

# Dementia Innovation Readiness Index

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## Executive Summary



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To read the full Dementia Innovation Readiness Index report, visit [www.globalcoalitiononaging.com](http://www.globalcoalitiononaging.com) or [www.alz.co.uk](http://www.alz.co.uk).

### INTRODUCTION

There is an urgent global need for innovation in dementia prevention, treatment, and care. What is already a public health crisis, with huge impacts across societies due to the unique character of the condition, is also becoming a financial nightmare. Since the last new treatment for Alzheimer's disease entered the market – more than a decade ago – the prevalence of dementia has skyrocketed, world health systems have undergone dramatic changes, and the global population of older adults has grown rapidly. These factors threaten to deepen the global dementia crisis in the coming decades unless a variety of stakeholders take immediate, sustained action to spur innovation.

In order to take meaningful action, we must first answer a number of pressing questions: How are countries creating an environment that fosters innovation? What are the barriers and enablers of innovation? And once developed, how will innovations be received? Will countries embrace them or will adoption be slow or uneven?

Through the Dementia Innovation Readiness Index, the Global Coalition on Aging (GCOA) and Alzheimer's Disease International (ADI) have sought to address these questions, creating the first-ever attempt to comprehensively measure innovation readiness in dementia, starting in the G7 countries. The purpose of the Index is to assess the current enablers of and barriers to innovation across the dementia landscape, define what innovation readiness in dementia looks like, identify where it is exemplified in the G7 countries, and spark discussion about how public and private stakeholders can align to create partnerships that accelerate innovation. If we can drive innovation across the G7, it will serve as a model for combatting this global crisis, which affects all societies – rich and poor – as we age.

The report's findings vary: while each country is successful in certain respects, critical barriers to innovation also exist. While there has been steady improvement in the climate for dementia innovation in recent years, there is still a great amount of work that needs to be done.

### METHODOLOGY

To measure innovation readiness in dementia, the Index assessed primary data collected through interviews and surveys, as well as additional data from global institutions, think tanks, academics, and NGOs as secondary data sources. Interviews and surveys drew on the knowledge of global key opinion leaders and subject matter experts (including scientists, advocates, regulators, researchers, business leaders, and people with dementia), representing thousands of stakeholders in the fight against the disease, as well as expert input from GCOA and ADI members.

