Elected Board

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dale Goldhawk</td>
<td>Chair, Canada</td>
<td>Canada</td>
</tr>
<tr>
<td>Andrew Ketteringham</td>
<td>Vice Chair, UK</td>
<td>UK</td>
</tr>
<tr>
<td>John Grosvenor</td>
<td>Treasurer, UK</td>
<td>UK</td>
</tr>
<tr>
<td>Alireza Atri</td>
<td>Medical and Scientific Advisory Panel Chair, US</td>
<td>US</td>
</tr>
<tr>
<td>Paul Attea</td>
<td></td>
<td>US</td>
</tr>
<tr>
<td>Rosa Farres</td>
<td></td>
<td>Mexico</td>
</tr>
<tr>
<td>Emily Ong</td>
<td></td>
<td>Singapore</td>
</tr>
<tr>
<td>Meera Pattabiraman</td>
<td></td>
<td>India</td>
</tr>
<tr>
<td>Jesús Rodrigo Ramos</td>
<td></td>
<td>Spain</td>
</tr>
<tr>
<td>Ameenah Sorefan</td>
<td></td>
<td>Mauritius</td>
</tr>
<tr>
<td>Huali Wang</td>
<td></td>
<td>PR China</td>
</tr>
</tbody>
</table>

Honorary Vice Presidents

<table>
<thead>
<tr>
<th>Name</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Daisy Acosta</td>
<td>Dominican Republic</td>
</tr>
<tr>
<td>Prof Henry Brodaty</td>
<td>Australia</td>
</tr>
<tr>
<td>Mrs Wendy Fleming</td>
<td>New Zealand</td>
</tr>
<tr>
<td>Dr Nori Graham</td>
<td>UK</td>
</tr>
<tr>
<td>Mr Brian Moss</td>
<td>Australia</td>
</tr>
<tr>
<td>Mr Glenn Rees</td>
<td>Australia</td>
</tr>
</tbody>
</table>

Honorary President

<table>
<thead>
<tr>
<th>Name</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Princess Yasmin Aga Khan</td>
<td>USA</td>
</tr>
</tbody>
</table>

Ambassadors

<table>
<thead>
<tr>
<th>Name</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Queen Silvia</td>
<td>Sweden</td>
</tr>
<tr>
<td>Queen Sofia</td>
<td>Spain</td>
</tr>
<tr>
<td>Luis Guillermo Solis Rivera</td>
<td>Costa Rica</td>
</tr>
</tbody>
</table>

Staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paola Barbarino</td>
<td>CEO</td>
</tr>
<tr>
<td>Lewis Arthurton</td>
<td>Policy and Communications Manager</td>
</tr>
<tr>
<td>Nikki Bayliss</td>
<td>Head of Development</td>
</tr>
<tr>
<td>Chloé Benoist</td>
<td>Publications Manager</td>
</tr>
<tr>
<td>Katie Bingham</td>
<td>Events and Office Manager</td>
</tr>
<tr>
<td>Jane Cziborra</td>
<td>Head of Events</td>
</tr>
<tr>
<td>Laura Dabas</td>
<td>Membership Manager and Membership Development Lead</td>
</tr>
<tr>
<td>Amalia Fonk-Utomo</td>
<td>Head of Accreditation</td>
</tr>
<tr>
<td>Rosie Houghton</td>
<td>Corporate Partnerships Account Manager</td>
</tr>
<tr>
<td>Michael Lefevre</td>
<td>General Manager</td>
</tr>
<tr>
<td>Chris Lynch</td>
<td>Deputy CEO and Director of Policy, Communications and Publications</td>
</tr>
<tr>
<td>Isabella McLeod</td>
<td>Office Coordinator</td>
</tr>
<tr>
<td>Taylor Paatalo</td>
<td>Digital Lead</td>
</tr>
<tr>
<td>Sangita Parekh</td>
<td>Finance Assistant</td>
</tr>
<tr>
<td>Irna Rachmatiah</td>
<td>Finance Officer, Asia Pacific Regional Office</td>
</tr>
<tr>
<td>DY Suharya</td>
<td>Regional Director, Asia Pacific Regional Office</td>
</tr>
<tr>
<td>Wendy Weidner</td>
<td>Head of Research and Publications</td>
</tr>
</tbody>
</table>

Thank you to our donors

- AbbVie
- Acadia Pharmaceuticals
- Anonymous Trust
- Bader Philanthropies, Inc.
- Biogen
- Boehringer Ingelheim
- Eisai
- Home Instead
- IQVIA
- Janssen Research & Development
- Eli Lilly & Company
- GE Healthcare
- GT Diagnostics
- H Lundbeck A/S
- Mary Oakley Foundation Inc.
- MSD
- Novo Nordisk
- Nutricia
- Otsuka America Pharmaceuticals, Inc.
- PhRMA
- Roche
- Van Otterloo Family

Chair’s report

I still remember years ago when a government health official told me he thought Alzheimer’s Disease International (ADI) was one of the world’s best-kept secrets. But that was then. This is now.

I am both honoured and proud to present the ADI Annual Report June 2021-July 2022. It was a year of hard work and great accomplishment, and I am excited to invite you to read all about it in the pages that follow.

During World Alzheimer’s Month 2021, 111 countries participated in activities and events that generated 45 million impressions on Twitter and Instagram, and 461 stories and features in traditional media. Doesn’t sound like much of a secret, does it?

None of it would have been possible without the talented, passionate leadership of CEO Paola Barbarino and her dedicated, united staff.

