A Compilation of Initiatives to Address Dementia in the Asia-Pacific Region
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Message from HWG Co-Chairs

On behalf of the members of the APEC Health Working Group, it is our pleasure to present our Dementia Spotlight Report: A Compilation of Initiatives to Address Dementia in the Asia-Pacific Region (Dementia Spotlight).

With an estimated 71 million people projected to have dementia in the Asia-Pacific, at a cost of US$182 billion by the year 2050, we must continue to work together to achieve our collective goal of striving towards a region of healthy populations, with improved health outcomes across the life course.

This ‘Dementia Spotlight’ is meant to be a HWG resource and to provide easy access to information on the best practices and policies across APEC member economies, in order to achieve this collective goal.

Thank You,

Mr. Michael Pearson
HWG Co-Chair
CANADA

Dato' Dr. Chong Chee Kheong
HWG Co-Chair
MALAYSIA
Since 2010, the Asia-Pacific Economic Cooperation (APEC) Health Working Group (HWG) and APEC Life Sciences Innovation Forum (LSIF) have convened the APEC High-Level Meeting on Health and the Economy (HLM).

During the 9th HLM (HLM9) in 2019, member economies focused discussions on dementia and highlighted opportunities for regional collaboration and partnership to accelerate progress on dementia in the Asia-Pacific region. HLM9 also reaffirmed the need to increase funding for dementia research, to share knowledge and best practices in the region, and to incorporate care provider experiences when developing dementia policies. Specifically, Session 6 of HLM9 featured discussions with individuals with lived experienced, care-providers, health professionals, researchers, and international organizations.

This session not only grounded the discussion of policies and programs to address dementia in the experiences of those most familiar with the impacts of these conditions, but it also provided perspectives on the impacts that age-related health issues have at a personal, economic and global level.

Following discussions at HLM9, APEC HWG member economies agreed to create a ‘Dementia Spotlight’, a compilation of initiatives and projects (case studies) that address dementia in the Asia-Pacific region.

Member economies were invited to highlight one innovative project or initiative their economy has implemented to address dementia and promote healthy ageing.

The ‘Dementia Spotlight’ will therefore be a resource published on the APEC HWG website to provide easy access to information on the best practices and policies across APEC member economies. It will also facilitate the sharing of successful policies and programs across the region, particularly for those facing similar contextual challenges in meeting the needs of aging populations.

Furthermore, the ‘Dementia Spotlight’ will be submitted as a regional resource to the World Health Organization (WHO) Global Dementia Observatory (GDO) knowledge exchange platform. The GDO knowledge exchange platform provides a space for all relevant stakeholders to share resources to facilitate mutual learning and promote the exchange of good practices in the area of dementia. Through the publication of this report, established partnerships with the International Federation on Ageing, Alzheimer’s Disease International, and WHO Regional Offices will also be leveraged and new, strategic partnerships sought as necessary.
In alignment with the WHO’s ‘Global Action Plan on the Public Health Response to Dementia (2017-2025)’, member economies were asked to indicate which of the seven action areas from the plan, their project or initiative supported. The seven action areas include:

- Dementia as a public health priority (including policy);
- Dementia awareness, inclusiveness and friendliness;
- Dementia risk reduction;
- Dementia diagnosis, treatment, care and support (including the experience of living with dementia);
- Support for dementia carers (family and friends);
- Information systems for dementia; and
- Dementia research and innovation.

Figure 1: Action Areas that Examples of Projects and Initiatives in Member Economies Supported

Overall, the case studies in the ‘Dementia Spotlight’ indicate that each economy understands the importance of implementing strong domestic policies and strategies that address dementia and promote healthy aging. In addition, the case studies highlight the need to adopt a whole-of-government, broad, multi-stakeholder, and public health approach to address the challenges related to dementia, noting that there is no one-size-fits all approach.

While each of the seven action areas are fulfilled by at least one or more economy, a majority of case studies supported certain action areas such as ‘dementia diagnosis, treatment, care and support – including the experience of living with dementia’, as well as ‘support for dementia carers – family and friends”, across APEC member economies.
Dementia in the Asia-Pacific Region

10M
new cases
every year

65%
of related deaths are women

$818B
global societal cost

132M
Estimated to be affected by 2050

Per the World Health Organization’s (WHO) definition, dementia is an umbrella term used to describe a set of symptoms affecting brain function that are caused by neurodegenerative and vascular diseases or injuries. It is usually chronic or progressive in nature, in which there is deterioration beyond what is expected from normal aging in memory, thinking, behaviour, and the ability to perform everyday activities. Worldwide, 50 million people have dementia, and there are nearly 10 million new cases every year[1].

While dementia is not a normal part of aging, it mainly affects older people and is one of the major causes of disability and dependency among the global aging population. An aging population is the main driver behind a projected increase in the disease worldwide and it is estimated that dementia will affect 75 million people by 2030 and 132 million by 2050.[2] According to the WHO’s Global Health Estimates, published in December 2020, Alzheimer’s disease and other forms of dementia are now among the top 10 causes of death worldwide. Women are also disproportionately affected. Globally, 65% of deaths from Alzheimer’s and other forms of dementia are women.[3]

APEC economies are among those with the most rapidly aging populations in the world. The global societal cost of dementia in 2015 was estimated to be US$ 818 billion and the majority of care is provided informally by family members[4], increasing social and economic implications. For example, in the Asia-Pacific region specifically, the cost of informal care was estimated to be US$ 92.1 billion in a 2014 analysis by Alzheimer’s Disease International (ADI)[5]. The other societal costs are primarily related to social care (community and residential care), and medical care (treatments in primary and secondary care).

Costs associated with caring for a person living with dementia varies between economies, and are dependent on factors such as urbanization, cultural and family structures, public health infrastructures, care services, gross domestic product, and governments. Economies who classify as low- to middle-income inevitably have larger costs associated with informal care for people living with dementia, while care costs in high-income economies are relatively distributed evenly across informal and social care.
Additionally, the suspension of certain non-essential services such as senior activity centers, dementia daycare centers and rehabilitation programs, has also affected the work of many family caregivers who now have to provide longer hours of caregiving in the context of decreased psychosocial support from family and professional services.

The disruption of services for dementia patients combined with stringent public health measures continues to negatively impact persons living with dementia as well as their caregivers.[7]

In this regard, it is critical for member economies to take coordinated action to prevent dementia and improve the well-being of those living with dementia, in ensuring health and economic well-being in the APEC region. As well, incorporating a life-course approach by considering protective factors earlier in life, such as improved diet, increased physical activity, increased social engagement, and expanding cognitive reserve[8] through intellectual stimulation, is important to proactively address the projected increase in dementia in the APEC region.

Therefore, the ‘Dementia Spotlight’ highlights how APEC member economies are preparing for this growing burden by improving awareness, diagnosis, and care for people affected by dementia.
ADDRESSING DEMENTIA:
Examples of Projects and Initiatives in APEC Member Economies
Description of Project/Initiative

Australia’s tiered approach to support the management of BPSD is delivered through three tiers of programs - the DBMAS, SBRTs and the SDCP. Each tier provides support to better manage the behavioural and psychological symptoms of dementia at different levels of severity.

Tier 1 – DBMAS:

- The first line response for aged care workers, health professionals and family carers who need help caring for someone experiencing moderate behavioural and psychological symptoms of dementia.
- A 24 hour phone advice and face to face service that supports staff and carers to care for the person with BPSD in the community, residential and primary care settings and also assists with transitions from acute care settings.

Tier 2 - SBRTs:

- Teams of health and allied health professionals who visit Australian Government funded residential aged care facilities that seek assistance with caring for those with severe BPSD. The SBRTs provide more intensive support and often over longer periods of time than DBMAS.
- The DBMAS and SBRT services are delivered via face to face consultations, over the phone and/or via video conference including in rural and remote areas.
- They both provide equipment and resources to assess and support clients, which can include pain assessments and noise level monitoring. The DBMAS and SBRT consultants advise and mentor staff in the use of psychosocial interventions that are tailored to the person living with dementia. These first line interventions for BPSD can prevent transfers to acute care.
- Medical specialist support is also available for advice on complex cases and medication management.

