

BUENOS AIRES 2026

2ND MEETING OF THE INTERNATIONAL ALLIANCE ON BRAIN HEALTH

A shared commitment to the
global brain health agenda
from science to action

Report on the 2nd Meeting of the
International Alliance on Brain Health

Buenos Aires, April 24–25, 2026



Swiss Brain
Health Foundation



International Alliance
on Brain Health

INECO
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Institute of Brain Health

Table of Contents

Foreword	2
Executive summary	4
Methodology	6
What Is Brain Health	7
Why Brain Health Matters Now	8
The International Alliance on Brain Health	8
Buenos Aires 2026: Meeting Overview	9
Five Core Messages from Buenos Aires	10
Three Priorities for Action	22
Key Recommendations	24
Next Steps for the Alliance	26
Acknowledgements	27
References	27
Appendix	29



Foreword

Brain health is not confined to a single specialty. It shapes how people learn, work, relate to one another, and take part in society. Yet the scale of the challenge and its consequences for human development have not received the attention they deserve. This was the starting point for the Buenos Aires meeting.

Over two days, the 2nd Meeting of the International Alliance on Brain Health (IABH) brought together 44 speakers from six continents and representatives of leading organizations in neurology, psychiatry, and global health. The discussions pointed to a shared conclusion: brain health must be treated as a major public-health and development priority. Investment in brain health supports productivity, social participation, and human potential, but resources are still not reaching the communities with the greatest need.

Brain disorders affect nearly half of the global population, but the challenges vary widely across countries and health systems. Some settings face major gaps in diagnostic capacity and specialist workforce; others struggle with fragmented services and unequal access to new therapies. The exchanges among colleagues from India, Ghana, Chile, Colombia, Switzerland, Singapore, and the United States showed that solutions do not move in only one direction. Primary-care models, community health workers, and legal guarantees developed in resource-constrained settings offer lessons for wealthier systems as well. The Alliance was created to make that exchange possible.

This report brings together the main conclusions from the Buenos Aires meeting and is intended as a practical resource for those working on brain health policy, research, clinical care, and advocacy. The three priorities that emerged — legal and financial guarantees, public engagement, and brain-healthy environments — provide a framework for the next stage of the Alliance's work.



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Executive summary

Brain disorders are among the largest and fastest-growing sources of disability worldwide, yet many cases can be prevented or delayed. Neurological conditions alone affect 43% of the global population. When mental health conditions are included, brain disorders account for more disability-adjusted life years worldwide than cancer. In Latin America, dementia cases are projected to rise by 205% between 2019 and 2050 — more than twice the projected increase in North America — while only five countries in the region had national dementia plans as recently as 2025.

The 2nd Meeting of the International Alliance on Brain Health, held in Buenos Aires on April 24–25, 2026, brought together 44 speakers from academic institutions and international organizations, including WHO, the World Federation of Neurology, the World Psychiatric Association, the American Academy of Neurology, the American Heart Association, the Alzheimer's Association, and the World Dementia Council. More than 1,000 people from 24 countries registered for the meeting. Across two days, participants identified five core messages and three priorities for action.

The five core messages are:

1. *Brain health is a societal and economic issue, not only a medical one.*
Schools, workplaces, communities, and social and economic inequality influence brain outcomes as much as health services do.
2. *Prevention is possible and urgent.*
Up to 45% of dementia cases are attributable to modifiable risk factors, making prevention one of the most important ways to preserve brain health at population level.
3. *Heart health is brain health.*
The cardiovascular field offers a useful partner and model, with decades of experience in registries, service delivery, and population-level behavior change.
4. *Professional silos must be addressed.*
The separation between neurology and psychiatry still shapes training, research funding, and care, despite the fact that people do not experience their brain health in those separate categories.
5. *Local implementation is now the central challenge.*
The gap between what science makes possible and what systems deliver reflects political choices and structural investment. The IABH is committed to helping countries place brain health on the political agenda and learn from one another rather than begin from zero.