As always, the case numbers involved in the fight against dementia are nothing short of staggering. Remember that every three seconds someone in the world develops dementia. We must always keep in our hearts the 50 million people around the world living with dementia. They are why we are here.

Fighting back against dementia requires both global and local action. ADI works with Alzheimer and dementia associations in more than 100 countries. We support and advocate for people with dementia and their loving carers. ADI raises awareness, challenges stigma, and campaigns for dementia to be the global health priority it deserves to be. The need is urgent. The time to act is now.

Thirty-eight years ago, a few thoughtful and caring people realised that dementia is a global problem. They gathered from Britain, Australia, the United States, and Canada to establish Alzheimer’s Disease International. Current members of the ADI board walk in their footsteps. Those early pioneers had hoped that ADI would become an independent global voice on dementia – in 2022, our directors know that this is exactly what has happened.

I would like to sincerely thank those volunteer directors who give so freely of their time and experience to maintain and grow ADI.

So please read the annual report. Share in our challenges and our victories.

Dale Goldhawk

“Alzheimer’s Disease International was one of the world’s best-kept secrets. But that was then."

“ADI raises awareness, challenges stigma, and campaigns for dementia to be the global health priority it deserves to be. The need is urgent. The time to act is now.”
Writing the introduction for ADI’s Annual Report six months after the year has closed is always a really great opportunity to remind myself of just how much work our wonderful team manages to get through in 12 months.

You can read all about this year in the report, but three activities deserve the spotlight in the introduction.

As you all know, awareness raising is one of our biggest challenges, and World Alzheimer’s Month is our principal mechanism to address this. In 2021, with the launch of the World Alzheimer Report on diagnosis and a campaign focussed on warning signs, we recorded more than 45 million impressions on social media, with 111 countries taking part, the highest number ever. This is a success for all of our members, who work tirelessly all year round – often in incredibly difficult circumstances – to bring information and support to people living with dementia and family carers in their respective countries.

The enthusiasm of our audiences was not matched by that of governments, which, by and large, failed to implement national plans. Granted, COVID-19 has had a massive impact on governments’ workload, so, as usual, we took matters into our own hands and launched an important campaign, #WhatsYourPlan.

The campaign is aimed at working with our members at a national level to remind governments about the Global Action Plan on dementia, which they all signed in 2017 but that only a few have implemented. We started with 30 countries and, as I write in 2022, the campaign has grown hugely. We have had heaps of interactions with national governments, initiating dialogues with all those to whom we wrote, and a few plans have started seeing the light of the day. The more we look at health care systems in detail, the more we realise the general lack of preparedness and the urgent need for interventions, and we grow stronger in our belief that national plans are the best way forward.

Our conference in June, our first hybrid event, was a huge success despite all hurdles thrown our way by the ‘new normal’. It was wonderful to hug so many colleagues and friends whom we had not managed to see face-to-face for such a long time. Nothing can beat learning in person, but the online conference was a great success too, and allowed many more people from countries that usually have low levels of in-person participation to access the conference. Forced upon us by COVID-19, the hybrid model is here to stay.

You will read more in the report. I thank you all who made our year the success it was. It is thanks to so many dedicated and committed volunteers and colleagues, to our donors and sponsors, that we can achieve what we do.

Thank you all, this great 2021 belongs to you all!

Paola Barbarino
ADI member associations (As of June 2022)

Argentina
Asociacion Lucha contra el Mal de Alzheimer (ALMA)

Armenia
Alzheimer’s Disease Armenian Association

Aruba
Fundación Alzheimer Aruba (FAA)

Australia
Dementia Australia

Austria
Alzheimer Austria

Barbados
Barbados Alzheimer’s Association

Belgium
Ligue Nationale Alzheimer (LNA)

Bolivia
Asociación Alzheimer Bolivia (AAB)

Bonaire
Fundashon Alzheimer Bonaire

Bosnia and Herzegovina
Alzheimer Udruženje AIR – Bosna Herzegovina

Brazil
FEDRAZ – Federação Brasileira de Assisícias de Alzheimer

British Virgin Islands
Virgin Islands Alzheimer’s Association

Brunei
Demenz Brunei

Bulgaria
Foundation Compassion Alzheimer Bulgaria

Cameroon
Association Comprendre la Maladie d’Alzheimer (ACMA)

Canada
Alzheimer Society of Canada

Cayman Islands
Alzheimer’s and Dementia Association of the Cayman Islands

Chile
Corporación Alzheimer Chile

PR China
Alzheimer’s Disease Chinese

Colombia
Asociación Colombiana de Alzheimer y Otras Demencias (ALZDECOLOMBIA)

Costa Rica
Asociación Costarricense de Alzheimer y Otras Demencias Asociadas (ASCADA)

Croatia
Alzheimer Croatia (Hrvatska udruga za Alzheimerovu bolest)

Cuba
Sección Cubana de la Enfermedad de Alzheimer

Curacao
Stichting Alzheimer Curacao

Cyprus
The Cyprus Alzheimer Association and Related Dementias, Forget-Me-Not

Czech Republic
Ceska Alzheimerova spolecnost

Denmark
Alzheimerforeningen Denmark

Dominican Republic
Asociación Dominicana de Alzheimer

Ecuador
Fundación TASE

Egypt
Egyptian Alzheimer Society

El Salvador
Asociación de Familiares Alzheimer de El Salvador

England, Wales, NI
Alzheimer’s Society

Finland
Alzheimer Society of Finland

France
France Alzheimer & Maladies Apparentes

Georgia
Georgian Alzheimer’s Association

Germany
Deutsche Alzheimer Gesellschaft

Ghana
Alzheimer’s and Related Disorders Society of Ghana

Gibraltar
The Gibraltar Alzheimer’s and Dementia Society

Greece
Panhellenic Federation of Alzheimer’s Disease and Related Disorders

Guatemala
Asociación EFMTA, Alzheimer de Guatemala

Honduras
Asociación Hondureña de Alzheimer

Hong Kong SAR China
Hong Kong Alzheimer’s Disease Association

India
Alzheimer’s & Related Disorders Society of India (ARDSI)

