

**3.1 million people living with
MS worldwide:
The Atlas of MS 2026**

A global update on MS prevalence,
incidence, and the gaps that remain





Thank you to all who made the Atlas of MS possible

The Atlas of MS is built on the dedication, expertise, and generosity of our global MS community.

We are deeply grateful to the Atlas working group, expert advisors, and the hundreds of country coordinators (clinicians, researchers, people with MS, and representatives from MS organisations and registries) for contributing their time and insight to this update.

We extend our sincere thanks to everyone who reviewed their country's data in 2024 and provided new information. We recognise this is not always a simple task, and we are immensely appreciative of your efforts.

We also thank McKing Consulting Corporation for their epidemiological expertise and for developing the methodology used to calculate global prevalence for the 3rd edition of the Atlas. Although McKing were not involved in this update, their foundational work continues to underpin the Atlas credibility.

For a full list of contributors, visit: [🔗 Collaborators & Acknowledgements | Atlas of MS](#)

With thanks to our funders

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With thanks to our partners

We also wish to acknowledge the World Health Organization (WHO) for their contributions to the first edition of the Atlas in 2008 and the European MS Platform (EMSP) for their ongoing collaboration and expertise. EMSP is a European network of MS organisations. Given the overlaps between the Atlas and EMSP's Barometer, we are grateful for the shared learnings used to strengthen both initiatives.

Future Contributions

If you have new data to share, please contact us at atlas@msif.org. Your contributions are vital to keeping the Atlas of MS a valuable tool for the global MS movement.

About this report

This report was prepared by Rachel King, Senior International Evidence Manager, Multiple Sclerosis International Federation (MSIF). For any queries, please contact us at atlas@msif.org

Data collection

This report was published in 2026 and is based on data collected through the 2024 Atlas of MS update.

For additional data, information, and documents

Please visit our website to access the interactive chart and map tool, country factsheets, the full dataset and other materials to help you use the Atlas of MS: www.atlasofms.org.

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The latest Atlas of MS update estimates that **3.1 million people are now living with multiple sclerosis (MS) worldwide**. Drawing on data from **133 countries, representing 93% of the world's population**, this update provides the most comprehensive picture of global MS prevalence and incidence to date.

Throughout my career in epidemiology and public health, I have seen how epidemiological data can transform our understanding of disease, reveal inequalities, and support better decision-making. By bringing together information from around the world, the Atlas of MS provides a unique global perspective on the burden of MS and how it is changing over time.

The value of the Atlas extends beyond the numbers themselves. By placing national data within a global context, it enables countries to benchmark progress, identify gaps in surveillance and care, learn from one another, and better understand how their experience compares with that of neighbouring countries and regions. It also provides an important evidence base for policymakers, healthcare providers, researchers, and MS organisations working to improve outcomes for people affected by MS.

This update comes at an important moment. It provides a benchmark before widespread implementation of the 2024 revisions to the McDonald diagnostic criteria, creating an important reference point for understanding future changes in MS diagnosis and prevalence. It also highlights both the progress that has been made in improving our understanding of MS globally and the work that remains to ensure equitable access to diagnosis, treatment, care, and support.

We hope that the findings presented in this report will continue to inform policy, strengthen advocacy, support research, and drive action to improve the lives of people affected by MS around the world.



Dr Lydia Makaroff
Chief Executive, MS International Federation



No country can tackle MS in isolation. The Atlas allows us to learn from one another, understand global patterns, and work together to improve outcomes for people affected by MS. It helps turn data into action by supporting advocacy, policy and better healthcare planning.

**Dr Lydia Makaroff, Chief Executive
MS International Federation**



What is MS and why diagnosis matters



What is MS?

Multiple Sclerosis (MS) is a lifelong neurological condition that affects the brain and spinal cord (the central nervous system). It happens when the immune system mistakenly attacks myelin (the protective covering around the nerves), disrupting communication between the brain and the rest of the body. Symptoms can include fatigue, vision problems, numbness, dizziness and difficulties with movement.

MS can be diagnosed at any age, but the global average is 32 years. This is a time when many people are building careers, starting families and planning for the future.

Although MS affects people differently, there are a range of treatments available that can improve outcomes and help people live well.

How is MS diagnosed?

There's no single test for MS. Neurologists typically use a combination of tests to look for signs of MS and rule out other conditions. These include:



Neurological Exam

checks reflexes, balance, and coordination



Magnetic resonance imaging (MRI)

scan of brain and spinal cord to detect MS damage



Lumbar puncture

collects spinal fluid to test for immune activity



Evoked potentials

measures speed messages travel along your nerves



Blood tests

help rule out other causes of symptoms

Not all tests are needed for every person. Clinicians follow guidelines called **diagnostic criteria** to interpret the results of these tests and confirm MS. The latest version, the **McDonald 2024 criteria** is designed to help clinicians diagnose MS earlier, helping people access treatment and support as early as possible.

Why diagnosis matters

Diagnosis is the first step to accessing treatment, support, and being counted. Without it, people with MS remain invisible; in healthcare systems, in data, and in decisions that affect their lives.

It also enables health systems to track prevalence, allocate resources, and improve care.

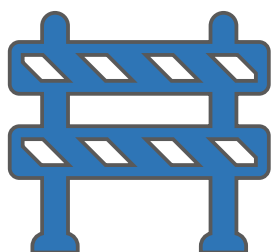




*Knowing how many people are affected by MS is vital, it's the foundation for effective decision-making.
But without diagnosis, people with MS are invisible. Everyone must be seen, counted, and supported.*

**Rachel King, Senior Evidence Manager, and Lead for the Atlas of MS
MS International Federation**

Global challenges for early MS diagnosis



While an early diagnosis is essential, accessing it is far from straightforward in many parts of the world. Data from the Atlas of MS 3rd edition shows that **83% of countries report barriers to early diagnosis**. Common challenges include:

- Low awareness of MS symptoms
- Shortages of neurologists
- Availability and cost of the diagnostic equipment and tests

These barriers delay care and leave many people undiagnosed and unsupported.

Personal Story: Yuki's Diagnosis Journey

Yuki, from Japan, spent three years seeking answers before being diagnosed with MS. Her symptoms - numbness, fatigue, and vision problems - were repeatedly dismissed by healthcare professionals unfamiliar with MS.

Without access to a specialist, Yuki's health deteriorated. Eventually, she found a neurologist who confirmed MS.

"Getting the diagnosis was a turning point. I could finally understand what was happening and start managing it."

Yuki's experience highlights the global challenge of delayed diagnosis due to limited awareness and access to MS specialists, a reality faced by many people seeking an MS diagnosis around the world.

👉 Read more about Yuki's diagnosis journey and explore other diagnosis stories at worldmsday.org





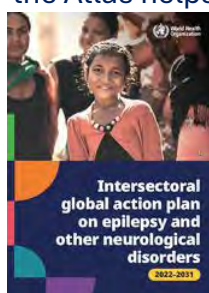
The Atlas of MS: informing policy, advocacy, and research

Personal stories from people living with MS help illustrate the realities behind the statistics. The Atlas of MS complements these experiences by providing a population-level picture of how MS affects countries and regions around the world.

Since its first publication in 2008 as a partnership between the MS International Federation (MSIF) and the World Health Organization, the Atlas of MS has become one of the most widely cited global resources on MS. Following publication of the 3rd edition in 2020-2021, the Atlas evolved from periodic reports to an ongoing programme of core data updates and topic-specific surveys. By bringing together national data from around the world, it helps answer a fundamental question: **how many people are living with MS, and where?**



The Atlas supports advocacy, policy development, healthcare planning and research by highlighting differences between countries and regions. This latest Atlas update includes data from 133 countries, representing 93% of the global population. By making MS visible in data, the Atlas helps ensure that people with MS are seen, counted and supported.



