APAC Alzheimer's Readiness Consortium Charter

1. Executive Summary

Alzheimer's disease and related dementias represent one of the most urgent and complex health system challenges facing the Asia-Pacific region. Rapid population ageing, increasing life expectancy and changing disease patterns are contributing to a growing dementia burden across the region. The number of people living with dementia in Asia-Pacific is projected to rise from approximately 23 million in 2015 to almost 71 million by 2050, with dementia care costs in the region estimated at US$185 billion. [1]

Alzheimer's disease is the most common form of dementia and may contribute to 60-70% of dementia cases globally. [2] Across Asia-Pacific, this growing burden has implications for healthcare systems, long-term care infrastructure, national productivity, families and informal caregivers.

Despite this, policy readiness, diagnostic pathways and care delivery remain uneven across the region. Many health systems remain oriented toward late-stage diagnosis and crisis management, with uneven investment in early identification, diagnostic capacity, referral pathways, workforce readiness, integrated care models and sustainable financing. [3]

The APAC Alzheimer's Readiness Consortium is established as a multi-stakeholder platform to support national and regional action against Alzheimer's disease. The Consortium aims to help health systems move from fragmented and late-stage responses toward earlier, more coordinated and more sustainable Alzheimer's disease care.

2. Background and Rationale

Asia-Pacific is undergoing one of the fastest demographic transitions globally. As populations age, Alzheimer's disease and related dementias are expected to become an increasingly significant health, social and economic challenge.

The impact extends beyond individual patients. Alzheimer's disease affects families, caregivers, healthcare systems, social care systems and national economies. Delayed diagnosis can limit

opportunities for timely care planning, earlier intervention, patient and caregiver support, and appropriate treatment decisions.

There is a growing need for health systems to become more prepared across the full Alzheimer's disease patient journey, from public awareness and early recognition to diagnosis, referral, treatment, monitoring, post-diagnosis care and long-term support.

The dementia burden is multi-dimensional. It includes direct healthcare costs, long-term care costs, informal caregiving costs, productivity losses and broader social impacts on families and communities. Regional analyses have highlighted that stronger and more coordinated policy responses are needed to address system gaps across diagnosis, care delivery and health system readiness. [3]

Strengthening Alzheimer's disease readiness therefore requires coordinated action across health policy, financing, diagnostics, clinical pathways, workforce development, data systems, care infrastructure and social support.

3. Vision

A region where people at risk of or living with Alzheimer's disease have equitable access to timely identification, accurate diagnosis, appropriate treatment, coordinated care and comprehensive support, enabled by resilient, prepared and sustainable health and social systems.[2]

4. Mission

The APAC Alzheimer's Readiness Consortium aims to support national and regional efforts to strengthen Alzheimer's disease readiness across Asia-Pacific.

The Consortium will serve as a neutral, multi-stakeholder platform to:

- Advance health system readiness for Alzheimer’s disease across APAC.
- Promote early detection and timely diagnosis.
- Strengthen integrated care delivery models.
- Support evidence-based policy and sustainable financing.
- Enable regional collaboration and knowledge exchange.
- Improve outcomes for patients, caregivers, and communities.

5. Charter Summary and Objectives

The APAC Alzheimer's Readiness Consortium is a multi-stakeholder platform established to support national and regional action against the growing burden of Alzheimer's disease across Asia-Pacific.

The Consortium envisions a region where Alzheimer's disease is recognised as a health system priority, where countries are equipped with clear policy frameworks, and where people at risk of or living with Alzheimer's disease can access timely identification, accurate diagnosis, appropriate treatment, coordinated care and long-term support.

To advance this vision, the Consortium will support governments, policymakers, clinical leaders, patient and caregiver groups, academic experts, civil society organisations and responsible industry partners to shape evidence-based policy action and strengthen health system readiness across the full Alzheimer's disease patient journey.

