

European Dementia Monitor 2017

*Comparing and benchmarking
national dementia
strategies and policies*



Table of contents

- 1. Introduction 2
 - 1.1. Background and objectives of this publication..... 2
 - 1.2. Methodology..... 2
- 2. Care aspects..... 4
 - 2.1. Care availability 4
 - 2.2. Financing of care services10
- 3. Medical and research aspects.....14
 - 3.1. Treatment.....14
 - 3.2. Clinical trials.....17
 - 3.3. Involvement in European dementia research.....19
- 4. Policy issues.....22
 - 4.1. Recognition of dementia as a priority..... 22
 - 4.2. Inclusiveness and dementia-friendly initiatives.....25
- 5. Human rights and legal aspects 27
 - 5.1. Legal issues27
 - 5.2. International and European treaties29
 - 5.3. Carer and employment support31
- 6. Overall ranking33
- 7. Acknowledgements.....37

European Dementia Monitor 2017

*Comparing and benchmarking
national dementia
strategies and policies*

1. Introduction

1.1. Background and objectives of this publication

Alzheimer Europe and its national organisations have been campaigning for Alzheimer’s disease and dementia to be recognised as public health and research priorities at European and national level based on the growing numbers of people affected by the disease and the corresponding cost to European health systems and societies.

- Dementia is known to be more prevalent in an ageing population. By 2060, 28% of the population will be aged over 65 and 12% aged over 80.¹
- In 2015, dementia affected some 10.5 million citizens aged between 30 and 95+ years of age in Europe. This number is estimated to increase to 13.42 million people by 2030.²
- Dementia is a major cause of disability and dependency among older people worldwide, having a significant impact not only on individuals but also carers, families, communities and societies. Dementia accounts for 11.9% of the years lived with disability due to a non communicable disease.³
- The total cost of illness of dementia disorders in EU27 in 2008 was estimated to be EUR 160 billion of which 56% were costs of informal care. The corresponding costs for the whole of Europe was EUR 177 billion.⁴
- The cost per person with dementia in the EU was about EUR 22,000 per year, while it was somewhat lower for the whole of Europe. The total societal

costs per case were estimated to be 8 times more in Northern Europe than in Eastern Europe.⁵

In its Paris and Glasgow Declarations in 2006 and 2015, Alzheimer Europe called upon national governments to adopt national dementia strategies and the organisation has been encouraged by the growing number of countries which have followed this call and started the development and implementation of strategies and policies. Despite this increased attention, there remain considerable differences between European countries on how dementia is addressed at national level. For that reason, Alzheimer Europe involved its national organisations in surveying the current state of care, treatment, research, policies and law in the field of Alzheimer’s disease in order to identify existing differences between countries, as well as common trends and possible good practices.

Our objective in writing this publication is to provide a benchmark of national dementia policies in order to compare the responses of European countries to the dementia challenge in different domains. This benchmarking of national dementia policies is intended as a tool for national organisations to compare their situation to that of other European countries. For Alzheimer Europe, as a European organisation, it is key to understand what differences exist, why they exist and how to find better solutions.

1.2. Methodology

The key areas where dementia policies could be compared were discussed at various meetings with Alzheimer Europe’s member organisations during 2016. An initial list of issues to compare had to be shortened in the absence of comparable or reliable data between countries. In the end, four broad categories were identified which can be further broken down into the following ten areas:

1. Care aspects
 - a. Availability of care services
 - b. Affordability of care services
2. Medical and research aspects
 - a. Treatment-reimbursement of AD medicines
 - b. Availability of clinical trials
 - c. Involvement of country in European dementia research initiatives

3. Policy issues
 - a. Recognition of dementia as a priority
 - b. Dementia friendly Communities/Inclusiveness
4. Human rights and legal aspects
 - a. Recognition of legal rights
 - b. Ratification of International and European human rights treaties
 - c. Carer and employment support

Wherever possible, Alzheimer Europe identified publicly available data sources. In particular, the organisation used information provided by:

- The clinical trial registry (www.clinicaltrials.gov) for the countries in which clinical trials on Alzheimer’s disease were recruiting research participants.
- The public websites of the Joint Programme for Neurodegenerative Diseases Research (www.neurodegenerationresearch.eu), the Joint Actions on Dementia (www.alcove-project.eu and www.actondementia.eu) and the Active and Assisted Living Programme (www.aal-europe.eu) for the involvement of European countries in dementia research programmes.
- The websites of the Council of Europe (www.coe.int), the United Nations (www.un.org) and the World Organisation for Cross-border Co-operation in Civil and Commercial Matters (www.hcch.net) for the state of ratifications of European and International treaties.

The organisation also relied on work carried out in previous years for the publication of its Yearbooks:

- Dementia in Europe Yearbook 2012: National dementia strategies.
- Dementia in Europe Yearbook 2013: National policies covering the care and support of people with dementia and their carers.
- Dementia in Europe Yearbook 2014: National care pathways for people with dementia living at home.
- Dementia in Europe Yearbook 2015: “Is Europe becoming more dementia friendly?”
- Dementia in Europe Yearbook 2016: Decision making and legal capacity in dementia.

For topics where no public data was available (in particular on care availability and care affordability), Alzheimer Europe developed a simple questionnaire, which was sent out in June 2016 to its national member organisations and experts in countries with no member association.⁶ Alzheimer Europe aimed to include all Member States of the European Union in this mapping exercise, as well as all countries in which it had a member organisation. With the exception of Estonia and Iceland, complete data sets were obtained from all contacted countries.

34 member organisations and two external experts⁷ returned the questionnaire. The provisional results were presented at a meeting in the European Parliament in December 2016 and later compiled into a report. This report was sent to all respondents for final verification of the presented data in March 2017, final comments were integrated in May 2017 and the final report was completed and published in June 2017.

The list of participating countries and used abbreviations for countries is included below in table 1.

Table 1: Participating countries

EU Member States			Non-Member States
Austria (AT)	Greece (GR)	Portugal (PO)	Albania (AL)
Belgium (BE)	Hungary (HU)	Romania (RO)	Bosnia & Herzegovina (BA)
Bulgaria (BG)	Ireland (IE)	Slovakia (SK)	Jersey (JE)
Croatia (HR)	Italy (IT)	Slovenia (SI)	Israel (IL)
Cyprus (CY)	Latvia (LV)	Spain (ES)	Monaco (MN)
Czech Republic (CZ)	Lithuania (LT)	Sweden (SE)	Norway (NO)
Denmark (DK)	Luxembourg (LU)	United Kingdom – England (UK-E)	Switzerland (CH)
Finland (FI)	Malta (MT)	United Kingdom – Scotland (UK-S) ⁸	Turkey (TK)
France (FR)	Netherlands(NL)		
Germany (DE)	Poland (PL)		

1 The 2015 Ageing Report, Underlying Assumptions and Projection Methodologies, European Commission, DG Economic and Financial Affairs, European Economy 8|2014

2 Alzheimer’s Disease International: World Alzheimer’s Report 2015. Available at <http://www.alz.co.uk/sites/default/files/pdfs/world-alzheimer-report-2015-executive-summary-english.pdf>

3 Prince M, Albanese E, Guerchet M, Prina M. World Alzheimer Report 2014. Dementia and Risk Reduction. An Analysis of Protective and Modifiable Risk Factors. Alzheimer’s Disease International, London UK; 2014 (<http://www.alz.co.uk/research/WorldAlzheimerReport2014.pdf>, accessed 17 August 2016)

4 Wimo A et al. Cost of illness and burden of dementia – the base option. Available at <http://www.alzheimer-europe.org/Our-Research/European-Collaboration-on-Dementia/Cost-of-dementia/Cost-of-illness-and-burden-of-dementia> Last accessed 20 March 2014

5 Wimo A et al. Regional/National cost of illness estimates. Available at <http://www.alzheimer-europe.org/Our-Research/European-Collaboration-on-Dementia/Cost-of-dementia/Regional-National-cost-of-illness-estimates> Last accessed 20 March 2014

6 Please see acknowledgements section for full list of respondents

7 Latvia and Lithuania

8 Separate reports were developed for England and Scotland due to the differences in legislation between these two countries of the United Kingdom

2. Care aspects

2.1. Care availability

2.1.1. What did we look at and why?

In our survey, we looked at the range of services that can support the quality of life and care of people with dementia throughout the disease process from services at the mild stages of dementia to the more severe and end-of-life stages of the disease. The list was provided by national member organisations and is a comprehensive list of services of interest to both people with dementia and their carers.

Most home care services can be roughly divided into two categories: those providing assistance linked to a person's residence (e.g. cleaning, shopping, laundry, transport, meals-on-wheels etc.) and those linked to personal care (washing, dressing, eating, incontinence care, getting in and out of bed, taking medication etc.). We also looked at assistive technologies and adaptations to the home but also recognised that, at some point, a person with dementia may need residential care leading to end-of-life care. Furthermore we looked at the needs of carers themselves and services such as respite care that can reduce the impact on caregivers.

The following 18 care services were identified by Alzheimer Europe members as being of most importance to people with dementia and their carers:

1. Care coordination/case management
2. Home help
3. Meals on wheels
4. Incontinence help
5. Assistive technologies/ICT solutions
6. Tele Alarm
7. Adaptations to the home
8. Home care (personal hygiene, medication)
9. Counselling
10. Support groups for people with dementia
11. Support groups for carers
12. Respite care at home (sitting service etc)
13. Holidays for carers
14. Carer training
15. Alzheimer Cafés
16. Day care
17. Residential/nursing home care
18. Palliative care

Alzheimer organisations and national experts were asked to indicate whether they believed these services were sufficiently available (S), insufficiently available (I) or absent (A) in their country.

2.1.2. Results

The detailed answers regarding the availability of care services can be found in table 2.

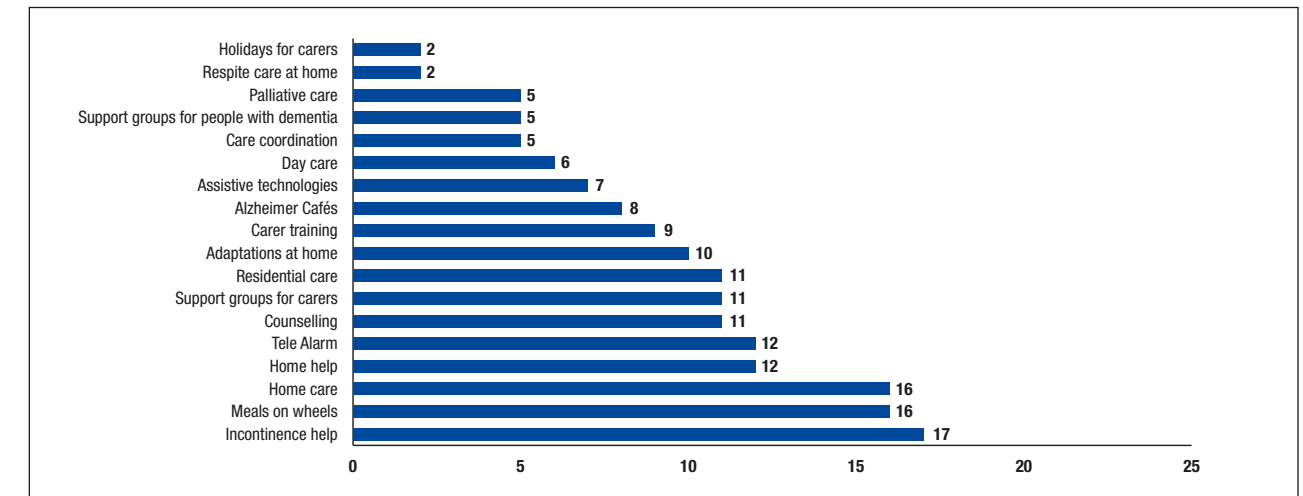
As can be seen from the table on pages 6–7 the majority of care services in Europe are insufficiently available. We can also see significant variations between countries. Only Austria, Denmark, Finland, Israel, Luxembourg and Monaco reported that the majority of services were sufficiently available.