Three strategic priorities for action emerged from the Buenos Aires roundtable:

- ***Anchoring brain health in legal and financial guarantees***
- ***Making brain health personally relevant to every citizen through high-impact communication***
- ***Redesigning environments so that the healthy choice becomes the default.***

Governments, international organizations, civil society, and the private sector all have a role in this agenda. The task now is to turn shared commitments into legislation, budgets, and services that make a difference in people's everyday lives.

Methodology

This report draws on the presentations, discussions, and closing roundtable of the 2nd Meeting of the International Alliance on Brain Health (IABH), held in Buenos Aires on April 24–25, 2026. It is a policy and implementation report, rather than a systematic review, and is grounded in the scientific evidence presented during the meeting.

It reflects the main messages, data, and recommendations presented by 44 speakers from academic institutions, advocacy organizations, and health

systems across six continents. The references cited throughout the report are the primary sources discussed during the meeting. The IABH organizing team prepared the editorial synthesis to identify areas of scientific and policy convergence.

What Is Brain Health

Brain health is not merely the absence of disease, but ***“the state of brain functioning across cognitive, sensory, social-emotional, behavioral, and motor domains, allowing a person to realize their full potential over the life course.”***¹ The Bern Declaration frames brain health through a biopsychosocial lens that brings neurological and psychiatric dimensions together, takes a life-course perspective, and recognizes dignity and equity as central principles..² Schools, workplaces, and communities matter as much as hospitals.

Promoting brain health requires coordinated action beyond clinical medicine. The World Health Organization (WHO) has recognized brain health as a public-health priority and has developed frameworks that extend across the life course.¹ Concepts such as brain capital, healthy brain years, and cognitive footprint reflect the growing understanding that brain health is closely linked to productivity, human potential, and social development.¹



Why Brain Health Matters Now

Neurological disorders alone affect 43% of the world's population,³ and the burden is greater when mental health conditions are included. Brain disorders are the leading cause of disability-adjusted life years (DALYs) globally, and their burden is projected to grow by 10% between 2021 and 2050, driven mainly by headache disorders, Alzheimer's disease, depression, anxiety, and stroke.⁴ The economic consequences are substantial and cannot be deferred indefinitely.¹

The opportunity for prevention is equally important. The 2024 Lancet Commission on Dementia Prevention identified 14 modifiable risk factors, including hypertension, diabetes, obesity, physical inactivity, low education, depression, sleep impairment, and social isolation. Together, they account for up to 45% of dementia cases worldwide.⁵ Action can begin now through clinical practice, public policy, and changes to the environments in which people live and work.



The International Alliance on Brain Health:

The scale of the challenge calls for a response that no single institution, specialty, or country can provide alone. The International Alliance on Brain Health (IABH) was established in 2025 as a platform for coordination and action.² It was founded in Bern, Switzerland, under the joint patronage of the World Federation of Neurology and the World Psychiatric Association — the first time these two global bodies formally supported a unified brain health initiative.² Its founding symposium produced the Bern Declaration on Brain Health, a ten-principle framework for global action.²

Three commitments guide the Alliance: bringing neurology and psychiatry together under a shared agenda; strengthening exchange between the Global North and Global South; and supporting the more than 20 national and regional brain health plans already under way.² Rather than creating parallel structures, the Alliance connects existing initiatives and supports the translation of global commitments into local action.

At the World Brain Health Forum in Paris in January 2026, the Bern Declaration and its ten-point decalogue were presented to an international audience of scientists, clinicians, policymakers, and patients.⁶ The Buenos Aires meeting was the Alliance's first major gathering in Latin America. Future meetings are planned for Rome and Singapore.

Buenos Aires 2026: Meeting Overview

The 2nd Meeting of the International Alliance on Brain Health took place on April 24–25, 2026, in Buenos Aires, co-organized with the Lancet Commission on Brain Health and the Instituto de Neurología Cognitiva (INECO) Foundation, coinciding with INECO's 20th anniversary. The program brought together 44 speakers from all major world regions and representatives of the World Health Organization, the World Federation of Neurology, the World Psychiatric Association, the American Academy of Neurology, the American Heart Association, the Alzheimer's Association, and the World Dementia Council. More than 1,000 people registered; 359 attended in person and more than 400 joined virtually, representing 24 countries across five continents. Day 1 focused on Cognition, Dementia and Brain

Aging; Day 2 on Brain and Mental Health. The audience also included colleagues from psychology, public health, law, and the media, reflecting the cross-sectoral nature of the agenda.

