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Reinvigorating the public health response to dementia



On Sept 2, WHO published its *Global Status Report on the Public Health Response to Dementia*. The report takes stock of progress so far towards the Global Action Plan on the Public Health Response To Dementia 2017–2025, which aims to substantially decrease the global health burden of dementia and improve the lives of those living with dementia and their carers. Halfway through the Global Action Plan period, while modest advances have been made towards some action plan goals, progress is lagging for many of the recommendations. Progress may have been further hampered by the COVID-19 pandemic, during which those with dementia have disproportionately died from the virus, and diagnosis, treatment, and care have been seriously interrupted. It is now crucial to position dementia as a public health priority.

Dementia is the seventh most common cause of death globally and a leading cause of disability among older adults. An estimated 55.2 million people globally were living with dementia in 2019; as the world's population ages, it has been estimated that prevalence could rise to 78 million people with dementia by 2030 and 139 million by 2050. Dementia disproportionately impacts women, who account for 65% of deaths and around 60% more disability-adjusted life years (DALYs) due to dementia compared with men. The burden of dementia is also higher in low-income and middle-income countries, which are home to more than 60% of people living with dementia and are expected to see the sharpest rises in dementia prevalence over the coming decades due to their rapidly ageing populations. Without considerable coordinated action, the world faces both a growing burden of dementia and widening inequalities between and within countries.

Dementia carries substantial social and economic costs. Caring for those with the disease was estimated to cost US\$1.3 trillion in 2019 globally, which could rise to \$1.7 trillion by 2030. In high-income countries, more than a quarter of the societal costs of dementia come from providing long-term care to patients—a provision that will become less sustainable as populations age. Spiralling costs could also see diagnosis and treatment become unattainable to a growing proportion of the world's population. Almost 50% of the global care costs of dementia are from informal care, provided by family

members and friends; however, the share of costs from informal care grows inversely with national income, accounting for as much as 85% of costs in low-income countries. Informal carers bear an enormous proportion of the care work—providing an estimated 133 billion hours of care in 2019. Women provide around 70% of all informal dementia care, highlighting another way in which the disease disproportionately impacts the lives of women. Without action to reduce the prevalence and severity of dementia, the treatment and care needs over the coming decades could overwhelm health-care systems, overburden informal carers, and threaten progress on gender equity. Importantly, the potential for prevention and for disease management to reduce its severity and impact on patients' lives are high.

The 2020 *Lancet* Commission on Dementia estimated that around 40% of the global burden of dementia could be attributable to 12 modifiable risk factors: low education, traumatic brain injury, physical inactivity, obesity, diabetes, excessive alcohol consumption, hypertension, smoking, depression, hearing loss, social isolation, and air pollution. Knowing the importance of these risk factors provides opportunities for intervention throughout life, and at both the population and individual levels. Addressing these health risks could also reduce inequalities in the burden of dementia over the coming decades—particularly in settings in which exposure to these modifiable risk factors is greater or growing. Reducing these common risk factors would produce extensive co-benefits, including a reduction in non-communicable diseases more broadly.

While the need to address dementia remains urgent, tackling the disease appears to have slipped from national priorities. Just a quarter of countries have a national plan for dementia, and many of these plans have expired or are due to expire soon. Even fewer countries have committed definite funding or legal mechanisms to implement dementia strategies. The potential health, societal, and economic costs of dementia are enormous, but they are also substantially avoidable if governments implement national plans to prevent, mitigate, and fairly manage dementia. Acting now will meaningfully improve later life for future generations and their families, and benefit society at large. ■ *The Lancet Public Health*

For WHO global status report on the public health response to dementia see <https://apps.who.int/iris/bitstream/handle/10665/344701/9789240033245-eng.pdf>

For the *Lancet* Commission on Dementia see *The Lancet Commissions* *Lancet* 2020; 396: 413–46

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