ALZHEIMER’S DISEASE INTERNATIONAL
AND
DEMENTIA ALLIANCE INTERNATIONAL

ACCESS TO CRPD AND SDGs BY PERSONS WITH DEMENTIA
WHO WE ARE

Alzheimer’s Disease International (ADI) is the sole international organisation working for people with dementia.

Dementia Alliance International (DAI) is the global voice of people with dementia.

Although persons with dementia are indisputably included in CRPD Article 1, they have been excluded from its implementation by Member States. By the same token, CRPD is not reflected in the dementia strategies and plans of 26 Member States. By the same token, CRPD is not reflected in the dementia strategies and plans of 26 Member States. The exclusion of persons with dementia from the Convention could be considered as an example of systemic if unintentional discrimination.

The greatest single obstacle to the continued participation of persons with dementia in society arises from the stigma and fear of dementia in the general population and under-estimation of their capacity by politicians, professionals, researchers and the community.

As a result of discrimination, persons with dementia are often not diagnosed and/or not told their diagnosis. Even in High Income Countries (HICs), isolation begins at the point of diagnosis when friends and family members stop visiting.

We work in partnership to enable persons with dementia to have full and equal access to CRPD and other Human Rights Treaties on the same basis as those with other disabilities.
Dementia comprises a wide range of progressive diseases of which the most common is Alzheimer’s Disease. Although age is the greatest risk factor, it is not a normal consequence of ageing and is increasingly being diagnosed in people under 65. Importantly, dementia is not a mental illness and affects not only memory but attention, orientation and other areas of cognitive functioning. It is not a normal consequence of ageing and is disease. A recent OECD study concludes that dementia is the leading cause of dependency and disability among older persons in both lower and middle income countries. Researchers estimate that dementia is the single greatest contributor to disability among persons with dementia who are co-morbidities in the state. Rehabilitation and support to enable them to remain in their own homes, follow their interests and remain valued members of their communities, is a recent OECD study concludes that “dementia receives the worst care in the developed world.” First person accounts and Alzheimer Association’s worldwide professional accounts and reports from care partners, raise many years before symptoms are severe enough to warrant hands-on care, the first priority expressed by persons with dementia in public opinion surveys is rehabilitation and support to enable them to remain in their own homes, follow their interests and remain valued members of their communities. Yet it need not be so. Because people can live for many years before symptoms are severe enough to warrant hands-on care, the first priority expressed by persons with dementia in public opinion surveys is rehabilitation and support to enable them to remain in their own homes, follow their interests and remain valued members of their communities. Some Basic Facts About Dementia

- Dementia affects 47 million people in all countries.
- This is likely to double by 2030 and triple by 2050.
- No treatments are currently available to cure or significantly alter the course of dementia, leaving persons with dementia with co-morbidities in a state of progressive disability that can last for 20 or more years.
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The global impact of dementia

We must now involve more countries and regions in the global action on dementia.

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46.8 million people worldwide are living with dementia in 2015. This number will almost double every 20 years. Much of the increase will take place in low and middle income countries (LMICs): in 2015, 58% of all people with dementia live in LMICs, rising to 63% in 2020, and 68% in 2050.

The total estimated worldwide cost of dementia in 2015 is US$818 billion. By 2018, dementia will become a trillion dollar disease, rising to US$2 trillion by 2030.

If global dementia care were a country, it would be the 18th largest economy in the world, exceeding the market values of companies such as Apple and Google.

The map shows the estimated number of people living with dementia in each world region in 2015.

By 2030, US$2 trillion will be spent on dementia care worldwide. To put this in perspective, the global estimated cost of dementia in 2015 is US$818 billion.

A new case of dementia is diagnosed every 3 seconds. Around the world, there will be 9.9 million new cases of dementia in 2015, and 13.1 million in 2030.
The Convention calls for solutions adapted to age, gender and locality that can be addressed through CRPD General Principles and Articles.

The 38 cross-cutting Articles offer key common elements including: capacity, supported decision-making and the protection of the fundamental human rights first set out in the UN Universal Declaration of Human Rights in 1948.

Articles 8 and 9 are addressed in an increasing number of Member States by Dementia Friendly Communities (DFCs) and organisations which facilitate access to transport, shops and community amenities. ADI and DAI have made proposals for ways in which DFCs can move to the next step in their development – e.g. by involving people with dementia as equal stakeholders from the outset.

Article 30 is reflected in DAI and numerous local and on-line dementia peer support groups, dementia cafes and seminars with world leaders in research and policy development.

Article 5, 8, 9, 19, 21, 24, 26, 27, 29 and 30 profoundly affect the ability of people in the early to moderate stages of dementia to remain active in the community and continue to pursue their interests.

Articles 10, 13, 14, 15, 16, and 28 are particularly relevant to persons with disabilities in LMICs where there have been recent examples of torture, and being chained or burned alive following accusations of witchcraft. In HICs there is disturbing evidence of chemical and physical restraint.

Articles 14, 16 and 23 promote a good quality of life for people in the late stage of dementia.

Articles 14, 16 and 28 which promotes an adequate standard of living is also relevant to HICs where current austerity policies are forcing increasing numbers of people to face hunger or be forced to resort to food banks.

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Article 28 which promotes an adequate standard of living is also relevant to HICs where current austerity policies are forcing increasing numbers of people to face hunger or be forced to resort to food banks.
We ask the CRPD Committee to use the full resources of the UN family to promote and facilitate access to CRPD by persons with dementia by monitoring the extent to which persons with dementia are included in the implementation of the Convention by Member States.

For example, by inclusion in Lists of Issues; General Comments; Universal Periodic Reviews; the Annual Conference of States Parties and opportunities presented by the Human Rights Council such as the 2016 Social Forum which will focus on “the promotion and full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities in the context of the tenth anniversary of the adoption of the Convention on the Rights of Persons with Disabilities”.

We also ask that the Committee promote the rights of persons with dementia in the wider context of the 2030 Sustainable Development Goals which were launched by the UN Secretary-General with a commitment to Leave No-one Behind.

ENDNOTES


viii UN Universal Declaration of Human Rights (1948).

ix Alzheimer’s Disease International. www.alz.co.uk; Dementia Alliance International. www.infodai.org


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