FIRST WHO MINISTERIAL CONFERENCE ON

GLOBAL ACTION AGAINST DEMENTIA

16-17 MARCH 2015, GENEVA, SWITZERLAND

MEETING REPORT

World Health Organization

FIRST WHO MINISTERIAL CONFERENCE ON

GLOBAL ACTION AGAINST DEMENTIA

16-17 MARCH 2015, GENEVA, SWITZERLAND

MEETING REPORT

World Health
Organization

WHO Library Cataloguing-in-Publication Data

First WHO ministerial conference on global action against dementia: meeting report, WHO Headquarters, Geneva, Switzerland, 16-17 March 2015.

1.Dementia – prevention and control. 2.Health Priorities. 3.National Health Programs. I.World Health Organization.

ISBN 978 92 4 150911 4
(NLM classification: WM 200)

© World Health Organization 2015

All rights reserved. Publications of the World Health Organization are available on the WHO website (www.who.int) or can be purchased from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: bookorders@who.int).

Requests for permission to reproduce or translate WHO publications –whether for sale or for non-commercial distribution– should be addressed to WHO Press through the WHO website (www.who.int/about/licensing/copyright_form/en/index.html). The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Printed by the WHO Document Production Services,
Geneva, Switzerland

CONTENTS

ACKNOWLEDGEMENTS

This report follows the ‘First Ministerial Conference on Global Action Against Dementia’; organized by the World Health Organization (WHO) with support from the Department of Health of United Kingdom and the Organisation for Economic Co-operation and Development (OECD).

We extend our warm gratitude to all who attended: delegates from Member States, representatives from UN Offices and other Intergovernmental Organizations, Non-Governmental Organizations (NGOs) and Civil Societies, Foundations, Academia, Institutions and WHO Collaborating Centres.

SPEAKERS AND MODERATORS

In particular we gratefully acknowledge the speakers, panellists and moderators who shared their insights throughout the conference. In alphabetical order: Daisy Acosta (Alzheimer’s Disease International), Kokou Agoudavi (Ministry of Health, Togo), Tareef Bin Yousef Alaama (Ministry of Health, Saudi Arabia), Adel Al-Owfi (Ministry of Health, Bahrain), Philippe Amouyel (Joint Programme for Neuro-degenerative Disease, France), María Esther Anchía Angulo (Ministry of Health, Costa Rica), Chris Baggoley (Department of Health, Australia), Sona Bari (WHO), Ioannis Baskozos (Ministry of Health, Greece), John Beard (WHO), Alain Beaudet (Canadian Institutes of Health Research, Canada), Karim Berkouk (European Commission, Brussels), Wang Bin (Bureau of Disease Control and Prevention, China), Kees van der Burg (Ministry of Health, Welfare and Sport, Netherlands), Alistair Burns (NHS England, United Kingdom), Justyne Caruana (Ministry for the Family and Social Solidarity, Malta), Marijan Cesarik (Ministry of Health, Croatia), Margaret Chan (WHO), Sirintorn Chansirikarnjana (Ramathibodi Hospital, Thailand), Oleg Chestnov (WHO), Tarun Dua (WHO), Tania Dussey-Cavassini (Federal Office of Public Health, Switzerland), Hilary Doxford (United Kingdom), Michael Ellenbogen (USA), Melvyn Freeman (Ministry of Health, South Africa), Gaya Gamhewage (WHO), Anil Kumarsingh Gayan (Ministry of Health, Mauritius), Alla Borisovna Gekht (Academic and Research Psychoneurological Centre, Russian Federation), Dennis Gillings (World Dementia Envoy, United Kingdom), Ricardo Goti (Ministry of Health, Panama), Riadh Gouider (Razi Hospital, Tunisia), Katsunori Hara (Ministry of Health, Labour and Welfare, Japan), Hermann Gröhe (Federal Ministry of Health, Germany), Pamela Hamamoto (Permanent Representative of the United States, Geneva), Étienne Hirsch (Research and Innovation, France), Richard Hodes (National Institutes of Health, USA), Jeremy Hunt (Department of Health, United Kingdom), Ussene Isse (Ministry of Health, Mozambique), Yves Joanette (Canadian Institutes of Health Research, Canada), Harry Johns (Alzheimer’s Association, USA), Yoonsoon Jung (Ministry of Health and Welfare, Republic of Korea), Miia Kivipelto (Karolinska Institutet, Sweden), Stefan Kapferer (OECD), Rosa Kornfeld-Matte (Independent Expert on the enjoyment of all human rights by older persons, mandated by UN Human Rights Council), Alberto Larrain (Ministry of Health, Chile), Raj Long (Bill & Melinda Gates Foundation, USA), Ladislav Miko (European Commission, Brussels), Lydia Mutsch (Ministry of Health, Luxembourg), Sibongile Ndlela-Simelane (Ministry of Health, Swaziland), Lisbeth Normann (Ministry of Health and Care Services, Norway), Mark Pearson (OECD), Ronald Peterson (Mayo Clinic, USA), Dirk Pilat (OECD), Anne Margriet Pot (WHO), Martin Prince (Institute of Psychiatry, United Kingdom), Trisa Wahjuni Putri (Centre for Health Intelligence, Indonesia), Lembit Rägo (WHO), Vijayalakshmi Ravindranath (Indian Institute of Science, India), Martin Rossor (Dementia Research Centre, United Kingdom), Jon Rouse (Department of Health, United Kingdom), Jacob Roy Kuriakose (Alzheimer’s Disease International, India), Perminder Sachdev (Centre for Healthy Brain Ageing, Australia), Shekhar Saxena (WHO), Dorcas Shirley Sithole (Mental Health Services, Zimbabwe), Kate Swaffer (Dementia Alliance International, Australia), Kenji Toba (National Centre for Geriatrics and Gerontology, Japan), Senendra Raj Upreti (Ministry of Health and

Population, Nepal), Huali Wang (WHO/Beijing Collaborating Centre for Research and Training in Mental Health, China), Lyonpo Tandin Wangchuk (Ministry of Health, Bhutan), Gabriel Wikström (Ministry of Health and Social Affairs, Sweden), John Williams (the Wellcome Trust, United Kingdom) and Marc Wortmann (Alzheimer's Disease International, United Kingdom).

DEPARTMENT OF HEALTH, UNITED KINGDOM

Sara Allen, Gill Ayling, Zoltan Bozoky, Suzanne Clabby, Becky Farren, Helena Feinstein, Nicola Hamilton, Matthew Harpur, Luke Heighway, Anna Hepburn, Helen Jones, Siobhan Jones, Liz Magnan, Lee McGill, Kirsty O'Donnell, Jon Rouse, Penny Turner and Katie Spenceley.

ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT (OECD)

Francesca Colombo, Hermann Garden, Stefan Kapferer, Tim Muir, Mark Pearson, Dirk Pilat and Elettra Ronchi.

WHO SECRETARIAT

We would like to acknowledge the efforts of the following colleagues for their support in the organization and coordination of the conference preceding this report:

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE

Katerina Ainali, Guilherme Borges, Felicity Brown, Kenneth Carswell, Daniel Chisholm, Nicolas Clark, Natalie Drew, Tarun Dua, Alexandra Fleischmann, Elise Gehring, Michelle Funk, Fahmy Hanna, Melissa Harper, Kenneth Langa, Adeline Loo, Divina Maramba, Grazia Motturi, Jane Nyarwaya, Laura Pacione, Paule Pillard, Anne Margriet Pot, Vladimir Poznyak, Dag Rekve, Maria Renstrom, Ophelia Riano, Patricia Robertson, Shekhar Saxena, Chiara Servili, Brooke Short, Elizabeth Tablante and Mark van Ommeren.

AUDIO-VISUAL AND COMMUNICATION

Christopher Black, Alison Brunier, Kimberly Chriscaden, Jean-Marc Stephanie Glinz, Violaine Martin and Sarah Catherine Russell.

CONFERENCE AND EVENT ORGANIZATION

Christophe Blondel, Calissi Laurent, Jean-Pierre Mercier and Reja Sarkis.

INTERNS

Marie Baudel, Salimah Champsi, Anais Collin, Emma Craddock, Maroua Daly, Joana Flores, Lingzi Luo, Sarah Pais, Sergio Scro, Emily Shearer, Abbie Taylor and Alessandra Trianni.

REPORT COMPILATION AND EDITING

Shekar Saxena (Director, Department of Mental Health and Substance Abuse) provided overall guidance and supervision. This document was compiled under the supervision of Tarun Dua (Medical Officer, Department of Mental Health and Substance Abuse). Special thanks to Cynthia Duggan, Rosa Heller, Kavitha Kolappa, Grazia Motturi, Ophelia Riano, Laura Shields, Elizabeth Tablante for their assistance with the report compilation and editing.

GRAPHIC DESIGN

Erica Lefstad

SPEECH BY MARGARET CHAN

DIRECTOR-GENERAL, WORLD HEALTH ORGANIZATION

Honourable ministers, ambassadors, distinguished scientists, colleagues in the UN system, representatives of civil society organizations and foundations, ladies and gentlemen, I thank the Government of the United Kingdom, and particularly the Secretary of State, for taking a leadership role on dementia and for supporting us in organizing this first-ever ministerial conference. I thank OECD for their technical support.

> “In 2010, the worldwide cost of dementia was estimated at US$ 604 billion per year. These costs are growing even faster than the prevalence of this disease.”

The world has plans for dealing with a nuclear accident, cleaning up chemical spills, managing natural disasters, responding to an influenza pandemic, and combatting anti-microbial resistance. But we do not have a comprehensive and affordable plan for coping with the tidal wave of dementia that is coming our way.

OECD gives three succinct reasons for elevating the priority given to dementia worldwide. Dementia has a large human cost. Dementia has a large financial cost. Both of these costs are increasing.

An estimated 47.5 million people are currently living with dementia. About 60% of this disease burden falls on low- and middle-income countries, which have the least capacity to cope. As population ageing continues to accelerate, the number of dementia cases is expected to nearly double every 20 years.

In 2010, the worldwide cost of dementia was estimated at US$ 604 billion per year. These costs are growing even faster than the prevalence of this disease.

At the personal level, the costs of care are catastrophic, especially as they are often paid for out-of-pocket. Lifetime savings are lost. The wages of informal caregivers are sacrificed as meeting the needs of a person with advanced dementia is a full-time job.

The costs of care go beyond financial outlays. Research shows that family members and other caregivers suffer from much higher rates of physical and mental disorders.

Ladies and gentlemen, I can think of no other disease that has such a profound effect on loss of function, loss of independence, and the need for care. I can think of no other disease so deeply dreaded by anyone who wants to age gracefully and with dignity. I can think of no other disease that places such a heavy burden on families, communities, and societies. I can think of no other disease where innovation, including breakthrough discoveries to develop a cure, is so badly needed.

Let me ask you. If wealthy countries are overwhelmed by the burdens and costs of dementia, what hope do low- and middle-income countries have?

In terms of a cure, or even treatments that can modify the disease or slow its progression, we are nearly empty-handed. Innovations to improve care and support are equally needed.

> “The job now is to weave these multiple strands of hope coming from multiple new initiatives into a comprehensive plan that can also work in low-resource settings.”

Cutting-edge technologies are being developed to help keep patients safe, signal problems, and relieve some of the burden on caregivers. Innovations are also needed to help patients manage the routines of daily life.

We need research to improve our understanding of opportunities for prevention. Many of the same risk factors for heart disease, cancer, and diabetes can increase the risk of dementia. The evidence for other causative factors is suggestive, but not yet conclusive. We need primary care providers who are trained to detect dementia early and introduce appropriate interventions. We need integrated models of care that include non-drug interventions, especially since the risk of over-medication is so great.

Giving dementia higher priority also means capturing the great collective wisdom of caregivers in a more systematic way, learning from each other. Fortunately, all of these needs are now being addressed.

Friends and colleagues, we have been running behind the curve with dementia for a long time. But several recent events tell us we are catching up. In 2012, WHO and Alzheimer’s Disease International jointly issued a report that explained why dementia must be treated as a global public health priority. The report set out a range of actions to improve care and services for people with dementia and their caregivers, and for countries to develop and implement dementia plans.

The G8 dementia summit, organized by the Government of the United Kingdom in December 2013, was a watershed event. Among its many achievements, the summit set out the bold ambition of doubling funding for dementia research and identifying a cure or disease-modifying therapy by 2025.That was a courageous and critically needed ambition. After a catalogue of repeated and costly failures, pharmaceutical companies are retreating from the search for a dementia cure. Research projects are being postponed or shelved because of the technical and financial risk of failure. The dementia summit was followed by a series of legacy events that have explored ways to break through some long-standing barriers to rapid product development. How to streamline, simplify, and harmonize regulatory approval. How to get research conducted in publicly-funded institutes working in synergy with research undertaken by the pharmaceutical industry. How to jump-start innovation when market forces fail.

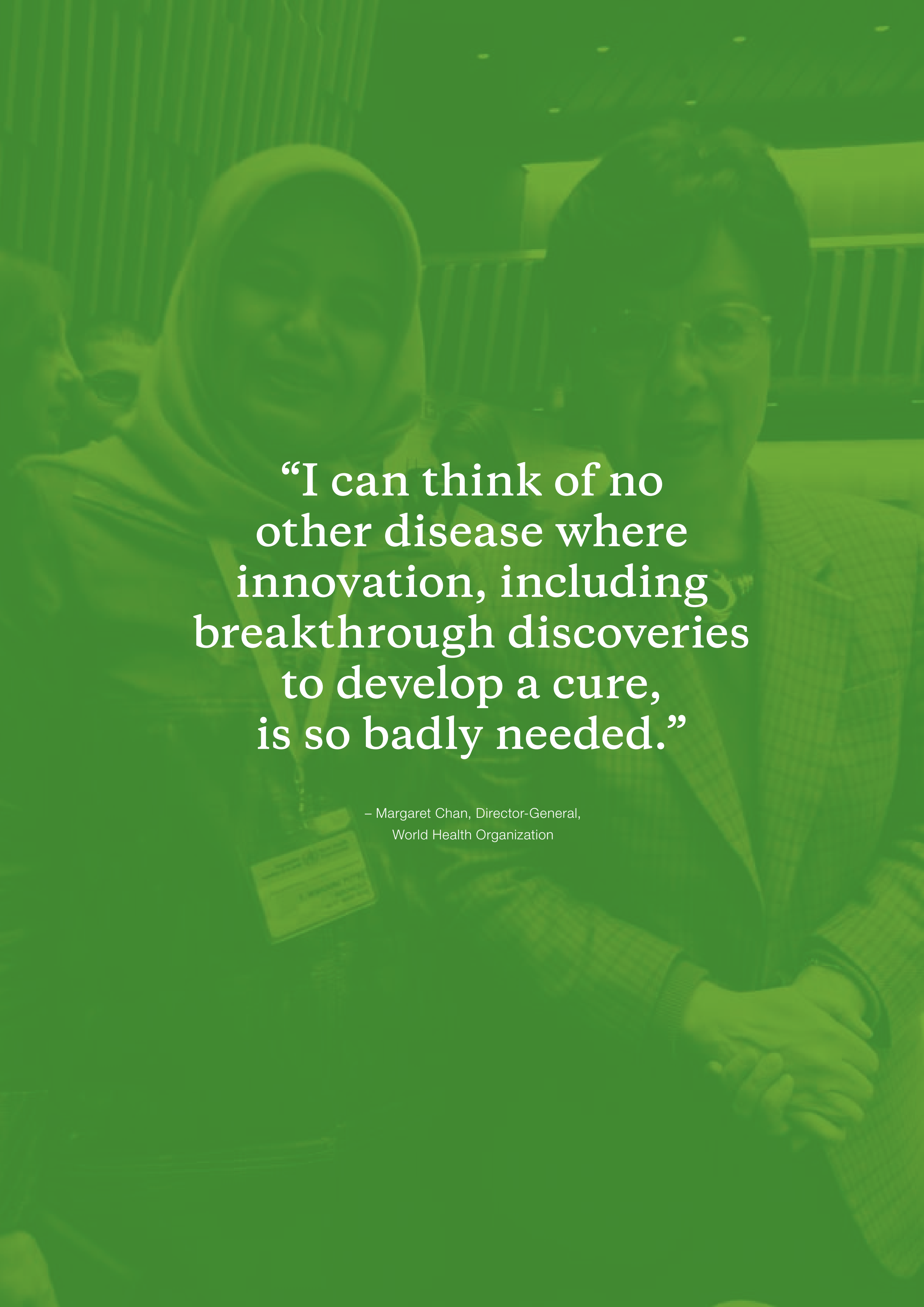
WHO is pleased to convene this First Ministerial Conference to exchange views and experiences and also to translate commitment into action. Seeing the number of Member States that have responded to our call, I feel confident that no country will feel left alone in tackling dementia. Yesterday, you heard about many promising initiatives that are acting on multiple fronts to meet the challenges of this extremely difficult, demanding, and devastating disease.

Urgency inspires invention. The solutions being proposed are foresighted as well as innovative, as they can carve out ways of pushing other badly needed medical products through discovery and regulatory approval and onto the market. But with the tidal wave of new cases poised to sweep over the world, we cannot wait to take action. The job now is to weave these multiple strands of hope coming from multiple new initiatives into a comprehensive plan that can also work in low-resource settings. The plan must be backed by strong political and government commitment expressed through resources and practical policies. Coping with dementia is also a health systems and social welfare issue. Planning must likewise consider the demands placed on these services.

We do not currently have the tools to stop the tidal wave. But we can cushion its impact as we continue to build a foundation for urgent action on multiple fronts.

Thank you.

Dr Margaret Chan,
Director-General, World Health Organization
17 March 2015



> “I can think of no other disease where innovation, including breakthrough discoveries to develop a cure, is so badly needed.”

– Margaret Chan, Director-General,
World Health Organization


Jeremy HUNT

SPEECH BY JEREMY HUNT

SECRETARY OF STATE, UNITED KINGDOM

Director-General, Ministers, distinguished guests.

I wonder if I can start by breaking WHO rules; I want to broadcast a commercial. You must go and see a film called *Still Alice*, which is the Hollywood film in which Julianne Moore won an Oscar for her absolutely remarkable portrayal of someone with early onset Alzheimer's. It's a wonderful film and it brings home the reality of dementia for many people: the way that it destroys people's confidence, destroys their careers, destroys their families, destroys their identity; the unique horribleness of dementia is that it puts as much pressure on families and carers as the people who actually have the condition themselves; the loss of dignity; the fact that we're not actually very good at dealing with dementia: not as societies, not as families, not as individuals. But what the film also shows very movingly is how dementia can actually bring families together as well as divide them. And in a way what we need to do today is to bring the world together to fight dementia. We have to do that because it is a global threat.

I want to thank you Director-General for your leadership. It's something that we have felt very strongly about in the United Kingdom, but you have been one of our strongest supporters. Because now one in every 140 people across the planet has dementia. Every 4 seconds someone new is being diagnosed with it. And this is a condition for which the WHO is the right forum because it's now beginning to affect developing countries more than the developed world. Dementia cases in Europe will double in the next few decades but in Asia they will triple, in Africa they will quadruple, in Latin America they will also quadruple. Director-General Margaret Chan mentioned the US$ 600 billion cost: this will literally bankrupt global health care systems if we do nothing.

But the good news is we're not doing nothing; we're actually starting to do a great deal. With the 2013 G8 dementia summit in London; with the leadership from Prime Minister Cameron and President Obama, setting the 2025 goal to find a cure or disease-modifying treatment; the legacy events that we've had in Canada, Japan, the United States [and] European countries; the work of the World Dementia Envoy. And I think we're starting now to really increase awareness inside healthcare systems: we've trained a quarter of a million people inside the NHS in England; I see in France the close links between the memory clinics and the research community; the innovations in improving care that you see with the dementia villages in the Netherlands; the remarkable dementia friends movement that we've worked closely with, with Alzheimer's society in the United Kingdom, which is now taking off. We've got a million dementia friends but it's Japan that really led the way on this: they've now got 5% of the population, the adult population, of Japan as dementia friends – 5 million dementia friends – but the US, Canada [and] Australia all have exciting programmes.