None of the care services we looked at were reported as sufficient in Albania, Bulgaria, Greece, Poland, Romania and Turkey with many services reported as absent. In the United Kingdom (both in England and Scotland), all services were available but rated as insufficient, as they were not considered to be equally available throughout the country. Similarly, Switzerland noted variations in availability, citing that even though services exist they may not be accessible in more rural, mountainous regions.

The different services also have highly varying degrees of availability across Europe with incontinence help being rated as sufficiently available in 17 countries (out of 36 countries), whereas only two countries rated respite care at home (Israel and Monaco) and holidays for carers (Israel and Switzerland) as sufficiently available. Figure 1 shows the different services and the number of countries rating these services as sufficiently available.

The following maps clearly show the differences in availability of services across Europe. From Map 1, it is obvious that home care is mostly available as a service in Western and Northern European countries, whereas it is insufficiently available in most Southern and Eastern European countries. Day care, as indicated in Map 2, is only considered sufficiently available in exceptional cases in Germany and Finland and some of the smaller European countries, whereas residential care is considered sufficiently available in some of the Central and Northern European countries, as shown in Map 3.

Figure 1: Number of countries rating service as sufficiently available (out of 36)



Map 1: Availability of home care in Europe

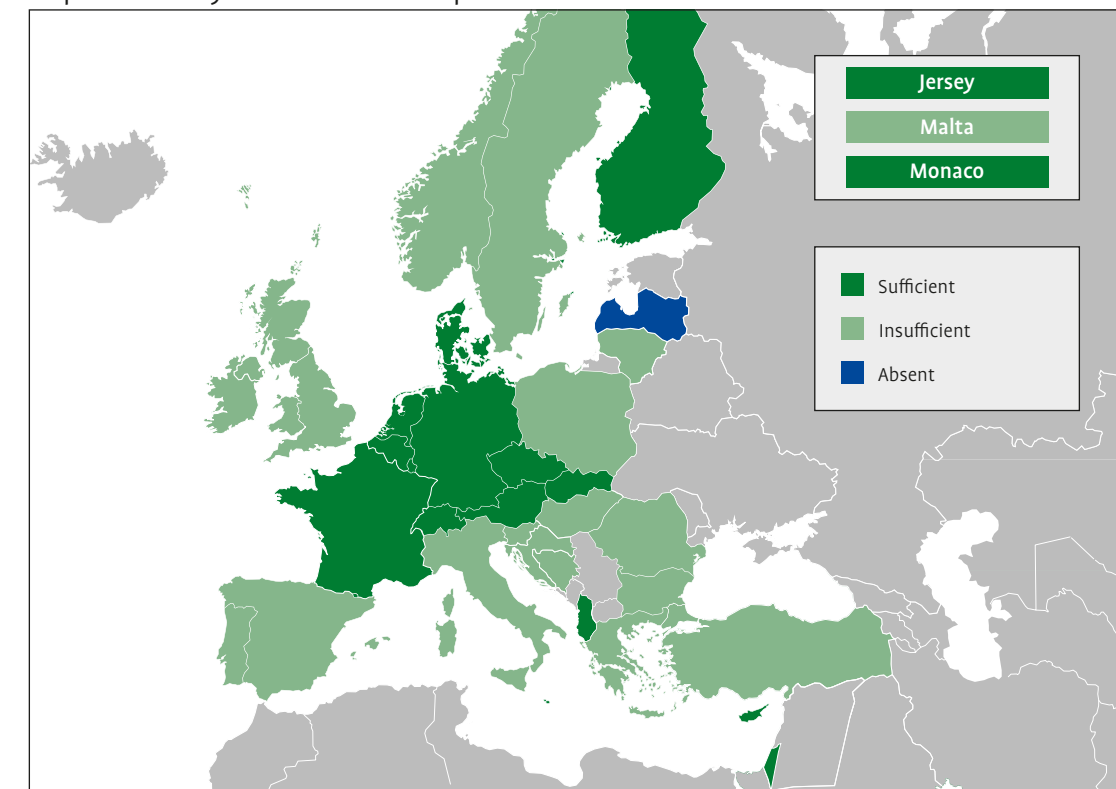


Table 2: Availability of care services

Care services	AL	AT	BA	BE	BG	CH	CY	CZ	DE	DK	ES	FI	FR	GR	HR	HU
Care coordination/ case management	●	●	○	●	●	●	●	○	●	●	●	●	●	●	○	●
Home help	○	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Meals on Wheels	○	●	○	●	●	●	●	●	●	●	●	●	●	○	●	●
Incontinence help	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Assistive technologies/ ICT solutions	○	●	●	●	○	●	○	●	●	●	●	●	●	●	○	●
Tele Alarm	○	●	○	●	○	●	○	●	●	●	●	●	●	●	○	○
Adaptations to the home	○	●	○	●	●	●	●	●	●	●	●	●	●	●	○	○
Homecare/personal hygiene	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Counselling	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Support groups for people with dementia	○	●	○	●	●	●	●	●	●	●	●	●	●	●	●	●
Support groups for carers	○	●	○	●	●	●	●	●	●	●	●	●	●	●	●	○
Respite care at home/ Sitting service	○	●	●	●	●	●	●	●	●	●	●	●	●	●	○	○
Holidays for carers	○	●	●	●	○	●	●	○	●	●	●	●	●	○	○	○
Carer training	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	○
Alzheimer Cafés	○	●	●	●	○	●	○	○	●	●	○	●	●	●	●	●
Day care	○	●	●	●	○	●	●	●	●	●	●	●	●	●	●	●
Residential/nursing home care	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Palliative care	●	●	●	●	○	●	○	●	●	●	●	●	●	○	●	●

