Ethiopia

Research conducted in 01/10/2025

With no national strategy or specialized public facilities, Ethiopia's response to Alzheimer's disease is in its earliest stages with some developments towards a plan, but progress stalled, grappling with a critical deficit of diagnostic infrastructure and specialists. The effort is primarily led by the national association, Alzheimer's Ethiopia, which advocates for people in a system where the full financial burden for care falls on families. Foundational work for a modern approach is now being laid through international collaborations like the BRIDGE-AFRICA project, which is building the country's first biobank and establishing capacity for advanced biomarker research.

Highlights

Health system **Ethiopia lacks an operational national dementia strategy, with dementia weakly addressed in broader policies and significant legal, data, and cultural barriers limiting effective policy development.**
ADI member association(s): **Alzheimer's Ethiopia**
National dementia plan:
Dementia plan funding: **No plan**
Dementia prevalence rate: **178**
Dementia incidence rate: **31**
Population: **136262937**
Median age: **19**
Health expenditure (% of GDP): **3**

Diagnosis

Alzheimer's diagnosis in Ethiopia is shaped by limited pathway data, cultural perceptions of dementia as normal aging, stigma, and structural health system constraints. Screening relies mainly on MMSE, MoCA, and RUDAS, with literacy-related limitations, while no behavioral neurology training programs and only about 70 urban-based neurologists restrict specialist care. Public hospitals face long wait times and scarce advanced imaging, in contrast to better-equipped private centers. Genetic testing is centralized and opaque, biomarkers are not routinely implemented, and most diagnostic expenses are paid out-of-pocket, with minimal CBHI coverage.

Diagnosis pathway

In Ethiopia, Alzheimer's diagnosis is hindered by scarce pathway data and systemic gaps. Dementia symptoms are often normalized and viewed as normal aging within cultural and religious contexts, contributing to stigma and postponing medical evaluation. Primary care faces barriers due to non-validated screening tools for low-literacy settings. With no established behavioral neurology training, no practicing specialists, just 70 neurologists largely in cities, and minimal access to advanced neuroimaging, diagnostic capacity remains significantly restricted.

Precise data on the diagnostic pathway for Alzheimer's disease in Ethiopia is lacking; however, research from sub-Saharan Africa shows that symptoms are often perceived as a normal part of aging. In some regions, rooted in cultural and religious belief systems, this view, shared by many traditional healers and faith leaders, contributes to stigmatisation and delays in recognizing dementia as a medical condition. The lack of culturally adapted and validated cognitive screening tools for low-literacy populations further complicates early detection in primary care settings. Further, in Ethiopia, there are currently no formal behavioural neurology training programs and no practicing behavioural neurologists. The country has only 70 neurologists in total, most of whom are concentrated in major urban centres. There also is a significant lack of infrastructure for, and access to, advanced neuroimaging techniques.

References

- https://pmc.ncbi.nlm.nih.gov/articles/PMC10393511/
- https://pmc.ncbi.nlm.nih.gov/articles/PMC10011145/
- https://www.gbhi.org/projects/cultural-adaptation-and-validation-brain-health-assessment-ethiopia

Wait times

In public outpatient departments in Jimma and Addis Ababa, people frequently wait several hours for an initial consultation, as well as prolonged waiting times at multiple stages of care, suggesting that the backlog in Ethiopia's public health system is extensive.

References

https://www.springermedizin.de/waiting-time-and-its-associated-factors-in-patients-presenting-t/20070044
- https://etd.aau.edu.et/server/api/core/bitstreams/ff6d8ba1-7012-4001-9a2d-fd811ba23a8c/content
- https://pmc.ncbi.nlm.nih.gov/articles/PMC10919670/

Diagnosis cost

Status: Not covered

In Ethiopia, financial expenses of diagnosing Alzheimer's disease primarily fall on the patient's family. One study showed that households in Ethiopia experience high costs on health expenditures, particularly among the poorest citizens. Diagnostic services, including consultations with specialists, neuroimaging, and genetic testing, are not covered by existing health insurance schemes. The Community-Based Health Insurance (CBHI) system, which aims to improve access to healthcare, has limited coverage and does not typically include specialized diagnostics for conditions like Alzheimer's disease.

