

Written Submission for the Pre-Budget
Consultations in Advance of the Upcoming
Federal Budget by:

Société
Alzheimer
Society

C A N A D A

April 30, 2026

The Alzheimer Society of Canada recommends:

Recommendation 1: That the government support Canada's Drug Agency in establishing a Dementia Clinical Advisory Panel to guide the assessment and implementation of emerging Alzheimer's disease therapies.

Recommendation 2: That the government renew and strengthen federal investment under the National Dementia Strategy to scale proven initiatives and improve risk reduction, early detection, and system readiness.

Recommendation 3: That the government invest in ensuring Canadians have access to an earlier diagnosis through 1) pan-Canadian initiatives to reduce stigma and strengthen public awareness and 2) improved access to dementia diagnosis pathways.

Introduction

Dementia is one of the fastest-growing health and social challenges in Canada. More than 770,000 people live with dementia in Canada and approximately 8.7% of Canadians aged 65 and older are affected.¹ The Alzheimer Society of Canada's Landmark Study projects that the number will increase by 187% by 2050, reaching more than 1.7 million people as demographic pressures intensify.² Globally, dementia is now the seventh leading cause of death and a major cause of disability among older adults.³

At the same time, scientific advances are transforming how dementia must be diagnosed and treated. Emerging disease-modifying therapies for Alzheimer's disease require earlier diagnosis, biomarker confirmation, specialized monitoring, and coordinated care pathways that many health systems are not yet prepared to deliver. This represents a fundamental shift in how dementia care must be organized and delivered in Canada.

The impact extends well beyond the health system. Dementia places significant pressure on families, care partners, and the broader economy. In 2020, approximately 350,000 care partners provided an estimated 470 million hours of unpaid care annually, equivalent to more than 235,000 full-time jobs. Many care partners reduce work hours or leave the workforce entirely to provide this care. As prevalence increases, the number of care partners is projected to more than triple to over one million by 2050, with care demands reaching nearly 1.4 billion hours annually.⁴

This growing reliance on unpaid care will have significant implications for labour force participation, productivity, and health system sustainability. These pressures are compounded by uneven access to diagnosis, care, and support across Canada, particularly for people living with dementia and their care partners in rural and remote communities, as well as among Indigenous, newcomer, and other underserved populations, where barriers to early diagnosis and ongoing care remain significant.

Canada is among a limited number of countries globally with a national dementia strategy, yet current funding levels constrain its ability to translate policy into consistent, measurable system outcomes.

Together, these trends underscore the need for a coordinated national response. Preparing Canada for emerging Alzheimer's therapies, strengthening the implementation of the National Dementia Strategy, and improving early diagnosis will be critical to reducing system pressures, supporting care partners, and ensuring Canadians can access timely and appropriate care.

Recommendation 1

Prepare Canada for emerging Alzheimer's disease therapies

Support Canada's Drug Agency in establishing a Dementia Clinical Advisory Panel to inform the health technology assessment and reimbursement reviews of emerging disease-modifying therapies for Alzheimer's disease. This can be done within the existing expert advisory structure of Canada's Drug Agency, similar to the pan-Canadian Oncology Drug Review process for cancer drugs.

¹ Alzheimer Society of Canada. *Dementia numbers in Canada*. Available at: <https://alzheimer.ca/en/about-dementia/what-dementia/dementia-numbers-canada>.

² Alzheimer Society of Canada. (2002). *Navigating the path forward for dementia in Canada*. The Landmark study report #1. <https://alzheimer.ca/landmarkstudy>.

³ World Health Organization. (2021). *Global status report on the public health response to dementia*. <https://who.int/publications/i/item/9789240033245>.

⁴ Alzheimer Society of Canada. (2022). *Navigating the path forward for dementia in Canada: The Landmark study report #1*. <https://alzheimer.ca/landmarkstudy>.

