



Annual Report

2013–2014



**Alzheimer's Disease
International**

The global voice on dementia

Chairman's report



Jacob Roy Kuriakose

My warmest regards from all at Alzheimer's Disease International.

The period July 2013 to June 2014 has been a remarkable year, with an unprecedented focus on dementia policy

worldwide following the leadership of the UK government at the G8 dementia summit in December. As government representatives from these leading global economies discussed the challenges dementia poses in their countries, we were present with our latest prevalence statistics to

voice the concerns of those in lower and middle income countries.

While the work of the G7 countries continues, we cannot stop or slow our current efforts to support people with dementia and their carers. This additional focus and funding for research may provide a more positive outlook for those who receive a diagnosis in the future, but we must continue to reach out to those living with dementia now and ensure that they do not feel forgotten.

We are grateful to all of those organisations, groups and individuals who supported our work throughout the year. We look forward, with great anticipation, to the future and further collaboration to improve the lives of people with dementia and their carers around the world.

Executive Director's report



Marc Wortmann

We continued to work in five key areas this year, in line with our 2013-2016 Strategic Plan, *Leading the Global Dementia Challenge*.

Objective 1: ADI will continue to lead global advocacy efforts and support the national advocacy of member countries to make dementia a public health priority.

This year saw the greatest development to date in global policy on dementia, with the UK government using their G8 presidency to host a summit to drive forward progress on dementia research. In preparation for the event, we prepared a policy brief, *The Global Impact of Dementia 2013-2050*, providing updated figures on the global prevalence of dementia and highlighting the increase in numbers of people with dementia living in low or middle income countries. At the G8 summit, I was able to address UK Prime Minister David Cameron directly and stress the importance of research not just benefitting high income countries. The event instigated the formation of the World Dementia Council and the appointment of Dennis Gillings as the World Dementia Envoy. A series of follow-up G7 legacy meetings was arranged to discuss key areas in the realm of dementia policy and research. The first of these events took place in June 2014 in the UK with a focus on finance and social impact investment.

Another result of the G7 work was the formation of the Global Alzheimer's and Dementia Action Alliance (GADAA) at the World Health Assembly in May 2014. Together with the Alzheimer's Society and England's Department of Health, we founded the Alliance, which aims to engage with broader civil society organisations to raise more awareness globally and change the attitude to dementia in as many countries as possible.

Another key development in May 2014 was the announcement that ADI had been accepted onto the NCD Alliance Steering Group. Since the United Nations Summit on non-communicable diseases (NCDs) was held in September 2011, we have channelled efforts into raising of awareness of the many risk factors that dementia shares with the four main NCD areas. With this role in the NCD

Alliance we will now be involved in the strategic leadership of the organisation and provide important perspectives on mental health. This position enabled us to attend an informal hearing at the United Nations in June 2014 to review progress made in the prevention and control of NCDs. We were also able to appoint 18-year-old Jason Hatke from the USA, who helps to care for his father who is living with dementia, to speak at the event where he shared his experience and called for greater collaborative efforts on addressing NCDs.

Throughout the year we continued to support member associations campaigning for national dementia plans to be developed. In October 2013, based on existing plans and progress made in some countries, we released *Improving dementia care worldwide: Ideas and advice on developing and implementing a National Dementia Plan*. This publication, developed by researchers in the Netherlands, features a review of existing dementia plans as well as a guide on the key elements a plan should contain.

Objective 2: ADI will meet the needs of emerging and established members and provide services that will enable members to best support people affected by dementia in their country.

Supporting our existing and potential member associations remains at the heart of our work. This year national associations from Nepal, Norway, Monaco, Morocco and Slovenia joined our membership. Alzheimer associations from Ghana, Namibia and Nicaragua joined existing members from Nigeria and the Philippines at our Alzheimer University for emerging associations in August 2013. These three associations are now on the Membership Development Programme, receiving support from ADI to achieve their short-term objectives.

An additional Alzheimer University programme focussed on advocacy took place in Geneva, Switzerland in June 2014. The programme was attended by representatives from 19 Alzheimer associations and involved a series of workshops centred on key advocacy topics as well as a visit to the World Health Organization's headquarters.

Our annual International Conference again brought together Alzheimer associations worldwide to share knowledge and create new connections. The conference took place in Puerto Rico in May 2014 and was attended by 44 member associations. A fundraising Alzheimer University programme



Alzheimer University, Geneva, June 2014

took place ahead of the conference as well as a number of workshops, including an advocacy session aimed specifically at associations in the Latin America and Caribbean regions. The conference also enabled people with dementia, carers, medical professionals, researchers and key decision makers to share and learn from one another.

