



**Alzheimer's Disease
International**

64 Great Suffolk Street
London SE1 0BL
United Kingdom

Tel. +44 (0)20 7981 0880
Fax: +44 (0)20 7928 2357
Email: info@alz.co.uk
Web: www.alz.co.uk

This statement is submitted on behalf of Alzheimer's Disease International (ADI), the federation of 90 national Alzheimer's Associations around the world and 47 million people living with Alzheimer's disease and other irreversible dementias. ADI is in official relations with the WHO, has ECOSOC consultative status at the UN and its CEO Paola Barbarino is on the board of the NCD Alliance.

Background: The United Nations 2011 Political Declaration on Non-Communicable Disease states in part

“18. We Recognize that mental and neurological disorders, including Alzheimer's disease, are an important cause of morbidity and contribute to the global non-communicable disease burden, for which there is a need to provide equitable access to effective programmes and health care interventions.”

We welcome this meeting and this mid-point review of policy because we believed then that the science of risk factors for dementia and consensus public health messaging on reducing risk and burden of dementia would grow through the life of the NCD declaration and related UN agency and national planning. This has proven to be true, with a scientific consensus on risk factors for dementia in later life now firmly established by authorities such as the WHO, IOM and most recently the report out of the Lancet Commission on Dementia Prevention, Intervention, and Care. These include tobacco use, lack of physical activity, risk factors for cardiovascular disease, hypertension, diabetes and obesity, which are shared with the four major NCD's most often cited in policy and programme.

If this is so, what are the remaining obstacles to more action on dementia in NCD planning?

1. Other than the planned 2018 review and related events such as this meeting, there was no provision in the operational planning about NCD's to bring in new knowledge.
2. The “best buys” approach in which authorities have created an official list of low cost interventions for different sectors has quickly become an “only buys” approach setting both the bar and the ceiling for actions.
3. The draft declaration document has again proposed language about premature mortality as the rationale for improved political action on NCD's which has been eliminated in the 2011 declaration. This gives the unfortunate impression that morbidity and overall public health impact need not be accounted for in NCD policy, with a bias toward prevention as the only standard for measuring progress. This is particularly difficult as problems with thinking and memory from dementia multiply

the challenges in managing other chronic illness. Over 70% of persons living with dementia have at least one other chronic disease.

4. The spirit of SDG 3 being for all ages has yet to be reflected in action as national health data sets frequently omit persons over 60, sometimes over age 49. This is particularly difficult for dementia issues as most affected are over age 60, and for all NCD's as the personal and health system cost burden of living with a chronic condition increases with age. We call on the Member States to explicitly act to end this structural ageism by strengthening section 13 of the draft declaration.

Recommended Action on Dementia

While hoping and acting to facilitate better treatment and even cure, there is a solid basis on which to act now on risk – particularly to integrate messaging about brain health into NCD policy and programmes, which is a concept in its infancy in countries. We appreciate the sensitive language in section 10 of the August 9th draft on mental health conditions, but we call on the Member States as they review progress to elevate this integration of activity specific to dementia into the declaration as envisioned in the recent WHO-adopted Global Action Plan on Dementia.

“52. Linking to the actions specified in the global action plan for the prevention and control of noncommunicable diseases 2013-2020, offer technical support and strengthen global, regional and national capacities and capabilities to:

- raise awareness of the links between dementia and other noncommunicable diseases;
- integrate the reduction and control of modifiable dementia risk factors into national health-planning processes and development agendas;
- support the formulation and implementation of evidence based, multisectoral interventions for reducing the risk of dementia.”

Contacts: Paola Barbarino, CEO, p.barbarino@alz.co.uk

Mike Splaine, Policy Adviser mikesplaine@verizon.net