The Atlas of MS complements global efforts like the WHO Intersectoral Global Action Plan (IGAP) on epilepsy and other neurological disorders, and provides evidence for initiatives such as Brain Health: Time Matters in MS, which advocate for earlier diagnosis and timely treatment to preserve lifelong brain health and minimise disease progression.

🔗 Visit www.atlasofms.org for interactive maps, charts, country factsheets and other resources. Questions about the data can be directed to atlas@msif.org.

🔗 The findings are also published [here](#): *Global prevalence of multiple sclerosis surpasses 3 million: 2024 update of the Multiple Sclerosis International Federation Atlas of MS* (Multiple Sclerosis Journal, 2026). <https://doi.org/10.1177/13524585261479954>



What is epidemiology?

Epidemiology is the study of how health conditions affect populations, including how many people are affected, where they live, and how patterns change over time. In this report we reference two key terms:

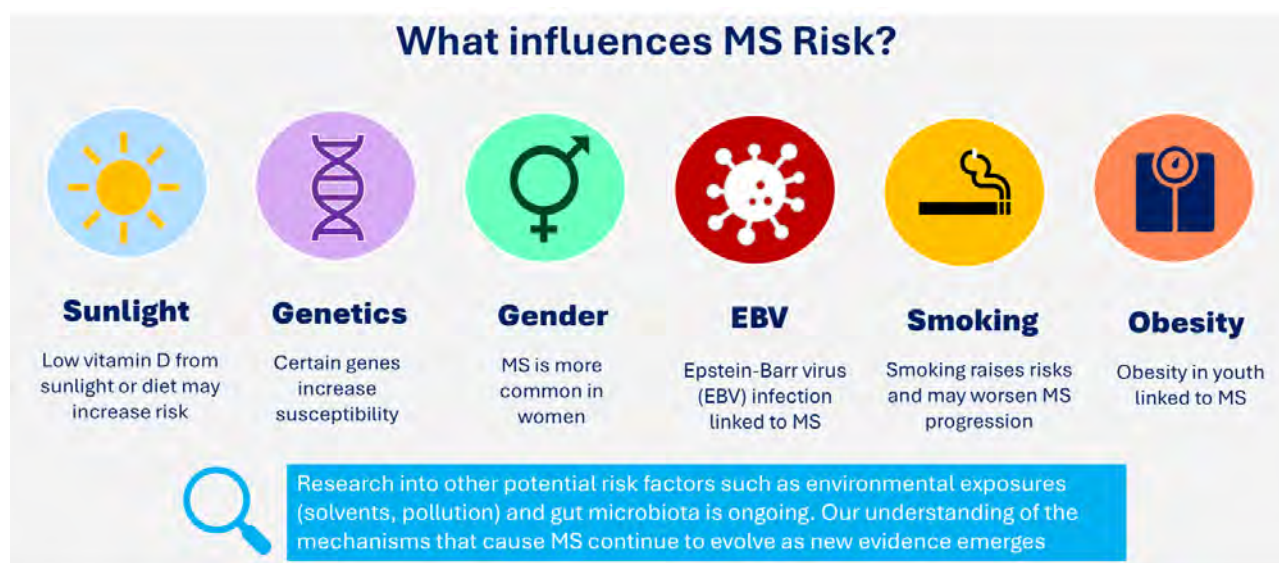
- **Prevalence:** the number of people currently living with MS, shown as a total or a rate per 100,000 people.
- **Incidence:** the number of new MS diagnoses within a year.

These measures help researchers and policymakers understand trends, identify disparities, and explore potential risk factors.



Understanding MS risk factors

Before exploring global prevalence and incidence data, it's important to understand the factors that influence who develops MS. While the exact cause of MS remains unknown, a combination of genetic, environmental, and lifestyle factors can influence who develops MS. These elements interact in complex ways and help explain why MS is more common in some regions and populations than others. The infographic below summarises well-established risk factors for MS. These factors can increase a person's chance of developing MS, but no single factor determines whether someone will develop the condition.



Why understanding risk matters

Understanding MS risk factors helps us explore whether MS could be **prevented** one day. While not all risk factors are modifiable, awareness of those that are, such as smoking and vitamin D deficiency can support public health efforts and empower individuals to reduce their risk.

Ongoing research, including trials in healthy adults for an **EBV vaccine**, may also offer new insights into how MS develops and open doors to future **prevention strategies, treatments, or even cures**.

👉 **Interested in understanding more about risk factors?** Visit msif.org/about-ms/causes.



More people than ever have MS- but many remain invisible



There are now **3.1 million people living with MS around the globe** - up from 2.8 million in 2020 and 1.8 million in 2013. **That's 1 in every 2,600 people**, or 38 per 100,000 people.

This increase likely reflects better diagnosis, people with MS living longer, improved data systems, growing awareness, as well as population increases. However, from the data available we can't say for sure if the risk of MS is increasing.

Despite progress in MS detection and data collection, the Atlas of MS continues to **reveal gaps in diagnosis and surveillance capabilities** in many parts of the world, which means MS is underdiagnosed and underreported.



Every 5 minutes, someone, somewhere in the world is diagnosed with MS¹. This is consistent with the rate reported in 2020.

More women affected - out of 10 people with MS, 7 are female, 3 male. This is in line with the trends seen in 2020. Some research studies suggest that this skew towards women might be increasing but more data is needed.



Children get MS too - at least 40,000 children and teens (under 18)² have MS, up from 30,000 in 2020. Lack of data means there are still significant gaps in our understanding of the prevalence of MS in children.

¹ Based on 91 reporting countries

² Based on 59 reporting countries

Recommendations



Diagnose early so people are seen, counted, and supported to access timely treatment and care



Make MS visible - invest in inclusive data systems



Use data to tailor care for everyone with MS including women, children, and underserved



Drive change with evidence – inform policy, unlock funding and advance equity



The Atlas of MS is one of the strongest examples of what the global MS movement can achieve through collaboration. By bringing together evidence from countries around the world, it helps inform policy, strengthen advocacy and guide future investment in research and healthcare. The Atlas also highlights the need for continued investment in surveillance, registries and data systems to strengthen our understanding of the true burden of MS. Better data lead to better decisions and, ultimately, better outcomes for people affected by MS worldwide.

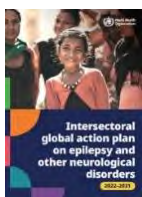
Professor Mario Alberto Battaglia

Chair, MS International Federation and President of the Italian MS Society (Associazione Italiana Sclerosi Multipla [AISM])

“WE CAN’T IMPROVE WHAT WE DON’T MEASURE.”

This principle underpins every recommendation. Without accurate, inclusive data, progress in MS care and support will remain uneven and incomplete. The case study overleaf illustrates an example of the power of data as a tool for advocacy and change.

The findings in this report also support broader efforts to improve neurological health and MS care. Better data can help inform the development of national MS and neurological health plans, strengthen accountability, support more equitable access to care, and ensure that people affected by MS are not overlooked in healthcare planning and decision-making. Global initiatives like the WHO’s Intersectoral Global Action Plan on epilepsy and other neurological conditions (IGAP) also call for stronger data systems and equitable access to care and can provide additional leverage for national advocacy efforts to drive change.





Using epidemiology data as an advocacy tool:

The National Multiple Sclerosis Society (NMSS) is a non-profit organisation representing people affected by MS in the United States.

In 2019, an epidemiological study led by NMSS and published in *Neurology* estimated that nearly **1 million adults (913,925)** were living with MS in the United States. This was **more than twice** the previous estimate which had been based on older and limited data.

