

LEAVING NO ONE BEHIND: A CALL FOR GLOBAL ACTION TO ADDRESS DEMENTIA AMONG REFUGEES

by

**Anupama D S, Aniruddha Inamdar
and Sanjay Pattanshetty**

Introduction

Alzheimer's disease represents one of the most formidable health challenges of our time, casting a shadow over millions of lives worldwide. The global burden of this neurodegenerative condition is staggering, with current estimates indicating that [57 million people](#) worldwide are living with dementia, a figure that threatens to nearly triple to [139 million by 2050](#).

It is estimated that the annual global cost of dementia is currently at USD 1.3 trillion and is expected to reach [USD 2.8 trillion by 2030](#), highlighting the profound economic implications.

The development of Alzheimer's disease results from an intricate [interplay of multiple risk factors](#) such as, age, lifestyle choices, environmental exposures, and social determinants. Among these risk factors, displacement and refugee migration emerge as particularly potent contributors to dementia risk. Refugees experience [profound disruptions](#) to their social support systems, loss of cultural identity, economic instability, and barriers to healthcare access. This unprecedented crisis convergence of global displacement with over [123.2 million people](#) being forced out of their homes and the fast-growing dementia cases around the world, represents one of the most pressing humanitarian challenges.

World Alzheimer's Day, observed annually on September 21, serves as a global anchor for awareness, stigma reduction, and policy action. This year's [theme](#) "Ask about Dementia, Ask about Alzheimer's" underscores the power of questions to spark conversations, challenge misconceptions, and call for global action using international negotiations

and humanitarian frameworks to address the concern.

Convergence of Two Global Crises

The challenge of massive displacement coincides with rapid population aging, creating a growing cohort of older refugees at heightened risk for dementia. The population of individuals aged 60 and older residing outside their native countries has increased from 16 million in 1990 years to [34.3 million](#) in 2020. This convergence is particularly pronounced in specific global regions that bear the brunt of refugee flows. Figure 1 depicts the distribution of older international migrants by region of residence from 1990-2020. It suggests that Europe, hosting the largest number of refugees worldwide, accommodating more than [13.2 million refugees](#), is also hosting the largest number of older international migrants who are at the risk of dementia. Germany leads European countries in absolute numbers, hosting [2.6 million refugees](#), followed by [Poland](#) with nearly 1 million.

The Asia and Pacific region faces equally significant challenges, with the region bearing approximately [17.2 million refugees](#) and displaced persons. The concentration of older refugees in these regions, combined with limited healthcare infrastructure and cultural barriers to dementia care, creates a systemic gap for undiagnosed and untreated dementia.

The Urgent Need for International Action

The convergence of dementia and displacement across the world necessitates coordinated international action that addresses both immediate humanitarian needs and long-term health system strengthening. At the global level, the WHO [Global Action Plan](#) on the Public Health Response to Dementia (2017–2025) provides an overarching framework to integrate dementia into public health agendas emphasizing awareness, risk reduction, timely diagnosis, caregiver support, and surveillance. The plan set a target for 75 percent of countries to develop or update national dementia policies, strategies, or frameworks either stand-alone or integrated by 2025.

While this has spurred action, progress remains uneven. Over the past decade, more than [50](#) countries

have introduced national dementia plans and strategies, signaling growing recognition of dementia as a pressing public health priority. However, within these frameworks, the specific needs of refugees and migrants remain largely overlooked, with only [a few countries](#) such as Austria, Belgium, Canada, Germany, the Netherlands, New Zealand, Norway, and Sweden, making any reference to migration-related issues in their dementia strategies.

This limited inclusion highlights a critical [policy gap](#) that despite global momentum on dementia, most national strategies continue to treat ageing and migration as separate spheres, leaving displaced and migrant older adults largely invisible in the global dementia response. Refugees often face [language and cultural barriers](#), limited health literacy, and structural barriers that impede access to specialized dementia services. Additionally, [caregivers](#) within refugee families, often lacking social support systems and facing economic hardship, bear an enormous burden caring for relatives with dementia. [Women](#), who disproportionately serve as informal caregivers, face

