

Dementia



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مؤتمر القمة العالمي للابتكار في الرعاية الصحية
World Innovation Summit for Health



DEMENTIA

LESSONS LEARNED FROM QATAR



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LIST OF ABBREVIATIONS

AD	Alzheimer's DiseaseADC Alzheimer's Disease China
ADI	Alzheimer's Disease International
BPSD	Behavioural and Psychological Symptoms of Dementia
DIFI	Doha International Family Institute
EMRO	Eastern Mediterranean Regional Office
GCC	Gulf Co-operation Council
GDO	Global Dementia Observatory
HMC	Hamad Medical Corporation
MHPSS	Mental Health and Psychosocial Support
MoPH	Ministry of Public Health
NCD	Non-Communicable Disease
PHCC	Primary Healthcare Corporation
QNDP	Qatar National Dementia Plan
WHO	World Health Organization
WISH	World Innovation Summit for Healthcare

EXECUTIVE SUMMARY

This policy briefing highlights the status, recent developments, research trends and policy, and successes and challenges in the area of dementia in Qatar while also referring to the progress and challenges across the globe in this area, and provides recommendations to achieve better outcomes.

Dementia is a global health concern that is one of the leading causes of death by disability, significantly altering the lifestyles of those affected as well as their carers, with a significantly high global economic burden. Yet, it is understudied in comparison to other non-communicable diseases (NCDs) such as cancer.

World Innovation Summit for Health (WISH) has consistently dedicated itself to collaborating with both national and international partners to highlight the importance of tackling dementia both on a global and regional basis, with its first report published in 2015, titled "The Global Response to Dementia: A Call to Action."

In 2015, Qatar joined the Global Dementia Observatory (GDO), the beginning of a number of broad policy commitments that include the formation of the National Dementia Stakeholder Group and the ratification of the Qatar National Dementia Plan (QNDP) in 2018, which is itself a roadmap for current and future policy actions in Qatar.

Through collaboration with multiple stakeholders across different sectors, in the State of Qatar, a number of broad policy interventions have been established to better facilitate the provision of care, mitigate stigma and set future milestones as part of a roadmap making Qatar a more dementia-friendly country, which is further enhanced by novel clinical research currently taking place in Qatar. Yet, there are still some gaps in care that need to be redressed before Qatar can fully develop into a dementia-friendly country that is capable of tackling the disease burden, and future policy actions need to take persisting challenges into account.

In spite of continuing obstacles, Qatar's commitment to tackling the disease burden is apparent, and in light of national commitments and future avenues going forward, a number of lessons can be gleaned from the example of Qatar, which can be applied to the global stage.

SUMMARY OF KEY RECOMMENDATIONS

1. Improving health and social care for persons with dementia and their carers
2. Facilitating help-seeking before dementia is at the advanced stages by combating stigma and misinformation
3. Creating dementia-friendly spaces and social support for older persons
4. Mitigating the burden on families by providing more advice and support throughout the caregiving journey
5. Establishing a baseline of epidemiological and social data to support service planning and prevalence of dementia
6. Developing more specialised human resources in geriatric psychiatry and gerontology health and social care professionals

INTRODUCTION AND GLOBAL PERSPECTIVE

GLOBAL DISEASE BURDEN

Dementia refers to a number of chronic diseases that affect the cognitive functions of an individual in multiple ways. Though its prevalence is strongly associated with age, it is not itself a natural part of ageing. Alzheimer's disease is the most common form, but this also encompasses diseases such as vascular dementia and Lewy body dementia. Symptoms can include impaired memory, impacted mood regulation, less focus and orientation, a diminished capacity for organisation and planning and a host of other possible symptoms.¹

Without timely intervention, it can lead to a significantly reduced quality of life, both for people with dementia and their carers. Approximately 9.9 million new cases emerge each year globally, and in 2019, the estimated figure for people diagnosed with dementia was over 50 million. That figure is projected to rise to over 152 million by 2050, and the associated annual cost of \$1tn is expected to double by 2030 (see Fig. 1).²

The ways dementia can alter the livelihoods of those affected and their carers are multi-faceted and complex. Moreover, tackling the wide gap between the needs for diagnosis and care and their provision requires significant resource allocation. The WHO and the World Bank estimate that, by 2030, 40 million new health and social care jobs and 18 million new health workers are needed for effective coverage.¹