Indonesia
Alzheimer’s Indonesia

Iran
Iran Dementia & Alzheimer’s Association

Ireland
The Alzheimer Society of Ireland

Israel
EMDA – Alzheimer’s Association of Israel

Italy
Federazione Alzheimer Italia

Jamaica
Alzheimer’s Jamaica

Japan
Alzheimer’s Association Japan

Jordan
Al Daaf For Alzheimer’s Patient Care Association

Kenya
Alzheimer’s & Dementia Organisation Kenya (ADOK)

Lebanon
Alzheimer’s Association Lebanon

Lesotho
Dementia Lesotho

Macau SAR China
Macau Alzheimer’s Disease Association (MADA)

Madagascar
ONG Madagascar Alzheimer – Masaandro Mody

Malaysia
Alzheimer’s Disease Foundation Malaysia (ADFM)

Malta
Malta Dementia Society

Mauritius
Alzheimer Association Mauritius

Mexico
Federación Mexicana de Alzheimer, A.C. (FEDMA)

Montenegro
NVO Futura

Morocco
Association Maroc Alzheimer (AMA)

Myanmar
Alzheimer’s Association Myanmar

Nepal
Alzheimer and Related Dementia Society – Nepal

Netherlands
Alzheimer Nederland

New Zealand
Alzheimer Society of New Zealand

Nicaragua
Fundación Alzheimer de Nicaragua (FADEN)

Nigeria
Alzheimer’s Disease Association of Nigeria (ADAN)

Norway
Nasjonalforeningen for forukenheter – Norway

Oman
Oman Alzheimer’s Committee

Pakistan
Alzheimer’s Pakistan

Peru
APEAD – Asociación Peruana de Enfermedad de Alzheimer y otras Demencias

Philippines
Alzheimer’s Disease Association of the Philippines (ADAP)

Poland
Polska Stowarzyszenie Pomocy Osobom z chorobą Alzheimera

Puerto Rico
Asociación de Alzheimer y Enfermedades Relacionadas de Puerto Rico

Qatar
Qatar Alzheimer’s Society

Romania
Romanian Alzheimer Society

Russia
Foundation Azrus

Saudi Arabia
Alzheimer’s Disease Association

Scotland
Alzheimer Scotland

Singapore
Alzheimer’s Disease Association Singapore

Sint Maarten
Sint Maarten Alzheimer Foundation

Slovak Republic
Slovenska Alzheimerova spolocnost

Slovenia
Slovenica – Alzheimer Slovenija

South Africa
Alzheimer’s South Africa

Spain
Confederacion Española de Familiares de Enfermos de Alzheimer (CEFA)

Sri Lanka
Lanka Alzheimer’s Foundation

St Kitts and Nevis
Alzheimer’s Association of St. Kitts and Nevis

Suriname
Stichting Alzheimer en Verzorging Dementieen Suriname

Switzerland
Alzheimer Switzerland

TADA Chinese Taipei
TADA

Tanzania
FIGHT Dementia and Care Organisation, Tanzania

Thailand
Alzheimer’s and Related Disorders Association of Thailand

Tonga
Huelo Alzheimer’s Tonga

Trinidad and Tobago
Alzheimer’s Association of Trinidad and Tobago

Tunisia
Association Alzheimer Tunisie

Turkey
Turkish Alzheimer Association

Uganda
Uganda Alzheimer Association

United Arab Emirates
4get-me-not Alzheimer’s Organization – UAE

United States
Alzheimer’s Association

Uruguay
Asociación Uruguaya de Alzheimer y Similares

Venezuela
Fundación Alzheimer de Venezuela

Yemen
Yemen Foundation against Alzheimer Dementia (YFAD)

Zimbabwe
Zimbabwe Alzheimer’s and Related Disorders Association (ZARDA)

ADI membership development programme

Albania
Alzheimer Albania

The Bahamas
The Bahamas Alzheimer’s Association

Bangladesh
Dementia Care Foundation Bangladesh

Bermuda
Action on Alzheimer’s & Dementia (AAD) Bermuda

Burundi
Alzheimer Community Support of Burundi (ACSB)

Dominica
Dominica Dementia Foundation

Estonia
NSO Living with Dementia

Grenada
Grenada Alzheimer’s Association

Lithuania
Dementia Lithuania

Maldives
Alzheimer’s Society of Maldives (ASM)

Mali
Association Comprendre la Maladie d’Alzheimer (ACMA)

Panama
Asociación de Apoyo a los Familiares de Pacientes con Alzheimer y Otras Enfermedades Demenciales (ARDAPEA)

Portugal
Obras Sociais Viseu

Senegal
Association Nationale Maladie d’Alzheimer et autres pathologies neuroévolutives (ANAMAN)

Vietnam
Alzheimer’s Disease & Neurocognitive Disorders Association (VnADA)

Zambia
Alzheimer’s Disease and Related Dementias in Zambia (ADIDZ)
Global voice on dementia in over 100 countries
As the world adjusted to living with COVID-19, it became evident that the pandemic continued to have a disproportionate impact on people living with dementia. ADI remained active in our advocacy, calling for the lessons learnt about the impact on people with dementia – including restrictions, increased mortality, de-prioritisation of access to emergency care, potential increased risk, and disrupted diagnosis pathways – to be at the forefront of future planning and resilience. This process continues with the World Health Organization (WHO), aiming to influence a post-pandemic declaration to build future resilience.

