



ENHANCING THE RESPONSE TO THE BURDEN AND IMPACT OF DEMENTIA THROUGH POLICY AND SOCIAL INNOVATION IN THE EASTERN MEDITERRANEAN REGION

Doha, Qatar, Dec 1st 2016 - MEETING REPORT

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- Dr. Hanadi Alhamad, Chairperson of Geriatrics, Hamad Medical Corporation, and Focal Point for Elderly

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INTRODUCTION

The World Innovation Summit on Health (WISH), an initiative of the Qatar Foundation for Education, Science and Community Development, brings together a community of policymakers and healthcare leaders to help solve the most urgent global health challenges while capturing and disseminating the best evidence-based ideas. This year the Summit highlighted key areas for research and collaboration, including dementia.

The purpose of the WISH dementia side meeting, organized by WISH with technical support from the World Health Organization (WHO), was to bring together stakeholders to facilitate shared learning among countries' responses to the increasing burden associated with dementia in the Eastern Mediterranean Region as well as other parts of the world. The meeting facilitated the discussion on coordinated regional and country-level actions through policy and social innovation in order to improve the care and monitoring of dementia.

Dementia currently affects more than 47 million people worldwide, 2.3 million living in North Africa and the Middle East. These figures are expected to rise to 75 million and 4.4 million by 2030, respectively. There is often a lack of awareness and understanding of dementia, resulting in stigmatization and barriers to diagnosis and care. Dementia leads to increased long-term care costs for governments, communities, families and individuals, and to losses in productivity for economies. In 2015, the global cost of caring for people with dementia was estimated to be US\$818 billion – 1.1% of global gross domestic product. By 2030, this cost is projected to rise to a staggering US\$2 trillion or more, which could undermine social and economic development globally.¹

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 In the Eastern Mediterranean Region, 70% of countries fall within the low and middle-income category.³ Data from low- and middle-income countries are scarce; some evidence suggests that up to 90% of people with dementia do not receive anything in the way of diagnosis, treatment or care.⁴ The Eastern Mediterranean Region currently has the highest age-standardized prevalence of dementia for people aged 60 years and over (8.7%) compared to all other regions. This coincides with the highest estimated cost increase over time from \$4.5 billion USD in 2010 to \$16.7 billion USD in 2015 (271% increase) compared to other regions. Just over 50% of this cost

1 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, October 2015, available at: <https://www.alz.co.uk/research/world-report-2015>

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

3 World Bank. World Bank Country and Lending Groups. Washington D.C.: World Bank, 2016, available at: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>

4 Alzheimer's Disease International and World Health Organization. Dementia: a public health priority. Geneva: World Health Organization; 2012, available at: http://www.who.int/mental_health/publications/dementia_report_2012/en/.

is estimated to be through direct medical care. Direct social care costs (7%) pale in comparison to informal care costs (42%) which predominate.

Despite this, dementia is not yet a national priority in most countries which has led to a lack of systematic development, monitoring and evaluation of dementia efforts and to fragmented social and health services for people with dementia and their carers. For example, none of the Member States from the Eastern Mediterranean Region has a national plan to address dementia and only 30 of 194 Member States globally have one⁵. However, the WHO Eastern Mediterranean Regional Office has recently developed a regional framework to scale up action in mental health⁶, as well as a regional framework for action on the prevention and control of noncommunicable disease,⁷ both of which can serve as a foundation for developing further action on dementia in the region.

Coordinated global responses to the challenges of dementia are also required to facilitate changes in dementia policy and care. Over the last few years following the joint WHO/ADI report *Dementia: a Public Health Priority*, efforts to mount a coordinated and coherent response to counter the public health challenge posed by dementia have gained pace. Other examples include the G8 Dementia Summit (London, 2013) and subsequent G7 legacy events as well as creation of the World Dementia Council, and WHO organizing the First Ministerial Conference on Global Action Against Dementia in March 2015⁸.

