

The Dementia Symposium  
Commemorating the G7 Health  
Ministers' Meeting in Nagasaki  
“Collaboration in the International Community  
for Advancing Dementia Measures in a New Era”



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Health Ministers' Meeting in Nagasaki  
“Collaboration in the International Community  
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Date	14 May, 8:30-10:30 (JPN)	
Language	English / Japanese (Simultaneous Interpretation)	
Timetable		
	MC: Kosuke Wada, Counselor for Dementia Policy, Ministry of Health, Labour and Welfare	
	1 Opening Remarks	0830-0835
	2 Special Remarks	0835-0855
	3 Address from People with Dementia • <b>Kazuko Fujita</b> , CEO of Japan Dementia Working Group • <b>Morio Suzuki</b> , President of Alzheimer's Association JAPAN • <b>Yutaka Tanaka</b> , KIBO TAISHI of Nagasaki Prefecture	0855-0910
	4 Panel Discussion 1 “Inclusion” • Chair : <b>Professor Kenji Toba</b> , CEO of Tokyo Metropolitan Institute for Geriatrics and Gerontology • <b>Paola Barbarino</b> , CEO of Alzheimer's Disease International • <b>Dr. Joanne Pike</b> , President and CEO, Alzheimer's Association • <b>Dr. Shuichi Awata</b> , Chair of Integrated Research Initiative for Living Well with Dementia • <b>Fiona Carragher</b> , Director of Research and Influencing, Alzheimer's Society	0910-0945
	5 Panel Discussion 2 “Risk Reduction and Innovation” • Chair : <b>Dr. Haruhiko Akiyama</b> , AMED • <b>Professor Takeshi Iwatsubo</b> , The University of Tokyo • <b>Professor Bart De Strooper</b> , University College London • <b>Professor Philip Scheltens</b> , Chair World Dementia Council • <b>George Vradenburg</b> , Founding Chairman, Davos Alzheimer's Collaborative	0945-1020
	6 Special Contents	1020-1025
	7 Closing remarks • <b>Lenny Shallcross</b> , Executive Director, World Dementia Council • <b>Dr. Kiyoshi Kurokawa</b> , Chairman, HGPI/ Vice-Chair, World Dementia Council	1025-1030

# People with Dementia

## Kazuko Fujita

CEO of Japan Dementia Working Group  
KIBO TAISHI of JAPAN  
KIBO TAISHI of Tottori city Prefecture

### Biography:

Kazuko Fujita was born in Tottori City in 1961. She worked as a nurse for 15 years and cared for her mother-in-law with dementia for 9 years. 45 years old, she was diagnosed with juvenile Alzheimer's disease and began to express her perspective with dementia. 2014, she participated in the establishment of Japan Dementia Working Group (JDWG) and has served as its representative director since 2017. She runs a salon with local residents to "think about how to live one's own life with dementia," is a member of the executive committee of "Meeting with Person with Dementia," and is a counselor for the person with dementia at "Orange Door Tottori," which provides peer support.



## Morio Suzuki

President of Alzheimer's Association JAPAN

### Biography:

Morio Suzuki was born in Aichi Prefecture in 1952, he graduated from the School of Social Welfare at Aichi Prefectural University in 1974. He worked as a medical social worker and care manager at hospitals and nursing care facilities. In 1984, he participated in the establishment of the Ishikawa branch of the "Society for Family Members of Dementia" and served as its sponsor. In 2015, he became a director of the headquarters of the "Alzheimer's Association Japan" and in June 2017, he became the representative director. He is a member of the executive committee of the Japan Dementia Public-Private Council and a mental health worker.



## Yutaka Tanaka

KIBO TAISHI of Nagasaki Prefecture

### Biography:

Yutaka Tanaka lives in Nagasaki. He is 54 years old. He was diagnosed with Alzheimer's disease in 2017 at about age 50.

"I want to be a voice for people with juvenile dementia. I believe that the number of people with juvenile dementia will increase in the future, so I want to spread awareness so that those who develop the disease later will not have to worry about it." With this in mind, he became the "KIBO TAISHI of Nagasaki prefecture" in 2022. In 2023, he started the "Orange Talking Group" for people with dementia and their families.