Five Core Messages from Buenos Aires

Holding the meeting in Latin America reflected the Alliance's view that global priorities must be shaped by the realities of implementation. The Global South carries a disproportionate share of the burden of brain disorders and has important experience in building services under conditions of limited resources, large populations, and rapid demographic change.

Across the presentations, debates, and closing roundtable, five messages recurred.



1. Brain health is a social and economic issue as much as a medical one.

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Schools, workplaces, and communities influence brain outcomes as directly as health services. Mental health conditions are already a leading cause of disability among young people, affecting almost 300 million people aged 5 to 24.⁷ The global figures presented at the meeting underline the scale of the challenge: 3.4 billion people are affected by neurological conditions, which cause approximately 11 million deaths each year; up to 85% of the associated disability burden falls on low- and middle-income countries.³ The workforce gap is equally stark, with 2.7 neurologists per 100,000 people in high-income countries compared with 0.03 per 100,000 in low-income settings.

The economic impact is equally substantial. Neurological and mental disorders together account for an estimated USD 1.7 trillion in annual direct spending worldwide, including USD 700 billion in inpatient care. In Latin America and the Caribbean, dementia costs reached USD 46 billion in 2015, roughly twice the figure for 2010, with nearly two-thirds of the burden carried by informal caregivers. In Europe, a 1% reduction in neurological costs would be equivalent to the health budget of a European country. Sleep disorders also carry a major economic cost, accounting for an estimated 3% of GDP in high-income European countries.⁸

Structural inequality, air pollution, and poverty form part of the exposome: the cumulative physical and social exposures that influence health across the lifespan.⁹ A study across Latin America, North America, Europe, Asia, and Africa found that these combined environmental, social, and political exposures explained far more variation in brain aging than individual factors alone. This is why progress in brain health will depend not only on clinical care, but also on multisectoral policy.



2. Prevention is possible
and urgent.

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The 2024 Lancet Commission on Dementia Prevention estimated that up to 45% of dementia cases worldwide are attributable to modifiable risk factors.⁵ In Latin America, the proportion may be as high as 55%, giving the region much to gain from preventive action.¹⁰

Results from the U.S. POINTER trial, presented at the meeting, showed that a structured, intensive lifestyle intervention — combining physical activity, diet, cardiovascular risk management, social engagement, and cognitive stimulation — was associated with cognitive performance equivalent to one to two additional years of cognitive age compared with a self-guided intervention.¹¹ The effect was seen across age, sex, race, ethnicity, and ApoE4 status. LatAm-FINGERS, the first multicenter randomized non-pharmacological trial designed to prevent cognitive decline in Latin America, includes 1,243 participants from 11 countries and is expected to report results at the 2026 Alzheimer's Association International Conference.¹²

Sleep and circadian health also emerged as central elements of prevention. Sleep disruption is associated with cognitive decline and dementia, stroke, and a range of psychiatric conditions, including anxiety, major depression, post-traumatic stress disorder, bipolar disorder, and substance use disorders.¹³ Circadian regularity may be a stronger predictor of mortality risk than sleep duration alone.¹⁴ The meeting also considered the potential of artificial intelligence and multimodal data to support early identification of sleep disorders, provided that these tools are validated in diverse populations and available equitably. Alexandre Datta's presentation added a pediatric perspective: sleep architecture in the first months of life is closely linked to brain development and is often disrupted in developmental and epileptic encephalopathies, with possible consequences for developmental outcomes.¹⁵ This reinforces the value of identifying sleep problems early and considering brain health from infancy onward.

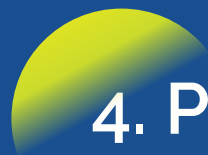


3. Heart health is brain health.

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Vascular risk factors are major drivers of cognitive decline, which makes the cardiovascular and brain health fields natural partners. The American Heart Association (AHA) has developed research infrastructure, quality registries, and public behavior-change campaigns that can inform brain health efforts. Life's Essential 8, originally focused on cardiovascular risk factors, now includes sleep as its eighth pillar. Data from the UK Biobank and All of Us cohorts show that better Life's Essential 8 scores are associated with lower risks of stroke, dementia, and late-life depression.¹⁶

Public expectations also need to change. People readily accept long-term treatment to reduce the risk of heart attack. Preventing dementia likewise requires action years, often decades, before symptoms appear.



