



Das Deutsche Zentrum für
Neurodegenerative Erkrankungen

Dementia and COVID-19 in New Zealand, Chile, and Germany: Learning for resilience

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5 Research Areas



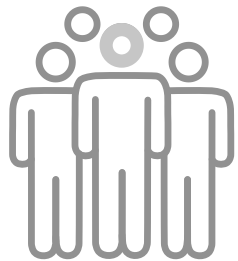
Fundamental Research



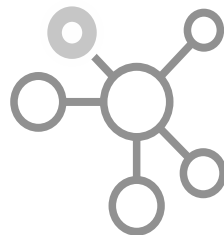
Clinical Research



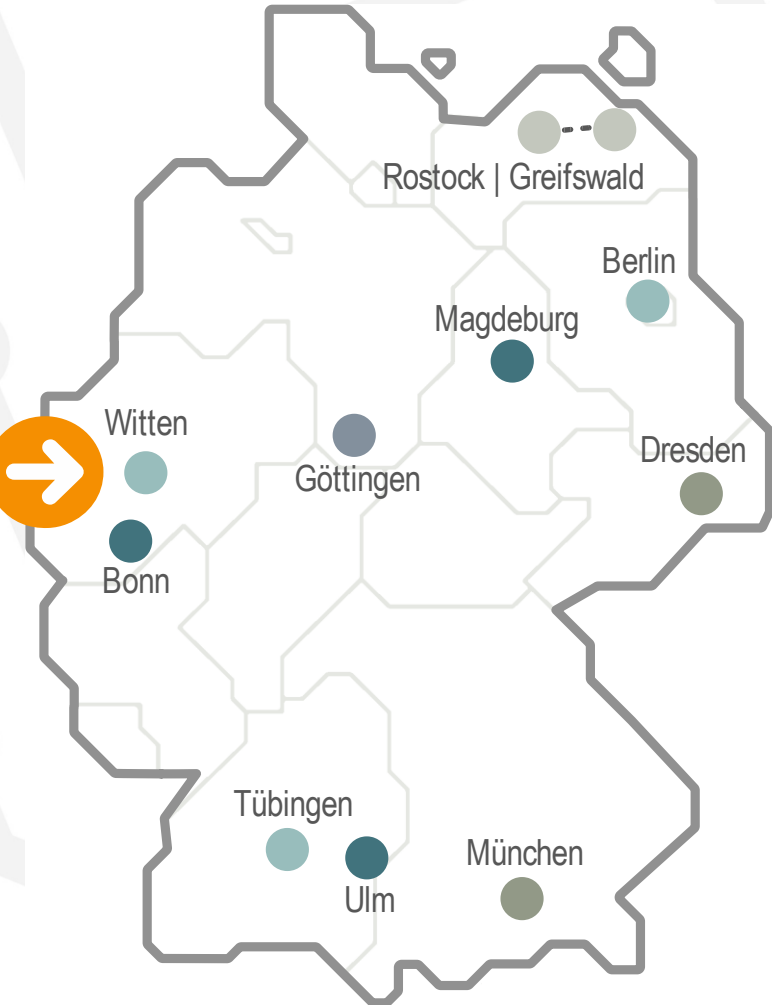
Health Care Research



Population Health Sciences



Systems Medicine



The consortium



<https://www.nationsonline.org/oneworld/map/new-zealand-map.htm>



Universidad de Chile, Santiago

<https://wwwnc.cdc.gov/travel/destinations/traveler/none/chile>



https://www.nationsonline.org/oneworld/map/germany_map.htm

05.07.2021

Dementia and COVID-19 in New Zealand, Chile, and Germany: Cross-country learning for resilience