## Tomofumi Tanno

Vice representative Director of Japan Dementia Working Group

KIBO TAISHI of JAPAN

### Biography:

Tomofumi Tanno was born in Miyagi Prefecture in 1974. After graduating from Tohoku Gakuin University, he joined Netz Toyota Sendai. In 2013, while working as a top salesman, he was diagnosed with juvenile Alzheimer's disease. After his diagnosis, he moved from a sales position to a clerical position and continued working, and is currently working to spread social understanding of dementia. In 2015, he established "Orange Door," a comprehensive Mono forgetfulness consultation service for people with dementia, and serves as the representative of the executive committee. He energetically engages in activities to talk about his own experiences.





# Chair and Speakers profile

## Prof. Kenji Toba

CEO, Tokyo Metropolitan Institute for Geriatrics and Gerontology

### Biography:

- 1985-1994 Assistant Professor Department of Geriatric Medicine, The University of Tokyo
- 1995-1996 Lecturer Department of Geriatric Medicine, The University of Tokyo
- 1996-2000 Associate Professor Department of Geriatric Medicine, The University of Tokyo
- 2000-2010 Professor and Chairman at the Department of Geriatric Medicine, Kyorin University School of Medicine
- 2006-2010 Director at the Center for Comprehensive Care on Memory Disorders (Kyorin)
- 2010-2013 Director, Hospital of National Center for Geriatrics and Gerontology (NCGG),  
Director at the Center for Comprehensive Care and Research on Memory Disorders (NCGG)
- 2014-2019 President, National Center for Geriatrics and Gerontology (NCGG)
- 2019- CEO, Tokyo Metropolitan Institute for Geriatrics and Gerontology (TMIG)



### Membership of Academic Society:

- The Japan Geriatrics Society (Honorary Member)
- The Japan Gerontological Society (Director)
- Japan Dementia Society (Honorary Member)
- Chair, Advisory Committee for Dementia Policy (Cabinet Office) 2019-
- Medical Scientific Advisory Board Member of Alzheimer's Disease International 2022-
- Chair, 12<sup>th</sup> International Gerontology and Geriatrics Society, Asia Oceania Region 2023

# Paola Barbarino

CEO of Alzheimer's Disease International

## Biography:

Paola is CEO of ADI. Prior to this, she was CEO of LIFE and occupied senior positions with Cass Business School, Tate, British Library and IIED. She is a Trustee of the Postal Museum and Mail Rail and of Lauderdale House and a Council Member of the World Dementia Council. Previously she was a Non-Executive Director of the Non-Communicable Disease Alliance (NCDA), a Trustee of Shelter and of MLA London. She holds a degree cum laude in Classics from Federico II Napoli University, an MA in Field and Analytical Techniques in Archaeology and an MA in Library and Information Science both from University College London.



## Abstract:

Dementia is a condition which currently affects 55 million people globally, a figure which is expected to rise to 139 million by 2050. With more people expected to be living with dementia than ever before, it is important that more is done to ensure our societies are inclusive for those living within them.

There have been major innovations to create a more dementia friendly society. One such early initiative was through the development of dementia friendly care homes and public places. Many G7 countries and beyond, have embraced this initiative, allowing people with dementia to continue living fulfilling, independent and enriching lives.

As we move forwards, new challenges will be beset upon governments, health care systems and those living with dementia. Employment law remains a key area where policy leadership is required. We must look at new and innovative ways to ensure that carers and those living with dementia remain in employment, for as long as they are able to, or feel comfortable doing so. Long term care must be better funded and resourced and provide more care at home and in the community and address shortages in care workforce. G7 state however cannot rely on bi-lateral agreements to ameliorate shortages in care staff in the long term.

Research must be more inclusive to ensure Low-and-middle income countries and minority groups are included, especially within clinical trials for new therapeutics. New treatments risk increasing the void of inequality and accessibility. While there are many things that we as a community can do, it is only governments who can truly address this inequality. Finally, all

stakeholders must work to ensure that new treatments are priced sustainably and compassionately.

Collectively we must ensure dementia inclusive societies does not become a buzz word or phrase, but a series of principles that we manifest in our actions, to truly improve the lives of those living with dementia and their carers, all across the world.