Frustratingly, the pandemic impacted governments’ response to the WHO Global Action Plan on dementia. Progress pre-pandemic had already been slow, and by the end of the reporting year fewer than 40 countries had launched national dementia plans. National plans are the most robust tool available to governments, building on the foundation of a situational analysis, engaging all key stakeholders, setting targets and budgets – for this reason, we launched a direct-action campaign, #WhatsYourPlan, late in 2021. Working alongside member associations and key stakeholders, the campaign combines formal letter writing to ministries of health with a second tier of public engagement and mobilisation through traditional and social media channels. In the first six months of the campaign, we worked with over 30 countries, a number that is still growing, across all six WHO regions. Although responses and engagement rates with ministries have been promising, there is no doubt about the scale of this challenge in re-establishing dementia as a governmental priority. Updated country-level prevalence forecasts, alongside emerging mortality data, now give us a better foundation for these meetings.

World Health Organization and beyond

The WHO Executive Board and World Health Assembly continued to be impacted by the pandemic, limiting the number of Member States that could attend in-person. ADI still took the opportunity to make key statements on future preparedness and the lack of progress against the Global Action Plan. Despite only 25% of governments attending in-person, we hosted a hybrid side event at World Health Assembly in May to launch our annual progress report on the Global Action Plan, From plan to impact V, with a chaired panel including multiple ministerial attendees, the head of the WHO Brain Health team, and former ADI Board Member Birgitta Martensson, representing people living with dementia.

Throughout the year, ADI has been an integral partner in the development of a new neurology-focussed WHO Global Action Plan, expanding our engagement and influence with this key sector. However, it has reinforced just how important the stand-alone dementia Global Action Plan is. Condition-specific plans are rare and, by default, underline the scale of the challenge, hence our determination to maximise the benefit of the plan is undiminished.

There is no doubt about the scale of this challenge in re-establishing dementia as a governmental priority.
We continued to explore and leverage all other multilateral and regional opportunities, including our work with regional WHO bodies, regional development banks, the Organisation for Economic Co-operation and Development (OECD), and key NGO partners in the older persons, non-communicable disease, mental health, and neurology areas. COVID-19 response continued to dominate the G7 and G20 processes under both the Italian and Indonesian presidencies, and our sights have already turned to Japan (G7) and India (G20) in the next year.

During the year, ADI’s Asia Pacific Regional Director DY Suharya led on several high-profile projects, including leveraging Indonesia’s presidency of the G20 in 2022, through the C20 (Civil society) and V20 (Values) networks, with DY being appointed as a Wellbeing Task Force Leader of Values 20. Strong statements were also delivered at the 72nd World Health Organization Western Pacific Regional Conference.

**Publications**

The World Alzheimer Report 2021, the first publication in a two-year collaboration with the team at McGill University led by Dr Serge Gauthier, was published on World Alzheimer’s Day, 21 September 2021. The report, entitled “Journey through the diagnosis of dementia”, includes over 50 essays from leading experts from around the world on the multifaceted issue of diagnosis. It is also supported by findings from three key global surveys, which received responses from 1,111 clinicians, 2,325 people with dementia and carers, and over 100 national Alzheimer and dementia associations.

The report reiterates that 75% of cases of dementia are not being diagnosed globally (a figure as high as 90% in some countries), due to health system inadequacies, barriers to diagnosis, and the undeniable, pervading challenge of stigma. Key recommendations called for annual brain health check-ups for people over 50, commitment by governments to measure and record diagnosis, and the preparedness of healthcare systems to cope with the alarming forecast in new cases.

The report received significant media coverage, including from the Journal of Dementia Care (Australia), the National Tribune (Australia), The Guardian, CBS News Radio, The Daily Mirror, BBC World Service, LBC Radio, the Irish Examiner, CTV Canada, and South China Morning Post. An abridged version of the report was created, and copies were printed and distributed at various events hosted and attended by ADI in 2022.

For the launch of the fifth edition of From Plan to Impact – “WHO Global action plan: The time to act is now”, a press release focussed on the gap in National Dementia Plans, as well as leveraged updated forecast prevalence figures (especially country-level data), plus cost and informal care burden – securing some good media coverage, especially in Asia Pacific.

Meanwhile, DY Suharya and former ADI Board Chair Glenn Rees provided technical advice and guidance on an important palliative care report commissioned by the World Innovation Summit for Health – Qatar Foundation (WISH).
As further evidenced in some of the findings of the World Alzheimer Report 2021, stigma continues to play a persistent role in misconceptions and misinformation around dementia; as such, ADI’s commitment to raising awareness and challenging stigma has never been more important.

In the reporting year, ADI continued to emphasise the importance of education and awareness around dementia. The World Alzheimer’s Month (WAM) campaign adopted the tagline of “Know Dementia, Know Alzheimer’s”, encouraging individuals and communities alike to find out more about the condition, including its warning signs and the importance of a timely diagnosis. With knowledge comes power, informing decision making and planning.

