



For Immediate Release

Singapore ranks 16th in dementia innovation according to new report evaluating 30 cities across the globe

Dementia Innovation Readiness Index 2020: 30 Global Cities is a tool for cities to learn from each other and collectively combat dementia, one of the greatest challenges to health and social care in the 21st Century

SINGAPORE – 8 October, 2020: An international index which scores 30 cities across the globe on their ability and readiness to innovate with regard to combatting dementia has yielded mixed results for Singapore.

The city state has been ranked 16th in dementia innovation overall, according to the Dementia Innovation Readiness Index 2020: 30 Global Cities, which was released today by the Global Coalition on Aging (GCOA), Alzheimer's Disease International (ADI) and the Lien Foundation.

London, Glasgow, Manchester, Amsterdam and Vancouver made up the top five overall. The UK is known for its progressive policies and practices with regard to dementia care. Ten Asian cities were evaluated, with Tokyo (7th) and Seoul (11th) emerging as the top regional performers, followed by Taipei and Singapore at 15th and 16th respectively.

There are an estimated 10,000 cities globally, and the 30 cities were chosen to represent a range of geographies, population and economy sizes, and healthcare and policy systems. They include major metropolitan centres as well as smaller municipalities.

Innovation is increasingly being seen as a key driver for both economic growth and social development and is the best hope we have for overcoming key challenges in our complex, inter-connected world. Cities are hubs for innovation and each of the 30 cities evaluated is already a leader in policies and practices with regard to dementia.

Dementia innovation readiness is defined in the report as the level to which each city is prepared to innovate in terms of novel approaches, systems, programmes or processes that would have an impact on the prevention, treatment or care of dementia, which has been referred to by The Lancet as the greatest challenge to health and social care in the 21st century.

Generally, high-performing cities in the Index were in high-income countries with some level of nationalised healthcare, and a national plan in place that helps to promote innovation at the city-level. They also tend to have older populations. While Asian cities have tended to crowd the bottom half of the index, they also largely have younger populations than in Europe, for instance, so dementia is not yet a policy priority.

The condition is expensive to manage, exacts a high caregiving toll and there is a case every three seconds globally. There is currently no cure and there has also been [no new drug treatment](#) for more than 15 years – several high-profile drug trials have failed in recent years. In Singapore, around one in 10 seniors aged 60 and above – or around 86,000 people – may have dementia, with numbers expected to soar to 130,000 or more by 2030.

The report examines 26 qualitative and quantitative indicators across five categories of innovation readiness – strategy and commitment, early detection and diagnosis, access to care, community support and business environment. Examples of issues specifically examined include local political leadership on dementia or age-related issues, training of doctors and other healthcare workers on dementia and the presence of local community resources and organisations and programmes to support persons with dementia and their caregivers. (See Appendix A of report for full list of indicators)

The Index report, which considered both publicly available data as well as on-the-ground expert insights from close to 100 experts in the 30 cities, found that Singapore featured in the top 10 with regard to strategy and commitment (9th), community support (10th) and business environment (3rd), but lagged behind with regard to early detection and diagnosis (21st) and access to care (18th).

Associate Professor Philip Yap, a senior consultant geriatrician who leads the Memory and Dementia Care Service at the Khoo Teck Puat Hospital, said that it was always helpful to have a pulse check on how Singapore is doing compared to the rest of the world. “Several other countries, especially those in the west and Japan, have experienced population aging many years before us, so they have a head start in preparing for aging-related issues of which dementia ranks as one of foremost importance,” said Prof Yap, who was one of the expert interviewees from Singapore. “Breaking down the Index into specific domains provides insight into which areas we need to work on while knowing how the

standards are measured gives clarity on why we have been assessed as such and what we need to work on.”