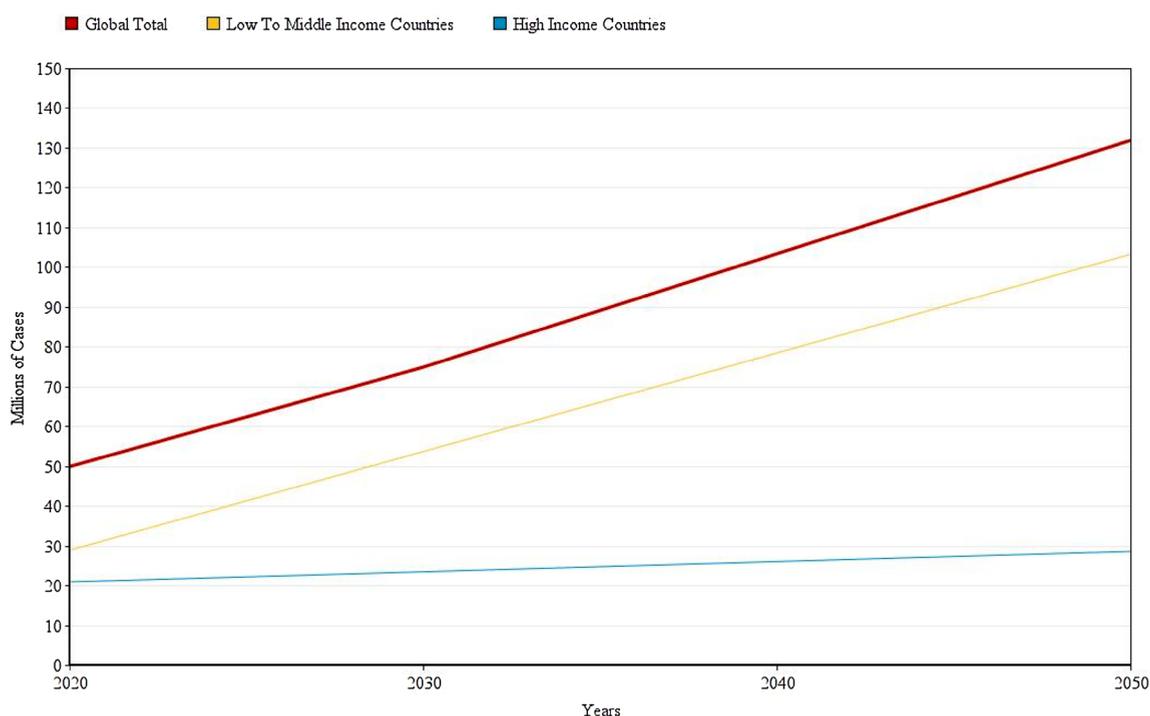
GLOBAL POLICY CONTEXT

Given the scope, tackling the problems these diseases present requires dedicated and nationally coordinated policy action. Alzheimer's Disease International's (ADI's) "From plan

to impact" report divides countries into five broad categories in assessing their overall preparedness: no engagement; engagement but no formal strategy or plan; plans and strategies being developed; plan is developed but not funded; and finally, fully funded national strategies that have been communicated at all levels.

Working closely with ADI, in 2017, the WHO's "Global action plan on the public health response to dementia" was unanimously agreed upon by its member states, but in total, only 33 countries have reached the stage of having a fully developed plan, with comparatively few plans being adopted globally since (see Fig. 2).² This falls short of the projected goals for 2020, and progress has potentially stalled further due to COVID-19, forcing governments to direct their attention and resources towards managing the global pandemic. The damage COVID-19 has caused to everyone's livelihoods should not be understated, but it is for this precise reason that focus should still be given to vulnerable populations that will be disproportionately affected. This includes people with dementia and their carers.²

While the pandemic has presented new challenges for both people living with dementia and their carers through isolation and restricting access to services, the overarching approaches countries need to adopt to safeguard these demographics have remained largely the same. Countries will still need to make tackling dementia a national priority and subsequently commit to awareness and friendliness; risk reduction; diagnosis, treatment, care and support; carer support; developing information systems; and dementia research and innovation.



Sources: Alzheimer's Disease International (ADI), World Health Organization (WHO).

Fig 1 | Projected Global Trends in Dementia Prevalence.