The Consortium aims to support Asia-Pacific territories to:

1. **Elevate Alzheimer's disease as a national and regional policy priority**, recognising its growing clinical, social and economic impact.
2. **Support the development, update and implementation of national Alzheimer's disease and dementia action plans**, with clear goals, implementation priorities and accountability mechanisms.
3. **Shape policy frameworks that enable earlier identification and timely diagnosis**, including public awareness, primary care recognition, cognitive assessment, risk-based case finding and appropriate referral pathways.
4. **Strengthen diagnostic readiness across health systems** by improving access to established diagnostic tools, including specialist assessment, imaging and cerebrospinal fluid testing where appropriate, while supporting the responsible integration of blood-based biomarkers within clear clinical pathways, quality standards and sustainable access models.
5. **Improve referral and care pathways across the patient journey**, from early symptoms and diagnosis through treatment, monitoring, post-diagnosis care, caregiver support and community-based services.
6. **Prepare health systems for current and future Alzheimer's disease innovations**, including diagnostic technologies, biomarker-enabled pathways, evolving treatment models and multidisciplinary care infrastructure.
7. **Support evidence generation and policy-relevant data**, including burden studies, pathway mapping, readiness assessments, real-world evidence, health economic analysis and caregiver impact.
8. **Promote sustainable financing and access dialogue**, including the value of earlier diagnosis, diagnostic infrastructure, care coordination, treatment readiness and long-term support.

9. **Enable regional collaboration and peer learning**, helping Asia-Pacific territories share best practices, compare readiness and identify practical models that can be adapted across different health system contexts.
10. **Build sustained political commitment and public awareness**, ensuring Alzheimer's disease is addressed not only as an ageing issue, but as a health system, economic and societal priority.

Through these objectives, the Consortium seeks to move Asia-Pacific health systems from fragmented and late-stage responses toward earlier, more coordinated and more sustainable Alzheimer's disease care.

6. Recommendations / Priority Areas for Collective Action

The following priority areas provide an initial framework for collective action.

6.1 Elevate Alzheimer's disease as a health system priority

The Consortium will support greater recognition of Alzheimer's disease as a major health system, economic and societal priority across Asia-Pacific.

There is an opportunity to move beyond viewing Alzheimer's disease primarily as an ageing or social care issue, and to position it as a condition requiring coordinated action across health policy, primary care, specialist services, diagnostics, treatment, long-term care and caregiver support.

The Consortium will support efforts to elevate Alzheimer’s disease as a national and regional health system priority, including:

- Supporting the development, update and implementation of national dementia and Alzheimer’s disease action plans.
- Encouraging integration of Alzheimer’s disease into healthy ageing, non-communicable disease, primary care and health system sustainability agendas.
- Supporting cross-sector dialogue across health, finance, social care, ageing and innovation stakeholders.

Helping define practical policy priorities that are locally relevant and implementable.

6.2 Support national Alzheimer's disease and dementia action plans

The Consortium will support efforts to develop, update and implement national Alzheimer's disease and dementia strategies that are evidence-based, locally relevant and actionable.

These strategies can help define national priorities, strengthen accountability, guide investment and align stakeholders around practical next steps across the patient journey.

6.3 Strengthen awareness, brain health and early recognition

A shared priority is to improve public awareness, reduce stigma and support earlier recognition of cognitive symptoms.

Collective action can help equip communities, caregivers and frontline healthcare professionals with the knowledge needed to recognise early signs of cognitive decline and seek appropriate assessment in a timely manner.

6.4 Enable earlier identification and appropriate referral

The Consortium will support policy dialogue on how health systems can strengthen earlier identification and referral pathways for people with suspected Alzheimer's disease.

This includes improving primary care recognition, cognitive assessment, risk-based case finding, referral criteria and coordination between community, primary care and specialist services.

6.5 Improve access to timely and accurate diagnosis

Health systems can be better prepared by strengthening access to timely, accurate and appropriate diagnostic assessment.

This includes improving access to established diagnostic tools, including specialist assessment, imaging and cerebrospinal fluid testing where appropriate, while supporting the responsible integration of blood-based biomarkers within clear clinical pathways, quality standards and sustainable access models.