Chief executive of the Alzheimer’s Disease Association (ADA) Jason Foo, another local interviewee, said the report made it clear that major cities around the world are ramping up their efforts in building a dementia-inclusive ecosystem for their respective communities. “We agree that there are bright spots and areas of improvement required in Singapore,” he said. “However, we must remember that developing and adopting innovations in the treatment, prevention and risk reduction, and care of dementia, is a marathon and not a sprint. It requires a whole-of-society commitment to push it through and may take several years of effort.”

According to the report’s researchers, with regard to business environment, international benchmarks showed that Singapore has strong IP protection; a healthy presence of health institutions for research, innovation, and societal impact; and moderate output of patents in med-tech, biotech, and pharmaceuticals. It is also relatively strong with regard to strategy and commitment, thanks to solid government leadership on dementia and age-related issues, especially in recent years, and more funding being pumped into long-term care, including dementia care. Unlike many cities, Singapore also has a dementia plan in place, although there is a need to make it public.

Several barriers to innovation were also identified, especially in the early detection and diagnosis and access to care categories. These include the lack of publicly available diagnosis rates and the relative inability of general physicians to detect and treat dementia in the community. The report points out that when GPs are empowered and trained to diagnose dementia, they can reduce the strain incurred on the health system by an over-reliance on specialists. Other indicators examined included the presence of doctors and specialists, the dementia training of healthcare workers and access to assisted living and nursing homes for persons with dementia.

Both Mr Foo and Prof Yap said stigma which prevents seniors and their families from coming forward for diagnosis, was another key barrier to dementia diagnosis in Singapore. “Family members may suspect dementia, but they may not see the need to get their loved ones diagnosed early because of stigma,” said Mr Foo.

Prof Yap added that it could take a few months before a clinic visit in public hospitals to evaluate for possible dementia. “The accessibility, capability and

capacity of the healthcare system to meet the need for diagnosis and treatment in both primary and tertiary care are pertinent. The ability of disciplines outside geriatric, neurology or psychiatric services to recognise dementia is also of utmost importance, particularly in the hospital setting where older people and people with dementia abound,” he said. “Singapore can improve in all these areas if we are able to improve our ability to detect dementia and make dementia care more accessible.”

Aside from strategy and commitment, and the business environment, Singapore’s performance with regard to community support is particularly heartening, as there is increasing realisation in high-income, aged cities with strong but expensive institutional care networks that community support is vital for sustainable and strong safety nets for persons with dementia and their caregivers.

Singapore has several best practices in this regard which are cited in the report. For instance, once-discrete dementia care services – provided by hospitals, primary care clinics and community care providers offering centre-based or home-based care – are being integrated to form larger community networks providing persons with dementia with a more seamless continuum of care and support from diagnosis until death.

There are at least two prominent examples of such networks. One of these is led by the non-profit community care provider Tsao Foundation and is located in Whampoa, a fast-aging locality not far from downtown Singapore. The other is helmed by the Khoo Teck Puat Hospital and the Agency for Integrated Care (AIC) in northern Singapore and is integrated with the local initiative to build a dementia-friendly community. The AIC’s community mental health teams were also singled out as a best practice that is helping improve access to care in the community.

AIC chief executive officer Tan Kwang Cheak pointed out that with one in 10 Singaporeans aged above 60 estimated to have dementia, there was a growing need to strengthen community support, as well as care and support networks for those with the condition and their caregivers. “We are glad to have the opportunity to share our efforts on this front with the report’s researchers,” said Mr Tan. “This overall effort to make Singapore a dementia-friendly community for all is an ongoing one, and we are committed to work towards this vision in partnership with our community mental health partners.” The GCOA and ADI have collaborated on two previous versions of the index, which looked at dementia innovation readiness in the [G7](#) and select [G20](#)

[countries](#) in 2017 and 2018 respectively. The Lien Foundation approached them in late 2018 to collaborate on a similar Index focusing on cities, rather than countries. “Aging and urbanisation are the twin defining trends of our time,” pointed out Lien Foundation research director, Radha Basu. “As societies age and dementia becomes more common, we hope this report can help cities learn from each other on how to best manage this great, global challenge to health and social care,” said Ms Basu.