Mirroring the success of the previous year, the September campaign saw a record-breaking 111 countries participate in World Alzheimer’s Month activities and events. In light of the ongoing COVID-19 pandemic, online activities continued to be a popular format for many associations, and we shared advice on virtual events in our WAM toolkit.

“ADI’s commitment to raising awareness and challenging stigma has never been more important.”

The reach of the campaign was very broad, with the campaign messages and hashtags reaching over 45 million people, a 225%-increase compared to the previous year. World Alzheimer’s Month also received substantial and widespread news media attention. A total of 461 pieces of news coverage were recorded during the month – including a TV interview on Astro Awani; radio interviews on BBC World Service, BBC Radio 4, and NBC Chicago; and in print and/or online in the Wall Street Journal, The Guardian, The Financial Times, Daily Mirror, The Times of India, South China Morning Post, Borneo Bulletin, Jamaica Observer, and Straits Times.

Key figures from World Alzheimer’s Month 2021

- 111 countries participated
- 45 million impressions on the World Alzheimer’s Month hashtags across Twitter and Instagram – up from 20 million in 2020
- 461 pieces of traditional media coverage

The Formigine castle in northern Italy is lit up in purple for WAM

The Alzheimer’s & Dementia Organization Kenya (ADOK) Mombasa chapter joins in World Alzheimer’s Month

The Singapore National Stadium lit up in purple
Alzheimer’s Disease International’s 35th Global Conference was held in the British capital London from 9–11 June 2022, with the theme “New horizons in dementia: Building on hope”. This was ADI’s first hybrid conference, enabling delegates from across the globe to participate both virtually and in person, bringing together over 1,200 delegates from more than 120 countries, over half of whom attended on site. It marked the first time since the COVID-19 pandemic that the biannual conference took place in person.

The programme was built around the WHO’s Global Action Plan on dementia, with diverse international keynote speakers delivering plenary sessions for each of the seven action areas of the plan: dementia as a policy priority; awareness; risk reduction; diagnosis, treatment, care and support; support for carers; information systems; and research.

During the opening ceremony, ADI heard from its ambassadors, Her Majesty Queen Silvia of Sweden and former President of Costa Rica Luis Guillermo Solís Rivera. The conference also received a welcome to delegates from London Mayor Sadiq Khan. An opening highlight was a performance by the Alzheimer’s Society’s Croydon Singing for the Brain group, demonstrating the positive impact of creative activities for people living with dementia and their carers.

Conference sessions also shed light on other crucial topics such as “Coping during a Crisis”, which featured a significant discussion of first-hand experiences from Ukraine and Indonesia. Additionally, there were roundtable debates on the incidence and statistics of dementia, presentation of outcomes from the Strengthening responses to dementia (STRIDE) project, a session on ADI’s Accreditation program, and “Meet the Expert” panels with distinguished professionals such as Dr Alireza Atri, Dame Louise Robinson, members of the Dementia Research Advisory Team (DRAT), and individuals impacted by dementia sharing their experiences and shaping dementia research as Patient Public Involvement (PPI) contributors.

The programme was delivered through livestreamed sessions, virtual sessions, on-demand content, sponsored symposiums, and both in-person and online posters. There were plenty of opportunities for networking, in addition to experiencing the exhibition in both virtual and material formats. Through the virtual platform and in-person, ADI members were able to showcase the work they are doing in their respective countries. Delegates were not left sitting still, with opportunities to get active and take part in brain gym exercises and a traditional Poco Poco dance from Alzheimer’s Indonesia (ALZI), as well as chair yoga with Alzheimer & Related Disorders Society of India (ARDSI).

The whole conference brought people together, sparking new collaborations and ideas to ultimately improve the lives of people with dementia and their carers across all fields.

“The whole conference brought people together, sparking new collaborations and ideas.”
ADIs webinars brought attention to some of the latest developments in diagnosis and care support from around the world.

A series of three webinars highlighted key findings from the World Alzheimer Report 2021, with authors, co-authors, and essayists sharing key results and recommendations. These covered the changing face of diagnosis; the perspective of people living with dementia and carers; developments in cognitive assessment; potential treatments; best practice and challenges in low- and middle-income countries; disclosure and the ongoing clinician role; and a look to the future. The telemedicine-focussed webinar complemented the diagnosis series by not only looking at diagnosis through telemedicine, but also by examining virtual care support and services and what international guidelines are needed in this changing environment.

The hybrid launch of the From Plan to Impact V report was held as a side event at the World Health Assembly in Geneva, Switzerland and as an online webinar.

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Registered</th>
</tr>
</thead>
<tbody>
<tr>
<td>23/02/2022</td>
<td>Telemedicine: Current challenges and future possibilities in care and diagnostics</td>
<td>350</td>
</tr>
<tr>
<td>24/02/2022</td>
<td>Intergenerational collaborations for Association of Southeast Asian Nations (ASEAN) community-building (joint webinar with ASEAN)</td>
<td>100</td>
</tr>
<tr>
<td>26/05/2022</td>
<td>World Health Assembly side event: From Plan to Impact V report launch (Hybrid)</td>
<td>364</td>
</tr>
</tbody>
</table>

Number of registrations to ADI webinars in 2021–2022
Dementia Alliance International (DAI) was thrilled to celebrate its eighth birthday on January 1, 2022, and is delighted to have been in a strategic partnership with Alzheimer’s Disease International for seven years and to continue our partnership with one of ADI’s member associations, Dementia Australia. Our partnerships are important, as they have enabled DAI to continue to provide educational monthly webinars to the broader dementia community and free membership, support and services – including peer-to-peer support groups all around the world.