**Throughout our interviews and surveys, we spoke to experts on three main themes:**

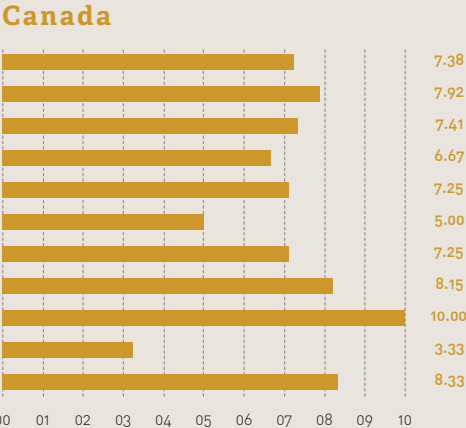
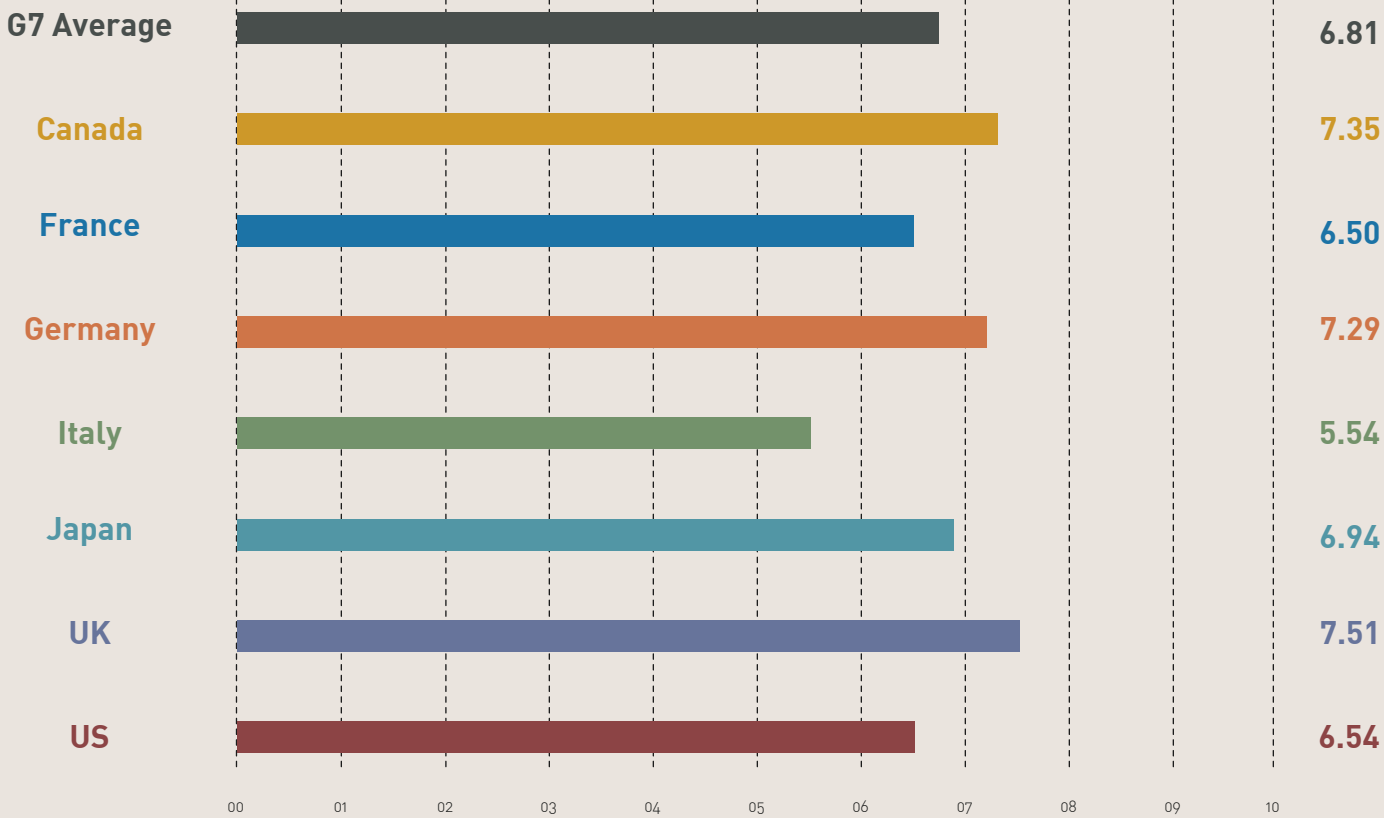
- Where innovation in dementia is currently occurring,
- The enablers of innovation in prevention, treatment, and care, and
- The barriers to innovation in prevention, treatment, and care.

**To that end, the Index evaluates dementia innovation across 10 categories:**

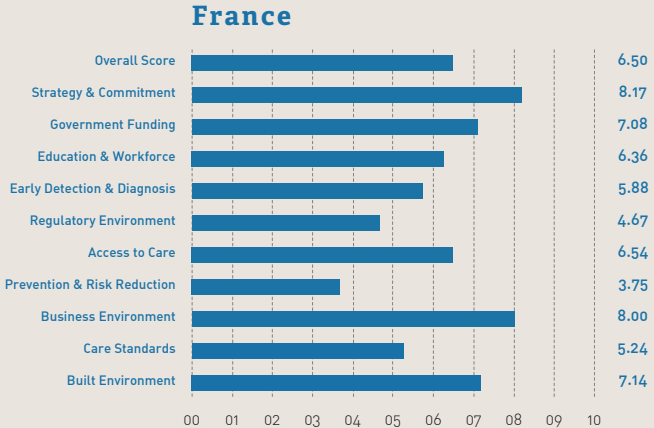
- Strategy & Commitment
- Government Funding
- Education & Workforce
- Early Detection & Diagnosis
- Regulatory Environment
- Access to Care
- Prevention & Risk Reduction
- Business Environment
- Care Standards
- Built Environment

# The Index Snapshot

Below is a snapshot of overall innovation readiness in dementia in each of the G7 countries. The snapshot is followed by more detailed country-level findings. Further information about each country's response to dementia can be found in the full report, available here: [www.globalcoalitiononaging.com](http://www.globalcoalitiononaging.com) or [www.alz.co.uk](http://www.alz.co.uk).

