

Global action plan on the public health response to dementia

— 2017 - 2025 —



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FOREWORD

Dementia is a major cause of disability and dependency among older adults worldwide, affecting memory, cognitive abilities, and behavior, ultimately interfering with one's ability to perform daily activities. The impact of dementia is not only significant in financial terms, but also represents substantial human costs to countries, societies, families and individuals.

The global action plan on the public response to dementia 2017–2025 signals an important step forward in achieving physical, mental and social wellbeing for people with dementia, their carers and

families. It is an important opportunity for individuals, communities and Member States to realize the vision of a world in which dementia is prevented and people with dementia and their carers receive the care and support they need to live a life with meaning and dignity. The World Health Organization looks forward to fulfilling the ambitious targets presented in the action plan by working alongside Member States and Non-state actors, including people with dementia and their families, to improve the health and well-being of those affected by dementia, both for present and future generations.



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OVERVIEW OF THE GLOBAL SITUATION

1. Dementia is an umbrella term for several diseases that are mostly progressive, affecting memory, other cognitive abilities and behaviour, and that interfere significantly with a person's ability to maintain the activities of daily living. Alzheimer disease is the most common form of dementia and may contribute to 60–70% of cases. Other major forms include vascular dementia, dementia with Lewy bodies, and a group of diseases that contribute to frontotemporal dementia. The boundaries between different forms of dementia are indistinct and mixed forms often coexist.
2. In 2015, dementia affected 47 million people worldwide (or roughly 5% of the world's elderly population), a figure that is predicted to increase to 75 million in 2030 and 132 million by 2050. Recent reviews estimate that globally nearly 9.9 million people develop dementia each year; this figure translates into one new case every three seconds. Nearly 60% of people with dementia currently live in low- and middle-income countries and most new cases (71%) are expected to occur in those countries.^{2,3}
3. Crucially, although age is the strongest known risk factor for the onset of dementia, it is not an inevitable consequence of ageing. Further, dementia does not exclusively affect older people, with young onset dementia (defined as the onset of symptoms before the age of 65 years) accounting for up to 9% of cases.⁴ Some research has shown a relationship between the development of cognitive impairment and lifestyle-related risk factors that are shared with other noncommunicable diseases. These risk factors include physical inactivity, obesity, unbalanced diets, tobacco use and harmful use of alcohol as well as diabetes mellitus and mid-life hypertension. Other potentially modifiable risk factors more specific to dementia include mid-life depression, low educational attainment, social isolation and cognitive inactivity. Additionally, non-modifiable genetic risk factors exist that increase a person's risk of developing dementia.⁵ There is also evidence suggesting that overall more women develop dementia than men.³
4. Dementia is a major cause of disability and dependency among older adults

worldwide, having a significant impact not only on individuals but also on their carers, families, communities and societies. Dementia accounts for 11.9% of the years lived with disability due to a noncommunicable disease.¹ In light of the improved life expectancy globally, this figure is expected to increase further.

5. Dementia leads to increased costs for governments, communities, families and individuals, and to loss in productivity for economies.
 - In 2015, dementia costs² were estimated at US\$ 818 billion, equivalent to 1.1% of global gross domestic product, ranging from 0.2% for low- and middle-income countries to 1.4% for high income countries. By 2030, it is estimated that the cost of caring for people with dementia worldwide will have risen to US\$ 2 trillion, a total that could undermine social and economic development globally and overwhelm health and social services, including long term care systems specifically.³
 - People with dementia and their families face significant financial impact from the cost of health and social care and from reduction or loss of income. In high-income countries, the costs related to dementia are shared between informal care (45%) and social care (40%). In contrast, in low- and middle-income countries social care costs (15%) pale in comparison to informal care costs.³ The expected disproportionate increase in

dementia in low- and middle income countries will contribute further to increasing inequalities between countries and populations.

