explore the possibility of changes to the District Health Information Software Version 2 (DHIS2) to provide a national surveillance and monitoring system for dementia	MoHFW	
6.1.8	Generate information from IBAMA's vulnerability mapping for the dementia registry	MoHFW	
6.1.9	Collect and share data across health and social care systems to improve service delivery	MoHFW	
6.1.10	Involve people with dementia and families in the creation, collection, analysis and use of dementia data	MoHFW	

EXPECTED OUTCOMES

- Improved monitoring of number of people with dementia
- Improved dementia reporting

Rationale for Action

Dementia data improves a country's ability to respond to the needs to people with dementia and their carers. It can help strengthen policies, support better planning and enable the development of health and social sector support.⁷¹

WHO collects dementia data from members states through 35 indicators that are collated in the Global Dementia Observatory (GDO). It also collates resources through the GDO Knowledge Exchange Platform.

Information Systems in Maldives

The GDO data for Maldives has not been updated since 2017, at Appendix B.

The 2023 validated baselines for the Mental health action plan for the WHO South-East Asia Region 2023 – 2030 highlights the lack of data from member states for many of the objectives.⁵ Objective 4 is to strengthen information systems, evidence and research for mental health, with reporting of a core set of mental health indicators through national health and social information systems.

There is currently no official dementia prevalence study for Maldives. However, based on "Aasandha" health insurance data from 2017–2021, ASM estimates that there are approximately 1,400 people with dementia in Maldives. However, diagnosis entry is reported to be inaccurate, particularly when a person has multiple conditions.

The Global Burden of Disease study estimated that there were 1,703 people with dementia in Maldives in 2019.¹ This is approximately 7 % of the population aged 65 years and over. The Global Burden of Disease study projected that the number of people with dementia in Maldives would rise to 11,135 in 2050, a 554% increase.²

The Maldives Bureau of Statistics Household Income and Expenditure Survey 2019 in its disability measurement from the Washington Group Short Set on Functioning (WG-SS) questions included the question, "Because of a health problem, do you have difficulty remembering or concentrating?" Twelve per cent of people 65 and over reported having difficulty with remembering.

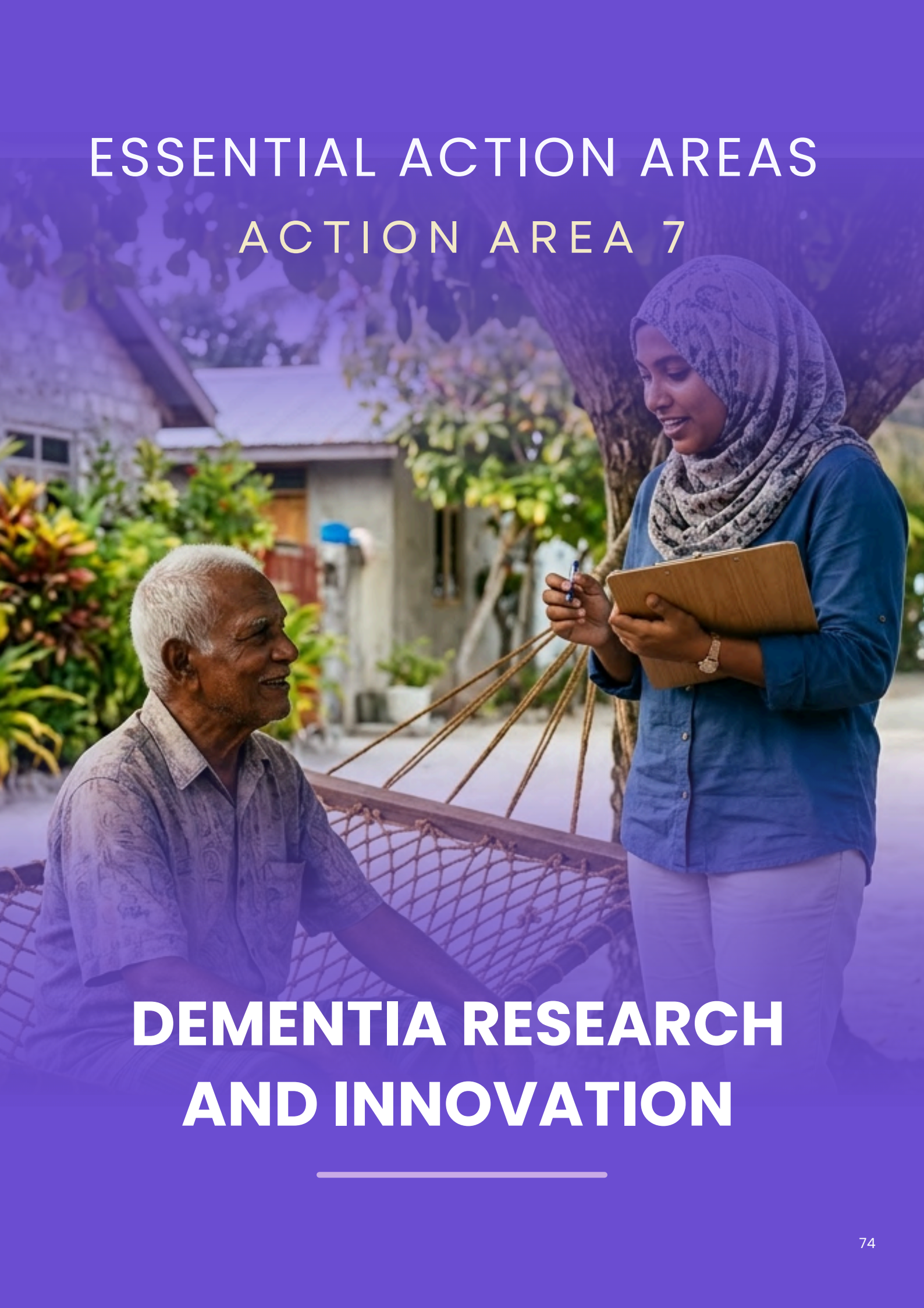
Depression, anxiety disorders, substance use disorders, self-harm, epilepsy, dementia and psychosis are included in phase 1 of the pilot and captured on the PHC registry.¹⁸

Stakeholders consulted reported:

- ▶ A prevalence study for dementia is now being conducted by Maldives National University, with ASM support, though it will only cover Greater Male'.
- ▶ The next Household Income and Expenditure Survey is planned to start after Ramadan, March 2025. Stakeholder consultations for the questionnaire have not yet taken place, pending funding confirmation from the Ministry of Finance. If the MoHFW identifies dementia as a priority, it could potentially be included as an option in the chronic disease condition question.
- ▶ The Demographic and Health Survey (DHS) is another potential avenue for including dementia-related questions, but its implementation is also pending funding approval.

ESSENTIAL ACTION AREAS

ACTION AREA 7

A woman wearing a patterned hijab and a blue long-sleeved shirt is standing and holding a wooden clipboard and a pen. She is looking down at the clipboard and smiling. An elderly man with white hair, wearing a patterned short-sleeved shirt, is sitting in a hammock and looking up at her. They are outdoors, with a house and trees in the background. The entire image is overlaid with a semi-transparent purple filter.

