

ASAD Newsletter

Introduction to Quarterly Newsletter

Issue. 01

Dear ASAD Members,

The ASAD Board has agreed that a regular newsletter would be a good means to increase communication with members.

Hence, I am very pleased to introduce our first quarterly newsletter which includes a message from Prof Manabu Ikeda and Ryuji Fukuahara, the Chair and Chief Secretary respectively of the 9th ASAD which was so successfully held in Kumamoto recently.

The main part of the newsletter is a very insightful and inspiring speech delivered by the Honorable Mr. Yasuhisa Shiozaki, Minister of Health, Labour and Welfare of Japan. It is our privilege to have him agree to share his innovative ideas with ASAD members.

I would like to update members that the 10th ASAD (2016) will be held in Hangzhou, China in collaboration with Zhejiang University and the National Clinical Centre for Mental Disorders. The theme will be Innovations and Collaborations for Cognitive Health. The date would be announced soon but tentatively, late October is the most likely time.

Finally, I would like to encourage members to encourage and propose healthcare professionals working or researching in dementia to consider joining ASAD.

Together, we can make an impact on the understanding and management of dementia in Asia.

With best wishes,

**Christopher Chen
Secretary-General, ASAD**

ASAD Newsletter

9th ASAD in Kumamoto, Japan

Issue No. 01

Dear participants of the 9th ASAD,

On behalf of the 9th ASAD, in Kumamoto, Japan, we are delighted to extend our sincere gratitude to each one of you who have attended this congress.

The number of the participants has reached 620 persons from 13 countries and regions in Asia. We certainly hope that the congress has been all that you expected it to be and that you have got the opportunity to discuss or to exchange the ideas with the researchers from various regions.

Moreover, we are pleased to present you the speech given in the opening ceremony on 14th September by the Honorable Minister of Health, Labour and Welfare of Japan, Mr. Yasuhisa Shiozaki. In response to faculty member's eager requests, he kindly gave us permission to open his whole speech on our Website.

We are looking forward to meeting you again in the next ASAD in 2016.



Manabu Ikeda, M.D. Ph.D.

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ASAD Newsletter

9th ASAD in Kumamoto, Japan

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Keynote Address by

Yasuhide Shiozaki

Minister of Health, Labour and Welfare

at The 9th International Congress of

The Asian Society Against Dementia

September 14, 2015

Introduction

Distinguished guests, colleagues in medicine and public health, ladies and gentlemen, good morning.

First, I would like to thank the Asian Society Against Dementia and its Chairman, Professor Manabu Ikeda, for organizing the 9th International Congress, which is the first meeting in Japan, bringing together so many well-known experts representing such a wide range of disciplines and topics under the theme of "New research horizons for dementia in Asia". I would also like to thank Governor Kabashima for hosting this congress here in Kumamoto, which is the leading prefecture in elderly care in Japan, under the strong leadership of Governor Kabashima.

I am confident that we can make a difference at the global, national and community levels to tackle one of the most urgent global health priorities, dementia. This can only be made possible by exploring every possible means and working together with all of you sitting here today.

As the Minister of Health, Labour and Welfare of Japan, I will be giving my thoughts on Japan's global health contributions in the act against dementia.

My vision for Japan's responsibility in an aging world

As a boy, I dreamt of becoming a diplomat. I wanted to contribute to the best possible solutions for international and global challenges, which benefit not only the Japanese but all mankind. Since I became an elected legislator, I have been engaged in various global issues ranging from financial crises to national security. However, I believe no issue is more pressing, nor has more serious global implications than health care, for which I am responsible as the Minister of Health, Labour and Welfare. Today, I would like to tell you why, and what Japan can do.

Japan is the healthiest society in the world. It has achieved the best health outcomes, at low cost in an equitable way. For example, Japan remains the world leader in terms of healthy life expectancy. However, Japan is aging faster than the rest of the world at an unprecedented pace. Currently, people aged 65 and over are about one-fourth of the population. By 2025, this proportion will be about 30%. As you may know well, many countries in Asia will follow this path. Japan as the pacesetter for this situation has a responsibility to share its lessons, both successes and failures.

Life expectancy is always used as the marker of health outcomes. However, as society ages it is not good enough. We need to consider the quality of those extra years of life. To improve healthy life expectancy, we should not only extend life expectancy. We also need to reduce the years lived with disabilities from non-communicable diseases such as dementia.

The key issue here is that, according to the Global Burden of Disease study, we are observing the "expansion of morbidity" across the globe. This is a global phenomenon, which is imposing a huge burden on both health care and long-term care. To improve the quality of life of the growing elderly population and reduce the challenge posed by aging, we need to slow down this expansion of morbidity. We must also learn how to handle it.

