

RESEARCH

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studies [2–4]. Furthermore, Colombia has the biggest population affected by a single genetic mutation on the presenilin 1 (PSEN1) gene, which is a cause of early-onset Alzheimer's disease [5]. In Colombia, dementia is a high-cost condition. The average minimum per year/person cost varies depending on the disease stage, being 750 USD for the mild stage, 2000 USD (moderate), and 4250 USD, with an average cost of 16,500 USD per person during eight years without including formal care costs and 49,500 USD including it [6].

The World Health Organization (WHO) and Alzheimer's Disease International (ADI) have taken initiatives to establish dementia as a global public health priority [7]. In 2017, the WHO published the global action plan on the public health response to dementia 2017–2025 that envisions a world in which dementia is prevented, and persons with dementia and their caregivers live well and receive the care and support they need to fulfill their potential with dignity, respect, autonomy, and equality. This plan aims to improve the lives of persons with dementia, their caregivers, and their families while decreas-

working or professional circles and individuals recognized for their contributions to dementia-related work in the country. Based on these inputs, the authors made a final list of participants considering their experience and representation within each stratum. e final list

Table 1 Examples of questions included in the interview

Topic	Question
Perceptions about dementia in Colombia	<ul style="list-style-type: none"> - How much importance is given to dementia in Colombia? - Is dementia considered a public health priority in Colombia? Why? - How do you think the general public perceives/understands dementia in Colombia?
Experience working in the dementia field in Colombia / Knowledge about the situation of dementia in Colombia	<ul style="list-style-type: none"> - What kind of interventions have been carried out to address this problem in Colombia? - Which actors have been involved in the interventions that have been carried out? Why and how? - Do you know of any kind of public policy that might have some influence on dementia prevention? Are there any policies that target dementia directly or indirectly?
Challenges, barriers and opportunities to address dementia in Colombia	<ul style="list-style-type: none"> - Based on your experience. What are the main constraints for formulating and implementing public policies or interventions to address dementia in the country? - What are the alternatives and opportunities to overcome the identified barriers? - Who should be involved in these initiatives?

countries and some Latin American countries; they have included dementia in the public agenda, asking for resources and designing plans for its attention. For example, in France, before WHO established dementia as a public health priority, in 2007, they launched a program for dementia care; other countries like Australia, Belgium, and Canada have strategies designed from their own specific characteristics.’ (P10)

Secondly, no policies approached dementia directly, and there was no national registry of persons living with dementia. However, the participants that have been involved with the government and working on public

policy development, such as the national aging policy, mentioned that the government has been working on some interventions for older persons that benefits indirectly persons living with dementia. Some examples provided by the participants were the ratification of the Inter-American Convention on Protecting the Human Rights of Older Persons, updating the national aging policy, updating the national route for care and maintenance of mental health that includes brief screening tools for cognitive impairment and research projects as SABLE study, and the national mental health survey. Locally, there are community tools for older persons’ participation. Even though a researcher and a clinician mentioned:

‘ere are no policies focused directly on dementia. Policies such as mental health and aging address

Table 2 Participant Characteristics

Participant ID	Gender	Role	Location	Experience in dementia work (years)
P1	Female	Researcher	Bogota	15
P2	Female	Clinician/Government	Bogota	12
P3	Female	Community member	Bogota	22
P4				

with dementia, in addition to creating a social/business responsibility towards caregivers:

'I can envisage the creation of a solidarity economy can help address the needs of caregivers who cannot work due to their caregiving responsibilities.' (P04)

Another aspect highlighted by the participants was the

as a subject of study within the curriculum of undergraduate and graduate students. Likewise, these groups have been involved in socialization and community awareness at the local level through community talks and symposiums for the community. All these initiatives have taken place in most cases with little funding and use of the institutions' or researchers' resources, which makes it difficult to generate solid lines of work at the research level.

'I believe that those of us who are interested in these issues have to work almost with our resources, with our own time, then they become efforts, precious but very disaggregated, we work a lot from the immediate need that we observe and with the resource at hand that we have, so it is challenging to be able to make a clear line, towards the generation of public policies and that also has to do with financing, how does one dedicate 100% to an issue without financing?'(P08)

According to the participants, as future opportunities, universities and research groups could have a more significant role by continuing training programs in dementia for health professionals in urban and rural areas through virtual platforms. The participants involved in the academy, clinicians, and community representatives agreed that it was necessary to increase research at the local level and promote collaborations between the different groups that do dementia research in the country.