She hoped that some of Singapore’s best practices cited in the report could be emulated in other Asian cities. The Foundation, meanwhile, has already begun implementing ideas in the report. Post diagnostic support (PDS) for newly-diagnosed persons with dementia, available in cities like Vancouver, London and Glasgow, for instance, was highlighted as a highly localised but under-addressed opportunity for cities (see key insights below). The Foundation recently announced its own PDS programme in partnership with ADA.

ADI Chief Executive Paola Barbarino said that local leadership is critical in preparing for dementia. “A willingness to act at a local leadership level has been clearly linked to a city’s preparedness and ability to innovate,” said Ms Barbarino. “In order to improve the lives of those living with dementia, and their loved ones, the Index calls on local, subnational and national governments to drive strong dementia policy and planning.”

Chief executive at the GCOA, Michael W. Hodin, pointed out that the Index calls on cities to rise to the challenge of dementia preparedness. “The Index shows that there’s a great opportunity to develop bespoke, innovative, dementia-care initiatives at a local level,” said Dr Hodin. “Beyond that, the Index also calls on governments, industry, NGOs, academics and other leaders to engage in high-impact, action-oriented initiatives that drive collaboration at a global level.”

The Index’s key insights include:

- **Cities must take charge to execute against national dementia plans.**
Tasking ministries, agencies, civil servants, or other permanent policy bodies with implementing a plan at the local level can help to ensure dementia remains front-and-centre, even as political leadership changes, and when plans are backed by adequate funding, they are a key enabler of dementia innovation.
- **Cities must advocate for flexible and transparent funding models** enabling regions and cities to adapt national programmes and frameworks to local contexts.

- **Cities need to know where they stand with regard to the number of people in the community living with dementia.** Accurate, early diagnosis can help to ensure that people living with dementia are able to access high-quality care; that the progression of their disease is appropriately managed and monitored; and that they will be able to expediently access innovations in treatment and care as they become available.
- **National-level efforts to improve diagnosis rates for dementia should be aligned with the local community.** One of the most common misconceptions about dementia is that it is simply a normal part of aging, and cities must be ready to deploy population-specific messaging, screening tools, and other resources that are adaptable to the diverse communities residing there.
- **Post-diagnostic support is a highly localised but under-addressed opportunity for cities.** City stakeholders can collaborate across the medical, social and policy fields to ensure that locally-tailored post-diagnostic support is in place and that healthcare professionals and other community service providers have the knowledge and training to connect people with relevant programmes.
- **Local governments and service providers must ensure that there is a sufficient supply of affordable and high-quality community-based care providers** — including day care, respite care, and in-home care — so that people living with dementia are able to access needed resources. In areas where the care workforce is insufficient to adequately support people living with dementia, local stakeholders can help to build the workforce through training, increased access to educational and vocational services, as well as immigration, thus creating local jobs while solving for the impending care crisis.
- **Cities should engage and fully leverage non-profit Alzheimer’s and dementia associations** as experts in the community.
- **Dementia-friendly principles are the tools and practices that make an organisation, community, or society-at-large more accessible and liveable** for people with dementia, but they also enhance cities and improve quality of life for all citizens.

- **Cities have a role in enabling new and existing funding models for dementia research.** For example, venture capital funding (through organisations like the Dementia Discovery Fund) and social impact bonds by cities can spur innovation. Such efforts will serve as a catalyst for breakthrough research and offset the perceived risk brought by slow therapeutic progress and growing investor hesitancy toward dementia.