These efforts resulted in the WHO Executive Board's decision (EB139/DIV./2), which noted that "the response to the global burden of dementia can be greatly enhanced by a shared commitment among Member States and all other stakeholders to put in place necessary policies and resources for care of people with dementia, to promote research, to find disease-modifying treatments or cure, and to give adequate priority to action against dementia in national and global political agendas." A zero draft of the Global Action Plan on the Public Health Response to Dementia has since been developed, following a global consultation. In January 2017 the Executive Board considered the draft dementia global action plan and recommended to the Seventieth World Health Assembly to adopt the decision to endorse the plan during its review in May 2017.⁹ The proposed action plan builds upon the provisions of the Comprehensive Mental Health Action Plan 2013-2020, the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020 and the Global Strategy and Plan of Action on Ageing and Health.

5 WHO data as part of Global Dementia Observatory (unpublished)

6 WHO/EMRO: Regional framework to scale up action on mental health in the Eastern Mediterranean Region, available at: http://applications.emro.who.int/dsaf/EMROPUB_2016_EN_18700.pdf

7 WHO/EMRO. Framework for action to implement the United Nations Political Declaration on Noncommunicable Diseases, including indicators to assess country progress by 2018 (updated October 2015 based on resolutions EM/RC59/R.2 & EM/RC60/R.4); available at: <http://www.emro.who.int/noncommunicable-diseases/framework-for-action/index.html>

8 First WHO Ministerial Conference on Global Action Against Dementia. Geneva: World Health Organization; 2015. (http://www.who.int/mental_health/neurology/dementia/ministerial_conference_2015_report/en/)

9 WHO: Draft of the Global Action Plan on the Public Health Response to Dementia; available at: http://apps.who.int/gb/ebwha/pdf_files/EB140/B140_28-en.pdf

Objectives

In light of these global developments and the increased burden and impact of dementia in the Eastern Mediterranean Region, WISH, the WHO Regional Office for the Eastern Mediterranean (WHO/EMRO) and WHO headquarters collaborated in conducting a dementia-focussed side meeting to:

- strengthen the regional countries' responses to dementia by developing and adapting national plans, programmes, and policies in order to support individuals with dementia and their families to live well and improve awareness and reduce dementia risk.

A range of individual strategies and responses were explored, for instance strengthening a country's capacity, leadership, governance, multi-sectoral action and partnerships; strengthening of dementia policy through noncommunicable diseases, mental health or ageing policies or plans.

- discuss the role of the Global Action Plan on the Public Health Response to Dementia in developing and responding to national and global dementia targets:

The draft Global Action Plan on the Public Health Response to Dementia consists of seven action areas with specific actions for Member States and Non-State Actors as well as global dementia targets. The side meeting enabled countries to share further feedback on the draft as well as discuss strategies for implementation and operationalization of actions at the national level.

- share countries' initial experiences with the Global Dementia Observatory¹⁰ and discuss its role for monitoring and knowledge exchange both within the Eastern Mediterranean Region and globally:

Proposed as an international dementia surveillance platform, the main goal of the Global Dementia Observatory is to facilitate countries' evidence-based service planning and to strengthen dementia policies as well as health and social care systems in four major strategic domains: epidemiology, policy, resource and research. The proposed observatory framework and its key indicators have been pilot-tested in selected countries from all WHO regions including the Eastern Mediterranean Region. The side meeting enabled countries to share their experiences from the pilot phase with each other and based on this exchange develop strategies to improve future monitoring of their health and social care systems

The meeting included 59 invited delegates from 9 Member States in the Eastern Mediterranean Region of WHO and 7 experts from other regions (see appendix for list of delegates). The delegates consisted of selected policy makers and dementia experts from the Eastern Mediterranean Region as well as other parts of the world who are involved in the development and implementation of national dementia policies and strategies.