DEMENTIA RESEARCH AND INNOVATION



ACTION AREA 7

Dementia Research and Innovation

Research into dementia prevention and care prevents new cases and improves treatment and care.⁶⁸ People with dementia and carers are recruited to participate in trials. Maldives can make use of opportunities to collaborate with other countries in dementia research.

OBJECTIVES

1. Increase investment in dementia research and innovative technologies
2. Support the adoption of research and innovation

7. DEMENTIA RESEARCH AND INNOVATION

ACTION AREA 7	DEMENTIA RESEARCH AND INNOVATION		LEAD AGENCY AND KEY PLAYERS	
OBJECTIVE				
7.1	Increase investment in dementia research			
7.1.1	Activities	Lead	With	
7.1.2	Include dementia research in funding opportunities and research capacity development in Maldives	NRC		
7.1.3	Conduct a nationwide dementia prevalence study	NMHD	MNU	

7.1.4	Develop research programs focused on dementia prevention, care and treatment in Maldives	MoHFW	MNU ACAD
7.1.5	Assess the knowledge, attitudes and practices (KAP) of health workers in Maldives	MoHFW	
7.1.6	Research impact of dementia on people with dementia and carers in Maldives	MoHFW	MNU
7.1.7	Promote the participation of people with dementia and their carers in research design and governance	MoHFW	MNU ACAD
OBJECTIVE			
7.2	Support the adoption of research and innovation		
	Activities	Lead	With
7.2.1	Facilitate access to published dementia research for health professionals	MoHFW	MNU ACAD
7.2.2	Disseminate summaries of key dementia research findings to policy makers, health professionals and public	MoHFW	ASM
7.2.3	Join in international collaborative research networks	MoHFW MNU	ASM
7.2.4	Support the rapid adoption of relevant innovations developed elsewhere	MoHFW	

EXPECTED OUTCOMES

- ▶ New dementia programs and initiatives are based on local and international research evidence
- ▶ Increased involvement of people with dementia and carers in all stages of dementia research ⁶⁸

Rationale for Action

Investing in Maldives specific dementia research, strengthening capacity to undertake research and disseminating the results can assist in creating better outcomes for people with dementia.

Research and Innovation in Maldives

At the end of 2024 Maldives established a National Research Fund to promote research with an initial allocation of approximately USD 648,508 to be managed by the National Research Council.

Current initiatives include:

- ▶ A dementia prevalence study is being conducted in Greater Male' Region by the School of Medicine, MNU, in collaboration with ASM.
- ▶ Community awareness and screening survey is currently in progress led by ASM in collaboration with Dementia Brunei, covering Greater Male' and three populated island cities.
- ▶ ASM is a member of the Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability (FINGER) trial.

Monitoring and Evaluation

Monitoring

The National Mental Health Department of MoHFW has overall responsibility for monitoring the implementation of the dementia strategic action plan and evaluating its success. The other ministries and agencies are accountable for their responsibilities and will report progress on activities regularly through the Dementia Working Group. A formal progress report will be published annually. A comprehensive mid-term review will be undertaken to highlight progress, identify barriers and to respond to new developments.

Phase 1 (2026–2031): Covers all activities marked “1” in the table, including awareness campaigns, workforce training, policy and guideline development, and piloting programs.

Phase 2 (2032–2036): Covers all activities marked “2,” including scaling up services, telemedicine, day centres, residential care, respite services, and research.

Ongoing activities: Items marked “1&2,” such as funding, governance, and monitoring, continue throughout both phases.

The following table can be used to monitor the plan’s implementation through suggested indicators.

ACTION AREA 1	DEMENTIA AWARENESS AND FRIENDLINESS	LEAD AGENCY AND KEY PLAYERS	PHASE	INDICATORS
1.1	Objective: Raise public awareness of dementia			
	Activities	Lead	With	
1.1.1	Continue to provide dementia awareness resources, introduction to dementia and 10 warning signs leaflets	NMHD	ASM & other NGOs Hospitals and Health Care Teams (H&HCT) Private health sector Media	Number of leaflets distributed per site

1.1.2	Develop, provide and promote accessible, evidence-based dementia information, targeted at different age groups and key community services	NMHD	MoHFW HPA ASM and other NGOs Local Councils H&HCT Media NSPA	1	Number of information materials, developed and distributed, by age group and services
1.1.3	Organise national and local awareness campaigns to increase understanding of dementia, using traditional platforms and social media	NMHD	MoHFW HPA ASM and other NGOs Local Councils Schools (PTA)	1	Inventory of awareness campaigns, audience, level and type of implementation
1.1.4	Mark ADI World Alzheimer's Day and International Day of Older Persons	NMHD	MoHFW ASM and other NGOs NPA H&HCT	1	Inventory of events and level of participation annually
1.1.5	Support people with dementia and carers to share their stories and involve them in awareness campaigns	NMHD	ASM and other NGOs MoHFW Voice of Maldives	1	Number of stories shared, and platform used Proportion of awareness campaign events that include people with dementia and carers telling their story
1.1.6	Increase dementia awareness amongst non-health community service providers – police, first responders, IBAMA, transport, Atoll and City/Island Councils	MoHFW Relevant agencies	ASM and other NGOs	1	Existence of dementia training and education programs by non-professional group

ACTION AREA 1	DEMENTIA AWARENESS AND FRIENDLINESS	LEAD AGENCY AND KEY PLAYERS	PHASE	INDICATORS
1.2	Objective: Create age- and dementia -friendly environments			
	Activities	Lead	With	
1.2.1	Develop community-based age and dementia-friendly initiatives, including businesses and local services, such as banks and buses	MoHFW	Local councils ASM and other NGOs MoHFW	2 Number of community-based initiatives developed
1.2.2	Develop age and dementia friendly standards for the design of public buildings, hospitals, public spaces and social housing	MoHFW MCHI	HDC FDC Councils	1 2 Number of standards developed and implemented
1.2.3	Participate in the WHO network for Age-friendly Cities and Communities	MCHI	Councils MoHFW	1 Evidence of participation and submission of age-friendly practices
1.2.4	Establish a safe return tracking program to support independent living	MoHFW	ASM Maldives Police Service	2 Number of people enrolled in a tracking program

ACTION AREA 2	DEMENTIA RISK REDUCTION	LEAD AGENCY AND KEY PLAYERS	PHASE	INDICATORS
2.1	Objective: Increase awareness of modifiable risk factors for dementia			
	Activities	Lead	With	
2.1.1.	Promote dementia modifiable risk factors in dementia awareness campaigns	NMHD HPA	ASM and other NGOs	1 Inventory of dementia awareness campaigns that include modifiable risk factors
2.1.2.	Include modifiable dementia risk factors in health promotion information and integrate with existing public health activities that encourage healthy lifestyles	NMHD HPA	NCD Alliance MoHFW ASM and other NGOs	1 Inventory of health promotion information and healthy lifestyle activities that include modifiable dementia risk factors
2.1.3.	Link dementia risk reduction with existing NCD policies and programs that are identified in the Plan for the Prevention and Control of Non Communicable Diseases in Maldives (2023- 2031) ²⁶	NMHD HPA	NCD Alliance and other NGOs	1 Inventory of NCD policies and programs that include the link with dementia risk reduction
2.1.4.	Raise awareness of the impact of social and built environments on dementia risk ²⁷	MCHI	Councils HDC MoHFW	1 Number of awareness activities held
2.1.5.	Include dementia risk reduction in dementia curriculum of health professionals	MoE MNU	ACAD	1 Checklist of dementia curricula by health profession