Tier 3 – SDCP:

- is a recently introduced initiative which provides a person-centred, multidisciplinary approach to care for people exhibiting very severe BPSD, who are unable to be appropriately cared for by mainstream aged care services. The program offers specialised, transitional residential aged care support, focussing on reducing or stabilising symptoms over time, with the aim of enabling people to move to less intensive care settings.
- The program is being rolled out through a phased approach, with an evaluative component. It is a comprehensive care delivery service operating as a subset of Australia’s broader residential aged care setting, as distinct from the advisory service offering provided by the DBMAS and SBRTs.

Consultation or other forms of evidence:

- Initial design of the DBMAS and SBRT services, as well as iterative program refinements, are informed by a range of consultations with key stakeholder groups, including clinical experts. These programs are developing a strong evidence base on knowledge gaps within the aged care workforce that is enabling Australia to better target its training and advisory efforts to improve these supports to the sector.
- Design of the SDCP has been informed by expert reference groups and consultations with state/territory governments around suitable localised models for multidisciplinary (medical) support teams. This initiative also has a strong evaluation framework that has been implemented to coincide with commencement of the program rollout earlier this year.

Objective(s) of Project/Initiative:

- To be accessible and support all people living with dementia, those living at home with or without aged care support services as well as those in a residential aged care facility;
- To help ensure first-line treatments for BPSD are implemented in the care of people living with dementia and the use of physical and chemical restraints is minimized;
- To provide flexibility that enables care to be tailored to an individual situation, because the experience of dementia is different for each person.
- To support health and aged care workers to understand dementia and have the information and strategies they need to best assist the people they are treating and caring for.
Adaptability

The tiered programs are provided through contracted (outsourced) service delivery by organisations with expertise in BSPD management.

The core elements of Tiers 1 and 2 would be highly adaptable to any environment where carers would benefit from advice on how to effectively manage symptoms of BPSD in individual patients/clients/family members. Most of the services are provided in Australia in a residential aged care setting, but the Tier 1 service is also utilised by family and professional carers for people living with dementia who continue to live in their own home.

Cost/Investment in the Initiative

- In 2017-18, the Australian Government provided funding of $13.4 million for the DBMAS, providing support for 15,499 cases.
- In 2017-18, the Australian Government provided funding of $14.6 million for the SBRTs, providing support for 709 cases.
- SDCP commenced implementation in 2019, so annualised costs are not yet available. Funding for the program will be approximately $70 million per annum once all units are operational.

Evaluation

- Six monthly monitoring reports are provided. The 6 monthly report provided in February 2019 monitoring report for DBMAS and SBRT services indicated that the number and severity of behaviours and the distress caused to caregivers reduced substantially and 87% of advice given was implemented by aged care providers.
- An external formative evaluation of DBMAS has commenced.
- The SDCP integrated evaluation framework has been in operation since rollout commenced. It will provide data analysis opportunities throughout the program’s operation.
BRUNEI DARUSSALAM

Dementia Support Group at Pusat Amal Cerah Sejahtera (PACS), Subok

Objective(s) of Project/Initiative:

- Provide cognitive stimulation therapy to people diagnosed with dementia to slow down progression of cognitive decline
- Provide support and education for caregivers and family regarding dementia

YEAR OF IMPLEMENTATION: May 2015 - Present

- Dementia awareness, inclusive and friendliness
- Dementia risk reduction
- Dementia diagnosis, treatment, care and support - including the experience of living with dementia
- Support for dementia carers - family and friends

Description of Project/Initiative

Pusat Amal Cerah Sejahtera (PACS) was set up in May 2015 as a clinic for assessment of geriatric patients. It consists of a training centre, office space for community nurses, clinic space and a therapy area.

In Brunei, dementia patients are seen by neurology, geriatrics and psychiatry. In addition to clinic review and medical treatment, non-pharmacological treatment is important to slow progression of cognitive decline. Cognitive Stimulation Therapy (CST) should be provided for patients, followed by maintenance CST. Patients are enrolled in the dementia support group if deemed appropriate by the clinicians during review and if the client agrees to participate.

Discussions were held between neurologists, geriatricians, nursing staff, occupational therapy, physiotherapy and psychology. For practical reasons, dementia activities are held weekly (Thursday afternoon) and are run on a rotational basis between physiotherapy, occupational therapy, geriatrics / neurology nurses and psychologist. Activities for the group are at the discretion of the therapist, but incorporate components of physical activity, mental stimulation and social interaction.

In addition, educational sessions are held once a month for caregivers. This is concurrent to the dementia activities i.e. the client attends the activities, while the caregivers attend the education session. The sessions consist of a short talk (max 20 minutes), followed by discussion. These are usually given by invited presenters depending on the topic e.g. managing caregiver stress given by psychologists, swallowing issues given by speech therapists.

Adaptability

Cognitive Stimulation Therapy (CST) is a set programme with manuals available for reference.

However, they will need to be adapted to local settings. In addition, the activities can be run by therapists (or shared between several groups) in addition to trained volunteers – which we are hoping to do locally.

Cost/Investment in the Initiative

- Venue / Therapist time
- Materials for activities
- Refreshments

Evaluation

No formal evaluation available for project, though informally, positive feedback have been received from participants and family members.
Dementia is having a significant and growing impact in Canada. In 2016-17, more than 432,000 Canadians aged 65 years and older were living with diagnosed dementia. Of those, two thirds are women. As our population ages, the number of Canadians affected by dementia is expected to increase.

The National Strategy on Alzheimer’s Disease and Other Dementias Act (the Act) came into force on June 22, 2017. It requires the Minister of Health of Canada to develop and implement a domestic dementia strategy. The Act identifies priorities including research, diagnosis, treatment, care and prevention.

The 2019 Dementia strategy has a broad scope that reflects input received from multiple sources. These sources include participants of the “National Dementia Conference” held in May 2018, six roundtables held across Canada by the Alzheimer Society of Canada, research/innovation organizations, federal/provincial/territorial and interdepartmental discussions, and the six stakeholder groups identified in the Act: people living with dementia, caregivers, researchers, advocates, health care professionals, and government representatives. To further strategy development, the Government of Canada also received input from an assessment on dementia evidence by the Canadian Academy of Health Sciences, written submissions from dementia advocacy organizations, and on-going advice provided through a Ministerial Advisory Board on Dementia and a Federal-Provincial-Territorial Coordinating Committee on Dementia.

Canada’s first dementia strategy sets out a vision for the future, to move toward a Canada in which all people living with dementia and caregivers are valued and supported, quality of life is optimized, and dementia is prevented, well understood and effectively treated.

The strategy highlights a person-centred approach. It applies a human rights lens to people living with dementia as one of its principles, an approach that respects and preserves an individual’s rights, autonomy and dignity. Additionally, the person-centred approach is a theme within two of the objectives: advance therapies and find a cure, and improve the quality of life of people living with dementia and caregivers. For example, the strategy highlights the importance of providing integrated person-centred care models and therapies, rather than focusing on the disease. Adopting a person-centred approach is expected to improve the quality of care and support that people living with dementia and caregivers receive.

The strategy considers the social environment through many of its areas of focus. For example, under the objective of improving the quality of life of people living with dementia and caregivers, one area of focus is eliminating stigma and promoting measures that create supportive and safe dementia-inclusive communities. Dementia-inclusive communities take steps to put in place measures that help to reduce and eliminate barriers, including those resulting from stigma that can lead to social isolation. Increasing dementia awareness can help the public be more informed about how best to interact in a supportive way with people living with dementia. Creating safe and inclusive communities across Canada for people living with dementia is an essential aspect of improving quality of life.

Objective(s) of Project/Initiative:

- Prevent dementia;
- Advance therapies and find a cure; and
- Improve the quality of life of people living with dementia and caregivers
Adaptability

Canada’s dementia strategy has the potential to inform the efforts of other member economies. The principles, objectives and pillars of the Canadian strategy align with the WHO Global Action Plan on the Public Health Response to Dementia.