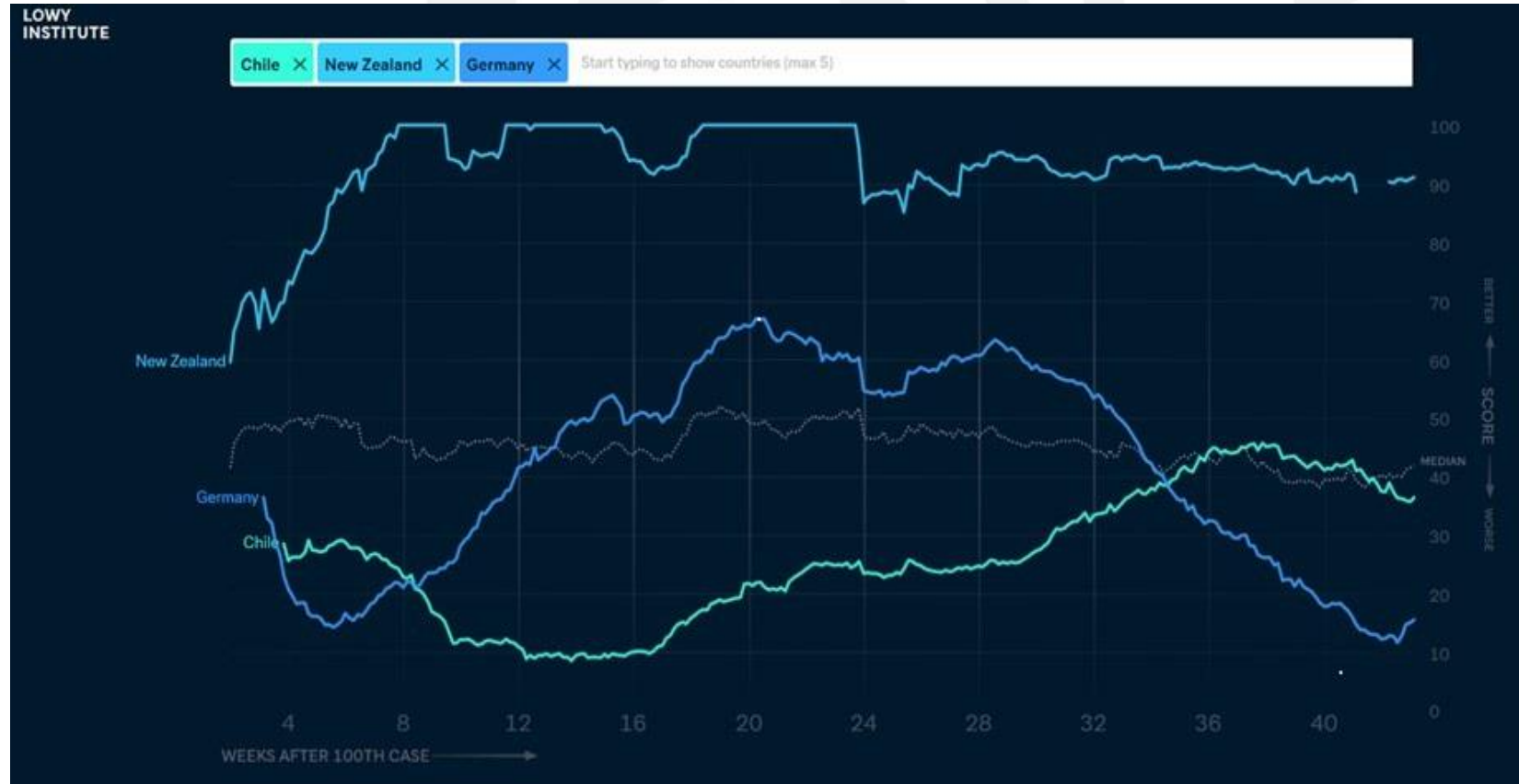
Our starting point

- How can we ensure that **innovations** are not merely considered as a reaction to a crisis but outlive a crisis and **become part of routine care** and structures?
- How can experiences made during a pandemic ultimately **strengthen health system preparedness and resilience** and in turn contribute towards increased resilience?
- What **lessons** from the **current pandemic** can be applied to addressing the global **crisis of dementia**?

Translational potential lies in global cross-country learning

- 3 high-income countries - **Chile, New Zealand, Germany** - with distinct geo-political-cultural systems:
 - e.g., CHL, NZ: **geographically high-risk**, D: geographically low risk
 - facilitators and barriers of innovation during the COVID-19 pandemic
 - What works for whom and why?
 - What can we learn from this for now and beyond COVID-19?
- Contribute towards **adequate, equitable, and sustainable** care and support for **families living with dementia** during a pandemic and beyond

Potential for cross-country learning



Chile, New Zealand, and Germany countries' performance regarding managing the COVID-19 pandemic during the 43 weeks following the 100th confirmed COVID-19 case (*Leng, et al. 2021*)

Our research questions

1. **How** have 3 selected nations (Chile, New Zealand, Germany) **responded** to the **needs of people living with dementia** and of their families **prior** to the pandemic and **during the COVID-19** pandemic?
2. How does living in **countries with continuous natural risks and hazards** might impact on **building resilience** and enabling responses to rapid (respiratory) pandemics such as the COVID-19 pandemic on the one hand and to long-term challenges such as dementia on the other hand? How might this **differ to countries** with (currently) **fewer natural risks** and hazards?
3. What can we **learn** from those global experiences to **empower health care** systems to provide **adequate, equitable, and sustainable care** and support for families living with dementia during times of pandemics and beyond?