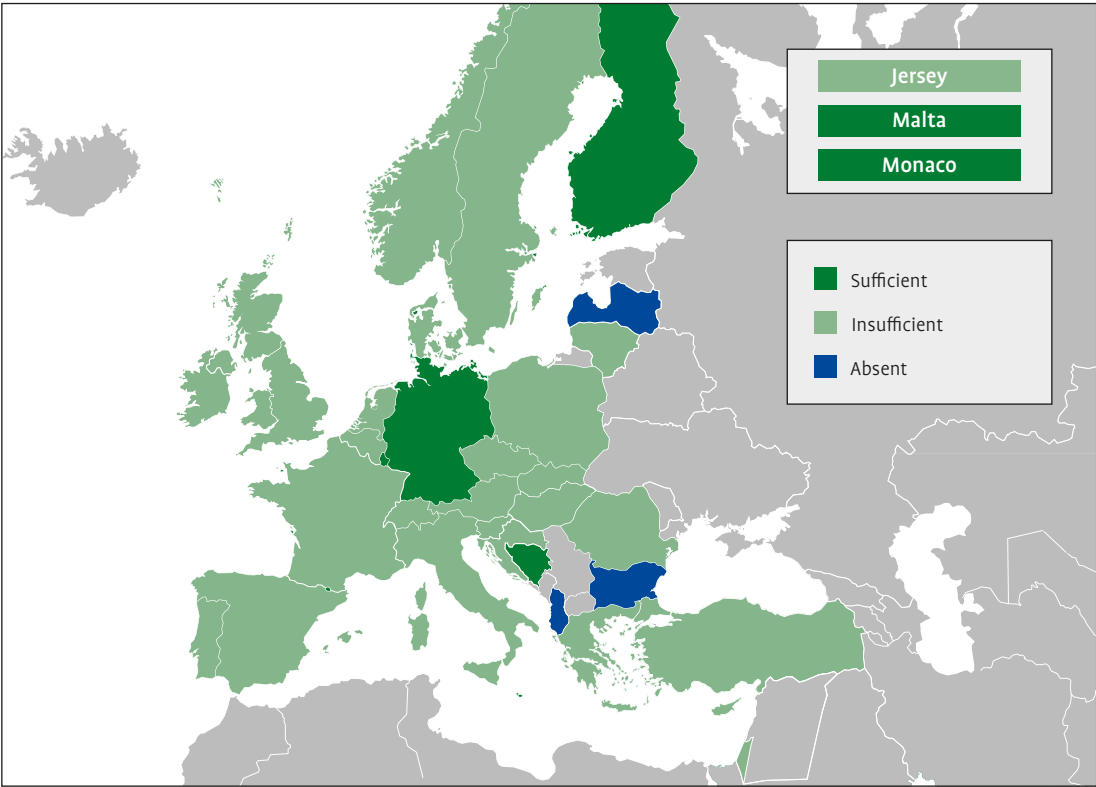
● Sufficient

● Insufficient

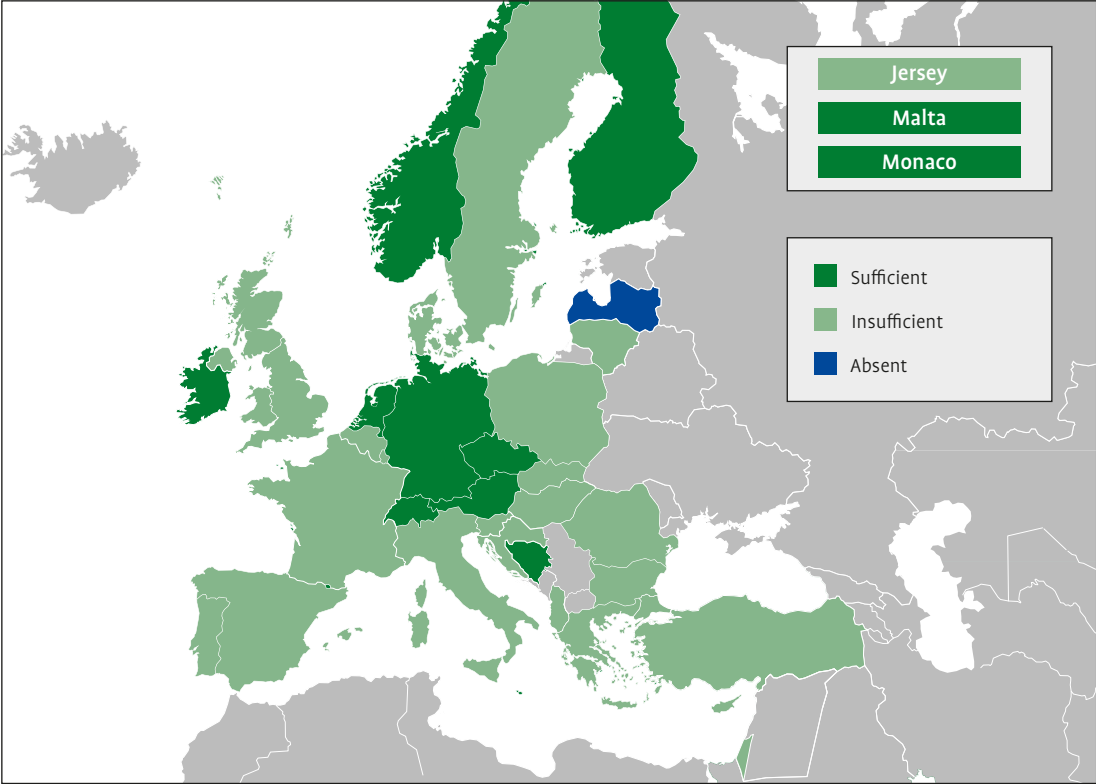
○ Not available / absent

IE	IL	IT	JE	LT	LU	LV	MN	MT	NL	NO	PL	PT	RO	SE	SI	SK	TR	UK(E)	UK(S)
○	●	○	●	●	●	●	●	●	●	●	●	○	○	●	○	●	●	●	●
●	●	●	●	●	●	●	●	●	●	○	●	●	○	●	●	●	●	●	●
●	●	●	●	●	●	●	●	●	●	●	○	●	○	●	●	●	○	●	●
●	●	●	●	●	●	●	●	●	●	●	○	●	○	●	●	●	●	●	●
●	●	●	●	○	●	●	●	○	●	●	○	●	○	●	●	○	○	●	●
●	●	●	●	○	●	○	●	●	●	●	●	○	○	●	●	○	○	●	●
●	●	●	●	●	●	○	●	○	●	●	●	○	○	●	●	●	●	●	●
○	●	●	●	○	●	●	●	●	●	○	○	●	●	●	○	●	●	●	●
●	●	●	●	●	○	●	●	●	●	●	○	○	●	●	●	○	●	●	●
●	●	●	●	●	●	●	●	●	●	○	●	○	○	●	○	○	●	●	●
●	●	●	●	●	●	○	●	●	●	●	●	○	○	●	●	●	●	●	●
●	●	●	●	●	●	○	●	●	●	●	●	○	○	●	●	●	●	●	●
●	●	●	●	●	●	○	●	○	●	●	○	●	○	●	●	●	●	●	●

Map 2: Availability of day care in Europe



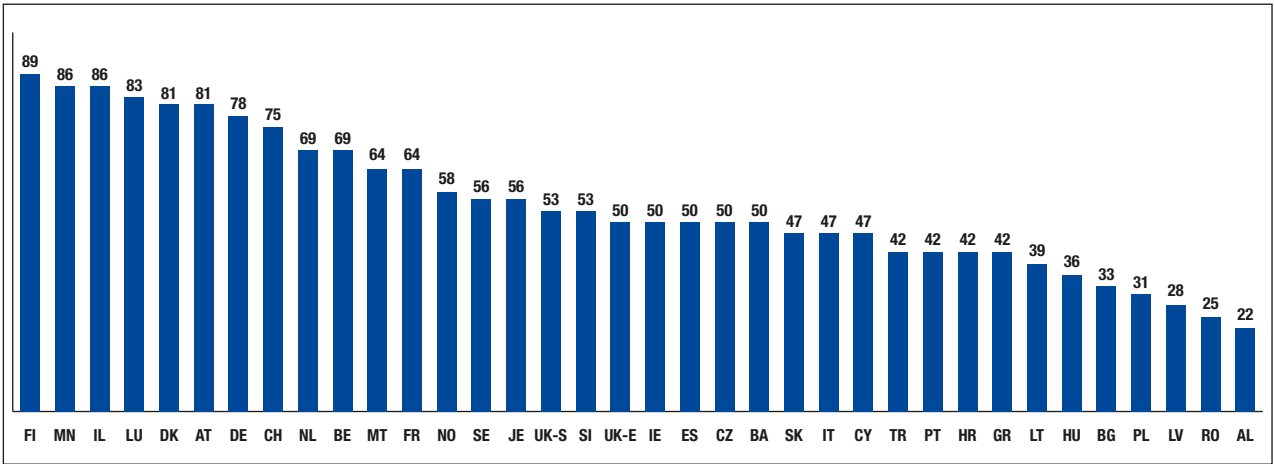
Map 3: Availability of residential care in Europe



2.1.3. How did we score countries?

Countries could score a maximum of 36 points. For each of the 18 services, countries were scored 2 points if the service was ranked as sufficiently available, 1 point if it was ranked as insufficiently available and 0 points if it was not available at all. Based on the results, it is possible to rank European countries as indicated in figure 2, which shows the points expressed as percentages of the maximum possible score.

Figure 2: Ranking of countries on availability of care services



2.2. Financing of care services

2.2.1. What did we look at and why?

In addition to identifying which services were available in European countries, Alzheimer Europe felt it was important to find out how accessible these services were for people with dementia and their carers. For that reason, national member organisations and experts were provided with the same list of services as in the previous chapter and asked whether these services were fully funded (F), co-funded or means tested (C) or whether people with dementia and their families had to self-fund (S) to access these services.

2.2.2. Results

The detailed answers regarding the financing of care services can be found in table 3.

As can be seen from the table on pages 12–13, many countries report co-funding or self-funding of services where they are available. There are very few countries where the majority of care services are fully funded; in fact, only Denmark, Finland, Monaco and Norway have mostly

fully-funded public care services. In Albania, Romania and Turkey, almost all services are self-funded.

There are also varying degrees of public support depending on the service. As can be seen from figure 3, the services for which most countries provide some level of public support are day care, home care, home help and palliative care. For holidays for carers, assistive technologies and Tele Alarm, only a minority of surveyed countries provided some type of public support.

2.2.3. How did we score countries?

Countries could score a maximum of 36 points. Countries were scored 2 points if the service is fully funded, 1 point if the service is co-funded or means tested and 0 points if the service has to be self-funded or if the service is not available in the country. Based on the results, it is possible to rank European countries as indicated in figure 4, which shows the points expressed as percentages of the maximum possible score.

Figure 3: Number of countries in which there is public support for care service (out of 36)

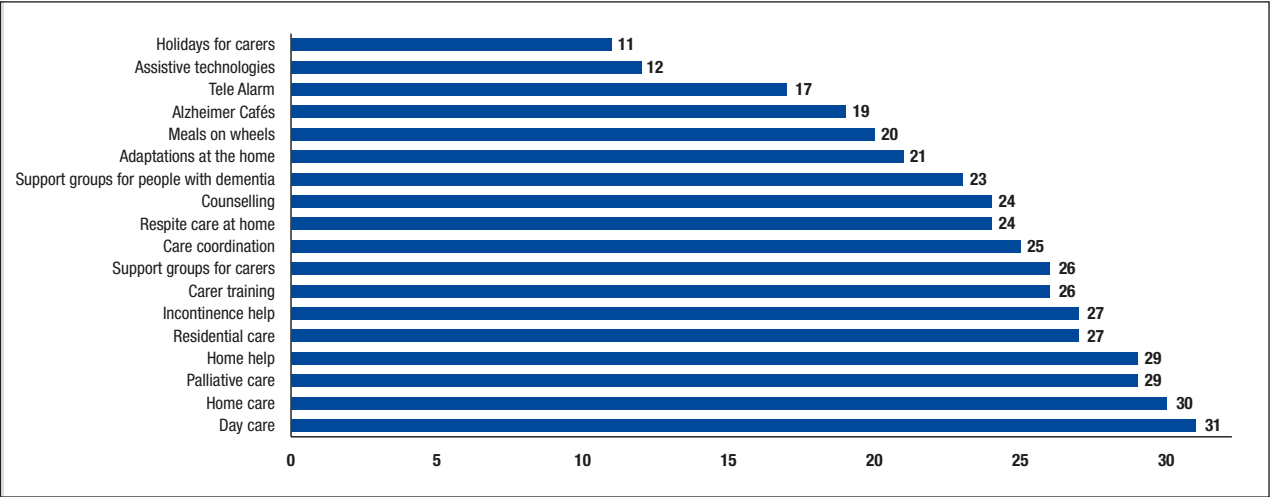
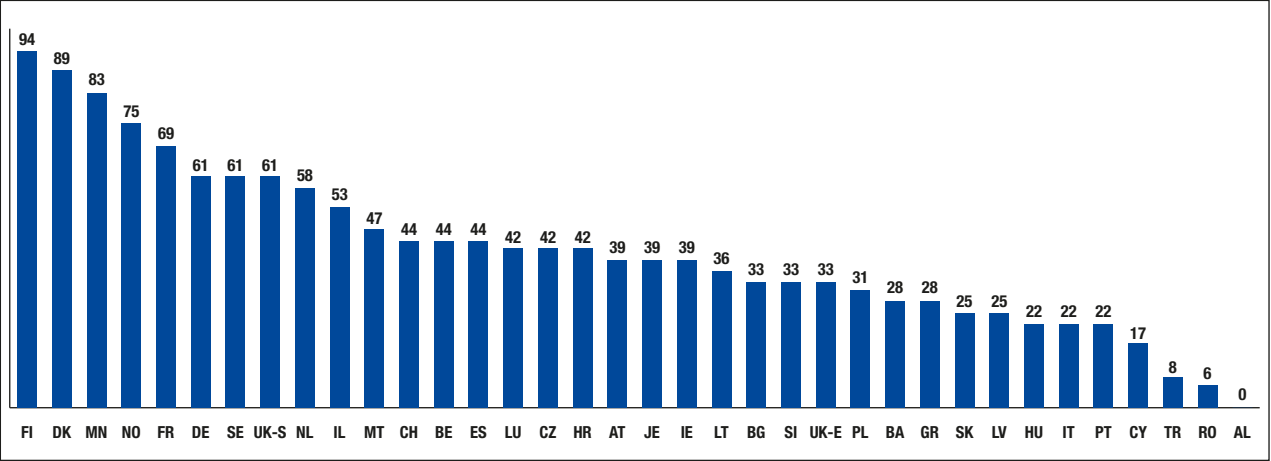














Figure 4: Ranking of countries on public support for care service























































































































































































































































































































































“In addition to identifying which services were available in European countries, Alzheimer Europe felt it was important to find out how accessible these services were for people with dementia and their carers.”