This January, I participated in the World Economic Forum Annual meeting in Davos, first time as the Japanese Health Minister. I discussed with Health Ministers from around the world, leaders from international organizations such as the World Health Organization and the World Bank, and representatives of global-health organizations such as the Bill and Melinda Gates Foundation. Surprisingly, there was strong interest in the way Japan tackles the challenges of aging. We also deepened discussion about common issues, which every country is facing. These include non-communicable diseases and the sustainability of health care systems.

As part of this commitment to sustainability, participants reaffirmed the importance of promoting Universal Health Coverage or UHC. UHC ensures all people have access to affordable basic health services. Japan has placed it at the center of our strategy for global health diplomacy. Our Prime Minister, Shinzo Abe, reaffirmed this commitment in both the UN General Assembly and the prominent medical journal, *The Lancet*.

Richard Horton, editor-in-chief of *The Lancet*, once wrote, "Japan is a mirror for our future". That is, "The success of Japan's health system matters not only because of its importance to Japanese citizens, but also because Japan is a barometer of Global health."

I feel exactly the same. I believe that what other countries see in Japan can offer lessons – and hope – for the future of health in their own societies.

Ladies and gentlemen, Japan must take a leadership role in overcoming healthcare challenges in aging societies. I think it is essential that we show a sustainable and equitable system. This system must promote healthy life expectancy, and the effective use of medical innovations. I also strongly believe that the contribution to global health is an essential part of Japan's domestic healthcare future. Because of this, Japan is fully committed to promoting global health issues. We will do this at the Ise-Shima Summit and the G7 Kobe Health Minister's

meeting in 2016. We will promote global health as we look towards the Tokyo Olympic and Paralympic Games in 2020 and in the years beyond.

“The Japan Vision: Healthcare 2035”

This commitment is exactly the reason why I established the “Health Care 2035” Advisory Panel last February. I strongly felt that Japan needed to develop a forward-looking and bold healthcare vision for the year 2035, 20 years from now. We have to shape policies to resolve short-, medium- and long-term issues, and implement them based on the vision.

In this Panel, chaired by Kenji Shibuya, Professor at the University of Tokyo, I convened future leaders with diverse expertise, ranging from medicine, public health, economics, business and an NGO leader in international emergency and humanitarian assistance. I even invited young members from our Ministry, which is unusual for such a formal panel in Japan. These members were in their 30's and 40's, and will be still active on the front line in 20 years. Members with diverse backgrounds engaged in heated discussions free from traditional mindsets and across public-private and generational boundaries. This June, they finalized the report, the “Japan Vision: Health Care 2035”. I would like to briefly summarize what we learnt from this panel, and its implications for an aging world.

This report recommended a move beyond mere system maintenance. It recommended integrating health care into social and community frameworks around the country. This will require that we connect with resources from the private and nonprofit sectors. We will need to consider lifestyles and behaviors; work environments; housing and communities; economics; and the values of the people the health care system is built to serve. Health care must be rebuilt as a new social system.

A health care system that successfully integrates services like long-term care with housing, community-building, and work styles requires a shift in its values and key principles. The health care system of the next 20 years requires a paradigm shift that transforms it from a clinical and curative focus into the multidisciplinary health care system we envision.

Ladies and gentlemen, such a system approach in health care is essential to tackle the challenges posed by dementia – it is not just healthcare, but long-term care, community support and social determinants that matter in aging societies. Our vision binds all of these fragmented separate themes together into one system.

At the Ministry, officials are spending long days and nights scrutinizing more than 120 policy recommendations from the Health Care 2035 report. I asked our staff to commit with a determination to “Never delay necessary reforms.” We are poised to take the actions necessary to embody this vision, “Health Care 2035” provides a new perspective on how to handle the unprecedented aging of modern society.

Our story: Dementia as a national and global health priority

Now let us look at the world we are living in today. It has become more interconnected. It has seen a rapid health transition: from communicable to non-communicable diseases, faster than we expected. Likewise, dementia is not only an issue in developed countries, but is becoming a major global health challenge. That is exactly why we are here today.

The “World Alzheimer Report 2015: Global Impact of Dementia” published by Alzheimer’s Disease International, summarizes the current situation and future projections. 47 million people worldwide are living with dementia in 2015, and approximately 10 million are newly developing dementia each year. This figure will almost double every 20 years primarily in the low- and middle- income countries.

The most dramatic increase in the dementia burden will be observed in Asia. The World Alzheimer Report shows that half of all persons with dementia are now in Asia. It is therefore timely that this 9th Congress is held in Japan with researchers from 13 Asian countries.