To aid the strengthening of regional groups, we supported a number of regional events this year, including the 1st Caribbean regional conference in Sint Maarten in August 2013, the 7th Alzheimer Iberoamerica conference in Uruguay in October 2013, the 16th Asia Pacific conference in Hong Kong SAR and Macau SAR in December 2013 and the 2nd Middle East and North Africa conference in Dubai in December 2013. In addition, we attended the Alzheimer's Association International Conference (AAIC) in Boston, USA in July 2013 and Alzheimer Europe's 23rd annual conference, which took place in Malta in October 2013. The formalisation of the regional group in the Asia Pacific region took a major step forward with the founding of the regional office and appointment of a Regional Director in October 2013. The key aims of the regional office are to encourage collaboration with the region, coordinate the development of educational approaches and build the capacity of members and potential members.

The beginning of the year saw representatives from Alzheimer Nederland travel to Indonesia as part of our Twinning Programme. The association supported Alzheimer Indonesia throughout the year with steps taken to improve Alzheimer Indonesia's governance. In addition, a new Twinning Programme partnership was established in 2013 between Deutsche Alzheimer Gesellschaft in Germany and the Turkish Alzheimer Association.

For the second year we ran the MetLife Foundation-ADI Award for best dementia care education programme run by an ADI member association. The award was separated into two categories this year. The winner of the high income country category was Alzheimer's Association Japan for a project which saw the lighting up of Kyoto Tower in orange while educational leaflets were distributed by the association and lectures took place across the country. In the low and middle income category, Alzheimer Disease Chinese received recognition for their online training course, designed for professional and family carers.

As well as the individual projects and activities to support member associations, regular contact continues between members and ADI staff. Our monthly e-newsletter also

provides members with the latest news from the ADI office and their fellow member associations.

Objective 3: ADI will continue to raise awareness about Alzheimer's disease and other dementias.

Following on from the success of the first World Alzheimer's Month in the previous year, we coordinated the second World Alzheimer's Month campaign in September 2013. Under the theme *Dementia: a journey of caring*, we supported our member associations worldwide in running a variety of educational, creative and enjoyable activities as part of this international awareness campaign. Associations worked closely with the media this year to raise awareness and we saw an increase, once again, in the use of social media. Activities taking place during the month ranged from social and sporting events to exhibitions, fundraising activities, training, and advocacy efforts. As in previous years, ADI provided printed materials to members with some receiving bursaries to support production and printing costs. World Alzheimer's Month continues to grow each year and we work closely with our working group, made up of member association representatives, to ensure we are still providing the support our members require.

This year, we were able to introduce a new award to recognise the hard work of carers. We ran the first ADI-Home Instead Award for Family Carer of the Year with the winner being announced at our conference in Puerto Rico. The award was given to Rosabelle Dorothy Toyer from South Africa for her hard work to improve the care and support available in her area following her husband's diagnosis of dementia in 2012. Also presented at the conference was the fourth ADI Award, which was presented to Prof Martin Prince, coordinator of the 10/66 Dementia Research Group. Prof Prince received the award for his ongoing efforts to increase dementia research in low and middle income countries, particularly in Latin America.

Our website continued to grow throughout the year, as our activities increased, providing information about dementia as well as our activities. Our expanding list of publications continues to be made available through our website as well as through our member associations and at various conferences and events. As well as stand-alone reports, information booklets and policy briefs, we continue to produce our quarterly newsletter, *Global Perspective*, which features news of our own and members' work as well as an update on research and first-hand experiences from people with dementia, carers and those who have received support from their Alzheimer association.

Objective 4: ADI will facilitate and/or encourage research for both interventions and to find a cure.

With the work of the G7 countries and their legacy events focussed on dementia research, there is now greater talk of research than ever before. Throughout the year we released a number of reports based on new research, including the *World Alzheimer Report 2013*, launched on 19 September. This year's report contained an analysis of long-term care for people with dementia and called on governments to look ahead at their future arrangements in caring for people with dementia and supporting communities to do so. To launch the report we worked with Home Instead Senior Care® to



Marc Wortmann presents at G8 Legacy Event, London, December 2013

host three roundtable discussions, held in Washington, D.C., London and Beijing to discuss the issues raised in the report.

In October 2013, we released *Dementia in the Americas: Current and future cost and prevalence of Alzheimer's disease and other dementias*. This report was written by Prof Martin Prince and the Global Observatory for Ageing and Dementia Care Health Services and Population Research Department at Kings College in London. The report examines the prevalence and predicted costs of dementia in the Americas and makes recommendations for national plans to be developed for each country within the region.