6.6 Build diagnostic infrastructure and biomarker readiness

The Consortium will support efforts to strengthen diagnostic infrastructure and biomarker readiness across Asia-Pacific.

Priority areas include laboratory capacity, test quality standards, workforce training, clinical interpretation, referral pathways, reimbursement considerations and integration of diagnostics into routine care models.

6.7 Strengthen patient pathways across diagnosis, treatment and care

The Consortium will support stronger coordination across the Alzheimer's disease patient journey, from early symptoms and diagnosis to treatment, monitoring, post-diagnosis care and long-term support.

More integrated pathways can help reduce delays, improve patient experience and ensure that diagnosis leads to meaningful care and support for patients, families and caregivers.

6.8 Prepare health systems for current and future innovation

Asia-Pacific health systems have an opportunity to prepare for evolving Alzheimer's disease innovations, including new diagnostic tools, biomarker-enabled pathways and emerging treatment models.

This requires alignment across clinical guidelines, diagnostic capacity, treatment infrastructure, monitoring systems, workforce capability and access pathways.

6.9 Strengthen post-diagnosis care and caregiver support

A comprehensive Alzheimer's disease response needs to include sustained post-diagnosis support for patients, families and caregivers.

Priority areas include care planning, counselling, rehabilitation, caregiver education, social support, community-based services and long-term care coordination.

6.10 Support evidence generation, data and regional learning

The Consortium will help advance policy-relevant evidence and regional learning to support more informed decision-making.

This may include burden studies, pathway mapping, readiness assessments, real-world evidence, health economic analysis, caregiver impact studies, registries, digital health infrastructure and regional benchmarking.

6.11 Promote sustainable financing and access dialogue

The Consortium will support constructive dialogue on sustainable financing and access models for Alzheimer's disease.

This includes the value of earlier diagnosis, diagnostic infrastructure, care coordination, treatment readiness, caregiver support and long-term health system investment.

6.12 Enable regional collaboration and shared commitment

The Consortium aims to provide a platform for regional collaboration, peer learning and shared commitment across Asia-Pacific.

By bringing together policymakers, clinicians, patient groups, NGOs, academia, civil society and responsible industry partners, the Consortium can help shape practical, credible and locally adaptable approaches to Alzheimer's disease system readiness.

7. Regional Collaboration and Advocacy

The Consortium aims to provide a platform for regional collaboration, peer learning and shared commitment across Asia-Pacific.

Key areas of collaboration may include:

- Cross-country knowledge exchange.
- Sharing of best practices and implementation models.
- Regional readiness benchmarking.
- Joint policy dialogues and roundtables.
- Development of practical tools and frameworks.
- Alignment with regional policy platforms where appropriate.
- Support for national and regional advocacy on Alzheimer's disease readiness.

By bringing together stakeholders across territories, the Consortium can help identify role-model approaches that may be adapted to different health system contexts.

The following is the institutional governance framework that governs the regional collaboration and advocacy.

7.1 Secretariat Framework

The APAC Alzheimer's Readiness Consortium operates as an unincorporated, multi-stakeholder alliance. The GR Company serves as the independent Secretariat of the Consortium. The GR Company manages an operational and governance framework with documented safeguards to separate funding, content development, and policy decision-making.

7.2 Separation of Funding & Governance

To preserve public health credibility and accountability the APAC Alzheimer's Readiness Consortium distinguishes between editorial independence and appropriate funder oversight, while ensuring day-to-day Secretariat functions and governance authority remain distinct. To manage this, the Consortium will establish a Steering Group with balanced representation across the Secretariat, Funding Members, and Ecosystem Partners to set priorities and approve workstreams as the alliance grows. Within this framework, Funding Members will not control independent policy

conclusions, scientific data interpretations nor clinical outputs, ensuring public health content remains editorially independent to support clinical and academic integrity. However, Founding Funding Members retain the right to provide input on strategy, workplans, compliance, reputational risk, and alignment with brand-agnostic objectives, alongside sign-off rights on direct investments such as dedicated policy whitepapers or research projects.