The panel should include people with lived experience, alongside those with expertise in neurology, geriatric medicine, geriatric psychiatry, primary care, diagnostics and ethics, and provide guidance on appropriate use criteria, biomarker diagnostics, and safety monitoring to support consistent and equitable access across Canada.

Rationale

Investing in disease-modifying therapies for Alzheimer’s disease has the potential to reduce long-term healthcare and social care costs by delaying disease progression, decreasing hospitalizations, and postponing the need for long-term institutional care. Over time, these investments can also protect workforce productivity and reduce caregiver burden, generating broad economic returns that extend beyond the health system.

National drug assessment, public drug plan reimbursement recommendations, and pan-Canadian coordination sit with the Government of Canada through Health Canada and Canada’s Drug Agency. While provinces are responsible for delivery and implementation, federal leadership is necessary to ensure that clinical guidance, diagnostic standards, and monitoring protocols are consistent across jurisdictions. Without coordinated national guidance, provinces risk developing fragmented diagnostic and monitoring pathways, which will delay patient access and increase system costs.

Leveraging expertise and transmitting guidance at the national level will help ensure that reimbursement decisions reflect the complexity of Alzheimer’s disease treatments and that health systems are prepared to adopt them responsibly while supporting consistent and equitable access across Canada, including for patients in rural, remote, and underserved communities.

Current federal drug assessment processes are well-equipped for areas such as oncology, where disease-specific expertise and established pathways support decision-making under uncertainty. Comparable structures do not yet exist for neurodegenerative conditions such as Alzheimer’s disease. Embedding this expertise within Canada’s Drug Agency will help ensure that these therapies are assessed in a way that reflects their full value to people living with dementia, care partners, and the health system.

Recommendation 2

Operationalize the National Dementia Strategy

Renew and expand federal investments under Canada’s National Dementia Strategy over a five-year horizon aligned with the original federal commitment of \$50 million, including the Dementia Strategic Fund, the Enhanced Dementia Surveillance Initiative, and the Dementia Community Investment.

Funding should focus on sustaining and scaling initiatives that have already demonstrated success through federally funded pilot projects, while supporting measurable progress through national indicators and public reporting on outcomes such as time to diagnosis, access to care, care partner support, and system readiness for emerging Alzheimer’s therapies.

Rationale

Since its launch in 2019, Canada’s National Dementia Strategy has relied on a limited, time-bound funding envelope of \$50 million over five years. The strategy outlined a coordinated national approach to dementia, built around three core objectives: preventing dementia, advancing therapies and finding a cure, and improving quality of life for people living with dementia and caregivers. It also emphasized

reducing stigma, supporting dementia-inclusive communities, and strengthening the systems and workforce that provide care.⁵

Recent federal fiscal signals, including constrained growth in the Canada Health Transfer and the planned expiry of targeted bilateral health funding, further underscore the urgency of sustained federal leadership in this area. Dementia is already a major driver of health system demand, particularly in hospitals, home care, and long-term care. Without continued and predictable federal investment, provinces and territories will face increasing pressure to absorb rising care needs, limiting their ability to invest in community-based supports that evidence shows can delay institutionalization and reduce overall system costs.

Current federal supports are also often triggered too late for people living with dementia, as eligibility frameworks rely on severe functional impairment rather than early cognitive decline, where risks and costs begin to emerge for individuals and care partners.

Fewer than 25% of countries globally have a national dementia plan. Canada is among this group, but current funding levels limit its ability to translate policy into measurable system outcomes.⁶ Despite ongoing calls to advance or expand the National Dementia Strategy, no new funding was allocated to advance or expand it in the last federal budget, despite ongoing calls for sustained investment to support its implementation. Further, implementation of the strategy was uneven across jurisdictions and many of the Strategy's goals have yet to translate into measurable national progress. This is in part because current federal investments into pilots have not translated into ongoing investments for successful interventions.⁷

Sustained federal investments are needed to support provinces, territories, and community organizations in advancing key priorities under the Strategy, particularly as Canada prepares for rising demographic pressures, including improved access to care and supports for underserved populations.