The participants mentioned the importance of the academy empowering communities and accompanying the conversation with the government to implement public policies. Finally, the participants emphasized the importance of teamwork and the union of medical associations, foundations, research groups, clinicians, and independent professionals specialized in dementia to make visible the situation of dementia in the country, involving decision makers, leading campaigns, and presenting projects to be financed by the government.

'From an academic perspective, it is essential to contribute by developing dementia training programs for professionals not only in capital cities but also in rural areas through virtual platforms. This approach can help raise awareness about the disease and improve early diagnosis. Additionally, fostering collaborative work among researchers focusing on dementia within the country can enhance understanding and drive progress in addressing this growing health issue.' (P01)

Table 3 and Fig. 1 summarize the findings of this study for each of the action areas of WHO global dementia plan.

Discussion

This study was aimed at having a better understanding of the situation of dementia in Colombia, taking as a reference the global action plan proposed by WHO and identify routes to offer solutions focused on the needs of persons involved with the disease [29–31]. Thus, in this article, we describe the perception of various stakeholders on dementia in Colombia, a Latin American middle-income country where this condition is expected to grow due to the rising older population. Participants of this study represented a group with experience and knowledge about the situation of the disease in the country.

Engaging stakeholder perception is essential for the

identification of prevalence, risk factors, diagnosis, treatment, and social support needed by persons living with dementia and their families [41, 42]. The participants mentioned how, due to this lack of public policies and government action, non-governmental organizations and research groups from academic institutions are the most involved actors with the comprehensive approach to dementia, carrying research and training of the health care workers, which is a phenomenon that is frequently evidenced in low- and middle-income countries [34]. Due to the lack of public policies in many countries, low-

for prevention [57]. Therefore, in the absence of a disease-modifying treatment accessible to all, dementia research needs to be focused on understanding risk factors, their influence on incidence and prevalence, and how to carry out interventions at a population level that improve community brain health [58, 59]. The International Network for Dementia Prevention Research recommends establishing the particular risk profile for each country to develop approaches at the level of national policies, strategies for groups and regions with specific risks or vulnerability, and personalized and individualized interventions according to risks and needs. Of each person and allocate resources to educate and train the general public [60], health-care professionals, and decision-makers in dementia prevention [61]. As mentioned by the participants, in Colombia, there is no prevention strategy for dementia,

and the available plans for noncommunicable diseases do not acknowledge their relationship with dementia.

In the perceptions of the participants in this study, we find how they described the COVID-19 pandemic as an opportunity to make visible the needs of older adults and use technological resources to improve communication and support for caregivers of persons living with dementia. The COVID-19 pandemic generated an impor-

even broaden the scope and coverage of some interventions [63–65].

Finally, as opportunities and challenges for the future, the participants highlighted the importance of addressing dementia comprehensively and based on the country context, identifying the needs of persons with dementia and their caregivers, designing evidence-based interventions, and adapting strategies to particular characteristics of the country. In addition, a collaborative effort is required between the community, research groups, health providers, decision-makers, and the government to improve the quality of life of persons with dementia and their families and reduce the characteristic inequities that are present in low- and middle-income countries such as Colombia [66, 67].

This research implies that there is a strong willingness among stakeholders to participate in designing a national dementia plan, highlighting an opportunity for the government to prioritize regular meetings with key participants, including academic leaders, clinicians, caregivers, and community representatives. Engaging these stakeholders in a collaborative process would enhance the inclusivity and effectiveness of the national plan. A crucial recommendation is to involve academia and clinicians in crafting culturally sensitive, accessible messaging about dementia, tailored to address misconceptions and stigma within Colombian communities. By working closely with the public, these professionals can help position dementia as a medical condition, rather than a natural part of aging, thereby improving understanding and reducing stigma. Additionally, fostering collaborative networks among government agencies, academic institutions, non-governmental organizations, and healthcare providers can create valuable support systems and training programs. This approach would empower caregivers, build local capacity, and improve the quality of life for individuals with dementia and their families, addressing regional disparities in care across Colombia.

Limitations

While this study significantly contributes to our understanding of the dementia landscape in Colombia from diverse stakeholder perspectives, it is crucial to acknowledge the limitations, with the primary constraint being the relatively small sample size. Not all invited stakeholders participated in interviews, potentially excluding views particularly from government officials and decision-makers. However, the perspec

Competing interests

The authors declare no competing interests.

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