References

- https://link.springer.com/article/10.1186/s12939-021-01610-3
- https://pmc.ncbi.nlm.nih.gov/articles/PMC11871602
- https://www.moh.gov.et/en/Ethiopian_Health_Insurance
- https://pmc.ncbi.nlm.nih.gov/articles/PMC11111200/

Cognitive tests

Status: Available (not adapted to native-languages)

The Mini-Mental State Examination test (MMSE) is the most commonly used cognitive test in Ethiopia, but scores are rarely adjusted for age, education, gender, or language proficiency, so it is suggested that these factors be considered when interpreting results to improve accuracy for Alzheimer's disease screening. Two other screening tools that have been validated for use in Ethiopia are the Montreal Cognitive Assessment (MoCA) and the Rowland Universal Dementia Assessment Scale (RUDAS). These tests are relatively accessible in clinical and research settings in Ethiopia because they are brief, inexpensive, and easy to administer, but their effectiveness can be limited in populations with very low literacy, requiring careful interpretation or adjusted cutoffs. There is also an ongoing pilot project aiming to translate, culturally adapt, and validate the Brain Health Assessment (BHA) battery in Amharic for Ethiopia.

References

- https://pmc.ncbi.nlm.nih.gov/articles/PMC10919670/
- https://pubmed.ncbi.nlm.nih.gov/21991757/
- https://ajns.paans.org/neuropsychological-diagnostics-in-ethiopia-challenges-and-chances-among-considerations-regarding-differential-diagnosis-literature-overview/
- https://pmc.ncbi.nlm.nih.gov/articles/PMC9416441
- https://pmc.ncbi.nlm.nih.gov/articles/PMC8775314/
- https://www.gbhi.org/projects/cultural-adaptation-and-validation-brain-health-assessment-ethiopia

Imaging tests

Status: Used in specific cases

Advanced neuroimaging is not widely available within Ethiopia's public health system. A study from 2011 assessing radiological services in Addis Ababa's public hospitals revealed a critical deficit: while all facilities provided basic X-ray and ultrasound, only 18% had a functional computed tomography (CT) scanner, and none had a magnetic resonance imaging (MRI) machine. Compounding the problem of scarcity was an issue of maintenance, with the study finding that a quarter of all existing radiological equipment was non-functional. Although the situation has improved incrementally, access remains a profound challenge for the vast majority of the population.

In contrast to the deficits in the public sector, numerous private hospitals and standalone diagnostic centres advertise state-of-the-art CT and MRI services, catering to people who can afford to pay out-of-pocket. This has created a two-tiered system where access to a comprehensive diagnostic workup is largely dependent on a person's socioeconomic status and geographic location.

References

- https://europepmc.org/article/med/21991759
- https://foundation.asrt.org/news-stories/full-story/bringing-magnetic-resonance-imaging-to-millions-in-ethiopia
- https://www.yehuleshet.com/
- https://ethiotebibhospital.com/departments/neurology-neurosurgery-department/
- https://pdc-et.com/
- https://washhealthcare.com/services-whc-diagnostic-imaging

Genetic tests

Genetic testing for Alzheimer's disease is currently limited and primarily conducted through the MRC-ET Advanced Laboratory in Addis Ababa. However, there is a lack of publicly available details regarding the specific Alzheimer's disease test offered by MRC-ET. It is not specified which genes are analysed.

References

- https://www.mrc-et.com/genetic-defects/

Biomarker tests

Status: Rarely used

Fluid biomarker tests, using either cerebrospinal fluid (CSF) or blood samples to measure amyloid-beta and tau proteins, are not part of the routine clinical use for diagnosing Alzheimer's disease in Ethiopia, due in large part to significant infrastructure barriers. For example, standard protocols often require samples to be stored in specialized, ultra-cold -80°C freezers, which are impractical in many settings. However, this may change, as recent research (including work from Ethiopia) suggests that key biomarkers are stable at a standard -20°C, potentially removing this major barrier in the future.

References

- https://www.frontiersin.org/journals/neurology/articles/10.3389/fneur.2023.1126531/full
- https://pubmed.ncbi.nlm.nih.gov/40754810/

Treatment & care

Ethiopia has no dedicated memory clinics or dementia-focused elder-care facilities, with most residential and palliative services concentrated in Addis Ababa. Alzheimer's medications are not on the national essential medicines list, and treatment costs are paid out-of-pocket. Caregiver support is minimal, with no public aid, limited NGO assistance, and reliance on costly private home-care, while structured day programs and rural access to specialized care remain largely absent.

Specialized facilities and services

There are no specialized memory clinics in Ethiopia, and the three residential elder-care options are based in the capital and not tailored to dementia. Structured day programs and respite services do not exist. Charitable organizations, including Hospice Ethiopia and Mary Joy Development Association, provide community palliative care, mainly for cancer and HIV/AIDS, but not AD-specific services. With most support concentrated in Addis Ababa, rural communities face profound gaps in long-term and end-of-life dementia care.