Table 3: Financing of care services

Care services	AL	AT	BA	BE	BG	CH	CY	CZ	DE	DK	ES	FI	FR	GR	HR	HU
Care coordination/ case management																
Home help																
Meals on wheels																
Incontinence help																
Assistive technologies/ ICT solutions																
Tele Alarm																
Adaptations to the home																
Homecare/personal hygiene																
Counselling																
Support groups for people with dementia																
Support groups for carers																
Respite care at home/ Sitting service																
Holidays for carers																
Carer training																
Alzheimer Cafés																
Day care																
Residential/nursing home care																
Palliative care																

 Fully funded
 Co-funded
 Self funded
 Not available

IE	IL	IT	JE	LT	LU	LV	MN	MT	NL	NO	PL	PT	RO	SE	SI	SK	TR	UK(E)	UK(S)
																			
																			
																			
																			
																			
																			
																			
																			
																			
																			
																			
																			
																			
																			
																			
																			
																			

- 1 Memantine acts on the glutamatergic system by blocking NMDA receptors

With regard to strategies aimed at reducing the inappropriate use of antipsychotics, only nine countries (see map 4) have such a strategy, namely Belgium, Bulgaria, Finland, France, Ireland, Netherlands, Sweden, Switzerland and the United Kingdom (England and Scotland).

3.1.3. How did we score countries?

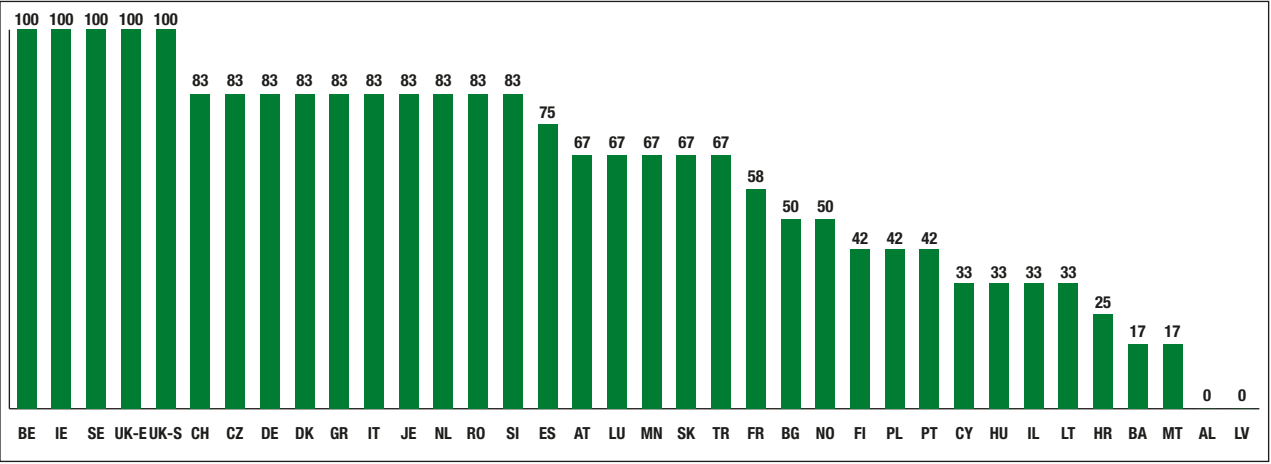
Countries could score a maximum of 12 points. For each of the four medicines and for the combination therapy, countries were scored 2 points if they were reimbursed/covered at least at 75%, 1 point if they were reimbursed/covered at a lower level and 0 points if they were not part of the reimbursement/coverage system.

Countries also scored 2 points if they had a strategy in place for the reduction of antipsychotics.

In this section, only 5 countries (Belgium, Ireland, Sweden and the UK (England and Scotland)) receive full marks as all medicines and combination therapy are reimbursed/covered at a high level and the countries have an antipsychotic strategy in place. Only two countries (Albania and Latvia) receive no points, since none of the medicines are reimbursed and no strategy is in place.

Based on the results, it is possible to rank European countries as indicated in figure 5, which shows the points expressed as percentages of the maximum possible score.

Figure 5: Ranking of countries on reimbursement of medicines and antipsychotic strategies



“In this section, only 5 countries receive full marks as all medicines and combination therapy are reimbursed/covered at a high level and the countries have an antipsychotic strategy in place.”

3.2. Clinical trials

3.2.1. What did we look at and why?

There is currently no cure for Alzheimer's disease and the available treatments have limited efficacy. A number of clinical trials are therefore being conducted and Alzheimer Europe identified nine phase III trials investigating different compounds (Aducanumab, Bexipiprazole, CAD106, Crenezumab, Idalopirdine, JNJ-54861911, LY3314814, RVT-101 and Verubecestat) that were recruiting in at least two European countries at the time of the survey.

For this section, Alzheimer Europe used the information publicly available on clinicaltrials.gov to identify in which countries it was possible for people to enrol in a clinical trial investigating one of the following compounds:

1. Aducanumab in early Alzheimer's disease (ENGAGE and EMERGE studies sponsored by Biogen)
2. Bexipiprazole for the treatment of subjects with agitation associated with dementia of the Alzheimer's type (flexible dosing and two fixed-doses studies sponsored by Otsuka Pharmaceutical Development & Commercialization, Inc in collaboration with H. Lundbeck A/S)
3. CAD106 for participants at risk of the onset of clinical symptoms of Alzheimer's disease (Generation study sponsored by Novartis Pharmaceuticals)
4. Crenezumab for participants with prodromal to mild Alzheimer's disease (CREAD study sponsored by Hoffmann-La Roche)
5. Idalopirdine for patients with mild-moderate Alzheimer's disease Treated With Donepezil (STARBEAM and STARBRIGHT studies sponsored by H. Lundbeck A/S and Otsuka Pharmaceutical Co., Ltd.)
6. JMJ-54861911 in participants who are asymptomatic at risk for developing Alzheimer's dementia (EARLY study sponsored by Janssen Research & Development, LLC)

7. LY3314814 in early Alzheimer's disease and mild Alzheimer's disease dementia (AMARANTH and DAYBREAK-ALZ studies sponsored by Eli Lilly and Company)
8. RVT-101 in subjects with mild to moderate Alzheimer's disease on donepezil (MINDSET study sponsored by Axovant Sciences Ltd.)
9. Verubecestat for participants with prodromal Alzheimer's disease (APECS study sponsored by Merck Sharp & Dohme Corp.)

3.2.2. Results

The detailed answers regarding the possible participation of research participants in clinical trials can be found in table 5.

As can be seen from the table on page 18, there are significant differences between European countries as to the number of clinical trials open for recruitment in different countries. Only in three countries (France, Germany and Spain) was it possible for participants to enrol in all nine identified phase III clinical trials. In nine countries (Albania, Bosnia Herzegovina, Cyprus, Greece, Jersey, Luxembourg, Latvia, Monaco and Malta), it was impossible for volunteers to enrol in clinical trials, as none of the identified clinical trials were recruiting in those countries.

3.2.3. How did we score countries?

Countries could score a maximum of 9 points and were given 1 point for each clinical trial which was recruiting research participants in the country.

Based on the results, it is possible to rank European countries as indicated in figure 6, which shows the points expressed as percentages of the maximum possible score.

Figure 6: Ranking of countries on number of clinical trials open for recruitment

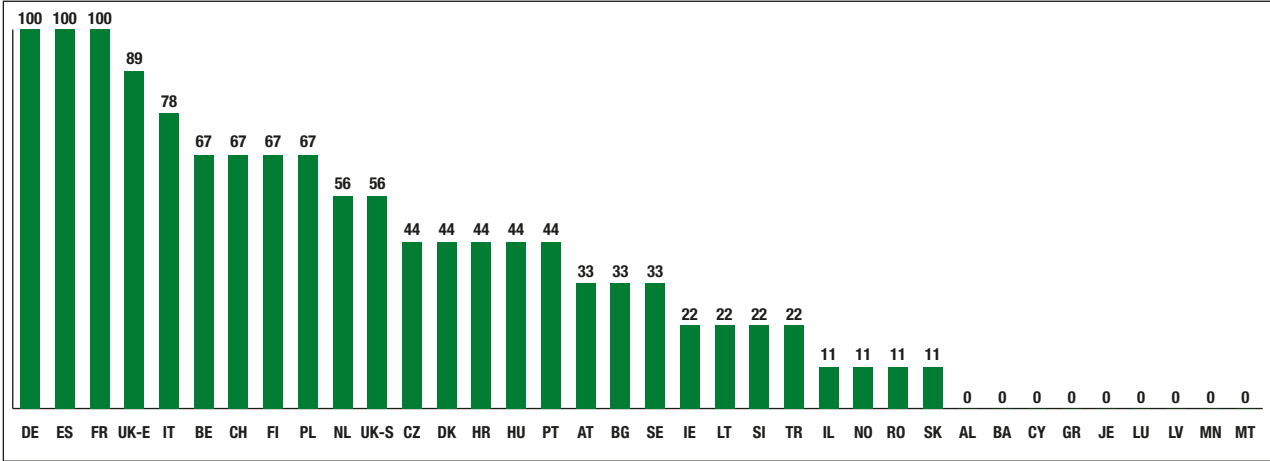


Table 5: Clinical trials open for recruitment in European countries

Clinical trial	Aducanumab	Brexiprazole	CAD106	Crenezumab	Idalopirdine	JNJ-54861911	LY3314814	RVT-101	Verubecestat
AL									
AT	✓			✓					✓
BA									
BE	✓		✓	✓		✓	✓		✓
BG		✓		✓				✓	
CH	✓		✓	✓	✓	✓			✓
CY									
CZ				✓	✓		✓	✓	
DE	✓	✓	✓	✓	✓	✓	✓	✓	✓
DK	✓			✓		✓	✓		
ES	✓	✓	✓	✓	✓	✓	✓	✓	✓
FI	✓		✓	✓	✓	✓			✓
FR	✓	✓	✓	✓	✓	✓	✓	✓	✓
GR									
HR		✓		✓	✓			✓	
HU				✓	✓		✓		✓
IE					✓				✓
IL					✓				
IT	✓		✓	✓	✓		✓	✓	✓
JE									
LT				✓	✓				
LU									
LV									
MN									
MT									
NL	✓		✓			✓	✓		✓
NO									✓
PL	✓			✓	✓		✓	✓	✓
PT	✓			✓	✓		✓		
RO							✓		
SE	✓			✓		✓			
SI		✓		✓					
SK					✓			✓	
TR				✓	✓				
UK-E	✓		✓	✓	✓	✓	✓	✓	✓
UK-S	✓		✓		✓	✓	✓		

3.3. Involvement in European dementia research

3.3.1. What did we look at and why?

Since dementia cannot be solved by any country on its own, more and more countries are collaborating together and are funding pan-European research initiatives. As part of the European Dementia Monitor, Alzheimer Europe looked at the participation of countries in the following research collaborations at EU level:

- 1. The EU Joint Programme on Neurodegenerative Diseases Research (JPND)
- 2. The International Network of Centres of Excellence in Neurodegeneration (COEN)
- 3. The 1st Joint Action on Dementia (ALCOVE)
- 4. The 2nd Joint Action on Dementia (DEM2)

In addition, Alzheimer Europe checked whether the country had participated in the following calls:

- 1. Active and Assisted Living (AAL) 2016 call “Providing integrated solutions based on ICT to support the well-being of people living with dementia and their communities”
- 2. JPND 2016 call on “harmonisation and alignment in brain imaging methods for neurodegeneration”
- 3. JPND 2015 call on “risk and protective factors, longitudinal cohort approaches and advanced experimental models”
- 4. JPND 2014 call for “working groups to inform cohort studies in neurodegenerative disease research”
- 5. JPND 2013 call for “cross-disease analysis of pathways related to neurodegenerative disease”
- 6. JPND 2013 call for “pilot studies for preventive strategies related to neurodegenerative diseases”
- 7. JPND 2012 call on “identification of genetic, epigenetic and environmental risk and protective factors”
- 8. JPND 2012 call for “the evaluation of health care policies, strategies and interventions”

For this section, Alzheimer Europe used the information publicly available on: neurodegenerationresearch.eu, aal-europe.eu, alcove-project.eu and information collected directly from the 2nd Joint Action.