And then today's announcement that, for the first time, we've reached a global consensus as to how to bring together all of the information from clinical trials; so that we can coordinate it and make faster progress. And then the particularly exciting

> “… what we need to do today is to bring the world together to fight dementia. We have to do that because it is a global threat.”

> “The litmus test of our generation’s willingness to face up to the challenge of an aging population is whether now we take the decisions; now we do the difficult heavy lifting to make sure that by then we are able to look after older people on our planet with dignity and respect.”

announcement today of a US$ 100 million Fund initiated by the Government of the United Kingdom, partly backed by the Government of the United Kingdom, organized by J.P. Morgan with support from Alzheimer’s Research United Kingdom, GSK, Johnson and Johnson, Lilly, Pfizer and Biogen to promote preclinical work in dementia. This is a fantastic coming together of some of the world’s biggest pharmaceutical companies, governments and NGOs to try and break this log jam in Alzheimer’s research.

But the truth is we need to go a lot further. We still, across the world, diagnose probably less than half the people who have dementia. We still have too little knowledge about how to prevent dementia. This is the moment where I want to give you some advice from the NHS England clinical lead on dementia about how to prevent it. He says, for those of you who drink alcohol, a glass of wine a day prevents dementia; a bottle of wine a day causes it. Professor Alistair Burns is available later for any further questions on that topic. But the truth is, on a more serious note, we are still shockingly bad at looking after people with dementia. In my country, and I think many countries, there are too many care homes where people with dementia are left motionless in chairs, looking vacantly into the air without any kind of stimulation or encouragement. And we have to do a lot better.

I know you heard yesterday about the problem of stigma, and let me just say now no one has done more to tackle the problem of stigma than the people living with dementia who’ve spoken out and said what a challenge it is and talked about their experiences. I want to pay tribute to people like Kate Swaffer who we’re going to hear from later. People like Trevor Jarvis who inspired me in the United Kingdom by standing up to the banks and saying we shouldn’t have to remember a PIN, there must be another way for us to get access to our money. These are the people who Robert Kennedy described back in 1966 as displaying the numberless small acts of courage that make human history, and we salute them.

And my final comment today is a broader one: we are privileged to live in a world where life expectancy is increasing; and the aging population, which worries so many people in health care, is actually one of humanity’s greatest achievements. We’re living 2 years longer every decade. So if you do the maths, that means for every 24 hours that we live, life expectancy is going up by 5 hours. So when you get to midnight tonight at the end of a delicious cheese fondue or whatever it is you must think what you’re going to do with those 5 hours; some people call it the 29 hour day. And the challenge for us is whether those extra hours, days and months at the end of our lives are going to be a period that we look forward to, or a period that we dread.

By 2050, if I’m still around, I’ll be nearly 85, some of you will have got there before me, some of you won’t quite be there; maybe we could have a reunion, it’ll be like the Best Exotic Marigold Hotel in Geneva. But by then there will be over 200 million people across the world who are over 85, that’s getting on for the population of the United States of America, and the litmus test of our generation’s willingness to face up to the challenge of an aging population is whether now we take the decisions; now we do the difficult heavy lifting to make sure that by then we are able to look after older people on our planet with dignity and respect. An American philosopher Abraham Heschel said that “A test of a people is how it behaves towards the old ... The affection and care for the old, the incurable, the helpless are the true goldmines of a culture.” And the gold we seek is scientific endeavour to stop the suffering; and human dignity to relieve it.

It’s going to be a long and difficult journey so I want to leave you with my favourite quote from Churchill. "Success is the ability to go from failure to failure without losing your enthusiasm." So please; we’re going to have many, many setbacks on this journey, but let’s not lose our enthusiasm. This is an incredibly important mission and hundreds of millions of people across the globe are looking at us today for leadership and courage to really show them we’re prepared to do what it takes.

Thank you very much.

Mr Jeremy Hunt, Secretary of State, United Kingdom
17 March 2015

> “hundreds of millions of people across the globe are looking at us today for leadership and courage to really show them we’re prepared to do what it takes.”

– Jeremy Hunt, Secretary of State, United Kingdom

EXECUTIVE SUMMARY

Dementia imposes a tremendous burden on individuals, families, communities, and societies. It currently affects more than 47 million people worldwide, and this figure is expected to rise to 75.6 million by 2030 (1). In 2010 the global cost of dementia care was estimated to be US$ 604 billion, constituting 1 per cent of global gross domestic product (2). By 2030, the cost of caring for people living with dementia worldwide could be a staggering US$ 1.2 trillion or more (2,3), which would undermine social and economic development globally. Sixty per cent of people with dementia live in low-and middle-income countries (1), and this proportion is projected only to increase over the next decade, widening inequalities within and between countries.

In recent years a number of national and international initiatives have begun to address dementia challenges. Although such efforts have generated momentum, particularly in some Member States, a more concerted and unified response is needed to maximise global impact and reach. Responding to the need for a shared global commitment to action, the First WHO Ministerial Conference on Global Action Against Dementia organized in Geneva on 16-17 March 2015 aimed to raise awareness and demonstrate a shared commitment among Member States and stakeholders of all resource levels to put in place the necessary policies and resources to improve dementia care and treatment, and place action against dementia higher on national and global agendas.

OBJECTIVES

The objectives of the Ministerial Conference were as follows:

- To highlight evidence relating to the global burden and impact of dementia
- To encourage governments worldwide to take action to prevent dementia and improve care services, based on current scientific knowledge, available evidence and global experience
- To discuss the need for assessing dementia care and monitoring progress
- To stress the development of cures or disease-modifying therapies for dementia
- To emphasise the need for increased investment and international collaboration in dementia research
- To explore opportunities for supporting global cooperation and to move from commitment to action, in coordination with all stakeholders

OUTCOMES

The First WHO Ministerial Conference on Global Action Against Dementia fostered awareness of the public health and economic challenges posed by dementia, a better understanding of the roles and responsibilities of Member States and stakeholders, and led to a “Call for Action” supported by the conference participants.

In attendance at the Ministerial Conference were 89 Member States, 5 UN Offices and other Intergovernmental Organizations, 34 Non-Governmental Organizations (NGOs) and Civil Societies, 58 Foundations, Academic Institutions, WHO Collaborating Centres and people with dementia and their caregivers; in total accounting for more than 450 participants.

Day 1 of the meeting set the stage for discussions by presenting the global policy context as well as the current global burden of dementia. Participants presented and discussed innovations in dementia treatment and care, basic and translational research, strategies for advancing risk reduction, and understanding policy perspectives and initiatives, as well as hearing the voice and perspectives of persons living with dementia and their caregivers. Day 2 of the Ministerial Conference brought together delegates to discuss raising the visibility of dementia worldwide, strategies for strengthening health and social systems to deliver care that promotes living well with dementia, and concluded with securing political commitment of Member States to strengthen international collaboration, implement relevant policies and plans for dementia care, risk reduction, research and establish monitoring mechanisms for progress.

The "Call for Action" was supported by the participants in the First WHO Ministerial Conference on Global Action Against Dementia and provided actions for advancing dementia efforts as follows:

- raising the priority accorded to global efforts to tackle dementia on the agendas of relevant high-level forums and meetings of national and international leaders;
- strengthening capacity, leadership, governance, multisectoral action and partnerships to accelerate responses to address dementia;
- promoting a better understanding of dementia, raising public awareness and engagement, including respect for the human rights of people living with dementia, reducing stigma and discrimination and fostering greater participation, social inclusion and integration;
- advancing prevention, risk reduction, diagnosis and treatment of dementia in ways consistent with current and emerging evidence;
- facilitating technological and social innovations to meet the needs of people living with dementia and their caregivers;
- increasing collective efforts in dementia research and fostering collaboration;
- facilitating the coordinated delivery of health and social care for people living with dementia, including capacity-building for the workforce, support for mutual care-taking across generations at an individual, family and society level, and strengthening of support and services for caregivers and families;
- supporting a gender-sensitive approach in the elaboration of plans, policies and interventions aimed at improving the lives of people living with dementia;
- promoting further work to identify and address barriers to dementia care, particularly in low-resource settings;
- strengthening international efforts to support plans and policies at all levels for people living with dementia, particularly in low- and middle-income countries;
- supporting the efforts of the World Health Organization, within its mandate and workplans, to fulfil its leadership role in full collaboration with national and international partners to promote and monitor global efforts to address dementia.

CONTENT OF THIS REPORT

This report captures key issues raised and strategies proposed in the presentations and panel discussions during the conference, and outlines important subsequent actions. The Call for Action (translated in all WHO official languages), agenda, participant list and dementia infographic (in English, French and Spanish) can be found in the Appendix of this report. Thematic briefs and official statements are available online via the Ministerial Conference website (http://www.who.int/mental_health/neurology/dementia/conference_2015/en/).

INTRODUCTION

Worldwide, the proportion of older people is increasing; by 2050, approximately 2 billion people will be over the age of 60. The implications of this demographic shift on societies are substantial and without an emphasis on healthy ageing, health, social and economic systems will be stretched and strained further (4).

Advances in health care and technology have enhanced longevity and translated to people living healthier lives; however, this has also resulted in a higher prevalence of noncommunicable diseases, including dementia. Dementia is an umbrella term for a number of progressive diseases affecting memory, cognitive abilities, and behaviour. Crucially, although dementia primarily affects older adults, it is not a normal or inevitable consequence of ageing (4–6).

Globally, nearly 8 million people develop dementia annually, which translates to one new case every four seconds (4). In 2015, approximately 47 million people are living with some form of dementia, of which 63% reside in low-and middle-income countries (LMICs). This figure will nearly double to 76 million in 2030 and to 145 million by 2050. The majority (71%) of new cases will occur in LMICs (1,7).

GLOBAL CHALLENGES IN DEMENTIA

1 THE BURDEN OF DEMENTIA ON INDIVIDUALS, FAMILIES, COMMUNITIES, AND SOCIETIES

2 DEMENTIA IS NOT PRIORITISED ON NATIONAL AGENDAS

3 NEED FOR MORE EVIDENCE FOR DEMENTIA RISK REDUCTION

4 NO AVAILABLE DISEASE-MODIFYING TREATMENT FOR DISEASES CAUSING DEMENTIA

5 DISPARITIES IN DEMENTIA CARE AND CAREGIVER SUPPORT

6 STIGMA AND FEAR OF DEVELOPING DEMENTIA

2.1. THE BURDEN OF DEMENTIA ON INDIVIDUALS, FAMILIES, COMMUNITIES, AND SOCIETIES

Dementia is one of the main causes of dependence and disability in old age, both in high-income countries (HICs) and LMICs (4,6,8) accounting for 11.9% of years lived with disability due to a noncommunicable disease (NCD) (6). While older people can often cope well, and remain relatively independent even with marked physical disability, the onset of cognitive impairment quickly compromises their ability to carry out complex but essential tasks in daily life. In addition, people living with dementia will increasingly have difficulty meeting their basic personal care needs (4).

The physical, psychological and economic impact of dementia on individuals, caregivers and families is startling. Behavioural and psychological symptoms linked to dementia profoundly affect the quality of life of people living with dementia and their caregivers (4,7). To illustrate, one in four caregivers of people living with dementia develop depression (8).

The need for support from a caregiver often starts early in the course of dementia, intensifies as the illness progresses over time, and continues until death. There is a large literature attesting to the extent of the strain that caregivers experience, which is practical (hours spent caregiving detracting from other activities, particularly leisure and socializing), psychological (emotional strain, leading to a high prevalence of anxiety and depression), and economic (increased costs, coupled with giving up or cutting back on work to care) (7). Older people frequently have multiple health conditions such as chronic physical diseases coexisting with mental or cognitive disorders, the effects of which may combine together in complex ways leading to disability and needs for care. However, studies from both HICs (2,6) and LMICs (2,4) concur that, among older people, cognitive impairment and dementia make the largest contribution to the need for care, much more so than other types of impairment and other chronic diseases.

The costs of dementia were estimated at US$ 604 billion in 2010 (2), which translates to one per cent of global gross domestic product (GDP). Based on current estimates, this figure is expected to rise to US $1.2 trillion or more by 2030 (5). The indirect costs of care incurred by caregivers and family members trap millions of people in chronic poverty (8). In HICs, the costs related to dementia are shared by informal care (45%) and social care (40%). In contrast, in LMICs, social care costs (15%) pale in comparison to informal care costs that predominate (2). Direct social care costs remain the lowest in LMICs. However, it is precisely these countries which will be most affected by the rise in costs and dementia cases. In LMICs, despite larger, extended families, the economic strain on family caregivers is substantial. Typically, around a fifth of caregivers have cut back on paid work. Moreover, compensatory benefits are practically non-existent (1). At the same time, LMICs that rely more on informal caregivers will experience a depletion of this resource in light of the population demographic shifts, which will limit the availability of informal care resources (4).

In summary, the alarming prevalence of dementia at the global level, the economic and social impact on families, communities and economies, and the associated stigma and social exclusion confront countries with a number of challenges to address, outlined below.

2.2. DEMENTIA IS NOT PRIORITISED ON NATIONAL AGENDAS

Dementia is not a priority in most countries. This is primarily due to a lack of acknowledgement of the burden of disease and its immediate and long-term social and economic cost to countries, as well as competing priorities on national public health agendas. In many countries this has resulted in no clear vision on how to tackle dementia and poorly coordinated efforts at the national level. Consequently, formulation of policies, plans, and programmes targeted at tackling dementia has been inconsistent across countries. It has also led to a lack of systematic monitoring and evaluation of dementia efforts in Member States, and in fragmented social and health services for dementia care. To illustrate, only 17 of 194 Member States have a national plan to address dementia (9).

At the policy level, dementia is often not incorporated into action plans for noncommunicable diseases or mental health.

145 million

expected cases of dementia worldwide in 2050

2.3. NEED FOR MORE EVIDENCE FOR DEMENTIA RISK REDUCTION

While decreasing incidence and prevalence of dementia is a stated priority of some countries, there is currently lack of a comprehensive evidence base for modifiable risk factors that appreciably delay the onset or slow progression of diseases leading to dementia. In addition to expanding epidemiological research and randomized controlled trials that will substantiate this information further, it is also important to promote awareness of what is currently understood about risk reduction. Healthy lifestyle promotion and reducing risk factors associated with NCDs including dementia is valuable, but is not sufficiently acknowledged among policymakers and the general public.

2.4. NO AVAILABLE DISEASE-MODIFYING TREATMENT FOR DISEASES CAUSING DEMENTIA

Research and innovation in dementia, particularly in drug development for a cure, has stagnated due to a lack of basic research, long development periods, expensive clinical trials and insufficiently adapted regulatory processes. The long drug development phase and high associated costs, combined with a long series of failures, has meant that pharmaceutical companies are decreasing their investments in drug development for neurodegenerative diseases. This has slowed investment in dementia research. This challenge has also been recognised by the 2013 G8 Dementia Summit, whose participants responded by supporting the Government of the United Kingdom's appointment of a World Dementia Envoy – supported by a World Dementia Council – to help stimulate innovation in new financial mechanisms for identifying disease-modifying therapies or investing in dementia risk reduction, as well as strengthen public and private research capacity.

At present, there are no treatments available to cure or alter the course of diseases that lead to dementia. The current global investment in dementia research is significantly less than investment in other common chronic conditions of ageing, such as cancer and heart disease, even though the current and future impact of dementia on patients, families, and the health and social care systems of countries around the world is likely greater (10).

Although several initiatives to map dementia research are underway, at present there is no systematic analysis of global data detailing the full scope of ongoing dementia research projects, research expenditures, and the proportion of individuals with dementia participating in clinical research. A global research agenda for dementia currently does not exist, which hampers strategic and efficient investments in key research priorities, and necessary cooperation.

2.5. DISPARITIES IN DEMENTIA CARE AND CAREGIVER SUPPORT

There are disparities in access to dementia care across and within countries, and access to quality services for dementia is limited. Access to quality care is compromised by a dearth of human resources; training for providing dementia care is limited even in high-resource settings, and few incentives are in place to attract health care or other professionals to work in dementia care. More effort is needed to identify and disseminate best care practices for a variety of formal and informal care settings.

Dementia requires long-term health and social care support, and providing care can be challenging and costly, particularly if institutionalisation is required. There is a lack of concrete measures for delaying the onset of institutionalisation in order to reduce costs and improve the quality of life of persons with dementia and their caregivers.

> “Research and innovation in dementia, particularly in drug development for a cure, has stagnated due to a lack of basic research, long development periods, expensive clinical trials and insufficiently adapted regulatory processes.”

“There are disparities in access to dementia care across and within countries.”

“Dementia is not a priority in most countries.”

> “Dementia is highly stigmatized and universally feared. It is often perceived as a normal part of ageing, and that no actions can be taken to prevent or treat it.”

Dementia also has far-reaching and often underestimated consequences for informal caregivers, in terms of health problems, loss of income and reduced quality of life. Caregivers are forced to reduce time spent at work as well as time spent in leisure activities, in order to care for a family member. Providing informal care to people living with dementia not only results in a sizeable financial burden, but also incurs a substantial emotional burden, including a detrimental impact on caregivers’ mental and physical health (8,11,12).

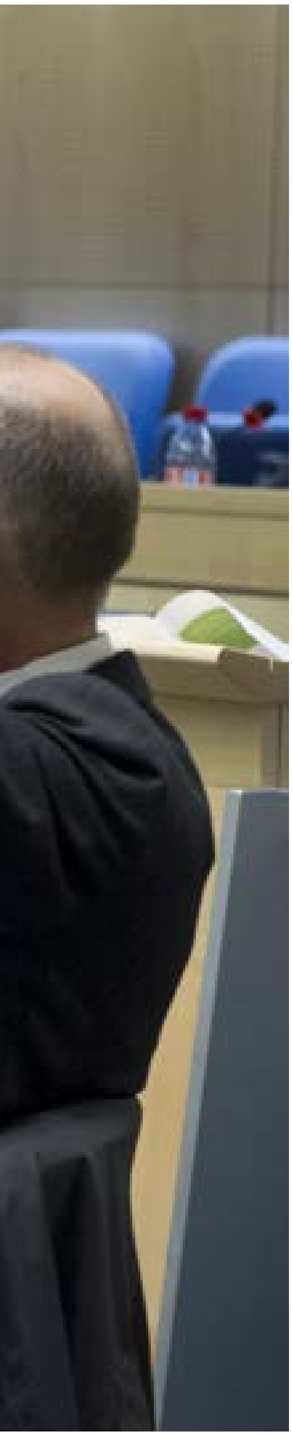
Barriers to accessing caregiver support services are the same as those identified for accessing dementia-appropriate health and social services in general. These barriers include negative attitudes to diagnosis and treatment, lack of appropriately trained health workforce and infrastructure to scale up services, a reluctance to seek help due to dementia being considered a normal part of ageing or stigma, lack of public policy initiatives, and lack of funding for dementia services, research, and training.

Caregivers also face additional barriers when seeking services for themselves. In LMICs, no support services are routinely available for family caregivers. Even in HICs there are barriers to access and uptake of services, including lack of recognition of the caregiving role, poor understanding of dementia, and cultural influences on caregiving, such as taking for granted that this will be done by the family, especially by female family members (13). Moreover, leaving or restricting a paid caregiver leads to loss of income and accrual of social benefits such as health insurance and pensions.

2.6. STIGMA AND FEAR OF DEVELOPING DEMENTIA

Dementia is highly stigmatized and universally feared. It is often perceived as a normal part of ageing, and that no actions can be taken to prevent or treat it. These misconceptions re-inforce beliefs that dementia is not an issue for governments and that it does not affect health and social care systems (4). For both the person with dementia and his or her caregiver, this stigma can contribute to social isolation, delays in seeking diagnosis and care, and encourage reluctance to ask for help (14).