ACTION AREA 2	DEMENTIA RISK REDUCTION	LEAD AGENCY AND KEY PLAYERS	PHASE	INDICATORS
2.2	Objective: Adopt evidence- based interventions for managing modifiable risk factors			
	Activities	Lead	With	
2.2.1.	Identify and implement community- based programs that increase healthy ageing (for example, community gardens ²⁸)	MoHFW HPA	Councils 1	Inventory of implemented programs

ACTION AREA 3 A	DEMENTIA DIAGNOSIS AND TREATMENT	LEAD AGENCY AND KEY PLAYERS	PHASE	INDICATORS
3.1	Objective: Develop capacity of health sector to respond to rapid increase in the number of older people and people with dementia			
	Activities	Lead	With	
3.1.1.	Co-ordinate dementia plan's implementation with government policies/plans for ageing population	NMHD	MoHFW	Formal co-ordination between the dementia plan and the national ageing policy and plan
3.1.2.	Increase the number of medical, nursing and allied health positions that specialise in geriatrics/gerontology	MoHFW		Number of medical, nursing and allied health positions that specialise in geriatrics/gerontology
3.1.3.	Create incentives and career pathways to specialize in gerontological care and dementia	MoHFW Clinical Councils	MoE	Number of incentives and career pathways created
3.1.4.	Develop community or home-based nursing as a speciality	MoHFW	MoE	Evidence of the development of community nursing as a speciality

3.1.5.	Develop capacity of primary health teams, through regular training, to: ▶ Be alert to signs and symptoms of dementia ▶ Undertake screening and assessment ▶ Refer for diagnosis when uncertain and for pharmacological treatment ▶ Provide co-ordinated care for co-morbidities ▶ Provide ongoing support to family carers	NMHD	MoE	1	Proportion of primary health care teams with trained in dementia identification, management and support
3.1.6.	Develop scope of practice for dementia care for health professionals, involving regulatory bodies, professional associations and education and training institutions	MoHFW Clinical Councils	ACAD MoE	1	Status of development, approval, and implementation of a government-endorsed framework defining roles and responsibilities for dementia care across health professions

ACTION AREA 3A	DEMENTIA DIAGNOSIS AND TREATMENT	LEAD AGENCY AND KEY PLAYERS	PHASE	INDICATORS
3.2	Objective: Improve access to timely diagnosis			
	Activities	Lead	With	
3.2.1	Adapt existing dementia clinical care guidelines to Maldives context	MoHFW	MNU MMA	Existence of an evidence-based dementia guideline for Maldives (GDO 4)
3.2.2	Create and promote an accessible companion guide to the clinical guidelines for people with dementia and families	MoHFW	ASM and other NGOs	A companion guideline created and promoted (GDO 4)
3.2.3	Review cognitive screening tests and decide the most appropriate for different settings, translate and validate and include in the Maldives dementia clinical care guidelines	MoHFW	Prof Assoc	Number of screening tests validated
3.2.4	Clarify the role of each professional, and agree to and promote a co-ordinated dementia assessment, diagnosis and support pathway	MoHFW		Development of an agreed dementia care pathway (GDO 5)
3.2.5	Develop telemedicine and telenursing solutions at regional and island level to overcome geographical challenges in accessing specialist care ⁴⁰	MoHFW	MCGH	Proportion of regional hospitals and island primary health facilities able to access specialist telemedicine/telenursing support for dementia care

3.2.6	Establish a multidisciplinary cognitive clinic with robust telemedicine capabilities	MoHFW	McGH	2	Existence and operational status of a multidisciplinary cognitive clinic with telemedicine outreach Proportion of atolls that access the clinic via telemedicine
3.3	Objective: Educate health professionals about dementia				
3.3.1	Develop dementia competencies for health professionals (Drs, nurses, allied health)	MoHFW MMDC MNMIC MAHC	MNU MOE MNA MMA	1	Checklist of dementia competencies for each relevant health professional group (GDO6)
3.3.2	Include dementia competencies and dementia guideline (3.2.1) in general health professional training programs	MNU	MOE	1	Portion of general health professional training programs that cover dementia competencies and dementia guideline (GDO 6)
3.3.3	Provide training opportunities for local health professionals to specialise in geriatrics and gerontology	MoHFW MNU		1	Number of specialist geriatric and gerontological training opportunities (GDO 6)
3.3.4	Provide dementia courses in continuing professional education (CPE) programs for health professionals	MNU	MoE	1	Number of dementia-specific CPE programs (GDO 6)
3.3.5	Leverage existing conferences and educational opportunities to include dementia-related topics	MoHFW	MOE	1	Number of conferences and educational events that include dementia-related topics

3.3.6	Collaborate with international dementia, geriatric and gerontological bodies to increase access to educational opportunities	MoHFW	ACAD NGOs MoE	1	Evidence of international collaboration to support dementia and ageing workforce education
3.4	Objective: Improve access to post-diagnosis interventions				
3.4.1	Develop a <u>cognitive therapy</u> (CST), small group program for people with mild to moderate dementia ⁴¹	NMHD	ASM	1	Completion of a CST, small group program for people with mild to moderate dementia
3.4.2	Explore, and if available, promote access to one to one <u>cognitive rehabilitation</u> for people with mild to moderate dementia ⁴²	NMHD	ASM and other NGOs	1	Availability and use of one-to-one cognitive rehabilitation for people with mild to moderate dementia
3.4.3	Explore other <u>rehabilitation</u> options for people with dementia, identify barriers and solutions	NMHD	ASM and other NGOs	1	Rehabilitation options identified and promoted

ACTION AREA 3A	DEMENTIA DIAGNOSIS AND TREATMENT	LEAD AGENCY AND KEY PLAYERS		PHASE	INDICATORS
	Activities	Lead	With		
3.5	Objective: Improve pharmacological treatment				
3.5.1	Improve access to pharmacological treatments	MoHFW	STO MoFPE	2	Availability of reimbursable antimentia medicines (GDO 10)
3.5.2	Educate public and health professionals on safe and quality use of medicines ▶ Accurate recording of prescription changes ▶ Not sharing prescription medicines ▶ Need to take some medicines long-term ▶ Risks of psychotropics and benefits of non-pharmacological alternatives	HPA		1	Number of educational programs on safe and quality use of medicines
3.5.3	Monitor progress in other countries on use of anti-amyloid antibody treatments that are disease modifying	MoHFW			Monitoring of global developments in disease-modifying treatments