# Dr. Joanne Pike

President and CEO Alzheimer's Association®  
Alzheimer's Impact Movement (AIM)

## Biography:

Joanne Pike, DrPH, is president and CEO of the Alzheimer's Association®, the global leader in Alzheimer's and dementia care, support and research. With her progressive experience in social support and public health, she is leading the organization during a transformational period as novel treatments are emerging.

Since joining the Alzheimer's Association in 2016, Dr. Pike has held several roles, highlighting her increasing leadership within the organization and the cause. During her 25 years in public health, she successfully leveraged public and system policy to advance public health outcomes with a particular emphasis on outreach to underrepresented and underserved communities.

Dr. Pike is also president and CEO of the Alzheimer's Impact Movement (AIM), a separately incorporated advocacy affiliate working to advance and develop policies to overcome the disease. The Alzheimer's Association is a worldwide voluntary health organization dedicated to Alzheimer's care, support and research. Our mission is to lead the way to end Alzheimer's and all other dementia — by accelerating global research, driving risk reduction and early detection, and maximizing quality care and support. Our vision is a world without Alzheimer's and all other dementia®. For more information, visit [alz.org](http://alz.org).

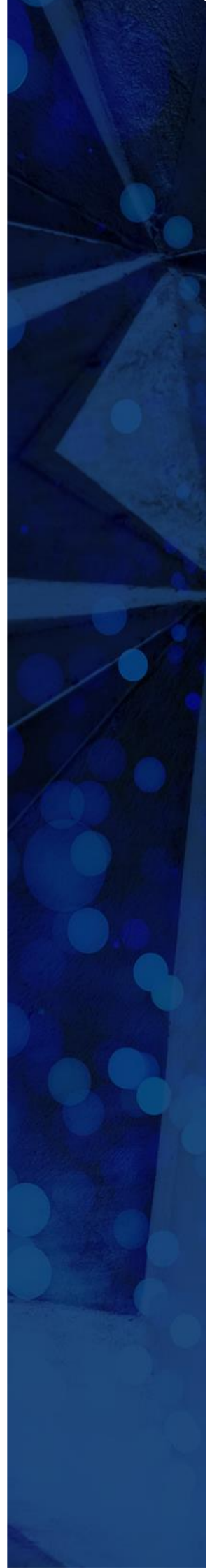


## Abstract:

Since its founding in 1980, the Alzheimer's Association has been at the forefront of breakthroughs in research, advocacy, and support surrounding Alzheimer's and dementia. A critical component of these advancements has been the Association's thoughtful inclusion of individuals living with dementia as key stakeholders in the work. The Association has been leading and convening individuals living with dementia as stakeholders for nearly two decades. Their input and guidance helps to ensure that the priorities and work of the Association are aligned with the true needs of those living with the disease and their caregivers. This engagement has had significant impact and influence on dementia care, practice, policy, and research across the country.



Understanding what matters most to individuals living with dementia has become a primary focus of our work including how to live well, the importance of treatments, and defining good care. At the same time, collaborating with individuals living with dementia in the development and refinement of outcome measures for what matters most is moving the research field forward and becoming more inclusive.



# Shuichi Awata

Integrated Research Initiative for Living Well with Dementia  
Tokyo Metropolitan Institute for Geriatrics and Gerontology

## Biography:

Shuichi Awata is a chair of Integrated Research Initiative for Living Well with Dementia (IRIDE) at Tokyo Metropolitan Institute for Geriatrics and Gerontology (TMIG). After graduating from University of Yamagata Faculty of Medicine in 1984, he worked for Tohoku University Hospital as a clinical psychiatrist (1984-2005) and served as an associate professor of Department of Neuropsychiatry, Tohoku University Graduate School of Medicine (2001-2005), a director of Division of Neuropsychiatry and Medical Center for Dementia, Sendai City Hospital (2005-2009), and a director of the Research Team for Promoting Independence and Mental Health at TMIG (2009-2020). In 2020, he was appointed as vice president of TMIG and a chair of IRIDE. Currently he also serves as vice president of the Japan Society for Dementia Research (JSDR), an executive board member of the Japanese Psychogeriatric Society (JPS) and the Japanese Society for Dementia Care (JSDC), and a member of the Advisory Council for Social Security, Ministry of Health, Labor, and Welfare, and the Council for Promoting Dementia Measures in Tokyo. His studies focus on promoting independence and wellbeing of older people and creating an inclusive and sustainable dementia-friendly society through multidisciplinary approaches.