FINLAND
University of Worcester
SUDA
KEN



RESPONDING TO GLOBAL DEMENTIA CHALLENGES:

THE FIRST WHO MINISTERIAL CONFERENCE ON GLOBAL ACTION AGAINST DEMENTIA

3.1 THE GLOBAL DEMENTIA POLICY CONTEXT

A number of international and national efforts have increased the visibility of dementia as a global health priority, including Member States acknowledging at the United Nations General Assembly in September 2011 that *"mental and neurological disorders, including Alzheimer's disease, are an important cause of morbidity and contribute to the global noncommunicable disease burden, for which there is a need to provide equitable access to effective programmes and health-care interventions"*. This acknowledgement was followed by the release of a WHO and Alzheimer's Disease International report on dementia in 2012, highlighting the impact of dementia on individuals, families, and societies and outlining steps for further efforts.

The 2013 G8 Dementia Summit instilled a sense of urgency to address dementia. The Summit was hosted by the United Kingdom and brought together Ministers, researchers, pharmaceutical companies, and international and civil society organizations. The Summit culminated with a communiqué and signed declaration of commitment (15). It was followed by the formation of the World Dementia Council (16), the designation of a World Dementia Envoy by the United Kingdom, and the organization of three global dementia legacy events. The G7 global dementia legacy events explored specific topics in more detail including funding models, academia-industry partnerships, technology and care innovations and international research collaboration.

Further, a number of other initiatives have been carried out to address the challenge due to dementia globally. A group of global NGOs and civil society came together to organise the Global Alzheimer's and Dementia Action Alliance (GADAA) (17) to raise awareness about dementia, to increase the understanding of dementia as a disease and to reduce the stigma surrounding it. OECD has recently released a report on addressing dementia. The report provides an imperative for policy action on improving dementia care and also includes recommendations for sharing data in dementia research (18). The World Innovation Summit for Health, an initiative of the Qatar Foundation, brought the dementia conversation to the Middle East as a forum topic in 2015 and published "A Call to Action: The Global Response to Dementia Through Policy Innovation" (5). The European Commission has initiated a number of partnerships and funding initiatives for dementia research, such as the EU Joint Programme for Neurodegenerative Disease research, the largest global research initiative in the field of neurodegenerative diseases.

> “A number of international and national efforts have increased the visibility of dementia as a global health priority...”

> “Mental and neurological disorders, including Alzheimer’s disease, are an important cause of morbidity and contribute to the global noncommunicable disease burden, for which there is a need to provide equitable access to effective programmes and health-care interventions.”


Hermann Gröhe @groehe · 9m

#globaldementia: The exchange of good practice, as we do it today, will bring us forward. Thank you @WHO.

Building on these international efforts to take action against dementia, Member States and participants (international organizations, UN agencies, civil society organizations) came together to discuss recommendations, strategies, and solutions for addressing the aforementioned challenges. Furthermore, a call for global action was needed that could provide Member States and other key actors (e.g. international organizations, civil society organizations) with actionable recommendations to take forward. This was the focus of discussions during the two day Ministerial Conference in Geneva on 16-17 March 2015, which brought together senior representatives from 89 Member States including many Ministers of Health, 5 UN Offices and other Intergovernmental Organizations, 34 Non-Governmental Organizations (NGOs) and Civil Societies, 58 Foundations, Academic Institutions, WHO Collaborating Centres, technical experts, researchers, people with dementia and their caregivers to discuss the global challenges posed by dementia and offer actionable recommendations. More than 450 participants took part in the Ministerial Conference.

A summary of the most salient points and themes across the panel sessions and discussions has been synthesised and presented below, providing responses and strategies for addressing the many challenges.

1. ACCELERATING FOCUS ON RISK REDUCTION
2. STRATEGIC APPROACHES FOR DEMENTIA RESEARCH
3. LIVING WELL WITH DEMENTIA
4. IMPROVING DEMENTIA AWARENESS AND REDUCING STIGMA
5. STRENGTHENING GLOBAL LEADERSHIP AND A CALL FOR ACTION

3.2 EMERGENT THEMES FROM THE FIRST WHO MINISTERIAL CONFERENCE ON GLOBAL ACTION AGAINST DEMENTIA

3.2.1. ACCELERATING FOCUS ON RISK REDUCTION

Decreasing prevalence of disease is a powerful way to minimize burden. While evidence for behavioural changes influencing dementia risk reduction and protective factors for dementia are increasing, more research is needed in order to generate robust conclusions. There is a growing consensus that some protective measures might reduce the risk of cognitive decline – specifically, there is some evidence that physical activity, early-life educational opportunities, management of midlife hypertension and a reduction in obesity, smoking and diabetes may reduce the risk of cognitive decline. These are all protective factors for other high-risk NCDs (e.g. cancer, diabetes). Participants emphasised the need for investment in further epidemiological studies. WHO specified that targets and indicators for risk reduction for NCDs already exist, which cover a variety of risk factors that Member States have committed themselves to reducing, and which could apply to dementia efforts as well. Participants expressed the need to disseminate current knowledge on risk reduction even as those studies are progressing.

Member States pointed out the challenges with advancing dementia risk reduction and improving care amidst a fragmented and poorly functioning public health system, limited allocation of funding, and lack of cohesion within communities. It was stressed that it is necessary to not only focus on Alzheimer's disease but also on other diseases that lead to dementia and ensure that approaches are age-appropriate.

3.2.2. STRATEGIC APPROACHES FOR DEMENTIA RESEARCH

A clear need to accelerate basic, translational, and clinical science research to identify treatments to delay and/or slow progression of neurodegenerative diseases that lead to dementia was identified by the participants. This includes the need for more timely diagnosis, more rapid and less costly clinical trials, and diversification of therapeutic approaches including non-pharmacological as well as pharmacological agents. Specific suggestions included enhanced funding for research, addition of a research component to national dementia plans, and facilitation of international collaborative efforts including better use and cooperation on relevant large data sources. Participants also discussed the need for a harmonized and streamlined process to obtain regulatory approval for new medications and the current Integrated Development effort led by the Government of the United Kingdom (20,21).

> “One has to embed a rights-based approach in all interventions. Specifically, it is important that persons living with dementia are empowered and provided with support to claim and exercise their rights, and have access to enhanced autonomy.”

Given the urgency of addressing the growing burden of dementia in countries around the world, and the existing resource constraints, there is a growing need for governments, funding agencies, and the private sector to prioritize dementia research investments in a systematic way. The development of a sound methodology for conducting a global, inclusive, and rigorous review of research priorities for dementia is vital for informing and promoting a coordinated international action plan. Together with a systematic global asset mapping of ongoing dementia research projects, this will allow for a comparison of current research topics and investments, with the research priorities identified by global dementia experts and stakeholders. A harmonised global dementia research agenda will thus highlight current gaps in research funding areas as they exist in comparison to identified high-value research priorities, thereby helping to minimize duplication, enhance collaboration, and increase the return on global dementia research investments.

Collaboration across Member States and all stakeholders to implement a coordinated strategic dementia global research agenda will increase the likelihood of effective progress toward better prevention, diagnosis, treatment, and care for individuals around the world who are living with dementia. The key activities required to move from the identification of current dementia research efforts and priorities, to the successful implementation of a strategic global dementia research agenda are: harmonization, research mapping and gap analysis, developing infrastructure for coordinated implementation, facilitating international partnerships and shared learning, capacity building, developing evidence and research to inform policy, monitoring and evaluating progress, better use of data, and developing a citizen science platform (22).

3.2.3. LIVING WELL WITH DEMENTIA

Living well with dementia translates into different set of actions by countries. Some countries aim to promote living well with dementia through the implementation of a comprehensive set of interventions ranging from policy changes, to establishing integrated community networks, such as age and dementia-friendly communities, to technological interventions focused on assistive technologies to aid with daily activities. Some participants discussed the positive outcomes arising from caregiver support focused interventions that utilise assistive technology such as internet interventions. Participants discussed the need for more robust research on assistive technologies for persons living with dementia and their caregivers, as well as information on strategies for integrating effective technologies across the spectrum of care. Others focused on forging alliances to collaboratively take action against dementia at the national level, engaging stakeholders across society (e.g. self-help groups, long-term care associations, insurance companies, user associations). These priorities have been reflected in national dementia plans or have been integrated into other sector programmes and plans, such as development programmes.

It is important that the voice of people living with dementia and their caregivers is incorporated into policies, plans, interventions, and actions. Participants shared their experiences of living with dementia or caring for persons with dementia, and discussed actions for national health systems, research, and policies to take into account. First, participants stated the importance of eradicating stigma associated with dementia, and discussed the challenges that a person living with dementia faces regarding legal capacity and decision-making. Participants emphasised the importance of care coordination and dialogue among health professionals to improve overall quality and management of dementia care. Second, participants welcomed more research and dialogue conducted with persons living with dementia to understand their daily needs and

> “Technological innovations can play an important role in coordinating dementia care”

preferences, for example regarding self-care, household help, mobility, meaningful occupation and social participation. Third, they stressed the need to intensity efforts to empower persons living with dementia and caregivers to enable participation in society. They have the need to be heard, seen and recognised, and have the right to acceptance, empathy and respect. They also need to receive a timely diagnosis from health care professionals and holistic management and care from an integrated network of health and social care professionals as well as community members and informal caregivers.

Worldwide, there is substantial room for improvement of dementia care which is often fragmented with care coordination difficult to achieve, particularly as care requires service provision from the diverse health and social care systems. To improve care, participants stated that action is required on three levels: 1) health systems strengthening, including providing enhanced human resources to provide support to the health and social care workforce to improve how they deal with persons living with dementia; 2) develop and implement policies based on the best available evidence; and 3) implement monitoring mechanisms to evaluate and accelerate progress. Technological innovations can play an important role in coordinating dementia care, particularly if dementia registries and electronic medical records can be used. OECD and WHO presented a draft framework developed jointly to help countries to assess and develop their approaches to improving dementia care.

Dementia policies should include a focus on components such as: risk reduction to minimise new cases and enhance brain health, improved diagnosis with early and accurate identification of diseases leading to dementia, and care coordination including a role for technology, to ensure care is coordinated, proactive and delivered closer to home. The potential for technology to support dementia care is clear. It is important that dementia plans recognise the progression of dementia and recognise early dementia, advanced dementia and end of life care separately. For early dementia, this means ensuring that communities are safer for, and more accepting of, people living with dementia and that their caregivers are adequately supported. For advanced dementia, it means provisions are in place that ensure persons living with dementia live in safe and appropriate environments, and can access safe and high quality social care services. Finally, plans should recognise the phase where end of life care is required and dying with dignity is an important consideration.

> “There is a growing need to prioritize dementia research investments.”

> Raising awareness across generations is crucial for encouraging action from younger generations to search for a disease-modifying therapy, enhance care and improve the quality of life of persons living with dementia.

Participants highlighted the importance of bringing together stakeholders (families, volunteers, caregivers, user associations, civil society, private and public providers) to try and identify the state of dementia care within a health system and come to a shared vision of where the system should transition to optimize care. This aligned with the importance of monitoring progress across Member States, in order to show, in a transparent manner, the current state of dementia care, achievements, and actions to take forward.

Recognising that dementia is a societal challenge, the importance of embedding interventions in community settings was stressed. Some participants noted the importance of integrated research and care approaches rather than distinguishing them as separate approaches, which is purported to lead to better outcomes for persons living with dementia.

One has to embed a rights-based approach in all interventions. Specifically, it is important that persons living with dementia are empowered and provided with support to claim and exercise their rights, and have access to enhanced autonomy. Importantly, with progression of the disease, autonomy decreases and isolation, exclusion and exposure to abuse and violence may worsen. In addition to voluntary and appropriate care, citizen engagement and participation was presented as an approach to promote living well with dementia in the community and encouraging participation in daily life. A rights-based approach to tackling dementia is key; under a human rights based approach, the development of policies, legislation, regulation, institutions and budgets should be anchored in a system of rights and corresponding obligations that Member States have agreed to comply with under the international human rights framework.

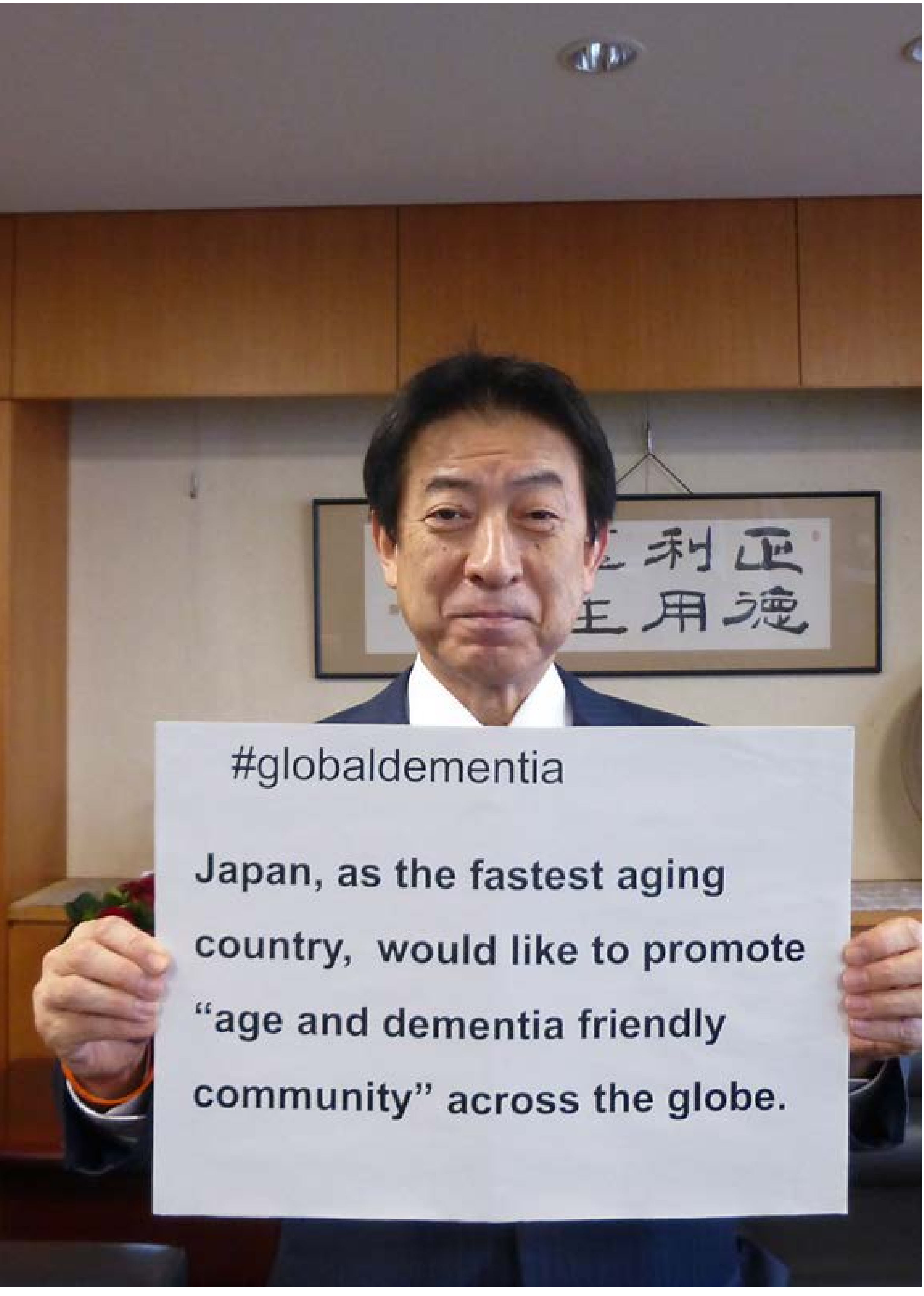
3.2.4. IMPROVING DEMENTIA AWARENESS AND REDUCING STIGMA

Numerous types of actions to raise awareness about dementia and decrease stigma were discussed. Policy level actions include the development and implementation of national dementia plans, increasing awareness and improving early detection rates. It also includes using different communication strategies such as launching national dementia campaigns, the use of social media and changing public attitudes to dementia through broadcasting commercials on a national television channel. These diverse communication strategies should be implemented engaging a broad range of sectors and societal actors in raising visibility of dementia – a disease of concern to all of society, not just one individual or group.

Raising awareness across generations is crucial for encouraging action from younger generations to search for a disease-modifying therapy, improve care and improve the quality of life of persons living with dementia.

Strategies for raising awareness are complex to implement in LMICs, particularly among competing health priorities. It is important to build the capacity of people living with dementia, their families, community members, volunteers and faith-based practitioners or traditional healers to become ambassadors of information about dementia. This strategy involves key stakeholders at the village and community level to disseminate knowledge. This mirrors awareness strategies implemented in HICs, where training courses have been developed for caregivers and support groups in municipalities. Providing information and training to community members can cause a significant change in attitudes towards persons living with dementia and their treatment.

Areas where international action would be helpful or needed to increase the visibility of dementia were also identified. This included having standardisation of assessments to diagnose dementia to ensure timely diagnosis and optimal assessment by clinicians and having a tool oriented towards raising awareness for the public.


#globaldementia
Japan, as the fastest aging country, would like to promote “age and dementia friendly community” across the globe.


ROY

> “All participants reinforced the need for commitment to action to respond to global dementia challenges.”

3.2.5. STRENGTHENING GLOBAL LEADERSHIP AND A CALL FOR ACTION

Taking action against dementia requires developing and/or upgrading national policies. Aside from dedicated dementia policies, it was specifically highlighted that mental health plans and programmes should include dementia. It is also important to mainstream dementia into NCD policies, given that they share similar points for risk reduction, and healthy lifestyle promotion has positive implications for cognitive health. Promotion of healthy lifestyles to prevent and reduce risk of developing all NCDs, can play an important role in reducing the risk of dementia.

Second, dementia policies, plans and programmes should be framed within a public health approach to stress the importance of reducing the number of people who develop dementia. Plans should emphasise the importance of timely diagnosis at the primary care level, training for various professional groups in health and social care as well as other sectors and community members and families, of strategies for overcoming stigma and discrimination, and monitoring mechanisms to measure progress of implementation of dementia plans at national, regional and local level. Several participants placed emphasis on determining which professional or group of professionals is best placed to diagnose dementia within a particular health system. It was also stressed that dementia plans should balance care and cure, allocate attention to raising the profile of dementia and awareness of the disease, include input from people living with dementia and their carers and ensure they are involved in the planning process at every stage. The importance of learning from each other and sharing accounts of successful implementation of dementia plans, as well as stories of failures and lessons learned was underscored.

Participants presented a number of key components of national policies or plans to tackle dementia which have been included in national policies or plans, such as the creation of strategic partnerships for dementia research at national levels and launching a national trials coordination centre to help streamline research results. Others presented the challenges they were confronted with, such as competing health and political problems which served as an obstacle to allocating appropriate resources or attention to dementia as a topic on the policy agenda. Actions to address dementia should also be included in development strategies and plans, particularly in LMICs.

Recognising the importance of dementia and global governance approaches, the participants expressed support for, and commitment to, the WHO-led Call for Action. Member States presented the current scale of the problem in their countries and identified the challenges they are facing. Many Member States specified the actions they are taking to tackle dementia in their countries and indicated where global support and governance approaches would benefit them. The importance for collaboration across all stakeholders was emphasised. All participants reinforced the need for commitment to action to respond to global dementia challenges.

A CALL FOR ACTION

We, the participants in this Conference, note the following:

1. Dementia currently affects more than 47 million people worldwide, with more than 75 million people expected to be living with dementia by 2030. This number is expected to triple by 2050. It is one of the major health challenges for our generation. Often hidden, misunderstood and underreported, dementia affects individuals, families and communities and is a growing cause of disability.