4. Professional silos must
end.

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Clinical training, research funding, and care delivery still separate neurology from psychiatry, although patients do not experience their brain health in these categories. The meeting discussed this convergence under the idea of "One Brain, One Mind," recently articulated in a joint perspective from the leadership of the European Psychiatric Association (EPA) and the European Academy of Neurology (EAN).¹⁷ Leaders of the World Federation of Neurology and the World Psychiatric Association identified closer integration between the two fields as a key structural priority. The meeting also brought together behavioral scientists, rehabilitation specialists, legal scholars, and journalists, underscoring the need for a wider coalition.

Information alone seldom changes behavior. Behavioral science shows that the context in which choices are made matters as much as the information people receive. Designing healthier options in schools, workplaces, and communities can have greater population impact than awareness campaigns on their own.



5. Local implementation is
now the central challenge.

/5

Global frameworks and declarations are useful, but progress depends on what individual countries can build and fund. Latin America, the Caribbean, and Africa have much to gain from investment in diagnostics, data, and specialist workforce. Europe, the United States, and some Asian countries have made advances but still face important inequalities in access and coverage. Global goals need locally adapted strategies.

The demographic and epidemiological outlook in Latin America is especially urgent. Dementia cases are projected to increase by 205% between 2019 and 2050, more than twice the projected rise in North America; Central America could see an increase of 221%. The region has one of the highest dementia prevalences in the world, at around 8% among adults aged 60 and over, and a systematic review estimated that close to 7 million people are living with dementia.¹⁸ Dementia is already the fifth leading cause of DALYs among adults over 70 in the region. Its costs reached USD 46 billion in 2015, with nearly two-thirds carried by informal caregivers, most of them women. Reliable population-based prevalence data are available for only 11 of 33 countries, and only four had national dementia plans as of 2025.

Chile illustrates both the value and the limits of legal integration. After dementia was included in the Explicit Health Guarantees (GES), which obliges the state to provide care for listed conditions, public hospitals expanded memory units and strengthened local professional capacity. Chile is one of only five countries in the Americas — alongside Costa Rica, Cuba, the United States, and Mexico — with a national dementia plan. The country's experience also shows that legislation alone is not enough.

Families still carry a large share of care, and informal caregiving accounts for 75% of total per-patient dementia costs. Chile is now addressing an additional gap through the REMEMBER project, a dementia registry across seven hospitals supported by the Alzheimer's Association's Global Real-World Data platform.

The nature of the implementation gap differs across settings. In Ghana, there is one psychiatrist for every 1.2 million people; stigma and a health system historically centered on infectious diseases mean that task-shifting to community workers is essential. In India, the Karnataka model shows that community health workers can screen for cognitive impairment in people's homes without waiting for a neurologist. In Poland, the specialist workforce exists but services remain fragmented, leaving patients between neurology and psychiatry and placing excessive pressure on referral systems. Singapore shows both the value and the limits of sustained public investment: two decades of planning have built infrastructure across health, education, housing, and urban development, yet access to disease-modifying therapies remains unequal. In Switzerland, a high-spending system, brain health budgets still largely reflect historic allocations rather than the actual burden of disease. These examples point to a common lesson: implementation is not only a matter of resources, but also of political choices about how they are used.

Three Priorities for Action

The closing roundtable focused on a practical question: what should the Alliance do next? Three priorities emerged as the most useful steps for governments, institutions, and civil society.

/1 Anchor brain health in legal and financial guarantees.

Declarations are important, but they do not by themselves ensure implementation. Progress requires dedicated budget lines, enforceable entitlements, and national plans that commit governments to action. In countries where dementia has been included in legislation, public services have expanded, professional training has followed, and primary care has become more involved. Spending decisions should reflect the real burden of disease rather than historic allocation patterns.