DAI’s advocacy work continues to be rights based, including by delivering a joint statement with ADI on disability rights at the United Nations Conference of State Parties (CoSP) regarding the Convention on the Rights of Persons with Disabilities, and working with the UN and the WHO on other projects.

The year saw a number of changes to the Board of Directors as well as our volunteer team. We would like to acknowledge co-founder and former CEO Kate Swaffer in particular for her major contributions to DAI and ADI over the years, for which we are very grateful.

The Richard Taylor 2021 Advocates Award
On World Alzheimer’s Day, September 21, 2021, DAI was delighted to announce the recipient of the prestigious Dr Richard Taylor Advocates Award went to long-time member and former board member, Christine Thelker from Canada, for her outstanding service to others living with dementia, globally and in Canada.

World Alzheimer’s Month 2021
DAI celebrated 2021 World Alzheimer’s Month with a series of blogs, videos, and podcasts, many of which were contributed by members of DAI living with dementia who shared their experiences; the good, the bad, and, sometimes, the ugly. Like life before dementia, life after a diagnosis has many ups and downs, and our members choose to live with them as positively as they can.

The DAI Environmental Design Special Interest Group
In July 2021, DAI launched the Environmental Design Special Interest Group (ED-SiG), which is focussed on promoting design that enables people with dementia to live well globally. This has come about as a response to the 2020 World Alzheimer’s Report, and our commitment to support the ADI report’s eight recommendations.

The broad purpose of this group is to provide expert advice and input on how to implement dementia-enabling design in the community – not only built environment, but also all surrounding things and entities that have direct impact on our lives.
Membership support and development

ADI supports existing members and emerging Alzheimer and dementia associations to develop and strengthen as organisations. Our aim is to provide our members access to information, knowledge, and support so that they can deliver their missions effectively. We deliver a range of activities to further the development of our members’ capacity, including the Alzheimer University (AU) training programme, webinars, meetings, and one-on-one interactions.

Regional meetings

- Middle East regional members meeting (virtual) in July 2021, with 14 participants from 10 countries.
- Latin America regional members meeting (virtual) in October 2021, with 18 participants from 13 countries.
- Asia Pacific regional members meeting (virtual) in November 2021, hosted by the Alzheimer’s and Related Disorders Association of Thailand, with 40 participants from 19 countries.
- Two calls regarding Ukraine with European members, organised in March 2022 to coordinate efforts to support people living with dementia and carers fleeing their country, which led to the creation of emergency advice cards.

- Hybrid members meetings took place for each region in June 2022 during the ADI Global Conference.

Member webinars

- World Alzheimer’s Month Best Practice Media Training Workshops in August 2021, with 52 attendees from 31+ countries.
- National dementia plans workshop in August 2021, with 82 participants from 35 countries.
- Member coffee catch-up in October 2021, with 38 participants from 32 countries.
- Davos Alzheimer’s Collaborative / ADI member webinar in November 2021, with 51 participants from 37 countries.
- New Year webinar in January 2022, with 46 participants from 29 countries.
- Member coffee catch-up in January 2022, with 40 participants from 26 countries.
- Member coffee catch-up in April 2022, with 38 participants from 29 countries.

Online masterclasses

- “Leadership & Governance” circulated in January 2022.

Alzheimer Universities

- A second follow-up session for 2020 Membership Development Programme AU participants took place in August 2021, to discuss progress towards their objectives after one year.
- A three-day Alzheimer University for emerging associations was held virtually in October 2021 with participants from the Bahamas, Bermuda, Jordan, Lithuania, Maldives, Mali, Portugal and Tonga. A first follow-up session for 2021 Membership Development Programme AU participants took place in May 2022, to discuss progress towards their objectives after six months.
- Advocacy Alzheimer University was held virtually in March 2022 with participants from Mauritius, Peru, Zimbabwe, British Virgin Islands and Philippines.

Council meeting

- ADI held an in-person Council meeting in London in June 2022 with 31 countries attending in person, and proxy representation for 65 countries.

Francophone roundtables

- July 2021: Adapting the diagnostic approach.
- October 2021: Supporting immigrants in Western countries (communication between the native country and the country of residence).
- January 2022: Training and raising awareness among all the professionals and stakeholders of the care pathway.
- April 2022: Post-diagnostic support and non-pharmacological interventions.
Launched in December 2020, the ADI Accreditation programme was built with the aim of creating a quality standard for the training programmes of Alzheimer associations and other training providers. The main objective of this programme is to support the improvement of awareness and care towards people with dementia, whilst reducing disparities in the quality of care provided and ensuring a focused approach for meeting people’s needs. The ADI Accreditation indicates that the programmes, training, and learning activities of the involved institutions and providers have fulfilled the required ADI global standards.

“The main objective of this programme is to support the improvement of awareness and care towards people with dementia.”

On January 25, 2022, Kiang Wu Nursing College of Macau, SAR China, became the first organisation to be accredited by ADI during a virtual ceremony.

Silverado Memory Care assisted living facility in Irvine, CA in the United States became the second organisation to receive accreditation. A virtual ceremony is scheduled for December 2022.

Ongoing accreditation projects include the Hamad International Training Centre in Doha, Qatar, the University of Bradford, United Kingdom, and the Wicking Dementia Research and Education Centre, University of Tasmania, Australia.

