



**Alzheimer's Disease
International**

64 Great Suffolk Street
London SE1 0BL
United Kingdom

Tel: +44 (0)20 7981 0880
Fax: +44 (0)20 7928 2357
Email: info@alz.co.uk
Web: www.alz.co.uk

Statement

Alzheimer's Disease International

Open Ended Working Group for the Purpose of Strengthening the Protection of the Human Rights of Older Persons

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What is ADI?

Alzheimer's Disease International (www.alz.co.uk) is the umbrella organization for Alzheimer associations around the world. It was founded in 1984 and has a secretariat in London. Its aims are to empower national Alzheimer associations to promote and offer care and support for people with dementia and their carers, whilst working globally to focus attention on the epidemic and campaign for policy change from governments and the World Health Organization with whom it has been in Official Working Relations with since 1996 and has ECOSOC Consultative status.

ADI has members across the world and is a source of global information.

Each September ADI releases a major global report in several languages. (<http://www.alz.co.uk/research/world-report>). Our 2011 report was on the burden of stigma for persons with dementia and their carers, an important topic in the ageing community and these deliberations. ADI also sponsors a network made up of over 100 active researchers from more than 30 developing countries who are studying the prevalence and impact of dementia in communities where it has not been studied before.

What is Alzheimer's disease and why is it so connected to age?

To date, age is the most proven and best known non-modifiable risk factor for Alzheimer's disease and related dementias (ADRD). About 1 person in 9 over the age of 65 has some form of irreversible dementia, with Alzheimer's disease being the leading cause. The prevalence curve rises sharply above age 74 and over age 85. And our world is ageing. There are over 450 million ageing boomers world wide and without effective interventions or treatments, the number of people affected worldwide will double in the next 20 years. Dementia is not just a problem in the developed world. The largest anticipated growth in the next ten years is in the developing world, especially in Asia. The global cost of dementia is estimated at US\$ 604 billion 1% of total global GDP.

Dementia as an example of discrimination against older persons

People with dementia have the same human rights as every other citizen but, unfortunately, they can face discrimination in every aspect of their lives. First there is the disabling impact of the illness on the mental, emotional and physical well-being on the person and their family and in addition they face cultural, social and economic barriers to accessing their rights. Most people with dementia are old and social perceptions of ageing are complicated by the disability of dementia which in many countries, particularly developing countries, is not recognised as an illness, but wrongly as a 'normal part of ageing' about which nothing can be done.

These factors are interrelated and reinforced in our negative cultures of ageing and, because they live longer, the majority of people with dementia are women who also face gender discrimination, plus the stigma of being considered 'bad' or 'mad' and are some of the poorest in society.

People with dementia lose their capacity to act or make decisions in their own interests. They eventually lose the legal capacity to act or make important decisions about their own lives, including management of their finances. The loss of mental capacity severely compromises the ability of the person to protect their own rights and for this reason people with dementia are often at greater risk of violence, injury or mental abuse, neglect or negligent treatment, maltreatment or financial exploitation. They become open to undue pressures and are easily persuaded, for example, to allow strangers into their homes and to give away their savings or possessions.

ADI supports the rights of older persons

The UDHR and ICER assert the right to health without discrimination so also this translates into a right without regard to age or mental condition. The Madrid Action plan and 2012 review reinforces these rights and we recognize that the UN High Level meeting on Non-communicable diseases in 2011 identified Alzheimer's as an important NCD on which action is needed.

Following these declarations, and adhering to the human rights principle that we organize social resources so that all reach the highest attainable level of healthcare for all, this means equal quality of dementia care for all no matter in which country they live and the urgent need to address the gap in care between higher income and middle income/lower income countries, and the opportunity to promote cooperation and solidarity north-south.

We believe that the time has come to include "age" as a forbidden ground of discrimination laws to protect the rights of older persons.

For more information:

Michael Splaine, Policy Adviser, 5416 White Mane, Columbia, MD 21045

mikesplaine@verizon.net, 1-443-630-9226

Marc Wortmann, Executive Director, 64 Great Suffolk Street, London,

SE10BL, United Kingdom, m.wortmann@alz.co.uk, 44-20-79810880