

Jordan

Research conducted in 01/11/2025

Dementia in Jordan is the seventh cause of death of people over 80 years old and the eighth cause of death for females of all ages. Despite the prevalence of dementia in Jordan, the country lacks a national dementia screening plan, leading to gaps in diagnosis and – in turn – care and support. Conversely, Jordan boasts well developed healthcare infrastructure, with significant diagnostic capacities and a relatively high specialist to population ratio. In addition, Jordan has been making strides towards achieving universal healthcare coverage – with public insurance policies including dementia care – and in adopting a more strategic approach to managing the health of its older population. Ultimately, Jordan is well predisposed to establish a robust dementia management system. But for that to happen, gaps in dementia screening and care provision need to be addressed.

Highlights

Health system **Non-universal**

ADI member association(s): **Al Oun for Alzheimer's Patient Care Association (AACA)**

National dementia plan: /

Dementia plan funding: **No plan**

Dementia prevalence rate: **333.9**

Dementia incidence rate: **58.8**

Population: **11512197**

Median age: **25**

Health expenditure (% of GDP): **7**

Diagnosis

Dementia is a major health concern in Jordan, ranking among the leading causes of death in people over 80 and among females of all ages. Despite this, Jordan has no national dementia screening programme or formal diagnostic guidelines. Diagnosis typically begins in primary care with brief cognitive screening, but weak referral systems, non-electronic processes, and poor coordination often delay specialist assessment. Specialist capacity and neuroimaging (CT, MRI, PET) are generally adequate, though public-sector wait times can reach several weeks. Advanced diagnostics are limited: CSF testing is mainly available privately, and genetic testing is largely confined to research settings. While most Jordanians are covered by public health insurance, out-of-pocket costs and rising healthcare expenses still limit timely diagnosis, particularly for uninsured and lower-income households.

Diagnosis pathway

Dementia is a significant health concern in Jordan, ranking as the seventh leading cause of death among people over 80 and the eighth leading cause of death among females of all ages. Despite this burden, Jordan has no national dementia screening programme or codified diagnostic guidelines, and diagnosis generally follows an international diagnosis-of-exclusion model. Assessment typically begins in primary care with brief cognitive screening, history taking, and physical examination, but primary care remains focused on curative services with limited support for early detection. Referral pathways rely on non-electronic systems, weak communication between care levels, and long processing times, leading many patients to bypass primary care. Specialist capacity is relatively strong, with around 87 psychiatrists nationwide (just under 1 per 100,000 people), though fewer than half work in the public sector; neurologist numbers are not well documented but overall specialist availability is considered high. Neuroimaging is widely available in both public and private sectors, while advanced biomarkers are not routine: CSF testing is mainly available privately, and APOE genetic testing is largely limited to research settings.

Dementia in Jordan is the seventh cause of death of people over 80 years old and the eighth cause of death for females of all ages. Despite the prevalence of dementia in Jordan, the country lacks a national dementia screening plan, leading to gaps in diagnosis and – in turn – care and support. Jordan also lacks codified clinical guidelines for diagnosing dementia. That said, a standard pathway for diagnosing dementia – one following international practices – exists, following the diagnosis of exclusion model.

When an individual or their family members notice persistent memory problems, personality changes, or difficulties with daily tasks, their first point of contact is usually a primary care physician. Primary care physicians in Jordan usually conduct a brief cognitive screening in this step, review patients' medical history, and conduct a physical examination to rule out other conditions. In theory, primary care physicians are trained to provide basic cognitive screening services, as neurosurgery and neurology courses are integrated into undergraduate medical education, as are internship rotations in the field. Yet, primary healthcare in Jordan focuses mostly on curative services, with limited financial support provided for dementia screening, early detection, prevention, health promotion, palliative care, or research². Significant disparities persist when it comes to (1) out-of-pocket expenses among different socioeconomic groups and (2) service provision across urban and rural areas – with health workforce diversity and

availability not matching the demand for services in many places.

patients seeking specialist consultations in Jordan – including those suspecting dementia – often bypass the primary healthcare system. Referral pathways in Jordan are based on a non – electronic system to manage and verify transfers, little communication between primary care physicians and healthcare centres to which patients are referred, and long process times. There are an estimated 87 psychiatrists practicing in the country – just under 1 per 100,000 residents, on par with World Health Organisation (WHO) recommendations – with less than half of them (42) practicing in the public system . While the number of neurological specialists practicing in Jordan is unknown, specialist service provision is generally considered to be at high levels. Neuroimaging services are readily available in both the public and private sector, with their prevalence on par with middle to high income economies. That said, Jordan is well predisposed for providing diagnostic services, treatment and care to dementia patients, or those suspecting any type of cognitive impairment.