To inform Canada’s dementia strategy, a broad approach to engagement was taken in order to include views from all relevant stakeholder groups. These groups included people living with dementia, caregivers, researchers, advocates, health care professionals, and government representatives. This broad approach can be adopted by other member countries to ensure the development of an inclusive dementia strategy.

The framework set out in the strategy can be adapted to other settings because its objectives and areas of focus can be achieved in various ways. The strategy does not outline an exact pathway of activities to follow in order to achieve these objectives; as a result, activities could be selected and adapted based on each member’s economic resources and priorities.

Evaluation

The Act requires the Minister of Health to prepare an annual report to Parliament on the effectiveness of the strategy starting in June 2019.

Cost/Investment in the Initiative

Given the broad scope of the strategy, many organizations and individuals have a role to play in contributing to the implementation of the strategy. To support implementation, the Government of Canada’s key investments include:

- $50 million over five years, including: $40 million to establish the Dementia Strategic Fund to increase awareness to reduce risk and address stigma, and support the availability and use of treatment guidelines and best practices for early diagnosis, and $10 million to support better understanding of the impact of dementia in our communities through surveillance.

- Launched in 2018 with $20 million over 5 years, and $4 million per year ongoing, the Dementia Community Investment supports community-based projects that address the challenges of dementia by developing, testing and disseminating initiatives, knowledge and tools to support people living with dementia and their family and friend caregivers.

- Investment in dementia research through funding of $32 million over five years to support the second phase of the Canadian Consortium on Neurodegeneration in Aging. This consortium works to advance the science on neurodegenerative diseases in primary prevention, treatment and secondary prevention and quality of life.
In Chile, more than 200 thousand people has dementia. If the impact to family and caregivers is included, approximately 800 thousand people are affected by dementia. The chances of having dementia increase over the years. Its prevalence is 5 to 8% in individuals between 65-70 years, 15-20% in those over 75 and 25-40% in those over 85.

As a consequence of the accelerated demographic change in Chile, there is an increase in the aging of the population. Chile is the second economy in the Latin American region with the highest life expectancy after Costa Rica, and by 2050 more than half a million people will present some type of dementia.

Both Alzheimer's type dementia and most other dementias are diseases without a curative treatment to date, so the effort must be made in prevention, timely diagnosis and improvement in the quality of life of the person with dementia and the caregivers. In that context, the strengthening of research and training and education in dementias are essential both to increase knowledge about them and to implement evidence-based public policies and to find more effective treatments.

This scenario justified the needs to have a comprehensive response, analyzing, designing and implementing a Plan with an intersectoral perspective, considering the biomedical approach, but also the social, community and economic perspectives.

Dementia diagnosis, treatment, care and support - including the experience of living with dementia

As a product of this work the "National Dementia Plan" was created in a coordinated and collaborative way. The initiative is currently in the implementation phase, generating a pioneer model of care for people with dementia and their families and that follows the example of the international experience, adapted to the Chilean context.

One of the main strengths of this Plan is that it covers the different types of dementias, although there are specificities depending on the type of dementia. Other strengths of the Plan include its focus on prevention and care of people with dementia and their caregivers. This initiative is articulated and is an input for a global aging policy.

From 2015 to date, 10 day centers for dementia have been implemented. These community centers for dementia support are facilities that provide specialized support to people who require more intensive interventions over a period of time with a focus on environmental adjustment, capacity for environmental care, and solution of psychosocial problems.

In 2017, MINSAL began the implementation of the "National Dementia Plan" in 3 regions.
The Government of the Hong Kong Special Administrative Region ("the HKSAR Government") set up the Review Committee on Mental Health ("Review Committee") in 2013 to review the existing mental health policy and services (including dementia support services) with a view to mapping out the future direction for mental health development in Hong Kong. The review completed in April 2017.

The review showed that dementia care should go beyond medical care, and early intervention including community-based programmes would be useful to delay functional and cognitive decline of persons with dementia of early phase and hence facilitate them to live in the community for as long as possible.

With this rationale in mind, the Review Committee saw the need to refine the existing service model by shifting the paradigm from purely medical care to multi-disciplinary support at the community level and proposed that a pilot scheme, which is now known as the Dementia Community Support Scheme ("DCSS"), be launched to test out a medical-social collaboration model based on which community support services would be provided to elderly persons with mild or moderate dementia and their carers.

Under the DCSS, a communication platform is established in district elderly community centres ("DECC") operated by non-government organisations ("NGO") for healthcare and social welfare professionals to discuss, formulate and review integrated care plans collaboratively so that person-centred support could be provided to individual patients and their carers. With community support and capacity of NGO staff enhanced in handling mild or moderate dementia cases in the community under the DCSS, the HKSAR Government hopes that more stable and less complex cases could be managed at the community level and thus the pressure on specialist service would be alleviated in the long run.

**Adaptability**

As the services of the DCSS are delivered through the collaboration of public hospitals and subvented DECCs, service users are charged with an affordable service fee and those with financial needs can be exempted from paying for the services. The service model can be adapted in other member economies if there are similar public healthcare and community networks, and the services can be charged at an affordable level.

**Cost/Investment in the Initiative**

Around HKD105 million (USD13.5 million) per year.

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**Objective(s) of Project/Initiative:**

- To enhance the community support for elderly persons with mild or moderate dementia and their carers based on a medical-social collaboration model;
- To enhance the capacity of NGO staff in handling dementia cases in the community; and
- To enhance the healthcare element in the services of DECCs in the long run.
Evaluation

The HKSAR Government commissioned the Sau Po Centre on Ageing of the University of Hong Kong (“HKU”) to conduct evaluation study for the pilot DCSS. The evaluation study aimed to provide data on the “medical-social collaboration” process so as to recommend refinements to the service model and the way forward of the DCSS. HKU adopted a mixed-method research consisting of a qualitative study (focus groups and individual interviews) and a quantitative study (prospective, naturalistic follow-up study using services and administrative data).

The evaluation study reflects that the pilot DCSS successfully developed a medical-social collaboration model and enhanced the capacity of NGO staff in providing community support services to elderly persons with mild or moderate dementia and their carers.

Benefits are observed in persons with dementia and carers, and lessons learned by service providers as to the service structures and processes that are more conducive to benefiting persons with dementia and carers. As regards the long-term development of dementia support services, the HKSAR Government has made reference to the recommendations of the evaluation study and will continue to monitor the actual operations with a view to further refining the services provided under the regularised DCSS.
Indonesia

Optimalization of Integrated Elderly Health Post (Posyandu Lansia) as a Comprehensive and Holistic Promotive - Preventive Intervention Towards Healthy and Active Ageing in the Community

**Description of Project/Initiative**

Life Expectancy (LE) in Indonesia has projected to increase from 70.9 years (2015) become 72.2 years (2030-2035). While the number of elderly reaches 20.24 million (8.03% of the total population) in 2014 (CBS,2015). This number is estimated to increase become 36 million in 2025. Based on GBD data (2017), Healthy Life Expectancy (HALE) in Indonesia has only reached 62.7 years, so there is a gap between 8-9 years compared to LE and HALE. In addition, it is estimated that people with dementia in Indonesia are ±1.2 million (ADI, 2015).

To improve the health status of the elderly, it is necessary to make efforts to maintain healthy condition as long as possible so that they have a good quality of life. Ministry of Health RI continues to improve access and quality of health services for elderly in the community, through *Posyandu Lansia*. The Elderly Integrated Health Post (*Posyandu Lansia*) is an integrated services for the elderly as a place for Community-Based Health activities which focuses on promoting, preventive, including early detection and empowerment the potential of elderly (center for elderly activities in the community) for implementing the integrated activities to improve the elderly health status. This activities has been exist since year 1996.

Along with the development of domestic programs to the elderly, the integration of activities in *Posyandu Lansia* is increasingly felt necessary to be optimalize by involving more related parties from cross-programs, cross-sectoral and other related partners such as Universities, NGO’s, etc., so the elderly services provided can be more holistic and comprehensive.