## Abstract:

During the past decade, the national dementia plan in Japan moved toward creating an inclusive and sustainable dementia-friendly society. The Orange Plan published in 2012 aimed to realize a community-based integrated care system to support the lives of people living with dementia (PWD) and their families. Along with these developments, the voices of PWD are starting to be heard. In 2014, the Japan Dementia Working Group (JDWG), the organization of PWD, was established. The group's representative, Ms. Kazuko Fujita, talked about her experiences using the phrase "blank period". Her talk had a substantial impact on dementia policy in Japan. The New Orange Plan in 2015 stated that every measure must prioritize the perspectives of PWD and promoted "a dementia meeting", a meeting held by PWD themselves to talk about their thoughts, voice their opinions, and participate in the creation of communities. These movements stepped forward in line with the

National Framework for the Promotion of Dementia Care published in 2019. In 2020, five persons with dementia were appointed as Ambassadors of Hope to promote the communication of their voices to the public. In parallel with these developments, a variety of dementia-friendly initiatives emerged and contributed to the coproduction of a dementia-friendly environment, and the Public-Private Partnerships Council was established at the national level and gradually at the local level.

Due to population ageing, the number of PWD is expected to increase steadily during the first half of the 21 century. In Japan, the prevalence rate of dementia in the older population age 65 years and older is on track to reach 20% by 2030. Particularly noteworthy is the remarkably increasing number of oldest-old people age 85 years and older living alone with dementia. These individuals have complex needs in terms of health, housing, finance, everyday life, protection for rights, and so on. However, because of cognitive decline and social isolation, they often find it difficult to obtain adequate support. In addition, we have repeatedly learned that social isolation among older people is amplified during emergency situations such as disasters and pandemics. Many countries around the world may face a similar situation. As a response to global population aging, it is crucial to develop inclusive and sustainable dementia-friendly societies where everyone has meaningful social connections regardless of age, sex, race, functional ability, household type, place of residence, and disaster or pandemic situation.

# Fiona Carragher

Director of Research and Influencing, Alzheimer's Society

## Biography:

Fiona Carragher joined Alzheimer's Society as Executive Director of Research and Influencing in January 2019. She plays a pivotal role at the Society as we aim to be a leading force for change and improve the lives of people affected by dementia now and in the future. Fiona is a Clinical Biochemist by background and a Fellow of the Royal College of Pathologists. Driving evidence-based policy making and connecting science and research into practise has underpinned her career. Before joining Alzheimer's Society Fiona was the Deputy Chief Scientific Officer for NHS England providing leadership for the 50,000 healthcare science professionals in the NHS and expert advice to the health system on science, innovation, and diagnostics. She led a broad portfolio of policy responsibilities including establishing the UK Antimicrobial Resistance Diagnostics programme, the system wide Action Plan on Hearing Loss and the CSO Knowledge Transfer Partnership programme. She is a passionate advocate for women in health and led the establishment of the first Women in Science and Engineering fellowship programme in the NHS. In recent years Fiona has broadened her Board level experience as a Trustee of the world-leading UK Dementia Research Institute and Non-Executive Director as Kent and Medway Health and Social Care Partnership NHS Trust. She is a Member of the National Physical Laboratory Science and Technology Advisory Council and Chair of the Government Chemical and Biological Metrology Programme Expert Group.

