Response to:
WHO discussion paper on the WHO Global Action Plan on NCDs

Alzheimer's Disease International (ADI) is the umbrella organisation for Alzheimer and dementia associations around the world. It was founded in 1984, has member associations in 78 countries and a secretariat in London.

Our ask for the NCD 2013-2020 Strategy is to:
1. Pay more attention to shared modifiable risk factors for Alzheimer’s disease and other dementias and the other major NCDs,
2. Develop tools to measure dementia and monitor government action. ADI offers support for this through its research network.

Each September ADI releases a major global report in several languages (http://www.alz.co.uk/research/world-report). In 2009, a report was published on the global prevalence of dementia, in 2010 a report on the worldwide cost of dementia, in 2011 on the benefits of early diagnosis and intervention and, to be released in September 2012, a report on the stigma associated with the condition. We believe these reports are useful for public health authorities to know what practices and measures can be adopted to make an effort against dementia nationally and globally.

The UN High Level Meeting political declaration on non-communicable disease last year called for recognition of Alzheimer's disease and dementia as a major NCD (66L.1, 18). Unfortunately, the discussion paper makes no mention of dementia, and its only mention of healthy ageing is on page 5 in which it is linked to maternal and child health. Lack of inclusion in health planning for ageing and dementia is a missed opportunity as dementia is, in many ways, related to other NCDs, especially with regards to risk factors. Action is also urgently needed because of the huge cost of the disease: in the year 2010 the global cost was $604 billion, or 1% of global GDP. Due to the strong connection with ageing, this disease area is a ticking time bomb that will bankrupt health systems if we don’t act.

In April 2012, the WHO published its first global report on dementia calling it “a public health priority” and a major non communicable disease that in itself is difficult and that makes care or treatment of all other chronic disease still more difficult. The report shows there are 7.7 million new cases of dementia every year, or one in four seconds. The number of people with the disease will increase from 36 million in 2010 to 66 million by 2030 and 115 million by 2050. In the foreword, Dr Margaret Chan said: “The need for long-term care for people with dementia strains health and social systems, and budgets. The catastrophic cost of care drives millions of households below the poverty line. The overwhelming number of people whose lives are altered by dementia, combined with
the staggering economic burden on families and nations, makes dementia a public health priority.”

**Disseminate validated tools**

Since 1998, ADI has financially supported the 10/66 Dementia Research Group. This group gets its name from the fact that, when it was formed in 1998, less than 10% of all population based research into dementia was directed towards the 66% or more of all people with dementia worldwide who lived in developing countries - and this group continues to be committed to changing that fact! The network is made up of over 100 active researchers from more than 30 developing countries who are studying the prevalence and impact of dementia in communities where it has not been studied before. The 10/66 studies and validated tools ([http://www.alz.co.uk/1066](http://www.alz.co.uk/1066)) are all in the public domain and available for adoption by health systems or individual practitioners. These are all available to the noted 165 dedicated offices on NCDs in governments around the world.

**Address modifiable risk**

At this moment, the WHO is considering the global monitoring framework for NCDs in which, for very practical reasons, dementia is not yet included. ADI supports the draft monitoring framework, especially because of the growing consensus that dementia shares most of the same risk factors as the other NCDs. A complete paper on risk is attached for your consideration, but the summary is this: what’s good for the heart is good for the brain and that adults with type two diabetes have a 2-4 times higher risk of dementia than those that do not. These facts are neither well-known nor widely disseminated and we believe we can create another set of messages that help motivate people to take action on their risk of a debilitating NCD.

Australia and the UK have been adding brain health messaging campaigns into public health campaigning to inform the public about modifiable risk and to provide another potent message in the effort to reduce global mortality from NCDs by 25%. A specific, short fact sheet on smoking and dementia is attached for similar consideration.

**Monitor national government actions**

On a systems basis, ageing and dementia issues have only just begun to be well represented or mainstream in national and international public health planning. For example, only eight nations have a published national government Alzheimer’s or dementia plan and nearly all have tobacco control plans that have been supported broadly by international public health authorities.

The aforementioned report from the World Health Organization, *Dementia: A Public Health Priority*, which was developed with the support of ADI and released in April 2012, calls for more public awareness and education and encourages all governments of the world to make dementia a priority and develop a national plan. The report is a landmark,
but still needs implementation in most countries. The NCD plan could address this issue by adding a measure on national dementia plans to STEPS or other global data collection.

Create surveillance tools for dementia in partnership

As the underlying modifiable risk factors of dementia intersect with those of the other major focus areas of the proposed Global Monitoring Framework (GMF) we think it is vital to begin work on dementia surveillance so as to possibly demonstrate a change in incidence over time.

We understand that there are few data sources robust enough to support inclusion of dementia in the GMF. ADI believes there needs to be an opportunity to develop NCD objectives in areas in which there may not yet be good data sources in addition to the GMF focus.

The growth of dementia as a public health problem has been well documented in the recent WHO report, and therefore, we propose that the NCD directorate and ADI put together a work group that would include members of ADI’s 10/66 Dementia Research Group (that has been the source of much basic epidemiology in lower and middle income countries) as well as surveillance experts who have been successful in adding questions about cognitive health to such well known systems as BRFSS, NHANES and other similar population surveys. This group would be charged with recommending evidence-informed tools that could be adopted into country level surveillance systems which would roll up into international reporting systems beginning in 2015, or earlier depending on country decisions and resources.

Unless we find a cure shortly, dementia will soon be the most expensive of all diseases. There is no time to lose. Most risk factor targets now proposed for NCD policy might help to bend the curve of increasing numbers of people with Alzheimer’s and other dementias. It would be the right time to start measuring and makes the NCD case even stronger. The World Health Organization could also stimulate countries to follow its recommendation from the April 2012 report to create national plans by asking them regularly to report on progress.

Marc Wortmann
Executive Director
Alzheimer’s Disease International
7 September 2012