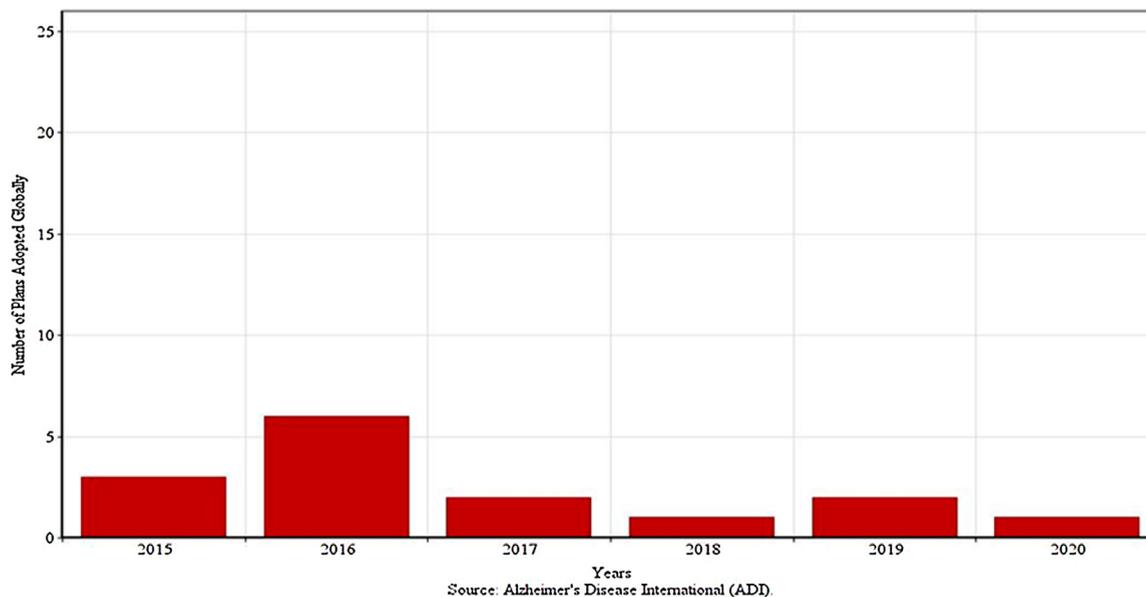


Fig 2 | Number of National Dementia Plans Adopted Yearly Since 2015.

In light of the need for broad policy intervention, Qatar stands out regionally. While it is still at the fourth stage of its strategic development, it is among the first in the WHO Eastern Mediterranean Region (EMRO) to develop a complete national strategy and is, at the time of writing, the only Gulf Cooperation Council (GCC) country to do so. The National Dementia Plan was launched in late 2018 and has been developed as part of a larger national commitment to healthy ageing as per Qatar's National Health Strategy, referencing

the essential components of a dementia strategy in line with WHO and ADI guidelines.³

This policy working group paper aims to highlight the policy and research trends, successes and challenges in Qatar's bid to address the myriad needs of people with dementia as well as their carers, and in doing so, glean potential lessons that can contribute to the global landscape for managing dementia.

QATAR'S COMMITMENTS AND PROGRESS

BACKGROUND

Landscape of dementia in Qatar

While there are ongoing community surveys on the number of dementia cases in Qatar, at the time of writing, they have not yet been published. However, some inferences can still be made. Qatar's population as a whole is still ageing in an upward trend roughly corresponding to all Arab countries as a whole, with the GCC region projected to have the highest proportion of older adults by 2050 (see Fig. 3). Moreover, based on population statistics provided by the UN in 2017 for persons over 60, there are an estimated 4400 persons with dementia in Qatar. This number is expected to rise to over 40 000 by 2050. Additionally, major risk factors for dementia such as diabetes and obesity are highly prevalent in the country.^{4 5}

Historical context and national commitments

The Qatar National Dementia Plan (QNDP) highlights the country's commitment to prioritise dementia at the national level, though it is itself a representation and realisation of more long-term efforts within the country to tackle its burden.

2015, in particular, can be regarded as a landmark year. Qatar joined the Global Dementia Observatory (GDO), a WHO-based platform dedicated to sharing data research, policies and service delivery for dementia to all its member states,⁶ with Qatar being one of only two pilot countries from the WHO EMRO region.⁴ In that same year, the National Dementia Stakeholder Group was formed, chaired by Dr Salih Al-Marri.³

This was followed by ongoing efforts by World Innovation Summit for Health (WISH), which is itself a national stakeholder, to highlight dementia on the global stage through its "Call to Action" report,^{4 7} as well as hosting an international delegation of 70 from 25 WHO countries to discuss and highlight dementia in 2016, with direct support from the WHO. This led to the publication of a forum report detailing recommended policy actions both at the local and global levels, with input from the National Stakeholder Group.^{8 9}

NATIONAL STAKEHOLDER GROUP

As mentioned earlier, this group was formed in 2015 and is composed of a number of collaborators across multiple sectors working in concert to ensure that Qatar becomes a more dementia-friendly country. Outside of WISH, the stakeholders are as follows.

Ministry of Public Health (MoPH)

The group is chaired by the Assistant Minister for Health Affairs, Dr Saleh Al-Marri, and its formation has been led by the MoPH. As a public health concern that requires nationally oriented policy coordination, its involvement is essential, working through its public and mental health departments with the Primary Healthcare Corporation (PHCC) and Hamad Medical Corporation (HMC).