3.3.2. Results

The detailed answers showing each country's participation in European dementia research collaborations and funding of pan-European dementia research initiatives can be found in table 6.

With the exception of Croatia, Jersey and Monaco, all European countries were involved in at least one of the European research collaborations. Albania was only involved in the JPND and Cyprus and Malta had only collaborated with the 1st Joint Action on Dementia. 26 out of the 36 surveyed countries are JPND partners, but their participation in JPND calls and funding for pan-European research projects varied quite widely.

Italy was the most collaborative country in this section, since it participated in all programmes and participated in all the funding calls. The Netherlands, Norway and Spain were also among the most collaborative countries in Europe.

3.3.3. How did we score countries?

Countries could score a maximum of 12 points. For participation in the JPND, COEN or one of the Joint Actions, countries scored 1 point. Countries also received 1 point for each of the pan-European research calls in which they participated. Based on the results, it is possible to rank European countries as indicated in figure 7, which shows the points expressed as percentages of the maximum possible score.

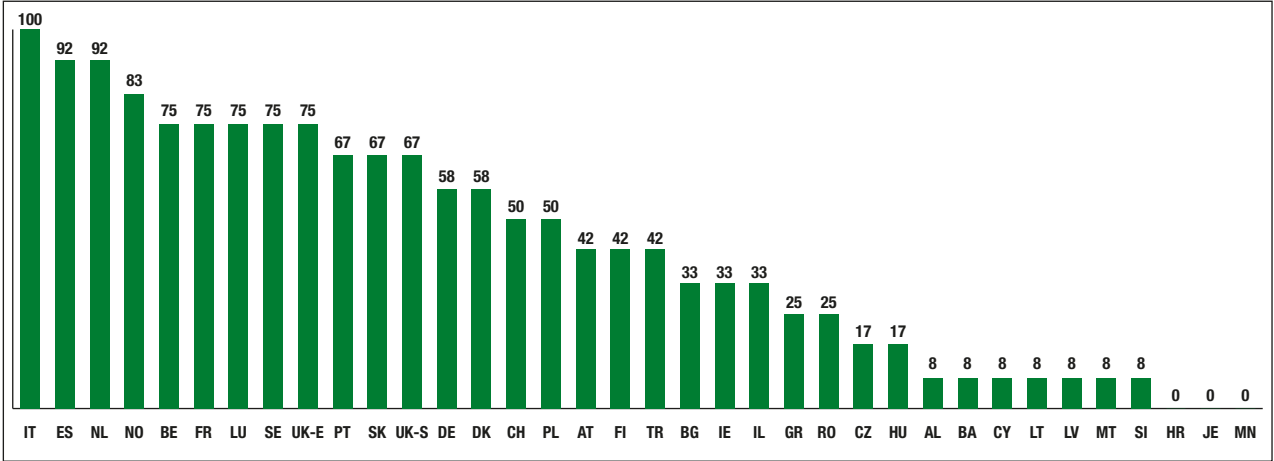
Table 6: Participation in European dementia research collaborations and funding of pan-European dementia research initiatives

	AL	AT	BA	BE	BG	CH	CY	CZ	DE	DK	ES	FI	FR	GR	HR	HU
JPND	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓		✓		✓
COEN				✓					✓		✓					
1st Joint Action (ALCOVE)				✓			✓	✓			✓	✓	✓	✓		✓
2nd Joint Action (DEM2)					✓						✓		✓	✓		
2016 AAL (ICT solutions)		✓			✓						✓					
2016 JPND (brain imaging)					✓	✓			✓	✓	✓		✓			
2015 JPND (risk and protective factors)		✓		✓		✓			✓	✓	✓	✓	✓			
2014 JPND (cohort studies)				✓		✓			✓	✓	✓		✓			
2013 JPND (pathways)				✓		✓			✓			✓	✓			
2013 JPND (preventive strategies)				✓					✓	✓	✓	✓	✓			
2012 JPND (genetic and environmental factors)		✓		✓		✓				✓	✓		✓			
2012 JPND (health care policies)		✓		✓						✓	✓		✓			

IE	IL	IT	JE	LT	LU	LV	MN	MT	NL	NO	PL	PT	RO	SE	SI	SK	TR	UK(E)	UK(S)
✓	✓	✓			✓				✓	✓		✓	✓	✓	✓	✓		✓	✓
✓		✓														✓		✓	✓
		✓		✓	✓	✓		✓	✓	✓		✓		✓		✓		✓	✓
		✓							✓	✓			✓					✓	✓
	✓	✓			✓				✓		✓	✓							
✓		✓							✓	✓				✓				✓	✓
✓	✓	✓			✓				✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
		✓			✓				✓	✓				✓				✓	✓
		✓			✓				✓	✓	✓	✓		✓		✓	✓		
		✓			✓				✓	✓	✓	✓		✓		✓	✓		
		✓			✓				✓	✓	✓	✓		✓		✓	✓	✓	✓
	✓	✓			✓				✓	✓	✓	✓		✓		✓	✓	✓	

“ 26 out of the 36 surveyed countries are JPND partners, but their participation in JPND calls and funding for pan-European research projects varied quite widely.”

Figure 7: Ranking of countries on participation in European research collaborations and funding of European research initiatives



4. Policy issues

4.1. Recognition of dementia as a priority

4.1.1. What did we look at and why?

A number of Member States have already published dementia strategies¹ and some are under development, however dementia is not yet a priority in all European countries. As well as looking at strategies already in place in our survey, we wanted to look further at the public recognition of dementia at a national level.

National Alzheimer's associations are vital to increasing awareness of the growing public health challenge of dementia, so we also looked at how national Alzheimer's associations are funded and whether they receive specific government funding for their core activities and/or specific projects.

As part of our survey, we asked national organisations the following questions:

- 1. Is dementia recognised as a research priority in your country?
- 2. Does your country have a national Alzheimer's/dementia strategy or is a national strategy in development?
- 3. Does the dementia strategy have specific allocated funding for the implementation of its activities?
- 4. Is there a government-appointed organisation or person in charge of the overall coordination of dementia policies?

- 5. Does the national Alzheimer's association receive funding from government programmes for its core activities or central office?
- 6. Does the national Alzheimer's association receive funding from government programmes for projects or specific services?

4.1.2. Results

The detailed answers can be found in Table 7.

It is encouraging to see that the number of countries with an existing dementia strategy or one in development continues to increase and currently, there are 21 countries (with separate strategies for England and Scotland in the United Kingdom). However, the members of Alzheimer Europe also reported that funding has not always been allocated and there is not always a coordinating organisation or person for these strategies.

Dementia is recognised as a research priority in 11 countries (Belgium, Denmark, France, Germany Ireland, Lithuania, Netherlands, Norway, Sweden, Slovakia and UK-England).

A number of mostly Eastern European countries (Albania, Bosnia and Herzegovina, Bulgaria, Hungary, Latvia, Monaco, Poland and Romania) answered negatively to all six questions, indicating the low priority given to dementia in those countries.

¹ <http://alzheimer-europe.org/Policy-in-Practice2/National-Dementia-Plans>
² Monaco has a gerontological strategy which is inspired by France's third Alzheimer's Plan

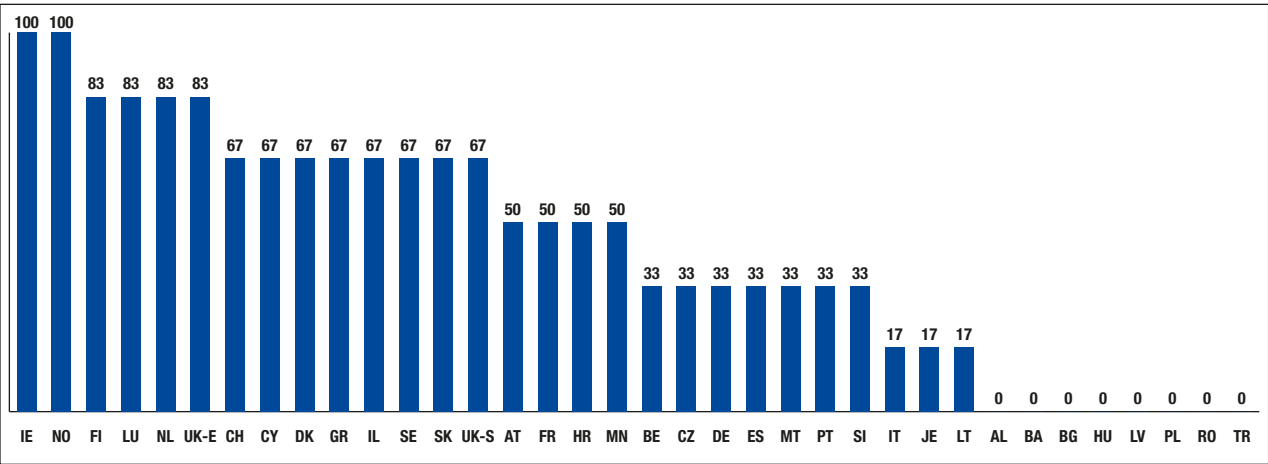
Table 7: Country responses on recognition of dementia as a policy priority

	Dementia research as a priority	National dementia strategy	Allocated funding for strategy	Coordinator of dementia policies	Funding for Alz. Association core activities	Funding for Alz. Association projects or services
AL						
AT		✓		✓	✓	
BA						
BE	✓	✓				
BG						
CH		✓		✓	✓	✓
CY		✓		✓	✓	✓
CZ		✓				✓
DE	✓					✓
DK	✓	✓	✓			✓
ES					✓	✓
FI		✓	✓	✓	✓	✓
FR	✓				✓	✓
GR		✓		✓	✓	✓
HR		✓			✓	✓
HU						
IE	✓	✓	✓	✓	✓	✓
IL		✓	✓	✓		✓
IT		✓				
JE						✓
LT	✓					
LU		✓	✓	✓	✓	✓
LV						
MN		✓ ²	✓			✓
MT		✓		✓		
NL	✓	✓	✓	✓		✓
NO	✓	✓	✓	✓	✓	✓
PL						
PT					✓	✓
RO						
SE	✓	✓			✓	✓
SI		✓				✓
SK	✓	✓			✓	✓
TR						
UK-E	✓	✓	✓	✓		✓
UK-S		✓	✓	✓		✓

4.1.3. How did we score countries?

Countries could score a maximum of 6 points and were scored 1 point for each yes answer. Based on the results, it is possible to rank European countries as indicated in figure 8, which shows the points expressed as percentages of the maximum possible score.