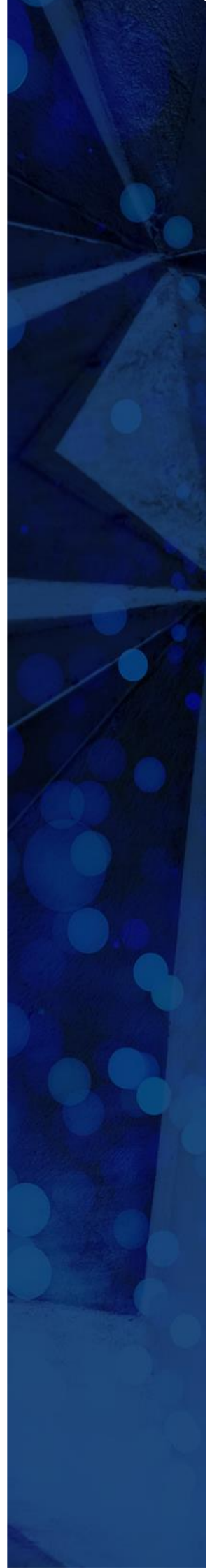


## Abstract:

We're together because we recognise that dementia is a global challenge. Dementia is amongst our biggest killers and affects healthcare systems, economies and people on scale. The case for change needs to be heard by decision makers everywhere. This is our chance. By working together, challenging each other, learning from each other about what works and what doesn't we have a unique chance to offer help and hope to people living with dementia. To achieve true and genuine change, people living with dementia must be involved. No other group of people understands the challenges of dementia as they do. It is our responsibility to ensure that, when we are working out how to do better, we listen to them. Inclusion and involvement takes time, resources and willingness to listen and



learn. Those people most impacted by the injustice and inequalities of dementia will be amongst those hardest to reach but this should not stop us. As the UK's leading dementia charity delivering services, funding world-class research and influencing for policy change, Alzheimer's Society has the reach and expertise to reach people affected by dementia. As a global team let's work together for a world where dementia doesn't devastate lives as it does now.



## Dr. Haruhiko Akiyama

Japan Agency for Medical Research and Development  
(AMED)

### Biography:

- 1980-1981 Resident, Department of Neurology, Kyoto University Hospital
- 1981-1983 Medical Staff, Kansai Denryoku Hospital
- 1987-1990 Visiting Scientist, Kinsmen Laboratory of Neurological Research, University of British, Columbia, Canada
- 1990-1991 Clinical Fellow, Department of Neurology, Kyoto University Hospital
- 1991-2000 Department of Neuropathology, Tokyo Institute of Psychiatry
- 2000-2005 Head, Department of Psychogeriatrics, Tokyo Institute of Psychiatry, Tokyo Metropolitan Organization for Medical Research
- 2005-2011 Senior Research Director, Tokyo Institute of Psychiatry, Tokyo Metropolitan Organization for Medical Research
- 2011-2016 Senior Research Director, Dementia Project, Tokyo Metropolitan Institute for Medical Science
- 2014-2020 Board Chairman, Japanese Society for Dementia Research
- 2016- Director, Department of Clinical Research, Yokohama Brain and Spine Center
- 2020-2023 Program Officer, Research and Development Grants for Dementia Japan Agency for Medical Research and Development
- 2023- Program Supervisor, Research and Development Grants for Dementia Japan Agency for Medical Research and Development



### Major Research Interests:

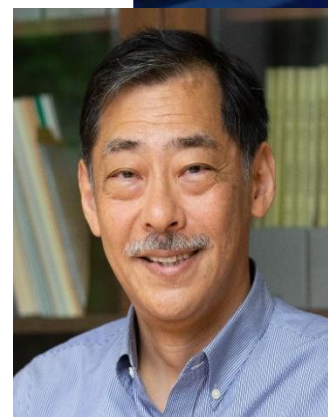
Pathogenesis of Alzheimer's disease and related neurodegenerative diseases, Diagnosis, treatment, and risk reduction of dementia diseases

# Prof. Takeshi Iwatsubo

The University of Tokyo

## Biography:

Takeshi Iwatsubo is a Professor of Neuropathology at the Graduate School of Medicine, The University of Tokyo. He also serves as the Director of the National Institute of Neuroscience, National Center of Neurology and Psychiatry, and the Chairman of the Japan Society for Dementia Research. Trained as a neurologist and neuropathologist, Iwatsubo has contributed to the studies of human neurodegenerative disorders, especially Alzheimer's and Parkinson's disease, using multidisciplinary approaches. He demonstrated that A $\beta$ 42 is the initially deposited species in senile plaque amyloid, elucidated the process of  $\gamma$ -secretase complex formation and identified phosphorylated  $\tau$ -synuclein as a component of Lewy bodies. He has been the Principal Investigator of the Japanese AD Neuroimaging Initiative (J-ADNI) and currently serves as the PI of the Japanese Trial Ready Cohort for Prevention of Alzheimer's Disease (J-TRC). Recently, he served as a member of the data analysis team of Clarity AD clinical trial of an anti-amyloid antibody drug lecanemab. Iwatsubo was awarded the MetLife Foundation 2008 Award for Medical Research, and the 2012 Potamkin Prize for Research in Pick's, Alzheimer's Disease and Related Diseases.