Useful tools already exist. Alzheimer's Disease International tracks national dementia plans through its annual *From Plan to Impact* reports, assessing elements such as budget protection, primary-care integration, workforce training, data systems, and subnational reach.¹⁹ WHO's SCORE platform can help countries monitor whether implementation is producing results.²⁰ Used together, these tools offer a practical starting point for moving from policy to delivery.

/ 2 Make brain health personally relevant to everyone.

Political action is more likely when brain health matters to citizens, families, and communities. The discussion drew an analogy with new obesity medications, which have changed consumer behavior at scale even before policy fully caught up.

Communication through the media, schools, and digital platforms should therefore be part of the Alliance's core work. This includes working with technology companies so that AI-generated health summaries — now a common source of information for many people — offer accurate, practical guidance on brain health.

Fear can attract attention, and concern about Alzheimer's disease is common in public surveys. But the Alliance has chosen to communicate through a positive, life-course vision of brain health rather than disease-focused messaging. The aim is to build sustained public engagement and political support around what people can protect and improve.

/ 3 Redesign environments.

Information alone rarely changes behavior. Interventions informed by behavioral science and environmental design can make healthy choices easier in the places where people live, learn, and work. This includes support for families in early

childhood, schools, and workplaces where burnout and sleep deprivation are increasingly common. Examples discussed at the meeting included parent-training programs to strengthen early cognitive and language development and behavioral approaches that reduce unnecessary prescriptions in older adults. Media and public policy are also important levers.

Policies on air quality, education, and economic security already influence brain outcomes, whether or not they are described in those terms. The practical step is to include brain health in multisectoral decision-making so that the environments in which people live become part of the intervention.

Key Recommendations

An Operational Agenda for the International Alliance on Brain Health

The table below translates the meeting's scientific and policy consensus into an operational agenda. It outlines what needs to happen, who should lead it, and the first practical steps for the coming 12 months.

Priority	What should be done	Who should act	First 12 months
Legal and financial guarantees	Develop or strengthen national brain health plans with dedicated, protected budget lines Embed brain health commitments in UHC benefit packages and national legislation	Governments, WHO, Ministries of Health, civil society organizations	Identify 3–5 countries ready for pilots Map existing national plans and gaps (ADI From Plan to Impact framework)
Communication and public engagement	Launch a global brain health public awareness campaign Develop a shared messaging toolkit adaptable across regions and languages	IABH, member organizations, media, schools, tech platforms	Create a common messaging toolkit Engage 2–3 tech/social media platforms for AI-generated health content alignment
Environment and behavioral design	Embed brain-health criteria in schools, workplaces, and urban design Support governments in using behavioral science and environmental redesign as policy tools	Ministries of Education, Labour and Urban Planning; municipalities; employers	Pilot interventions in 2–3 partner cities or institutions Develop a model policy brief on brain-healthy environments

Abbreviations: UHC, Universal Health Coverage; WHO, World Health Organization; IABH, International Alliance on Brain Health. Note: This table reflects the collective output of the meeting's deliberations. Specific timelines and responsible actors are indicative and subject to refinement by IABH member organizations.

Next Steps for the Alliance

The Buenos Aires meeting was one step in a process that began in Bern and will continue in Rome (25–27 November 2026) and Singapore. The next task is to build the advocacy, financing, and implementation capacity needed to turn this momentum into accessible services and enforceable rights. The cardiovascular field took decades to develop that capacity; brain health can learn from that experience while moving with greater urgency.

The Alliance does not need another statement of principle. Its contribution should be to connect countries that have developed effective legal and financing approaches with those that are still building them; to share tested implementation models; and to translate scientific evidence into practical arguments for finance ministers, legislators, and health planners.

The Buenos Aires meeting calls on governments, international organizations, scientific societies, civil society, and the private sector to treat brain health as a foundation of human development and to move from commitment to implementation: laws, budgets, services, data systems, and environments that support people across the life course.