This updated evidence helped demonstrate the true scale of MS and strengthened the case for greater investment and improved data systems. NMSS has successfully leveraged this revised prevalence estimate to advocate for:

- **Increase research funding:** The U.S. Congress allocating **\$20 million USD** annually to the Department of Defense's MS Research Program from 2020 to 2024. The program has supported over 200 research projects, clinical trials and follow-on funding.
- **Better national data systems:** The U.S. Centers for Disease Control and Prevention (CDC) established the National Neurological Conditions Surveillance System (NNCSS), which has improved the collection of data on MS and other neurological conditions. Updated prevalence estimates were published through this system in 2023.
- **More inclusive research and care:** Subsequent studies have shown that MS affects a more diverse population than previously recognised. This evidence is helping to challenge outdated assumptions and support more equitable approaches to diagnosis, research, and care.

This case study demonstrates how robust epidemiological data can be a powerful driver of advocacy and change. By making the burden of MS visible, NMSS was able to influence policy, unlock funding, and strengthen national data systems. It highlights the potential for organisations everywhere to use data not just to understand MS, but to shape decisions, drive action and improve outcomes.



Prevalence of MS: Global trends and why they matter



A growing global estimate

An estimated 3.1 million people are now living with multiple sclerosis (MS) worldwide. This equates to 38 people per 100,000, or roughly 1 in every 2,600 people globally.

This marks a substantial increase since 2020 (2.8 million and prevalence 36 per 100,000). However, an increase in the number of people living with MS does not necessarily mean that more people are developing the condition. The increase may reflect a combination of earlier diagnosis³, people living longer with MS⁴, improved data collection⁵, population growth and possibly changes in disease risk.

The estimate is also based overwhelmingly on data reported directly by countries. Only a very small proportion comes from estimates used where national data were not available, making this the most robust global Atlas estimate to date.

This global estimate is more than a number - it reflects the growing visibility of MS in health systems worldwide. However, this visibility is uneven. In many regions of the world, MS remains underdiagnosed and underreported, meaning the true burden may be even higher than our current figures suggest.

One example of how a country has worked to address underreporting and strengthen MS surveillance comes from India, where a grassroots campaign helped ensure people with MS were counted and made visible in the data (see case study on the next page).

³ Schwenkenbecher P, Wurster U, Konen FF, et al. Impact of the McDonald Criteria 2017 on Early Diagnosis of Relapsing-Remitting Multiple Sclerosis. *Front Neurol*. March 2019;10:188. doi:10.3389/fneur.2019.00188 URL: <https://www.frontiersin.org/journals/neurology/articles/10.3389/fneur.2019.00188/full>

⁴ Kingwell E, Leray E, Zhu F, Petkau J, Edan J, Oger J, Tremlett H, Multiple sclerosis: effect of beta interferon treatment on survival, *Brain*, Volume 142, Issue 5, May 2019:1324–1333, URL: <https://doi.org/10.1093/brain/awz055>

⁵ Hittle M, Culpepper WJ, Langer-Gould A, et al. Population-Based Estimates for the Prevalence of Multiple Sclerosis in the United States by Race, Ethnicity, Age, Sex, and Geographic Region. *JAMA Neurol*. July 2023;80(7):715–725. doi:10.1001/jamaneurol.2023.1633. URL: <https://jamanetwork.com/journals/jamaneurology/fullarticle/2805038>



Why Numbers Matter: A case study from India

In India, the Numbers Matter campaign by the Multiple Sclerosis Society of India (MSSI) highlighted how the absence of national MS data leads to exclusion from healthcare policies, insurance, and research. Without accurate figures, MS remains invisible in health planning.

To address this, MSSI launched the India MS Map, a crowd-sourced platform where over 2,600 people with MS registered. The map revealed a critical gap: over 80% of participants were accessing care through private hospitals; this finding helped MSSI to advocate for the inclusion of private hospitals in the national registry for people with MS so that no one was left out of national data, or out of policy decisions.

“If the government could see how many people in India are suffering from MS, I believe they would do more for us.” Deepali Bajaj - person with MS

Using this evidence, MSSI petitioned the government for a more inclusive national MS registry. In response, the Indian Council of Medical Research (ICMR) launched the Indian Multiple Sclerosis and Allied Demyelinating Disorders Registry, in collaboration with the All India Institute Of Medical Sciences and 24 centres across India.

“We needed to show that MS exists beyond government hospitals. The map helped us make the invisible visible - and push for a registry that reflects the real MS community.”
Sandeep Chitins, Honorary National Secretary, MSSI

This case shows how data can drive change, and why counting people with MS is a vital step toward improving visibility, equity, and care.

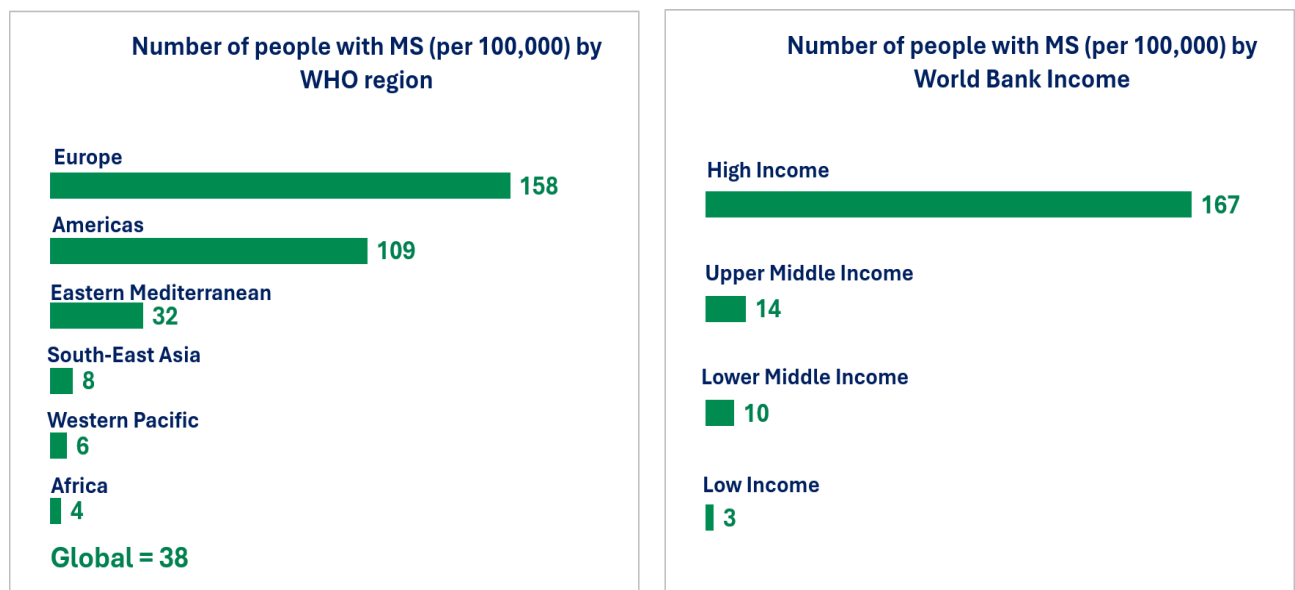
👉 Find out more about the numbers matter campaign



Where is MS most prevalent?

To compare MS across countries and regions of different sizes, prevalence is shown as the number of people living with MS per 100,000 population. The latest global prevalence rate is 38 per 100,000.

MS affects people in every region of the world, although prevalence rates vary widely. Prevalence is highest in Europe and the Americas and lowest in Africa, the Western Pacific and South-East Asia. Higher prevalence estimates are also reported in high-income countries.