Figure 8: Ranking of countries on recognition of dementia as a priority



“National Alzheimer’s associations are vital to increasing awareness of the growing public health challenge of dementia, so we also looked at how national Alzheimer’s associations are funded.”

4.2. Inclusiveness and dementia-friendly initiatives

4.2.1. What did we look at and why?

“Dementia-friendly communities” is a term used to describe a wide range of activities, projects and initiatives aimed at improving the quality of life for people with dementia. In the absence of a cure, and with the increasing ageing demographic and the rising number of people with dementia it is important to see how communities are supporting people with dementia to enable them to live well. The dementia-friendly community approach aims at changing the attitudes towards and the perception of people living with dementia and at reducing the stigma surrounding dementia. Dementia Friends programmes are run in a number of European countries to raise awareness of dementia in society and encourage people to take action in support of people with dementia. Some national organisations also set up working groups of people with dementia which work alongside national associations to ensure that the activities, policies and projects duly reflect the priorities, views and needs of people with dementia. Alzheimer Europe asked member organisations in how far these dementia friendly initiatives have been developed in their country.

4.2.2. Results

The detailed answers regarding inclusiveness can be found in table 8.

Wide differences exist across Europe with only three countries (Finland, the Netherlands and the UK – England) reporting to have progressed in the three areas with working groups of people with dementia, a dementia friends programme and dementia-friendly initiatives all being in place. In 14 European countries (Bosnia and Herzegovina, Bulgaria, Czech Republic, France, Greece, Hungary, Lithuania, Luxembourg, Latvia, Monaco, Poland, Portugal, Romania and Slovakia), none of these initiatives have been started.

4.2.3. How did we score countries?

Countries could score a maximum of 4 points. Countries with national working group of people with dementia were scored 1 point. Countries with a Dementia Friends programme were scored 1 point. Countries with fully-developed dementia-friendly communities were scored 2 points, and countries with dementia-friendly communities in development were scored 1 point. Based on the results, it is possible to rank European countries as indicated in figure 9, which shows the points expressed as percentages of the maximum possible score.

Figure 9: Ranking of countries on inclusiveness issues

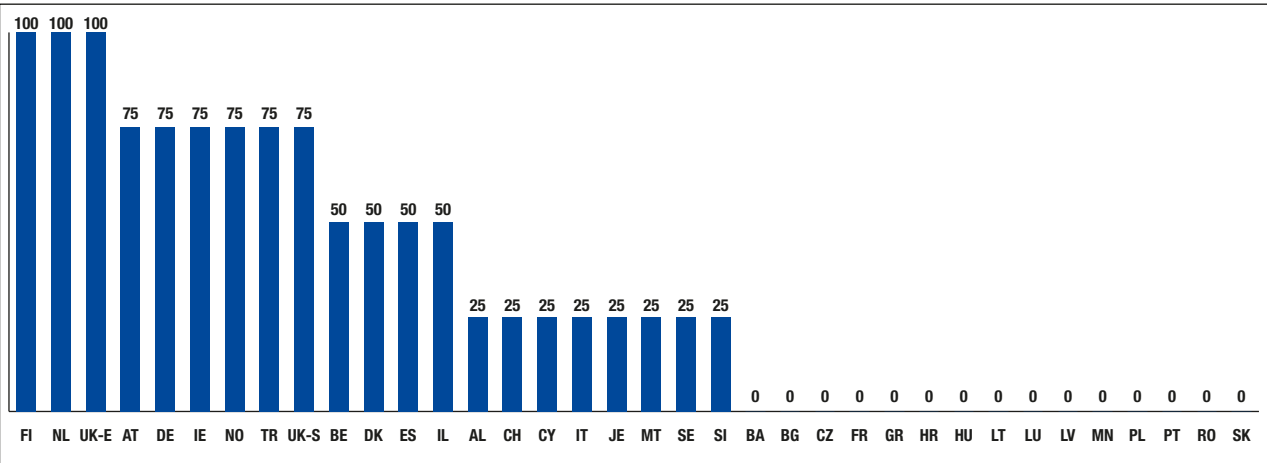


Table 9: Country responses on legal issues

	Working group of people with dementia	Dementia Friends Programme	Dementia-friendly communities
AL			In development
AT	Developed		Developed
BA			
BE			Developed
BG			
CH			In development
CY		Developed	
CZ			
DE	Developed	Developed	In development
DK		Developed	In development
ES		Developed	In development
FI	Developed	Developed	Developed
FR			
GR			
HR			
HU			
IE	Developed		Developed
IL		Developed	In development
IT			In development
JE			In development
LT			
LU			
LV			
MN			
MT			In development
NL	Developed	Developed	Developed
NO	Developed		Developed
PL			
PT			
RO			
SE			In development
SI			In development
SK			
TR	Developed	Developed	In development
UK-E	Developed	Developed	Developed
UK-S	Developed	Developed	In development

Developed

In development

5. Human rights and legal aspects

5.1. Legal issues

5.1.1. What did we look at and why?

Information on legal issues can serve to empower people with dementia and their carers by ensuring that they are aware of their rights and of certain legal measures designed to offer some form of protection. With regard to health-care decision making by people with dementia, our survey looked at issues such as the use of advance directives, consent, health care proxies, and financial proxies. Alzheimer Europe asked member associations to answer the following questions on legal issues in their country:

1. Is there a legal framework for advance directives?
2. Are there legal mechanisms for people to appoint or to have appointed health care proxies?
3. Are there legal mechanisms for people to appoint or to have appointed financial proxies?
4. Are people under guardianship or with limited legal capacity protected from losing the right to vote?

5.1.2. Results

The detailed answers can be found in table 9.

Six countries (Finland, Croatia, Israel, Netherlands, Slovenia, UK-England and Scotland) scored full marks in this section. Monaco was the only country to score zero points and seven countries (Albania, Cyprus, Lithuania, Malta, Norway, and Romania) only scored one point.

5.1.3. How did we score countries?

Countries could score a maximum of 4 points. Countries were scored 1 point if the different legal safeguards and mechanisms were in place for people with dementia in the country. Based on the results, it is possible to rank European countries as indicated in figure 10, which shows the points expressed as percentages of the maximum possible score.

Figure 10: Ranking of countries on legal issues

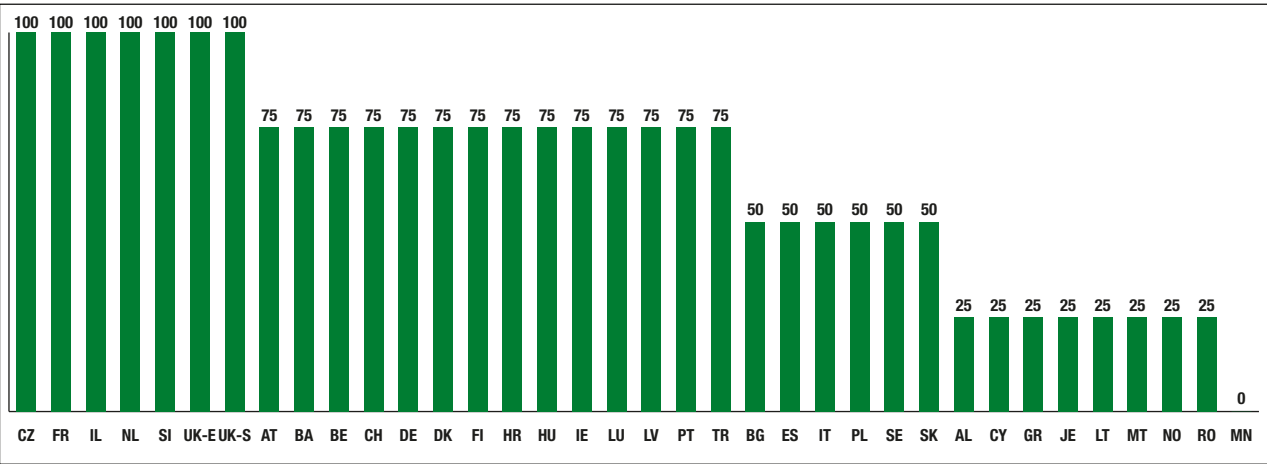


Table 9: Country responses on legal issues

	Framework for advance directives	Mechanism to appoint healthcare proxy	Mechanism to appoint financial proxy	Protection from loss of right to vote
AL				✓
AT	✓	✓	✓	
BA	✓	✓	✓	
BE	✓	✓	✓	
BG		✓	✓	
CH	✓	✓	✓	
CY				✓
CZ	✓	✓	✓	✓
DE	✓	✓	✓	
DK	✓	✓	✓	
ES	✓		✓	
FI	✓	✓	✓	
FR	✓	✓	✓	✓
GR			✓	
HR	✓	✓	✓	
HU	✓	✓	✓	
IE	✓	✓	✓	
IL	✓	✓	✓	✓
IT			✓	✓
JE			✓	
LT			✓	
LU	✓	✓	✓	
LV	✓	✓	✓	
MN				
MT			✓	
NL	✓	✓	✓	✓
NO			✓	
PL		✓	✓	
PT	✓	✓	✓	
RO			✓	
SE			✓	✓
SI	✓	✓	✓	✓
SK		✓	✓	
TR	✓	✓		✓
UK-E	✓	✓	✓	✓
UK-S	✓	✓	✓	✓

5.2. International and European treaties

5.2.1. What did we look at and why?

It is important to recognise and promote the rights, dignity and autonomy of people living with dementia. These rights are universal, and guaranteed in the European Convention of Human Rights, the Universal Declaration of Human Rights and the Convention on the Rights of Persons with Disabilities.

For this section, Alzheimer Europe used the information publicly available on the following websites: un.org, coe.int, hcch.net to identify whether countries had signed or/and ratified the following European/International treaties:

- 1. United Nations Convention Rights of People with Disabilities (UN CRPD)
- 2. Optional Protocol to the Convention on the Rights of Persons with Disabilities
- 3. The Hague Convention for the Protection of Vulnerable Adults
- 4. Council of Europe Convention on Human Rights and Biomedicine
- 5. Additional Protocol to the Convention on Human Rights and Biomedicine concerning Genetic Testing for Health Purposes
- 6. Additional Protocol to the Convention on Human Rights and Biomedicine, concerning Biomedical Research

5.2.2. Results

The detailed answers regarding the signing and ratification of treaties can be found in table 10.

With the exception of Ireland, Jersey and Monaco, all countries have ratified the UN Convention for the Rights of People with Disabilities. Relatively few countries (Austria, Bulgaria, Switzerland, Czech Republic, Germany, Denmark, Finland, France, Monaco, Norway and the United Kingdom – Scotland) have ratified The Hague Convention on the Protection of Vulnerable Adults, whereas just over half of the countries have ratified the Council of Europe Convention on Human Rights and Biomedicine. Finland and Norway are the countries who have ratified the most European and International treaties of relevance to people with dementia, with Ireland, Israel and Jersey having ratified the fewest.