Acknowledgements

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Appendix

2nd Meeting of the International Alliance on Brain Health — Buenos Aires, April 24–25, 2026

A.1 Speakers (44)

1. Kristina Adorjan — Director and Full Professor, Department of Psychiatry and Psychotherapy (UPD), University of Bern, Switzerland
2. Diego Aguilar — Regional Director for the Americas of Alzheimer's Disease International (ADI), Argentina
3. Suvarna Alladi — Professor of Neurology, National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, India
4. Claudio Bassetti — Lancet Commission on Brain Health, Swiss Brain Health Foundation, Switzerland
5. Indrit Bègue — Assistant Professor in the Department of Psychiatry, University of Geneva, Switzerland
6. Kailash Bhatia — President-Elect European Academy of Neurology (EAN), United Kingdom
7. Roongroj Bhidayasiri — Director of the Chulalongkorn Centre of Excellence for Parkinson's Disease & Related Disorders, Bangkok, Thailand
8. Paul Boon — European Academy of Neurology (EAN); Senior Full Prof. of Neurology and Director of Neuroscience at Ghent University, Belgium
9. Claudia Braga — President (2025–2027) of the WHO Strategic and Technical Advisory Group on Mental Health, Substance Use, and Brain Health; Board member of the World Association of Psychosocial Rehabilitation, Brazil
10. Marcelo Cetkovich — Vice president of the Argentine Association of Psychiatrists (AAP), Medical Director and Head of INECO's Psychiatry Department, Argentina
11. Christopher Chen — President of the Asian Society Against Dementia, Singapore
12. Nilton Custodio — Director of the Peruvian Institute of Neurosciences, Peru
13. Alexandre Datta — Chief and Head of Department of Pediatric Neurology, Developmental Medicine and Neurorehabilitation of Northwestern Switzerland, Switzerland
14. Stephanie Debette — Head of the Neurocampus Clinical Epidemiology Team, University of Bordeaux; Director of Research, Inserm Unit 1219 — Bordeaux Population Health Research Center, France
15. Rajinder K. Dhamija — Director of Institute of Human Behaviour and Allied Sciences (IHBAS), New Delhi, India
16. Stefan Du Plessis — Professor, Division of Molecular Biology and Human Genetics, Stellenbosch University; Principal Investigator, South African Medical Research Council (SAMRC), South Africa
17. Mitchell Elkind — Chief Science Officer, Brain Health and Stroke, American Heart Association, United States
18. Andrea Fiorillo — President, European Psychiatric Association, Italy
19. Oscar Gershanik — Director Department of Global Public Health & Bioethics; Emeritus Director Movement Disorders Unit; Former Director Laboratory of Experimental Parkinsonism, Argentina
20. Diego Golombek — Researcher at CONICET; Professor at the University of San Andrés; Director, Interdisciplinary Laboratory of Time (LITERA), Argentina
21. Agustín Ibáñez — Director, Latin American Brain Health Institute (BrainLat), Universidad Adolfo Ibáñez, Argentina
22. Matias Irrarázaval — Pan American Health Organization (PAHO), Chile
23. Devora Kestel — Director, Mental Health and Substance Use, World Health Organization (WHO), Argentina
24. Steven Lewis — President, World Federation of Neurology (WFN), United States
25. Matilde Leonardi — Director Neurology, Public Health Disability Unit, National Neurological Institute, Italy; EFNR Member and Representative, EAN, WFN and Italian Society of Neurology Board Member