In parallel, the accreditation team has been working hard to promote the programme, whether on social media, through blog posts, an introductory session during ADI’s conference, and by approaching potentially interested organisations online and in person. The materials have also been translated into Spanish in order to reach Spanish-speaking countries.
A key strand of ADI’s work is facilitating and encouraging research, particularly around disease-modifying treatments, improving care, strengthening healthcare systems, and promoting risk reduction and epidemiology.

ADI research is strengthened through the advice and expertise of our Medical and Scientific Advisory Panel (MSAP), to which we added 15 new members this year, bringing the total of MSAP members to 100. In September, we launched a COVID-19 working group with 21 MSAP members who will explore the longer-term impact of COVID-19 on cognition. We also teamed up with a few of the new MSAP members from Newcastle University and London School of Economics and Political Science (LSE) to pull together research and evidence for an application to get anti-dementia drugs onto WHO’s Essential Medicines List (EML).

We entered new research collaborations with universities and partner organisations and made a concerted effort to include our member associations, particularly from lower- and middle-income countries (LMIC), in project design and implementation to build capacity and ensure sustainability. New projects have included a Roche-sponsored project in collaboration with the University of Westminster looking at the impact of COVID-19 on the role of carers of people living with dementia in the US, UK, Brazil, and South Africa.

ADI formalised its ongoing collaboration with WW-FINGERS, developing stronger ties to risk reduction implementation research in LMICs, and began a new collaboration, NJ-FINGER – a NordForsk funded project that combines work in Japan and Nordic countries. We also developed new collaborative effort with Alzheimer Research UK (ARUK) and the Health Policy Partnership to explore impact of sports-related injuries and dementia. Equally, we worked in an advisory capacity to the Davos Alzheimer’s Collaborative, reviewing proposals from nine LMICs for Healthcare System Preparedness team’s requests for proposals (RFPs) to increase cognitive assessment rates for older adults. We also reconvened colleagues from the WHO, King’s College London, IHME (Institute for Health Metrics and Evaluation), LSE, and Karolinska Institutet to continue ongoing discussions on global burden of disease figures in dementia.

ADI was asked to provide consultation to corporate partners this year around patient and carer experience. For the Roche Global AD Patient Advisory Council – now called FAST (Finding Alzheimer’s Solutions Together), we have been advising on patient and carer experience and participation in clinical trials, ensuring diversity and inclusion, best use of language, and strengthening health systems. Equally, with Novo Nordisk, we have been exploring the impact and the association between the Clinical Dementia Rating (CDR) and meaningful outcomes for people living with dementia who are taking part in clinical trials.

We continue to work in an advisory capacity on several projects, including on the eDIVA project in Vietnam, Indonesia, New Zealand, and Australia that will trial the use of a virtual assistant to iSupport. Equally, we are working with teams from Australia, Canada, UK, Poland and the Netherlands to advise on the Cognisance (CO-desiGning demeNtia diaNostics ANd post-diagnostic CarE) project, particularly around amplifying their new website called Forward with dementia.

Several projects in which ADI participated ended this year, including a Palliative Care Project in Qatar, the CST International project working in Brazil, India, Tanzania, and the DISTINCT (Dementia: Intersectorial Strategy for Training and Innovation Network for Current Technology) project, working with early career researchers in technology for better care.

Finally, in March 2022, the four-year STRIDE (STrengthening Responses to dementia in DEveloping countries) project ended. As part of our policy-focused work package, ADI wrote a policy guide incorporating new methodology on vignettes, qualitative health economic data, and simulation and cost modelling from other work packages within the project. Along with the ADI Digital Lead, we also conducted workshops on developing policy messaging and writing policy briefs.

Policy research and advocacy work continued across all the STRIDE countries, with advances in Brazil and Kenya. ADI and the LSE STRIDE and STRIDE-Kenya teams joined a technical working group within the Ministry of Health to provide advice and support the development of Kenya’s national dementia plan. ADI supported the STRIDE-Brazil team with developing a policy ‘manifesto’ to be presented and hopefully incorporated into new draft National Dementia Plan passed by Brazil’s Senate.
Publications


• ADI’s publications can be found at www.alzint.org/reports.
As you can see from the rest of the Annual Report, the ADI team has been highly active in the financial year that ended on 30 June 2022.

I am delighted to say that ADI is in good shape financially. We managed to grow our reserves, with a surplus of $314,618 for the year, and there was a healthy cash balance of $1.4m as of 30 June 2022. Given the pressures over the last couple of years, this is a tremendous performance by Paola Barbarino and her team. We have kept our costs firmly under control during an uncertain time – however, we need to continue to invest in fundraising.

The hybrid conference held in London in June 2022 was an enormous success, and it was great to see so many members of the ADI family face to face. Organising the conference in London took a lot of effort from the central ADI team, but the event was a financial success. Excluding the conference earnings, we managed to maintain our level of income, and the year saw revenue from the accreditation programme come in for the first time.

I stated last year that we needed to grow our unrestricted reserves, and we have been able to do this over the last two years. As of 30 June 2022, unrestricted reserves stood at $960,257, and we are planning to spend some of these reserves in the current financial year ending on 30 June 2023.

ADI is in a healthy financial position to face the challenges ahead and make life better for people living with dementia.

I would like to thank all those who have continued to support us. Firstly, all the member associations around the world who have pulled together in the past 12 months. Secondly – and critically – the trusts, foundations, corporations, and individuals that support us. We would not be able to do all we do without them.