**Objective(s) of Project/Initiative:**

- Provide not only health examination services/CGA screening to the pre-elderly and elderly, but also increase the knowledge through group counseling about elderly health, include dementia/alzheimer
- Increase the awareness of the community, elderly, family and community organizations on the importance of elderly health, healthy ageing and active ageing including prevention and early detection for dementia/Alzheimer
- Encourage the community to organize an healthy ageing activities to make the elderly health services closer to the community collaborate with Primary Health Center in the subdistrict and village level

**YEAR OF IMPLEMENTATION:** 2016 - Ongoing

- Dementia awareness, inclusiveness and friendliness
- Dementia risk reduction

It is also expected to attract community interest, increase the participation and compliance of elderly in conducting a routine health screening, promotive and preventive efforts for raising awareness in NCD’s and dementia prevention, with health screening, various physical and cognitive activities in *Posyandu Lansia*.

The types of activities that can be done at *Posyandu Lansia* to increase/maintain health status, include mental health and cognitive stimulation of the elderly are: elderly health screening through Comprehensive Geriatric Assessment (CGA) tools, physical examination (BMI, blood pressure, etc.), simple laboratory check (blood sugar, cholesterol, uric acid), elderly gymnastics (poco-poco dance, taichi, etc.), healthy ageing promotion, councelling, and provide many cognitive games to maintain and improve mental-cognitive functions (puzzles, making crafts, playing musical instrument, painting/drawing), and conducting socialization with other elderly peer groups.

**Adaptability**

*Posyandu Lansia* initiative could be adapted by the other APEC member economies because of it’s practical approach based on community participation/volunteers, by adjusting the activities to the local community wisdom.

The activities also can be done with many flexibilities (e.g.: community can decide together about the places, schedule/time, etc), and can be used for various activities from cross-programs and related sectors. The government’s role is to support and foster sustainability of *Posyandu Lansia* implementation and provide the necessary supplies in accordance of the health development program.

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Along with the development of domestic programs to the elderly, the integration of activities in *Posyandu Lansia* is increasingly felt necessary to be optimalize by involving more related parties from cross-programs, cross-sectoral and other related partners such as Universities, NGO’s, etc., so the elderly services provided can be more holistic and comprehensive.

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Along with the development of domestic programs to the elderly, the integration of activities in *Posyandu Lansia* is increasingly felt necessary to be optimalize by involving more related parties from cross-programs, cross-sectoral and other related partners such as Universities, NGO’s, etc., so the elderly services provided can be more holistic and comprehensive.

**Objective(s) of Project/Initiative:**

- Provide not only health examination services/CGA screening to the pre-elderly and elderly, but also increase the knowledge through group counseling about elderly health, include dementia/alzheimer
- Increase the awareness of the community, elderly, family and community organizations on the importance of elderly health, healthy ageing and active ageing including prevention and early detection for dementia/Alzheimer
- Encourage the community to organize an healthy ageing activities to make the elderly health services closer to the community collaborate with Primary Health Center in the subdistrict and village level

**YEAR OF IMPLEMENTATION:** 2016 - Ongoing

- Dementia awareness, inclusiveness and friendliness
- Dementia risk reduction

It is also expected to attract community interest, increase the participation and compliance of elderly in conducting a routine health screening, promotive and preventive efforts for raising awareness in NCD’s and dementia prevention, with health screening, various physical and cognitive activities in *Posyandu Lansia*.

The types of activities that can be done at *Posyandu Lansia* to increase/maintain health status, include mental health and cognitive stimulation of the elderly are: elderly health screening through Comprehensive Geriatric Assessment (CGA) tools, physical examination (BMI, blood pressure, etc.), simple laboratory check (blood sugar, cholesterol, uric acid), elderly gymnastics (poco-poco dance, taichi, etc.), healthy ageing promotion, councelling, and provide many cognitive games to maintain and improve mental-cognitive functions (puzzles, making crafts, playing musical instrument, painting/drawing), and conducting socialization with other elderly peer groups.

**Adaptability**

*Posyandu Lansia* initiative could be adapted by the other APEC member economies because of it’s practical approach based on community participation/volunteers, by adjusting the activities to the local community wisdom.

The activities also can be done with many flexibilities (e.g.: community can decide together about the places, schedule/time, etc), and can be used for various activities from cross-programs and related sectors. The government’s role is to support and foster sustainability of *Posyandu Lansia* implementation and provide the necessary supplies in accordance of the health development program.
Funding for Posyandu comes from various sources, including:

Public:
- Voluntary based, from Posyandu Lansia participants/members.
- Active role of public contributions (e.g.: healthy funds, etc.)
- Donations from individuals, donors or community groups.
- Other sources of social funds, for example religious social funds and so on.

Private/Business:
The active role of the private sector / business community is also expected to support the financing of the Posyandu Lansia. For example, by making Posyandu Lansia a part of the Corporate Social Responsibility (CSR) funds. The assistance provided e.g.: funds/money, facilities and infrastructure, or fee for Posyandu Lansia cadre/volunteer.

Elderly group business income:
The income from the Posyandu Lansia products, (e.g: elderly hand crafts, Family Medicine Park/traditional herbal medicine (jamu), elderly home made culinary/food, etc

Government:
Assistance from the government is mainly expected in the early stages as a stimulant funds or other assistance in the establishment of Posyandu Lansia facilities and infrastructure. The sourced from APBN (Government funds), Provincial APBD (Provincial Govt’ Funds), Regency/City APBD (District Govt’ Fund), Village Funds and other legal sources.

Cost/Investment in the Initiative
Funding for Posyandu comes from various sources, including:

Evaluation
Evaluation can be done on the entire implementation, starting from the input, process, and output activities. Several indicators that can be used as a materials to evaluate the development or level of elderly group activities (basic, intermediate, advance/independent level) in the performance/management of Posyandu Lansia, such as:

- Frequency of Posyandu Lansia activities or implementation for one year (1x/month routine)
- The presence of cadres/health vounteers in the Posyandu Lansia
- Assessed the coverage of health services implementation of 1 year of activity compared to the total target.
- Supporting activities include:
  - Elderly physical activities/gymnastic
  - Religious activity
  - Discussion or lecture
  - Productive economic endeavors
  - Elderly empowerment
  - Hobby
  - Recreational activities
  - Development into "The Center for Elderly Activities in the Community"
- Availability of funds for organizing elderly group activities.
Japan

National Framework for Promotion of Dementia Policies

Description of Project/Initiative

The number of people with dementia in Japan has been estimated to be more than 5 million in 2018. This means approximately one in seven people over the age of 65 have developed dementia. It is possible for anyone to develop dementia and it’s becoming one of the common diseases in Japan. Although Japan already has the highest rate of population aging in the world, it has been predicted that the population of Japan will continue to age. As our population ages, the number of people with dementia is also expected to increase.

Based on these circumstances, the Japanese government formulated the “National Framework for Promotion of Dementia Policies” in June 2019. Previously, measures related to dementia were advancing under the New Orange Plan which came into effect in 2015. The new framework was decided upon at the cabinet level in every related ministry to enable each of us to unite our efforts as we further advance measures in this field.

Objective(s) of Project/Initiative:

- "Inclusion": Persons with dementia can live with dignity and hope. Even if they have difficulties in daily living, by proper understanding and support in the community, they can be positive, make use of their ability, and continue to live their lives in the familiar environment
- "Risk Reduction": Onset or progress of dementia is delayed
- There are 5 pillars under this framework, under the basic principle of “Prioritizing standpoint of persons with dementia and their families”
  - Raising awareness / Supporting persons with dementia to express their views
  - Risk Reduction
  - Support for medical, care, long-term care services and caregivers
  - Promotion of "Dementia Barrier-Free" / Support for people with early onset dementia / Support for social participation
  - Research and development / Industrial promotion / Global expansion

The basic concept behind the "National Framework for Promotion of Dementia Policies" is to promote policies that focus on inclusion and risk reduction while emphasizing the perspectives of people with dementia and their families for the purpose of delaying the onset of dementia symptoms and building a society in which everyone can live with hope, even if they develop dementia.