26. Caroline Lustenberger — Head of Sleep Lab, ETH Zurich, Department of Health Sciences and Technology (D-HEST), Switzerland
27. Facundo Manes — Brain Health Institute, INECO Foundation; Institute of Neurosciences, Favaloro Foundation, Buenos Aires, Argentina
28. Jacobo Mintzer — Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina (MUSC), United States
29. Pratima Murthy — Director and Senior Professor of Psychiatry, National Institute of Mental Health and Neuro Sciences, Bangalore, India
30. Alfred K. Njamnshi — Founder & Executive Director, Brain Research Africa Initiative (BRAIN); Chief of Neurology, Yaoundé Central (Teaching) Hospital; Director of Residency Programmes, School of Medicine, The University of Yaoundé I, Cameroon
31. Alessandro Padovani — Director, Neurology Unit, ASST Spedali Civili di Brescia; Professor of Neurology, University of Brescia, Italy
32. Olivier Piguet — Professor of Clinical Neuropsychology; School of Psychology and Brain & Mind Centre, The University of Sydney, Australia
33. Joanne Pike — President & CEO, Alzheimer's Association; Chair, World Dementia Council, United States
34. Konrad Rejdak — Past-President, Polish Neurological Society and President, Brain Health Culture Association; Head of the Chair and Department of Neurology, Medical University of Lublin, Poland
35. Maria Roca — Researcher at CONICET and INCYT, INECO Foundation; Director of INECO Organizations; Co-Director of the Department of Neuropsychology at INECO, Argentina
36. Juan Rodriguez — Global Council on Brain Health, AARP, United States
37. Natalia Rost — President, American Academy of Neurology, United States
38. Hernando Santamaria Garcia — Global Brain Health Institute (GBHI), Colombia
39. Lenny Shallcross — Executive Director, World Dementia Council (WDC), United Kingdom
40. Andrea Slachevsky — Center for Memory and Neuropsychiatry (CMYN), Faculty of Medicine, University of Chile; Geroscience Center for Brain Health and Metabolism (GERO), Chile
41. Victor Valcour — Director, Global Brain Health Institute (GBHI), UCSF, United States
42. Danuta Wasserman — President, World Psychiatric Association (WPA), Sweden
43. Andrea Winkler — Co-Director of the Center for Global Health (CGH) at the Technical University of Munich, Germany
44. Yongjun Wang — Chairman of Brain Health Initiatives; President, Beijing Tiantan Hospital, Capital Medical University; President, China Stroke Association, China

A.2 Organizations Represented

- Alzheimer's Association (United States)
- Alzheimer's Disease International (ADI)
- American Academy of Neurology (AAN)
- American Heart Association (AHA)
- AARP / Global Council on Brain Health
- Asian Society Against Dementia

- Brain Research Africa Initiative (BRAIN)
- Chulalongkorn Centre of Excellence for Parkinson's Disease & Related Disorders (Thailand)
- China Stroke Association
- CONICET (Argentina)
- European Academy of Neurology (EAN)
- European Federation of NeuroRehabilitation Societies (EFNR)
- European Psychiatric Association (EPA)
- Favaloro Foundation (Argentina)
- Geroscience Center for Brain Health and Metabolism (GERO), Chile
- Global Brain Health Institute (GBHI), UCSF
- INECO Foundation / Institute of Brain Health (Argentina)
- Institute of Human Behaviour and Allied Sciences (IHBAS), India
- International Alliance on Brain Health
- Lancet Commission on Brain Health
- Latin American Brain Health Institute (BrainLat)
- National Institute of Mental Health and Neurosciences (NIMHANS), India
- Pan American Health Organization (PAHO)
- Peruvian Institute of Neurosciences
- Polish Neurological Society / Brain Health Culture Association
- South African Medical Research Council (SAMRC)
- Swiss Brain Health Foundation
- University of Bern
- University of Bordeaux / Inserm Unit 1219
- University of Brescia / ASST Spedali Civili di Brescia (Italy)
- University of Chile
- University of Geneva
- University of Sydney
- University of Yaoundé I (Cameroon)
- ETH Zurich
- Ghent University (Belgium)
- Medical University of Lublin (Poland)
- Medical University of South Carolina (MUSC)
- Stellenbosch University (South Africa)
- Technical University of Munich
- Beijing Tiantan Hospital / Capital Medical University (China)
- World Dementia Council (WDC)
- World Federation of Neurology (WFN)
- World Health Organization (WHO)
- World Psychiatric Association (WPA)

A.3 Countries Represented by Speakers (22)

Argentina, Australia, Belgium, Brazil, Cameroon, Chile, China, Colombia, France, Germany, India, Italy, Peru, Poland, Singapore, South Africa, Spain, Sweden, Switzerland, Thailand, United Kingdom, United States.