2. Contrary to popular belief, dementia is not a natural or inevitable consequence of ageing. It is a condition that impairs the cognitive brain functions of memory, language, perception and thought and interferes significantly with the person's ability to maintain the activities of daily living. The most common types of dementia are Alzheimer's disease and vascular dementia. Evidence suggests that the risk of certain types of dementia may be lowered by addressing cardiovascular risk factors, as applicable.

3. The personal, social and economic consequences of dementia are enormous. Dementia leads to increased long-term care costs for governments, communities, families and individuals, and to losses in productivity for economies. The global cost of dementia care in 2010 was estimated to be US$ 604 billion – 1.0% of global gross domestic product. By 2030, the cost of caring for people with dementia worldwide has been estimated at US$ 1.2 trillion or more, which could undermine social and economic development throughout the world.

4. Nearly 60% of people with dementia live in low- and middle-income countries, and this proportion is expected to increase rapidly during the next decade. This may contribute to increasing inequalities between countries and populations.

5. A sustained global effort is thus required to promote action on dementia and address the challenges posed by dementia and its impacts. No single country, sector or organization can tackle these challenges alone.

6. The following overarching principles and approaches are integral to global efforts:

- empowering and engaging the full and active participation of people living with dementia and their caregivers and families, as well as overcoming stigma and discrimination;
- fostering collaboration between all stakeholders to improve prevention and care and to stimulate research;
- incorporating the aspects of dementia prevention, care and rehabilitation in policies related to ageing, disability and noncommunicable diseases, including mental health;
- building on and utilizing existing expertise, collaborative arrangements and mechanisms to maximize impact;
- balancing prevention, risk reduction, care and cure so that, while efforts are still directed towards finding effective treatments, best practices and risk-reduction interventions, continuous improvements are made in care for people living with dementia and support for their caregivers;
- advocating for an evidence-based approach and shared learning, allowing advances in open research and data-sharing to be made available to facilitate faster learning and action;
- emphasizing that policies, plans, programmes, interventions and actions must be sensitive to the needs, expectations and human rights of people living with dementia and their caregivers;
- embracing the importance of universal health coverage and an equity-based approach in all aspects of dementia activities, including facilitation of equitable access to health and social care for people living with dementia and their caregivers.

WE, THE PARTICIPANTS IN THIS CONFERENCE, CALL FOR THE FOLLOWING ACTION TO BENEFIT PEOPLE LIVING WITH DEMENTIA, THEIR CAREGIVERS, FAMILIES AND COMMUNITIES:

- raising the priority accorded to global efforts to tackle dementia on the agendas of relevant high-level forums and meetings of national and international leaders;
- strengthening capacity, leadership, governance, multisectoral action and partnerships to accelerate responses to address dementia;
- promoting a better understanding of dementia, raising public awareness and engagement, including respect for the human rights of people living with dementia, reducing stigma and discrimination and fostering greater participation, social inclusion and integration;
- advancing prevention, risk reduction, diagnosis and treatment of dementia in ways consistent with current and emerging evidence;
- facilitating technological and social innovations to meet the needs of people living with dementia and their caregivers;
- increasing collective efforts in dementia research and fostering collaboration;
- facilitating the coordinated delivery of health and social care for people living with dementia, including capacity-building for the workforce, support for mutual care-taking across generations at an individual, family and society level, and strengthening of support and services for caregivers and families;
- supporting a gender-sensitive approach in the elaboration of plans, policies and interventions aimed at improving the lives of people living with dementia;
- promoting further work to identify and address barriers to dementia care, particularly in low-resource settings;
- strengthening international efforts to support plans and policies at all levels for people living with dementia, particularly in low- and middle-income countries;
- supporting the efforts of the World Health Organization, within its mandate and workplans, to fulfil its leadership role in full collaboration with national and international partners to promote and monitor global efforts to address dementia.

REFERENCES

1. World Health Organization. The epidemiology and impact of dementia: Current state and future trends. Geneva, Switzerland; 2015. Report No.: WHO/MSD/MER/15.3. (http://www.who.int/mental_health/neurology/dementia/dementia_thematicbrief_epidemiology.pdf, accessed June 2015)

2. Wimo A, Prince M. World Alzheimer Report 2010: The global economic impact of dementia. Alzheimer’s Disease International. 2010. (http://www.alz.org/documents/national/world_alzheimer_report_2010.pdf, accessed June 2015)

3. Alzheimer’s Association. Changing the Trajectory of Alzheimer’s Disease : How a Treatment by 2025 Saves Lives and Dollars. Chicago, USA; 2015. (http://www.alz.org/documents_custom/trajectory.pdf, accessed June 2015)

4. Alzheimer’s Disease International and World Health Organization. Dementia: A public health priority. Geneva, Switzerland; 2012. (http://whqlibdoc.who.int/publications/2012/9789241564458_eng.pdf, accessed June 2015)

5. Rubinstein E, Duggan C, Landingham B Van, Thompson D, Warburton W. A call to action: The global response to dementia through policy innovation. Report of the WISH Dementia Forum 2015. 2015. (http://mhinnovation.net/sites/default/files/downloads/resource/WISH_Dementia_Forum_Report_08.01.15_WEB.pdf, accessed June 2015)

6. Prince M, Albanese E, Guerchet M, Prina M. World Alzheimer Report 2014. Dementia and Risk Reduction. An analysis of Protective and Modifiable Risk Factors. Alzheimer's Disease International, London UK. 2014 (http://www.alz.co.uk/research/WorldAlzheimerReport2014.pdf, accessed June 2015)

7. Prince M, Prina M, Guerchet M. World Alzheimer Report 2013 Journey of Caring: An Analysis of Long-Term Care for Dementia. Alzheimer's Disease International, London UK. 2014 (https://www.alz.co.uk/research/WorldAlzheimerReport2013.pdf, accessed June 2015)

8. Cuijpers P. Depressive disorders in caregivers of dementia patients: a systematic review. Aging Ment Health. 2005 Jul;9(4):325–30.

9. Alzheimer’s Disease International. Government Alzheimer plans [website]. [cited 2015 Apr 21]. (http://www.alz.co.uk/alzheimer-plans, accessed April 2015)

10. World Health Organization. Strategic approaches for prioritizing dementia research. Geneva, Switzerland; 2015.

11. Pinquart M, Sörensen S. Differences between caregivers and noncaregivers in psychological health and physical health: a meta-analysis. Psychol Aging. 2003 Jun;18(2):250–67.

12. Schulz R, Martire LM. Family caregiving of persons with dementia: prevalence, health effects, and support strategies. Am J Geriatr Psychiatry. 2004 Jan;12(3):240–9.

13. World Health Organization. Supporting informal caregivers of people living with dementia. Geneva, Switzerland; 2015. Report No.: WHO/MSD/MER/15.6. (http://www.who.int/mental_health/neurology/dementia/dementia_thematicbrief_informal_care.pdf, accessed June 2015)

14. Batsch NL, Mittelman MS. World Alzheimer Report 2012: Overcoming the stigma of dementia. London; 2012. (https://www.alz.org/documents_custom/world_report_2012_final.pdf, accessed June 2015)

15. Department of Health Government of the United Kingdom. Policy paper RDD/10495: G8 Dementia Summit Communique. London, UK; 2013. (https://www.gov.uk/government/publications/g8-dementia-summit-agreements/g8-dementia-summit-communique, accessed June 2015)

16. World Dementia Council. World Dementia Council [website]. (https://dementiachallenge.dh.gov.uk/category/wdc, accessed June 2015)

17. Global Alzheimer's and Dementia Action Alliance [website]. (http://www.globaldementiaalliance.org, accessed June 2015)

18. OECD Health. Addressing dementia: The OECD response. Paris: OECD Publishing; 2015. (http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/addressing-dementia_9789264231726-en#page1, accessed June 2015)

19. Alzheimer's Disease International. World Dementia Council announces next steps [website]. 2014. (http://www.alz.co.uk/news/world-dementia-council-announcesnext-steps, accessed June 2015)

20. World Dementia Council. Third World Dementia Council Meeting Communique. London, UK; 2014. (https://s3-eu-west-1.amazonaws.com/media.dh.gov.uk/network/353/files/2014/12/PostWDC3Communique.pdf, accessed June 2015)

21. Dementia Citizens. Dementia Citizens Steering Group [website]. (http://www.dementiacitizens.org/dementia-citizens-steering-group.html, accessed June 2015)

APPENDIX A

LIST OF PARTICIPANTS

MEMBER STATES

ALBANIA

Ms Filloreta Kodra, Ambassador, Permanent Representative, Geneva
Fatjon Demneri, First Secretary, Permanent Mission, Geneva

ANGOLA

M. Apolinario Correia, Ambassadeur, Représentant Permanent, Genève
M. Antonio Nzita Mbemba, Premier Secrétaire, Genève
Mme Neusa Saraiva, Assistante de la Mission permanente, Genève

ARGENTINA

Mr Julio Mercado, Minister, Permanent Mission, Geneva
Mrs Paula Vilas, Secretary, Permanent Mission, Geneva

AUSTRALIA

Professor Chris Baggoley, Chief Medical Officer, Department of Health
Ms Madeleine Heyward, Health Adviser, Department of Health

AUSTRIA

Dr Aziza Haas, Federal Ministry of Health, Coordination International Health Policy and WHO
Dr Brigitte Juraszovich, Austrian Agency for Health, Scientific Project Leader of the Austrian Dementia Strategy

AZERBAIJAN

Dr Gulsum Gurbanova, Deputy Chief, Department of International Relations, Ministry of Health

BAHRAIN

Dr Adel Al-Owfi, Chairman, Psychiatric Hospital and Head of Old Age Psychiatry, Ministry of Health

BANGLADESH

Mr Kazi Muntashir Murshed, First Secretary, Permanent Mission, Geneva

BARBADOS

Mr Hughland Allman, Deputy Permanent Representative, Geneva

BELGIUM

Mr Bertrand de Crombrugghe, Ambassador, Permanent Representative, Geneva
Dr Paul Cartier, Minister Counselor, at the Permanent Mission, Geneva
Mr Jurn Verschraegen, Director at Expertisecentrum Dementie Vlaanderen VZW, Belgium
Mme Sandrine Boyals, fonctionnaire de la Région Wallonne Coordinatrice de la cellule Alzheimer – Région Wallonne
Mr Paul Matthys, Attaché Coordinateur Team Soins palliatifs, soins infirmiers et soins gériatriques, Soins de Santé / Soins Aigus et Chroniques, SPF Santé à Bruxelles
Ms Manon Margaux Pigeolet, Intern, Permanent Mission, Geneva

BHUTAN

Mr Lyonpo Tandin Wangchuk, Minister of Health
Mr Daw Penjo, Ambassador, Permanent Representative, Geneva
Dr Damber Kumar Nirola, Psychiatrist, Jigme Dorji Wangchuk National Referral Hospital
Mr Tandin Dorji, Second Secretary, Permanent Mission, Geneva

BRAZIL

Mrs Regina Maria Cordeiro Dunlop, Ambassador, Permanent Representative, Geneva
Mrs Maria Cristina Correa Lopes Hoffmann, Public Policies on Ageing, Ministry of Health
Mrs Lorenza Longhi, International Office, Ministry of Health
Mr João Lucas Quental Novaes de Almeida, Minister-Counsellor, Permanent Mission, Geneva
Mr José Roberto de Andrade Filho, Counsellor, Permanent Mission, Geneva
Dr Ezequiel Pires, Intern, Permanent Mission, Geneva
Ms Luciane Britos, Intern, Permanent Mission, Geneva

BULGARIA

Professor Hristo Hinkov, Director, National Centre of Public Health and Analysis
Mrs Boyana Trifonova, First Secretary, Permanent Mission, Geneva

CANADA

Dr Alain Beaudet, President, Canadian Institutes of Health Research (CIHR)
Ms Kim Elmslie, Assistant Deputy Minister, Health Promotion and Chronic Disease Prevention, Public Health Agency of Canada
Dr Yves Joanette, Scientific Director, Institute of Aging, Canadian Institutes of Health Research (CIHR)
Ms Joanne Goldberg, Assistant Director, Institute of Aging, Canadian Institutes of Health Research (CIHR)
Ms Alana Yuill, Chief of Staff, President's Office, Canadian Institutes of Health Research (CIHR)
Ms Tammy Bell, Manager, Bilateral Engagement and Horizontal Policy Division, Office of International Affairs for the Health Portfolio

CHILE

Dr Alberto Larrain, Asesor del Subsecretario de Salud
Dr Guy Fones, Health Attaché, Permanent Mission, Geneva

CHINA (PEOPLE'S REPUBLIC OF)

Dr Wang Bin, Deputy Director-General, Bureau of Disease Control and Prevention
Mr Zhao Xing, Counsellor, Permanent Mission, Geneva

COLOMBIA

Mrs Maria Ines Bohorquez, Chief Coordinator, Mental Health, Ministry of Health
Mr Andres Duque Solis, Intern for Health Affairs, Permanent Mission, Geneva

CONGO

Mme Feanande Mvila, Conseiller, Mission permanente, Genève

COSTA RICA

Dr María Esther Anchía Angulo, Deputy Minister of Health

CROATIA
Mr Marijan Cesarik, Vice Minister of Health
Ms Vesna Vukovic, Ambassador, Permanent Representative, Geneva
Ms Sibila Žabica, Head, Independent Sector for European Affairs, International Cooperation and Protocol

CUBA
Dr Belkis Romeu Álvarez, Third Secretary, Permanent Mission, Geneva

CZECH REPUBLIC
Mr Josef Vymazal, Deputy Minister for Health Care, Ministry of Health
Mr Aaron Rulseh, Expert, Ministry of Health
Mr Daniel Míč, Deputy Permanent Representative, Permanent Mission, Geneva

DEMOCRATIC REPUBLIC OF THE CONGO
Mr Shadrack Baitsura Musowa, Directeur du Cabinet du Ministre et Représentant du Ministre de la Santé
Mrs Brigitte Mukundji Eale, Expert/Focal Point, Permanent Mission, Geneva

DENMARK
Ms Marianne Kristensen, Chief Adviser, Danish Health and Medicines Authority

ETHIOPIA
Dr Mahlet Kefle, Focal person for Noncommunicable Diseases, Ministry of Health
Mr Degemu Shertaga Maruta, Minister Counsellor, Permanent Mission, Geneva

FINLAND
Dr Päivi Voutilainen, Director, Ministry of Social Affairs and Health
Dr Harriet Finne-Soveri, Research Professor, National Institute for Health and Welfare
Mr Pasi Mustonen, Counsellor (Health), Permanent Mission, Geneva

FRANCE
M. Nicolas Niemtchinow, Ambassadeur, Représentant permanent, Genève
M. Marc Boisnel, Conseiller Santé, Mission permanente, Genève
Mme Marion Courbil, Attachée Santé, Mission permanente, Genève
M. Étienne Hirsch, Health and Biology Sector, Research and Innovation DG
M. Jean-Michel Heard, Scientific Director, Health and Biology Sector, Research and Innovation DG

GERMANY
Mr Hermann Gröhe, Minister of Health, Federal Ministry of Health
Dr Thomas Fitschen, Ambassador, Deputy Permanent Representative, Geneva
Dr Sandra Dybowski, Global Policy Adviser, Federal Ministry of Health
Ms Cornelia Jarasch, Permanent Mission, Geneva
Ms Andrea Beck, Head of Protocol, Federal Ministry of Health
Dr Martin Schölkopf, Deputy Director General for Care
Dr Roland Jopp, Federal Ministry of Health
Ms Parissa Parsa, Translator, Federal Ministry of Health
Mrs Kornelia Falck, Federal Ministry of Family Affairs, Senior Citizens, Women and Youth

GHANA
Mr George Kumi Kyeremeh, Director of Nursing and Midwifery Services, Ministry of Health
Mrs Laila Heward-Mills, First Secretary, Permanent Mission, Geneva

GREECE
Mr Alexandros Alexandris, Ambassador, Permanent Representative, Geneva
Mr Ioannis Baskozos, Secretary General of Public Health, Ministry of Health
Mr Anastasios Karadedros, Neurologist, Ministry of Health
Mr Dimitrios Kranias, Health Attaché, Geneva
Mrs Efthimia Karava, Expert, Health Affairs, Geneva
Ms Sofia Kekempanou Expert, Health Affairs, Geneva

GUATEMALA
Mr Francisco Villagrán de León, Ambassador, Permanent Mission, Geneva
Mr Carlos José Escobedo Menéndez, Minister Counsellor, Permanent Mission, Geneva

HAITI
Ms Laurence Pean Mevs, Ambassador, Deputy Permanent Representative, Geneva

HONDURAS
Mr Giampaolo Rizzo-Alvarado, Ambassador, Deputy Permanent Representative, Geneva
Miss Gilliam Gomez Guifarro, First Secretary, Permanent Mission, Geneva
Miss Abigail Silber, Humanitarian Intern, Permanent Mission, Geneva

HUNGARY
Professor Tamás Kurimay, Governmental expert, Ministry of Human Capacities

INDIA
Mr B.N. Reddy, Acting Permanent Representative, Permanent Mission, Geneva
Dr Rajesh Ranjan, Counsellor, Permanent Mission, Geneva
Mr Ashok Bhatt, Second Secretary, Permanent Mission, Geneva

INDONESIA
Mr Triyono Wibowo, Ambassador, Permanent Representative, Geneva
Mr Robert Matheus Michael Tene, Ambassador, Deputy Permanent Representative, Geneva
Dr Trisa Wahjuni Putri, Director, Center for Health Intelligence, Secretariat General
Mr Acep Somantri, Counsellor, Permanent Mission, Geneva
Ms Mustika Hanum Widodo, Third Secretary, Permanent Mission, Geneva

IRAN (ISLAMIC REPUBLIC OF)
Dr Mohsen Asadi Lari, Director General, International Relation Department, Ministry of Health and Medical Education

IRAQ
Mr Saad Kadhim, Third Secretary, Permanent Mission, Geneva

ISRAEL
Dr Aaron Cohen, Head, Geriatric Division, Ministry of Health
Tania Berg-Rafaeli, Conseillère politique, Mission d'Israël auprès de l'ONU

ITALY
Dr Ranieri Guerra, Director General Prevention, Ministry of Health
Dr Teresa Di Fiandra, National focal point for mental health, Ministry of Health
Mr Alberto Bertoni, Permanent Mission, Geneva
Ms Agostina Corinne Montemezzani, Permanent Mission, Geneva

JAMAICA
Dr Maureen Irons-Morgan, Director, Mental Health and Substance Abuse, Ministry of Health
Mr Sheldon Barnes, Foreign Service Officer, Permanent Mission, Geneva

JAPAN

Mr Katsunori Hara, Vice-Minister for Policy Coordination, Ministry of Health, Labour and Welfare
Mr Tadayuki Mizutani, Director, Policy Promotion Office of Dementia and Abuse Prevention, Health and Welfare Bureau for the Elderly, Ministry of Health, Labour and Welfare
Dr Yoshiki Niimi, Deputy Director, Policy Promotion Office of Dementia and Abuse Prevention, Health and Welfare Bureau for the Elderly, Ministry of Health, Labour and Welfare
Ms Miwa Manako, Deputy Director, Policy Promotion Office of Dementia and Abuse Prevention, Health and Welfare Bureau for the Elderly, Ministry of Health, Labour and Welfare
Ms Tomoko Onoda, First Secretary, Permanent Mission, Geneva

KENYA

Ms Hellen Kabiru, Counsellor-Health, Permanent Mission, Geneva

LATVIA

Mrs Līga Šerna, Health Counsellor, Permanent Mission, Geneva

LIBYA

Mr Adel Alakhder, First Secretary, Permanent Mission, Geneva

LITHUANIA

Professor Zilvinas Padaiga, Dean International Office, Lithuanian University of Health Sciences
Professor Virginija Adomaitienė, Head, Department of Psychiatry, Lithuanian University of Health Sciences