Adaptability

There are 2 major points for other member economies to introduce this kind of policy framework;
- Strong leadership to coordinate among all related ministries and agencies beyond health and welfare sector.
- Multi-stakeholder approach including partnership between public and private sectors.

Evaluation

Under “National Framework for Promotion of Dementia Policies”, KPI for each measure is clearly indicated together with ministry or agency in charge and timeline.
República de Corea

National Dementia Initiative

Description of Project/Initiative

With the number of people with dementia increasing at a rapid pace in line with the overall ageing of the population (forecast for 1.27 million dementia patients by year 2030, 10% of all citizens above age 65), the Korean government has introduced the “National Dementia Initiative” to address the issue in a more systematic and efficient manner.

The core concept of this initiative is to establish and operate “Dementia Relief Centers” domestically in order to provide patients with customized medical and other care services based on the individual needs of patients.

Besides the “Dementia Relief Centers”, “Dementia Relief Hospitals” are being established domestically to provide further intensive care for severe patients. Additionally, “Dementia Nursing Facilities” are being expanded to house and care for senior citizens with dementia.

Efforts are underway to identify resources within the local communities that may be used to provide customized services for dementia patients.

Additionally, efforts to create a dementia-friendly social environment are underway. Programs such as the 'Prevention of incidents of missing dementia patients' and 'Public guardianship for elderly dementia patients' have been introduced.

In order to reduce medical costs and the expense related to the caring of the patients, policies to reduce medical costs and to increase the financial support are being promoted in order to lighten the financial burdens of the families of dementia patients.

In addition, a domestic level mid-to-long term research plan has been established to promote dementia-related R&D projects for the objective of determining the cause of dementia, early diagnosis, development of treatment skills, etc.

Adaptability

It would be important to make the services more approachable so that programs related to dementia including counseling, checkup, prevention and treatment are always available at a health care facility nearby.

Also, it would be necessary to improve the local residents’ awareness of dementia through education and promotion so as not to create any prejudice against dementia, as well as to create a friendly social atmosphere with regards to dementia that encourages people to help dementia patients.

Objective(s) of Project/Initiative:

- Sharing of the socioeconomic burden for the care of dementia patients between their families and the government
- Compilation and management of cases involving customized care for elderly dementia patients
- Extension of long-term care insurance for senior citizens with dementia
- Relief of burden (medical cost) caused by dementia- Establishing a dementia-friendly social environment
Cost/Investment in the Initiative
In order to implement the detailed tasks included in the "National Dementia Initiative," KRW 230.4 billion was appropriated and spent in 2017, followed by KRW 234.2 billion in 2018 and KRW 368.4 billion in 2019 (ongoing).

Evaluation
- Dementia Relief Centers established in 256 primary health care centers domestically since the launch of the "National Dementia Initiative" 2 years ago, with 2.62 million visitors

- Dementia facilities are being expanded constantly, and starting from last year (2018) more than 130 facilities will be built over 5 years

- Cost of neurocognitive tests (dementia tests) are now reduced to half of its previous figure (KRW 300,000 to KRW 150,000)

- KRW 200 billion will be invested in dementia-related research for 9 years starting from 2020 (passed preliminary feasibility study phase)
Description of Project/Initiative

According to World Health Organization (WHO) (1947), health is defined as not merely ‘the absence of infirmity or disease’, but ‘a state of complete physical, mental and social well-being’. In this case, some other factors such as well-being and mental psychological health are also linked to successful ageing.

Malaysia is aging; with many of the older persons suffer from multiple chronic diseases. One of the important components of healthy ageing is having virtuous mental health. Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively, and is able to contribute to her or his community (WHO, 2005).

Generally, advancing age escalating the risk of decline in cognitive function. As the number of older persons is getting higher, mental or psychological health becomes a major concern for the public healthcare system around the world. A study conducted in the rural areas reported 22.4% for cognitive impairment (Sherina et al, 2004).

Whereas, Aizan et al., (2003) reported 14.4% of cognitive impairment and Krishnaswamy (1997) found a 6% prevalence for dementia among those aged 65 years and above during a community screening which conducted in an urban setting. Besides, Hasanah et al. (1996) and Al-Jawad et al. (2008) reported 45% and 36.5% of older persons with dementia respectively in a study conducted in a long-term care setting.

In the most recent "National Health Morbidity Survey" (NHMS) 2018 for older adults in Malaysia, it was reported that 1 in 10 (10%) older adults in Malaysia has Dementia. Furthermore, the survey also found out that those living in rural area has higher prevalent of dementia (12.9%) as compared to those in urban settlements (6.8%).

Therefore, it is very important to initiate and implement the outreach community program for our older adults to both parts particularly to those living in the rural areas.

This project consists of two phases:

Phase I of the project was commenced in January 2018; it involves resources from Department of Psychiatry and Mental Health HTJ Seremban and HTAN Kuala Pilah (started January 2019) and Occupational Therapy Unit based in the respective departments. The project divided to 2 sections: Outpatient Service and Integrated Community older Patient Service for Dementia

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Outpatient service</th>
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<tbody>
<tr>
<td>Older adult who has complex cognitive impairment with or without behavioral and psychological symptoms of dementia (BPSD)</td>
<td>Person with Dementia (moderate to severe stage) with BPSD (moderate to severe)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sources of referral Services</th>
<th>Integrated Community older Patient Service for Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Health Care, other medical discipline, Welfare / NGOs and other agencies</td>
<td>From outpatient GEMS</td>
</tr>
<tr>
<td>i. Comprehensive assessment, management and psychoeducation using multidisciplinary, multimodal, and multi-agencies approach. ii. Integrate with day care services for BPSD (mild to moderate stage dementia), BPSD (mild to mild) (Meaningful activity /Cognitive stimulation)</td>
<td>i. Comprehensive assessment, management, and psychoeducation using multidisciplinary, multimodal, and multi-agency approach. ii. Integrate with home-based cognitive stimulation/ activity for moderate to severe dementia.</td>
</tr>
</tbody>
</table>

Objective(s) of Project/Initiative:

- To deliver a comprehensive and integrated dementia services to the older adult (personalized) which include mental health care, welfare care, long term care in their familiar surroundings, within the community for as long as possible;
- To minimize structural obstacles, enabling the smooth movement of patients from one service to another when needed; and
- To provide health promotion and awareness program to the community at large regarding healthy aging and prevention of dementia and community role in this integrated care.
**Adaptability**

This project/initiatives can be adopted by other member states. This project aimed to strengthen healthcare system between primary health care setting (preventive, self-care measures and hospital setting (curatives measure). There is a need to strengthen the facilities and resources in order to optimize the service to benefit the patients and carers in managing the older adults with dementia.

**Cost/Investment in the Initiative**

This project using existing operating budget however for further implementation, there is a need for specific budget allocate to this project for capacity building of healthcare provider related to geriatric care.

**Evaluation**

Preliminary findings showed that those patients attending the integrated day care activity improves in their wellbeing when they returned home and maintained longer in their respective stage of the disease. Furthermore, family caregiver through the psychoeducation program gained a better understanding on dementia and how to care for the patients to support them living in the community and this has also helped to reduce their distress.

In addition, those patients who are seen in the community, most of their BPSD was noted to be improved when they are managed at their own home surroundings. Furthermore, family caregiver was able to learn better on how to deal with patient’s condition and engaging meaningful activities with the patient.

None of these patients during their engagement in the program were admitted to the ward even though a few of them were frequently admitted prior to that.

