

Helsinki Manifesto – Executive Summary



Executive Summary of Helsinki Manifesto

By 2025, 9.1 million people will be living with dementia in the European Union. By 2050, this number is estimated to reach 14.3 million.¹ According to the World Health Organization (WHO), it is the third leading cause of mortality in Europe and the seventh globally². Furthermore, according to the WHO, the societal cost of dementia in Europe amounted to EUR 392 billion in 2019³.

A number of policy commitments made at international and European level, including those of the WHO Global Action Plan on the Public Health Response to Dementia 2017-2025, have not been met and dementia has been deprioritised as a policy issue at a European level in recent years. Therefore, Alzheimer Europe adopted the Helsinki Manifesto setting out key policy priorities for the new mandates of the European Parliament and European Commission after the European elections in 2024. These actions cover four key areas: Health; Research; Disability and social rights; and, Informal Carers.

In particular, Alzheimer Europe and its member organisations call for the following key actions at EU and national level.

At the EU level:

- Include a dedicated “research mission” to dementia in the EU research programme covering basic, clinical and care science
- Increase the funding allocated for dementia research proportionately to its societal cost, bringing the total funding to at least the level of other NCDs
- Prioritise dementia in future health programmes with dedicated funding for projects and actions in line with other non-communicable diseases (e.g. cancer)
- Introduce a European Dementia Action Plan, to coordinate efforts and programmes across the domains of health, research and social affairs

At the national level:

- Develop and implement fully-funded national dementia strategies in close collaboration with national Alzheimer’s associations and people with dementia, in line with the WHO’s Global Action Plan on Dementia
- Invest in improvements to support timely diagnosis, including access to imaging, biomarker testing and new treatment options
- Improve national data collection programmes for dementia ensuring interoperability of systems and efficient data sharing
- Ensure the full involvement of people with dementia in decisions which affect them, both at a policy/strategic level and in decisions regarding care and treatment
- Reform legislation and practice in relation to decision-making, moving away from models of proxy decision-making towards supported-decision making.

¹ Alzheimer Europe, Dementia in Europe Yearbook 2019: <https://www.alzheimer-europe.org/resources/publications/dementia-europe-yearbook-2019-estimating-prevalence-dementia-europe>

² World Health Organization (WHO), Global Health Estimates 2019: https://cdn.who.int/media/docs/default-source/global-documents/global-health-estimates/ghe2019_cod_whoregion_2000_20195a48bd71-f222-4b00-90e6-b5078fbfc4db_e01200f2-71ae-47bd-a344-03f4647f8127.xlsx?sfvrsn=4aed7378_7

³ World Health Organization (WHO), Global status report on the public health response to dementia (2019): <https://www.who.int/publications/i/item/9789240033245>