¹⁰Information on the Global Dementia Observatory available at: http://www.who.int/mental_health/neurology/dementia/GDO/en/

SUMMARY

The meeting was divided into two sessions designed to encourage an exchange of ideas and best practices. The first session provided a spotlight on dementia initiatives occurring in Eastern Mediterranean Region Member States (total 8 presentations: Afghanistan, Iran, Jordan, Lebanon, Saudi Arabia, Qatar, Oman, Tunisia) across 4 broad themes. Member States from other regions (total 4 presentations: Indonesia, Mauritius, Sweden, Switzerland) also shared successes, challenges and lessons learned within these themes:

- Putting dementia on the national agenda
- Supporting people with dementia and their families
- Improving dementia service delivery
- Investing in dementia research and innovation

The second session consisted of breakout groups that discussed implementation successes, challenges and lessons learned within each of the above themes in the context of developing national dementia strategies or plans as well as operationalizing the draft global dementia action plan.

THEME 1: PUTTING DEMENTIA ON THE NATIONAL AGENDA

While currently no countries in the Eastern Mediterranean Region have a national dementia strategy, 64% of Member States in the region have adopted a mental health policy or plan¹¹; 50% have an ageing policy or plan and 29% have a noncommunicable disease policy or plan. Several presenters reported the development of draft national dementia plans in their countries. Of those who have drafted national dementia plans or who have plans for future development of one, priorities identified were well aligned with the draft Global Action Plan on the Public Health Response to Dementia.

Collaborative Approach: Top-down and Bottom-Up

A key recommendation for successfully developing a plan should include top-down as well as bottom-up approaches that are collaborative and multidisciplinary. Top-down is a reference to priorities identified by government, while bottom-up refers to priorities identified by organizations representing people with dementia, their carers and healthcare professionals. The recommendation that this approach be taken ensures that both stakeholders within government as well as community stakeholders have accountability and ownership of the dementia plan leading to more successful alignment of priorities and implementation of the plan. This also supports the engagement of all stakeholders in awareness raising and advocacy.

Integration of Prevention of Dementia with Noncommunicable Disease Risk Reduction Strategies

Noncommunicable diseases account for 57% of all deaths in the region with the Eastern Mediterranean Region having amongst the highest rates of behavioural and metabolic modifiable risk factors.¹² In particular, there are significant overlaps between disease risk factors and dementia risk factors. The Eastern Mediterranean Region is projected to have the highest prevalence of dementia compared to all other regions as well as an increasing incidence of dementia¹³.

Presenters in particular highlighted the need to take into consideration the local context of the country. The Eastern Mediterranean Region is made up of 22 economically diverse countries, each with its own culture and characteristics. Several countries in

11 WHO. Mental health atlas, 2014. Available at: http://www.who.int/mental_health/evidence/atlas/mental_health_atlas_2014/en/

12 WHO. Global status report on noncommunicable disease, 2014. Available at: <http://www.who.int/nmh/publications/ncd-status-report-2014/en/>

13 WHO. Global status report on noncommunicable disease, 2014. Available at: <http://www.who.int/nmh/publications/ncd-status-report-2014/en/>

the region continue to face the challenges of insecurity, war and humanitarian crisis. Within the region, different countries have addressed different components of mental health and disease, according to their stage of development, related to their income and stability. Presenters identified innovative approaches and significant strides that have been made despite constrained resources and national crisis.

Recommendations were made for integration of dementia prevention with noncommunicable disease risk reduction strategies and interventions as a way forward for countries who have made progress in noncommunicable disease risk reduction or who are not considering a stand-alone dementia plan. This may be particularly valuable given the high prevalence of noncommunicable diseases in the region and the evidence of significant overlap between risk factors for noncommunicable diseases and dementia. Given these shared risk factors, while there is value in “what’s good for your heart is good for your brain” for prevention, this approach is less able to improve public and professional awareness, diagnosis and care.