In Ethiopia, there are no dedicated memory clinics for Alzheimer's disease diagnosis. In the public system, there are only three general institutional care centres for older people in the entire country, none of which are specified as being Alzheimer's disease or dementia-focused. Most residential facilities are located in Addis Ababa, making them geographically and financially inaccessible to the majority of the population.

There is also a complete absence of formal day centres that would provide structured activities for people living with dementia and respite for care partners. While non-governmental organisations (NGOs) like Mekedonia Home for the Elderly and Mentally Disabled provide essential shelter and food for the destitute elderly in several cities, limitations around specialized training or resources required for dementia care persists. However, a private home-care sector is developing in Addis Ababa, with agencies like Lifeline Addis explicitly listing dementia among the chronic illnesses they serve through in-home nursing and support.

Palliative care is critically underdeveloped, donor-dependent, and almost entirely unavailable outside the capital. The main providers are NGOs (Hospice Ethiopia, Mary Joy Development Association, and Beza for Generation) in Addis Ababa that offer free, community-based care, including home visits. However, its services are not specialized for Alzheimer's disease, as its primary mandate is to serve people living with cancer and HIV/AIDS. With its operations confined to Addis Ababa, over 78% of the population living in rural areas has virtually no access to formal end-of-life care or essential pain management medications.

Approved medication

Generic Name	Trade Name	Used for

Donepezil	Aricept, Aricept ODT, Adlarity, Eranz, Memac, Alzepil, Davia, Donecept, Donep, Donepex, Donesyn, Dopezil, Yasnal, Memorit, Pezale, Redumas, Zolpezil, Namzaric*	Donepezil is indicated for the symptomatic treatment of mild to moderately severe Alzheimer's dementia. Official UK medicine details (MHRA SPC) link

*Namzaric = combination of Donepezil and Memantine

** MHRA: Medicines and Healthcare products Regulatory Agency - UK medicines regulator;

SPC: Summary of Product Characteristics - detailed product information

Treatment cost

Treatment for Alzheimer's disease is paid out-of-pocket by patients and families. Anti-dementia medicines are not included on the national essential medicines list, meaning they are not routinely supplied through public facilities or covered by government programs. Ethiopia also relies heavily on imported pharmaceuticals, which further increases costs and reduces the affordability and availability of treatment for end consumers.

References

- http://repository.smuc.edu.et/handle/123456789/1770

Caregiver support

Ethiopian caregivers for Alzheimer's patients receive no public support, subsidized nursing homes, and caregiver allowances, relying on inconsistent NGO aid or costly private home care, often without sufficient dementia knowledge.

The government provides no direct financial aid, stipends, or specific schemes for carers of people living with Alzheimer's disease. Local NGOs and charities occasionally provide assistance to older people, but they do not offer consistent caregiver salaries, universal respite care, or ongoing caregiver allowances.

With no public or subsidized nursing homes, families must choose between expensive private home-care services or providing care themselves. However, one qualitative study in Addis Ababa found that caregivers often lack a medical understanding of dementia.

References

- https://pmc.ncbi.nlm.nih.gov/articles/PMC10986746
- https://etd.aau.edu.et/items/ede63353-805e-4454-8430-b1f119a611eb

Policy

Ethiopia has no national Alzheimer's strategy or registry, and outdated laws restrict autonomy and voting rights. Cultural beliefs linking dementia to supernatural causes fuel stigma and reliance on traditional or religious care instead of medical treatment.

National dementia plan

Ethiopia does not currently have a national strategy specifically for Alzheimer's disease or dementia. Ethiopia has drafted a national dementia strategy in the past, but it has not been operationalized yet. Researchers have called for a dedicated plan in 2023.

References

- https://pmc.ncbi.nlm.nih.gov/articles/PMC10434644
- https://www.frontiersin.org/journals/neurology/articles/10.3389/fneur.2023.1126531/full

Upcoming plans

No formal upcoming strategy has been announced.

Policy gaps

Legal barriers

Dementia is largely overlooked in Ethiopia's mental health strategy, with no national registry to guide policy. Outdated laws, including judicial interdiction and voting restrictions, deny autonomy to individuals with dementia, conflicting with Ethiopia's commitments under the UN disability rights convention.

