

Summary report on the  
**Multiregional workshop  
on the implementation  
of the global action plan  
on the public health  
response to dementia**

Doha, Qatar  
9–11 May 2022



**World Health  
Organization**

REGIONAL OFFICE FOR THE **Eastern Mediterranean**

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## **1. Introduction**

Dementia is the seventh leading cause of death and a leading contributor to disability worldwide. Worldwide, over 55 million people have dementia, with one third living in the World Health Organization (WHO) African, European and Eastern Mediterranean regions. Contrary to common belief, most people with dementia (61%) live in low- and middle-income countries (LMICs). Due to the anticipated population ageing and resulting demographic change, especially in LMICs, the proportion of people with dementia living in low resource settings is expected to rise to over 70%.

Dementia places a tremendous economic burden on individuals, families and societies. For 2019, the total global economic cost of dementia was estimated to be US\$ 1.3 trillion – equivalent to 1.5% of global gross domestic product. This number is expected to more than double by 2030, reaching \$US 2.8 trillion, which would undermine social and economic development globally.

To support Member States in developing national responses, the World Health Assembly adopted the global action plan on the public health response to dementia (2017–2025) in 2017. While at the midterm of the action plan, some progress has been made, much remains to be done so that dementia is prevented and people with dementia and their carers receive appropriate care and support.

In this context, WHO and the Ministry of Public Health of Qatar held a workshop to build country capacity for formulating comprehensive, multisectoral public health responses to dementia. The workshop was held between 9 and 11 May 2022 in Doha, Qatar.

The specific objectives of the workshop were to:

- develop new or strengthen existing national dementia plans, or integrate dementia into existing aging, mental health, disability or noncommunicable diseases (NCDs) policies;
- orient countries to implement WHO's Global Dementia Observatory (GDO) as a means of strengthening countries' capacity to develop, implement and monitor their response to dementia; and
- identify concrete activities to be undertaken by countries in the next year, either nationally or regionally, by drawing on available implementation tools covering areas such as carer support (iSupport carer training programme), dementia prevention, diagnosis, treatment and care (such as dementia risk reduction guidelines, mDementia, mhGAP package and ICOPE), and dementia-friendly communities (such as the Towards a dementia-inclusive society WHO toolkit).

The workshop was attended by dementia experts from 16 countries across the WHO African, European and Eastern Mediterranean regions were in attendance, including Armenia, Egypt, Iran (the Islamic Republic of), Jordan, Kuwait, Lebanon, Moldova (the Republic of), Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Sudan, Tunisia, the United Arab Emirates and Zimbabwe. Civil society representatives and WHO staff also attended the workshop.

In his opening address, Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, said that the multiregional workshop was critically important for speeding up the implementation of the global action of the public health response to dementia.

## **2. Summary of discussions**

The workshop sessions provided an opportunity for cross-country and cross-regional exchanges on good practices and lessons learned in areas such as dementia policy, risk reduction, diagnosis, treatment, care and support, support for dementia carers, information systems for dementia, and dementia research and innovation. The outcomes are described thematically below.

### *Collaboration*

Participants highlighted the need to identify stakeholders from across multiple sectors and regional experts for collaboration, including carers who are a valuable resource of information and advocacy, as well as for further engaging effectively with governments to make dementia a priority. Utilizing the resources available from partners and working more closely with professional mental health associations was also suggested.

### *Intervention implementation*

Participants suggested prioritizing cost-efficient goals, such as awareness-raising and risk reduction information, and mobilizing many platforms to share information, such as through the media, social media, talks and training. They acknowledged the importance of awareness-raising activities that foster greater understanding and challenge the stigma of dementia, and of including service users in discussions on awareness-raising campaigns to ensure they address the specific needs of carers and people living with dementia. There was also a focus on sustainability and using and adapting existing tools, including screening tools introducing for those over the age of 60, alongside implementing risk reduction for all age groups.

*Research and monitoring*

Participants felt it was important to focus on the GDO and increase GDO participation among countries. They suggested using national health survey data to assess problem areas to be addressed by future policies, ensuring an indicator on dementia is included in national health information systems and focusing on data collection from both primary care and specialists. The need to ensure that the rights of people living with dementia and their carers are upheld during research and monitoring was stressed.

**3. Recommendations***To Member States*

1. Make dementia training part of educational curricula at all levels and ensure sustainable training and frequent refresher courses. In addition, educational programmes should be developed for primary health care providers, non-medical professionals, social workers, and family members (carers), and delivered through universities, colleges and nongovernmental organizations, with a specific emphasis on dementia, geriatrics, depression and delirium.
2. Strengthen collaboration across multiple sectors and involve carers actively to scale up action for dementia across all strategic areas of the action plan, including advocacy and risk reduction.
3. Review and update mental health legislation to ensure the protection of the rights of people living with dementia and their carers.


*To WHO*

4. Make dementia a health priority and engage more proactively with Member States, key global and regional partners, people with



dementia and their carers to implement the actions outlined in the global action plan on the public health response to dementia (2017–2025) and discussed at the workshop.

5. Support Member States wishing to develop a national dementia action plan.
6. Collaborate and coordinate with civil society organizations (such as Alzheimer Europe) to develop a working package on mental health and well-being for older adults.
7. Coordinate with the new WHO collaborating centre on dementia in Qatar for knowledge and learning exchange; and
8. Share good practices on dementia, such as through dissemination of success stories/films.



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