Challenges and Mechanisms of Success for Developing a Dementia Plan

Delegates highlighted the following risks or challenges in developing a national dementia plan or strategy and recommended mechanisms for overcoming them:

Risk or challenge	Mechanism or strategy to overcome challenge
Lack of political commitment to develop or implement action	Clear vision, bottom-up and top-down advocacy and awareness approach, collation and presentation of national data
Dearth of human and financial resources	Identify key decision makers and individuals who manage resources; partnerships with NGOs/civil societies and the private sector, make the business case for the value of action for dementia
Lack of baseline epidemiological or social data to support service planning	Develop information systems and registries; the WHO Global Dementia Observatory
Interdepartmental conflict, involvement of other ministries	Involve broad stakeholder group. Consideration should be given as to why a stakeholder should not be included, not <i>if</i> they should be included, given the broad effects of dementia it is everybody’s business
Social stigma and cultural barriers	Community, healthcare professional and government awareness building; bottom up programmatic supports and training

Risk or challenge	Mechanism or strategy to overcome challenge
Availability of support of policy and academic experts	Build local expertise and research infrastructure

Specific mechanisms to consult with and include people with dementia and their carers in the development of dementia policies and plans were discussed. These included: using social media; traditional media (radio, television, newspaper); partnering with NGO/civil societies; developing community awareness campaigns; consulting with private sector organizations that serve people with dementia and identifying community leaders. Delegates also discussed the key components they would like to see or have seen in a dementia national plan. These all aligned with what is captured in the draft global dementia action plan.

THEME 2: SUPPORTING PEOPLE WITH DEMENTIA AND THEIR FAMILIES

Ten countries in the region currently have dementia-specific consumer organizations (i.e. Bahrain, Egypt, Iran, Jordan, Lebanon, Morocco, Pakistan, Saudi Arabia, Syria, and Tunisia)¹⁴. An analysis demonstrated that over 50% of consumer or family organizations (not dementia specific) in the region report being 'never or rarely' involved in policy development or service planning, and if they are, only 18% reported that this occurs 'frequently'¹⁵. This is in comparison to organizations globally where almost 40% of user organizations report being frequently involved in policy development.

Eight of the organizations providing supports to people with dementia and their carers and families were present at the meeting. These presenters highlighted that community and non-profit organizations offer a range of services to support people with dementia including respite care, day centres, carer support groups, formal and informal carer training and supports for developing dementia-friendly communities. With the appropriate support and supervision, they can be a valuable resource for countries.

Two key recommendations were identified as being necessary to successfully raise awareness as a key function of these organizations– advocacy through better communication, and capacity building through partnerships.

Awareness across all Stakeholders to Enhance Advocacy and Improved Communication

Presenters identified a general lack of awareness of dementia at three levels: government, public and health professionals. Awareness is key to encouraging engagement, behavioural change and reducing stigma both for people with dementia as well as their carers, but this message generally only targets the public. Successful strategies have involved working with local media and public relations organizations to streamline communication with a clear message and targeting specific populations for awareness (within the public this can include school children for example). This communication must also include government stakeholders and health professionals who play a key role in advocating for care for people with dementia and their carers. Other suggested strategies were to partner with private organizations to sponsor awareness raising events to increase the spread of communication and leverage resources and to involve media personalities.

¹⁴ Alzheimer's Disease International, list of associations available at: <https://www.alz.co.uk/associations>

¹⁵ WHO. Mental Health Atlas, 2011. Available at: http://www.who.int/mental_health/publications/mental_health_atlas_2011/en/

Capacity Building through Partnerships

Lack of human resource and training is a significant concern of community and non-profit organizations. One strategy to overcome this has been partnerships with the local ministry of health to leverage capacity, resources and skills more fully. Examples of this partnership includes adding Alzheimer's Disease to the list of recognized disabilities to support people to access additional social benefits (such as cash transfers, disability benefits, tax allowances); training health professionals on early recognition and diagnosis of dementia; and lobbying for reduced cost or coverage of medications used in the treatment of people with dementia. Presenters also noted the value of hosting local conferences and inviting politicians or high level bureaucrats as an initiative to encourage research expertise and capacity in dementia while increasing awareness.