ACTION AREA 3B	DEMENTIA CARE AND SUPPORT	LEAD AGENCY AND KEY PLAYERS	PHASE	INDICATORS
3.6	Objective: Develop co-ordinated post-diagnostic support for people with dementia and families			
	Activities	Lead	With	
3.6.1.	Develop strategies to combat stigma and social isolation, including outreach to older people where they live	MoHFW	NGOs	1 Number of strategies developed and implemented
3.6.2.	Consider establishing intergenerational programs to support people with dementia ^{50 51}	MoE MoHFW	NGOs MoYESF ACAD	1 Existence and implementation status of intergenerational programs supporting people with dementia
3.6.3	Explore use of aids and affordable <u>assistive technologies</u> that can help people living with dementia to live safely and independently ²⁷	NSPA	STO IBAMA Councils	1 2 Number options identified and trialled Number of different types of affordable assistive technologies available
3.6.4	Develop an inclusive, multipurpose day centre with a dementia-specific program that includes social engagement, cognitive stimulation, and respite for family carers	MoHFW	ASM and other NGOs	2 Establishment of a multipurpose day centre Number of people with dementia attending Number of family carers receiving respite

3.6.5	Develop and monitor safety and quality standards for the day centre	MoHFW		2	Safety and quality standards developed and monitored for the day centre
3.6.6	Develop mechanisms to provide co-ordinated care services	MoHFW	NGOs	2	Existence of co-ordinated services Number of people receiving coordinated care services

ACTION AREA 3B	DEMENTIA CARE AND SUPPORT	LEAD AGENCY AND KEY PLAYERS	PHASE	INDICATORS
3.7	Objective: Improve access to information on support options			
	Activities	Lead	With	
3.7.1	Educate health and other professionals to provide information about ASM and other relevant NGO services and supports available	MoHFW	ASM and other NGOs	Percentage of families reporting receiving information about ASM or NGO services from professionals
3.7.2	Develop a co-ordinated system among government entities to create a registry of people with a dementia diagnosis, linking to the national disability registry ⁵²	MoHFW NSPA		Dementia registry established
3.8	Objective: Develop community and residential aged care services			
3.8.1	Identify the demand for general and dementia specific community and residential aged care and explore funding options	MoHFW		Existence of a national needs assessment report on demand Document of funding options and stakeholder consultations
3.8.2	Establish a home care service that can respond to a person's increasing care needs ► Affordable, high quality, safe and sustainable, with well trained staff ► To include domestic assistance, meals, personal care, social support, allied health, respite ► Well-regulated and monitored	MoHFW	NGOs	Proportion of people with dementia assessed as needing home care who receive it Proportion of home care workers who have completed dementia-specific training Existence of regulatory framework Evidence of service meeting safety and quality standards

3.8.3	Enable NGOs to deliver co-ordinated community services with government and private funding	MoHFW		2	Number of services provided through funded NGOs
3.8.4	Develop a residential care option/s, with well-defined eligibility criteria, regulatory oversight and sufficient, well-trained staff	MoHFW	NGOs	2	Residential facility that accepts people with dementia and meets dementia specific standards
3.9	Objective: Improve the quality of care of people with dementia in hospitals and long-term care				
3.9.1	Determine the incidence of complications for people with dementia. For example, falls, pressure injuries, delirium	MoHFW	Hospitals Dhamanaveshi HPSN Care facilities	1	Incidence rates of falls, pressure injuries and delirium in hospitals and long-term care
3.9.2	Determine the incidence of restrictive practices	MoHFW	Hospitals Dhamanaveshi HPSN Care facilities	1	Incidence rate of restrictive practices
3.9.3	Assess hospital environments for dementia-friendliness ⁵³	MoHFW	Hospitals	1	Number and proportion of hospitals completing dementia-friendly audit annually
3.9.4	Develop strategies to reduce harm, and improve dementia-friendliness	MoHFW	Hospitals Dhamanaveshi HPSN Care facilities	1	Number of strategies developed and implemented per facility Percentage reduction in falls, pressure injuries, delirium and restrictive practices compared to baseline

Objective: Improve end-of-life care for people with dementia					
3.10					
3.10.1	Develop comprehensive, holistic palliative care services	MoHFW		2	Number of palliative care services available
3.10.2	Educate health professionals on how to conduct end of life planning discussions	MoHFW MoIAE	MNU	1	Proportion of health professionals who report feeling confident to conduct end-of-life planning discussion after training
3.10.3	Promote advance care planning	MNU	ASM	1 2	Processes developed Proportion of people with a documented advance care plan or advance care planning discussion with professional

ACTION AREA 4	SUPPORT FOR DEMENTIA CARERS	LEAD AGENCY AND KEY PLAYERS	PHASE	INDICATORS
4.1	Objective: Improve carer access to dementia information and education			
	Activities	Lead	With	
4.1.1	Further develop and promote a range of accessible and evidence-based resources for family carers on issues from care after diagnosis through to palliative care	NMHD	ASM and other NGOs ACAD	1 Number of resources developed for family carers on issues from care after diagnosis through to palliative care
4.1.2	Continue to develop carer support groups to enable carers to share their experiences and learn from others	NMHD	ASM and other NGOs MoE MoYESF	1 Number of carers accessing carer support groups
4.1.3	Pilot and evaluate the effectiveness of iSupport program for family carers using community mental health workers or NGO leaders as trained facilitators	MoHFW	ASM MNU	1 Carer satisfaction with iSupport program and facilitators Number of community mental health workers trained and actively facilitating iSupport groups
4.1.4	Develop access to advice for managing behavioural changes and personal care challenges (for carers, public and private home care workers)	NMHD		1 Number of family carers and home care workers who access the advice service per year Percentage of users reporting that the advice helped with behavioural changes

ACTION AREA 4	SUPPORT FOR DEMENTIA CARERS	LEAD AGENCY AND KEY PLAYERS	PHASE	INDICATORS
4.2	Objective: Improve support services for carers			
	Activities	Lead	With	
4.2.1	Review international dementia carer interventions, adapt and implement for Maldives context ⁶²	MoHFW	NMHD	1 Number of evidence-based intervention reviewed and adapted for Maldives
4.2.2	Develop and provide a range of community, sustainable respite services for carers From workshop: Respite ideas included: A registry of volunteers willing to take care of a person with dementia for a few hours so that carer can take a break, could be a requirement of undergraduate programs	MoHFW	MoYESF ACAD	2 Number of respite service types available Number of carers using respite services
4.2.3	Improve access to affordable patient transfer services from home to hospital for people who are non-ambulatory	MoHFW	NSPA Aasandha	2 Number of non-ambulatory people with dementia using subsidised transfer services
4.2.4	Train community social group members on how to identify and reduce carer stress and burn-out	MoHFW		1 Number of community group members trained Proportion of community group members trained who report increased confidence in identifying and responding to carer stress

ACTION AREA 4	SUPPORT FOR DEMENTIA CARERS	LEAD AGENCY AND KEY PLAYERS	PHASE	INDICATORS
4.3	Objective: Recognise the critical role of family carers			
	Activities	Lead	With	
4.3.1	Review the rights of carers of people with dementia, including recognition, education, employment, financial assistance, respite and support services	MoHFW	HRCM CSC	1 Existence of formal review Number of recommendations adopted by government
4.3.2	Provide access to legal advice for carers	NSPA	MoHFW NGOs	1 Number of carers accessing legal advice
4.3.3	Develop policies that protect working carers and enable flexible work practices (if not already in place)	MoHFW	CSC	Number of workplaces with documented carer-friendly and flexible work policies Proportion of working carers reporting access to flexible arrangements
4.3.4	Develop strategies that recognise and reward carers for their efforts, including financial and social support (Recognition example- International Day of Care and Support) ⁶³	MoHFW	CSC NSPA Aasandha	1 Number of recognition activities implemented