LUXEMBOURG

Mme Lydia Mutsch, Ministre de la Santé du Grand-Duché de Luxembourg
M. Jean-Marc Hoscheit, Ambassadeur, Représentant Permanent auprès de la Mission permanente du Grand-Duché de Luxembourg auprès de l'Office des Nations Unies à Genève
M. Daniel Da Cruz, Représentant permanent adjoint auprès de la Mission permanente du Grand-Duché de Luxembourg auprès de l'Office des Nations Unies à Genève
Dr Dorothee Knauf-Hübel, Médecin, Chef de Service, Division de la Médecine Curative, Direction de la Santé, Ministère de la Santé du Grand-Duché de Luxembourg
Mme Anne Calteux, Premier Conseiller de Gouvernement, Coordination des dossiers Santé, Ministère de la Santé du Grand-Duché de Luxembourg
Mme Anne Weber, Attachée, Agent de la Coopération auprès de la Mission permanente du Grand-Duché de Luxembourg auprès de l'Office des Nations Unies à Genève
Mme Tatjana Konieczny, Attachée auprès de la Mission permanente du Grand-Duché de Luxembourg auprès de l'Office des Nations Unies à Genève

MALTA

Dr John Paul Grech, Ambassador, Permanent Mission, Geneva
Ms Justyne Caruana, Parliamentary Secretary for the Rights of Persons with Disability and Active Ageing
Dr Charles Scerri, National Focal Point for Dementia, Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing
Mr Mark Ciscaldi, First Secretary, Permanent Mission, Geneva
Ms Melanie Magri, Private Secretary, Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing

MAURITANIA

Mme Fatima Isselmou, Premier Conseiller, Mission Permanente, Genève

MAURITIUS

Mr Anil Kumarsingh Gayan, Minister of Health and Quality of Life
Mr Israhyananda Dhalladoo, Ambassador, Permanent Representative, Geneva
Mr Anandrao Hurree, Deputy Permanent Representative, Geneva
Dr A. Sorefan, Consultant Psychiatry, Ministry of Health and Quality of Life

MEXICO

Dr Teresita Corona Vázquez, Directora General, Instituto Nacional de Neurología y Neurocirugía "Manuel Velasco Suárez"
Dr Luis Miguel Gutiérrez Robledo, Director, National Institute of Geriatrics
Ms Liliana Padilla, Health Attaché, Permanent Mission, Geneva
Ms Samira Fierro, Permanent Mission, Geneva

MONACO

Ms Carole Lanteri, Ambassadeur, Représentant Permanent, Genève
Mr Gilles Realini, Premier Secrétaire, Mission Permanente, Genève

MOZAMBIQUE

Dr Ussene Isse, National Director for Medical Assistance, Ministry of Health
Dr Maria Lidia Gouveia, Head of Mental Health Department and Focal Point for Dementia, Ministry of Health
Mrs Francelina Romão, Health Counsellor, Permanent Mission, Geneva

MYANMAR

Professor Paing Soe, Member, Nay Pyi Taw Council
Professor Win Min Thit, Head, NeuroMedicine, Yangon General Hospital

NEPAL

Dr Senendra Raj Upreti, Director General, Department of Health Services, Ministry of Health and Population
Dr Surendra Sherchan, Director, Mental Hospital, Ministry of Health and Population, Lalitpur

NETHERLANDS

Mr Kees van der Burg, Director General for Long term care
Ms Marie Claire de Vries, Head of unit, Department of Long term care, Ministry of Health Welfare and Sport
Ms Jacqueline Hoogendam, Senior advisor, Department of Long term care, Ministry of Health Welfare and Sport
Mr Gert-Jan Rietveld, Health Counsellor, Permanent Mission, Geneva
Mr Roderick van Schreven, Ambassador, Permanent Representative, Geneva
Mr Reinout Vos, Deputy Permanent Representative, Geneva
Ms Merel Baas, Deputy Director, Department for International Affairs, Ministry of Health Welfare and Sport
Mr Geert Koolen, Spokesman of State Secretary, Ministry of Health Welfare and Sport

NICARAGUA

Mr Carlos Robelo Raffone, Ambassador, Permanent Representative, Geneva

NORWAY

Lisbeth Normann, State Secretary, Ministry of Health and Care Services
Steffen Kongstad, Ambassador, Permanent Representative, Geneva
Petter Øgar, Director General, Ministry of Health and Care Services
Kristin Løkke, Deputy Director General, Ministry of Health and Care Services
Berit Kvalvaag Grønnestad, Senior Adviser in the Norwegian Directorate of Health
Lisbet Rugtvedt, Secretary General, Norwegian Health Organization
Thor Erik Lindgren, Counsellor, Permanent Mission, Geneva
Ole Kristian Aars, Intern, Permanent Mission, Geneva

PAKISTAN

Mr Zamir Akram, Ambassador, Permanent Representative, Geneva
Dr Fareha Bugti, First Secretary, Permanent Mission, Geneva

PANAMA

Dr Ricardo Goti, National Coordinator, Mental Health, Ministry of Health, Panama
Mr Jorge Corrales Hidalgo, Counsellor, Permanent Mission, Geneva

PERU

Dr Yuri Licinio Cutipé Cárdenas, Director de Salud Mental of MINSA
Ms Sara Alvarado Salamanca, Diplomat, Permanent Mission, Geneva

PHILIPPINES

Michelle Eduarte, Attaché, Philippine Mission to the UN, Geneva

PORTUGAL

Mr Pedro Nuno Bártolo, Ambassador, Permanent Mission, Geneva
Dr Álvaro de Carvalho, Director, National Programme for Mental Health, Directorate-General of Health
Mr António Valadas da Silva, Counsellor for social affairs, Permanent Mission, Geneva
Dr António Leuschner, President of the National Council for Mental Health, Adviser of the National Programme for Mental Health and the Portuguese focal point for the joint action on dementia

QATAR

Dr Hanadi Khamis Mubarak Alhamad, Consultant, Ageing Department of Hamad Medical Hospital
Mr Egbert Schillings, Chief Executive Officer, World Innovation Summit for Health (WISH)
Mr Neil Moors, Head of Delegate Policy, World Innovation Summit for Health (WISH)
Dr Raga Naseem Hammad, Permanent Mission, Geneva

REPUBLIC OF KOREA

Mr Yoonsoon Jung, Director of Bureau of Senior Policy, Ministry of Health and Welfare
Ms Minjoo Kim, Deputy of Director of Bureau of Senior Policy, Ministry of Health and Welfare
Professor Kiwoong Kim, Professor, Director of National Institute of Dementia
Mr Ganglip Kim, Minister Counsellor, Permanent Mission, Geneva

RUSSIAN FEDERATION

Dr Alla Borisovna Gekht, Director, Academic and Research Psychoneurological Center n.a.

SAUDI ARABIA

Dr Tareef Bin Yousef Alaama, Deputy Minister for Therapeutic Services, Ministry of Health

SENEGAL

Mr Elhadji Malick Diallo, First Secretary, Permanent Mission, Geneva

SERBIA

M. Miroslav Milosevic, Ministre Conseiller, Mission permanente, Genève

SLOVAKIA

Jan Plavcan, Permanent Mission, Geneva

SLOVENIA

Mr Vojislav Šuc, Ambassador, Permanent Mission, Geneva
Mrs Dusanka Petric, Ministry of Health
Mr Jurij Žerovec, Permanent Mission, Geneva

SOUTH AFRICA

Dr Melvyn Freeman, Ministry of Health
Dr Lindiwe Makubalo, Health Adviser, Permanent Mission, Geneva

SPAIN

Mr Martin Remón, Conseiller Diplomatique, Mission permanente, Genève

SRI LANKA

Dr Rasanjalee Hettiarachchi, Deputy Director, Mental Health, Ministry of Health
Ms M L F Mafusa, Second Secretary, Permanent Mission, Geneva
Ms Piyumali Dissanayake, Assistant to Second Secretary, Permanent Mission, Geneva

SUDAN

Mrs Rahma Salih Elobied, Ambassador, Permanent Representative, Geneva
Ms Azza Mohammed Abdalla Hassan, Third Secretary, Permanent Mission, Geneva

SWAZILAND

Mrs Sibongile Ndlela-Simelane, Minister of Health, Ministry of Health
Dr Samuel Vusi Magagula, Director of Health, Ministry of Health
Ms Jennifer Neves, First Secretary, Permanent Mission, Geneva

SWEDEN

Mr Gabriel Wikström, Minister for Health Care, Public Health and Sport, Ministry of Health and Social Affairs
Mr Juan-Pablo Roa, Political Adviser to the Minister, Ministry of Health and Social Affairs
Mr Per-Anders Sunesson, Deputy Director-General, Ministry of Health and Social Affairs
Mr Jan Knutsson, Ambassador, Permanent Mission, Geneva
Ms Anna Halén, Counsellor, Permanent Mission, Geneva
Ms Louise Andersson, Head of Section, Ministry of Health and Social Affairs
Mr Gabriel Andreasson, Head of Section, Ministry of Health and Social Affairs
Ms Clara Luthman, Intern, Permanent Mission, Geneva

SWITZERLAND

Mme Tania Dussey-Cavassini, Vice-Directrice, Ambassadeur pour la santé globale
Mme Margreet Duetz Schmucki, Cheffe de la Section Politique nationale de la santé, Office fédéral de la santé publique, Département fédéral de l'intérieur
Mme Verena Hanselmann, Cheffe suppléante, Section Politique nationale de la santé, Office fédéral de la santé publique, Département fédéral de l'intérieur
Mme Antonella Chadha Santuccione, Clinical reviewer, Authorization Department, Swiss Agency for Therapeutic Products
Mme Delphine Sordat, Cheffe suppléante, Section Santé Globale
Mme Rahel Kölbener, stagiaire, Section Santé Globale, Office fédéral de la santé publique, Département fédéral de l'intérieur

TANZANIA

Professor Ayoub Magimba, Assistant Director, Noncommunicable Diseases, Ministry of Health and Social Welfare
Dr Catherine Sanga, Health Attaché, Permanent Mission, Geneva

THAILAND

Dr Benjamas Prukkanone, Bureau of Mental Health Strategy, Department of Mental Health, Ministry of Public Health
Dr Thongatana Permbotasi, Assistant Director, Institute of Geriatric Medicine
Dr Sirintorn Chansirikarnjana, Geriatrician, Geriatric Medicine Division, Ramathibodi Hospital

TOGO

Dr Kokou Agoudavi, National Director, National NCD Program, Ministry of Health
Mrs Mounto Agba, First Secretary, Permanent Mission, Geneva

TUNISIA

Dr Riadh Gouider, Head of Neurology Department and Director of Alzheimer Centre in Tunis

TURKEY

Mr Ferden Carikci, Ambassador, Permanent Representative, Geneva
Dr Banw Elcincl, Head of Department, General Diseases, Elderly Health and Disabled, Ministry of Health Ms Özlem Kural, Counsellor, Permanent Mission, Geneva

UGANDA

Mr Christopher Onyanga Aparr, Ambassador, Permanent Representative, Geneva

UKRAINE

Ms Kateryna Sobro-Nesteruk, Third Secretary, Permanent Mission, Geneva

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND
Mr Jeremy Hunt, MP, Secretary of State for Health, Department of Health, UK
Mr Jon Rouse, Director General, Social Care, Local Government and Care Partnerships
Ms Gill Ayling, Deputy Director, Head of Global Action Against Dementia
Ms Sara Allen, Deputy Director, Dementia Innovation Unit,
Ms Becky Farren, Head of International Relationships, Global Action Against Dementia
Ms Kirsty O'Donnell, Senior Policy Officer
Ms Penny Turner, Account Director for Dementia Communications
Ms Katie Spenceley, Policy Communications Manager – Dementia
Mr Zoltan Bozoky, Chief Strategy Officer, Global Integrated Development
Mr Matt Harpur, Head of EU, WHO, and Global Health Security Team, International Branch
Mr Mario Rivero-Huguet, Science and Innovation Officer, British Consulate-General Montreal
Ms Alison MacEwen, Science & Innovation Officer, British Embassy Paris
Mr Geoff Huggins, Acting Director of Health and Social Care Integration, Scottish Government
Ms Karen Pierce, Ambassador and Permanent Representative to the UN, Geneva
Mr Mark Matthews, Ambassador and Deputy Permanent Representative to the UN, Geneva
Ms Alex Cole, Counsellor, UK Mission to the UN, Geneva
Mr Mark Rush, Second Secretary, Global Health and Environment, UK Mission, Geneva
Ms Aisha Gilani, Head of Press and Public Affairs, UK Mission to the UN, Geneva
Ms Daisy Goulding, Third Secretary, UK Mission to the UN, Geneva
Ms Ciara Laverty, Attaché, UK Mission to the UN, Geneva

UNITED STATES OF AMERICA
Ms Pamela Hamamoto, Ambassador, Permanent Representative, Geneva
Dr Richard Hodes, Director, National Institute on Aging, National Institutes of Health
Dr Linda Elam, Director General, Department of Health and Human Services

VENEZUELA
Jackson Galindo, Second Secretary, Permanent Mission, Geneva

ZAMBIA
Dr Emmanuel Makasa, Counsellor-Health, Permanent Mission, Geneva

ZIMBABWE
Mrs Dorcas Shirley Sithole, Deputy Director Mental Health Services
Mrs Paidamoyo Sharon Takaenzana, Counsellor, Permanent Mission, Geneva

UN OFFICES AND OTHER INTERGOVERNMENTAL ORGANIZATIONS

UN ECONOMIC COMISSION FOR EUROPE (UNECE)
Vitalija Gaucaite-Wittich, Chief, Population unit
Fiona Willis-Nuñes, Associate Population Affairs Officer, Population Unit

UN HUMAN RIGHTS COUNCIL
Rosa Kornfeld -Matte, Independent Expert on the enjoyment of all human rights by older persons, mandated by UN Human Rights Council

UN HIGH COMMISSIONER FOR HUMAN RIGHTS (UN-OHCHR)
Natacha Foucard, Chief, a.i., Group and Accountability Section, Special Procedures Branch
Karim Ghezraoui, Chief, Special Procedures Branch
Lydia Gény, Consultant, Groups and Accountability Section
Khaled Hassine, Human Rights Officer

EUROPEAN UNION
Mr Peter Sørensen, Ambassador, Head of the Delegation of the European Union, Geneva
Mr Dominic Porter, Minister Counsellor, Deputy Head of the Delegation of the European Union, Geneva
Ladislav Miko, Acting Director-General, Directorate General SANTE, European Commission, Brussels
John F Ryan, Acting Director, Directorate C - Public Health, Directorate General SANTE, European Commission, Brussels
Michael Hübel, Head of Unit, Directorate C - Public Health, Unit 1: Programme Management and Diseases Directorate General SANTE, European Commission, Brussels
Jürgen Scheftlein, Policy Officer, Directorate C - Public Health, Unit 1: Programme Management and Diseases, Directorate General SANTE, European Commission, Brussels
Dr Karim Berkouk, Deputy Head of Unit, Unit E4 Non-communicable diseases and the challenge of healthy ageing, Directorate-General for Research and Innovation, European Commission, Brussels
Dr Catherine Berens, Head of Sector Neuroscience, Unit E4 Non-communicable diseases and the challenge of healthy ageing, Directorate-General for Research and Innovation, European Commission, Brussels
Canice Nolan, Senior Coordinator for Global Health, Deputy Head of Unit D1 - Strategy and International Directorate General for Health and Food Safety - DG SANTE, European Commission, Brussels
Dr Isabel de la Mata, Principal Advisor, Public Health and Risk Assessment, DG SANTE, European Commission, Brussels
Ms Lourdes Chamorro, Counsellor, Permanent Delegation, Geneva
Ms Maya Matthews, First Secretary, Permanent Delegation, Geneva
Mr Alexander Gnädinger, Intern, Permanent Delegation, Geneva

ORGANIZATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT (OECD)
Stefan Kapferer, Deputy General
Mr Dirk Pilat, Deputy Director, Directorate for Science, Technology and Innovation
Mark Pearson, , Deputy Director, Directorate for Employment, Labour and Social Affairs
Francesca Colombo, Head, Health Division

NONGOVERNMENTAL ORGANIZATIONS AND CIVIL SOCIETIES

AGE INTERNATIONAL
Christopher Roles, Director, Age International, UK

ALLIANCE FOR HEALTH PROMOTION
Gabriella Sozanski, Board Member and Secretary, Geneva

ALZHEIMER'S DISEASE INTERNATIONAL (ADI)
Glenn Rees, Chair Elect, Australia
Jacob Roy Kuriakose, Chair, India
Daisy Acosta, Honorary Vice President, Dominican Republic
Marc Wortmann, Executive Director, UK
Johan Vos, Deputy Executive Director, UK
Mike Splaine, Policy Advisor, United States of America
Dr Raymond Jessurun, ADI Representative, St. Maarten

ALZHEIMER EUROPE
Jean Georges, Executive Director, Alzheimer Europe, Luxembourg
Heike Luetzau-Holbein, Chairperson, Alzheimer Europe, Germany

AMERICAN ASSOCIATION OF RETIRED PERSONS (AARP)
Sarah Lock, Senior Vice President for Policy, USA

BRAIN CANADA
Inez Jabalpurwala, President and Chief Executive Officer

CANADIAN MEDICAL ASSOCIATION
Mr Stephen Vail, Director, Research and Policy Development

CENTRE PALOMA
Denise Bouvier, Psychologue-psychothérapeute FSP, Directrice du Centre Paloma, Switzerland

DEMENTIA ALLIANCE INTERNATIONAL
Kate Swaffer, Co-founder, Co-chair, Editor, Australia

DEMENTIA SERVICES INFORMATION AND DEVELOPMENT CENTRE (DSIDC)
Dr Suzanne Cahill, National Director, Ireland

DEMENTIA SOCIETY OF BANGLADESH
Dr Samnun Faruque Taha, Secretary General

FORUM FOR HEALTH
Laetitia van Haren, Mental Health and Psycho-Social Working Group, France

FUNDAÇÃO CALOUSTE GULBENKIAN
Professor Jorge Soares, Director, Portugal

HELPAGE INTERNATIONAL
Toby Porter, Chief Executive Officer, UK

INSTITUTE OF LIFE COURSE AND AGING, UNIVERSITY OF TORONTO
Peter Whitehouse, Strategic Advisor, Professor of Neurology, Director, Adult Learning, the Intergenerational School

INTERNATIONAL ALLIANCE OF WOMEN
Mrs Seema Uplekar, UN Representative, Geneva

INTERNATIONAL FEDERATION OF PHARMACEUTICAL MANUFACTURERS & ASSOCIATIONS - IFPMA
Dr Andrew Satlin, Eisai
Professor David B Jefferys, Eisai Europe Ltd.
Phyllis Barkman Ferrell, Eli Lilly and Company
Thomas Wallace, Eli Lilly and Company
Dr Estelle Vester-Blokland, F. Hoffmann-La Roche
Dr Luc Truyen, Johnson & Johnson
Neil Mulcock, Lundbeck
Simon Holt, Novartis International AG
Alan Maine, IFPMA
Nina Grundmann, Policy Analyst, Global Health Policy, IFPMA

INTERNATIONAL LONGEVITY CENTRE GLOBAL ALLIANCE
Silvia Perel-Levin
Alexandre Kalache
Deborah Sturdy Trustee

INTERNATIONAL PSYCHOGERIATRIC ASSOCIATION
Professor Raimundo Mateos-Alvarez, Psychogeriatric Unit Department of Psychiatry, School of Medicine, University of Santiago de Compostela, Spain

JAPAN NGO COUNCIL ON AGING (JANCA)
Mr Tadaaki Masuda, Director, Representative, International Affairs

MEMBER CARE
Dr Michele O'Donnell, Member Care, Switzerland
Dr Kelly O'Donnell, Member Care, Switzerland

MONEGASQUE ASSOCIATION FOR RESEARCH ON ALZHEIMER'S DISEASE (AMPA)
Salomé Nicaise, Study Analyst, Monaco