The reasons for these differences are complex. Some variation may reflect genuine differences in MS risk, influenced by factors such as smoking, obesity, vitamin D levels, and genetics. However, reported prevalence rates are also affected by how well countries can diagnose and record cases. A 2022 global study⁶ found that reported prevalence was strongly associated with health expenditure per capita, suggesting that differences in healthcare access and surveillance systems also influence prevalence estimates.

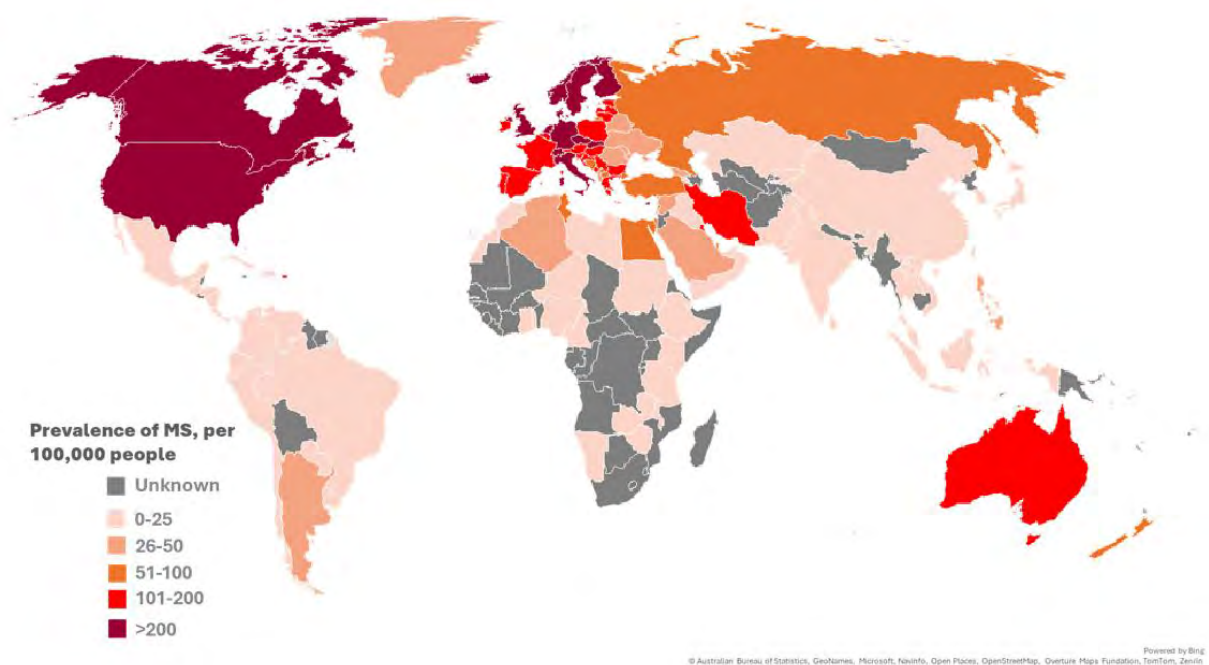
⁶ Hwang S, Garcia-Dominguez MA, Fitzgerald KC, Saylor DR. Association of Multiple Sclerosis Prevalence With Sociodemographic, Health Systems, and Lifestyle Factors on a National and Regional Level. *Neurology*. doi:10.1212/WNL.0000000000200962 <https://www.neurology.org/doi/10.1212/WNL.0000000000200962>

Does where you live affect MS risk? Exploring latitude and sunlight



Geography may help explain some of the global variation in MS prevalence. Countries further from the equator (at higher latitudes) receive less ultraviolet B (UVB) sunlight, particularly during winter. UVB helps the body produce vitamin D, which plays an important role in the immune system and is thought to influence MS risk. However, geographic patterns may also reflect differences in ancestry, diagnosis, surveillance, healthcare access and reporting.

Research has consistently found higher MS prevalence in countries further from the equator, where sunlight exposure and vitamin D levels tend to be lower. The Atlas data shown below support this pattern.



The relationship is also seen within countries, studies from Australia⁷, China⁸ and New Zealand⁹ have reported higher MS prevalence in regions further from the equator.

Latitude is unlikely to be the only factor influencing MS prevalence. As discussed previously, a range of factors likely contribute to the patterns observed between countries.

⁷ MS Research Australia, Health Economic Impact of MS in Australia 2017. 2017:15. URL: www.msra.org.au/wp-content/uploads/2018/08/health-economic-impact-of-ms-in-australia-in-2017_ms-research-australia_web.pdf

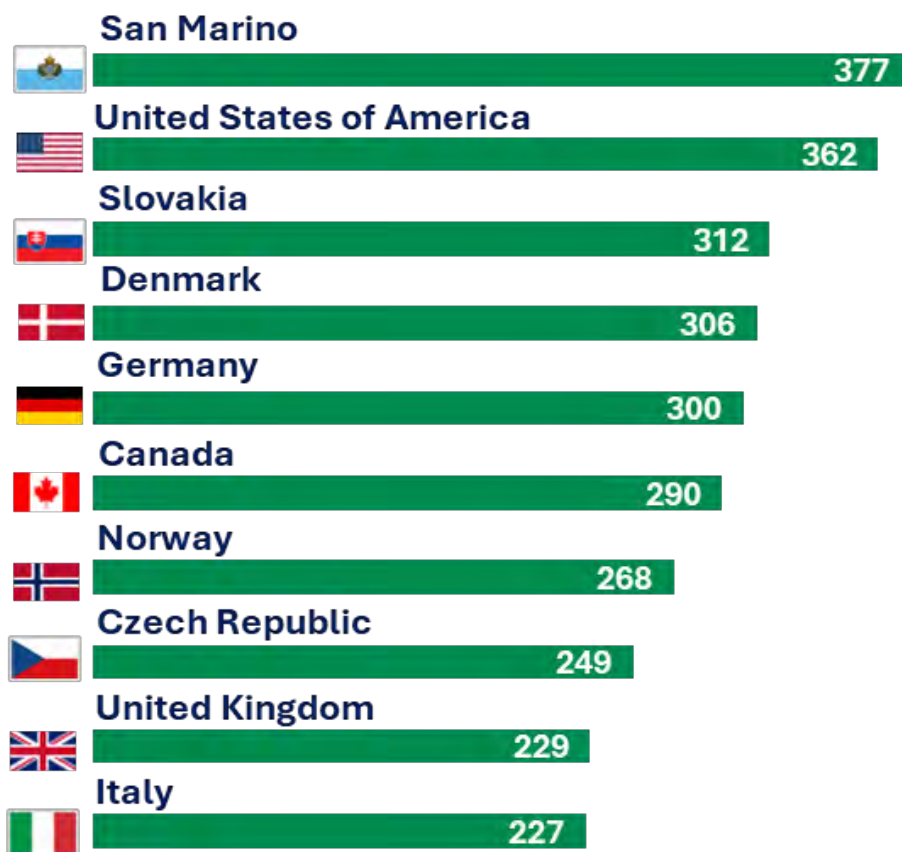
⁸ Jia D, Zhang Y, Yang C. The incidence and prevalence, diagnosis, and treatment of multiple sclerosis in China: a narrative review. *Neurological Sciences*. 2022;43:4695–4700. doi:10.1007/s10072-022-06126-4 URL: <https://link.springer.com/article/10.1007/s10072-022-06126-4>

⁹ Sabel CE, Pearson JF, Mason DF, Willoughby E, Abernethy DA, Taylor BV. The latitude gradient for multiple sclerosis prevalence is established in the early life course. *Brain*. 2021;144(7):2038–2046. doi:10.1093/brain/awab104 URL: <https://academic.oup.com/brain/article/144/7/2038/6168130>

Top 10 countries by prevalence rate

The highest reported prevalence estimates are found in Europe and North America, where diagnostic infrastructure is strong and MS registries are often well established.