6. Currently, the gap is wide between the need for prevention, treatment and care for dementia and the actual provision of these services. Dementia is underdiagnosed worldwide, and, if a diagnosis is made, it is typically at a relatively late stage in the disease process. Long-term care pathways (from diagnosis until the end of life) for people with dementia are frequently fragmented if not entirely lacking. Lack of awareness and understanding of dementia is often to blame, resulting in stigmatization and barriers to diagnosis and care. People with dementia are frequently denied their human rights in both the community and care homes. In addition, people with dementia are not always involved in decision-making processes and their wishes and preferences for care are often not respected.
7. WHO and the World Bank estimate a need by 2030 for 40 million new health and social care jobs globally and about 18 million additional health workers, primarily in low-resource settings, in order to attain high and effective coverage with the broad range of necessary health services. In addressing dementia, expanding the health and social care workforce with appropriate skill mixes as well as available interventions and services will be essential to prevent, diagnose, treat and care for people with dementia.

2. WHO. The epidemiology and impact of dementia: current state and future trends. Geneva: World Health Organization; 2015, Document WHO/MSD/MER/15.3, available at http://www.who.int/mental_health/neurology/dementia/dementia_thematicbrief_epidemiology.pdf (accessed 8 March 2017).

3. Prince M, Wimo A, Guerchet M, Ali GC, Wu Yutzu, Prina M. World Alzheimer Report 2015. The global impact of dementia: an analysis of prevalence, incidence, cost and trends. London: Alzheimer's Disease International; 2015.

4. Alzheimer's Disease International and WHO. Dementia: a public health priority. Geneva: World Health Organization; 2012 (http://www.who.int/mental_health/publications/dementia_report_2012/en/, accessed 8 March 2017).

5. Loy CT, Schofield PR, Turner AM, Kwok JBJ. Genetics of dementia. *Lancet*. 2014;383(9919):828–40. doi:[http://dx.doi.org/10.1016/S0140-6736\(13\)60630-3](http://dx.doi.org/10.1016/S0140-6736(13)60630-3).

1. Prince M, Albanese E, Guerchet M, Prina M. World Alzheimer Report 2014. Dementia and risk reduction: an analysis of protective and modifiable risk factors. London: Alzheimer's Disease International; 2014 (<http://www.alz.co.uk/research/WorldAlzheimerReport2014.pdf>, accessed 8 March 2017).

2. Direct medical and social care costs and costs of informal care.

3. Prince M, Wimo A, Guerchet M, Ali GC, Wu Yutzu, Prina M. World Alzheimer Report 2015. The global impact of dementia: an analysis of prevalence, incidence, cost and trends. London: Alzheimer's Disease International; 2015.

VISION, GOALS AND CROSS-CUTTING PRINCIPLES

Vision

8. The vision of the global action plan on the public health response to dementia is a world in which dementia is prevented and people with dementia and their carers live well and receive the care and support they need to fulfil their potential with dignity, respect, autonomy and equality.

Goal

9. The goal of the global action plan is to improve the lives of people with dementia, their carers and families, while decreasing the impact of dementia on them as well as on communities and countries.

Cross-cutting principles

10. The global action plan is grounded in the following **seven cross-cutting principles**.



d. **Multisectoral collaboration on the public health response to dementia**

A comprehensive and coordinated response to dementia requires collaboration among all stakeholders to improve prevention, risk reduction, diagnosis, treatment and care. Achieving such collaboration requires engagement at the government level of all relevant public sectors, such as health (including alignment of existing noncommunicable disease, mental health and ageing efforts), social services, education, employment, justice, and housing, as well as partnerships with relevant civil society and private sector entities.



a. **Human rights of people with dementia**

Policies, plans, legislation, programmes, interventions and actions should be sensitive to the needs, expectations and human rights of people with dementia, consistent with the Convention on the Rights of Persons with Disabilities and other international and regional human rights instruments.



b. **Empowerment and engagement of people with dementia and their carers**

People with dementia, their carers and organizations that represent them should be empowered and involved in advocacy, policy, planning, legislation, service provision, monitoring and research of dementia.



c. **Evidence-based practice for dementia risk reduction and care**

Based on scientific evidence and/or best practice, it is important to develop strategies and interventions for dementia risk reduction and care that are person-centred, cost-effective, sustainable and affordable, and take public health principles and cultural aspects into account.