In partnership with Sightsavers, HelpAge International and ADD International, we launched *Voices of the Marginalised* in November 2013. This report focusses on the stories of older people and people with disabilities living in Bangladesh, where the rate of disability is 30%. The report called for the implementation of the UN Convention on the Rights of Persons with Disabilities to address the increasing social inequality within the country.

Nutrition and dementia was the topic of a report launched in February 2014, which revealed that 20-45% of people with dementia experience clinically significant weight loss over one year. We commissioned researchers from the Global Observatory for Ageing and Dementia Care at King's College, London to produce the report, which reviews dietary factors across the life course that might increase or decrease the risk of onset of dementia in later life. The report also contains recommendations for improving the nutrition of people with dementia.

We remain committed to furthering research into various aspects of dementia and, as part of this commitment, we coordinated meetings of our Medical and Scientific Advisory Panel in July 2013 at the Alzheimer's Association International Conference (AAIC) and in May 2014 at the ADI conference. Both meetings were well-attended and discussions throughout the year centred on reviewing and increasing membership of the panel, findings from the prevention working group and accessing more funding for research.

The 10/66 Dementia Research Group continued to undertake research in low and middle income countries. This year they received a grant to enable them to carry out a 5-year project, LIFE2YEARS1066, which builds upon their previous research. This project will assess the prevalence of dementia and its links with frailty as well as investigating the

rise in non-communicable disease and socio-behavioural illness in low and middle income countries.

Funding was also received to carry out their INDEP - The Economic and Social Effects of Care Dependence in Later Life study, which will look at the potential relationship between a person's needs for care and household impoverishment and economic vulnerability. The group ran a symposium and workshop on this topic during our International Conference in May 2014.

Objective 5: ADI will generate sufficient income to execute the Strategic Plan.

Treasurer's report



Andrew Ketteringham

I was pleased to be elected as Treasurer during the year on which I now report. As set out in the Executive Director's report, there was a significant increase in the development

of global policy on dementia; it was important in the year under review and in the following year for us to take advantage of this opportunity, although fundraising has taken some time to catch up with the increased activity.

The 2014 conference, while being a successful and well-received programme, unfortunately produced a significant financial deficit as the number of attendees, particularly those paying full registration, was well short of expectations. This is a major factor in the overall deficit position for the year, meaning a reduction in ADI's reserves. The Board and management have been working on reviewing our approach to reserves and how to rebuild them as a priority.

Much of ADI's work continues to be based on projects supported by specifically allocated funds from external bodies. This restricted fund activity continues to grow and requires careful management of funds and activity. Wherever possible, these projects include amounts to cover the costs of the central functions of ADI.

Expenditure under "research" was much reduced in the year, as a two-year grant for the 10/66 Global Observatory was recorded in the previous year. As well as the annual international conference, we also held an ambitious regional conference in Dubai for the Middle East and North African region.

We are as ever, deeply indebted to those trusts, foundations, corporations and individuals that support the work of ADI. In particular we would like to thank those donors listed overleaf, including our Global Foundation Partners and Global Supporters. We are also grateful for the continuing support of all our member associations.

I would like to give thanks to the Chairman, Council, Elected Board, Executive Committee and particularly the staff and volunteers who endeavour to deliver ADI's increasing level of activity within our financial constraints.

Financial statements

Statement of financial position

At June 30, 2014

	Unrestricted Funds \$	Temporarily Restricted Funds \$	Total \$
Assets			
Cash and cash equivalents	224,255		224,255
Accounts receivable	305,407		305,407
Due from conference	75,787		75,787
Grants & contributions receivable		310,523	310,523
Prepaid expenses & other	106,466		106,466
Fixed assets, net of accumulated depreciation of \$46,135 in 2014 and \$41,377 in 2013	4,280		4,280
Interfund balance	(125,406)	125,406	0
Total assets	590,789	435,929	1,026,718
Liabilities and net assets			
Liabilities			
Accounts payable	487,464		487,464
Total liabilities	487,464	0	487,464
Net assets			
Unrestricted	103,325		103,325
Temporarily restricted		435,929	435,929
Total net assets	103,325	435,929	539,254
Total liabilities and net assets	590,789	435,929	1,026,718

