

Alzheimer's Disease International (ADI) Statement to WHO Regional Committee for Europe

Given on behalf of ADI by
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This statement is submitted by Vanessa Challinor, of Alzheimer Europe on behalf of ADI, the umbrella federation of over 90 national Alzheimer's Associations around the world and almost 50 million persons living with Alzheimer's disease and other irreversible dementias. ADI has been in official relations with the WHO since 1996, has ECOSOC consultative status at the UN and its Chief Executive, Paola Barbarino, is on the board of the NCD Alliance.

We are pleased to note the recognition by the Regional Committee Meeting of the unanimous [adoption of a global action plan](#) on the public health response to dementia. We also note the initial list of regional implications in your agenda item 3 and that prior to the Global Plan this region took steps in its Healthy Ageing Plan 2012-2020 to include certain quality of care strategies for older people including dementia care and palliative care for long-term care.

The Global Plan provides a framework with priorities and targets that are ambitious in respect of a comprehensive Public Health Response to Dementia. There is broad agreement on what policies to adopt. But as the OECD observed in Addressing Dementia in 2015 "ensuring that these policies are consistently implemented remains a challenge and there is still much uncertainty about which policy approaches are most effective". With that in mind ADI suggests there are four priority challenges within many:

1. The Global Plan calls for comprehensive national level government plans and though many European countries have taken this step to review their own data, situation and strategy, many have not. And the evidence suggests plans need to be regularly updated. ADI would be very willing to be a knowledge partner should the Secretariat or Committee organise some form of knowledge exchange aimed at supporting national plan development.
2. The plan moves forward the establishment of a Global Dementia Observatory(GDO), which has several European pilot sites and engagement of European institutions in the consultations that led up to its initial work. It is a matter of frustration to policy makers and advocates alike that data on dementia is not mainstreamed in national data sets and is of uneven quality. ADI welcomes the potential of the GDO to improve this situation if European nations and the Secretariat take full and rapid advantage of the tools and knowledge from the GDO work stream. We look forward to the reviews of the Global Plan in 2020, 2023 and 2026 as part of an important learning process



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3. The Global Plan, recognises that dementia shares risk factors with other NCD's and calls for more complete integration of brain health and dementia risk reduction messaging and action into NCD prevention efforts. This is important and could help to reduce people's risk of getting dementia. But there is a need to go further and to make the public aware of the link between physical health and brain health and to prioritise dementia prevention within a greatly increased dementia research budget.
4. Lastly the Plan recognizes in proposed actions for member states the importance of systematically shifting the locus of care "towards community and home-based care settings and multi-disciplinary, community based networks that integrate social and health systems and provide quality care and evidence based interventions". This has been a major challenge in many countries and could usefully be a focus for sharing knowledge in respect of approaches to system change to improve the quality of dementia in primary and acute care as well as in respect of new models of community and home-based care.