Hamad Medical Corporation

As the largest public sector provider of secondary and tertiary healthcare, HMC currently leads the provision of geriatric

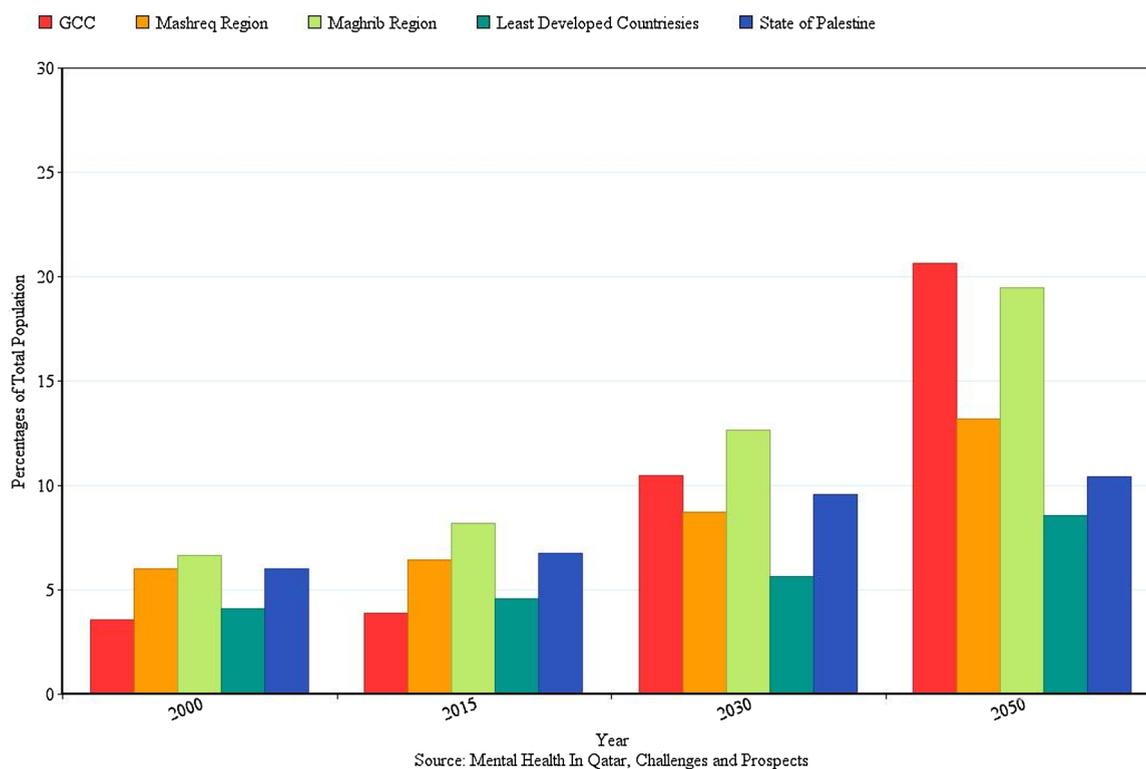


Fig 3 | Percentage of Aging Population in Arab Countries (60+).

care, including specialist dementia care. The Geriatrics Department (which runs the Memory Clinic), Psychiatry Department, Continuing Care (including Home Health Services) provide expert advice and clinical care for patients with dementia.

Primary Healthcare Corporation

Primary healthcare services are essential to providing streamlined access to referral pathways for persons with dementia, and the PHCC is an entity mandated to provide access to primary care with community centres located around the country.

Family Caregiver's' Group

This group was formed by carers and individuals with the express intent of articulating the needs of persons with dementia who cannot speak for themselves. Their concerns are centred around leading the national conversation towards awareness raising, promoting early diagnosis and facilitating information sharing, as well as improving care for those who need it. It is now known as the Qatar Society/Association of Caregivers for Dementia Care, and currently includes family caregivers.

Qatar University Centre for Humanities and Social Sciences

An academic stakeholder that has been actively involved in conducting qualitative research to gain a better understanding of the stigma associated with dementia, as well as service pathways to better inform future policy, having collaborated with the Centre for Empowerment and Elderly Care (Ehsan) to publish a comprehensive report on the gaps and challenges to service access in 2019.²²

Centre for Empowerment and Elderly Care -Ehsan

Ehsan is a non-governmental organisation that aims to empower older persons and help improve their lives as functioning members of society through social care services and is also dedicated to raising awareness for dementia through professional networks and newsletters.

Other ministries are involved in the stakeholder group. The Traffic Department of the Ministry of Interior is involved in long-term plans to establish traffic guidelines for persons with cognitive impairments. The Ministry of Justice is a stakeholder where matters regarding guardianship and mental health law are relevant, and the Ministry of Labour and Administrative Development is also involved in the execution of the QNDP.³

BROAD POLICY COMMITMENTS FOR DEMENTIA

After the launch of the QNDP in 2018, the GDO team in Qatar, led by Dr Hanadi Al-Hamad,³ has collaborated with multiple national stakeholders in the formation of a number of nationwide policy actions and interventions, guided by the aforementioned strategy's projected goals. A few are discussed in some detail here.