The current National Mental Health Strategy significantly underestimates the prevalence of dementia, reporting it as merely 2.4%. The lack of a national dementia registry hampers the collection of data on prevalence and care needs. This gap in information obstructs the development of evidence-based policies and services tailored to the needs of people living with Alzheimer's disease.

The 1960 Civil Code allows for the "judicial interdiction" of individuals based on outdated concepts like "senility", stripping them of their legal capacity. This substituted decision-making model, where a guardian assumes control, directly conflicts with the UN Convention on the Rights of Persons with Disabilities, which Ethiopia has ratified. This legal disenfranchisement is compounded by the 2019 Electoral Proclamation, which explicitly denies voting rights to people living with mental disorders.

References

https://www.moh.gov.et/en/Mental_Neurological_and_substance_use_Program
- https://mhsua.org/download/national-mental-health-strategic-plan-ethiopia/
- https://www.saflii.org/za/journals/ADRY/2019/2.html
- https://brill.com/display/book/edcoll/9789004415966/BP000012.xml

Cultural barriers

One study showed that mental health issues, including dementia, are often attributed to supernatural causes or seen as a form of divine punishment. Such beliefs can lead to social exclusion and discourage families from seeking medical care, opting instead for traditional or religious interventions.

Research

Ethiopia's academic institutions, including Addis Ababa and Gondar Universities, support Alzheimer's research, though no formal national clinical trial networks exist. Similarly, innovative approaches like hybrid deep learning–quantum models and Africa-FINGERS' culturally tailored lifestyle interventions advance detection and prevention.

Selected academic institutions

College of Health Science, Addis Ababa University Tikur Anbessa Specialized Hospital Amanuel Mental Specialized Hospital University of Gondar Jimma University

Clinical trials and registries

There are currently no formal clinical trial networks specifically for Alzheimer's disease or dementia in Ethiopia. The country's health research infrastructure is still developing, and the focus has historically been on communicable diseases.

Pan African Clinical Trials Registry is a regional registry for all clinical trials conducted in Africa.

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References

- https://www.edctp.org/pan-african-clinical-trials-registry

Selected innovative methods

An innovative hybrid of deep learning and quantum classifiers from the University of Gondar enhances Alzheimer's disease detection using brain imaging. Concurrently, Africa-FINGERS research adapts lifestyle-based dementia prevention (diet, exercise, and cognitive interventions) to local African contexts, aiming for culturally tailored, precise, and accessible brain-health strategies.

Researchers at the University of Gondar have developed an innovative ensemble deep learning model combined with quantum machine learning classifiers to enhance the accuracy and efficiency of Alzheimer's disease classification. This hybrid approach leverages the strengths of both classical deep learning architectures and quantum computing to process and analyse brain imaging data.

Research from the Africa-FINGERS consortium — involving institutions across Africa and global partners — is working on adapting multimodal lifestyle interventions such as diet, exercise, cognitive training, and vascular risk

management to prevent dementia in African populations, including Ethiopia. The study focuses on culturally tailoring these strategies to local socioeconomic conditions, healthcare systems, and cultural practices, proposing a precision-brain-health framework to make dementia prevention effective and equitable across the continent.

References

- https://www.nature.com/articles/s41598-024-61452-1
- https://www.nature.com/articles/s41582-025-01104-8

Support

The BRIDGE-AFRICA project advances Alzheimer's biomarker research in Ethiopia, while no media outlets focus exclusively on the disease.

Organizations are listed for informational purposes based on publicly available sources. Inclusion does not necessarily indicate affiliation with or endorsement by Alzheimer's Disease International (ADI).

Selected national associations, patient family associations, NGOs:

Alzheimer's Ethiopia Grace Elderly Care International

Selected initiatives

The BRIDGE-AFRICA project at the University of Addis Ababa is developing infrastructure and biobank protocols for blood-based Alzheimer's biomarker research, aiming to evaluate diagnostic potential in African populations.

BRIDGE-AFRICA project

BRIDGE-AFRICA project is foundational work to build capacity for biomarker diagnostics is underway through this international collaboration involving the University of Addis Ababa. This project is focused on establishing the necessary infrastructure, including creating protocols for the ethical collection and storage of blood samples in a research biobank. A later phase of the project aims to analyse the potential of blood-based tests for detecting Alzheimer's disease in African populations.

References

- https://www.gbhi.org/news-publications/atlantic-fellows-receive-major-award-help-tackle-dementia-ethiopia-and-kenya

Dedicated media outlets

There are no media outlets in Ethiopia exclusively dedicated to Alzheimer's disease.