NATIONAL ALZHEIMER'S ASSOCIATIONS
Mimi Lowi-Young, Chief Executive Officer, Alzheimer Society of Canada
Mrs Gabriella Porro, President, Federazione Alzheimer Italia
Mario Possenti, National Coordinator, Federazione Alzheimer Italia
Dr Sadao Katayama, Director board Member, Chairman, Alzheimer's Association Japan
Mrs Gea Broekema-Procházka, Managing Director, Alzheimer Nederland
Mrs Julie Meerveld, Manager Advocacy& Communications, Alzheimer Nederland
Susan Hitchiner, Chair, Alzheimers New Zealand
Mme Isabel Rochat, President, Alzheimer Association Genève, Switzerland
Mrs Birgitta Martensson, Chief Executive Officer, Swiss Alzheimer Association, Switzerland
Hilary Evans, Director, Foreign Affairs, Alzheimer's Research, UKMathew Norton, Head of Policy and Public Affairs, Alzheimer's Research, UK
Jeremy Hughes, Chief Executive Officer, Alzheimer's Society, UK
Dr Doug Brown, Director, Research and Development, Alzheimer's Society, UK
Leonard Shallcross, Public Affairs, Alzheimer's Society, UK
Harry Johns, Chief Executive Officer and President, Alzheimer's Association, USA
Matthew Baumgart, Senior Director of Public Policy, Alzheimer's Association, USA
Dr Maria Carrillo, Chief Science Officer, Alzheimer's Association, USA

NCD ALLIANCE
Alena Matzke, Advocacy Specialist, NCD Alliance, Switzerland

NORWEGIAN HEALTH ASSOCIATION
Dr Anne Rita Øksengård, Head of Research

QUEBEC NETWORK FOR RESEARCH ON AGING
Dr Pierrette Gaudreau, Director

TORONTO DEMENTIA RESEARCH ALLIANCE
Dr Mario Masellis

UNION FOR INTERNATIONAL CANCER CONTROL (UICC)
Rebecca Morton Doherty, Advocacy and Programmes Coordination Manager, UICC

WORLDWIDE HOSPICE PALLIATIVE CARE ALLIANCE
Claire Morris, Advisor, Worldwide Hospice Palliative Care Alliance, Canada

WORLD DEMENTIA ENVOY
Dr Dennis Gillings
Mr Lee McGill, Private Secretary to the World Dementia Envoy

WORLD FEDERATION FOR MENTAL HEALTH
Mrs Myrna Lachenal-Merritt, Lead Representative to the UN, Geneva

WORLD FEDERATION OF NEUROLOGY
Raad Shakir, President

WORLD STROKE ORGANIZATION
Professor Michael Brainin, Vice-President

PEOPLE WITH DEMENTIA AND THEIR FAMILIES
Michael Ellenbogen, USA
Shari Ellenbogen, USA
Hilary Doxford, UK
Peter Paniccia, UK

FOUNDATIONS, ACADEMIA, INSTITUTIONS AND OTHERS

ALZHEIMER'S RESEARCH UK

Dr Eric Karran, Director of Research

BILL AND MELINDA GATES FOUNDATION

Raj Long, Senior Regulatory Officer, Integrated Development, USA

CENTRE FOR HEALTHY BRAIN AGEING

Dr Perminder Sachdev, Co-Director, Centre for Healthy Brain Ageing, Australia

CENTRE FOR NEUROSCIENCE, INDIAN INSTITUTE OF SCIENCE

Professor Vijayalakshmi Ravindranath, Chair, Centre for Neuroscience, Indian Institute of Science, India

CHINESE UNIVERSITY OF HONG KONG

Helen Chiu, Professor, Department of Psychiatry
Professor Timothy Kwok, Director, Jockey Club Centre for Positive Ageing

CLINICAL BIOTECHNOLOGY RESEARCH INSTITUTE, ROPER ST. FRANCIS HEALTHCARE (CBRI)

Dr Jacobo Mintzer, Executive Director, Clinical Biotechnology Research Institute, Roper St. Francis Healthcare, USA

COLLEGIUM MEDICUM UMK

Dr Joanna Rybka, Department and Clinic of Geriatrics, Poland

COLUMBIA UNIVERSITY MEDICAL CENTER

Dr Hiral Shah, Clinical Fellow, Movement Disorders, The Neurological Institute of New York

CUBAN NEUROSCIENCE CENTER

Dr Maria Antonieta Bobes, Head of Cognitive Neuroscience Department, Cuba

DEMENTIA RESEARCH CENTRE

Professor Martin Rossor, Director, Dementia Research Centre, UK

EMORY UNIVERSITY

Dr William Tzu-lung Hu, Young Leaders, Emory University, USA

GERMAN CENTER FOR NEURODEGENERATIVE DISEASES

Professor Pierluigi Nicotera, Scientific Director and Chairman of the Executive Board

HUMAN BRAIN PROJECT

Professor Sean Hill, Co-Director, Blue Brain Project, Switzerland

HUYA BIOSCIENCE INTERNATIONAL

Dr Mireille Gillings, President, Chief Executive Officer and Executive Chairman, UK

IMPERIAL COLLEGE LONDON

Dr Lefkos T Middleton, Professor of Neurology, School of Public Health, UK
Robert Perneczky, Coordinator, Imperial College London, UK

INSTITUTE OF PSYCHIATRY

Professor Martin Prince, Institute of Psychiatry, UK

JOINT PROGRAMME FOR NEURODEGENERATIVE DISEASE

Professor Philippe Amouyel, Management Board Chair, France

KAROLINSKA INSTITUTET

Professor Miia Kivipelto, Center for Alzheimer Research and Aging Research Center, Sweden
Professor Anders Wimo, Division of Neurogeriatrics, Sweden

LONDON SCHOOL OF ECONOMICS

Professor Martin Knapp, London School of Economics, UK

MAYO CLINIC

Professor Ronald Petersen, Mayo Clinic, USA

MEDICAL RESEARCH COUNCIL

Rob Buckle, Director of Science Programmes, UK

MEMORY CLINIC, GENEVA UNIVERSITY HOSPITAL

Professor Giovanni Frisoni, Head, Memory Clinic, Geneva University Hospital
Ms Séverine Merrot-Muntoni, Memory Clinic, Geneva University Hospital

NATIONAL CENTER OF NEUROLOGY AND PSYCHIATRY

Dr Yusuke Fukuda, Director-General, National Institute of Mental Health, Japan

NATIONAL CENTER FOR GERIATRICS AND GERONTOLOGY (NCGG)

Kenji Toba, President, NCGG, Japan
Mr Takashi Yoshino, NCGG, Japan
Dr Yumiko Arai, NCGG, Japan

NATIONAL GRADUATE INSTITUTE FOR POLICY STUDIES, HEALTH AND GLOBAL POLICY

Dr Kiyoshi Kurokawa, National Graduate Institute for Policy Studies, Health and Global Policy, Japan

NATIONAL HEALTH SERVICE (NHS)

Professor Alistair Burns, National Clinical Director for Dementia, National Health Service (NHS) England

NEW YORK ACADEMY OF SCIENCES

Cynthia Duggan, Director, Alzheimer's Disease and Dementia Initiative, USA

NORTHERN ONTARIO SCHOOL OF MEDICINE

Dr Kristen Jacklin, Northern Ontario School of Medicine, Canada

OKAYAMA UNIVERSITY

Professor Mitsunobu Kano, Young Leaders, Okayama University, Japan

OFFICE OF HEALTH ECONOMICS (OHE)

Jorge Mestre-Ferrandiz, Director of Consulting, OHE, UK

ONTARIO BRAIN INSTITUTE

Donald Stuss, President and Scientific Director, Ontario Brain Institute, Canada

ONTARIO SHORES CENTRE FOR MENTAL HEALTH SCIENCES

Dr Arlene Astell, Research Chair in Community Management of Dementia, Canada

PASQUAL MARAGALL FOUNDATION

Dr Jose Luis Molinuevo, Pasqual Maragall Foundation, Spain

PUBLIC HEALTH ENGLAND

Dr Charles Alessi, Senior Advisor and Lead on Dementia, Public Health England

RYERSON UNIVERSITY

Kristine Newman, Young Leaders, Ryerson University, Canada

THE NATIONAL REHABILITATION CENTER FOR PERSONS WITH DISABILITIES

Takenobu Inoue, Director, Department of Assistive Technology, Canada

THE WELLCOME TRUST

John Williams, Head of Science Strategy, Performance and Impact, UK

TOKYO METROPOLITAN INSTITUTE OF MEDICAL SCIENCE DEMENTIA RESEARCH PROJECT TECHNOLOGY LICENCING OFFICE

Dr Haruhiko Akiyama, Director and Senior Scientist, Japan

UNIVERSITY OF BRITISH COLUMBIA

Dr Howard Feldman, Executive Associate Dean, Canada
Laura Booi, Young Leaders, Canada

UNIVERSITY OF COPENHAGEN

Dr Kieu Phung, Danish Dementia Research Center, Rigshospitalet, Denmark

UNIVERSITY OF GENEVA

Professor Emiliano Albanese, Department of Psychiatry and Institute of Global Health

UNIVERSITY OF HARVARD

Dr Kavitha Kolappa, PGY-3, MGH/McLean Psychiatry Residency, USA

UNIVERSITY OF KYUSHU

Dr Toshiharu Ninomiya, Center for Cohort Studies, Graduate School of Medical Sciences, Japan

UNIVERSITY OF LJUBLJANA

Dr Lovro Žiberna, Young Leaders, University of Ljubljana, Slovenia

UNIVERSITY OF LUXEMBOURG

Dr Anja Leist, University of Luxembourg

UNIVERSITY OF NOTTINGHAM

Professor Martin Orrell, Director, Institute of Mental Health, UK

UNIVERSITY OF OXFORD

Dr Ulrike Deetjen, Balliol College, UK
Professor Eric T. Meyer, Senior Research Fellow, Oxford Internet Institute, UK

UNIVERSITY OF TSUKUBA

Dr Toshiyuki Sankai, Department of System and Information Engineering (Cybernics Group), Japan

UNIVERSITY OF WORCESTER

Professor Dawn Brooker, Director, Dementia Studies, UK

VIRGINIA COMMONWEALTH UNIVERSITY SCHOOL OF MEDICINE

Professor Antony Fernandez, Virginia Commonwealth University School of Medicine, USA

VRADENBURG FOUNDATION

George Vradenburg, President, Vradenburg Foundation

WORLD COUNCIL OF CHURCHES

Susan Purcell Gilpin, Switzerland

ASSOCIATION OF FORMER WHO STAFF MEMBERS – ASSOCIATION DES ANCIENS DE L'OMS (AFSM-AOMS)

Sue Block-Tyrrell
Jean-Paul Menu
Dev Ray

CONSULTANT PSYCHIATRIST, OLD AGE

Dr Hazel Wood, UK

WHO COLLABORATING CENTRES

WHO/BEIJING COLLABORATING CENTRE FOR RESEARCH AND TRAINING ON MENTAL HEALTH

Professor Huali Wang

WHO COLLABORATING CENTRE FOR RESEARCH AND TRAINING IN MENTAL HEALTH (ITALY)

Dr Carlotta Baldi, Board member

WHO COLLABORATING CENTRE FOR RESEARCH AND TRAINING IN MENTAL HEALTH (SWITZERLAND)

Dr Benedetto Saraceno, Director

WHO COLLABORATING CENTRE FOR THE PUBLIC HEALTH EDUCATION AND TRAINING (UK)

Professor Salman Rawaf, Director

APPENDIX B

AGENDA

FIRST WHO MINISTERIAL CONFERENCE ON GLOBAL ACTION AGAINST DEMENTIA

16-17 March 2015, Geneva

World Health Organization

BACKGROUND

Goals

To raise awareness that a world free of the avoidable burden of dementia is achievable, but only if governments in rich and poor countries alike follow a shared commitment to put in place the necessary policies and resources for dementia care and finding a cure for dementia, and place action against dementia higher on the national and global political agendas, in collaboration with all stakeholders.

Objectives

- To highlight evidence relating to the global burden and impact of dementia
- To encourage governments worldwide to take action to prevent dementia and improve care services, based on current scientific knowledge, available evidence and global experience
- To discuss the need for assessing dementia care and monitoring progress
- To stress identifying cures or disease-modifying therapies for dementia
- To emphasise the need for increased investment in research
- To review global actions undertaken between 2011 and 2014 and explore possibilities of supporting global cooperation and to move from commitment to action, in coordination with all stakeholders

Expected outcomes

The conference will result in increased awareness of the public health and socio-economic challenges posed by dementia, a better understanding of governments' and other stakeholders' role and responsibility in responding to the challenge of dementia, and the need for coordinated global and national action.

FIRST WHO MINISTERIAL CONFERENCE ON GLOBAL ACTION AGAINST DEMENTIA

16-17 March 2015, Geneva

DAY 1 AGENDA – 16 MARCH 2015

Dementia: Care Today, Cure Tomorrow

Registration and Coffee	08:00 – 09:00
Introduction	09:00 – 09:45

Welcome Address	Oleg Chestnov (Assistant Director-General, WHO)
Presentation - Global Burden of Dementia	Martin Prince (Institute of Psychiatry, UK)
Presentation - Progress since the G8 dementia summit	Jon Rouse (UK)
Presentation - World Dementia Council	Dennis Gillings (Dementia Envoy, UK)
Objectives and Agenda for Day One	Tarun Dua (WHO)

Session 1: Innovations for Dementia Treatment	09:45 – 11:00

Moderator: Yves Joanette (Canada)

This session will focus on current knowledge and development science of dementia treatments, highlight opportunities for innovative thinking for example in relation to regulatory pathways, and consider approaches to increasing investments.

Presentation – Treatments for dementia: challenges and gaps	Ronald Petersen (Mayo Clinic, USA)
Presentation – Improving Regulatory Pathways	Raj Long (Bill & Melinda Gates Foundation)

Panel Discussion

Panellists:

- Etienne Hirsch (France)
- Karim Berkouk (European Union)
- Miia Kivipelto (Karolinska Institutet, Sweden)
- Vijayalakshmi Ravindranath (Indian Institute for Science, India)
- Lembit Rägo (WHO)

Session 2: Strategic Approaches for Dementia Research	11:00 – 12:00

Moderator: Martin Rossor (National Institute for Health Research, UK)

This session will highlight the work carried out following the G8 Dementia Summit and Declaration to understand the current dementia related research activity; identify priorities for investment; and discuss strategies approaches for dementia research.

Presentation - Current landscaping of dementia research	Dirk Pilat (OECD)

Panel Discussion

Panellists:

- Richard Hodes (USA)
- Philippe Amouyel (Joint Programme for Neurodegenerative Diseases, France)
- John Williams (Wellcome Trust, UK)
- Tarun Dua (WHO)

Lunch Break	12:00 – 13:30

Session 3: Advancing Dementia Risk Reduction and Care 13:30 – 15:00

Moderator: Alistair Burns (NHS England, UK)

This session will focus on the current knowledge base around dementia risk reduction and the potential benefits of embedding risk reduction into public health policies. The session will elaborate on the role of social and technological innovation in dementia care. This session will also discuss the human rights approaches for people living with dementia.

Presentation – Organizing dementia care and services	Mark Pearson (OECD)
Presentation - The case for a risk reduction approach	Harry Johns (Alzheimer Association, USA)

Panel Discussion

Panellists:

- Christian Berringer (Germany)
- Rosa Kornfeld-Matte (Independent Expert on the enjoyment of all human rights by older persons, mandated by UN Human Rights Council)
- Jacob Roy (Alzheimer's Disease International)
- Perminder Sachdev (Centre for Healthy Brain Ageing, Australia)
- Kenji Toba (National Centre for Geriatrics and Gerontology, Japan)
- Huali Wang (WHO/Beijing Collaborating Centre for Research and Training in Mental Health, China)
- John Beard (WHO)

Session 4: Policy Perspectives 15:00 – 16:30

Moderator: Shekhar Saxena (WHO)

This panel will summarise the challenges faced by countries and discuss the way forward, focusing on treatment, care and research.

Panel Discussion

Panellists: senior officials from participating countries - TBC

Session 5: People's Perspectives 16:30 – 17:15

This session will discuss experience of people living with dementia and answer questions on the concerns and priorities of people with dementia and their caregivers.

Panel Discussion

Panellists: people living with dementia, caregivers, and civil society members - TBC

FIRST WHO MINISTERIAL CONFERENCE ON GLOBAL ACTION AGAINST DEMENTIA

16-17 March 2015, Geneva

DAY 2 AGENDA – 17 MARCH 2015

Dementia: Moving Forward With Action

Registration and Coffee	08:00 – 09:00
Opening Session	09:00 – 10:00
Welcome address	Oleg Chestnov (Assistant Director General, WHO)
Opening remarks	Margaret Chan (Director General, WHO)
Opening address	Jeremy Hunt (Secretary of State, UK)
Opening remarks	Stefan Kapferer (Deputy Secretary General, OECD)
Opening remarks	Kate Swaffer (Dementia Alliance International)
Summary of Day 1 and objectives for Day 2	Shekhar Saxena (Director, WHO)

Session 1: Improving Dementia Awareness	10:00 – 11:00

Moderator: Daisy Acosta (Alzheimer's Disease International); WHO Resource Person: Tarun Dua

This panel will discuss improvement of dementia awareness and understanding, protection of human rights and involvement of civil society and people with dementia and their caregivers and families in the actions.

Panellists: Ministers and Deputy Ministers from participating countries TBC

▪

Session 2: Living Well With Dementia	11:00 – 12:00

Moderator: Ladislav Miko (European Union); WHO Resource Person: Anne Margriet Pot

This panel will discuss how health and social care systems in countries can be strengthened to deliver integrated and responsive care and strategies for improving quality of life for people living with dementia.

Panellists: Ministers and Deputy Ministers from participating countries TBC

▪

Lunch Break	12:00 – 13:30
Session 3: Strengthening Global Leadership and a Call for Action	13:30 – 14:45

Moderator: Melvyn Freeman (South Africa); WHO Resource Person: Shekhar Saxena

This panel will focus on the political commitment of governments, partnerships, and development and implementation of relevant policies and plans for care, risk reduction, research and monitoring progress.

Panellists: Ministers and Deputy Ministers from participating countries TBC

▪

Closing Session: Concluding Remarks	14:45 – 15:00
Margaret Chan (Director General, WHO)	
Coffee	15:00 – 16:00

APPENDIX C

CALL FOR ACTION
ARABIC

دعـوة إلــى العمــل

صادرة عن المشاركين في
المؤتمر الوزاري الأول لمنظمة الصحة العالمية بشأن العمل العالمي على مكافحة الخرف
(جنيف، ١٦–١٧ آذار/ مارس ٢٠١٥)

منظمة
الصحة العالمية

نحن المشاركين في هذا المؤتمر نلاحظ ما يلي:

١

في الوقت الراهن، يعاني أكثر من ٤٧ مليون شخص من الخرف على الصعيد العالمي، ومن المتوقع أن يتعايش أكثر من ٧٥ مليون شخص مع الخرف بحلول عام ٢٠٣٠. ويُتوقَّع لهذا العدد أن يزداد إلى ثلاثة أمثاله بحلول عام ٢٠٥٠. والخرف هو أحد التحديات الصحية الرئيسية التي تواجه جيلنا. وهو يُلقي بظلاله على الأفراد والأسر والمجتمعات، وإن كان كثيراً ما يُخفَى ويُساء فهمه ويُبلَّغ عنه بأقل من الواقع، كما أنه سبب متنامٍ للإعاقة.