Conditions for a Successful Public Health Awareness Campaign

Delegates discussed examples of previous large scale public health awareness campaigns and the conditions for success. Within the region, 41% of countries have at least two functioning mental health promotion and prevention programmes, comparable to percentages in other regions¹⁶. The conditions for a successful campaign included:

- Access to media and multiple channels of communication over a longer term (e.g. social media, billboards, TV) to allow for campaigns to be sustained over a period of time
- Clear, targeted message (culturally appropriate, understanding of target groups)
- Commitment to make the campaign a success from the government and community partners
- Multifaceted partnerships to mobilize more broadly and maximize dissemination
- Prepare service delivery systems to provide for increased demand as an outcome of successful campaign(s) (i.e. increased awareness)

Recommendations were made in particular for strengthening links between dementia and noncommunicable disease risk reduction and promotion programmes.

¹⁶ WHO. Mental Health Atlas, 2011. Available at: http://www.who.int/mental_health/publications/mental_health_atlas_2011/en/

THEME 3: IMPROVING SERVICE DEMENTIA DELIVERY

Within the Eastern Mediterranean Region, the levels of public expenditure on dementia is unknown as is the level of mental health funding, suggesting that specific budgets may not be set aside for mental health services. The government is the main provider of funds for care and treatment of severe mental disorders in 79% of countries in the region¹⁷. The majority of spending goes toward inpatient care, particularly mental hospitals.

Information on dementia specific services and resources in the region is lacking. The median number of mental health beds in the region per 100,000 population is 6.1. The majority (64%) of these beds are located in mental hospitals while 36% are in community settings¹⁸.

Multimodal Actions to Support Coordinated and Integrated Care Delivery

Presenters highlighted that multimodal actions need to occur in parallel to support the development of a coordinated and integrated care delivery model. For example, while alignment of dementia strategies with existing health strategies is necessary, developing community and workforce awareness, establishing clinical pathways and baseline service utilization data can occur in parallel to support the implementation of those strategies. Strategic actions from the draft WHO Global Action Plan on the Public Health Response to Dementia were cited as a useful framework.

Training Health Professionals for an Early Diagnosis

The median number of mental health workers in the region is 14.6 personnel per 100,000 population in the Eastern Mediterranean Region; half that reported in the rest of the world¹⁹. This includes extreme variation in the density of mental health workers primarily dependent on the income level of the country. However, the number of mental health professionals being trained in the region indicates growth. The median number of psychiatrists trained per year per 100,000 population in the region is 0.10, compared to 0.03 globally and 0.12 social workers in the region compared to

17 WHO EMRO. Mental health atlas 2014: Resources for mental health in the Eastern Mediterranean Region, 2016. Available at: http://applications.emro.who.int/dsaf/emropub_2016_EN_19202.pdf?ua=1&ua=1

18 WHO EMRO. Mental health atlas 2014: Resources for mental health in the Eastern Mediterranean Region, 2016. Available at: http://applications.emro.who.int/dsaf/emropub_2016_EN_19202.pdf?ua=1&ua=1

19 WHO EMRO. Mental health atlas 2014: Resources for mental health in the Eastern Mediterranean Region, 2016. Available at: http://applications.emro.who.int/dsaf/emropub_2016_EN_19202.pdf?ua=1&ua=1

0.005²⁰. This is in part due to the availability of training programmes where 88% of countries in the region report training programmes for psychiatrists compared to 63% globally and 64% report training programmes for social workers compared to 52% globally.