For the full report, [click here](#)

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About Alzheimer’s Disease International (ADI)

ADI is the international federation of 100 Alzheimer associations and federations around the world, in official relations with the World Health Organization. ADI's vision is prevention, care and inclusion today, and cure tomorrow. ADI believes that the key to winning the fight against dementia lies in a unique combination of global solutions and local knowledge. ADI works locally, by empowering Alzheimer associations to promote and offer care and support for persons with dementia and their care partners, while working globally to focus attention on dementia and campaign for policy change. For more information, please visit www.alz.co.uk

About the Global Coalition on Aging:

The Global Coalition on Aging aims to reshape how global leaders approach and prepare for the 21st century’s profound shift in population aging. GCOA uniquely brings together global corporations across industry sectors with common strategic interests in aging populations, a comprehensive and systemic understanding of aging, and an optimistic view of its impact. Through research, public policy analysis, advocacy, and strategic communications, GCOA is advancing innovative solutions and working to ensure global aging is a path to health, productivity and economic growth. For more information, visit www.globalcoalitiononaging.com

About the Lien Foundation:

The Lien Foundation is a private philanthropic organisation that pioneers solutions to improve lives and tackle the root of problems in early childhood development and eldercare in Singapore. It also works to improve access to clean water, sanitation and palliative care among diverse communities in south and southeast Asia. Dementia care is a key pillar of its work. The Foundation’s research publications, multimedia advocacy and design projects aim to seed public discourse in the hope that these can lead to better policies and practices in its various fields of work. For more information, visit www.lienfoundation.org

Dementia Innovation Readiness Index 2020:

30 Global Cities

Factsheet

1. About the Index

What it is	<p>This Index scores dementia innovation readiness in 30 cities included in the Dementia Innovation Readiness (DIR) Index 2020: 30 Global Cities.</p> <p>These scores capture the ability and preparedness of cities to develop or adopt innovations for dementia across a variety of categories, measured against 26 indicators, with inputs based on insights from on-the-ground experts and supported by secondary data.</p> <p>Indicators are grouped into five categories that enable dementia innovation: Strategy and Commitment, Early Detection and Diagnosis, Access to Care, Community Support, and Business Environment.</p>
Who is involved	<p>Global Coalition on Aging (GCOA) and Alzheimer’s Disease International (ADI) in partnership with the Lien Foundation</p> <p>GCOA and ADI had earlier collaborated on two indexes which evaluated dementia innovation readiness in the G7 and select G20 countries in 2017 and 2018 respectively. This is the first time the Index focuses on cities, including 10 in Asia.</p>
Why focus on cities	<p>Ageing and urbanisation are twin global trends of our times. An expected 70% of the population will be living in cities by 2050.</p> <p>This is why the Lien Foundation approached ADI and GCOA with the idea to focus on how cities are tackling dementia. We hope that with this report, cities will be able to learn and share best practices with one another, to collectively improve policies and practices to mitigate the public health challenge posed by dementia.</p>

2. Overview of Dementia Innovation Readiness - Top Cities Global and Asia

World	#1 London, England #2 Glasgow, Scotland #3 Manchester, England #4 Amsterdam, The Netherlands #5 Vancouver, Canada
Asia-Pacific	#7 Tokyo, Japan #8 Sydney, Australia #11 Seoul, South Korea #15 Taipei, Chinese Taipei #16 Singapore #21 Beijing, China #22 Hong Kong #23 Jakarta, Indonesia #24 Bangalore, India #27 Bangkok, Thailand

3. Singapore's Dementia Innovation Readiness in the five categories of enablers for innovation

a. Singapore Overall Score

Strategy & Commitment	8.8
Early detection & diagnosis	5.1
Access to care	6.9
Community support	7.1
Business environment	7.2
Total overall	6.8

b. Singapore Scores by category

i. Strategy and Commitment

	Presence and implementation of a national or regional dementia strategy or plan, which includes a focus on the role of cities, towns, or communities	Government funding for dementia or eldercare	City-level leadership on dementia or age-related issues
London (9.4)	Strong	Moderate	Strong
Seoul (9.2)	Strong	Strong	Strong
Taipei (9.2)	Strong	Strong	Strong
Tokyo (9.1)	Strong	Strong	Strong
Singapore (8.8)	Strong	Moderate	Strong