7.3 Product Neutrality & Compliance Covenant

The APAC Alzheimer's Readiness Consortium operates exclusively as a public health policy-focused platform with a non-promotional scope. Individual products, branded therapies, and market access strategies are considered out of scope. All commentary, frameworks, and outputs generated by the Consortium should be recognisable as contributions to a whole-system narrative in the broader societal interest, so collective actions remain high-level and aligned with international public health standards.

7.4 Editorial Independence & Open Access

All research insights, readiness indices, whitepapers, and policy briefs generated under APAC Alzheimer's Readiness Consortium's banner shall be published under open-access principles (e.g., Creative Commons) to freely advance public health learning across the Asia-Pacific region. To achieve this, participating Ecosystem Partners retain editorial autonomy and copyright over their specific written contributions. Final publication timelines and strategic workplans are approved collaboratively through the Steering Group, ensuring that collective outputs remain transparent and focused on the broader public interest.

7.5 Financial Liability Indemnification

Ecosystem Partners that join APAC Alzheimer's Readiness Consortium carry no financial obligations or operational cost exposure, but will comply with standard governance frameworks and guidelines, mutual confidentiality, and conflict-of-interest disclosures.

7.6 Commitment to Funding Diversification

While established through foundational funding from a single Founding Member, the APAC Alzheimer's Readiness Consortium is designed to be a multi-funder platform. The Secretariat will actively recruit Founding Funding Members (industry leaders) and Institutional Funding Partners (including but not limited to technology firms, philanthropic trusts, private hospital groups, and regional insurers) within 12–24 months of activation to ensure a diversified funding base, long-term ecosystem sustainability and compliance.

7.7 Anti-Trust & Competition Law Compliance

The APAC Alzheimer's Readiness Consortium strictly adheres to all applicable regional and international anti-trust and competition laws. The Consortium and its Steering Group serve as a platform for ecosystem strategy and public health policy dialogue. Members and Partners shall not disclose, discuss nor exchange company-confidential or sensitive information, including in relation to commercial, market access, or research and development strategies, prices/discounts, margins, sales, market shares, marketing and market access plans, bids, production capacity and volumes, terms agreed with payers, purchasers, suppliers or other partners, confidential launch plans and dates, and confidential R&D programs.

7.8 Use of Name, Logos, and Intellectual Property

Participation in the APAC Alzheimer's Readiness Consortium does not grant any member or the Secretariat the right to use the name, logo, trademarks, or branding of any other participating organisation for promotional or public-facing purposes. Any use of a member's brand assets, including in press releases, websites, policy whitepapers, or public reports, requires explicit, case-by-case written approval from the respective organisation prior to publication.

8. Stakeholders

The Consortium is intended to bring together a broad and balanced group of stakeholders, including:

- Governments and policymakers.
- Healthcare providers and health systems.
- Clinical societies and key opinion leaders.
- Academic and research institutions.
- Patient and caregiver organisations.
- NGOs and civil society organisations.
- Industry partners, including diagnostics, pharmaceuticals, technology and care delivery organisations.
- Multilateral and regional organisations.

9. Governance Structure

The Consortium will operate through a transparent and multi-stakeholder governance model.

- **Steering Committee:** Strategic oversight.
- **Country Working Groups:** Local implementation.
- **Technical Advisory Panels:** Domain expertise.
- **Secretariat:** Coordination and operations.
- **Transparency & Independence:** Establish clear frameworks for public-private partnerships to ensure research and policy advocacy remain evidence-based, unbiased, and patient-first.