Similar investments in training are needed for dementia. The numbers of health professionals trained to diagnose, treat and care for dementia in the region are currently unavailable, however, presenters emphasized the need for adequate training for health professionals in particular to provide an early diagnosis of dementia, allowing people with dementia to access appropriate services and receive timely supports. Technology in particular was discussed as a useful tool to improve service delivery through dissemination of better knowledge, awareness and care techniques for health professionals.

Barriers and Strategies to Enable Access to Services for People with Dementia

Delegates discussed the barriers to accessing services and supports for people with dementia. This encompassed both sides of the equation: the provision and delivery of services by health professionals, as well as access barriers due to lack of awareness or social stigma from the perspective of the person with dementia:

Barriers to access service and supports	Strategies to enable access to services and supports
Lack of surveillance data for baseline information on service delivery and utilization	Ongoing epidemiological data collection and development of information systems and registries; WHO Global Dementia Observatory
Diversity of populations	Use of surveillance data to capture health information of diverse and minority population health needs and utilization to develop services
Fragmented services	Develop a coordinated pathway for the continuum of dementia embedded in the health and social system
Lack of financial resources	Awareness raising with government with specific, sustained budget allocation for dementia services and supports with mechanisms for tracking expenditures

²⁰ WHO EMRO. Mental health atlas 2014: Resources for mental health in the Eastern Mediterranean Region, 2016. Available at: http://applications.emro.who.int/dsaf/emropub_2016_EN_19202.pdf?ua=1&ua=1

Barriers to access service and supports	Strategies to enable access to services and supports
Lack of capacity, training of staff or caregiver qualifications	Increased awareness raising and training, particularly with healthcare professionals beginning with curriculum development and continuing training programs
Lack of policy and services	Develop, strengthen and implement national policies and plans on dementia (either stand-alone or integrated)
Lack of political interest	Bottom-up (organizations representing people with dementia, their families and carers) and top-down (government stakeholders) approach for advocacy and awareness. During national crisis, recognizing constraints and leveraging alternate partnerships
Social stigma associated with dementia, lack of awareness that dementia is not part of normal aging	Support and partner with community-based national dementia organizations/ non-profit organizations to raise awareness; identifying champions and public figures
Lack of awareness amongst healthcare professionals and families	Leverage the media to increase awareness and educate healthcare professionals

Again the need to pursue a top-down as well as bottom-up approach was emphasized, recognizing good service delivery as well as service access as being required for effective change. It was noted that services in the region are often fragmented and that better integration would be key to enabling appropriate access and treatment, though progress has been made in service delivery.

THEME 4: INVESTING IN DEMENTIA RESEARCH AND INNOVATION

In a recent literature search of 'dementia' 283 publications were identified for the year 2015 as being produced by the region²¹. A total of 2,326 publications are identified when the search was expanded to 1975 with 970 publications originating from Iran. Over a quarter of publications were classified under the subject matter 'medicine' followed by 'biochemistry', 'pharmacology' and 'neuroscience' demonstrating that most research generated on dementia in the region is within the biomedical field and there is limited research on epidemiology such as dementia burden or impact.

Strengthening Research Infrastructure and Identifying Priorities

Presenters highlighted throughout the meeting that representative epidemiological data in the region is sparse, recommending the need for further studies with more rigorous methodologies. A report by Alzheimer's Disease International in 2015 using eligible prevalence studies from the region to estimate dementia burden where possible, was only able to identify a total of 6 studies that met methodological criteria²².

For Member States in the region developing national dementia plans, steering committees with a range of stakeholders that explicitly include research as a strategic axis was emphasized as a mechanism to strengthen research infrastructure. Examples of doing so include implementing and monitoring national registries, increasing research funds to train researchers and developing investigative research centers.