e. **Universal health and social care coverage for dementia**

Designing and implementing health programmes for universal health coverage must include financial risk protection and ensuring equitable access to a broad range of promotive, preventive, diagnostic and care services (including palliative, rehabilitative and social support) for all people with dementia and their carers.



f. **Equity**

All efforts to implement public health responses to dementia must support gender equity and take a gender-sensitive perspective, keeping in mind all vulnerabilities specific to each national context, consistent with the 2030 Agenda for Sustainable Development, which recognizes that people who are vulnerable, including people with disabilities, older people and migrants, must be empowered.



g. **Appropriate attention to dementia prevention, cure and care**

Steps to realize this focus include using existing knowledge and experience to improve prevention, risk reduction, care and support for people with dementia and their carers and generation of new knowledge towards finding disease-modifying treatments or a cure, effective risk reduction interventions and innovative models of care.

ACTIONS AND TARGETS FOR MEMBER STATES, THE SECRETARIAT AND INTERNATIONAL, REGIONAL AND NATIONAL PARTNERS

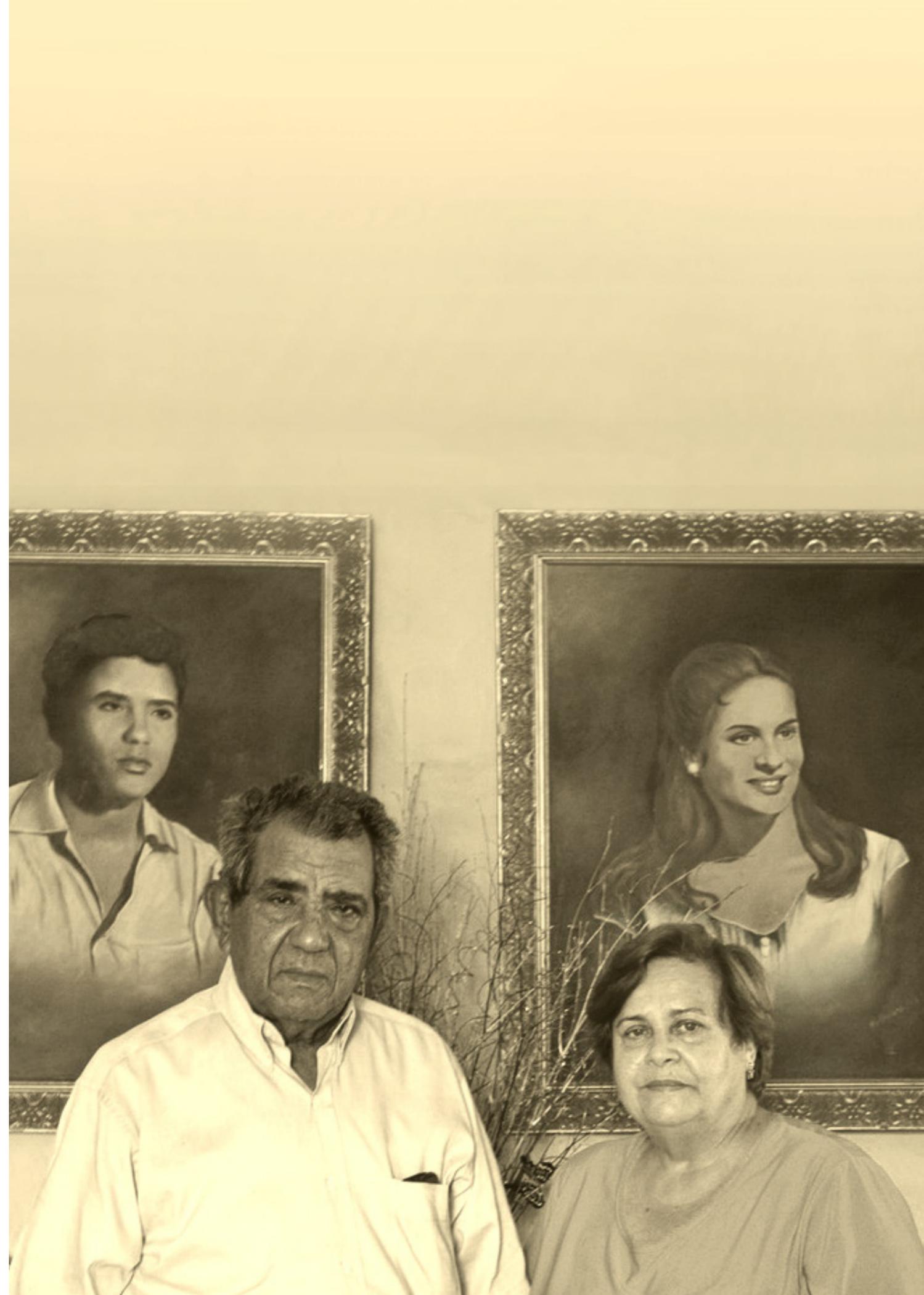
11. Effective implementation of the global action plan on the public health response to dementia will require actions by Member States, the Secretariat and international, regional, national and subnational partners. Depending on national context, these partners include but are not limited to:

- development agencies, including international multilateral agencies (for example, OECD, United Nations development agencies and the World Bank), regional agencies (for example, regional development banks), subregional intergovernmental agencies and bilateral development aid agencies;
- academic institutions and research agencies, including the network of WHO collaborating centres for mental health, ageing, disability, human rights and social determinants of health, and other related networks;
- civil society, including people with dementia, their carers and families and associations that represent them, and other relevant organizations;
- the private sector, health insurance, and the media.

12. The roles of these four groups often overlap and can include multiple actions cutting across the areas of governance, health and social care services, promotion of understanding and prevention in dementia, and information, evidence and research. Country-based assessments of the needs and capacities of different partners will be essential to clarify the roles and actions of stakeholder groups.

13. Targets included in this global action plan are defined for achievement globally. Each Member State can be guided by these global targets when setting its own national targets, taking into account national circumstances. Each Member State will also decide how these global targets should be adapted for national planning, processes (including data collection systems), policies and strategies.

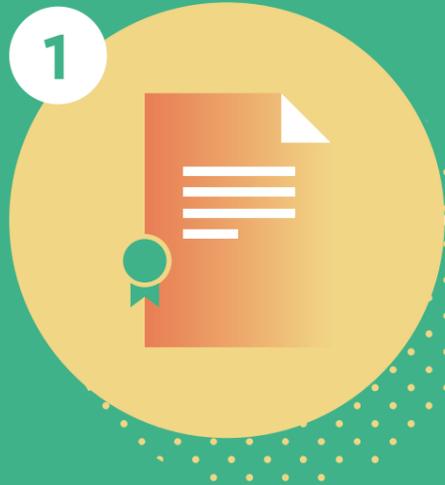
14. The global action plan recognizes that each Member State faces specific challenges in implementing these action areas and therefore suggests a range of proposed actions that each Member State will need to adapt to the national context.



Action areas

15. The global action plan comprises seven action areas, which form the underlying structural framework:

Dementia as a public health priority



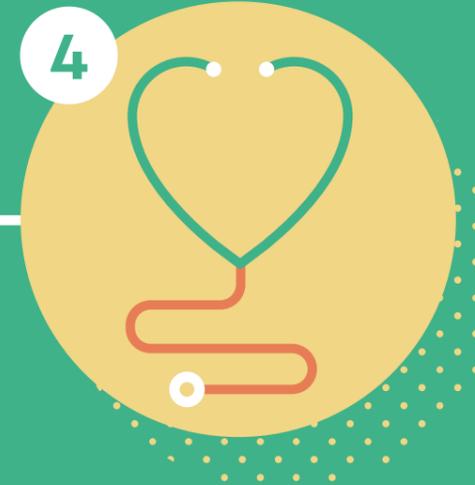
Dementia awareness and friendliness



Dementia risk reduction



Dementia diagnosis, treatment, care and support



Support for dementia carers



Information systems for dementia



Dementia research and innovation



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