In Japan, one-seventh of those aged 65 and over, 4.6 million, have dementia, and this is expected to be one in five, around 7 million, in 2025. If we add mild cognitive impairment, currently one-fourth of the elderly are either persons with dementia or those in its preliminary stages. Dementia is now one of the “common” diseases. In such a society, we should look to provide support so that persons with dementia can live well with dementia. We must recognize that they are not only patients to be provided with care.

Ladies and gentlemen, it is a social system that is needed urgently, to support these people, not just a narrowly defined health system.

In accelerating dementia measures, strong political leadership is critical. Japan hosted the Global Legacy Event in Tokyo last November. At this event, Prime Minister Shinzo Abe declared that Japan would formulate a new action plan for dementia. This will involve collaboration across government to implement the strategy in a holistic way to support the lives of people with dementia.

In January this year, we launched “The Comprehensive Strategy to Accelerate Dementia Measures”, the so called “New Orange Plan”. This plan aims to realize an age- and dementia-friendly community. I believe that it is a landmark initiative. “New Orange Plan” is the first national strategy, which aims to challenge our status quo and change the mindset of the society to tackle dementia. It consists of a series of multi-sectorial and multi-disciplinary actions formulated by our Ministry in collaboration with 11 other government agencies.

This plan has 7 pillars, none of which stands in isolation. Every region in Japan has different needs, and different stages of dementia care require different support. Because of this, the “New Orange Plan” links together medical and community care with research and government leadership. Through innovation, coordination and local support, the plan provides a truly unique scientific and health system framework for tackling dementia.

For example, the plan includes support for “Dementia supporters”, a program which Japan can be proud to share with the world. In this plan, people with proper knowledge and understanding on dementia can support people with dementia and their families. We already have 6.3 million “Dementia Supporters” and are aiming at 8 million in 2017. Kumamoto is famous for producing the most “Dementia Supporters” in our country. Look at this orange bracelet in my arm which is given to those who completed the program. Of course I am one of the big supporters.

However, early diagnosis and early intervention is essential for care to be most effective. We plan to implement early diagnosis plans in work in all municipalities by 2018. Healthcare, long-term care, and living support services will be properly coordinated under the “New Orange Plan”. All care plans will be person-centered and aim to keep people with dementia living in the community.

Here in Kumamoto, we have a “Kumamoto Model”. This system consists of Kumamoto University as a core center and some regional centers with the aim of reducing the gap in care among regions. It features systematic human resources’ development, and a consolidation of cooperation between the Medical Center and local society. Kumamoto Prefecture provides a useful insight into how the goals of the “New Orange Plan” can be achieved.

Lastly, I would like to talk about research and development. We are closely collaborating with the Ministry of Education, Culture, Sports, Science and Technology. We need new drugs, better diagnostic tools, and a better understanding of the basic biology and epidemiology of dementia. So, our Ministry will start five projects.

We will soon be implementing a nationwide cohort study in order to find evidence for personalized treatment and prevention strategies. We will support genomic research linking brain imaging, histopathology and dementia risks, as well as research of super centenarians. We will open a Center of Excellence for Dementia. This Center will bring new discoveries to the drug development stage, especially a disease modifying therapy. We are introducing a

registry for persons with dementia, mild cognitive impairment, and people at the pre-clinical stage, and organizing a support structure for clinical research such as investigator-initiated trials.

By accumulating, analyzing, and sharing information about dementia care, I think we can create evidence about dementia care. This will benefit people with dementia and their families not just within Japan but across the Asian region. I strongly believe that it is only through a world-wide dementia initiative and international cooperation that we can overcome this unprecedented challenge.

Finally, we should not forget that there is indeed a hope. A series of recent research suggests that there is growing evidence on the management of some symptoms and the stresses of careers, and possible role of life-style interventions. Through our innovative research I hope we can identify ways to prevent dementia. If we could apply this knowledge in early and middle stages of life, we can beat this disease.

Closing: Act NOW

Ladies and gentlemen, dementia is a major global health challenge and it is in Asia where the dementia burden is expected to be greatest. Millions of people with dementia and their families are eagerly awaiting scientific breakthroughs and social innovations to help them with this disease.

It is you who are sitting in the room today, who will be able to make these breakthroughs. And I, as an elected legislator, will continue to make every effort to support the scientific community in tackling dementia.

With knowledge, passion and commitment, I am confident that, together, we can make a huge difference at the global, national and community levels. I look forward to the debates over the next few days with great anticipation, and wish this congress a great success.

Thank you.