Top 10 countries – by prevalence rate (per 100,000 people)



These figures help us understand where MS is most commonly found, although differences in case detection and reporting should be considered when comparing countries.

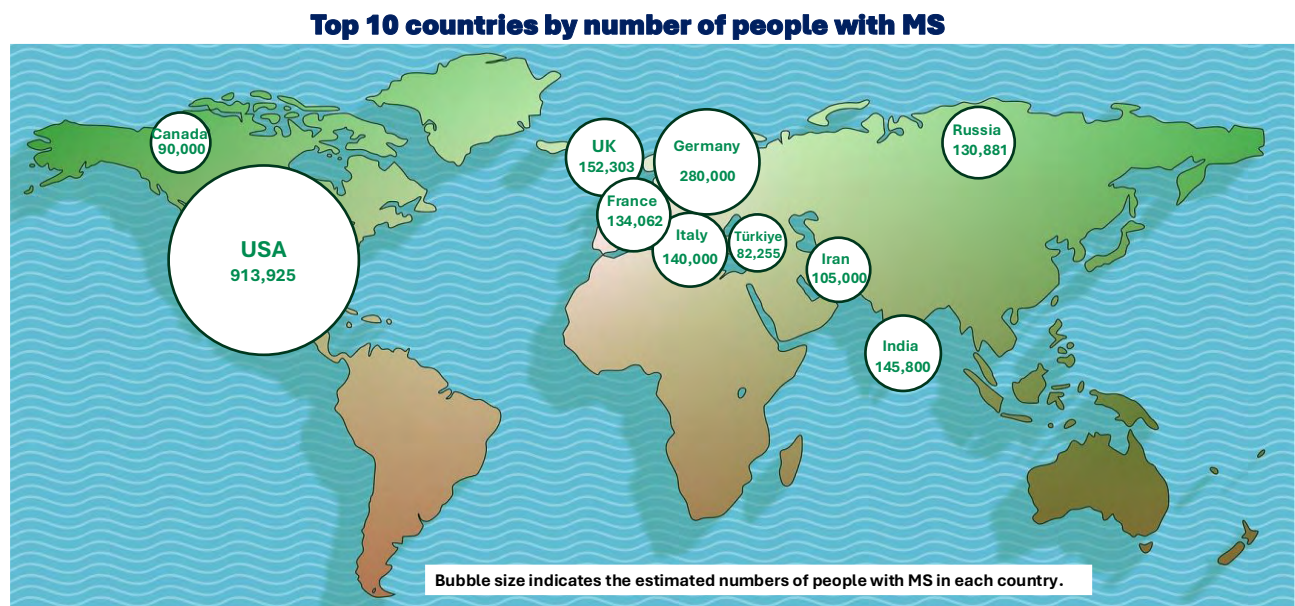


The Atlas of MS encouraged us to take a closer look at our own data. International comparisons helped us identify unexpected differences, better understand our results, and highlight where improvements may be needed. This opportunity to learn from other countries is one of the Atlas's greatest strengths. High-quality data are essential for planning services, supporting research, and ensuring that people with MS receive the care they need.

Herbert Temmes, CEO
German MS Society (Deutsche Multiple Sklerose Gesellschaft, Bundesverband e.V. [DMSG])

Top 10 countries by total number of people with MS

The map below shows the top 10 countries by estimated number of people with MS, with bubble size indicating the scale of the MS population in each country.



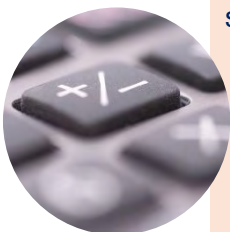
In this context, total national population size becomes a key factor, which alters the rankings. The United States now tops the list by a wide margin, reflecting the combination of its large population and relatively high prevalence. Germany, the United Kingdom (UK), India, and Italy make up the remaining top 5 countries.

India's inclusion in the top five countries by number of people with MS, despite a lower prevalence rate, highlights the importance of considering both prevalence rates and absolute numbers when planning services and allocating resources.

Understanding the difference: rate vs. number

Both prevalence rates and total numbers matter. Prevalence rates help us compare across countries, while absolute numbers are essential for planning services, allocating resources, and understanding the scale of need.

- Prevalence rate (per 100,000) shows how common MS is in a population, allowing comparisons across countries of different sizes.
- Total number of people with MS reflects the actual need in a country or region and is vital for resource allocation and service planning.



Using prevalence data to plan MS services in the UK: The UK MS Society experience

In 2020, Public Health England, working in partnership with the UK MS Society, published a data briefing estimating that 105,800 people in England were living with MS, equivalent to 190 per 100,000 population. This was the first national estimate based on anonymised primary care records and aimed to support local health commissioners and service providers in planning services for people with MS.

Subsequent analyses have shown that the number of people living with MS in the UK continues to rise. In 2024, updated estimates indicated that more than 150,000 people were living with MS across the UK, highlighting the growing demand for neurological care and support.

The UK MS Society has used this prevalence data to:

- Highlight the growing number of people living with MS and the implications for health and social care services.
- Advocate for increased investment in neurology services, including more neurologists and MS nurses.
- Support NHS workforce and service planning by demonstrating regional variation and growing demand for specialist care
- Strengthen the evidence base for long term planning and continued investment in data infrastructure, including the UK MS Register.

This case study shows how prevalence data can directly inform health system planning and support advocacy for more equitable MS services.



Tracking change: How MS prevalence has shifted over time



MS prevalence is rising globally. The number of people living with MS has increased from around **1.8 million in 2013 to 3.1 million today**, while global prevalence per 100,000 people increased from 25 to 38. To enable more consistent comparisons over time, the 2013 estimate¹⁰ has been recalculated using the same methodology as the latest Atlas update. As a result, it differs from the figure originally reported in the 2013 Atlas.

Several factors are likely behind this rise. These include earlier and more accurate diagnosis, partly driven by changes to diagnostic criteria over that time period, people living longer with MS due to improvements in care and treatments, growing awareness, stronger data collection systems and population growth. A contribution from changes in disease risk cannot be ruled out.¹¹

This pattern is consistent with findings from many national and regional studies. Although the size of the increase varies between countries and regions, most report rising prevalence.



Are more people developing MS?

Right now, we can't say for sure. It is difficult to determine whether rising prevalence reflects an increase in the risk of developing MS, improvements in diagnosis and case ascertainment, longer survival, or a combination of these factors. Further research is needed to better understand the drivers of these trends.



Why prevalence data matters

Prevalence data tell us how many people are living with MS and where they live. This information is essential for understanding the scale of MS, identifying inequalities between countries and populations, and monitoring how the burden of MS changes over time.

By comparing prevalence across regions, countries, and population groups, researchers can explore factors that may influence MS risk and identify important gaps in diagnosis and access to care. Understanding trends over time can also help determine whether increases in prevalence reflect improvements in diagnosis and survival, changing population demographics, or shifts in underlying disease risk.

For governments, healthcare providers, and MS organisations, prevalence data are critical for planning services, allocating resources, forecasting future demand, and ensuring that people with MS can access the care and support they need. They also provide a powerful evidence base for advocacy, helping demonstrate the real-world impact of MS and supporting efforts to improve policy, investment, and health system capacity.

