Honourable ministers, distinguished scientists, colleagues in the UN system, representatives of civil society organizations and foundations, ladies and gentlemen,

I thank the government of the United Kingdom, and particularly the Secretary of State, for taking a leadership role on dementia and for supporting us in organizing this first-ever ministerial conference. I would also like to thank OECD for their technical support.

The world has plans for dealing with a nuclear accident, cleaning up chemical spills, managing natural disasters, responding to an influenza pandemic, and combatting antimicrobial resistance.

But we do not have a comprehensive and affordable plan for coping with the tidal wave of dementia that is coming our way.

OECD gives three succinct reasons for elevating the priority given to dementia worldwide. **Dem entia has a large human cost.**
It has a large financial cost. Both of these costs are increasing.

An estimated 47.5 million people are currently living with dementia. About 60% of this disease burden falls on low- and middle-income countries, which have the least capacity to cope.

As population ageing continues to accelerate, the number of dementia cases is expected to nearly double every 20 years.

In 2010, the worldwide cost of dementia was estimated at $604 billion per year. Who could afford these costs? These costs are growing even faster than the prevalence of this disease.

At the personal level, the costs of care are catastrophic, especially as they are often paid for out-of-pocket.

Lifetime savings are lost. The wages of informal carers are sacrificed as meeting the needs of a person with advanced dementia is a full-time job.

The costs of care go beyond financial outlays. Research shows that family members and other caregivers suffer from much higher rates of physical and mental disorders.

Ladies and gentlemen, I can think of no other disease that has such a profound effect on loss of function, loss of independence, and the need for care.

I can think of no other disease so deeply dreaded by anyone who wants to age gracefully and with dignity.

I can think of no other disease that places such a heavy burden on families, communities, and societies.

I can think of no other disease where innovation, including breakthrough discoveries to develop a cure, is so badly needed.

Let me ask you. If wealthy countries are overwhelmed by the burdens and costs of dementia, what hope do low- and middle-income countries have?

In terms of a cure, or even treatments that can modify the disease or slow its progression, we are nearly empty-handed.

Innovations to improve care and support are equally needed.

Cutting-edge technologies are being developed to help keep patients safe, signal problems, and relieve some of the burden on carers.

Innovations are also needed to help patients manage the routines of daily life. Innovation is so important.

We need research to improve our understanding of opportunities for prevention.

Many of the same risk factors for heart disease, cancer, and diabetes can increase the risk of dementia. The evidence, however, for other causative factors is suggestive, but not yet conclusive.

We need primary care providers who are trained to detect dementia early and introduce appropriate interventions.

We need integrated models of care that include non-drug interventions, especially since the risk of over-medication is so great.

Giving dementia higher priority also means capturing the great collective wisdom of caregivers in a much more systematic way, so that we can learn from each other

Fortunately, the good news is that all of these needs are now being addressed.

Ladies and gentlemen,

We must accept one fact. We have been running behind the curve with dementia for a long time. But several recent events tell us we are catching up.

In 2012, WHO and Alzheimer's Disease International jointly issued a report that explained why dementia must be treated as a global public health priority.

That report set out a range of actions to improve care and services for people with dementia

and their caregivers, and for countries to develop and implement dementia plans.

Another very important event was the G8 dementia summit, organized by the UK government in December 2013 (many of us were there), was a watershed event.

Among its many achievements, the summit set out the bold ambition of doubling funding for dementia research and identifying a cure or disease-modifying therapy by 2025.

That was a courageous and critically needed ambition.

After a catalogue of repeated and costly failures, pharmaceutical companies are retreating from the search for a dementia cure. Research projects are being postponed or shelved because of the technical and financial risk of failure.

The dementia summit, that was held in December 2013, was followed by a series of legacy events that have explored ways to break through some long-standing barriers to rapid product development.

You have suggested many good ideas. How to streamline, simplify, and harmonize regulatory approval. How to get research conducted in publicly-funded institutes working in synergy with research undertaken by the pharmaceutical industry. And also how to jump-start innovation when market forces fail.

WHO is extremely pleased and proud to work with so many of you to convene this first ministerial conference to exchange views and experiences and also to translate commitment into action.

Seeing the number of member states, civil society organizations and many other friends, colleagues and scientists that have responded to our call, I feel very confident that no country will feel left alone in tackling dementia.

Yesterday, you heard about many promising initiatives that are acting on multiple fronts to meet the challenges of this extremely difficult, demanding, and devastating disease.

Urgency inspires invention. The solutions being proposed are foresighted as well as innovative, as they can carve out ways of pushing other badly needed medical products through discovery and regulatory approval and onto the market.

But with the tidal wave of new cases poised to sweep over the world, we cannot wait and we have to take action.

The job now, ladies and gentlemen, is to weave these multiple strands of hope, coming from multiple new initiatives, into a comprehensive plan that can also work in low-resource settings.

The plan must be backed by strong political and government commitment, expressed through

resources and practical policies.

Coping with dementia is also a health systems and social welfare issue. Planning must likewise consider the demands placed on these services.

We do not currently have the tools to stop the tidal wave. But we can cushion its impact as we continue to build a foundation for urgent action on multiple fronts.

Thank you