ACTION AREA 5	DEMENTIA AS A PUBLIC HEALTH PRIORITY	LEAD AGENCY AND KEY PLAYERS	PHASE	INDICATORS
5.1	Objective: Establish governance and reporting			
	Activities	Lead	With	
5.1.1	Develop and publish a joint national dementia action plan	MoHFW	MoHFW	Existence of approved national dementia action plan (GDO 2)
5.1.2	Establish a position/unit responsible for dementia	NMHD	Elderly Division MoHFW	Existence of a focal point responsible for dementia within Ministry of Health (GDO 1)
5.1.3	Undertake a costing of the dementia action plan	MoHFW		Completion of costings and budget estimates for all actions (GDO 2)
5.1.4	Allocate funds for implementation of the dementia action plan	MoHFW		Annual government budget allocation for dementia plan implementation
5.1.5	Cross reference the dementia action plan in all other relevant policy documents	MoHFW		Number of key national policies that explicitly reference the dementia action plan
5.1.6	Integrate dementia into the implementation of ongoing primary health and NCD care initiatives	MoHFW		Inventory of primary care and NCD initiatives that include dementia prevention, assessment and care pathways

5.1.7	Integrate dementia into implementation of disability and ageing initiatives	MoHFW		1	Inventory of disability and ageing programs that include dementia
5.1.8	Establish and maintain governance arrangements across relevant departments	MoHFW		1	Existence of a formal governance structure
5.1.9	Maintain a dementia working group (DWG) to guide implementation, with representation from stakeholders including people with dementia, carers, health professionals, NGOs and cross government agencies	MoHFW	All stakeholders	1	Establishment of a DWG with broad representation Number of meetings held each year and attendance rate
5.1.10	Include members of the dementia working group in development of relevant policies	MoHFW		1	Proportion of relevant policy processes that include DWG representation
5.1.11	Establishing a comprehensive and coordinated mechanism to monitor implementation progress	MoHFW	DWG	1	Existence of a monitoring and evaluation framework Release of an annual progress report

ACTION AREA 5	DEMENTIA AS A PUBLIC HEALTH PRIORITY	LEAD AGENCY AND KEY PLAYERS		PHASE	INDICATORS
	Activities	Lead	With		
5.2	Objective: Protect the rights of people with dementia				
5.2.1	Review if there are mechanisms in place for legal capacity, self-determination, supported decision-making, power of attorney, and protection against exploitation and abuse	HRCM	MoHFW PILC	1	Completion of a legal and policy review report
5.2.2	Educate the public about rights of people with dementia to promote inclusion	PILC HRCM	ASM	1	Inventory of public education activities
5.2.3	Include dementia, capacity, rights, advance care planning, guardianship, elder abuse protection in undergraduate and post graduate curricula for law, health and social sector and for religious scholars	MNU MoHFW AGO	MoE PILC	1	Inventory of undergraduate and post graduate programs with updated curricula to include dementia rights
5.2.4	Include dementia in the monitoring of the UNCRPD	HRCM		1	Explicit inclusion of dementia in UNCRPD reports
5.2.5	Investigate whether people with dementia, including those in prisons, experience violence, exploitation, abuse or neglect ⁷	HRCM	MoHST	1	Number of investigations or studies completed on the abuse or neglect of people with dementia

5.2.6	Investigate whether people with dementia experience restrictive practices	HRCM	MoSHT	1	Existence of a study that investigates restrictive practices
5.2.7	Advocate for legislation to protect the rights of people with dementia, aligned with the UN CRPD	HRCM		1	Consultation and policy briefs Dementia-related legislation, responding to recommendations from 5.2.1 (GDO 3)
5.2.8	Enact the Mental Health Bill to ensure further protection	MoHFW	NMHD	1	Status of Mental Health Bill Year of enactment
5.2.9	Review the extent that health guidelines and quality and safety standards include dementia care	MoHFW		1	Inventory of guidelines and standards reviewed (GDO 4)
5.2.10	Develop or update guidelines and quality and safety standards across settings to include dementia care	MoHFW		1	Inventory of guidelines and standards updated (GDO 4)

ACTION AREA 6	INFORMATION SYSTEMS FOR DEMENTIA	LEAD AGENCY AND KEY PLAYERS	PHASE	INDICATORS
6.1	Objective: Improve access to dementia data			
	Activities	Lead	With	
6.1.1	Update the GDO data for Maldives		1	Maldives GDO dementia profile updated
6.1.2	Consider the inclusion of dementia questions in routine population surveys:		1	Number of national surveys with dementia questions added
6.1.3	► Household Income and Expenditure Survey	MBS		
6.1.4	► Demographic and Health Survey (DHS)	MoHFW		
6.1.5	► Census 2032	MBS		
6.1.6	Include dementia in MoHFW's history-taking and assessment form	MoHFW	1	Dementia questions included in form
6.1.7	Explore the possibility of changes to the District Health Information Software Version 2 (DHIS2) to provide a national surveillance and monitoring system for dementia	MoHFW	1	Existence of consideration for dementia inclusion in DHIS2

6.1.8	Generate information from IBAMA's vulnerability mapping for the dementia registry	MoHFW		1	Number of IBAMA records linked to dementia registry
6.1.9	Collect and share data across health and social care systems to improve service delivery	MoHFW		1	Reports using linked health and social care dementia data
6.1.10	Involve people with dementia and families in the creation, collection, analysis and use of dementia data	MoHFW		1	Number of data activities with lived-experience participation
ACTION AREA 7	DEMENTIA RESEARCH AND INNOVATION	LEAD AGENCY AND KEY PLAYERS	PHASE	INDICATORS	
7.1	Objective: Increase investment in dementia research				
7.1.1	Include dementia research in funding opportunities and research capacity development in Maldives	NRC		1	Number of funding calls that include dementia (GDO 18)
7.1.2	Conduct a nationwide dementia prevalence study	NMHD	MNU	2	Completion and publication of a national prevalence report (GDO 21)
7.1.3	Develop research programs focused on dementia prevention, care and treatment in Maldives	MoHFW	MNU ACAD	2	Inventory of dementia research programs (GDO 17)

7.1.4	Assess the knowledge, attitudes and practices (KAP) of health workers in Maldives	MoHFW		1	Completion of a KAP survey on dementia among health workers
7.1.5	Research impact of dementia on people with dementia and carers in Maldives	MoHFW	MNU	1	Number of studies on lived experience and impact on carers
7.1.6	Promote the participation of people with dementia and their carers in research design and governance	MoHFW	MNU ACAD	1	Proportion of dementia research projects with documented involvement in design and governance (GDO 19)
7.2	Objective: Support the adoption of research and innovation				
7.2.1	Facilitate access to published dementia research for health professionals	MoHFW	MNU ACAD	1	Evidence of access
7.2.2	Disseminate summaries of key dementia research findings to policy makers, health professionals and public	MoHFW	ASM	1	Inventory of briefs, summaries dissemination events on dementia research
7.2.3	Join in international collaborative research networks	MoHFW MNU	ASM	1	Number of networks that Maldivian institutions participate in
7.2.4	Support the rapid adoption of relevant innovations developed elsewhere	MoHFW		1 2	Number of external dementia-related innovations piloted and implemented

Evaluation¹

The second set of tables takes the expected outcomes listed under each action area and describes possible indicators that could be used to evaluate the plan to determine if it is having an impact and is improving outcomes. Many of the indicators do not have data sources available yet and will require development. A comprehensive understanding of the plan's impact will require several large surveys. The possible indicators and suggested data sources will be reviewed by the Dementia Working Group and selected, based on importance, usefulness and feasibility. Baseline data will then be collected for each chosen indicator.