5.2.3. How did we score countries?

Countries could score a maximum of 12 points. For each of the international treaties/conventions, countries received 2 points if they ratified them and 1 point if they only signed them. Based on the results, it is possible to rank European countries as indicated in figure 11, which shows the points expressed as percentages of the maximum possible score.

Figure 11: Ranking of countries on ratification and signature of international treaties/conventions

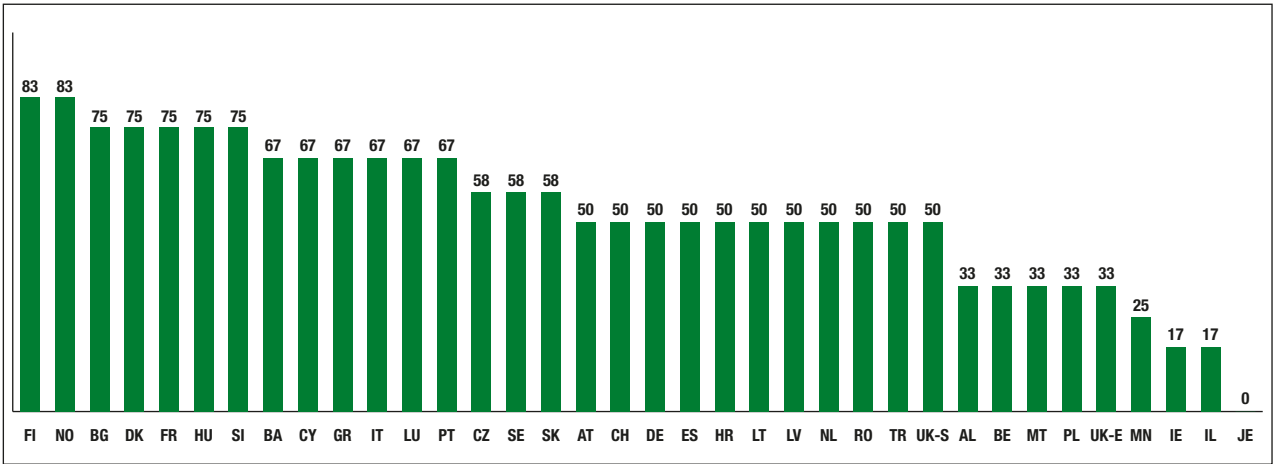


Table 10: Signature and ratification of treaties

	UNCRPD	UNCRPD Optional Protocol	Hague Convention	CoE Convention	CoE Protocol: Genetic Testing	CoE Protocol: Biomedical Research
AL	●	○	○	●	○	○
AT	●	●	●	○	○	○
BA	●	●	○	●	○	●
BE	●	●	○	○	○	○
BG	●	●	●	●	○	●
CH	●	○	●	●	○	○
CY	●	●	●	●	○	●
CZ	●	●	●	●	○	○
DE	●	●	●	○	○	○
DK	●	●	●	●	○	●
ES	●	●	○	●	○	○
FI	●	●	●	●	●	○
FR	●	●	●	●	●	○
GR	●	●	●	●	○	●
HR	●	●	○	●	○	○
HU	●	●	●	●	●	●
IE	●	○	●	○	○	○
IL	●	○	○	○	○	○
IT	●	●	●	●	●	●
JE	○	○	○	○	○	○
LT	●	●	○	●	○	●
LU	●	●	●	●	●	●
LV	●	●	○	●	○	○
MN	●	○	●	○	○	○
MT	●	●	○	○	○	○
NL	●	●	●	●	○	○
NO	●	○	●	●	●	●
PL	●	○	●	●	○	○
PT	●	●	○	●	●	●
RO	●	●	○	●	○	●
SE	●	●	●	●	○	●
SI	●	●	○	●	●	●
SK	●	●	○	●	○	●
TR	●	●	○	●	○	●
UK-E	●	●	○	○	○	○
UK-S	●	●	●	○	○	○

● Signed and ratified ● Signed ○ Absent

5.3. Carer and employment support

5.3.1. What did we look at and why?

People can be diagnosed with dementia during their working years and are able to live well and continue to work, thus it is important for them to also know their rights and for systems to be flexible enough to allow people with dementia to continue in employment for as long as possible. As the disease progresses, people with dementia will generally require high levels of care, most of which is provided by informal or family caregivers. The majority of carers do not access formal services and therefore could be missing out on valuable support. It is therefore important for governments to provide adequate support to carers via a carer's allowance and via flexible mechanisms which allow carers to combine care with work.

Alzheimer Europe asked its member associations to answer the following questions about employment and carer support in their countries:

- 1. Are there any provisions in laws/legal framework to protect the rights of people with dementia in employment?
- 2. Is there a public mechanism for carers to receive a carer's allowance?
- 3. Is there a statutory right for workers to have paid leave when caring for someone with dementia?

- 4. Is there a right to flexible working hours when caring for someone with dementia?
- 5. Is there a statutory right for workers to have unpaid leave when caring for someone with dementia?

5.3.2. Results

The detailed answers regarding support for employment and carers can be found in Table 11.

Although the majority of countries had some form of carer's allowance, all the other employment rights were only recognised in a minority of European countries. Only one country (Ireland) received full marks in this section, as all employment and carers' rights were recognised in the country. In a number of mostly Eastern European countries (Albania, Croatia, Cyprus, Greece, Hungary and Poland), none of these rights was recognised.

5.3.3. How did we score countries?

Countries could score a maximum of five points and received 1 point for each of the employment-related rights which were guaranteed in the country. Based on the results, it is possible to rank European countries as indicated in figure 12, which shows the points expressed as percentages of the maximum possible score.

1 Paid leave, unpaid leave and flexible working hours are available only for carers working in the public sector

Figure 12: Ranking of countries on employment rights

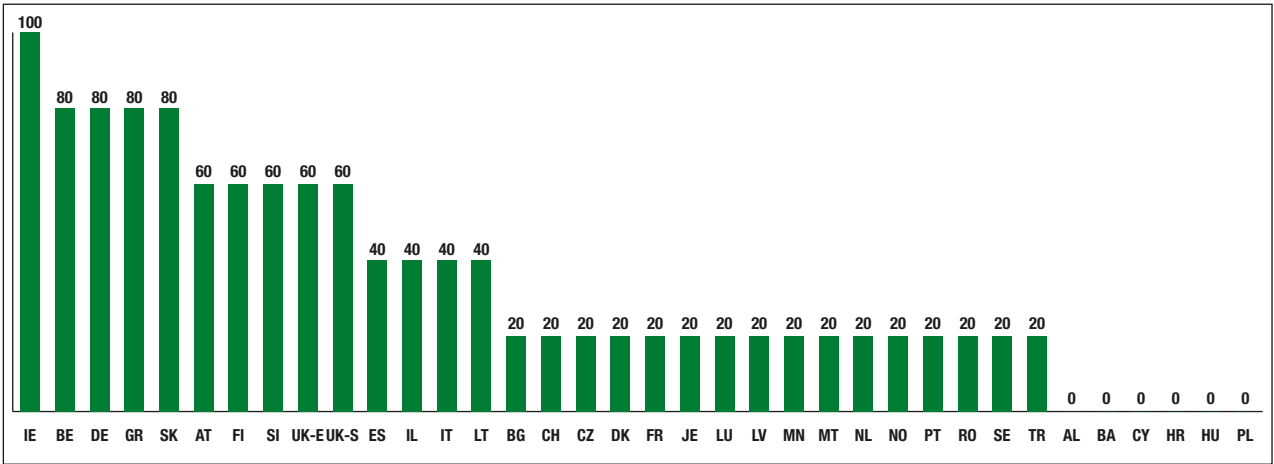


Table 11: Carers’ and employment rights recognised in participating countries

	People with dementia employment	Carers' allowance	Right to paid leave	Right to flexible working hours	Right to unpaid carers leave
AL					
AT		✓	✓		✓
BA					
BE		✓	✓	✓	✓
BG		✓			
CH		✓			
CY					
CZ		✓			
DE	✓	✓	✓		✓
DK		✓			
ES		✓		✓	
FI		✓	✓		✓
FR	✓				
GR¹	✓		✓	✓	✓
HR					
HU					
IE	✓	✓	✓	✓	✓
IL			✓		✓
IT			✓	✓	
JE		✓			
LT		✓			✓
LU		✓			
LV		✓			
MN		✓			
MT		✓			
NL		✓			
NO		✓			
PL					
PT					✓
RO		✓			
SE		✓			
SI	✓	✓	✓		
SK		✓	✓	✓	✓
TR					✓
UK-E	✓	✓		✓	
UK-S	✓	✓			✓

6. Overall ranking

Table 12 shows the rank each country was able to achieve in each of the ten categories. As can be seen from table 12, different countries excelled in different categories. 13 different countries (Belgium, Czech Republic, Finland, France, Ireland, Israel, Italy, Netherlands, Norway, Slovakia, Spain and the UK – both England and Scotland) came first in at least one of the 10 categories. Three countries however excelled and could score first place in three different categories:

- Finland came first in care availability, care affordability and in the number of international conventions ratified.
- Ireland came first in the treatment, dementia as a priority and employment right categories.
- The United Kingdom (England) came first in the categories treatment, dementia friendliness and legal rights.

In order to calculate the overall ranking of countries, we based the global score on a combined score of the ten different categories with each contributing 10% to the overall score. This score is presented as a percentage of the overall maximum score which countries could have achieved and leads to the following ranking as shown in figure 13.

According to the overall ranking, Finland, the United Kingdom (England) and the Netherlands were the countries which had the most dementia-friendly policies in place, with Albania, Latvia and Bosnia and Herzegovina being the countries which need to make the most progress and reforms to improve the lives of people with dementia in their countries.

When looking at the map of Europe (see map 5 below), we can see that there are significant differences across Europe with countries in Northern and Central Europe generally scoring much better than countries in Southern Europe.