٢

وعلى عكس الاعتقاد الشائع، ليس الخرف نتيجة طبيعية أو حتمية للتقدم في العمر. فالخرف حالة تسبب قصوراً في وظائف المخ المعرفية من ذاكرة ولغة وإدراك وتفكير، وهو يتداخل إلى حدّ كبير في قدرة الشخص على مواصلة أنشطة الحياة اليومية. وأكثر أنواع الخرف شيوعاً مرض ألزهايمر والخرف الوعائي. وتوحي البيّنات أن خطر أنواع معيّنة من الخرف قد ينخفض بالتصدي لعوامل الخطر القلبية الوعائية، حسب الاقتضاء.

٣

والآثار الشخصية والاجتماعية والاقتصادية للخرف هائلة. فالخرف يؤدي إلى زيادة تكاليف الرعاية الطويلة الأجل بالنسبة للحكومات والمجتمعات والأسر والأفراد، وإلى خسائر في الإنتاجية بالنسبة للاقتصادات. ومن المقدّر أن التكلفة العالمية للرعاية المتصلة بالخرف بلغت ٦٠٤ مليارات دولار أمريكي في عام ٢٠١٠ – أي ١,٠٪ من الناتج المحلي الإجمالي العالمي. وبحلول عام ٢٠٣٠، تشير التقديرات إلى أن تكلفة رعاية الأشخاص الذين يعانون من الخرف على الصعيد العالمي ستبلغ ١,٢ تريليون دولار أمريكي أو أكثر، الأمر الذي قد يقوّض التنمية الاجتماعية والاقتصادية في مختلف أنحاء العالم.

٤

ويعيش ما يقرب من ٦٠٪ من الأشخاص الذين يعانون من الخرف في البلدان المنخفضة الدخل والمتوسطة الدخل، ومن المتوقع أن تزداد هذه النسبة سريعاً خلال العقد المقبل. وقد يُسهم ذلك في زيادة جوانب عدم المساواة بين البلدان والمجموعات السكانية.

٥

ومن ثمّ، يحتاج الأمر إلى بذل جهد عالمي مستدام من أجل تشجيع العمل بشأن الخرف والتصدي للتحديات التي يثيرها الخرف وآثاره. ولا يستطيع بلد أو قطاع بمفرده أو منظمة بمفردها التصدي لهذه التحديات.

٦

والمبادئ والنهوج الجامعة التالية جزءً لا يتجزأ من الجهود العالمية:

- تمكين وإشراك الأشخاص المتعايشين مع الخرف والقائمين على رعايتهم وأسرهم على نحو كامل ونشط، والتغلب على الوصم والتمييز؛
- تعزيز التعاون بين جميع أصحاب المصلحة من أجل تحسين الوقاية والرعاية وتشجيع البحوث؛
- إدراج جوانب الوقاية من الخرف ورعاية المتعايشين معه وإعادة تأهيلهم في السياسات المتعلقة بالتقدم في العمر والإعاقة والأمراض غير السارية، بما في ذلك الصحة النفسية؛
- إثراء الخبرة القائمة واستخدامها، ووضع ترتيبات وآليات تعاونية لتعظيم أثرها؛
- تحقيق التوازن بين الوقاية والحدّ من المخاطر والرعاية والعلاج من أجل مواصلة إدخال التحسينات على الرعاية المقدمة للأشخاص المتعايشين مع الخرف ودعم القائمين على رعايتهم، مع بذل الجهود في الوقت نفسه من أجل إيجاد العلاجات الفعّالة وأفضل الممارسات والتدخلات التي تحد من المخاطر؛
- الدعوة إلى اتّباع نهج مستند إلى البيّنات والمشاركة في التعلّم، بما يسمح بإتاحة الإنجازات في مجال البحوث المفتوحة وتبادل البيانات من أجل تيسير تعجيل التعلّم والعمل؛
- التأكيد على أنه يتعين للسياسات والخطط والبرامج والتدخلات والأعمال أن تكون حسّاسة لاحتياجات الأشخاص المتعايشين مع الخرف والقائمين على رعايتهم وتوقعاتهم وحقوق الإنسان الخاصة بهم؛
- التسليم بأهمية التغطية الصحية الشاملة واتباع نهج قائم على الإنصاف بشأن جميع جوانب الأنشطة المعنية بالخرف، بما في ذلك تيسير الوصول المنصف إلى الصحة والرعاية الصحية للأشخاص المتعايشين مع الخرف والقائمين على رعايتهم.

دعوة إلى العمل

منظمة
الصحة العالمية

وندعو، نحن المشاركين في هذا المؤتمر، إلى القيام بما يلي لفائدة الأشخاص المتعايشين مع الخرف والقائمين على رعايتهم وأسرهم ومجتمعاتهم:

- الارتقاء بالأولوية المسندة إلى الجهود العالمية الرامية إلى التصدي للخرف على جداول أعمال المنتديات والاجتماعات الرفيعة المستوى ذات الصلة للقادة الوطنيين والدوليين؛
- تعزيز القدرة والقيادة وتصريف الشؤون والإجراءات المتعددة القطاعات والشراكات من أجل تسريع الاستجابات التي تتصدى للخرف؛
- الترويج لفهم الخرف على نحو أفضل وإذكاء وعي الجمهور ومشاركته، بما في ذلك احترام حقوق الإنسان للأشخاص المتعايشين مع الخرف، والحدّ من الوصم والتمييز وتشجيع المزيد من المشاركة والإدماج الاجتماعي والتكامل؛
- تحقيق التقدم بشأن الوقاية من الخرف والحدّ من مخاطره وتشخيصه وعلاجه بطرق تتسق مع البيّنات الراهنة والمستجدة؛
- تيسير الابتكارات التكنولوجية والاجتماعية من أجل تلبية احتياجات الأشخاص المتعايشين مع الخرف والقائمين على رعايتهم؛
- زيادة الجهود الجماعية في مجال بحوث الخرف وتشجيع التعاون؛
- تيسير تقديم الرعاية الصحية والاجتماعية على نحو منسق للأشخاص المتعايشين مع الخرف، بما في ذلك بناء قدرات القوى العاملة ودعم تقديم الرعاية المتبادلة عبر الأجيال على المستوى الفردي والأسري والمجتمعي وتعزيز الدعم والخدمات لمقدمي الرعاية وأسرهم؛
- دعم نهج حسّاس للاختلافات بين الجنسين لدى وضع الخطط والسياسات والتدخلات التي تهدف إلى تحسين حياة الأشخاص المتعايشين مع الخرف؛
- تشجيع المزيد من العمل بشأن تحديد العوائق التي تعترض رعاية الأشخاص المتعايشين مع الخرف والتصدي لها، وخاصة في البيئات المنخفضة الموارد؛
- تعزيز الجهود الدولية الرامية إلى دعم الخطط والسياسات المعنية بالأشخاص المتعايشين مع الخرف على جميع المستويات، وخاصة في البلدان المنخفضة الدخل والمتوسطة الدخل؛
- دعم جهود منظمة الصحة العالمية، في حدود ولايتها وخطط عملها، في سبيل استيفاء دورها القيادي بالتعاون الكامل مع الشركاء الوطنيين والدوليين بشأن تعزيز ورصد الجهود العالمية الرامية إلى التصدي للخرف.

APPENDIX C

CALL FOR ACTION

CHINESE

行动呼吁

由世卫组织抗痴呆症全球行动首届部长级会议（日内瓦，2015年3月16-17日）的与会者提出

世界卫生组织

我们，本次会议的参与者，注意到下列情况：

1. 痴呆症目前影响世界各地4700多万人，到2030年时，预计将有7500多万人患有痴呆症。这一数字到2050年时将增至以前的三倍。这是我们这一代人的主要健康挑战之一。痴呆症往往被遮掩、误解和低估，会影响个人、家庭和社区，是一个日益严重的残疾原因。

2. 与普遍看法相反，痴呆症并非年老的一种自然或必然后果。这种病症会损害记忆、语言、感知和思维等大脑认知功能，并严重干扰一个人维持日常生活活动的能力。痴呆症的最常见类型是阿尔茨海默氏病和血管性痴呆症。证据显示，适用时，通过处理心血管危险因素可降低某些类型痴呆症的风险。

3. 痴呆症造成的个人、社会和经济后果巨大。痴呆症导致政府、社区、家庭和个人的长期护理费用增加，并使经济生产力遭受损失。2010年全球痴呆症护理费用估计为6040亿美元——占全球国内生产总值的1.0%。到2030年，照护世界各地痴呆症患者的费用估计将达1.2万亿美元或更多，这可能破坏全球社会经济发展。

4. 近60%痴呆症患者生活在低收入和中等收入国家，该比例预计在未来十年中会迅速增加。这可能进一步加剧国家和人口之间的不平等现象。

5. 因此必须开展持续的全球努力以促进就痴呆症问题采取行动并应对痴呆症提出的挑战及其影响。没有一个国家、部门或组织能够单独对付这些挑战。

6. 下述总原则和方法是全球努力不可或缺的元素：

   - 向痴呆症患者及其照护者和家庭赋予权能并动员他们充分积极参与，同时消除污名和歧视；

   - 促进各利益攸关方之间的合作，加强预防和护理并鼓励研究；

   - 将痴呆症的预防、护理和康复方面纳入与老龄化、残疾和非传染性疾病，包括精神健康有关的政策；

   - 依赖并使用现有的专业知识、合作安排和机制，尽量扩大影响；

   - 在预防、减少风险、护理和治疗之间进行平衡，一方面仍要努力寻找有效的治疗方法、最佳实践和减少风险的干预措施，另一方面则要不断改进对痴呆症患者的护理并加强对其照护者的支持；

   - 倡导基于证据的方法和共同学习，允许公布开放型研究和数据共享方面的进展，以促进加快学习和行动速度；

   - 强调政策、计划、规划、干预措施和行动必须对痴呆症患者及其照护者的需求、期望和人权具有敏感度；

   - 在痴呆症活动的各个方面支持全民健康覆盖的重要性和基于公平的方法，包括促进痴呆症患者及其照护者公平获取卫生和社会保健服务。

行动呼吁

世界卫生组织

我们，本次会议的参与者，为使痴呆症患者、其照护者、家庭和社区能够受益，呼吁采取下列行动：

- 在相关的高级别论坛以及国家和国际领导人会议的议程中提高对全球应对痴呆症工作的重视；
- 加强能力、领导、治理、多部门行动和伙伴关系以便加速应对痴呆症；
- 促进更好地理解痴呆症，提高公众的认识和参与，包括尊重痴呆症患者的人权，减少污名和歧视并促进加强参与、社会包容与融合；
- 遵循当前和新出现的证据，推进痴呆症的预防、风险减少、诊断和治疗工作；
- 推动技术和社会创新以满足痴呆症患者及其照护者的需求；
- 加强痴呆症研究方面的集体努力并促进合作；
- 促进协调一致为痴呆症患者提供卫生和社会保健服务，包括建设工作人员能力，在个人、家庭和社会层面支持跨代相互照顾，以及加强对照护者和家庭的支持与服务；
- 在拟定旨在改善痴呆症患者生活的计划、政策和干预措施时支持采取对性别问题敏感的方法；
- 鼓励进一步开展工作，确认并处理影响痴呆症护理的障碍，尤其是在资源匮乏环境中；
- 加强国际努力，支持在各级制定面向痴呆症患者的计划和政策，尤其是在低收入和中等收入国家；
- 支持世界卫生组织在其职权和工作计划范畴内努力发挥其领导作用，与国家和国际伙伴充分合作以促进和监测全球应对痴呆症的工作。

CALL FOR ACTION

FRENCH

APPEL À L'ACTION

Lancé par les participants à la Première Conférence ministérielle de l'OMS sur l'action mondiale contre la démence (Genève, 16-17 mars 2015)

Organisation mondiale de la Santé

NOUS, PARTICIPANTS À CETTE CONFÉRENCE, PRENONS NOTE DE CE QUI SUIT :

1. La démence touche actuellement plus de 47 millions de personnes dans le monde. Ce chiffre devrait passer à 75 millions d'ici 2030 et tripler d'ici 2050. Il s'agit de l'un des plus grand défis sanitaires pour notre génération. Souvent cachée, mal comprise et sous-notifiée, la démence touche les individus, les familles et les communautés et constitue une cause croissante de handicap.

2. Contrairement à la croyance populaire, la démence n'est pas une conséquence naturelle ou inévitable du vieillissement. C'est une affection qui altère les fonctions cognitives cérébrales de la mémoire, du langage, de la perception et de la pensée et qui perturbe fortement l'aptitude à effectuer les activités quotidiennes. Les types de démence les plus courants sont la maladie d'Alzheimer et la démence vasculaire. Les données tendent à indiquer que l'on peut réduire le risque de certains types de démence en agissant sur les facteurs de risque cardiovasculaire, le cas échéant.

3. La démence a d'énormes conséquences personnelles, sociales et économiques. Elle augmente le coût des soins de longue durée pour les gouvernements, les communautés, les familles et les individus, et entraîne des pertes de productivité pour l'économie. En 2010, le coût mondial des soins liés à la démence était estimé à US $604 milliards, soit 1,0 % du produit intérieur brut mondial. D'ici 2030, on estime qu'au niveau mondial, le coût des soins aux personnes atteintes de démence devrait atteindre US $1200 milliards, voire plus, ce qui pourrait entraver le développement économique et social à travers le monde.

4. Près de 60 % des personnes atteintes de démence vivent dans des pays à revenu faible ou intermédiaire, et cette proportion devrait augmenter rapidement ces dix prochaines années. Cela pourrait contribuer au creusement des inégalités entre les pays et les populations.

5. Un effort mondial soutenu est donc nécessaire pour promouvoir l'action contre la démence et s'attaquer aux problèmes posés par cette affection et ses conséquences. Aucun pays, secteur ni organisation ne peut s'y atteler seul.

6. Les grands principes et approches suivants font partie intégrante de cette action :

   - favoriser, par l'autonomisation, une participation pleine et active des personnes atteintes de démence, des aidants et des familles, et vaincre la stigmatisation et la discrimination ;
   - favoriser la collaboration entre toutes les parties prenantes afin d'améliorer la prévention et les soins et de stimuler la recherche ;
   - intégrer la prévention, les soins et la réadaptation en matière de démence aux politiques relatives au vieillissement, au handicap et aux maladies non transmissibles, y compris la santé mentale ;
   - renforcer et utiliser les compétences, les accords de collaboration et les mécanismes existants pour maximiser l'impact ;
   - trouver un équilibre entre prévention, réduction des risques et soins, notamment en vue de la guérison, de sorte que, tout en s'efforçant de trouver des traitements, des meilleures pratiques et des interventions de réduction des risques qui soient efficaces, on améliore continuellement les soins pour les personnes atteintes de démence et le soutien aux aidants;
   - plaider pour une approche à bases factuelles et pour le partage des connaissances, favorisant ainsi les progrès en matière de recherche ouverte et d'échange de données, afin d'accélérer l'apprentissage et l'action ;
   - souligner que les politiques, les plans, les programmes, les interventions et les actions doivent tenir compte des besoins, des attentes et des droits fondamentaux des personnes qui vivent avec la démence et des aidants ;
   - reconnaître pleinement l'importance de la couverture sanitaire universelle et de l'approche fondée sur l'équité, pour tous les aspects des activités de lutte contre la démence, y compris en vue de faciliter un accès équitable aux soins sanitaires et aux prestations sociales pour les personnes atteintes de démence et les aidants.

APPEL À L'ACTION

Organisation
mondiale de la Santé

NOUS, PARTICIPANTS À CETTE CONFÉRENCE, DEMANDONS QUE L'ACTION SUIVANTE SOIT ENGAGÉE EN FAVEUR DES PERSONNES ATTEINTES DE DÉMENCE, DES AIDANTS, DES FAMILLES ET DES COMMUNAUTÉS :

- faire en sorte que les efforts mondiaux contre la démence soient traités comme des questions plus prioritaires lors des forums de haut niveau concernés et lors des réunions des dirigeants nationaux et internationaux ;
- renforcer les capacités, le leadership, la gouvernance, l'action multisectorielle et les partenariats afin d'accélérer la lutte contre la démence ;
- promouvoir une meilleure compréhension de la démence, sensibiliser et mobiliser le public, y compris en favorisant le respect des droits fondamentaux des personnes atteintes de démence, en réduisant la stigmatisation et la discrimination et en favorisant une plus grande participation, l'insertion sociale et l'intégration ;
- faire progresser la prévention, la réduction des risques, le diagnostic et le traitement de la démence, d'une manière cohérente avec les données nouvelles ou existantes ;
- faciliter l'innovation technologique et sociale afin de répondre aux besoins des personnes atteintes de démence et des aidants ;
- renforcer les efforts collectifs en matière de recherche sur la démence et encourager la collaboration ;
- faciliter, pour les personnes atteintes de démence, des prestations coordonnées en matière de soins de santé et de protection sociale, y compris en renforçant les capacités des personnels, en favorisant l'attention mutuelle, à travers les générations et aux niveaux individuel, familial et sociétal, et renforcer l'appui et les services aux aidants et aux familles ;
- veiller à l'égalité entre les sexes dans l'élaboration des plans, des politiques et des interventions visant à améliorer la vie des personnes atteintes de démence ;
- favoriser de nouveaux travaux destinés à recenser et à lever les obstacles aux soins contre la démence, en particulier là où les ressources sont faibles ;
- renforcer les efforts internationaux pour appuyer à tous les niveaux des plans et des politiques en faveur des personnes atteintes de démence, en particulier dans les pays à revenu faible ou intermédiaire ;
- appuyer les efforts de l'Organisation mondiale de la Santé, dans le cadre de son mandat et de ses plans de travail, afin qu'elle s'acquitte de son rôle directeur en collaborant pleinement avec les partenaires nationaux et internationaux en vue de promouvoir et de suivre les efforts de lutte contre la démence.

APPENDIX C

CALL FOR ACTION

RUSSIAN

ПРИЗЫВ К ДЕЙСТВИЯМ

участников первой Министерской конференции ВОЗ по глобальным действиям против деменции

Всемирная организация здравоохранения

Мы, участники Конференции, отмечаем следующее:

1. На сегодняшний день деменцией страдают 47 миллионов человек по всему миру, при этом ожидается, что к 2030 г. число больных деменцией превысит 75 миллионов. К 2050 г., по прогнозам, эта цифра утроится. Это один из главных вызовов в области здравоохранения для нашего поколения. Зачастую скрываемый и неверно понимаемый, этот недуг затрагивает людей, семьи и общество в целом и все чаще приводит к инвалидности.

2. Деменция не является естественным или неизбежным следствием старения, как многие ошибочно считают. При наступлении деменции деградируют когнитивные функции мозга, связанные с памятью, языком, восприятием и мышлением, что существенно затрудняет повседневную жизнь больного. Наиболее распространенные типы этого заболевания – болезнь Альцгеймера и сосудистая деменция. Получены данные, свидетельствующие о том, что риск развития некоторых видов деменции можно снизить, воздействуя на факторы риска сердечно-сосудистых заболеваний.

3. Личный, социальный и экономический урон, наносимый деменцией, огромен. Деменция также увеличивает долгосрочные расходы правительств, сообществ, семей и отдельных лиц на медицинскую помощь и вызывает снижение производительности в экономике. Глобальный ущерб от деменции в 2010 г. оценивался в 604 млрд долл. США, что эквивалентно 1,0% глобального валового внутреннего продукта. К 2030 г., по оценкам, расходы на медицинское обслуживание больных деменцией в мировом масштабе составят 1,2 триллиона долл. США или больше, что может подорвать социальное и экономическое развитие в странах по всему миру.

4. Почти 60% страдающих деменцией живут в странах с низким и средним уровнем доходов, и ожидается, что их доля в следующем десятилетии будет стремительно расти. Это может усугубить неравенство между странами и группами населения.

5. Таким образом, необходимы систематические глобальные усилия по борьбе против деменции и решению проблем, вызываемых деменцией и ее последствиями. По одиночке ни одна страна, сектор или организация не справятся с этими задачами.