## Abstract:

Innovations toward risk reduction and therapeutics of dementia: a Japanese academic perspective

In view of the rapid increase in patients with dementia and Alzheimer's disease (AD) in Japan and worldwide, there is a compelling need for innovations to promote risk reduction of dementia and develop effective therapies to treat and prevent dementia. Japanese academic researchers have aimed to bridge the achievements in basic dementia research to the global clinical studies like Alzheimer's disease neuroimaging initiative (ADNI), to create biomarkers and effective therapeutic strategies against dementia. These efforts evolved into the development of disease-modifying therapies, e.g., lecanemab, an anti-amyloid  $\beta$  antibody drug, which was shown to delay the clinical progression in early AD, and approved using the accelerated pathway by the U.S. FDA in 2023. To pursue the possibility to treat AD at the asymptomatic (preclinical) stage, a trial-ready cohort for the prevention of AD (J-TRC) was established, and participants are being enrolled in a secondary

prevention trial (AHEAD study) using lecanemab. What, then, will be required for the future success of world-wide dementia innovation? Bridging top-notch basic sciences to dementia clinical innovations, accelerating sharing of data, knowledge and resources, and fostering young scientists who jump into dementia research should be vital to promoting research. Developing effective biomarkers and redoubling research efforts on non-AD dementia, e.g., DLB and FTD., also are crucial. Encouraging public-private partnership in non-exclusive (e.g., ADNI) and competitive (e.g., AHEAD) settings will expedite the clinical applications. Increasing public and private funding for dementia research, and establishing national dementia act, like National Alzheimer's Project Act in the US, will be mandatory, especially in Japan. We should not forget always to include people with dementia in every step of dementia research. We believe all these innovative efforts will pave the way toward the prevention and cure of dementia in the near future.



# Prof. Bart De Strooper

University College London

## Biography:

Bart De Strooper is the founding director of the UK Dementia Research Institute. He has brought together the top researchers in the UK to tackle this major health concern. His vision is to “fill the knowledge gap”, identifying novel mechanisms of neurodegeneration and translating them to drug targets and biomarkers. His own work is focused on the cellular mechanisms of early Alzheimer’s disease. Bart is a medical doctor (1985) and a master in biomedical sciences (1987). He obtained a PhD from the KU Leuven (Belgium) and performed postdoc studies in the laboratory of prof. Carlos Dotti (EMBL, Germany). He is currently a professor at the University of Leuven and at University College London. Bart’s groundbreaking research was rewarded with several prestigious prizes, including the 2018 Brain Prize together with John Hardy, Christian Haass and Michel Goedert. In 2019, he was awarded a prestigious ERC Advanced Grant to develop mouse-human chimeric mouse models. In 2022 he was one of the ten international researchers elected to the US National Academy of Medicine. Bart is the founder of two spin-off companies and inventor of 19 patents.



## Abstract:

Alzheimer’s Disease starts ten years before dementia appears. The recent success of the Lecanemab antibody trial for the treatment of Alzheimer’s Disease has validated the hard-core findings of basic research and shows that persistence is very important to achieve results. Lecanemab removes amyloid peptide from the brain, but the amyloid peptide is only the trigger of the disease (De Strooper, Karran, Cell 2016). The brain changes induced by the amyloid peptide in initial Alzheimer’s disease are very subtle and are missed by clinicians. If we could detect and stop the disease in this early phase, however, we would be able to prevent completely dementia. Unfortunately, currently, most research and all clinical trials focus on the late phase of the disease when dementia is manifest and serious damage has occurred. The next phase of drug development in the AD field should focus on the early cellular processes where medication will be most effective. The priority for the UK Dementia Research Institute is therefore to fill the huge knowledge gap in this field. The urgent need for more global investment in the basic research of neurodegenerative disorders is obvious.