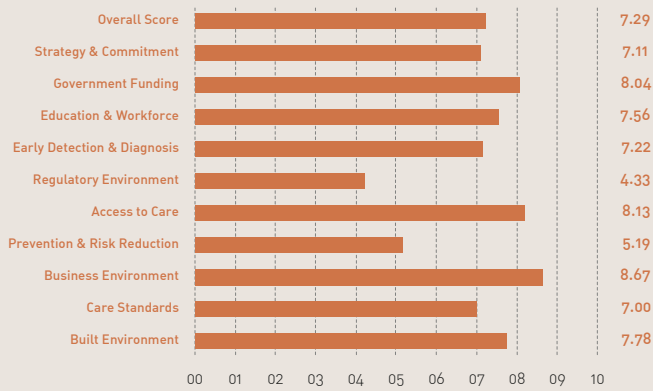


Canada is a rising leader in dementia readiness. While it was not an early pioneer in dementia, Canada is now well-positioned, with a leadership role in international forums and a distinct detection and diagnosis model that prioritizes general practitioners.



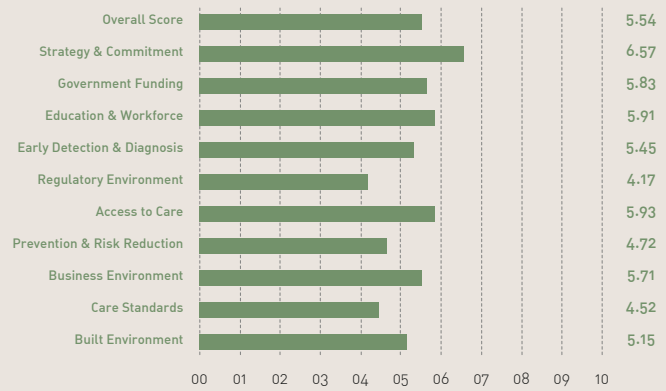
France was one of the first G7 countries to truly commit to fighting dementia, though a change in leadership has impacted its recent leadership. However, much of the potential for fostering and integrating innovations remains, along with a commitment to research spending and an attractive environment for EU research funding.

## Germany



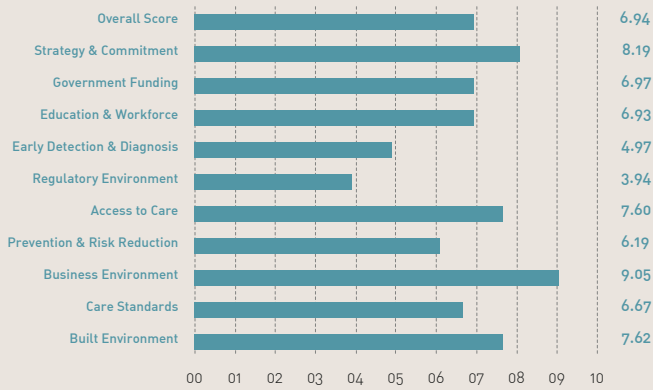
Though Germany has no national dementia plan, the country is a leader in research and has supported access to innovative treatments with a progressive reimbursement policy. Further, recent legislative changes will increase access to long-term care services.

## Italy



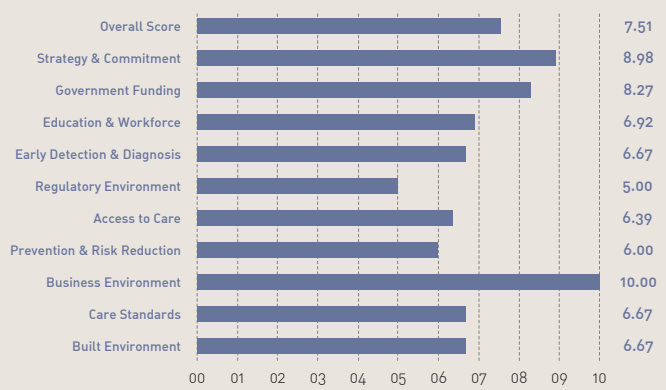
Italy lags behind its G7 counterparts in dementia innovation readiness. Dementia care varies widely in Italy depending on the region in which a person with dementia lives, with barriers to scaling quality care.

## Japan



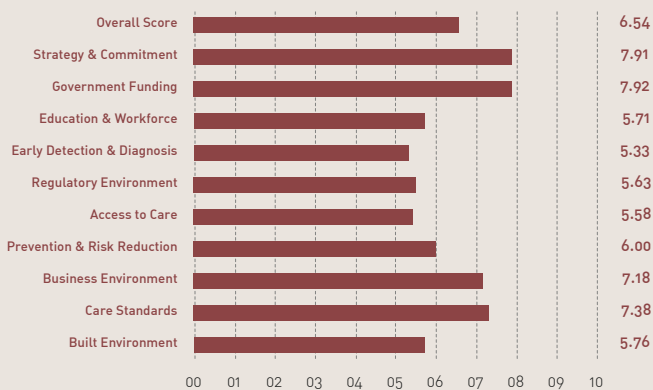
Japan has succeeded in focusing societal attention on creating support for people with dementia. Japan's government has also shown a great deal of interest in deploying assistive technologies that could improve the caregiving experience.