6. Глобальные усилия в этой области должны основываться на следующих всеобъемлющих принципах и подходах:

- расширение возможностей и поощрение полноценного и активного вовлечения больных с деменцией, их опекунов и членов семей, а также преодоление стигматизации и дискриминации;
- содействие сотрудничеству между всеми заинтересованными сторонами для улучшения профилактики и ухода, а также для стимулирования исследований;
- включение аспектов, связанных с профилактикой деменции, медицинской помощью и реабилитацией, в политику по вопросам старения, инвалидности и неинфекционных заболеваний, включая психическое здоровье;
- использование и дальнейшее развитие имеющихся экспертных знаний и опыта, механизмов сотрудничества и инструментов, повышающих эффективность воздействия;
- поиск баланса между профилактикой, снижением риска, медицинской помощью и излечением, с тем чтобы усилия по поиску эффективных методов лечения, передовой практики и мероприятий по снижению риска предпринимались параллельно с постоянным повышением уровня медицинской помощи больным деменцией и оказанием поддержки их опекунам;
- поощрение подхода, основанного на фактических данных и обмене знаниями, благодаря которому "открытые" исследования и обмен данных будут способствовать более быстрому накоплению знаний и оперативным действиям;
- уделение повышенного внимания тому, чтобы политика, планы, программы, мероприятия и действия учитывали потребности, ожидания и права людей с деменцией и их опекунов;
- осознание важности всеобщего охвата услугами здравоохранения и равноправного подхода во всех аспектах деятельности, связанной с деменцией, включая обеспечение равноправного доступа к медицинской и социальной помощи для больных деменцией и их опекунов

ПРИЗЫВ К ДЕЙСТВИЯМ

участников первой Министерской конференции ВОЗ по глобальным действиям против деменции

Всемирная организация здравоохранения

Мы, участники Конференции, отмечаем следующее:

1. На сегодняшний день деменцией страдают 47 миллионов человек по всему миру, при этом ожидается, что к 2030 г. число больных деменцией превысит 75 миллионов. К 2050 г., по прогнозам, эта цифра утроится. Это один из главных вызовов в области здравоохранения для нашего поколения. Зачастую скрываемый и неверно понимаемый, этот недуг затрагивает людей, семьи и общество в целом и все чаще приводит к инвалидности.

2. Деменция не является естественным или неизбежным следствием старения, как многие ошибочно считают. При наступлении деменции деградируют когнитивные функции мозга, связанные с памятью, языком, восприятием и мышлением, что существенно затрудняет повседневную жизнь больного. Наиболее распространенные типы этого заболевания – болезнь Альцгеймера и сосудистая деменция. Получены данные, свидетельствующие о том, что риск развития некоторых видов деменции можно снизить, воздействуя на факторы риска сердечно-сосудистых заболеваний.

3. Личный, социальный и экономический урон, наносимый деменцией, огромен. Деменция также увеличивает долгосрочные расходы правительств, сообществ, семей и отдельных лиц на медицинскую помощь и вызывает снижение производительности в экономике. Глобальный ущерб от деменции в 2010 г. оценивался в 604 млрд долл. США, что эквивалентно 1,0% глобального валового внутреннего продукта. К 2030 г., по оценкам, расходы на медицинское обслуживание больных деменцией в мировом масштабе составят 1,2 триллиона долл. США или больше, что может подорвать социальное и экономическое развитие в странах по всему миру.

4. Почти 60% страдающих деменцией живут в странах с низким и средним уровнем доходов, и ожидается, что их доля в следующем десятилетии будет стремительно расти. Это может усугубить неравенство между странами и группами населения.

5. Таким образом, необходимы систематические глобальные усилия по борьбе против деменции и решению проблем, вызываемых деменцией и ее последствиями. По одиночке ни одна страна, сектор или организация не справятся с этими задачами.

6. Глобальные усилия в этой области должны основываться на следующих всеобъемлющих принципах и подходах:

   - расширение возможностей и поощрение полноценного и активного вовлечения больных с деменцией, их опекунов и членов семей, а также преодоление стигматизации и дискриминации;
   - содействие сотрудничеству между всеми заинтересованными сторонами для улучшения профилактики и ухода, а также для стимулирования исследований;
   - включение аспектов, связанных с профилактикой деменции, медицинской помощью и реабилитацией, в политику по вопросам старения, инвалидности и неинфекционных заболеваний, включая психическое здоровье;
   - использование и дальнейшее развитие имеющихся экспертных знаний и опыта, механизмов сотрудничества и инструментов, повышающих эффективность воздействия;
   - поиск баланса между профилактикой, снижением риска, медицинской помощью и излечением, с тем чтобы усилия по поиску эффективных методов лечения, передовой практики и мероприятий по снижению риска предпринимались параллельно с постоянным повышением уровня медицинской помощи больным деменцией и оказанием поддержки их опекунам;
   - поощрение подхода, основанного на фактических данных и обмене знаниями, благодаря которому "открытые" исследования и обмен данных будут способствовать более быстрому накоплению знаний и оперативным действиям;
   - уделение повышенного внимания тому, чтобы политика, планы, программы, мероприятия и действия учитывали потребности, ожидания и права людей с деменцией и их опекунов;
   - осознание важности всеобщего охвата услугами здравоохранения и равноправного подхода во всех аспектах деятельности, связанной с деменцией, включая обеспечение равноправного доступа к медицинской и социальной помощи для больных деменцией и их опекунов

APPENDIX C

CALL FOR ACTION

SPANISH

LLAMAMIENTO A LA ACCIÓN

Formulado por los participantes en la Primera Conferencia Ministerial de la OMS sobre la Acción Mundial contra la Demencia (Ginebra, 16-17 de marzo de 2015)

Organización Mundial de la Salud

NOSOTROS, LOS PARTICIPANTES EN LA CONFERENCIA, TOMAMOS NOTA DE LO SIGUIENTE:

1. La demencia afecta actualmente en todo el mundo a más de 47 millones de personas. Se espera que para 2030 más de 75 millones de personas tengan demencia y que la cifra se triplique para 2050. La demencia es uno de los grandes retos de salud de nuestra generación. Con frecuencia oculta, poco entendida e infranotificada, afecta a personas, familias y comunidades y es una causa creciente de discapacidad.

2. En contra de la creencia popular, la demencia no es una consecuencia natural o inevitable del envejecimiento. Es un trastorno que afecta a las funciones cerebrales cognitivas de la memoria, el lenguaje, la percepción y el pensamiento y entorpece considerablemente la capacidad de la persona para realizar las actividades de la vida cotidiana. Los tipos más comunes de demencia son la enfermedad de Alzheimer y la demencia vascular. Los datos científicos sugieren que, si se abordan los factores de riesgo pertinentes, puede reducirse el riesgo de determinados tipos de demencia.

3. La demencia tiene enormes consecuencias personales, sociales y económicas. Provoca un aumento de los costos de atención de larga duración para los gobiernos, las comunidades, las familias y las personas, y pérdidas en productividad para las economías. El costo mundial de la atención de las personas con demencia se estimó en 2010 en US$ 604 000 millones – un 1% del producto interno bruto mundial. Se ha calculado que para 2030, el costo de atender a las personas con demencia en todo el mundo será de US$ 1,2 billones o más, lo que podría socavar el desarrollo social y económico mundial.

4. Casi el 60% de las personas con demencia viven en países de ingresos bajos y medianos, y se espera que este porcentaje aumente rápidamente durante la próxima década. Ello puede contribuir a incrementar las desigualdades entre países y poblaciones.

5. Se requiere por tanto un esfuerzo mundial sostenido para fomentar la acción contra la demencia y abordar los retos que plantean el trastorno y sus consecuencias. Ningún país, sector u organización puede luchar contra esos retos en solitario.

6. Los siguientes principios y enfoques generales forman parte integral de las iniciativas mundiales:

    - poner todos los medios para lograr la participación plena y activa de las personas con demencia y de sus cuidadores y familias, y superar la estigmatización y la discriminación;
    - promover la colaboración entre todas las partes interesadas para mejorar la prevención y la atención y estimular la investigación;
    - incorporar la prevención, la atención y la rehabilitación en relación con la demencia en las políticas sobre envejecimiento, discapacidad y enfermedades no transmisibles, y en particular sobre salud mental;
    - aprovechar los conocimientos especializados, los acuerdos de colaboración y los mecanismos existentes para potenciar al máximo las repercusiones de las iniciativas;
    - equilibrar la prevención, la reducción de riesgos, la atención y la cura de tal manera que, aunque los esfuerzos se sigan centrando en encontrar tratamientos eficaces, mejores prácticas e intervenciones de reducción de riesgos, se logren mejoras continuas en la atención de las personas con demencia y en el apoyo a sus cuidadores;
    - abogar por un enfoque basado en pruebas científicas y por compartir conocimientos, a fin de potenciar los avances en la investigación abierta y el intercambio de datos para acelerar el aprendizaje y la adopción de medidas;
    - insistir en que las políticas, planes, programas, intervenciones y acciones tengan en cuenta las necesidades, las expectativas y los derechos humanos de las personas con demencia y sus cuidadores;
    - reconocer la importancia de la cobertura sanitaria universal y del enfoque basado en la equidad en todos los aspectos de las actividades relacionadas con la demencia, en particular facilitar el acceso equitativo a la salud y los cuidados sociales a las personas con demencia y sus cuidadores.

LLAMAMIENTO A LA ACCIÓN

Organización Mundial de la Salud

NOSOTROS, LOS PARTICIPANTES EN LA CONFERENCIA, HACEMOS UN LLAMAMIENTO A LA PUESTA EN MARCHA DE LAS SIGUIENTES ACCIONES EN BENEFICIO DE LAS PERSONAS CON DEMENCIA, SUS CUIDADORES, FAMILIAS Y COMUNIDADES:

- dar una mayor prioridad a las iniciativas mundiales contra la demencia en los programas de los foros y reuniones de alto nivel pertinentes de dirigentes nacionales e internacionales;
- fortalecer la capacidad, el liderazgo, la gobernanza, la acción multisectorial y las alianzas para acelerar respuestas contra la demencia;
- promover un mejor conocimiento de la demencia, fomentando la concienciación y participación pública, así como el respeto de los derechos humanos de las personas con demencia, reduciendo la estigmatización y la discriminación y fomentando una mayor participación, inclusión social e integración;
- fomentar la prevención, reducción de riesgos, diagnóstico y tratamiento de la demencia de maneras que sean coherentes con los datos científicos disponibles y los nuevos;
- facilitar las innovaciones tecnológicas y sociales para atender las necesidades de las personas con demencia y sus cuidadores;
- potenciar las iniciativas colectivas en la investigación sobre la demencia y fomentar la colaboración;
- facilitar la prestación coordinada de atención de salud y protección social para las personas con demencia, así como la capacitación de los profesionales sanitarios, el apoyo de la atención intergeneracional mutua en el ámbito personal, familiar y social, y reforzar el apoyo y los servicios a los cuidadores y las familias;
- fomentar un enfoque que tenga en cuenta las cuestiones de género en la elaboración de planes, políticas e intervenciones destinadas a mejorar la vida de las personas con demencia;
- promover nuevos estudios para determinar y abordar los obstáculos a la atención de la demencia, sobre todo en entornos de recursos bajos;
- reforzar las actividades internacionales en apoyo de planes y políticas a todos los niveles para las personas con demencia, sobre todo en países de ingresos bajos y medianos;
- apoyar las iniciativas de la Organización Mundial de la Salud, dentro de su mandato y planes de trabajo, a fin de que la Organización desempeñe su función de liderazgo en colaboración plena con los asociados nacionales e internacionales para promover y supervisar las iniciativas mundiales contra la demencia.

http://www.who.int/mental_health/neurology/dementia/en/

APPENDIX D

INFOGRAPHIC

ENGLISH

World Health Organization

DEMENTIA

A public health priority

What are the symptoms?

Memory loss

Confusion in familiar environments

Difficulty with words and numbers

Difficulty with everyday tasks

Mood swings

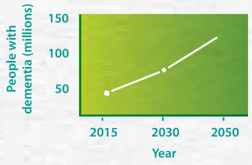
Who is affected?

Over 47 million people worldwide

Nearly 60% live in low- and middle-income countries

Close to 8 million new cases every year

Cases set to almost triple by 2050

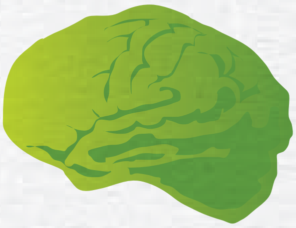


What does it cost?

US$ 604 billion:

estimated costs to society in 2010

What is the cause?



Conditions that affect the brain, such as Alzheimer's disease, stroke or head injury

What are the challenges?

Stigmatization

Lack of access to treatment

Absence of cure

Delays in diagnosis

Insufficient support for caregivers

What can help...

... people with dementia

EARLY DIAGNOSIS

KEEPING ACTIVE

both physically and mentally

TREATMENT

for accompanying physical illness and psychological distress

RESEARCH

to improve care and find a cure

LAWS

to protect their human rights

... and their families

INFORMATION AND SUPPORT

provided by health-care and social services

Global action against dementia

What we must do

CIVIL SOCIETY

Raise awareness and increase understanding

WHO

Provide a knowledge base

Assist countries with dementia plans

Monitor progress

GOVERNMENTS

Develop and implement policies and plans

Increase investment in research

Improve health and social care

www.who.int/dementia
#globaldementia

World Health Organization

APPENDIX D

INFOGRAPHIC

FRENCH

Organisation mondiale de la Santé

LA DÉMENCE

Une priorité de santé publique

Quels sont les symptômes ?

Perte de mémoire

Désorientation dans un environnement familier

Difficultés à utiliser les mots et les chiffres

Difficultés à effectuer des tâches de la vie quotidienne

Troubles de l'humeur

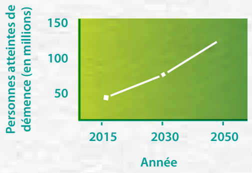
Qui est touché ?

Plus de 47 millions de personnes dans le mondeo

Près de 60% d'entre elles vivent dans les pays à revenu faible ou intermédiaire

Près de 8 millions de nouveaux cas chaque année

Le nombre de cas devrait presque tripler d'ici 2050



Quel en est le coût ?

604 milliards de dollars (US)/an

coût estimé pour la société en 2010

Quelles en sont les causes ?

Plusieurs types d'atteinte cérébrale tels la maladie d'Alzheimer, les accidents vasculaires cérébraux ou encore les traumatismes crâniens

Quels sont les défis à relever ?

La stigmatisation

Des difficultés d'accès au traitement

L'absence de traitement curatif

Un diagnostic tardif

Le soutien insuffisant pour les personnes qui s'occupent des malades

Ce qui peut aider

…les personnes atteintes de démence

UN DIAGNOSTIC PRÉCOCE

LE MAINTIEN D'UNE ACTIVITÉ

physique et intellectuelle

LA PRISE EN CHARGE

des problèmes physiques et psychologiques

LA RECHERCHE

pour améliorer les soins et trouver un traitement curatif

UNE LÉGISLATION

qui protège les droits fondamentaux des malades

…et leur famille

UNE INFORMATION COMPLÈTE ET DU SOUTIEN

de la part des services de soins et des services sociaux

Des mesures contre la démence à l'échelle mondiale

Ce qu'il faut faire

LA SOCIÉTÉ CIVILE

Faire mieux connaître et comprendre la maladie

L'ORGANISATION MONDIALE DE LA SANTÉ

Mettre à disposition une base de connaissances

Aider les pays à développer et à mettre en place leurs plans d'action sur la démence

Mesurer les progrès accomplis

LES POUVOIRS PUBLICS

Élaborer et mettre en œuvre des politiques et des plans d'action

Investir davantage dans la recherche

Améliorer la prise en charge sanitaire et sociale

www.who.int/dementia
#globaldementia

Organisation mondiale de la Santé

APPENDIX D

INFOGRAPHIC

SPANISH

Organización Mundial de la Salud

DEMENCIA

Una prioridad de salud pública

¿Qué síntomas presenta?

Pérdida de memoria

Confusión en entornos familiares

Dificultades con las palabras y los números

Dificultades en las tareas cotidianas

Cambios de humor

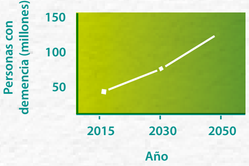
¿A quién afecta?

Más de 47 millones de personas en todo el mundo

Cerca del 60% viven en países de ingresos bajos y medianos

Cerca de 8 millones de casos nuevos cada año

Se prevé que el número de casos se multiplique de aquí al 2050



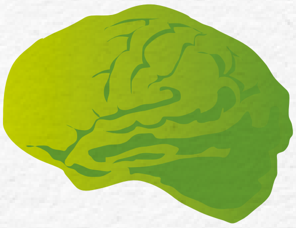
¿Cuál es el costo?

US$ **604 000** millones/año

estimación de los costos económicos para la sociedad en 2010

¿Cuál es la causa?

Afecciones cerebrales, como la enfermedad de Alzheimer, los accidentes cerebrovasculares o los traumatismos craneoencefálicos



¿Cuáles son los retos?

Estigmatización

Falta de acceso al tratamiento

Ausencia de tratamiento curativo

Retrasos del diagnóstico

Apoyo insuficiente a los cuidadores

¿Qué puede ayudar

… a quienes padecen demencia?

DIAGNÓSTICO PRECOZ

MANTENIMIENTO DE LA ACTIVIDAD

tanto física como mental

TRATAMIENTO

de las enfermedades físicas concomitantes y del sufrimiento psicológico

INVESTIGACIÓN

para mejorar la atención y encontrar una cura

LEYES

para proteger los derechos humanos de los pacientes

… y sus familias

INFORMACIÓN Y APOYO

por parte de los servicios sociales y de atención sanitaria

Acción mundial contra la demencia

Lo que tenemos que hacer

SOCIEDAD CIVIL

Aumentar la sensibilización y los conocimientos sobre la enfermedad

ORGANIZACIÓN MUNDIAL DE LA SALUD

Proporcionar una base de conocimientos

Ayudar a los países a desarrollar e implementar sus planes sobre la demencia

Efectuar un seguimiento de los progresos

GOBIERNOS

Elaborar y aplicar políticas y planes

Aumentar las inversiones en investigación

Mejorar la atención sanitaria y social

www.who.int/dementia
#globaldementia

Organización Mundial de la Salud

CALL FOR ACTION

WE, THE PARTICIPANTS IN THIS CONFERENCE, CALL FOR THE FOLLOWING ACTION TO BENEFIT PEOPLE LIVING WITH DEMENTIA, THEIR CAREGIVERS, FAMILIES AND COMMUNITIES:

- raising the priority accorded to global efforts to tackle dementia on the agendas of relevant high-level forums and meetings of national and international leaders;
- strengthening capacity, leadership, governance, multisectoral action and partnerships to accelerate responses to address dementia;
- promoting a better understanding of dementia, raising public awareness and engagement, including respect for the human rights of people living with dementia, reducing stigma and discrimination and fostering greater participation, social inclusion and integration;
- advancing prevention, risk reduction, diagnosis and treatment of dementia in ways consistent with current and emerging evidence;
- facilitating technological and social innovations to meet the needs of people living with dementia and their caregivers;
- increasing collective efforts in dementia research and fostering collaboration;
- facilitating the coordinated delivery of health and social care for people living with dementia, including capacity-building for the workforce, support for mutual care-taking across generations at an individual, family and society level, and strengthening of support and services for caregivers and families;
- supporting a gender-sensitive approach in the elaboration of plans, policies and interventions aimed at improving the lives of people living with dementia;
- promoting further work to identify and address barriers to dementia care, particularly in low-resource settings;
- strengthening international efforts to support plans and policies at all levels for people living with dementia, particularly in low- and middle-income countries;
- supporting the efforts of the World Health Organization, within its mandate and workplans, to fulfil its leadership role in full collaboration with national and international partners to promote and monitor global efforts to address dementia.

ISBN 978 92 4 150911 4

World Health Organization