¹⁰ The estimate originally reported in the 2013 Atlas was 2.3 million. To enable more consistent comparisons over time, the 2013 estimate was recalculated using the latest Atlas methodology, resulting in a revised estimate of 1.8 million. The updated methodology better accounts for regional variation in MS prevalence by using geographically similar subregions when country data are unavailable.

¹¹ Koch-Henriksen N, Magyari M. Apparent changes in the epidemiology and severity of multiple sclerosis. *Nature Reviews Neurology*. Nov 2021;17(11):676-688; doi:10.1038/s41582-021-00556-y URL: <https://www.nature.com/articles/s41582-021-00556-y>



Who gets MS: demographic insights

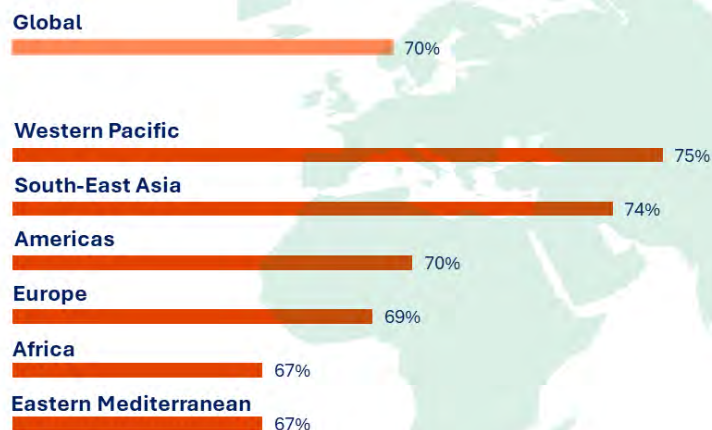
Sex differences in MS

Globally, **7 in 10 people with MS are women**. That means women are **2 to 3 times more likely** to be diagnosed with MS than men. This pattern holds true across all regions and income levels.



In some parts of the world, like the Western Pacific and South-East Asia, the gap is even wider, with around three females diagnosed with MS for every male. Across individual countries, the proportion of women with MS ranges from around 30% to almost 90%, highlighting substantial variation in reported female-to-male ratios worldwide.

Percentage of people with MS who are female - WHO region



These figures are based on median values, which better reflect typical patterns across regions, especially when the data is skewed and reflects data from 113 countries reporting sex- breakdown in MS cases

The reasons why MS affects more women than men are not fully understood. Researchers attribute this to a combination of hormonal¹² and genetic¹³, differences in how the immune system functions between the sexes¹³, and differing social, lifestyle, and environmental exposures¹⁴.

¹² Russi AE, Ebel ME, Yang Y, Brown MA, IL-33, and sex-dimorphic immune responses. Proceedings of the National Academy of Sciences. Feb 2018;115 (7) E1520-E1529; doi: 10.1073/pnas.1710401115 URL: <https://www.pnas.org/content/115/7/E1520.short?rss=1>

¹³ Voskuhl RR, Sawalha AH, Itoh Y. Sex chromosome contributions to sex differences in multiple sclerosis susceptibility and progression. Multiple Sclerosis. 2018;24(1):22-31. doi:10.1177/1352458517737394 URL: <https://pubmed.ncbi.nlm.nih.gov/29307297/>

¹⁴ Krysko KM, Graves JS, Dobson R, Altintas A, et al. Sex effects across the lifespan in women with multiple sclerosis. Therapeutic Advances in Neurological Disorders. 2020;13:1756286420936166. doi:10.1177/1756286420936166 URL: <https://journals.sagepub.com/doi/10.1177/1756286420936166>

Is the female-to-male distribution in for MS changing?

Atlas data suggest that the overall female-to-male distribution has remained broadly stable over time, although regular updates are not available from all countries. However, studies from several countries¹⁵ have reported a rising female-to-male ratio in MS diagnoses, suggesting the difference may be widening. Researchers believe this trend reflects a combination of biological, environmental and societal factors¹⁶. Over time, shifts in work, family life, and health behaviours, such as changes in reproductive patterns, diet, and time spent outdoors, may all have influenced how MS risk appears in different populations.

Why understanding differences between men and women matters



MS is more common in women than men, but each groups may face different challenges. Women are more likely to be diagnosed, yet studies show they often face delays in care due to cultural, financial, or systemic barriers. A recent study¹⁷ across 61 low- and middle-income countries found that two-thirds of women face general healthcare access problems, with the biggest challenges reported in Africa, the Middle East, and Latin America. Men, while fewer in number, may experience faster disease progression and worse outcomes. Research¹⁸ shows that men with MS are more likely to develop disability earlier and progress more rapidly.

Understanding these differences helps:

- Improve access to diagnosis and treatment for everyone
- Support research into why MS affects people differently
- Ensure services meet the needs of both women and men

“ RECOGNISING DIFFERENCES BETWEEN MEN AND WOMEN CAN HELP MAKE MS RESEARCH, SERVICES AND SUPPORT MORE INCLUSIVE.

¹⁵ Krysko KM, Graves JS, Dobson R, Altintas A, et al. Sex effects across the lifespan in women with multiple sclerosis. *Therapeutic Advances in Neurological Disorders*. 2020;13:1756286420936166. doi:10.1177/1756286420936166 URL: <https://journals.sagepub.com/doi/10.1177/1756286420936166>

¹⁶ Kazemi Moghaddam V, Dickerson AS, Bazrafshan E, et al. Socioeconomic determinants of global distribution of multiple sclerosis: an ecological investigation based on Global Burden of Disease data. *BMC Neurology*. 2021;21:145. doi:10.1186/s12883-021-02170-3 URL: <https://bmcneurol.biomedcentral.com/articles/10.1186/s12883-021-02170-3>

¹⁷ Terefe B, Workneh BS, Zeleke GA, et al. Uncovering women's healthcare access challenges in low- and middle-income countries using mixed effects modelling approach: Insights for achieving the Sustainable Development Goals. *PLOS ONE*. 2025;20(1):e0314309. doi:10.1371/journal.pone.0314309 URL: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0314309>

¹⁸ Ribbons KA, McElduff P, Boz C, Trojano M, et al. Male sex is independently associated with faster disability accumulation in relapse-onset MS but not in primary progressive MS. *PLoS ONE*. 2015;10(6):e0122686. doi:10.1371/journal.pone.0122686 URL: <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0122686>

Children and teenagers can also get MS



Although MS is most commonly diagnosed in adults, children and teenagers can also be affected. Data from 59 countries indicate that at least 40,000 people under the age of 18 are living with MS in the latest Atlas update compared with around 30,000 in 2020 (47 countries) and 7,000 in 2013 (34 countries). The increase likely reflects greater awareness of pediatric MS, earlier diagnosis, improved surveillance and a growing number of studies in this population. However, a contribution from changes in disease risk cannot be ruled out.

A separate analysis of Atlas of MS data from 2020–2022¹⁹ estimated the global prevalence of pediatric MS at 1.5 per 100,000 children and adolescents. Countries with few or no pediatric MS specialists tended to report lower prevalence, suggesting that underdiagnosis and under-recognition remain important challenges. Strengthening specialist services and surveillance systems is therefore critical to ensure timely diagnosis and equitable access to care.

Despite progress, pediatric MS data remain limited. International comparisons are complicated by differences in how countries define childhood and record age. Some data systems, for example, cannot distinguish between age at diagnosis and current age, making it difficult to separate pediatric-onset MS from the number of children and teenagers currently living with MS. Standardised definitions and improved data collection are needed to ensure that young people with MS are accurately counted and supported.

Why understanding MS in children and teenagers matters



Diagnosing MS in young people can be challenging because the condition is less common and symptoms may resemble those of other childhood illnesses. Early diagnosis and treatment can improve long-term outcomes and help children and teenagers remain active, engaged, and supported in education and daily life.

