

**Testimony of George Vradenburg  
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**Before the House Subcommittee on Africa, Global Health,  
Global Human Rights and International Organizations**

**The Global Challenge of Alzheimer's: The G-8 Dementia Summit and Beyond**

**Thursday, November 21, 2013**

Chairman Smith, Ranking Member Bass and other members of the Committee – Thank you very much for calling this important and well-timed hearing, just a few weeks before the landmark G8 Global Dementia Summit called for by British Prime Minister Cameron.

A little more than two years ago, this committee held a similar hearing exploring the global impact of Alzheimer's disease. At that time, the United States Congress had recently passed the National Alzheimer's Project Act, and the Administration was working to implement the law. Much has changed since then, and this activity is not limited to the United States.

In addition to the launch of the U.S. National Plan, which sets as its first goal the prevention and effective treatment of Alzheimer's by 2025, nearly a dozen other nations have adopted national strategies of their own, as have a number of regions, provinces, and states. The World Health Organization (WHO) last year declared dementia a "public health priority," noting that the

nearly 36 million people estimated to be living with this disease in 2010 would double by 2030 and more than triple by 2050 if the current trajectory remains unchanged<sup>1</sup>.

Thankfully, the future remains unwritten, and we have seen time and again that when the world unites to tackle a grave threat to our health and well-being, the unthinkable becomes the possible. In 2000, at the G8 Summit in Okinawa, world leaders recognized the grave threat posed by HIV/AIDS and resolved to do something about it. Today, through programs like the Global Fund to Treat AIDS, Tuberculosis and Malaria and the President's Emergency Plan for AIDS Relief (PEPFAR), millions of people worldwide are being treated, and future cases are being prevented. In watershed remarks delivered in March 2012, Professor Peter Piot, who led the United Nation's AIDS effort, called dementia one of the largest neglected global health issues of this generation and called for a global effort similar to that waged against HIV/AIDS.<sup>2</sup>

### **The Global Action Plan**

Today, I am here to reinforce Professor Piot's call for a global action plan and to urge this subcommittee and this House to be a champion and driver behind this action. I also urge that as part of this effort, we lay a foundation to establish a patient-centered Global Fund to Stop Alzheimer's, focused on delivering the resources necessary to develop and deliver therapies and treatments and to support patients and caregivers in this struggle. The time is now to capitalize on this unprecedented level of international momentum and resolve to stopping

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<sup>1</sup> See: [http://www.who.int/mental\\_health/publications/dementia\\_report\\_2012/en/](http://www.who.int/mental_health/publications/dementia_report_2012/en/)

<sup>2</sup> See: [http://www.alzheimers.org.uk/site/scripts/news\\_article.php?newsID=1169](http://www.alzheimers.org.uk/site/scripts/news_article.php?newsID=1169)

Alzheimer's disease and dementia and to commit the nations of the world to a Global Action Plan to stop Alzheimer's disease. In order to be as effective as were the efforts against HIV/AIDS, such a Plan must:

- Be **comprehensive, goal oriented, and informed by experts** in science, drug development and discovery, care delivery, financing, technology, insurance and other areas; and be **regularly updated** so as to assure a sustained unity of purpose as well as accountability for progress against goals;
- **Reinforce plans** developed or being developed by individual nations or regions;
- Be **financed with the appropriate amount of resources** necessary to achieve its goals and objectives; and
- Enjoy the **strong and sustained backing of government leaders at the highest levels, acting through national, multilateral and global bodies.**

### **Elements of the Plan**

Absent these principles, it is highly unlikely that any global action plan could be effective.

Earlier this month, the Global CEO Initiative on Alzheimer's Disease, the New York Academy of Sciences, and the National Institute on Aging convened the *Alzheimer's Disease Summit: the*

*Path to 2025.* This two-day conference brought together leading researchers, drug developers, investors, technology experts, policy makers and others to help flesh out a clearer path as to research priorities and other innovations necessary to stop Alzheimer's disease by 2025. During this meeting, three topics in particular emerged as priorities:

- New mechanisms to finance Alzheimer's research and drug discovery efforts;
- Use of a standing global clinical trial system to reduce the time, cost, and risk associated with clinical trials; and
- Better use of information technology to more fully utilize the "big data" now emerging in electronic health records and the human genome that may hold a key to our success.

Not a single one of these actions can be the exclusive domain of any one single country. On the contrary, absent a truly global commitment and high degree of international collaboration, it is difficult to envision success in any of these areas. For example:

- The absence of interoperability has hampered the ability to connect the databases of the World-Wide Alzheimer's Disease Neuroimaging Initiative (ADNI).
- Enrollment in global Alzheimer's disease clinical trials – already a labor-intensive process, particularly as researchers look to conduct trials in patients with only mild

symptoms or who are presymptomatic – is made even more lengthy and costly absent a standing global Alzheimer’s clinical trials network.

- Research and development – from the basic levels to late stage translational and clinical science – can be duplicative absent high levels of coordination and collaboration, wasting scarce resource dollars, both public and private, in the process.