Current policies in practice

The PHCC manages 27 different community-based health service centres to provide easy access to primary healthcare

across Qatar. As these health centres are distributed around every community, they are regarded as a more accessible option than hospitals for older adults, and these centres have been leveraged to provide a number of policy actions and interventions to tackle dementia in Qatar:

- Starting in 2018, a pilot study has been conducted for a dementia community survey in collaboration with MoPH, by providing free screening to adults over 65.
- The establishment of integrated memory assessment services in primary care centres.
- Qatar has also worked with ADI to conduct the world's largest survey on dementia, specifically centred investigating the attitudes towards the condition.

There have been noted successes in utilising the service infrastructure granted by these providers as they are integrated into a larger referral network that also includes a memory clinical specialised health centre dedicated to the diagnosis and treatment of memory disorders such as dementia based in Rumailah hospital that receives referrals from HMC, PHCC and private healthcare providers. The clinic has seen a marked increase in screenings over the past few years, reaching 550 in 2018.⁴ The older adults psychiatry outreach supports this infrastructure of diagnosis, treatment and after-care through its home-based support to moderate and advanced dementia case across Qatar.

This is due, in no small part, to the widespread efforts to propel dementia awareness forward as a healthcare priority through a number of coordinated efforts:

- In January 2020, MoPH published a comprehensive document of National Clinical Guidelines on Dementia in order to define the appropriate diagnosis and management of dementia in adults. The ultimate goal of such guidelines is to improve the appropriate prescribing and referral of patients presenting to any provider organisation in Qatar. Though aimed at healthcare workers, it is also publicly accessible online.¹⁰
- The GDO team in Qatar has consistently worked alongside ADI in establishing national programmes and campaigns aimed at raising awareness of dementia, primarily coinciding with either World Alzheimer's Day or World Alzheimer's Month.¹¹
- The creation of educational and training programmes about dementia for workers in the health and social care sectors.¹²

Ongoing efforts have also been reflexive towards current sensitivities and demands as dictated by the ongoing COVID-19 pandemic so that service delivery can still be adapted to social distancing guidelines:

- The adoption and dissemination of national healthcare strategies aimed towards older adults.¹³
- Establishment of the National Alzheimer's and Memory Services helpline ("RAHA) in June 2020.¹⁴
- Pandemic guidelines acknowledge the need for carer support, and Qatar's mental health telephone services are meant to accommodate their needs.

Future policy plans

The QNDP is a governance framework oriented towards the periodic assessment of healthcare goals;³ as such, there are a number of future policy plans that the GDO team is working towards:

- Developing a national dementia registry database
- Establishing the Qatar Society/Association of Caregivers for Dementia Care
- Establishing hospital units equipped and specialised in dealing with dementia patients
- Establishing care centres for people with dementia and providing support services for dementia carers
- Launching dementia-friendly programmes and assets in coordination with the WHO to make Qatar a friendly country for older adults
- Measuring progress based on specific indicators as per the WHO Global Dementia Observatory Framework
- Working towards the creation of an interdisciplinary centre for memory assessment, the National Memory Assessment Centre
- Making a legislative framework to support and protect the rights of people with dementia (by forming a group of specialised experts)
- Establishing centres for evaluating the driving ability of the older adults
- Designing and conducting a comprehensive ageing evaluation for all older adults in healthcare facilities

DEMENTIA RESEARCH AND INNOVATION

Research context of dementia

Among the many aims of the QNDP is to increase awareness, improve diagnosis and provide support for people with dementia, alongside promoting research and innovation in dementia.³ This calls for ongoing multi-disciplinary research as an important policy goal, something justified on its own merits as essential to fully understanding and treating the various forms of dementia.

When framed within the larger global context, the importance of committing to research is highlighted further. Research publications on cancer exceed those on neurodegenerative disorders 12 times over, and research articles on PubMed showed broadly similar disparities when comparing dementia research to other non-communicable diseases (NCDs) according to WHO statistics. Compounding the problem is that around 146 drugs have failed in clinical trials of dementia from 1988 to 2017.¹⁵

Innovating surveillance and screening through novel biomarker research

The diagnosis of dementia is complex, multi-faceted and fraught with potential errors. There is no singular test for determining whether or not an individual has dementia. Qatar's National Clinical Guidelines refers to four different sets of diagnostic criteria depending on the type of dementia a person may have.¹⁰ There are, however, alternatives that can streamline the diagnostic process. Instead of assessment through symptomatic criteria, the use of biomarkers—objective biomedical data on bodily processes—has proven effective in identifying certain types of dementia, such that the

National Institute of Aging and the Alzheimer's Association (NIA-AA) highlight neurodegeneration biomarkers as crucially important for identifying individuals that might be at risk of developing dementia, and have developed a research framework to that end.¹⁶