👉 CHILDREN WITH MS EXIST, THEIR NEEDS ARE DIFFERENT, AND HEALTH SYSTEMS NEED TO RECOGNISE AND SUPPORT THEM.

Understanding how many children and teenagers are affected by MS helps countries to:

- Plan pediatric neurology and MS services.
- Improve access to timely diagnosis and treatment.
- Identify gaps in specialist care.
- Support advocacy, research and resource planning.
- Ensure that children and teenagers with MS are not overlooked.

The International Pediatric Multiple Sclerosis Study Group (IPMSSG) continues to play a key role in improving the diagnosis, care and understanding of pediatric MS worldwide.

¹⁹ Gombolay G, Johnson L, King R, Hebert M, Banwell B, Chitnis T, Helme A. Worldwide epidemiology of paediatric multiple sclerosis: data from the Multiple Sclerosis International Federation Atlas of MS, third edition. *Journal of Neurology, Neurosurgery & Psychiatry*. 2023;96(8):814–820. doi:10.1136/jnnp-2022-330994 URL: <https://jnnp.bmj.com/content/96/8/814>



New MS diagnoses: Why incidence matters



What is incidence

- Incidence refers to the number of new people diagnosed with MS during a specific period (usually one year).
- While prevalence tells us how many people are living with MS, incidence helps us understand whether the risk of developing MS may be changing over time. However, improvements in diagnosis and reporting can also affect incidence figures.

Global snapshot

Incidence data were available from 91 countries in the latest update, up from 75 in 2020, covering 70% of the global population. Important gaps remain, particularly in lower-income countries.



Across reporting countries, more than 120,000 people are diagnosed with MS each year (2.1 per 100,000 people), around 330 new diagnoses every day, or one every 4.4 minutes. The true figure is likely higher, as many countries cannot provide incidence data.

Incidence trends: rising risk or better detection

At a global level, incidence does not show a clear trend. Instead, the picture varies, with some countries reporting increases in new cases, whilst others report decreases, making global interpretation challenging.

Changes in incidence may reflect improvements in diagnosis, awareness, data collection and reporting, rather than changes in disease risk alone. However, a contribution from changing environmental, genetic or other risk factors cannot be ruled out. Further research is needed to better understand these patterns.



Why understanding incidence over time matters

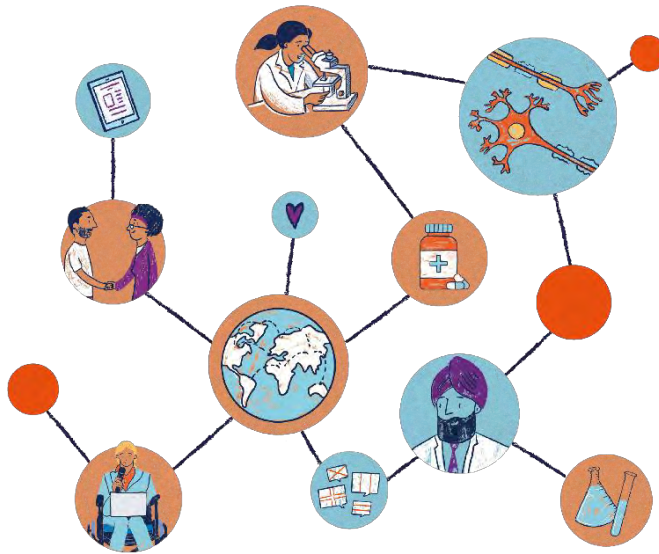
Incidence tells us how many people are newly diagnosed with MS each year. While prevalence helps us understand the current burden of MS, incidence helps us understand how that burden may change in the future. Tracking incidence helps countries to:

- Monitor trends in new MS diagnosis.
- Investigate factors that may influence MS risk.
- Support earlier diagnosis and awareness.
- Plan future health service needs.

👉 UNDERSTANDING WHO IS BEING DIAGNOSED WITH MS TODAY HELPS HEALTH SYSTEMS PREPARE FOR THE NEEDS OF TOMORROW.

Concluding remarks

“WE CAN’T IMPROVE WHAT WE DON’T MEASURE.”



This latest update from the Atlas of MS marks a step forward in our understanding of MS worldwide, with more data from low-income and African countries than ever before. But important gaps remain and without better data, people with MS risk being left behind.

Epidemiological data are a powerful tool for change. By collecting comparable data across countries, the Atlas helps identify gaps, strengthen surveillance, benchmark progress, and support advocacy for better policies, fairer access to care, and stronger health systems.

Looking ahead, the 2024 McDonald criteria represent a potentially important change in the diagnosis of MS. As the revised criteria are adopted in clinical practice, the number of recorded diagnoses may initially rise because some people can be diagnosed earlier. For example, people with radiologically isolated syndrome (RIS), where MRI scans show changes suggestive of MS before symptoms develop, may now meet the criteria for an MS diagnosis, provided the full diagnostic requirements are met and alternative explanations have been excluded. The findings presented in this report therefore provide an important baseline against which the impact of these changes can be measured.

This reinforces the need for ongoing surveillance and regular updates to global datasets like the Atlas of MS. We hope the MS movement will use the Atlas to drive improvements in diagnosis, treatment and support for people affected by MS.



A heartfelt thank you to the country coordinators and contributors whose time, expertise, and dedication makes the Atlas of MS possible.



Let us know how the Atlas has supported your advocacy to improve MS healthcare. Your ideas and experiences might inspire others to drive change in their own countries. Please get in touch via atlas@msif.org.

 **TOGETHER WE'RE STRONGER THAN *ms***

The Atlas of MS uses a collaborative, expert-led approach to gather the latest data on MS prevalence and incidence worldwide. The latest Atlas update is based primarily on data collected in 2024 and forms the basis of this 2026 report. It builds on the 3rd edition (2020), and focuses on five core epidemiological indicators:

- Prevalence (number and rate)
- Prevalence by sex
- Pediatric prevalence
- Incidence (number and rate)
- Incidence by sex

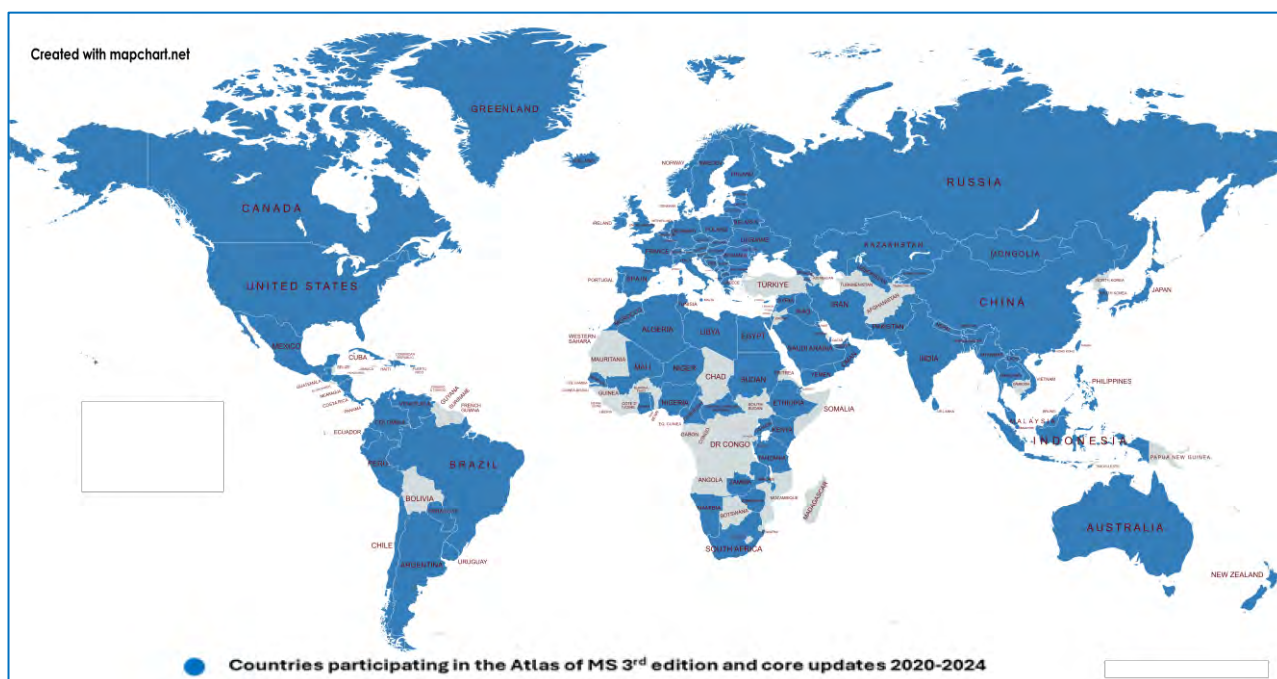
To reduce reporting burden and encourage participation Country Coordinators (MS experts) were invited to review and update their previous submissions or confirm that existing data remained the best available.