The Global Dementia Observatory indicators that are collected from each WHO member state have been highlighted in the table.⁷¹ The 2017 provisional country profile for Maldives is at **Appendix B**.

The table is structured as follows:

- ▶ The first column of this table are the expected outcomes listed previously under each action area in the plan
- ▶ The second column describes possible indicators that could be used to measure progress against those outcomes. Indicators from the WHO Global Dementia Observatory (GDO) have been included
- ▶ The third column describes suggested data sources
- ▶ The fourth column has comments on whether the data source is available yet or will require development and possibly funding.

1. Dementia awareness and friendliness			
Outcomes	Indicator	Suggested data source	Comment
1.1 Reduced stigma	As reported by people with dementia and carers	Annual survey with ASM members	A survey would need to be developed. Low-cost option, with limited generalisability.

[1] This table is informed by the ADI Asia Pacific impact measurement toolkit and the Australian National Dementia Action Plan Indicators Dashboard

			Survey of people with dementia and their carers	A survey would need to be developed. For people with dementia, it could include this instrument, the <u>Discrimination and Stigma Scale Ultra Short for People Living with Dementia (DISCUS-Dementia)</u>. <u>A Living with Dementia survey</u> is being developed by University of Canberra. Possible collaboration with University of Canberra to adapt for Maldives.
	Dementia Public Stigma Scale ⁷²		Maldives public dementia awareness survey	A Maldives public dementia awareness survey would need to be developed. It could be adapted from an existing survey. For example, the Australian Institute of Health and Welfare <u>AIHW Dementia awareness survey</u>). High cost.
1.2 Greater public awareness of dementia	Existence of public awareness-raising campaign for dementia (GDO 13)		Verification by ASM and other agencies responsible under the plan	Available.
	Average dementia knowledge scores using the Dementia Knowledge Assessment Scale (DKAS) ^{73,74}		Part of public dementia awareness survey	A Maldives public dementia awareness survey would need to be developed.
1.3 Increased understanding amongst non-health workers	Existence of training and education programs of non-health professionals (GDO 15)		Verification by agencies responsible under the plan	Easily provided.

	Scores on a dementia knowledge test	Survey of dementia knowledge. For example, pre and post -training program questionnaire	Low-cost option. A survey would need to be developed.
1.4 Greater inclusion and compassion	As reported by people with dementia and carers	Survey of ASM members	Low-cost option, with limited generalisability. A survey would need to be developed.
1.5 Earlier help seeking	Number of people joining ASM	ASM data	Easily provided.
	Number of referrals to specialists	Aasandha data	Availability needs to be confirmed.
1.6 Increased willingness to share diagnosis	As reported by people with dementia and carers	Survey of ASM members	Low-cost option, with limited generalisability. A survey would need to be developed.
1.7 Improved public spaces and buildings- age friendly or universal design	Existence of dementia friendly social and physical environments (GDO 14)	Verification by agencies responsible under the plan	Easily provided.
	Number of registrations	Dementia friendly communities registry	An registry would need to set up, promote and maintain a registry.
	Feedback from people with dementia	Community mapping exercise, " <u>walking the patch</u> "	Would need to be organised and completed.

2. Risk reduction				
Outcomes	Indicator	Suggested data source	Comment	
2.1 Improved public awareness of how to reduce dementia risk	Dementia risk knowledge score (AIHW) 75	Part of a Maldives national public dementia awareness survey	A Maldives national public dementia awareness survey would need to be developed. High cost	
2.2 Increased adoption of healthier lifestyles across life course	Relevant indicators in the Multisectoral NCD Plan	NCD plan reporting	Available	
		Population survey for example, WHO STEPS	Available	
2.3 Reduced social isolation	As reported by people and carers	Interviews with or survey of ASM members	Low-cost option, with limited generalisability. A survey would need to be developed.	
		Repeat and expansion of Well-being of the elderly living in Male's study ³⁷	Would require research funding.	
2.4 Increased knowledge of modifiable risk factors by health professionals	Dementia risk knowledge score	Part of a survey of health professionals	A survey would need to be developed. Feasible	

3. A. Dementia diagnosis and treatment				
Outcomes	Indicator	Suggested data source	Comment	
3.1 Increased capacity of health sector to respond	Number of medical positions in geriatrics	Human resources in MoHFW (Collected as part of WHO Global Health Observatory)	Available	
	Number of nursing positions with gerontology qualifications			
	Number of allied health positions with gerontology qualifications			
	Number of staff in public health with dementia expertise			
3.2 Increased dementia knowledge of health professionals	Proportion of people with dementia and carers who had a positive interaction with health professionals and health services	Survey of people with dementia and their carers	A survey would need to be developed. A Living with Dementia survey is being developed by University of Canberra. Possible collaboration with University of Canberra to adapt for Maldives.	
	Dementia training in curricula and continuing education for health professionals (GDO 6)	Verification by agencies responsible under the plan	Available	
	Number of workers undertaking dementia education	Verification by agencies responsible under the plan	Dementia education to be defined.	

3.3 More timely diagnosis	Existence of dementia clinical care guidelines (GDO 4)	MoHFW reporting	Easily provided.
	Proportion of estimated number of people with dementia who have a recorded dementia diagnosis (GDO 7)	Aasandha data	Easily provided.
3.4 Improved access to appropriate pharmacological treatment	Antidementia medication approved, available and reimbursable (GDO 10)	STO MFDA Aasandha	Easily provided?
	As reported by people with dementia and carers	Survey of ASM members	Low-cost option, with limited generalisability. A survey would need to be developed.
3.5 Increased referral to support	Number of people have who contacted ASM	ASM records	Available
3.6 Visible pathway	Existence of an agreed pathway	Verification by agencies responsible under the plan	Easily provided.
	Proportion of people with dementia and carers who have used pathway	Survey of people with dementia and their carers	A survey would need to be developed. A Living with Dementia survey is being developed by University of Canberra. Possible collaboration with University of Canberra to adapt for Maldives.

3.7 Increased access to expertise when needed	Proportion of people with dementia and carers who have had positive experience	Survey of people with dementia and their carers	A survey would need to be developed. A Living with Dementia survey is being developed by University of Canberra. Possible collaboration with University of Canberra to adapt for Maldives.
3.8 Improved quality of care in hospital	Reduced number of falls, pressure injuries, delirium	Aasandha	Confirm availability
B. Care and support			
Outcomes	Indicator	Suggested data source	Comment
3.9 Increased access to co-ordinated post diagnostic support and services	Inventory of available services (GDO 8)	Verification by agencies responsible under the plan	Available
3.10 Better maintenance of independence and skills	ADL and IADL scores	A survey of people with dementia and their carers	A survey would need to be developed. Could possibly be included in the adapted Living with Dementia survey.
3.11 Increased availability of community services	Inventory of community services (GDO 12)	Verification by agencies responsible under the plan	Available
3.12 Increased availability of social care facilities (day centre, residential)	Listing of facilities (GDO 9)	MoHFW verification	Easily provided.