To address this, the Alzheimer's Drug Discovery Foundation (ADDF) and Gates Foundation have committed \$30m to the diagnostic accelerator programme. They have identified that "reliable, affordable, and accessible biomarkers have the potential to revolutionize how we approach AD by allowing people to better understand how the disease progresses, more easily identify people for clinical trials, and more accurately monitor their response to treatments."¹⁷

The Qatar Foundation, through a National Priorities Research Programme (NPRP) grant, as a result of collaboration across multiple major research institutes in Qatar, has funded landmark biomarker research in dementia. The research has resulted in pioneering applications for corneal confocal microscopy (CCM). CCM is a rapid ophthalmic imaging technique, which was originally pioneered to identify neurodegeneration in diabetic neuropathy,¹⁸ as well as in other neuropathies,^{19 20} and has more recently been applied to people with central neurodegenerative diseases such as mild cognitive impairment and dementia.²¹

CCM more accurately and reliably detects early neurodegeneration in people with mild cognitive impairment and established biomarkers for dementia than MRI imaging. Some of its uses include monitoring neurodegeneration over time and thereby the accurate and objective assessment of the effectiveness of new drug treatments.^{18 19 20} In this context, it has received a positive response from the ADDF diagnostic accelerator programme to begin studies on CCM as a biomarker for dementia in Qatar.

Health Policy and Social Research

Research into dementia has not been restricted to biomedical innovations. Outside of the aforementioned community surveys, comprehensive social research into policy and access to care for dementia has also progressed considerably in Qatar. Two research publications in particular stand out; 'Mental Health in Qatar: Challenges and Prospects', and; 'Dementia Care in Qatar: Producing an Evidence Base to Inform Policy and Practice'.

The former is the first of its kind in Qatar, a collaborative effort involving a number of experts across sectors to delve into the field of mental health within the Qatari landscape, having been edited by Amber Haque, Suhaila Ghuloom, and Livia Gilstrap and published in 2020.⁴ It details the historical context of existing mental health systems, access to relevant healthcare services within specific contexts - such as schools and workplaces - and ongoing challenges for equitable service provision. Though framed around mental health, this volume takes care in delineating between specific age demographics and their unique needs. It is through this lens that the burden of dementia is discussed as it pertains to the mental health of older adults in Qatar, in a dedicated chapter that highlights the history of policy governance, the projected scope of the burden, as well as potential future strategic directions and policy implications.⁴

The latter is a report published in 2019 as the result of collaborative research between Ehsan and Qatar University. The report in question is a qualitative study predominantly focused on the experience of care for persons with dementia as well as their families and carers, in an effort to address the knowledge gap that Qatar has in common with the rest of the Arab world. Outside of addressing these gaps, the data provided by this research is crucially important for a number of reasons. It gives voice to the perspective of carers, providing essential insight to the actual experience of care to contextualize Qatar's broader policy commitments, and gives due attention to a type of support network somewhat unique to the Arab world. It also addresses culture-specific considerations that could not be gleaned from the broader global context, such as the specific types of stigmas prevalent in Qatari society, how religion can affect the perception of dementia and the role of carers, as well as the many complex nuances of burden experienced by familial carers of persons with dementia, proposing a number of potential avenues for policy development to tackle those needs and the challenges experienced by them.

The key findings emerging from this qualitative baseline study have been disseminated through a number of academic publications and local and international conference venues; they contribute useful insights from an Arab and Islamic sociocultural perspective informing wider theory and practice in the region and beyond.^{22 23 24}

An earlier study undertaken by Qatar Foundation Doha International Family Institute in 2017 in collaboration with University of Calgary in Qatar, scrutinized the role of caregiving in the family home within the socio-demographic and economic context of Qatar. The report 'Caregivers for Elderly People in Qatar' proposes a set of psycho-educational interventions and policy implications, with a focus on strengthening home-based support and enhancing the role of women who represent the majority of providers of elderly care.²⁵ These findings apply to older persons living with or affected by dementia and are confirmed by the subsequent studies mentioned above.

OPPORTUNITIES TO BE CAPITALIZED ON AND THE WAY FORWARD

Qatar has stood out with a demonstrably strong political will and commitment to dementia care, and many countries can learn by its example. Significant efforts and concrete improvements have taken place at policy, practice and service delivery levels, together with increased awareness and education campaigns to sensitise both public and health and social care professionals. A number of enabling factors bolster Qatar's progress and must be capitalised in pursuit of improved care and well-being of older persons affected by dementia in the country.

The National Dementia Plan has provided a solid nationally endorsed framework and roadmap and an enabling environment for addressing healthcare challenges.³ Opportunities lie in systematically and effectively operationalising this plan and enhancing multi-sectoral stakeholders concerned with older persons' health and wellbeing.

STREAMLINING SERVICE PROVISION

MoPH has committed explicitly towards integrated services, propelling the move towards greater alignment and collaboration across health, social, community, academic and private sectors. The national stakeholder forum presents a supportive avenue to facilitate this further. Activating these relationships will expedite progress towards the National Plan's targets and mitigate hurdles encountered along the way.