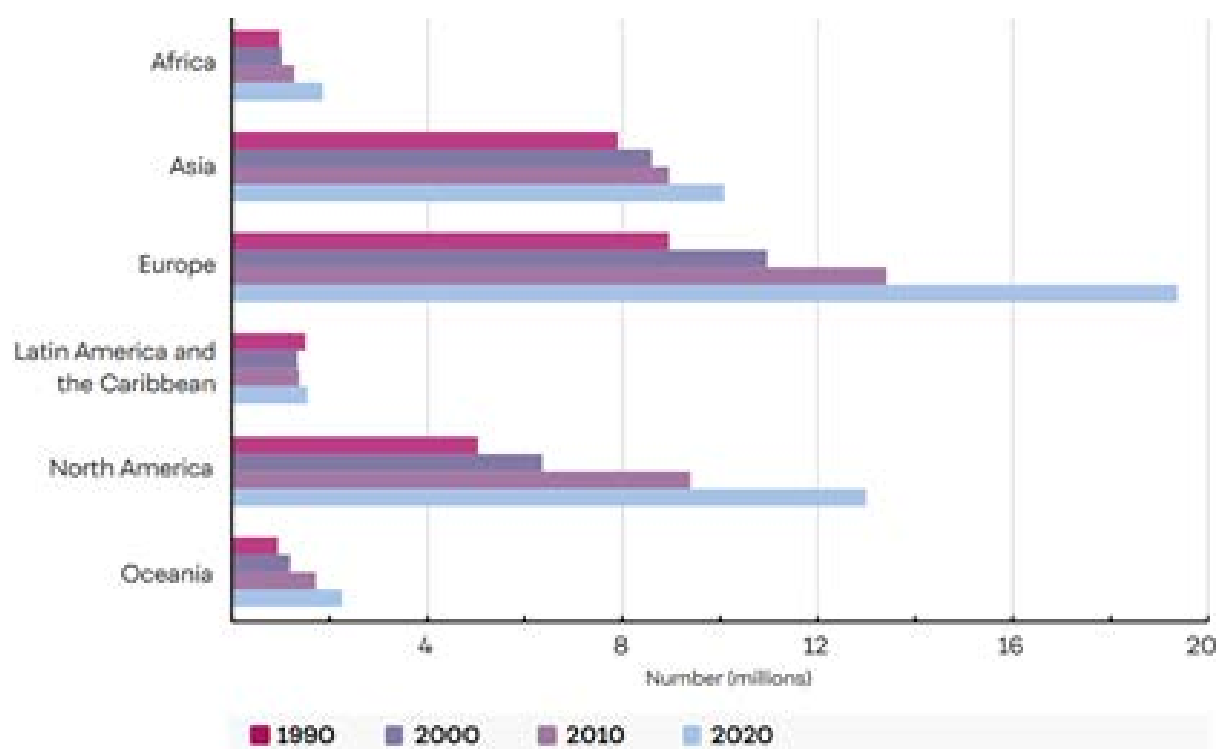
additional challenges in displacement settings where traditional support networks have been severed.

Role of Diplomacy to Address Dementia

Addressing dementia among refugees requires coordinated action across borders, shaped by international relations and diplomacy. The emerging field of brain health diplomacy offers a framework for coordinating international action across multiple sectors. [Brain health diplomacy](#) emphasizes the need for international collaboration to address macro-level determinants of cognitive health, including conflict-driven mass migration, social inequality, and environmental factors that disproportionately affect vulnerable populations. By leveraging diplomatic channels, countries can develop coordinated responses that address both immediate humanitarian needs and long-term brain health outcomes.

Additionally, international cooperation frameworks should prioritize evidence-based prevention strategies that address [modifiable risk factors](#) for dementia among refugees by providing support in education, mental health support systems to address trauma, and

Figure 1: Older international migrants by region of residence, 1990–2020



Source: [World Health Organization](#)

social support systems to tackle social isolation. For instance, in partnership with UN agencies, [Morocco](#) adopted new laws explicitly granting migrants, including refugees, access to healthcare services, often with a higher tier of coverage than the general population. Sweden provides [interpreters for free](#) in all healthcare encounters, including dementia diagnostics and care, to help bridge the language gap for refugees and migrants to promote culturally sensitive and inclusive care. Similarly, in the [Western Pacific](#), countries like Australia, New Zealand, the Republic of Korea, and Japan have integrated dementia education and community support into national frameworks, while China, Malaysia, and Singapore are expanding public awareness through health programs and NGO partnerships.

An international agreement in WHO's development of [Global Competency Standards](#) for health workers caring for refugees and migrants provides another framework for systematic improvement. These standards emphasize [transdisciplinary collaborative practice](#), cultural sensitivity, and engagement with broader social support systems which are crucial elements for effective dementia care. Training programs based on these standards could rapidly expand the capacity of healthcare systems to provide appropriate dementia care for displaced populations.

The Path Forward: A Comprehensive Agenda for Action

Addressing the crisis of dementia among refugees requires coordinated action across borders, building on successful models and scaling interventions. [Policy and legislative](#) reform must prioritize the inclusion of refugees and migrants in national dementia strategies. Risk reduction strategies must be culturally sensitive and multisectoral, addressing the determinants that increase dementia risk among refugees. This

includes [interventions](#) targeting depression, social isolation, and chronic disease management, as well as programs that strengthen social cohesion and community support systems. Support for [caregivers](#), predominantly women within refugee families, requires dedicated attention through training programs, legal protections, and respite services adapted to displacement contexts.

On this World Alzheimer's Day, governments and international agencies must move beyond rhetoric to action. The international community must act decisively to ensure that some of the world's most vulnerable populations are not forgotten in the fight against one of our era's most devastating diseases. The successful models emerging from various countries demonstrate that effective interventions are possible, but they require political will, adequate resources, and sustained international cooperation. It is imperative to realize that a truly inclusive dementia response begins with seeing, hearing, and caring for those at the intersections of ageing, migration, and vulnerability.

Dr. Anupama D S is an Associate Professor at NIMS Institute of Public Health and Governance at NIMS University, Rajasthan, Jaipur, India, with a keen interest in evidence synthesis, health policy, mixed methods research, and global governance for health.

Mr. Aniruddha Inamdar is an Assistant Professor at NIMS Institute of Public Health and Governance at NIMS University, Rajasthan, Jaipur, India, with a keen interest in EU-India cooperation, international relations, and health diplomacy.

Prof. Dr Sanjay Pattanshetty is the Director of NIMS Institute of Public Health and Governance at NIMS University, Rajasthan, Jaipur, India, with a keen interest in health diplomacy, international relations, and global governance for health.