**Phase II** of this project expands the integration with resources from primary health clinic/centre. It is planned that those patients with mild to moderate dementia and having no significant or mild BPSD will be attending day care activity and family psychoeducation at the nearest health clinic. Future plan would include expanding the role of community health clinic to do follow up surveillance of those with mild cognitive impairment and home-based cognitive stimulation and palliative care for person with dementia and at the same time liaising with the hospital for main power training and consultation.
Brain Research New Zealand's (BRNZ) mission is to unlock the secrets of the ageing brain and develop new therapies and better clinical and community care to enhance lifelong brain health for all New Zealanders. This is being achieved by applying leading edge neuroscience research, in partnership with clinicians and relationships with related community groups to develop a domestic, collaborative response to these issues of critical importance. The range of work stretches from:

- **bench science using small and large animal models to discover mechanisms, biomarkers and disease therapies,**
- **a domestic network of research clinics to address biomarkers, risk factors and interventions to delay the progression of mild cognitive impairment (MCI) to Alzheimer’s disease,**
- **public engagement to develop culturally relevant assessment tools, provide web-based resources for patients and caregivers regarding MCI and dementia, to promotion of living well with these diseases. MCI and Alzheimer’s disease have been the main focus areas of research and engagement, but BRNZ is also interested in addressing other common forms of dementia arising from Parkinson’s disease, Huntington’s disease and Frontotemporal dementia, in particular.**

**Objective(s) of Project/Initiative:**

- Identify the neural mechanisms of dementing diseases to enable development of better therapies
- Develop new biomarkers to allow early detection of dementing diseases, enabling earlier therapy deliver and earlier uptake of risk reduction strategies
- Develop interventions to improve cognition, quality of life and delay of disease progression
- Develop resources to better inform patients and caregivers about the disease, and how to live well with it

**Project descriptions showing the range of work:**

- GABA-A receptor signalling as a drug target for Alzheimer’s disease
- Enhancing autophagic flux as a treatment strategy in Alzheimer’s disease
- Characterisation of a sheep model of Alzheimer’s disease and pathogenic mechanism discovery
- Individualised medicine and prediction of dementia for Parkinson’s disease
- Blood Biomarkers of Alzheimer’s disease
- Cognitive and brain biomarkers in prodromal behavioural variant frontotemporal dementia
- Biomarker identification and validation for Alzheimer’s disease – a targeted metabolomics approach
- EEG biofeedback in Mild Cognitive Impairment
- Living well with mild cognitive impairment
- Maintaining independence in Parkinson’s disease: A randomized controlled trial of a combined physical and cognitive activity
- Valuing those supporting people living with cognitive decline
- Dementia and stroke awareness and prevalence survey
- Complex cognitive activity to prevent MCI progression: a feasibility study
- Is a dementia prevalence study feasible in New Zealand Pasifika and Pākehā?
- Increasing awareness of dementia and supporting skills in dementia care
- Cognitive Stimulation Therapy and Chair Yoga for people with mild to moderate Dementia: A pilot study on cognition, neurobehavioural symptoms and brain connectivity
- Adapting Cognitive Stimulation Therapy for Māori and Pasifika people with mild to moderate dementia.
Adaptability

The applicability of any New Zealand research is best judged by member countries by reference to the growing publication list on the annual reports, as found on the web site www.brnz.ac.nz

These range from better understanding mechanism of neurological disease, exploration of gene therapy, the use of biomarkers to allow more timely and accurate diagnosis, novel treatments, numerous insights learned from working with Māori partners, mobile phone apps for assessment of risk factors, to name just a few.

All members of the research team welcome communication from members of APEC.

Cost/Investment in the Initiative

The six year budget for BRNZ is NZ$29.7M, including indirect costs. Approximately half of this amount is devoted to dementia research, outreach and engagement.

Evaluation

Ongoing evaluation is embedded within the program through a strong Governance Board, the Scientific Advisory Board (with a majority of overseas members), the Māori Advisory Board, and the numerous peer reviews of the very competitive application process for research funding.

The publication record is witness to this. Research influencing clinical practice in the community is highly valued and supported.
PERU

The implementation of Community Mental Health Centers create health care networks which include health facilities of their jurisdiction. In these non-specialized facilities, staff are trained and advised on early identification of dementia cases, which will be referred to specialized evaluation, if necessary.

Law N°30795 Law to Prevent and Treat Alzheimer's Disease and Other Dementias; Supreme Decree No. 030-2018-SA Regulations of Law No. 30795

**Description of Project/Initiative**

The implementation of Community Mental Health Centers create health care networks which include health facilities of their jurisdiction. In these non-specialized facilities, staff are trained and advised on early identification of dementia cases, which will be referred to specialized evaluation, if necessary.

**Cost/Investment in the Initiative**

In Peru, the implementation of each community mental health center requires an annual investment of approximately PEN 992,632.00 the first year; and annual sustainability requires an investment of approximately PEN 896,072.00.

It is worth mentioning that the Community Mental Health Center provides services not only for dementia affected individuals, but also provides services related to all mental health issues.

Home health care requires a monthly investment of approximately PEN 2,400.00 per person.

**Adaptability**

Health care of dementia affected individuals should be included as a public health priority with a community-based approach.

**Evaluation**

More evaluations of people over the age of 60 are expected in the regions where this age group is larger than others.

**Objective(s) of Project/Initiative:**

- Reduce the care gap for people over 60 by detecting cognitive impairment, so that they can receive evaluation and treatment, if necessary
- Family members will be advised on the treatment to be provided to those affected
- In cases of severe dementia and indigent condition, home health care is expected to be provided—including technical nursing staff, nurse and home medical visits—to improve the quality of life of the affected individual.
The Healthy and Productive Aging Program of the Philippine Department of Health (DOH) supports the World Health Organization (WHO) Global Action Plan on the public health response to dementia 2017-2025 call on member states 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.

Through the initiative of the DOH, the Program is taking actions towards having its own dementia action plan. Following the enactment of the Mental Health Law, its Implementing Rules and Regulations, and the Strategic Plan of the Philippine Council for Mental Health 2019-2023, the DOH is now beginning the process of developing a "National (Integrated) Dementia Action Plan" to strengthen the effective integration of dementia into existing strategies. This is in line with the Republic Act No. 11223 or the Universal Health Care Act and the currently being developed Healthy and Productive Aging Program Strategic Plan.

The DOH has convened stakeholders from the government, civil society, academe, professional organizations, and service providers, who identified challenges, gaps, needs, and opportunities in (1) promotion of awareness and understanding, (2) service delivery to patients and caregivers, (3) health and social workforce, and (4) knowledge generation and research. Stakeholders from the DOH and civil society organizations further refined the outputs into priority action areas which serve as the basis for planning for the implementation of the Global Action Plan for Dementia.

Objective(s) of Project/Initiative:

- To improve the lives of people with dementia as well as of the carers and families of people with dementia;
- To decrease impact of dementia to the affected people and to the communities; and
- To decrease the economic burden of dementia in the Philippines

A series of consultation and planning workshops are also scheduled as part of the development process of the "National (Integrated) Dementia Plan 2020-2023". Likewise, a convention to discuss the health promotion plan for the Healthy and Productive Aging Program highlighting dementia as one of the identified priority public health concerns of older persons will be facilitated.

Supplementary initiatives such as the Pilot Implementation and Field Testing of the WHO Dementia Toolkit have been conducted and the Development of Training and Coaching Module on Health of Older Persons for Health Professionals at Primary Levels is currently being undertaken to further strengthen strategies in addressing dementia in the Philippines.

The Philippines through the Healthy and Productive Aging Program, envisions a more informed public with recognition of human rights and autonomy for people with dementia. Further, it seeks to develop health professionals who are sensitized to the concerns of persons with dementia and view healthy and productive ageing as a basic human right. Reciprocally, the Program also recognizes the need for support for dementia carers to reduce stress and burn-out among them.
Adaptability

The call of the World Health Organization through the Global Action Plan on the public health response to dementia 2017-2025 enjoins governments to “develop, strengthen and implement domestic strategies, policies, plans or frameworks either separate or integrated into existing planned actions” and are adapted to domestic context.

Targets stipulated in the Global Action Plan serve as guide for governments to set their own domestic targets taking into account their own indigent circumstances.

Cost/Investment in the Initiative

The cost for the planning and development activities of the "National (Integrated) Dementia Action Plan" is approximately USD 9,200.