3.13 Increased access to palliative care - better management of symptoms at end of life	Proportion of people reporting good management of symptoms and end of life discussion with professional	Survey of ASM members	A survey would need to be developed.
3.14 Greater advance care planning	Existence of ACP policies or guidelines	MoHFW verification	Available.

4. Support for carers			
Outcomes	Indicator	Suggested data source	Comment
4.1 Increased availability of respite options	Inventory of respite services	MoHFW data	Easily provided
	Proportion of carers who had accessed respite care in the past year	Survey of people with dementia and their carers	A survey would need to be developed. A Living with Dementia survey is being developed by University of Canberra. Possible collaboration with University of Canberra to adapt for Maldives.

4.2 Improved wellbeing of carers/reduced carer stress	Proportion carers reporting	Survey of people with dementia and their carers	A survey would need to be developed. A Living with Dementia survey is being developed by University of Canberra. Possible collaboration with University of Canberra to adapt for Maldives.
	Use of iSupport	Evaluation study	Study would need to be funded.
	Existence of guidance to health and social care workers to identify and reduce stress	Verification by agencies responsible under the plan	Easily provided
	Inventory of programs for carers (GDO 12)	Verification by agencies responsible under the plan	Easily provided
4.3 Increased opportunities for work and education	Proportion of carers able to maintain employment or study	Survey of people with dementia and their carers	A survey would need to be developed. A Living with Dementia survey is being developed by University of Canberra. Possible collaboration with University of Canberra to adapt for Maldives.
	Existence of financial benefits/social protection for dementia carers (GDO 12)	Verification by agencies responsible under the plan	Easily provided

5.Dementia as a public health priority				
Outcomes	Indicator	Suggested data source	Comment	
5.1 Increased consideration of dementia in all relevant government portfolios	Number of references to dementia in policies and plans	Govt ministries review of plans and policies	Available	
5.2 Dedicated dementia policy contact	Government official responsible for dementia policy (GDO 1)	MoHFW	Available	
5.3 Increased multisectoral collaboration	Participation in regular multisectoral dementia group meetings	Dementia reference group attendance	Available	
5.4 Increased budget allocation	Budget allocated in govt budget report (GDO 2)	MoHFW MoFPE	Available	
5.5 Dementia plan launched	Launch and release of DAP (GDO 2)	MoHFW	Available	
5.6 Increased participation of people with dementia in dementia policy and implementation	Representative on dementia reference group	MoHFW	Available	

5.Dementia as a public health priority			
Outcomes	Indicator	Suggested data source	Comment
5.7 Greater sense of freedom, safety and empowerment	Proportion of people with dementia reporting greater autonomy		Living with dementia survey A survey would need to be developed.
5.8 Reduced financial exploitation	Existence of legislation re rights (GDO 3)	Verification by HRCM	
5.9 Better standards of health care for people with dementia	Inclusion and monitoring of dementia in health care standards	MoHFW	
	Increase in scores for Standard 9.4 Healthcare facility defines and ensures safe care of High Risk and Vulnerable Patients (GDO 4)	MoHFW	Available

6.Information systems			
Outcomes	Indicator	Suggested data source	Comment
6.1 Improved monitoring of number of people with dementia	Data sources available (GDO 16)	Aasandha data Dementia registry Household survey	Available Registry to be developed A survey would need to be developed.

6.2 Improved dementia reporting	Specific survey would need to be developed. A dementia report published	MoHFW	Available
7. Research			
Outcomes	Indicator	Suggested data source	Comment
7.1 New dementia programs and initiatives are based on local and international research evidence	Number of successful dementia research grants	National Research Council reporting	Easily provided
	Evidence of inclusion of dementia in research agenda (GDO 17)	Government statement, policy or plan	Easily provided
	Number of publications of Maldives dementia research	Journal search	Available
	Number of conference presentations	Conference schedules	Available
	Number of evidence- based programs and initiatives	Verification by Ministries	Easily provided.
7.2 Increase in number of people with dementia and carers involved in all stages of dementia research ⁶⁸	Number of people with dementia and carers involved in all stages of dementia research (GDO 19)	Survey of researchers	A survey would need to be developed.

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Appendix A Online Resources

General

- ▶ **The Global Dementia Observatory (GDO) Knowledge Exchange Program**
<https://globaldementia.org/en> - Resources by global action areas

Dementia Awareness and Friendliness

- ▶ **WHO Fact sheets Dementia**
<https://www.who.int/news-room/fact-sheets/detail/dementia>
- ▶ **Alzheimer's Disease International (ADI) Warning signs of dementia infographic**
<https://www.alzint.org/resource/warning-signs-of-dementia-infographic/>
- ▶ **ADI #WhatsYourPlan Campaign Report:2022/2023**
<https://www.alzint.org/resource/whatsyourplan-campaign-report-2022-2023/>
- ▶ **Dementia Australia – About Dementia**
<https://www.dementia.org.au/about-dementia#diagnosing-dementia>
- ▶ **Dementia UK**
<https://www.dementiauk.org>
- ▶ **WHO – Age-friendly environments**
<https://www.who.int/initiatives/age-friendly-world>
- ▶ **WHO Towards a dementia-inclusive society: WHO toolkit for dementia-friendly initiatives (DFIs) 2021** <https://iris.who.int/bitstream/handle/10665/343780/9789240031531-eng.pdf?sequence=1>
- ▶ **Alzheimer's Society UK – Dementia Friends**
<https://www.dementiafriends.org.uk>
- ▶ **Alzheimer Society Canada – Dementia-Friendly Communities**
<https://alzheimer.ca/en/take-action/dementia-friendly-communities>
- ▶ **Australian Government Department of Health and Aged Care – Dementia-Friendly Communities**
<https://www.health.gov.au/our-work/dementia-friendly-communities>
- ▶ **Dementia Australia – Dementia-Friendly Communities** <https://www.dementia.org.au/get-involved/dementia-friendly-communities>

- ▶ **New Zealand Dementia Foundation Best Practice Links Non-health services in the community**
<https://www.nzdementia.org/Best-Practice-Resources/In-community-services/Non-health-services>
- ▶ **Dementia Australia – Care worker training – Ask Annie App**
<https://www.dementia.org.au/professionals/professional-development-and-training/ask-annie#download-ask-annie>

Dementia Risk Reduction

- ▶ **Lancet Commission on Dementia Prevention** <https://www.thelancet.com/commissions-do/dementia-prevention-intervention-and-care>
- ▶ **ADI Dementia risk factor infographic**
<https://www.alzint.org/resource/dementia-risk-factors-infographic/>
- ▶ **Dementia Australia – Reducing your risk of dementia**
<https://www.dementia.org.au/brain-health/reducing-your-risk-dementia>
- ▶ **National Institute on Ageing Making healthy lifestyle choices may reduce your risk of dementia**
<https://www.nia.nih.gov/sites/default/files/2022-12/nia-reducing-dementia-risk.pdf>
- ▶ **Alzheimer’s Disease International World Alzheimer Report 2023 Reducing Dementia Risk: Never too early, never too late**
<https://www.alzint.org/resource/world-alzheimer-report-2023/>