## United Kingdom



The UK has strong political and institutional commitments to addressing dementia, as well as some of the most successful public-private partnerships in the world. However, recent political transitions may impact how dementia is prioritized.

## United States



The US is a leader in government investment in dementia research, but does not fully engage with the broader international community. The health system, which consists of multiple payers, can be slow to react to and adapt innovations in prevention, treatment, and care.



Alzheimer's Disease International



Global Coalition on Aging

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# Innovation Category Findings

Below are key insights on current efforts, opportunities, and gaps in each of the innovation readiness categories.

## STRATEGY & COMMITMENT

Political leadership and prioritization of dementia creates national momentum and requires continuous efforts to drive progress and innovation.

Advocacy by people with dementia and caregivers is on the rise, but the nature of dementia can still make full inclusion difficult.

National plans set priorities, foster engagement, and create accountability.

## GOVERNMENT FUNDING

Funding may be increasing for dementia research - but not enough and not in congruity with the unmet need.

Increased investments in innovations for dementia care will help ensure high-quality care and more choice in where and how care is provided and paid for.

The barriers that restrict coordination, collaboration, and creativity in many of the current funding programs that are intended to drive innovation must be removed.

Public-private partnerships have succeeded at jump-starting investment in prevention and treatment, but not yet for care.

## EDUCATION & WORKFORCE

A major effort to recruit geriatricians, geriatric specialists, and elder caregivers is urgently needed to meet current and future demand.

There is a dire need to grow the workforce of researchers, public health workers, and elder caregivers to capitalize on innovation.

An increase in dementia training is needed across all levels of care.

## EARLY DETECTION & DIAGNOSIS

Earlier detection and diagnosis are essential for understanding the progression of dementia and innovation for treatments.

Reliable diagnosis rates are largely unavailable, and lack of standardized diagnostic tools impedes comparisons.

Optimizing the use and sequence of current and future diagnostic tools could increase early diagnosis and therefore enable innovation.

Increased training across the medical field and use of standardized diagnostic tools can expedite diagnosis and provision of care.

## REGULATORY ENVIRONMENT

Elevated attention to endpoints for Alzheimer's and dementia would increase innovation.

More aggressive and earlier detection and diagnosis will support better and more effective inclusion of people with dementia in clinical trials.

Patient voice is important to the regulatory process, but the condition can make full inclusion challenging.

Shared learning opportunities for regulators may support harmonization, but openness to innovative approaches is still needed among individual regulatory bodies.

Gaps in science on dementia pathologies pose a challenge to regulators and organizations involved in the regulatory process.

Accelerated review is available, but is untested in dementia, and bottlenecks can slow entry into programs.

## ACCESS TO CARE

People diagnosed with dementia need better access to and awareness of post-diagnostic support.

Access to care varies within countries and by care provider, and care pathways for people with dementia and caregivers are undefined.

Caregiver support is not standardized and is infrequently supported by government.

People with dementia deserve choice in the type and level of care they receive along the care continuum, but options today are limited due in large part to government payment systems.

Clinical trial expediency can be facilitated through new and more deliberate approaches to recruitment.

## PREVENTION & RISK REDUCTION

Dementia should be regularly included in public health surveillance.

Public health agencies do not comprehensively include dementia messaging in public health campaigns.

Gaps in the science of dementia pathologies make prevention and risk reduction campaigns challenging.

## BUSINESS ENVIRONMENT

Patent protections are strong, but need to be better enforced and extended to provide the best incentives for innovation.

A push/pull incentive balance can accelerate research across the development pipeline.

Lack of incentives for creating early diagnosis tools deters research and discovery in the area.

Privacy laws dampen data sharing efforts and international collaboration.

Tax structures and labor laws that are unfriendly to private sector providers can prevent innovations in care from reaching care recipients.

## CARE STANDARDS

Improving care research and standards can improve quality of life for people with dementia.

Informal caregiving is underappreciated, misunderstood, and must be brought to light and destigmatized to ensure adequate support is available.

Technology can be deployed to create efficiencies for caregivers and improve workflow for clinicians.

## BUILT ENVIRONMENT

Mobility has a substantial impact on quality of life and access to care.

Policies on driving privileges following a diagnosis of dementia can be inadequately considered and vary within countries.

Public transportation can be challenging to navigate for people with dementia.

Dementia-inclusive community programs can help support people with dementia and allow them to live in their communities longer.