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“The Global Challenge of Alzheimer’s: The G-8 Dementia Summit and Beyond”

*Excerpts of Remarks by Chairman Chris Smith
Subcommittee on Africa, Global Health, Global Human Rights, and Int’l Orgs.
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Good morning. Next month, the United Kingdom will host a meeting of health ministers from G8 member countries in London to discuss strategies to address the global challenge of Alzheimer’s and other forms of dementia. Currently, more than 35 million people worldwide live with some form of dementia. By 2050, this population is projected to triple and affect more than 115 million people. The total global cost of dementia treatment and care is estimated to be \$604 billion, with about 70 percent of those costs now occurring in Western Europe and North America. As populations age across the globe, today’s crisis may become tomorrow’s catastrophe.

Since our subcommittee’s June 2011 hearing, attention has increasingly turned to dealing with this situation in which more people live with dementia than the estimated 33.4 million living with HIV-AIDS. Today’s hearing is being held in advance of the G8 Dementia Summit to discuss the policy U.S. government representatives should offer at this conference through recommendations from organizations involved in Alzheimer’s and dementia research and treatment.

Many of us have family, friends or acquaintances who suffer from Alzheimer’s or some other form of dementia. We know the pain of seeing a loved one lose their grip on present circumstances and experience relationships built over decades radically change forever. Spouses, parents, siblings and other relatives become unable to care for themselves, and we are faced with the heart-wrenching decision about how best to ensure their care. Sometimes symptoms are too subtle to recognize immediately; sometimes they manifest themselves in sudden changes in personality. However they occur, and for whatever reason they occur, these cognitive changes disrupt families and change lives permanently – for both the people suffering from these conditions and those who care for them.

The World Health Organization estimates that more than half of global dementia cases are in low- and middle-income countries, where cases are projected to grow. The Gross National Income per capita in these countries is sometimes less than \$1,000. Countries across Asia, Latin America and Africa are expected to see the most rapid growth in dementia cases over the next several decades. In 2010, roughly 53 percent of dementia cases were in low- and middle-income countries. By 2050, WHO expects 70 percent of all dementia cases to be found in such countries.

In high-income countries, family efforts to care for those affected by dementia are supported by the administration of medicines and other professional care services that can be obtained through private insurance or other government-funded programs. In the majority of low- and middle-income countries, however, low awareness of dementia and its impacts are reflected in a lack of comprehensive government policies and public resources aimed at addressing these conditions. As a result, care for people living with dementia in these regions is predominantly the responsibility of their families.

Support for people with dementia is funded differently across the world. In high-income countries, roughly 40 percent of associated costs are borne by the family through informal care, whereas in low- and middle-income countries, nearly 60 percent of these costs are covered through informal care. Health insurance or other social safety net schemes are typically used in high-income countries to alleviate some of the financial burden associated with caring for loved ones with dementia. These supports are not widely available (or affordable) in most low- and middle-income countries, and the formal social care sectors in these areas are ill-equipped. As a result, families in these countries are often required to assume not only the cost of care, but also the delivery of care. WHO estimates that while 30 percent of people with dementia live in assisted living facilities or nursing homes in high-income countries, only 11 percent do so in low- and middle-income countries.

Our government has worked to enable people in low- and middle-income countries to enjoy the kind of prosperity those of us in the developed world experience. However, trends indicate that populations age as they become increasingly prosperous. With immature health systems and inadequate health resources, ailments that primarily afflict the elderly, such as dementia, risk derailing economic growth as the productive population attempts to care for their older loved ones. Estimates indicate that the proportion of people older than 60 years who will require care will increase dramatically by 2050.

The challenge that will face the health ministers gathered in London next month is to find a way to continue to enable increased prosperity in low- and middle-income countries, while taking into account the drain on that prosperity from care for an aging population. Foreign aid to developing countries for health care purposes will change, and we need to anticipate that change now before it becomes an overwhelming situation. In the United States and the rest of the developed world, we also must face such challenges.

As one of our witnesses, Professor Andrea Pfeiffer, will testify, the four pillars of the G8 Dementia Summit are: building public-private cooperation networks, business coordination to prevent dementia, investment in solutions and treatments and laying the groundwork for a transition to an aging society without dementia. This is a tall order, and cooperation internationally between

developed and developing countries, public-private partnerships and an effective transition to a dementia-free world will be difficult.

We had invited the experts from the Department of Health and Human Services who will attend the G8 summit to testify at today's hearing, but the logistics did not work out. We hope to have them appear in a post-summit hearing to tell us what that gathering achieved and what the U.S. government role in addressing this global challenge will be.

Meanwhile, we have with us the Chief Executive Officer of one of the world's leading pharmaceutical companies working on Alzheimer's treatment research and two advocates for a more effective response to the challenge of dementia – not only here in the United States – but worldwide as well.

The struggle to meet the challenge of HIV-AIDS has been tremendous, but it is one we have made great strides in addressing. We must do no less in the struggle against Alzheimer's and other forms of dementia.