Diagnosis, Treatment, Care, and Support

- ▶ **WHO – Mental Health Gap Action Program (mhGAP) Training**
<https://www.who.int/teams/mental-health-and-substance-use/data-research/mhgap-training-manuals>
- ▶ **WHO – Integrated care for older people approach (ICOPE)**
<https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/ageing-and-health/integrated-care-for-older-people-icope>
- ▶ **ADI – World Alzheimer Report 2021 Journey through the diagnosis of dementia**
<https://www.alzint.org/resource/world-alzheimer-report-2021/>
- ▶ **Alzheimer’s Association – Cognitive Screening and Assessment**
<https://www.alz.org/professionals/health-systems-medical-professionals/cognitive-assessment>
- ▶ **Mini-Cog © Quick Screening for Early Dementia Detection**
<https://mini-cog.com>
- ▶ **Dementia Australia – Health Professional Resources**
<https://www.dementia.org.au/resources/health-professional>

- ▶ **Forward with Dementia – For healthcare professionals section**
<https://forwardwithdementia.au/for-healthcare-professionals/>

- ▶ **Dementia Training Australia General Practitioner Dementia education and Resources – by GPs, for GPs. (Australian) GP podcast and resources**
<https://dta.com.au/general-practitioners/>

- ▶ **Dementia Support Australia – Understanding changed behaviours**
<https://www.dementia.com.au/understanding-behaviour-changes>

- ▶ **ADI World Alzheimer Report 2022 Life after diagnosis: Navigating treatment, care and support**
<https://www.alzint.org/resource/world-alzheimer-report-2022/>

- ▶ **Alzheimer Europe – Non-pharmacological Interventions**
<https://www.alzheimer-europe.org>

- ▶ **Dementia Australia Pharmacological treatments for dementia**
<https://www.dementia.org.au/professionals/treatment-and-management-dementia/pharmacological-treatments-dementia>

- ▶ **Dementia Support Australia – Understanding changed behaviours**
<https://www.dementia.com.au/understanding-behaviour-changes>

- ▶ **ADI World Alzheimer Report 2022 Life after diagnosis: Navigating treatment, care and support**
<https://www.alzint.org/resource/world-alzheimer-report-2022/>

- ▶ **Forward with Dementia – Medication Review: Watch out for Anticholinergics**
<https://forwardwithdementia.au/news/medication-review-watch-out-for-anticholinergics/>

- ▶ **Australian Commission on Safety and Quality in Health Care Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard**
<https://www.safetyandquality.gov.au/standards/clinical-care-standards/psychotropic-medicines-cognitive-disability-or-impairment-clinical-care-standard>

- ▶ **Forward with Dementia Post-diagnostic support and dementia care planning**
<https://forwardwithdementia.au/article/post-diagnostic-support-and-dementia-care-planning/>

- WHO – iSupport:** <https://isupportfordementia.org>

Hospital Dementia Care Quality

- ▶ **Australian Commission on Safety and Quality in Health Care Cognitive impairment**
<https://www.safetyandquality.gov.au/our-work/cognitive-impairment>
- ▶ **Royal College of Psychiatrists – National Audit**
<https://www.rcpsych.ac.uk>
- ▶ **Alzheimer’s Society – Hospital Charter**
<https://www.alzheimers.org.uk/get-support/publications-factsheets/dementia-friendly-hospital-charter>

End-of-Life Care

- ▶ **WHO – Palliative Care**
<https://www.who.int/health-topics/palliative-care>

Appendix B WHO Global Dementia Observatory – Maldives 2017



WHO Global Dementia Observatory
Provisional Country Profile 2017

Information will be updated in 2020

Maldives			
Total population (as of Aug 2017)	436,333	Estimated dementia prevalence in GBD region	5.8%
% population over the age of 60	6%	Estimated dementia incidence in GBD region	75%
WHO region	South-East Asia	Disability-adjusted life years due to dementia	Update in 2020
World Bank income group	Upper middle-income	Total deaths due to Alzheimer's and other dementias	Update in 2020
Ministry with responsibility for dementia	Ageing	Total estimated cost of dementia in GBD region	75%
Neurologists (per 100K population)	Figure not available	Long-term care facilities (per 100K population)	Figure not available
Psycho-/Geriatricians (per 100K population)	Figure not available	Adult day centres (per 100K population)	N/A
Availability of dementia NGO	No	Outpatient social care centres (per 100K population)	N/A

Implementing dementia actions: current status

Action Area: Dementia as a public health priority			
q13	Existence of a dementia representative within the ministry	No	
q2 (q2.1)	Existence of stand-alone or integrated dementia plan*	Yes	
q2.1	Dedicated financial resources to implement the dementia plan	N/A	
q3 (q3.1)	Existence of legislation pertaining to the rights of people with dementia	No	
q3.1	Existence of approved guidelines and standards for dementia care/support	No	
Action Area: Dementia awareness & friendliness			
q12 (q12.1)	Existence of a public awareness-raising campaign for dementia (stigma and risk reduction)*	No	
q12.1	Existence of dementia-friendly social and physical environments*	No	
q15.1	Existence of dementia education/training for non-health care population groups*	No	
Action Area: Dementia risk reduction			
q2.2 (q2.2.1)	Dementia risk reduction specifically mentioned in policies (either dementia-specific or NCD)	Figure not available	
q2.2	Available guidance for health and social care staff to manage dementia risk	N/A	
q2.2	Voluntary timebound targets outlined in the NCD action plan** have been set *	Yes	
Action Area: Dementia diagnosis, treatment, care and support			
q2.1.1	Diagnostic rate for dementia (in %) *	Figure not available	
q2.1	Availability of community-based services for dementia	No	
q2.1 (q2.1.1)	Overall access to community-based services	Figure not available	
q2.1	Available mechanisms for dementia care coordination across sectors	No	
q6 (q6.1, q6.2, q6.3, q6.4)	Basic dementia competencies included in curricula for health/social workforce (S)	None	
Action Area: Support for carers of people with dementia			
q12.1	Existence of dementia carer support services*	No	
q2.2	Available guidance for health/social care staff to identify and reduce carer stress	N/A	
q12.2	Existence of financial benefits/social protection for dementia carers	N/A	
Action Area: Health information systems for dementia			
q15.1	Number of people with dementia is routinely monitored	No	
q15.1	Availability and scope of dementia reporting	No dementia data compiled	
Action Area: Dementia research and innovation			
q17 (q17.1, q17.2)	Existence of stand-alone or integrated research agenda for dementia	No	
q18.2	Government research investment per year (in million local currency)	N/A	
q18.2	Dementia research output (% of all publications in PubMed in 2017)*	0.1%	
q19.1	Involvement of people with dementia in the research process ^	Not at all	
q19.2	Availability of investigational pharmacological trials for dementia	No	

Legend: * Indicator used to measure country's contribution towards reaching global targets of the Global Action Plan on the Public Health Response to Dementia 2017-2025.
^ Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020; S: included for none / some / most / all; ^: not at all / rarely / sometimes / frequently