This next phase should prioritize scaling proven interventions that have already demonstrated measurable outcomes, ensuring federal investments translate into consistent national impact rather than remaining fragmented across short-term projects. Strategic investments in risk reduction, early detection, and coordinated care can help Canadians remain independent longer, reduce pressure on caregivers, and improve the sustainability of health systems.

Recommendation 3

Strengthen early diagnosis and reduce stigma

Invest \$50 million over five years in pan-Canadian initiatives to ensure Canadians have access to earlier diagnosis of dementia.

This should include:

1. Pan-Canadian initiatives to reduce stigma and strengthen public awareness, including national efforts to improve understanding of dementia and encourage earlier help-seeking.

⁵ Public Health Agency of Canada. (2019). *A dementia strategy for Canada: Together we aspire*. <https://canada.ca/en/public-health/services/publications/diseases-conditions/dementia-strategy.html>.

⁶ Alzheimer's Disease International. (2025). *From plan to impact VIII*. <https://alzint.org/resource/from-plan-to-impact-viii/>.

⁷ Brainwell Institute. (2025). *Mind the gap: Closing the care divide for Canadians with dementia*. <https://brainwellinstitute.org/mindthegap/>.

2. Improved access to dementia diagnosis pathways, including targeted investments to strengthen primary-care capacity, diagnostic tools, referral pathways, and access to timely assessment and care.

Rationale

Stigma and lack of awareness remain significant barriers to seeking assessment for dementia in Canada. At the same time, system capacity challenges, particularly in primary care and access to diagnostic pathways, can delay timely diagnosis even when individuals seek help.

Earlier recognition of dementia symptoms can improve quality of life, connect individuals and families to supports sooner, and help health systems prepare for emerging therapies that require diagnosis at earlier stages of disease.

National leadership can play an important role by improving public awareness and reducing stigma, while also strengthening primary-care capacity, diagnostic tools, and referral pathways to support timely diagnosis. Alzheimer Societies across Canada are well positioned to partner with the federal government to advance these priorities, particularly in rural, remote, and underserved communities.

Conclusion

Investing in dementia preparedness, including early diagnosis, stigma reduction, and system readiness for emerging Alzheimer's disease therapies, is fundamentally an economic strategy. As dementia prevalence rises, the cost of inaction will be measured not only in health outcomes, but in lost productivity, increased system strain, and foregone economic growth. Dementia is one of the most expensive chronic conditions in Canada due to its impacts on the health system, long-term care demand, and care partner lost productivity in the workforce. When people are diagnosed earlier and connected to supports, they stay healthier longer, delay transitions into long-term care, and avoid health system usage. These improvements directly reduce pressures on provincial health systems and the federal programs that support them. Preparing Canada for new therapies is equally important: without federal coordination, the country risks fragmented implementation, inequitable access, and downstream system inefficiencies that ultimately drive higher public costs. A nationally aligned approach ensures the health system is ready to integrate treatments efficiently, maximizing both health outcomes and economic value.

About the Alzheimer Society of Canada

The Alzheimer Society of Canada (ASC) is dedicated to advancing dementia awareness, research, and public policy across the country. Founded in 1978, ASC works with Alzheimer Societies across Canada to influence policy, support research, and raise awareness about the impact of dementia on individuals, families, and communities.

ASC operates within a federated model and is part of a network of 11 legally independent provincial and territorial Alzheimer Societies that deliver programs, services, and support to people living with dementia and their care partners in communities across Canada. Together, these organizations form the Alzheimer Society Federation. In collaboration with provincial societies, researchers, health system partners, and policymakers, ASC works to advance national priorities such as dementia research, public awareness, and policy solutions that improve outcomes for people living with dementia and those who care for them.