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A Report on the G8 Dementia Summit

*Excerpts of Remarks by Chairman Chris Smith (NJ-04)
Subcommittee on Africa, Global Health, Global Human Rights and Int'l Orgs.
2172 Rayburn HOB
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Good afternoon. On December 11th, the G8 convened a Dementia Summit in London to examine and presumably harmonize the various national action plans on the growing international crisis of Alzheimer's and other forms of dementia. The outcome appears to indicate a coalescing around the U.S. plan to make significant headway on addressing dementia by 2025, which would have significant implications globally, particularly in low- and middle-income Countries where increasing aging populations and numbers of people with dementia strain limited resources.

On January 4, 2011, President Obama signed into law the National Alzheimer's Project Act (NAPA), requiring the Secretary of the U.S. Department of Health and Human Services (HHS) to establish the National Alzheimer's Project. Among other provisions of that law, the Administration was mandated to:

- Create and maintain an integrated national plan to overcome Alzheimer's disease;
- Coordinate Alzheimer's disease research and services across all federal agencies;
- Accelerate the development of treatments that would prevent, halt, or reverse the course of Alzheimer's disease;
- Improve early diagnosis and coordination of care and treatment of Alzheimer's disease;
- Improve outcomes for ethnic and racial minority populations that are at higher risk for Alzheimer's disease, and
- Coordinate with international bodies to fight Alzheimer's globally.

That congressionally-mandated plan apparently found favor with the G8, which endorsed that plan as being comprehensive and forward-looking. But even before the Summit, the U.S. national plan on Alzheimer's led nearly a dozen other nations to adopt their own national strategies.

According to the testimony at this subcommittee's November 21st pre-summit hearing, this comprehensive approach is vital to meeting what is a looming global health crisis.

The World Health Organization and Alzheimer's Disease International 2012 Dementia Report estimates that there were 35.6 million people with dementia, including Alzheimer's disease, worldwide in 2010. This number is projected to nearly double every 20 years, increasing to 65.7 million in 2030 and 115.4 million in 2050.

The global cost of this condition totaled \$604 billion in 2010, according to the Alzheimer's Disease International. To put this figure in context, Alzheimer's cost would equal the Gross Domestic Product of the 18th-place country in the world ranked by GDP.

While the other G8 countries may pledge funding to address Alzheimer's and other forms of dementia in the developing world, we are facing an impending global health crisis over Alzheimer's and other forms of dementia. The FY2014 federal budget request for U.S.-funded global health programs was \$8.3 billion. The focus is on achieving an AIDS-free generation and ending preventable child and maternal deaths through the Administration's Global Health Initiative. Under this budget, maternal and child health would receive \$680 million, malaria program would receive \$670 million, tuberculosis programs would receive \$191 million, neglected tropical disease programs would receive \$85 million and pandemic influenza and other emerging threats programs would receive \$47 million.

WHO estimates that more than half of global dementia cases are in low- and middle-income countries (LMIC) where cases are projected to grow. Across Asia, Latin America and Africa, these developing countries are expected to see the most rapid growth in dementia cases over the next several decades. In 2010, roughly 53% of dementia cases were in low- and middle-income countries. By 2050, WHO expects 70% of all cases to be found in such countries. So how will this impact our foreign aid portfolio, especially as regards global health?

We need to better understand the level of international cooperation our government can expect in the search for early detection techniques, prevention and treatment of Alzheimer's and other forms of dementia. There has been collaboration among scientists across borders on HIV-AIDS, but how much can we expect on the various forms of dementia? Many countries in the developing world don't even have surveillance adequate to provide reliable statistics on the incidence of Alzheimer's and other forms of dementia. Given the negative impact of the brain drain, they may not be able to be the active, effective partners we need them to be in this area. However, without their help, it will be difficult to even formulate programs to help such nations cope with this growing health threat.

These are questions we hope to have addressed, if not answered, at today's hearing. The Administration was unable to participate in the subcommittee's November 21st hearing on the subject, but we have the head of the National Institute on Aging to provide the Administration's view on what the summit produced. We are also joined by two representatives from the NGO community who also participated in the London summit to give us a private sector view of those proceedings.

We will need more than rhetoric to deal with this crisis. As more of us live longer worldwide, the threat of developing Alzheimer's or some other form of dementia grows exponentially. We cannot afford to have a robust domestic program to fight this condition and find that our international efforts are undermined by the failure of other donors to play their proper role in this effort.