II. Early detection and diagnosis

	Presence of physicians for the senior population	Presence of reliable, publicly available diagnosis rates	Implementation of dementia awareness campaign	Dementia training of doctors and other healthcare workers	Ability of GPs to diagnose and treat dementia	Presence of specialists for the senior population
Stockholm (8.3)	Moderate	Strong	Moderate	Strong	Strong	Strong
Seoul (6.9)	Moderate	Strong	Strong	Strong	Strong	Weak
Beijing (6.1)	Moderate	Moderate	Strong	Moderate	Moderate	Weak
Tokyo (6.1)	Moderate	Moderate	Moderate	Strong	Strong	Weak
Taipei (5.6)	Moderate	Weak	Moderate	Strong	Moderate	Weak
Hong Kong (5.5)	Weak	Weak	Strong	Strong	Moderate	Weak
Singapore (5.1)	Moderate	Weak	Strong	Moderate	Moderate	Weak

III. Access to care

	Access to in-home care	Access to assisted living and nursing homes	Presence of nurses and social workforce for the senior population	Access to subsidized treatments for dementia	Presence of a major research centre or hospital with an Alzheimer's or dementia unit
Copenhagen (9.5)	Strong	Strong	Strong	Strong	Strong
Tokyo (7.5)	Strong	Moderate	Moderate	Strong	Strong
Seoul (7.0)	Moderate	Moderate	Weak	Strong	Strong
Singapore (6.9)	Moderate	Moderate	Weak	Strong	Moderate

IV. Community support

	Participation in WHO age-friendly cities network	Presence of dementia-friendly community and/or dementia friends program	Presence of a local Alzheimer's Society chapter that conducts advocacy and provides direct support services for people living with dementia	Presence of a local Alzheimer's Society chapter that conducts advocacy and provides direct support services for caregivers of people living with dementia	Presence of community support organizations that conduct advocacy activities for people living with dementia and their caregivers	Presence of a community organization that provides direct support services (such as respite care, 24/7 hotline services, caregiver training, post-diagnostic support) for people living with dementia	Implementation of dementia risk reduction campaign
London (9.9)	Moderate	Strong	Strong	Strong	Strong	Strong	Strong
Taipei (7.5)	Weak	Moderate	Strong	Strong	Moderate	Strong	Moderate
Tokyo (7.3)	Weak	Moderate	Moderate	Moderate	Strong	Moderate	Moderate
Singapore (7.1)	Weak	Moderate	Moderate	Moderate	Moderate	Strong	Moderate

V. Business environment

	Intellectual property protection	University-industry collaboration in R&D	# of patents granted in med tech, biotech, or pharmaceuticals	# of top 500 health institutions for research, innovation, and societal impact	Active labor market policies
New York (9.4)	Strong	Strong	Strong	Strong	Strong
Singapore (7.2)	Strong	Strong	-	Moderate	Strong
Tokyo (7.1)	Strong	Moderate	Moderate	Moderate	Moderate
Taipei (6.9)	Moderate	Moderate	-	Moderate	Moderate

4. Dementia in Singapore

Overview

	SG
Population (June 2019)	5,703,569 ¹
Prevalence of Dementia	
June 2019	86,050 ²
Presence of national dementia strategy	Yes
Ratification of the WHO Global Action Plan on public health response to dementia	Yes
Presence of dementia friendly communities	Yes

¹ Population Trends 2019, Singapore Department of Statistics

² According to the Well-Being of the Singapore Elderly (Wise) 2013 study led by the Institute of Mental Health, 1 in 10 Singaporeans aged 60 years old and above have dementia, and according to the Population Trends 2019 report by the Department of Statistics, there are 860,508 Singapore residents aged above 60 years as of June 2019.