Resilience and sustainability

- **Resilience:** resilient and adaptive health systems are able to protect themselves and human lives from the impact of disasters and are critical to achieving good health before, during, and after disasters (*European Commission, 2020*).
- In the context of the COVID-19 pandemic it has been stressed that efforts should not only focus on absorbing unforeseen shocks but that resilience of health care systems also relates to: **the continuity in health improvement, sustaining gains in systems functioning and fostering people-centeredness**, while delivering high-quality care (*Haldane et al., 2021*).
- **Sustainability:** dynamic understanding of sustainability, whereby the evolution of interventions is a pre-requisite for constant quality improvement and a learning health care system (*Chambers et al. 2013*).

The global context

‘**The Convention on the Rights of Persons with Disabilities**’ (*United Nations, 2006*) states

- that all necessary measures have to be taken to ensure the **protection and safety of persons with disabilities in risk situations**, including the occurrence of disasters, (Article 11)
- by **promoting international collaborations** in partnership with regional organizations and civil society (in particular organizations of persons with disabilities)
- to **support national efforts** in ensuring the objectives of the convention (Article 32).

Why is this research important for New Zealand?

- Total cost of dementia: 1 billion EUR (*expected to almost triple by 2050*) (*Dementia Cooperative et al., 2020*)
- “...inadequate services of variable quality, and the current services are not capable of meeting the growing demand” (*Dementia Cooperative et al., 2020*).
- e.g., health disparities Māori / non-Māori NZ population: Māori more likely to have dementia, at a younger age, threefold increased risk to die using antipsychotics (*Kerse et al., 2015; Cullum et al., 2018, 2020*)
- The National Dementia Plan 2020-2025 has not been officially adopted by government yet (*Dementia Cooperative et al., 2020*).

Why is this research important for Chile?

- Latin American and Caribbean countries (LACs) show some of the fastest growing dementia rates worldwide but are largely underrepresented in research. (*Livingston et al., 2020*)
- In 2017, the Ministry of Health launched the National Plan of Dementia (*Ministerio de Salud Gobierno de Chile*), which proposed establishing a range of health-care services from primary care to Memory Units (*Leon et al., 2020*).
- Covid-19 pandemic as an opportunity to rethink traditional public policy response towards the needs of older persons in Chile (*Villalobos et al., 2020*)

What could Germany learn from this cross-country approach?

- Innovations overcoming inequity, e.g., inequity of access to support amongst families living with dementia who have a migration background (*Schmachtenberg et al., 2021; EU Atlas: Dementia & Migration*)
- Care models embracing family members as care partners → “costs” of institutionalization/economization of care → care rooted in relationships
- System preparedness beyond disaster response
- ...

What challenges can be expected?

1. How comparable are these countries really? (→ complexity to be considered)
2. How do we want to approach such a complex analysis? (→ methodology)
3. What can we learn? (→ expected outcomes)
4. Can we actually learn from each other? (→ Did we ever learn anything from previous epidemics/pandemics? *(Upshur 2021)*)
5.

Towards a methodology

- 1 Multi-disciplinary
- 2 Strengths-based
- 3 Resilient health-systems
- 4 Participatory
- 5 Implementation and system learning
- 6 Translational
- 7 Acute, post-acute, and long-term crisis
- 8 Individual, organizational and national level



Need for a complex approach (*Laporte Uribe et al., under review*)

What do we already have?

- 1 A motivated multi-disciplinary cross-sectoral consortium:
health care (services) research, disaster management research, neurology, public health, ageing research, clinical and non-clinical dementia research, sociology, anthropology, geography, geology, health economics

- 2 A vision

- 3 Commitment

→ COVID-19 pandemic exposed vulnerability of systems and people;
but
there is a unique opportunity to learn from both failures and innovations.

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