The use of advanced biomarkers is an evolving field in Jordan. While cerebrospinal fluid (CSF) analysis is not part of the standard diagnostic pathway, it is available, primarily through private laboratories and hospitals , . Conversely, outside of research settings, apolipoprotein E (APOE) genotype investigation is generally not available in Jordan .

References

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Wait times

Status: Medium wait time

Primary care wait times in Jordan are generally short, but access to specialist care is often delayed by inefficient, non-electronic referral systems, poor coordination, and frequent misuse of referrals, with patients commonly self-requesting specialist visits. As a result, public-sector specialist waits are longer. Neuroimaging is widely available, but high demand and uneven geographic distribution lead to public-sector waits of around four weeks, contributing to diagnostic delays.

Primary healthcare facilities lack a uniform appointment system and staffing norms, while often dealing with high staff turnover and absenteeism. Bypassing the primary healthcare system in Jordan is common, because of inefficiencies and long processing times for referrals to specialists. That said, wait times for accessing a primary care provider are generally considered to be short. Conversely, wait times for accessing neurological and psychiatric specialists in the public healthcare system are generally longer, because referrals also tend to be misused – with patients themselves often requesting them, placing an additional and avoidable burden on hospitals. Neuroimaging services are readily available in Jordan, but high demand leads to longer waits in the public healthcare system – around 4 weeks . Inequity in terms of imaging capacities' distribution – strongly negatively associated with population density – is a contributing factor to backlogs.

References

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- https://www.researchgate.net/publication/352389696_Current_status_utilization_and_geographic_distribution_of_MRI_devices_in_Jordan

Diagnosis cost

Status: Mostly or fully covered

In Jordan, the majority of the population is covered by public health insurance, with around 66% insured through the Ministry of Health or Royal Medical Services. Public insurance typically subsidises about 80% of healthcare costs, and insured patients receive medicines free of charge in public facilities.

However, insured patients still incur some out-of-pocket spending, and uninsured individuals face substantially higher costs, particularly in the private sector where consultations and imaging are paid directly. Rising healthcare costs in recent years have further increased the financial burden, making timely diagnosis more difficult for uninsured and lower-income households despite the country's overall diagnostic capacity.

A majority of insured people in Jordan (65.6%) have insurance policies through the public system, which is managed by the Ministry of Health (MOH) and Royal Medical Services (RMS), and funded through government subsidies and payroll deductions. Coverage is comprehensive, with estimates that around 80% of medical costs are subsidized for Jordanians affiliated with the public insurance system. In addition, at public healthcare facilities, all medicines are provided free of charge for patients with health insurance. That said, many patients with health insurance still face some out-of-pocket costs – with one study finding that, on average, people with insurance spend JOD 16.1 for outpatient care, while those without insurance spend JOD 46.2 (2018). Medical costs have been rising in Jordan, with one recent article claiming that they have increased by 60% over the last three years.

Consultations with primary care physicians can cost between JOD 10 and 25 in the private healthcare system, with costs often covered by patients on the spot and reimbursed later, for those having insurance coverage for private healthcare facilities. Conversely, in the public healthcare system, consultations are generally free for insured individuals, with patients occasionally incurring a symbolic out-of-pocket fee. In the private healthcare sector, specialist consultations can cost anywhere from JOD 30 to 50. For those with insurance, specialist consultations in the public sector are generally free, with a symbolic co-pay incurred by patients. Diagnostic imaging services are readily available in Jordan – both in the public and private healthcare sector. Information on their prices for those without insurance coverage are not readily available, with anecdotal information indicating a price of JOD 250 for MRI scans (2021). In the public healthcare sector, those with insurance coverage enjoy affordable rates for diagnostic imaging, with co-pays ranging from 10% to 20% of their full cost, depending on the procedure.