Evaluation

The monitoring and evaluation of the "National Dementia Action Plan" is integrated within the monitoring and evaluation plan of the whole Healthy and Productive Aging Program.

Upon its finalization, the Healthy and Productive Aging Program, together with the Epidemiology Bureau, will design a monitoring and evaluation plan that employs a variety of approaches based on the key indicators identified. Both qualitative and quantitative researches will be conducted to better understand emerging or persistent issues, select appropriate interventions and advocate for budget allocation or resource mobilization.
According to rough estimates, in the Russian Federation there are about 2 million patients with dementia. In the coming decades, an increase in the number of elderly and senile people is predicted, which will inevitably lead to an increase in the number of people with cognitive disorders, including dementia, incapacitated and in need of care, constant care and treatment. With proper support, many patients can and should maintain self-care, participate in family life, and have a decent quality of life. There are a number of issues currently facing care for patients with dementia, such as:

- underestimation of the significance of cognitive and related disorders;
- stigmatization of patients with dementia;
- low level of awareness of dementia both among the population and in the medical community;
- underdeveloped infrastructure and material resources - lack of specialized diagnostic and treatment rooms for patients with dementia and non-cement cognitive impairment;
- the absence of epidemiological studies on the prevalence and incidence of dementia domestically;
- insufficient activity of scientific research aimed at developing methods of prevention, early diagnosis and treatment of cognitive disorders;
- insufficient development of an adequate state strategy

To improve care for people with dementia and their family members caring for them, as well as to improve the quality of their life, it is necessary to develop a comprehensive multidisciplinary interdepartmental program aimed at providing medical and social assistance to patients with cognitive disorders, timely detection of non-cement forms of cognitive impairment and prevention their transition to dementia.

**Objective(s) of Project/Initiative:**
- General Approaches - Raising Dementia Awareness
- Primary Care – early detection, Correction of Risk factors
- Specialized diagnostics in memory cabinets and neurogeriatric centers
- Long-term care

**Adaptability**

The development of a domestic policy and action plan regarding the problem of dementia makes it necessary to coordinate the efforts of various ministries and departments, as well as public organizations, charitable foundations, and business structures. The tasks of assisting patients with dementia should be included in various strategies (medical care, social support, etc.), which will expand the provision of care and make it more accessible. When implementing the Program, integration with the geriatric service and the introduction of diagnostic methods and assistance to patients with cognitive disorders in the primary health care system, as well as the introduction of consultative and diagnostic departments of specialists with training in the field of geriatric neurology and psychiatry, are necessary.

**Evaluation**

- Determining the extent of the problem with assessing the prevalence of dementia, non-consumptive cognitive impairment and the associated burden on the economy’s health care economy;
- providing an understanding of the problem in society;
- involving all stakeholders, including groups of civil society representatives;
- Identification of priority areas for research on dementia;
- attraction of additional financial and other resources;
- ensuring interdepartmental and interdisciplinary cooperation;
- setting deadlines for the phased implementation of the Program;
- monitoring and evaluation of the results of the Program.
Based on the Well-being of the Singapore Elderly (WiSE) study 2013, about 1 in 10 seniors aged 60 and above are estimated to have dementia. The rate of dementia is expected to rise given our ageing population. We embarked on the DFC initiative to ensure persons with dementia (PWD) and their caregivers are well supported in the community. A DFC is one where people living in the community know about and understand dementia, and PWD and their families feel included, empowered and enabled to continue living well in the community. To date, we have eight DFCs in Singapore which focus on the initiatives listed below:

1. Outreach to raise awareness of the signs and symptoms of dementia:
   - Engage individuals in the community through talks, roadshows and house visits.
   - Conduct targeted memory screenings in the community to encourage early identification.

2. Growing community resources to support persons with dementia and their caregivers:
   - Go-To Points (GTPs) are set up in the community to serve as resource centres for residents and caregivers. They are also “safe return points” for persons with dementia who are lost.
   - Caregiver support networks (CSNs) are established to support caregivers of PWD with a focus on their self-care.
   - Youths are empowered via experiential learning and engaging seniors in the community to improve social connectivity.
   - Care and support services are available and accessible in the community.

3. Enabling persons with dementia and their caregivers to live well in the community through encouraging the development and adoption of dementia-friendly IT and infrastructure developments:
   - Dementia Friends mobile application was launched in 2018. It is a useful resource/directory for residents, PWD and their caregivers as it includes information on dementia and caregiving. Caregivers whose loved ones with dementia have gone missing may also make use of the application to tap on the network of Dementia Friends to find their loved ones.
   - Exploring collaborations with healthcare and community partners to enhance infrastructure to make the community safe and easy to navigate for persons with dementia.

**Adaptability**

Other member economies could build similar dementia-friendly neighbourhoods by educating local stakeholders (e.g. shop owners) and members of the community about dementia and equipping them with skills/knowledge to respond/help PWD and their caregivers.

**Evaluation**

We are in the process of evaluating the outcome and impact of the initiative.
Dementia Prevention and Care Policy and Action Plan

Description of Project/Initiative

Dementia Prevention and Care Policy and Action Plan aims to build up a friendly society to prevent and delay Dementia, as well as ensure the life quality for their careers. Dementia Prevention and Care Policy and Action Plan includes 7 dimensions of strategy, apart from setting dementia as public health priority, also aims to decrease other risks, such as obesity, diabetes, high blood pressure, lack of physical activities, smoking and overdrinking. Moreover, it also strengthens the diagnosis, treatment and care network.

The Minister of Health and Welfare along with other social services groups establish Integrated Dementia Care Center (IDCC) and Support Center for People with Dementia and their Families (SPDF) to increase its accessibility. 95 Integrated Dementia Care Center (IDCC) and 494 SPDF's are the aim at 2020 from 87 and 434 separately in 2019. In the meanwhile, we also peruse the better quality of each service.

Suspected dementia or those with diagnosis of dementia are able to attend several of cognitive promotion courses. By these social events, they can thus be involved with the society, delay disablement. Their family can also participate the care courses, learn caring skills to assist patients’ basic needs at home. Besides, we provide comprehensive services and training for caregivers by leveraging the resources from the healthcare system and long-term care plan, includes mental health care, respite care service as well as community supports services.

Regarding the regulation, the patient who suffers from severe dementia is applicable to the Patient Right to Autonomy Act implemented in 2019 in Chinese Taipei. The Act is to safeguard their rights to a good death by which we mean they can choose to pass away peacefully without regrets and pain with an advance decision in their earlier stage of dementia. In this light, their family or caregivers will no longer suffer from the ethical dilemmas either.

Adaptability

Chinese Taipei will develop innovative research on the treatment of dementia to meet caregivers or suspected patients’ needs, as well as increase investment in dementia research and innovative medical care technology. Relevant research results will improve the prevention and care for dementia.

Evaluation

The authority evaluates the implementation status of each agency every six months. Each strategy theme would have several action plans with quantifiable domestic metrics (based on WHO’s recommendations from Member States, taking into account existing plans and feasibility in Chinese Taipei).

The program and domestic measurement indicators will be revised according to the actual implementation. Regular review meetings will be held each year to refer to the implementation of the current year, and the action plan of each strategy and the domestic target of the next year will be revised.

Objective(s) of Project/Initiative:

- Timely diagnosis, appropriate treatment and care, reduce the risk of dementia
- Dementias, caregivers and their families have access to the services and support to maintain dignity and a good quality of life.
- Reduce the impact of dementia on the caregivers, families, communities and economies
THAILAND

Development of a Network of Service Systems and a Comprehensive Care Model for the Elderly with Dementia

In Thailand, the number of older persons with dementia in 2016 was 617,000. It is suspected that by 2037, the number will increase to 1,350,000. In response to the increasing challenges of dementia, Ministry of Public Health (MOPH) by the Department of Medical Services (DMS) and its partners have created “the Development of a Network of Service Systems and a Comprehensive Care Model for the Elderly with Dementia” Project, which includes screening system, diagnosis, and brain potential development program for the elderly with Mild Cognitive Impairment (MCI) (Program TEAM-V) and seamless care for dementia from community to institution, ranging from acute care and specialized care to long-term care.