COMMUNITY ENGAGEMENT

Qatar has given fair attention to including modes of representation and consultation with families, as evident by series of consultations with carers on a range of dementia-related policies and services, which culminated in the establishment of the Qatar Society/Association of Caregivers for Dementia Care. The opportunity lies in activating their role within Qatari society and enhancing their visibility and perceived added value to local communities.

BOLSTERING INTER-SECTORAL COLLABORATION

Current partnerships with local and international universities, including Qatar University, Weill Cornell Qatar, and University of Calgary, could also benefit from further translational research that can contribute towards strengthening Qatar's evidence base and societal impact. The central role of community-based entities is also being increasingly recognised and mobilised: by virtue of their outreach mechanisms to families that care for older persons with or at risk of dementia, their critical role in community-based public health education for prevention and early detection, and the psychosocial support they can provide throughout the dementia care journey. These include Ehsan, Qatar Red Crescent, Ministry of Social Development dedicated office for older persons, as well as informal social and religious support networks trusted by communities.

UTILISING CULTURAL AND RELIGIOUS NORMS

Another important opportunity that presents itself is the importance of capitalising on the special status held for older persons within Qatar's cultural and religious context. Sociocultural and religious beliefs and practices play a significant role in the care and treatment of persons with dementia. They can also positively influence coping mechanisms and sustained caregiving. Thus, intensifying awareness campaigns with resonant key messages derived from the Quran, hadith and cultural attitudes toward family and older persons is an opportunity to transform the stigma associated with dementia care to positive reward.

CONTINUAL PUSHES FOR AWARENESS

There is also an opportunity to improve awareness in the country. Currently, awareness campaigns and education campaigns are tied to International Alzheimer's Month and have been so for years. Improving the effectiveness of these campaigns requires that information sharing about dementia be ongoing across health, education and media sectors. Effective change needs both time and consistent corrective messaging.^{4 26 27}

THE WAY FORWARD: MITIGATING THE REMAINING CHALLENGES

As with the rest of the world, the increased longevity in Qatar's ageing population poses a higher risk for a corresponding increase in dementia. Good mental and cognitive health is crucial as it enables the older population to remain actively engaged in society, work productively and contribute to their communities and families. With this priority in mind, and the magnitude of dementia as a public health problem, dementia care remains infused with a number of global and local challenges.

At the global level, the COVID-19 pandemic has magnified the challenges faced by this population group rendering them even more vulnerable; many have slipped through the cracks and fatalities have risen alarmingly. Furthermore, despite efforts to support caregiving families who bear the greatest brunt of the disease from start to end of life, further work is needed to engage them as partners in care and relieve their mental and physical burden.

This is compounded by the aforementioned global lack of nationally oriented policies being adopted. While community and non-governmental stakeholder engagement has helped make up for this lack in some countries (see: Case Study), it is imperative that this be rectified and that swift policy action adapts to the needs of persons with dementia and their carers during the pandemic. With each country faced with the prospect of tailoring strategies to its particular ethnic, cultural and institutional makeup, there are lessons to be gleaned not only from Qatar's commitments and successes but also its gaps. Despite Qatar's taken genuine steps to push dementia to the forefront as a national health priority and the strides taken to adapt its service provision to the pandemic, there are a few challenges that could prevent these plans from being wholly effective such as the need to better streamline access to healthcare; the need to mitigate ongoing stigmas that can affect health-seeking behaviours; an overall lack of dementia friendly spaces; a deficit in specialized care personnel; a

disproportionately heavy burden of primary care for families of older persons with dementia, and; a lack of base-line epidemiological data. Below are key policy recommendations formulated to address the main gaps and challenges in Qatar.

CASE STUDY: Naturally, given the disease's origin, China was the very first country affected by COVID-19 pandemic, many countries can learn from China's response. Alzheimer's Disease China (ADC), ADI's China-based partner, was quick to share lessons learned from the initial outbreak period in an effort to mitigate harm to persons with dementia. The effort was spearheaded by Dr. Huali Wang, Vice Chairman of (ADC), through a presentation widely distributed by ADI that aimed to share her first hand experiences of the challenges and responses to dementia during the virus' initial spread. The information shared highlighted best practices and key information regarding the management of Behavioural and Psychological Symptoms of Dementia (BPSD), as well as other management strategies encompassing medication, support for carers, stress management, and Mental Health and Psychosocial Support (MHPSS). The advice was adapted for a variety of healthcare contexts, ranging from hospitals and assisted living facilities, to care homes, and carers themselves. ADC has continued to push for awareness and disseminating healthcare advice by participating in ADI's webinars, while releasing supporting documents on China's Mental Health and Psychosocial Support for Older Adults tailored for the COVID-19 outbreak, among other publications. With as many as 490 million people aged over 60 projected to make up part the country's population in 2050, China has the greatest overall increase in an aging population compared to the rest of the world. ADC has continually pushed for the adoption for a nationally oriented Dementia plan to better address the needs of persons with dementia in China. In its absence, the knowledge-sharing and advocacy on the part of ADC is crucial to bridging any gaps in care.²

