



Following presentation and discussion of all the materials presented by participants of the high-level meeting entitled "Dementia in the Region of Western Balkans and adoption of National Strategies / Plans to combat against dementia" held in Sarajevo, Bosnia and Herzegovina 18th - 20th April 2018, we are fully aware of the significant challenge that dementia poses to the societies of Western Balkan countries, especially in the context of ageing populations in this region of the world.

This challenge can be observed through:

- **Public health aspect**, which is reflected through low public awareness and understanding concerning dementia, a lack of appropriate response mechanisms for early diagnosis of the disease (including advanced early-stage detection methods), and the need for an interdisciplinary, comprehensive and coordinated approach to the prevention, diagnosis, treatment and care for dementia as well as other co-occurring diseases or health conditions;
- **Social aspect**, which is reflected through the rights of persons with dementia and their caregivers to support, care and social protection, including respite programs for caregivers, post-diagnostic support programs for the affected person with dementia, and support programs for maintaining independence and staying at home with dementia.

SARAJEVO STATEMENT ON DEMENTIA

We are aware that the significant challenge associated with dementia is not only observed through the prism of a person suffering from dementia but also in relation to their caregivers. Moreover, the response to dementia needs to be comprehensive, systematic and interdisciplinary. Dementia not only represents a challenge for the health sector but also to society more generally.

Systematic support for people with dementia should be implemented through three linked approaches:

- **Policy:** Assessment of the availability and implementation of policies, legislation, and guidelines/standards – whether as separate instruments or integrated into other policies (noncommunicable disease [NCDs], mental health, ageing or disability);
- **Service delivery:** Generation and allocation of appropriate resources to provide equitable and sustainable care, from prevention/risk reduction through to diagnosis to end of life care;
- **Information and research:** Collection and use of comparative epidemiological data to estimate disease prevalence, incidence, mortality and financial impact, as well as on service improvements.

We agree with the WHO Global action plan on the public health response to dementia 2017-2025 that articulation of these three approaches can be accomplished through seven action areas:

1. Policy;



- a. **Dementia as a public health priority**, including: the creation of dementia plans and legislation through comprehensive multisectoral collaboration; development and roll-out of care standards/guidelines/protocols; mechanisms to protect the human rights of people with dementia.
2. Service delivery;
 - a. **Dementia awareness and friendliness**, including: empowerment and engagement of people with dementia and their carers; dementia awareness and risk reduction campaigns; dementia friendly environments; dementia education and training of non-health professionals.
 - b. **Dementia risk reduction**, including: the management of modifiable risk factors by linking dementia to other NCD risk reduction and health promotion programmes, policies and campaigns; and the development and delivery of age-, gender-, disability- and culturally sensitive training for health professionals; the implementation of risk reduction interventions that are person-centered, cost-effective, sustainable and affordable.
 - c. **Dementia diagnosis, treatment, care and support**, including: design and implementation of health programmes for universal health coverage; the development of the dementia health and social care workforce; early detection and diagnosis of dementia; community-based health and social care services for dementia that are person-centered and gender-sensitive; access to anti-dementia medication and care products.
 - d. **Support for dementia carers**, including: the implementation of training programmes, respite services and other resources and supports for carers; and the development of carer protection mechanisms such as social and disability benefits, policies and legislation against discrimination.
3. Information and research;
 - a. **Dementia research and innovation**, including: identification of, investment into and implementation of dementia research priorities; generation of new knowledge towards finding disease-modifying treatments or a cure, effective risk reduction interventions and innovative models of care.
 - b. **Information system for dementia**, including: development of information and surveillance systems for dementia, covering key indicators such as dementia prevalence and incidence, the economic cost of dementia, and other measures included in the Global Dementia Observatory.

Therefore, we believe that it is necessary to develop dementia plans in all societies of the Western Balkan region. These dementia plans should include the parameters mentioned above in order to ensure that people affected by dementia, their carers and families in this region can achieve their human rights.

We thank the World Health Organization, Alzheimer Disease International and Alzheimer Europe for supporting this meeting. We also thank the Center for dementia Sarajevo for the initiative of convening and organizing this meeting. We hope that mentioned organizations will help us in the future activities of our societies in the field of dementia.



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