The recently published WHO dementia research priorities study²³ was presented and discussed in which research questions were elicited, consolidated in research avenues and scored. The top seven research priorities focused on the following thematic areas (highest to lowest):

- delivery of care and services
- physiology and progression of normal aging and disease pathology
- diagnosis, biomarker development and disease monitoring
- pharmacological and non-pharmacological clinical translational research
- quality of care
- prevention, identification and risk reduction
- public awareness and understanding

21 WHO data (unpublished)

22 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, October 2015, available at: <https://www.alz.co.uk/research/world-report-2015>

23 Shah H, Albanese E, Duggan C, Rudan I, Langa K et al. Research Priorities for Reducing the Burden of Dementia by 2025. Nov 2016. *Lancet Neurology*, 15(12):1285-1294.

Delegates recommended further research in the region on priorities that broadly fall into: health service delivery, quality of life outcome measures, public perceptions and attitudes, impact of caregiving and population level long-term studies. For countries within the region developing their research agenda it was recommended that they select their key research priorities, provide the evidence to justify their choice and allocate resources to adapt them over a timeline while using the Global Dementia Observatory to map their portfolio globally.

Lastly the issue of taxonomy was raised and the need to recognize within research that dementia is more than one disease. Even when focusing on a single disease, the phenotype or expression of the disease will differ depending on the genetic background, the environment and the cultural context. That these will differ globally, highlights the necessity for more collaborative research and learnings from region specific and population specific research.

Enhancing Dementia Monitoring

Currently, 52% of countries in the Eastern Mediterranean Region regularly compile mental health specific data covering the public sector²⁴. However, over half of the countries have published a specific mental health information report in the past two years, providing public access to this information. Vital reporting systems are still poorly developed in the region and no data are currently publicly available on dementia.

Planning for dementia service delivery is dependent on baseline surveillance data to monitor both service delivery and utilization. Delegates identified that while dementia related information is collected to some extent, even in Member States outside of the region, this information is not usually for the purpose of research or monitoring making it difficult to accurately assess the status of dementia. It was recommended that monitoring systems must be designed or enhanced to collect appropriate service information on a routine basis for the purpose of monitoring (e.g. population surveys, registries) while giving specific consideration to issues of confidentiality with regard to data sharing and linkage.

²⁴WHO EMRO. Mental health atlas 2014: Resources for mental health in the Eastern Mediterranean Region, 2016. Available at: http://applications.emro.who.int/dsaf/emropub_2016_EN_19202.pdf?ua=1&ua=1

THE WAY FORWARD

The WISH dementia meeting served to foster an increased awareness of the public health challenges posed by dementia in the region and to support development of a dementia response through policy and social innovation. It also served to highlight the good progress made in dementia planning and service delivery within the region, in particular providing a platform for information exchange on national and regional initiatives, ideas and strategies such as best practices regarding the assessment of dementia care and monitoring.

The following were identified as next steps to move the dementia agenda forward within the region as well as globally:

- Leverage the Draft Global Action Plan on the Public Health Response to Dementia⁹ to support the development or enhancement of national dementia strategies
- Strengthen partnerships with civil society for provision of services for persons with dementia and their carers and safeguarding their rights
- Build on the implementation mechanisms put into place for the existing Mental Health, Noncommunicable Disease and Ageing strategies, action plans and frameworks needed to scale up care for dementia
- Collaborate on the Global Dementia Observatory which can serve as a tool to setup or enhance monitoring and dementia surveillance and strengthen knowledge sharing on evidence-based policy and service development

APPENDIX 1

List of Participants

Name	Organization	Country
Abdul Aziz Darwish	Rumailah Hospital, Hamad Medical Corporation	Qatar
Abdul Badi Abou Samra	Hamad Medical Corporation	Qatar
Abdul Hameed Ahmed Al Khenji	Hamad Medical Corporation	Qatar
Ahmad Ali Hajebi	Ministry of Health & Medical Education	Iran
Ahmed Al Mulla	Hamad Medical Corporation	Qatar
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Amira Al Ra'aidan	Ministry of Health	Oman
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Ashraf Hassan Helmy	Primary Health Care Corporation	Qatar
Badriya Al Malki	Primary Health Care Corporation	Qatar
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