Figure 13: Overall ranking

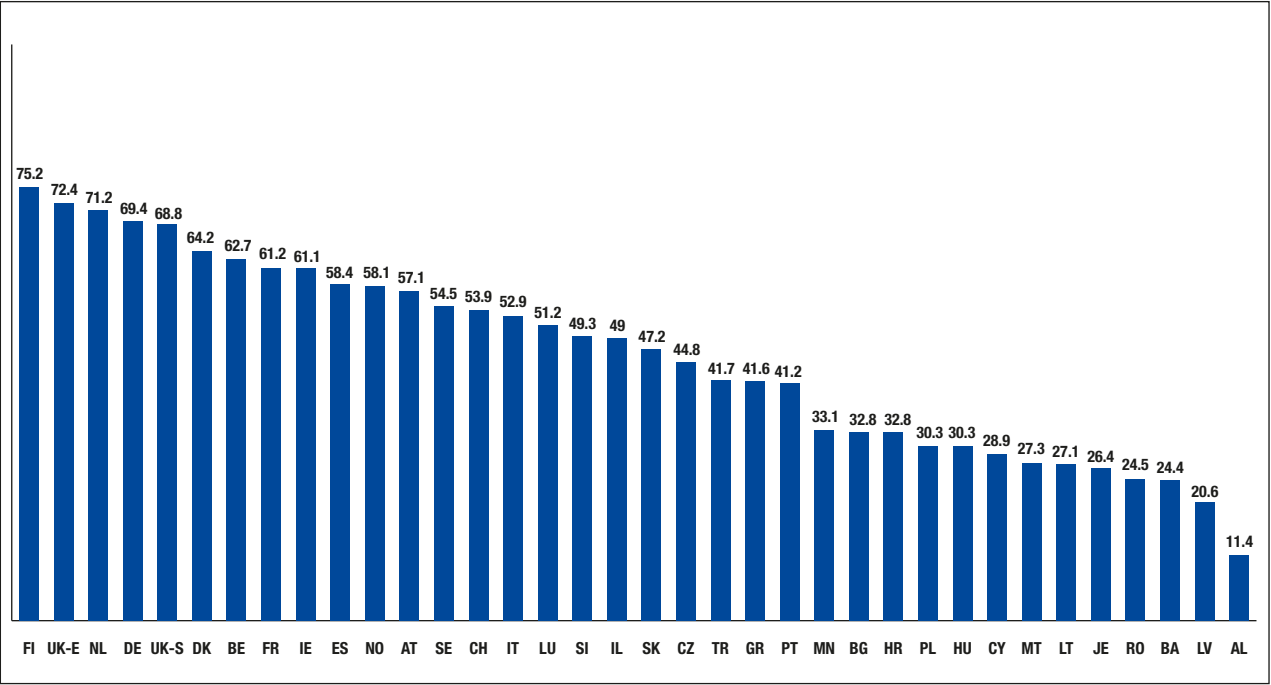
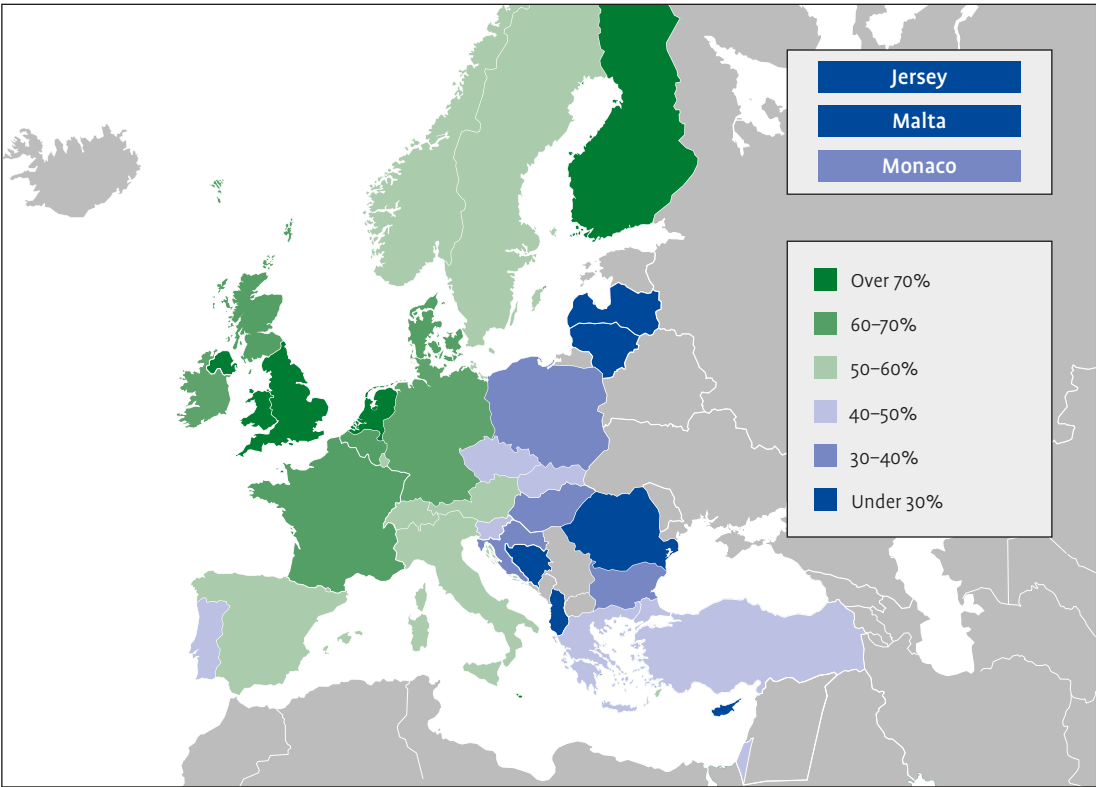


Table 12: Ranking of countries per category

	Care availability	Care affordability	Treatment	Clinical trials	Research collaboration
AL	36	36	35	28	27
AT	5	18	17	17	17
BA	18	26	33	28	27
BE	9	12	1	6	5
BG	32	22	23	17	20
CH	8	12	6	6	15
CY	23	33	28	28	27
CZ	18	15	6	12	25
DE	7	6	6	1	13
DK	5	2	6	12	13
ES	18	12	16	1	2
FI	1	1	25	6	17
FR	11	5	22	1	5
GR	26	26	6	28	23
HR	26	15	32	12	34
HU	31	30	28	12	25
IE	18	18	1	20	20
IL	2	10	28	24	20
IT	23	30	6	5	1
JE	14	18	6	28	34
LT	30	21	28	20	27
LU	4	15	17	28	5
LV	34	28	35	28	27
MN	2	3	17	28	34
MT	11	11	33	28	27
NL	9	9	6	10	2
NO	13	4	23	24	4
PL	33	25	25	6	15
PT	26	30	25	12	10
RO	35	35	6	24	23
SE	14	6	1	17	5
SI	16	22	6	20	27
SK	23	28	17	24	10
TR	26	34	17	20	17
UK-E	18	22	1	4	5
UK-S	16	6	1	10	10

Dementia as a priority	Dementia-friendliness	Legal rights	International conventions	Care and employment rights
29	14	28	28	31
15	4	8	17	6
29	22	8	8	31
19	10	8	28	2
29	22	22	3	15
7	14	8	17	15
7	14	28	8	31
19	22	1	14	15
19	4	8	17	2
7	10	8	3	15
19	10	22	17	11
3	1	8	1	6
15	22	1	3	15
7	22	28	8	2
15	22	8	17	31
29	22	8	3	31
1	4	8	34	1
7	10	1	34	11
26	14	22	8	11
26	14	28	36	15
26	22	28	18	11
3	22	8	8	15
29	22	8	18	15
15	22	36	33	15
19	14	28	28	31
3	1	1	18	15
1	4	28	1	15
29	22	22	28	31
19	22	8	8	15
29	22	28	18	15
7	14	22	14	15
19	14	1	3	6
7	22	22	14	2
29	4	8	18	15
3	1	1	28	6
7	4	1	18	6

Map 5: Overall score of European countries



“According to the overall ranking, Finland, the United Kingdom (England) and the Netherlands were the countries which had the most dementia-friendly policies in place.”

7. Acknowledgements

We would like to thank our member associations for their support and the individual experts who answered the survey where we have no member association.

Norketa Merkuri, Alzheimer Albania, Albania	Vladimirs Kuznecovs, Latvian Psychiatrist Association and Latvian Geriatrics Association, Latvia
Antonia Croy, Alzheimer Austria, Austria	Daiva Rastenyte, Lithuanian University of Health Sciences; Department of Neurology, Lithuania
Sabine Henry, Ligue Alzheimer ASBL, Belgium	Jurate Macijauskiene, Lithuanian University of Health Sciences; Department of Geriatrics, Lithuania
Amela Hajrić, Udruženje/Association AiR, Bosnia and Herzegovina	Virginija Adomaitiene, Lithuanian University of Health Sciences; Department of Psychiatry, Lithuania
Irina Vasileva Ilieva, Alzheimer Bulgaria, Bulgaria	Jurgita Knasiene, Lithuanian University of Health Sciences; Department of Psychiatry, Lithuania
Shima Mehrabian-Spassova, Department of Neurology; UH “Alexandrovska” Bulgaria, Bulgaria	Denis Mancini, Association Luxembourg Alzheimer, Luxembourg
Ninoslav Mimica, Alzheimer Croatia, Croatia	Lydie Diederich, Association Luxembourg Alzheimer, Luxembourg
Noni Diakou, Cyprus Alzheimer Association, Cyprus	Charles Scerri, Malta Dementia Society, Malta
Maria Seleari, Cyprus Alzheimer Association, Cyprus	Federico Palermi, Association Monégasque pour la recherche sur la maladie d’Alzheimer, Monaco
Iva Holmerová, Czech Alzheimer’s Society, Czech Republic	Julie Meerveld, Alzheimer Nederland, Netherlands
Birgitte Vølund, Alzheimerforeningen, Denmark	Siri Hov Eggan, Norwegian Health Association, Norway
Anita Pohjanvuori, Alzheimer Society of Finland, Finland	Mirka Wojciechowska, Polish Alzheimer Association, Poland
Eila Okkonen, Alzheimer Society of Finland, Finland	Maria do Rosário Zincke dos Reis, Alzheimer Portugal, Portugal
Marie-Odile Desama, France Alzheimer et maladies apparentées, France	Catalina Tudose, Romanian Alzheimer Society, Romania
Sabine Jansen, Deutsche Alzheimer Gesellschaft, Germany	Maria Moglan, Romanian Alzheimer Society, Romania
Magda Tsolaki, Greek Association of Alzheimer’s disease and Related Disorders, Greece	Darina Grniakova, Slovak Alzheimer’s Association, Slovakia
Ágnes Egervári, Boldog Gizella Foundation, Hungary	Stefanija Zlobec, Spominčica, Slovenia
Mags Crean, The Alzheimer Society of Ireland, Ireland	Jesús Rodrigo, Confederación Española de Familiares de Enfermos de Alzheimer y otras Demencias, Spain
Emer Begley, The Alzheimer Society of Ireland, Ireland	Kristina Westerlund, Alzheimerföreningen i Sverige, Sweden
Mario Possenti, Federazione Alzheimer Italia, Italy	Marianne Wolfensberger, Association Alzheimer Suisse, Switzerland
Luisa Bartorelli, Alzheimer Uniti Roma, Italy	Fusun Kocaman, Turkish Alzheimer Association, Turkey
Avishag Ashkenazi, EMDA – The Alzheimer’s Association of Israel, Israel	Amy Dalrymple, Alzheimer Scotland, UK (Scotland)
Mark Blamey, Jersey Alzheimer’s Association, Jersey	Jim Pearson, Alzheimer Scotland, UK (Scotland)
Aleksandra Konevnina, Latvian Psychiatrist Association and Latvian Geriatrics Association, Latvia	Philippa Tree, Alzheimer’s Society, UK (England)

Alzheimer Europe A.S.B.L. • R.C.S. Luxembourg F2773 • 14, rue Dicks • L-1417 Luxembourg
Tel.: +352-29 79 70 • Fax: +352-29 79 72 • info@alzheimer-europe.org • www.alzheimer-europe.org
ISBN 978-99959-995-0-6