Statement of activities and changes in net assets

Year ended June 30, 2014

	Unrestricted Funds \$	Temporarily Restricted Funds \$	Total \$
Support and revenue			
Dues	381,075		381,075
Contributions and grants	393,661	492,354	886,015
Conference revenue	448,924		448,924
Interest and other	9,797		9,797
In Kind Contributions	13,798		13,798
Gain (loss) on currency exchange transactions	(25,813)		(25,813)
Net assets released from restriction: Satisfaction of program restrictions	721,266	(721,266)	0
Total support and revenue	1,942,708	(228,912)	1,713,796
Expenses			
Program services			
Conference	801,073		801,073
Information	66,525		66,525
Member support and development	515,733		515,733
Promotion	682,386		682,386
Research	16,525		16,525
Total program services	2,082,241	0	2,082,241
Support services			
General administration	106,359		106,359
Fund raising	101,091		101,091
Total support services	207,451	0	207,451
Total expenses	2,289,692	0	2,289,692
Increase (decrease) in net assets	(346,984)	(228,912)	(575,896)
Net assets			
Beginning of year	450,309	664,841	1,115,150
End of year	103,325	435,929	539,254

Income

ADI is a 503(c)(3) non-profit organisation, incorporated in the state of Illinois, USA.

The figures in this report are for the 2013-14 year, which ended on 30 June 2014.

ADI member Alzheimer associations pay dues according to their own income, which in 2013-14 made up 22% of the total income. ADI also receives contributions and grants from corporations, foundations, trusts and individuals.

ADI also receives support from Friends of ADI, a UK-registered charity. Friends of ADI does not run any programme of its own – it exists to support the work of ADI.

Expenses

ADI's expenses are classified into seven functions: the five main areas of programme work, management and administration, and fundraising.

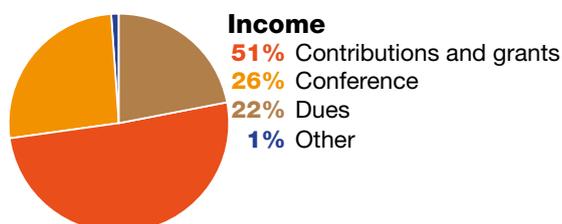
'Member support and development' includes the Alzheimer University training programmes and other support and advice provided to Alzheimer associations. 'Information' covers the Global Perspective newsletter, website, factsheets and booklets. The key event for 'Promotion and awareness' is World Alzheimer's Month, and ADI staff and Elected Board members also take part in other conferences and meetings to promote our work and our cause. This also includes ADI's public policy work, including the World Alzheimer Report. The spending on 'Research' is mainly through support of the 10/66 Dementia Research Group and Global Observatory for ageing and dementia care at King's College London. There is a heading for the ADI International 'Conference'.

Reserves policy

The Elected Board has determined that a reserve (being unrestricted net assets) of approximately 6 to 8 months of core functions of the organisation is desirable. Core functions include maintenance of a central office, a buffer to sustain the conference and travel and activities with essential international commitments including a modest contingency. In the current policy, core functions are approximately \$750,000 per year resulting in a desired reserve of \$375,000 to \$500,000.

Thank you

Harry Enderlein Trust	Nutricia	Elements Communications
Bupa	Piramal	Salix Dementia Trust
Lilly	Compass Group	Mark Krueger & Associates
Home Instead	TauRx	
Helen Bader Foundation	Lundbeck	
	Mailability	



Alzheimer's Disease International

Vision An improved quality of life for people with dementia and their families throughout the world.

Mission To strengthen and support Alzheimer associations, to raise awareness about dementia worldwide, particularly to improve the knowledge and information, and to make dementia a global health priority.

Elected Board

AS AT JUNE 2014

Princess Yasmin Aga Khan, USA, President
Dr Jacob Roy Kuriakose, India, Chairman
Mr Glenn Rees, Australia, Chair-Elect
Mrs Wendy Fleming, New Zealand, Vice Chairman
Mr Andrew Ketteringham, UK, Treasurer
Dr Serge Gauthier, Canada, Chairman of Medical and Scientific Advisory Panel
Mr Dale Goldhawk, Canada
Dr Mariella Guerra, Peru
Ms Lynda Hogg, UK
Mr Markus Löfström, Finland
Mrs Carolyn Popham, UK
Mr Gerald Sampson, USA
Dr Robert Yeoh, Australia

Honorary Vice Presidents

AS AT JUNE 2014

Dr Daisy Acosta, Dominican Republic
Prof Henry Brodaty, Australia
Dr Nori Graham, UK
Mr Brian Moss, Australia
Mr Jerome Stone, USA

Staff

AS AT JUNE 2014

Marc Wortmann, Executive Director
Jane Cziborra, Membership and Events Manager
Sarah Kerr, Publications Officer
Michael Lefevre, Finance and Technology Manager
Harriet Payne, Administration and Communications Assistant
Anastasia Psoma, Project and Communications Coordinator
Johan Vos, Deputy Executive Director
Francis Wong, Regional Director, Asia Pacific Regional Office