A.4 Session Recordings

Day 1 (April 24) — Cognition, Dementia and Brain Aging

WATCH HERE

- Teresa Torralva, Facundo Manes, Claudio Bassetti: Opening • Jacobo Mintzer: Strategies for Preventing Cognitive Decline in Ageing
- Lenny Shallcross: International Policy Perspective on Brain Health
- Natalia Rost: Brain Health Imperative of the 21st Century: A Neurologist's Vision [Keynote]
- Matías Irrarrázaval: The Americas at a Crossroads: Brain Health, Dementia, and the Case for Regional Action [Keynote]
- Joanne Pike: The Evolving Global Brain Health Agenda: The Alzheimer's Association Perspective
- Victor Valcour: The Atlantic Fellows for Equity in Brain Health: Ten Years of Training the Next Generation of Leaders
- Juan Rodriguez: Turning Evidence into Action: A Decade of Lessons from the Global Council on Brain Health
- Alexandre Datta: Sleep in the First Years of Life and Brain Health
- Caroline Lustenberger: How to Assess Sleep Health
- Diego Golombek: Circadian Health and Brain Health
- Suvarna Alladi: Neurodegeneration Without Borders: What Local Populations Teach the World [Keynote]
- Nilton Custodio: Dementia and Brain Health Across Latin America: Regional Lessons
- Maria Roca: Brain Health across different fields: from school, through the workplace to public policy
- Alessandro Padovani: Dementia and Brain Health in Europe: Clinical and System-Level Lessons
- Christopher Chen: The Future of Alzheimer's Disease: Science, Systems Readiness and Social Impact [Keynote]
- Hernando Santamaría García: The Epigenetic Toll of Social Adversity: Implications for Neurodegeneration and Public Health
- Stefan Du Plessis: Stress, Inequality and the Brain: Cumulative Risk Across the Lifespan
- Claudia Braga: The Role of Deinstitutionalization and Human Rights Strategies: Lessons from South America
- Kristina Adorjan: Environmental and Genetic Factors: Lessons from Africa
- Konrad Rejdak: Brain Health and Neurorehabilitation in Poland
- Matilde Leonardi: From Vision to Impact: European Neurorehabilitation and Neurology in the One Brain One Health Era

Day 2 (April 25) — Brain and Mental Health

WATCH HERE

- Claudio Bassetti: The Swiss Brain Health Plan (SBHP) and Its Implementation
- Andrea Fiorillo: Mental Health Systems within One Brain, One Health
- Paul Boon: European Neurology and Integrated Brain Health Policy
- Andrea Winkler: The Lancet One Health Commission: Harnessing Our Interconnectedness for Equitable, Sustainable, and Healthy Socioecological Systems
- Steven Lewis: Overcoming Fragmentation: National and Regional Lessons [Keynote]
- Danuta Wasserman: Psychiatry's Role in Integrated Brain Health Strategies [Keynote]
- Diego Aguilar: Beyond the plan: Dementia policy implementation in Latin America and the Caribbean
- Stephanie Debette: Vascular Brain Health and Integrated Brain Health Approaches: A European Scientific Perspective
- Mitchell Elkind: The Role of Cardiovascular Leadership in Global Brain Health
- Devora Kestel: Integrated Approach to Mental and Brain Health [Keynote]
- Marcelo Cetkovich: Mental Health Stigma in the Burnout Society [Keynote]
- Oscar Gershanik: Parkinson's Disease — A Growing Burden on Public Health: Diagnostic and Therapeutic Challenges [Keynote]
- Kailash Bhatia: Key Clinical Lessons from Parkinsonism and Neurodegeneration
- Indrit Bègue: Insights from Switzerland on the Burden and Cost of Brain Disorders: Opportunities for Action
- Agustín Ibáñez: One Brain, One Health: Neurosyndemics of Health and Disease
- Andrea Slachevsky: Translating Brain Health Research into Policy and Care

On-Demand Session — One Brain, One Health in Practice: Implementation, Impact and Regional Experiences

WATCH HERE

- Yongjun Wang: Brain Health and Stroke Systems in China: Policy Implementation and Population Impact
- Alfred K. Njamnshi: Implementing Integrated Brain and Mental Health Care in African Health Systems
- Pratima Murthy: Integrating Mental Health into Brain Health Programs: Lessons from India
- Roongroj Bhidayasiri: Brain Health and Neurodegeneration in Asia: Lessons from Thailand
- Olivier Piguet: Brain health: Challenges and Opportunities, An Australian Perspective
- Rajinder K. Dhamija: Neurodegenerative Diseases in Low- and Middle-Income Countries Settings



Swiss Brain
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