### **The Benefits of Greater Investment & Coordination**

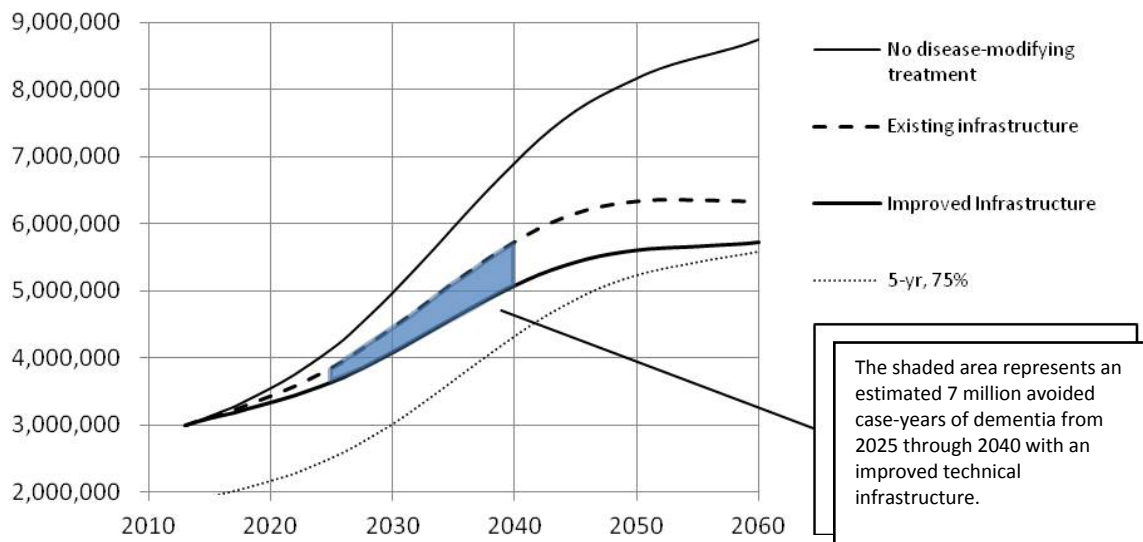
Despite these challenges, a recent study by RTI International released during the *Alzheimer’s Disease Summit* makes clear the immense benefits possible through accelerating Alzheimer’s research and development. Specifically, the report recommends an increased focus on several key areas – including a streamlined process to enroll in clinical trials, a stronger and more versatile clinical trials system able to test and qualify Alzheimer’s disease biomarkers, and higher levels of collaboration to reduce the time, cost, and risk of therapy development – to accelerate the development of Alzheimer’s therapies.

Were such infrastructure changes to be adopted, the analysis shows they could significantly reduce the overall cost of Alzheimer’s drug development from about \$5.7 **billion** under the current environment to the still high yet far more manageable \$2 **billion**. In addition, such reforms would shave nearly a year-and-a-half off of current drug development timeline, largely by allowing potential therapies to “fail faster” during less-costly earlier stages of research,

thereby maximizing the likelihood that compounds entering late-stage trials are likely to succeed.

This significant reduction in time and cost is impressive, but the benefits don't end here. If we are successful in accelerating the pace of discovery and delivering disease-modifying drugs to patients earlier, this would likely result in an estimated 7 million fewer cases of dementia in the United States alone during the 15 year timeframe from 2025 to 2040.

### Potential Reduction in the Number of Cases of Dementia in the United States with an Improved Technical and Research Infrastructure



### The Call to Action

The outputs of the recent 'The Path to 2025' summit and the RTI report provide the foundation upon which the G8, the G20, the OECD, the WHO, and other stakeholders can build upon to

develop the Global Action Plan to Stop Alzheimer's disease and, ultimately, a catalytic global fund. The G8 Summit and the planned follow-on workshops to occur throughout 2014 provide the process through which such a plan can be crafted, refined, and finalized. I urge the United States delegation to the Summit to lead this push and to commit to a set of time-bound milestones to develop the plan in the coming year. I also urge the U.S. government to fully engage in all related international pursuits, particularly those by the G8, the G20, the Organization for Economic Cooperation and Development (OECD) and the WHO, that are focused on Alzheimer's and dementia. Specifically, I call upon our government to more fully participate in the work being done by the OECD in this important area.

From a Congressional standpoint, I encourage this subcommittee to continue doing what you are doing in conducting invaluable oversight of U.S. and global efforts to address the Alzheimer's crisis. I also urge you to consider opportunities to work with a growing body of parliamentarians in other nations – particularly the UK, the European Union, and Japan – who are also deeply interested in stopping Alzheimer's and dementia and willing to engage in dialogue with fellow parliamentarians on this topic. Such efforts could be highly productive in spurring and sustaining the commitment of governments to the Global Action Plan.

Finally, I will close with one thought on research financing, recognizing the continued fiscal challenges our nation and others are facing. I've said many times that we don't have a choice as to whether or not we will pay for the costs of Alzheimer's and dementia. Taxpayers are paying dearly today, to the tune of about \$140 billion in annual entitlement costs of care

shouldered by Medicare and Medicaid, a price tag that will skyrocket over the coming years.

On the flip side, even despite some recent modest yet important infusions of funding for Alzheimer's disease research, our public commitment to this goal languishes at about \$500 million annually, about 0.36 percent of the amount spent every year on care.

If global governments would commit 1 percent of their annual costs of caring for Alzheimer's patients, this would begin moving toward a level of Alzheimer's disease research funding commensurate with the scope of the challenge. A portion of this funding could also be used to seed a Global Fund to Stop Alzheimer's disease and to implement a Global Action Plan to Stop Alzheimer's disease, similar to efforts waged against HIV/AIDS. Here at home, a growing number of lawmakers and advocates have been promoting a near-term doubling of the Alzheimer's and dementia budget at the NIH, a move that would make significant progress in this direction. I urge the members of this committee to strongly consider this idea.

Thank you, again, for conducting this hearing. Despite the challenges that lay ahead, I remain optimistic that our nation and our world can stop Alzheimer's disease if we commit ourselves to this ambitious goal, and I urge you to advance a Global Action Plan to Stop Alzheimer's to drive this work.