Statement of financial position

As of June 30, 2022

**Assets**

**Current Assets**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>US$ 1,348,718</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>510</td>
</tr>
<tr>
<td>Grants and contributions receivable – net of allowance for uncollectible accounts of $10,000</td>
<td>272,819</td>
</tr>
<tr>
<td>Current portion of pledges receivable</td>
<td>50,000</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>85,294</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td><strong>1,757,341</strong></td>
</tr>
</tbody>
</table>

**Property and Equipment**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture &amp; equipment</td>
<td>US$ 92,264</td>
</tr>
<tr>
<td>Less accumulated depreciation</td>
<td>(69,487)</td>
</tr>
<tr>
<td>Net property and equipment</td>
<td>22,777</td>
</tr>
</tbody>
</table>

**Other Assets**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent security deposit</td>
<td>14,295</td>
</tr>
<tr>
<td>Website development, net of amortisation</td>
<td>26,305</td>
</tr>
<tr>
<td>Pledge receivable, net of current portion</td>
<td>50,000</td>
</tr>
<tr>
<td><strong>Total other assets</strong></td>
<td><strong>90,600</strong></td>
</tr>
</tbody>
</table>

**Total assets**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>US$ 1,870,718</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Liabilities and Net Assets**

**Current Liabilities**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>US$ 128,912</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>143,007</td>
</tr>
<tr>
<td>Grants payable</td>
<td>10,000</td>
</tr>
<tr>
<td>Current portion of note payable</td>
<td>1,015</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td><strong>282,934</strong></td>
</tr>
</tbody>
</table>

**Long-term Liabilities**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note payable, net of current maturities</td>
<td>326</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>283,260</strong></td>
</tr>
</tbody>
</table>

**Net Assets**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without donor restrictions</td>
<td>960,257</td>
</tr>
<tr>
<td>With donor restrictions</td>
<td>627,201</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td><strong>1,587,458</strong></td>
</tr>
</tbody>
</table>

**Total Liabilities and Net Assets**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>US$ 1,870,718</strong></td>
<td></td>
</tr>
</tbody>
</table>
### Income and expenses

**Income**

ADI is a 503(c)(3) non-profit organisation, incorporated in the state of Illinois, USA. The figures in this report are for the 2021–22 financial year, which ended on 30 June 2022.

ADI member Alzheimer associations pay dues according to their own income. ADI also receives contributions and grants from corporations, foundations, trusts, and individuals. ADI also receives support from Friends of ADI, a UK-registered charity. Friends of ADI does not run any programmes of its own – it exists to support the work of ADI.

**Expenses**

ADI’s expenses are classified into six functions: the four main areas of programme work (listed in the “Expenses” chart below), management and administration, and fundraising.

‘Member support and development’ includes Alzheimer University training programmes and other support and advice provided to Alzheimer associations. ‘Promotion and awareness’ includes World Alzheimer’s Month, the Global Perspective newsletter, the ADI website, and ADI staff and Elected Board members taking part in other conferences and meetings to promote our work and our cause. It also includes ADI’s public policy work, such as the World Alzheimer Report. ‘Research’ is mainly ADI’s role in the STRiDE project. There is a heading for the ADI International conference, which was a hybrid event in London.

### Statement of activities and changes in net assets

**For the Year Ended, June 30, 2022**

<table>
<thead>
<tr>
<th>Support and Revenue</th>
<th>Without Donor Restrictions</th>
<th>With Donor Restrictions</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dues</td>
<td>465,598</td>
<td>-</td>
<td>465,598</td>
</tr>
<tr>
<td>Contributions and grants</td>
<td>196,195</td>
<td>555,367</td>
<td>751,562</td>
</tr>
<tr>
<td>Conference revenue</td>
<td>730,373</td>
<td>-</td>
<td>730,373</td>
</tr>
<tr>
<td>Institutional funding</td>
<td>149,391</td>
<td>-</td>
<td>149,391</td>
</tr>
<tr>
<td>Accreditation fees</td>
<td>20,750</td>
<td>-</td>
<td>20,750</td>
</tr>
<tr>
<td>Interest and other</td>
<td>514</td>
<td>-</td>
<td>514</td>
</tr>
<tr>
<td>In-kind contributions</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Gain on currency exchange transactions</td>
<td>(82,032)</td>
<td>-</td>
<td>(82,032)</td>
</tr>
<tr>
<td>Net assets released from restrictions</td>
<td>879,021</td>
<td>(879,021)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total support and revenue</strong></td>
<td>2,359,810</td>
<td>(323,654)</td>
<td>2,036,156</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme</td>
</tr>
<tr>
<td>1,641,251</td>
</tr>
<tr>
<td>General and administration</td>
</tr>
<tr>
<td>244,135</td>
</tr>
<tr>
<td>Fundraising</td>
</tr>
<tr>
<td>159,806</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
</tr>
</tbody>
</table>

**Change in net assets**

| Net assets, beginning of year                                      | 314,618                   | (323,654)               | (9,036)   |
|---------------------------------------------------------------------|
| Net assets, end of year                                             | 645,639                   | 950,855                 | 1,596,494 |

These figures are extracts from the financial statements which are available in full from [www.alzint.org/financials](http://www.alzint.org/financials)
Our vision is risk reduction, timely diagnosis, care, and inclusion today, and cure tomorrow

Our mission is to strengthen and support Alzheimer and dementia associations, to raise awareness and lower stigma about dementia worldwide, to make dementia a global health priority, to support and empower people living with dementia and their care partners, and to increase investment and innovation in dementia research.