Global reach



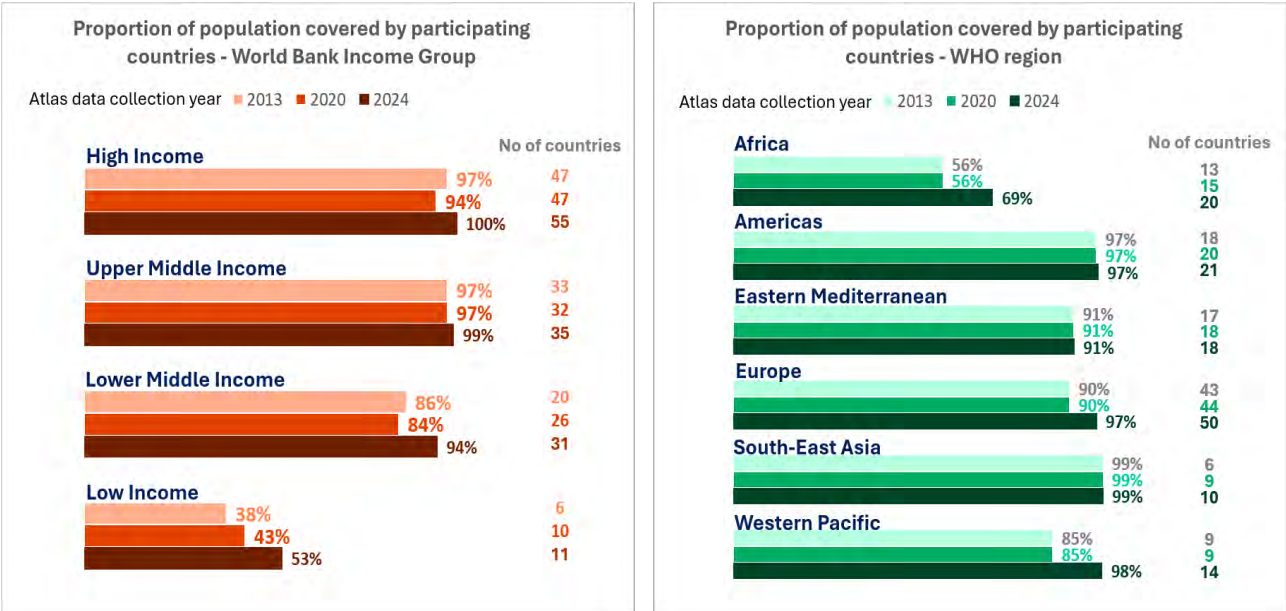
- **Latest update, includes 133 countries, representing 93% of the world's population:**
 - o 94 updated or confirmed data
 - 7 of these are new contributors to the Atlas 3rd edition (Brunei Darussalam, Greenland, Senegal, Slovakia, Uzbekistan, Vietnam, Zimbabwe)
 - 39 countries retained data from 2020 or the 2022 Atlas update

Participating countries are shown in the map below:



Expanded coverage across WHO regions and World Bank income groups

More countries than ever contributed data to the Atlas, including improved participation from low-income countries and countries in the African region. This expanded coverage reflects the Atlas's commitment to inclusivity and its success in engaging underrepresented regions. It helps create a complete and more representative picture of MS worldwide and strengthens the reliability of global estimates.



Data availability varied by indicator. Prevalence and sex-disaggregated prevalence were reported by more countries than pediatric prevalence and incidence, which remain important evidence gaps.

The Atlas of MS draws on data submitted directly by clinicians, researchers, registry leads and MS organisations. Sources include national registries, clinical databases and expert consensus. All submissions underwent validation and consistency checks in collaboration with national experts.

For overall prevalence estimates, a small number of countries without available data were assigned estimated values. Other analyses, including pediatric MS, incidence, sex-specific analyses and regional comparisons, are based only on reported data.





Data limitations and interpretation

Although the Atlas of MS is one of the most comprehensive global sources on MS epidemiology, some limitations should be considered:

- **Surveillance challenges:** Several countries lack robust tracking systems and rely on patient records or expert estimates where formal data sources are unavailable.
- **Methodological variation:** MS estimates may be generated using different sources of information, including prescription data, insurance claims, hospital records, registries, and surveys. Data may come from public and/or private systems, depending on how healthcare is organised and some countries report older data than others. These differences complicate comparisons even among high-income nations.
- **Coverage and data gaps:** While data availability has improved, not all countries were able to provide data for every indicator. Gaps remain, particularly for pediatric MS and incidence data.
- **Comparability over time:** Changes in country participation, and differences in data sources/methodology make comparisons with previous editions challenging.

Despite these limitations, the Atlas of MS provides a reasonably reliable and up-to-date picture of global MS epidemiology. It provides a strong foundation for improving surveillance, guiding policy and strengthening advocacy. We hope it will also encourage further investment in data collection and more consistent monitoring of MS worldwide.



How Atlas of MS compares to Global Burden of Disease (GBD)

The Atlas of MS and the Global Burden of Disease (GBD) are complementary sources of global MS data.

The Atlas relies primarily on data submitted by national experts and registries, while GBD uses statistical modelling and published studies.

Together, they provide valuable insights into the global burden of MS.



About Multiple Sclerosis International Federation

MS International Federation (MSIF) is a global movement of MS organisations, created by and for people affected by MS. By connecting, collaborating, and learning from one another, we drive progress in MS care, research, and advocacy. Together, we mobilise resources and build partnerships to achieve more than any single organisation could alone.

Our vision is **a world without MS**, guided by three strategic aims:



Aim 1 Advance scientific understanding

We support global research collaborations including the Progressive MS Alliance and the global PROMS Initiative, and produce the Atlas of MS, a key global resource on MS epidemiology, diagnosis, and care that informs research, policy, and advocacy.

Aim 2 Improve access to care and support

We advocate for equitable access to diagnosis, treatment and care, including updates to the WHO Essential Medicines List and multilingual resources.

Aim 3 Strengthen the global MS movement

We support MS organisations in underrepresented regions and unite the global community through initiatives like World MS Day.

Our international reach

MSIF currently includes 48 member organisations across 45 countries, with many more connected through partnerships and projects. Our members are at the heart of everything we do, shaping and driving progress through shared knowledge and collaboration.



Find out more about our work at www.msif.org

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