References

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- <https://tebcan.com/en/Jordan/Doctors/neurology-consultation/amman>

Cognitive tests

Status: Available

In Jordan, cognitive screening tests which are used include the following:

- (1) Arabic version of the Mini – Mental State Examination (MMSE)
- (2) Elderly Cognitive Assessment Questionnaire (ECAQ) , which is an applied instrument to determine the cognitive impairment of older individuals living in developing countries.
- (3) Arabic version of the Montreal Cognitive Assessment (MoCA)
- (4) Arabic version of Raven's Progressive Matrices (RPM)

References

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- <https://pubmed.ncbi.nlm.nih.gov/articles/PMC10849287/>
- <https://pubmed.ncbi.nlm.nih.gov/articles/PMC7672837/>
- https://www.researchgate.net/publication/317639123_Neuropsychological_Measures_in_the_Arab_World_A_Systematic_Review

Imaging tests

Status: Commonly used

Brain scans – including magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) scans – are readily available in Jordan, and considered to be part of the standard diagnostic pathway for dementia. Recent data on the number of scanners per million people in Jordan reveals that its diagnostic imaging capacities are on par with those present in middle to high income economies. Most recent available estimates point out that there are 7.8 computed tomography (CT) units (2021), 3.9 magnetic resonance imaging (MRI) units (2021) , and 0.4 positron emission tomography (PET) units (2021) per million people in Jordan.

References

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- <https://ourworldindata.org/grapher/magnetic-resonance-imaging-mri-units-availability?mapSelect=~JOR>
- <https://ourworldindata.org/grapher/availability-of-positron-emission-tomography-pet-imaging?mapSelect=~JOR>

Genetic tests

Apolipoprotein E (APOE) genotype investigation is not considered to be part of the standard diagnostic pathway for dementia in Jordan. Nevertheless, genetic testing – including APOE genotype investigation – is regularly conducted in clinical research settings in Jordan. A number of published studies detailing APOE gene variability and polymorphism are available online.

References

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- <https://www.sciencedirect.com/science/article/pii/S1018364717305396>

Biomarker tests

Status: Rarely used

While cerebrospinal fluid (CSF) analysis is not part of the standard diagnostic pathway, it is available, primarily through private laboratories and hospitals. Dementia is primarily diagnosed through neuroimaging in Jordan, which is readily accessible in Jordan for most insured patients.

References

- https://www.researchgate.net/publication/352389696_Current_status_utilization_and_geographic_distribution_of_MRI_devices_in_Jordan
- <https://pubmed.ncbi.nlm.nih.gov/articles/PMC12106054/>

Treatment & care

Dementia care in Jordan is concentrated in tertiary hospitals and urban centres, particularly Amman, with uneven access in rural areas. Specialised diagnosis and treatment are provided through major public and private hospitals, including Jordan University Hospital, King Abdullah University Hospital, King Hussein Medical City, and leading private facilities. Standard Alzheimer's medications, such as donepezil, galantamine, and rivastigmine, are available.

Long-term, community-based, and palliative care services remain limited and are largely delivered outside the public system by non-governmental organisations and nursing homes. Al Oun for Alzheimer's Patient Care Association is the only NGO dedicated exclusively to dementia. While public insurance covers most medical costs, many care services are not covered, and families, particularly those relying on private insurance, often describe the financial burden of dementia care as "unbearable."

Specialized facilities and services

Dementia care in Jordan is largely concentrated in tertiary hospitals and urban centres, particularly Amman, with uneven access across rural areas. Advanced diagnosis, treatment, and research are primarily provided through major public and private hospitals, including Jordan University Hospital, a national leader in neurology and neurosurgery; King Abdullah University Hospital, serving the northern governorates; King Hussein Medical City, a large public hospital complex with neurological specialists; and private facilities such as Abdali Hospital, Specialty Hospital, which includes CSF analysis within its dementia diagnostics, Jordan Hospital, and Arab Medical Centre. Palliative care services remain limited and are mainly focused on cancer, with provision concentrated in King Hussein Cancer Centre, Al Basheer Hospital, and the Al Malath Foundation. Long-term and community-based dementia care is underdeveloped and largely dependent on non-governmental organisations, led by Al Oun for Alzheimer's Patient Care Association, the only NGO dedicated exclusively to dementia, alongside broader elderly care providers such as Al Wahda Foundation for Care and Protection of the Elderly and residential facilities including Samir Shamma Society Homes, with smaller organisations operating in Irbid, Ajloun, Zarqa, and Tafileh.