Members

AS AT JUNE 2014

Asociación de Lucha contra el Mal de Alzheimer (Argentina)
Alzheimer's Disease Armenian Association
Fundacion Alzheimer Aruba
Alzheimer's Australia
Alzheimer Anghorhige Austria
Alzheimer Society of Bangladesh
Barbados Alzheimer's Association Inc.
Ligue Nationale Alzheimer Liga (Belgium)
Alzheimer's Family Support Group (Bermuda)

FEBRAz (Brazil)
Compassion Alzheimer Bulgaria
Alzheimer Society of Canada
Corporacion Alzheimer Chile
Asociacion Colombiana de Alzheimer (Colombia)
Asociación Costarricense de Alzheimer y otras Demencias Asociadas (Costa Rica)
Alzheimer Croatia
SCUAL (Cuba)
Stichting Alzheimer Curaçao
Pancyprian Association of Alzheimer's Disease (Cyprus)
Ceska Alzheimerovska Spolecnost (Czech Republic)
Alzheimerforeningen (Denmark)
Asociacion Dominicana de Alzheimer (Dominican Republic)
Egyptian Alzheimer Society
Asociacion de Familiares Alzheimer de El Salvador
Muistiliitto ry (Finland)
Deutsche Alzheimer Gesellschaft (Germany)
Greek Association of Alzheimer's Disease and Related Disorders
ERMITA (Guatemala)
Asociación Hondureña de Alzheimer (Honduras)
Hong Kong Alzheimer's Disease Association
Hungarian Alzheimer Society (Hungary)
Alzheimer's and Related Disorders Society of India
Asosiasi Alzheimer Indonesia
Iran Alzheimer Association
The Alzheimer Society of Ireland
Alzheimer's Association of Israel
Federazione Alzheimer Italia (Italy)
Alzheimer's Jamaica
Alzheimer's Association Japan
Alzheimer's Association Lebanon
Macau Alzheimer's Disease Association
Association of Alzheimer Disease - Skopje Macedonia
Alzheimer's Disease Foundation Malaysia
Malta Dementia Society
Alzheimer Association Mauritius
Federacion Mexicana de Alzheimer (Mexico)
L'Association Monégasque pour la recherche sur la Maladie D'Alzheimer (Monaco)
Association Marocaine Alzheimer et Maladies Apparentées (Morocco)
Alzheimer and Related Dementia Society Nepal

Alzheimer Nederland (Netherlands)
Alzheimers New Zealand
Alzheimer's Disease Association of Nigeria
Nasjonalforeningen for folkehelsen (Norway)
Alzheimer's Pakistan
Asociacion Peruana de la Enfermedad y Otras Demencias (Peru)
Alzheimer's Disease Association Philippines
Polish Alzheimer's Association (Poland)
Alzheimer's Disease Chinese (PR China)
Asociacion de Alzheimer y Desordenes Relacionados de Puerto Rico
Romanian Alzheimer Society
Help For Patients With Alzheimer's Disease And Their Families (Russia)
Saudi Alzheimer's Disease Association (Saudi Arabia)
Alzheimer Scotland
Alzheimer's Disease Association Singapore
Sint Maarten Alzheimer Association
Slovak Alzheimer's Association (Slovak Republic)
Spomincica – Slovensko zdruzenje (Slovenia)
Alzheimer's South Africa
CEAFA (Spain)
Lanka Alzheimer's Foundation (Sri Lanka)
Alzheimerforeningen i Sverige (Sweden)
Association Alzheimer Suisse (Switzerland)
Syrian Alzheimer and Memory Diseases Society (Syria)
TADA (Chinese Taipei)
Alzheimer's and Related Disorders Association of Thailand
Alzheimer's Association of Trinidad and Tobago
Association Alzheimer Tunisie (Tunisia)
Turkish Alzheimer Society and Foundation (Turkey)
Alzheimer's Society (England, Wales and Northern Ireland)
Alzheimer's Association (USA)
Asociación Uruguaya de Alzheimer y Similares (Uruguay)
Fundacion Alzheimer de Venezuela
Zimbabwe Alzheimer's and Related Disorders Association
Alzheimer's Association (USA)
Asociación Uruguaya de Alzheimer y Similares (Uruguay)
Fundacion Alzheimer de Venezuela
Zimbabwe Alzheimer's and Related Disorders Association



Alzheimer's Disease International

The global voice on dementia

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Alzheimer's Disease International: The International Federation of Alzheimer's Disease and Related Disorders Societies, Inc. is incorporated in Illinois, USA, and is a 501(c)(3) not-for-profit organization