In the preparation phase, we have developed a care system, a model and guidelines. During the pilot phase, we implemented our model in 4 piloted areas. In 2019, after successfully operated in the pilot areas, we extended the implementation to another 13 areas across 12 health regions throughout our economy. In this project, we have also introduced 2 other programs for self-screening / self-evaluating common or basic health problems/conditions in the elderly, including cognitive impairment.

In addition, DMS has also collaborated with Chulalongkorn University in applying care based on the Humanitude concept, aiming to reduce the stress of caregivers and families caring for dementia patients with behavioral disorders. The Project is crucial for building up the infrastructure for a seamless elderly care system for other geriatric syndrome cares in the future.

This project can also be integrated with the existing basic care system of MOPH such as Family Doctor Team, caregivers, care manager, village health volunteers, family volunteers, etc.

Adaptability

The concept of this project could be adapted to other member economies, because the project can be operated under a collaboration of relevant stakeholders such as health organizations, academic institutes, social organizations and local government, on resource-sharing basis. Focusing on health sector, we have developed a new system for dementia diagnosis by using the jury model that compost of general practitioner/physicians and only a small number of specialized physicians (neurologists and psychiatrists) as supervisors. This system does not require advanced medical technology and mainly involves home or community care.

Evaluation

The evaluation process for this project/initiative includes:
- Performance reports from targeted areas every 6 months
- At least 1 follow-up visit and 1 evaluation visit over a period of 3 years in each target area, after the implementation
- A networking seminar held once a year for knowledge and experience sharing and overview evaluation.

The project/initiatives impact:
Between 1st October 2018 and 30th September 2019 (1 year), 43,466 older persons were screened for their cognitive functions. Out of these, 1,054 were diagnosed with having a mild cognitive impairment and 722 with dementia. All of the diagnosed patients have received treatment programs.

Cost/Investment in the Initiative

Preparation phase:
(1st October 2013 – 30th September 2014 = 1 year): = 30,0600 USD

Pilot phase:
(1st October 2014 - 30th September 2017 = 3 years): = 307,000 USD

Implementation Stage:
(1st October 2017 – 30th September 2018 = 1year): = 30,000 USD
(1st October 2018 – 30th September 2019 = 1year): = 61,900 USD
(1st October 2019 – 30th September 2020 = 1year): = 181,400 USD

Objective(s) of Project/Initiative:
- To develop coaching skills for health personnel in tertiary hospitals in order to support health personnel in primary and tertiary care
- To provide caregivers, families and the society knowledge and understanding about dementia.
The US government recognizes the importance of providing effective supports and services to persons living with dementia and their caregivers in their homes and communities. The AoA/ACL's Alzheimer's Disease Programs Initiative (ADPI) State and Community-Based Grant Program, informed by the work and recommendations of the US National Alzheimer's Project Act Advisory Committee, is dedicated to filling gaps in services, through the provision of home and community based services to general and targeted special populations. In an effort to inform the delivery of care and services, targeted dementia training of both paid and unpaid caregivers is infused within all funded programs.

The ADPI State and Community-Based Grant Program addresses gaps in dementia services, by encouraging “dementia capability”. In order to be “dementia capable” a state system or community-based organization must be trained in identifying people with possible dementia, work effectively with those individuals and their caregivers, know the services they need, and have the ability to make referrals to secure appropriate services. The dementia-capable systems resulting from the AoA/ACL funding are designed to provide quality, person-centered services and supports that help individuals remain independent and safe in their communities. Person-centered planning and opportunities for self-direction are key components in the implementation of AoA/ACL program dementia-capable systems, enabling people living with dementia and caregivers to choose services that will meet their needs.

Through the ADPI, states and communities have the flexibility to design programs that address the needs of the populations they serve. While there are common components that each project must include, there are no two like programs.

All ADPI projects include a dementia specific evidence-based/evidence informed intervention, target special populations, address program impact on the quality of life of persons living with dementia, as well as a robust overall program evaluation designed to assist with program sustainability beyond Federal funding. All community programs are required to dedicate program resources to the establishment of programs designed to identify and engage individuals living alone with dementia, support individuals living with intellectual and developmental disabilities and dementia or at risk of developing it and their caregivers, as well as the delivery of behavioral symptom management training for caregivers.

In addition to unified core components, the program allows for innovations to meet unique community needs. Examples of initiatives designed to address specific community needs include, but are not limited to:

- Integrated Care Team program at Federally Qualified Health Centers (HI)
- Culturally Competent SAVVY Caregiver training for Chinese community (CA)
- Faith Community Care Connection program (TX)
- Mobile Dementia Screening Unit (MN)
- Community Scout Training and Referral Program (FL)
- Dementia Training for home delivered meals providers (ME, SC, TX)

Objective(s) of Project/Initiative:

- To improve the quality of life for persons living with dementia and those who care for them.
- Identifying and addressing the dementia related needs of those in the communities they serve that are living with dementia and their caregivers, including supportive services and provision of training.
- Development or expansion of state and community dementia capability
- Persons living with dementia and caregivers will encounter trained staff no matter where they enter the system.
**Adaptability**

A key component of the ADPI is the dedication of the first six months of the project period to the refinement of both the project work and evaluation plans, resulting in comprehensive “roadmaps” to each project. Through these “roadmaps”, interested parties are able to understand the steps that went into program development and identify changes necessary to adapt programs to their cultures and communities.

ADPI funded project deliverables (work/evaluation plans, manuals, toolkits, fact sheets, etc.), some in multiple languages, are also available for adoption/adaptation. Examples of ADPI programs, trainings and tools translated for both language and cultural competency designed and implemented in US cities with potential for adaptation in APEC member economies include:

- Caregiver Tip Sheets (CA) – Chinese/Japanese
- Memory Booklet (HI) - Ilocano, Tagalog and Japanese
- Dysphagia and Aging Video (HI) - Chuukese
- Cultural Consultants (MN) - Hmong
- Dementia and Challenging Behavior Trainings (HI) - Tagalog
- Community Health Worker Support and Screening Program (MN) - Hmong
- Core Caregiver curriculums (CA) - Korean/Vietnamese
- Dementia Friends Champions Training (CA) - Korean/Vietnamese.

**Cost/Investment in the Initiative**

Since 2018 the US Government funded between $17,000,000 and $20,000,000 in AoA/ACL state and community ADRD grant programs each year.

**Evaluation**

The design of each funded program includes a requirement for robust program evaluation to demonstrate project impact. In 2018 a requirement that each applicant include an outcome measure to demonstrate their project’s impact on the Quality of Life of a person with dementia was added to the program. All significant program components are required to be included in the overall program evaluation.

Over time, demonstrated AoA/ACL ADRD program outcomes include, but are not limited to:

- Increased Dementia Capability;
- Decreased caregiver stress/burden;
- Delayed intent to place;
- Increased Quality of Life for persons with dementia;
- Increased caregiver self-efficacy;
- Increased dementia knowledge.

In addition to the individual programmatic evaluations, the ACL’s National Alzheimer’s and Dementia Resource Center ([https://nadrc.acl.gov/](https://nadrc.acl.gov/)) regularly compiles and conducts collective analysis of ACL state and community ADRD program outcomes.

In recent years a portion of AoA/ACL programs have focused on development and implementation of Dementia Friends and Dementia Friendly Community initiatives. In 2019, the AoA/ACL and the NADRC developed a toolkit to evaluate the impact of those initiatives on the communities in which they are being implemented, outcomes are forthcoming.
References


[3] https://www.who.int/news-room/fact-sheets/detail/dementia


[8] Cognitive reserve refers to individual differences in how cognitive tasks are performed. Differences in reserve may increase individuals’ resiliency to cognitive aging and dementia. Maintaining educational and mentally stimulating activities throughout life may help increase cognitive reserve (Stern Y. Cognitive reserve in ageing and Alzheimer’s disease. Lancet Neurol. 2013 Nov; 11(11):1006-1012.)