# Prof. Philip Scheltens

Chair World Dementia Council

## Biography:

Philip Scheltens, MD, PhD, is Head of the Dementia Fund and partner at EQT Life Sciences. Before joining EQT, Dr. Scheltens worked as founder and Director of the Alzheimer Center at Amsterdam University Medical Center in Amsterdam, The Netherlands. He is an MD (neurology) and holds a PhD in Medicine from the VU University Amsterdam and is currently Emeritus Professor of Neurology at Amsterdam University Medical Centers.



## Abstract:

Treatments are coming for Alzheimer's and other forms of dementia. That will require a new approach to diagnosis.

Too few people today get diagnosed, even in the best performing countries more about a third of people living with dementia won't have a diagnosis of dementia. Diagnosis, when it happens, often occurs in primary care without biomarkers from CSF or PET that can provide a more accurate diagnosis for the patient and their family. And diagnosis happens too late in the disease trajectory with patients presenting late, for many reasons, and health systems being slow to diagnose.

All that needs to change if patients are to benefit from new treatments. We need to diagnose more people living with the disease, accurately and earlier. There have been significant breakthroughs in the development of blood-based biomarkers that offer a practical and affordable way to diagnose on scale. Imaging and digital will also have a role to play in early identification, diagnosis and being able to give patients an accurate prognosis of the disease trajectory.

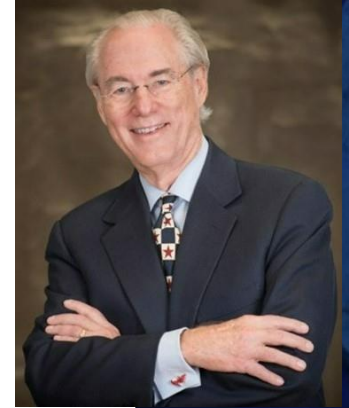
These were topics that were addressed recently at the World Dementia Council Summit and that they will be the broad focus of the talk that at this important meeting at the G7.

# George Vradenburg

Founding Chairman, Davos Alzheimer's Collaborative

## Biography:

George Vradenburg, Founding Chairman, Davos Alzheimer's Collaborative George is the Founding Chairman of the Davos Alzheimer's Collaborative, an initiative convened by the CEOi and World Economic Forum. He is also the Chairman of UsAgainstAlzheimer's which he co-founded in October 2010. He and UsAgainstAlzheimer's co-convene both the Leaders Engaged on Alzheimer's disease (LEAD) Coalition, and the Global CEO Initiative on Alzheimer's disease (CEOi). George was named by U.S. Health and Human Services Secretary Kathleen Sebelius to serve on the Advisory Council on Research, Care, and Services established by the National Alzheimer's Project Act and has testified before Congress about the global Alzheimer's pandemic. He is a member of the World Dementia Council. George served as Chairman of the Phillips Collection for 14 years and is a member of the Council on Foreign Relations and the Economic Club of Washington. He has served in senior executive and legal positions at CBS, FOX and AOL/Time Warner.



## Abstract:

Brain health and Alzheimer's disease are among the most pressing global health challenges we will face in the next century. As the world's population ages, the impact of dementia on healthcare systems, societies, and individuals will only continue to grow. The need for a new commitment to healthy aging has never been greater.

In response, the Davos Alzheimer's Collaborative was created to drive progress in the fight against Alzheimer's disease and other forms of dementia. The global public-private-patient venture, launched by the World Economic Forum in Davos in 2021, brings together leaders from academia, industry, government, and civil society to transform Alzheimer's research, prevention, and care—especially in low-income, middle-income, and low-resourced high-income settings around the world.

This talk will highlight the urgent need for action on brain health and Alzheimer's disease; the key challenges standing in the way; and the role of the Davos Alzheimer's Collaborative in building a global architecture for brain health. We will discuss the collaborative's key priorities and activities, including its work shifting international norms in Alzheimer's research

towards equity; its agenda-setting efforts at national, regional, and global levels; and its use of emerging low-cost innovations to accelerate clinical trials and treatment development.

Japanese Prime Minister Kishida's vision of advancing human security and health coverage for all requires a new global commitment to a sustained, coordinated focus on healthier aging. DAC is the public-private-patient mechanism to drive that focus. Together, we can make progress in the fight against Alzheimer's disease and other forms of dementia, and promote brain health for all.