POLICY RECOMMENDATIONS FOR QATAR

STREAMLINING HEALTH AND SOCIAL CARE

Further streamlining and integration of existing pathways of health, social and community-based care is required for both persons with dementia and their carers. Explicit guidelines should be widely disseminated for referral and management of care and systematic processes, including the role of home care teams. Community-based social and health professionals should be given a stronger role in early detection, referral and aftercare.^{4 26} Stronger preventative and education intervention is called for at policy, media, and community levels.

STIGMA REDUCTION

Help-seeking can often be delayed until dementia is in advanced stages due to stigma and misinformation. It is imperative to de-stigmatise the disease through education and ongoing awareness campaigns. It is also important to encourage more effective use and awareness of existing services for persons with dementia.^{28 29} Carers should also be encouraged to seek advice, psychosocial support and information from dedicated mental health helplines. There should be greater community engagement, involving schools, universities, media, mosques, community leaders and carers.²⁶

CREATING DEMENTIA-FRIENDLY SPACES AND SOCIAL SUPPORT FOR OLDER PERSONS

It is important to facilitate easier procedures and avenues dedicated to older persons, offering confidentiality and quick access to care. Qatar should also invest in dementia-friendly public places and dedicated daycare facilities, including peer support for carers.^{26 27 30} The country's social safety net and protective legislation need to be developed further, as they are also essential to protecting persons from abuse and neglect.

EASING THE BURDEN OF CARE BORNE BY FAMILIES

Caregiving families bear a heavy burden and responsibility of primary care; they need more advice and support throughout the caregiving journey. Families should be provided with knowledge, resources and information about the disease, its stages and existing support services. Families should be acknowledged as critical partners in care. Moreover, carer support should be provided through counselling, advice, peer support groups, daycare opportunities, flexible work options and financial assistance when needed.^{26 27 31 32}

Establishing baseline epidemiological and social data

This is key to supporting service planning and prevalence of dementia. In the case of Qatar, this means disseminating key findings of community surveys under way and other data sources with professionals and researchers. Sociocultural insights emerging from recent qualitative studies should also be taken into account. Further research should also be encouraged to improve the knowledge base in Qatar, including older persons and families in research and policy development.^{4 26 27}

FACILITATING MORE SPECIALISED PROFESSIONALS IN RELEVANT FIELDS

There is a lack of specialised human resources in geriatric psychiatry and gerontology among health and social care professionals, which must be rectified by the intentional recruitment of specialists in this area, coupled with the training and sensitisation of existing staff. Capacity building of front-line social and healthcare workers, to improve early detection and advice, is also advised. Modules on gerontology and cognitive geriatric diseases should also be encouraged in higher education institutions in Qatar.

CONCLUSION

Attending to the needs of persons with dementia and their carers has never been more critical than now as current events have only served to compound pre-existing problems that they face. Among these problems are stigma, a lack of multi-sectoral coordination to streamline care and an overall paucity in research. This primarily stems from a lack of coordinated effort at the national level throughout the globe to commit to tackling dementia and its associated burdens.

Qatar stands out in this regard, having an established history of prioritising dementia at the national level, and laying the groundwork for the collaboration of stakeholders operating at multiple levels, from primary healthcare, to public health policy, to social and community carers and advocates, as well as government entities not directly adjacent to healthcare.

Qatar's efforts have been bolstered further by the adoption of the QNDP, which has facilitated a number of broad, nationally implemented policies oriented towards service provision and awareness, as well as being reflexive to the COVID-19 pandemic, with a number of strategic policy goals planned for the future. Qatar is also home to novel biomarker research that has the potential to vastly streamline the diagnosis of dementia.

There are still persisting gaps that prevent the QNDP from fully attaining its goals in transforming Qatar into a Dementia friendly country, which can be broadly described as such; the need to better streamline access to healthcare; the need to mitigate ongoing stigmas that can affect health-seeking behaviours; an overall lack of dementia friendly spaces; a deficit in specialized care personnel; a disproportionately heavy burden of primary care for families of older persons with dementia, and; a lack of base-line epidemiological data. However, just as the ongoing challenges are clear, so is the roadmap to improving dementia care in Qatar. The broad political will, and commitments of various stakeholders, that have laid the institutional groundwork and generated momentum in Qatar can only serve to benefit further from the lessons learned, which will help ensure that the country continues to go in the right direction in supporting persons with dementia and their carers in the future.

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