10. Measuring Progress

Progress should be tracked through a practical set of indicators that reflect both policy commitment and health system readiness. These indicators should align where relevant with WHO dementia targets, while also allowing APAC territories to measure progress against locally appropriate milestones. This includes alignment with the WHO global dementia target for countries to develop or update national dementia policies, strategies, plans or frameworks, either standalone or integrated into other policies. [4]

Suggested indicators include:

National policy commitment

- Number and proportion of APAC territories with national dementia or Alzheimer's disease strategies.
- Number and proportion with funded implementation plans, defined timelines and accountable lead agencies.
- Degree of alignment with WHO dementia targets, including the target for countries to develop or update national dementia policies, strategies, plans or frameworks. [4]

Earlier diagnosis and referral

- Reduction in average time from symptom onset to clinical diagnosis.
- Increase in the proportion of diagnoses made at MCI or early dementia stage.
- Number of health systems with defined primary care-to-specialist referral pathways, including referral criteria and escalation points.
- Number of frontline healthcare professionals trained to recognise cognitive symptoms and refer appropriately.

Diagnostic and biomarker readiness

- Availability and geographic coverage of specialist assessment, imaging, cerebrospinal fluid testing where appropriate, and blood-based biomarker pathways.
- Number of territories with clinical guidance, quality standards or reimbursement discussions for Alzheimer's disease diagnostics.
- Growth in laboratory, workforce and infrastructure capacity to support timely and accurate diagnosis.

Integrated care and post-diagnosis support

- Number of health systems with structured post-diagnosis care pathways, including care planning, counselling, rehabilitation and community-based support.
- Availability of formal caregiver education, respite care, psychosocial support and long-term care services.
- Improvement in measurable patient and caregiver experience indicators, including caregiver burden measures where available.

Financing and investment

- Growth in public and private investment in dementia infrastructure, diagnostics, care coordination and caregiver support.
- Inclusion of key Alzheimer's disease services within national benefit packages, universal health coverage schemes or other sustainable financing mechanisms.
- Number of territories initiating financing, access or reimbursement discussions for diagnostic pathways, treatment readiness and post-diagnosis care.

Regional collaboration and evidence generation

- Number of regional policy dialogues, country engagements, readiness assessments or pathway mapping exercises completed.
- Development of shared APAC readiness benchmarks, policy tools or implementation frameworks.
- Publication of policy-relevant evidence, including burden studies, health economic analysis, real-world evidence and caregiver impact assessments.

11. Closing Statement

Alzheimer's disease is a defining health system challenge for Asia-Pacific. Addressing it will require a shift from fragmented and late-stage responses toward earlier identification, timely diagnosis, coordinated care and sustained support for patients and caregivers.

The APAC Alzheimer's Readiness Consortium provides a platform for collective action. By bringing together policymakers, clinicians, patient groups, NGOs, academia, civil society and responsible industry partners, the Consortium aims to support health systems across Asia-Pacific to become more prepared, more equitable and more sustainable in responding to Alzheimer's disease.

12. References

[1] Alzheimer's Disease International. Dementia in the Asia Pacific Region. The report states that the number of people living with dementia in Asia-Pacific is projected to rise from 23 million in 2015 to almost 71 million by 2050, and that dementia care costs in the region were estimated at US$185 billion. https://www.alzint.org/resource/dementia-in-the-asia-pacific-region/

[2] World Health Organization. Dementia Fact Sheet. WHO states that Alzheimer's disease is the most common form of dementia and may contribute to 60-70% of cases. https://www.who.int/news-room/fact-sheets/detail/dementia

[3] Deloitte. Strengthening Alzheimer's Disease Policy and Management in Southeast Asia. The white paper provides a comparative view of health system preparedness across APAC economies and highlights gaps in service readiness, diagnostic pathways and policy response. https://www.deloitte.com/southeast-asia/en/services/consulting/perspectives/strengthening-alzheimers-disease-policy-and-management.html

[4] World Health Organization. Global Action Plan on the Public Health Response to Dementia 2017-2025. The plan identifies priority areas including dementia prioritisation and awareness, risk reduction, diagnosis, treatment and care, support for carers, information systems, and research and innovation. https://www.who.int/publications/i/item/global-action-plan-on-the-public-health-response-to-dementia-2017---2025