Jordan boasts one of the most modern healthcare systems in the region, with a high ratio of physicians per 10 thousand inhabitants and a reputation as a medical tourism destination. Qualities of the Jordanian healthcare system are well apparent in tertiary care hospitals, which offer most diagnostic, treatment and care services on offer for dementia patients. Disparities persist in terms of service availability and quality across urban and rural regions. Problems also persist in the primary healthcare system which lacks a uniform appointment system and staffing norms, while often dealing with high staff turnover and absenteeism.

Some of the most prominent hospitals catering to dementia patients, or involved in dementia research, include:

(1) Jordan University Hospital (JUH) is a tertiary teaching hospital known for its renowned neurosurgery residency programme – first of its kind in Jordan. Located in Amman, the hospital nowadays hosts a Neuroscience and Neurophysiology Unit, a national leader in dementia treatment, care and research.

(2) King Abdullah University Hospital (KAUH) is a tertiary teaching hospital serving the northern governorates of

Jordan, such as Ar Ramtha, Irbid, Ajloun and Jerash. Its Department of Neurology is among the most distinguished ones in Jordan, providing treatment services for a wide array of neurological diseases, including dementia.

(3) King Hussein Medical City (KHMC) is a compound of five hospitals affiliated with the Royal Medical Services (RMS), the medical services provider of the Jordanian Armed Forces (JAF). Located in Amman, KHMC hosts a number of neurological specialists, which have been published in journals dealing with neurological research.

Abdali Hospital is a leading private hospital in Jordan, which hosts a prominent Department of Neurology and Neurosurgery. Located in Amman, Abdali Hospital offers a wide array of prevention, diagnosis, treatment and care services for patients with neurological diseases. Other notable private hospitals which offer dementia treatment, care and diagnostic services include the Specialty Hospital – which notably offers cerebrospinal fluid (CSF) analysis within its diagnostic pathway for dementia – Jordan Hospital and the Arab Medical Centre, all located in Amman.

Jordan made significant advancements in palliative care services over the last two decades, but the field largely remains nascent. Like in most Middle Eastern countries, palliative care facilities primarily cater to cancer patients, while home care services are rather limited. While demand for palliative care services is significantly higher than their supply, a pessimistic attitude towards caring for terminally ill patients prevails, both among healthcare providers and the broader public. That said, palliative care services are provided by only three institutions in Jordan, the King Hussein Cancer Centre (KHCC) – which boasts modern diagnostic imaging facilities as well – Al Basheer Hospital and the Al Malath Foundation. Yet, the former two almost exclusively provide palliative care to cancer patients.

Long term care and nursing is primarily provided by non-governmental organisations – with the public healthcare system largely failing to address the growing need for these services in Jordan. Apart from the Al Oun for Alzheimer's Patient Care Association (AACA), which is the only non – governmental organisation dedicated exclusively to dementia patients, other entities catering to older patients also provide care and support to those suffering from dementia, such as the Al Wahda Foundation for Care and Protection of the Elderly in Amman. Smaller organisations also operate in other governorates of Jordan, such as Irbid, Ajloun, Zarqa and Tafileh. In addition, there are several nursing homes dedicated to the elderly, particularly in Amman, that provide medical care and social services relevant to dementia patients, such as Samir Shamma Society Homes.

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
Galantamine	Razadyne, Razadyne ER, Reminyl, Reminyl XL, Nivalin, Lycoremine, Galsya	Galantamine is indicated for the symptomatic treatment of mild to moderately severe dementia of the Alzheimer type. Official UK medicine details (MHRA SPC) link

Generic Name	Trade Name	Used for
Rivastigmine	Exelon, Exelon Patch, Prometax, Rivastach, Nimvastid	Symptomatic treatment of mild to moderately severe Alzheimer's dementia. Symptomatic treatment of mild to moderately severe dementia in patients with idiopathic Parkinson's disease. 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

For individuals insured through the Ministry of Health (MOH) or the Royal Medical Services (RMS), most dementia-related medical costs are covered, with only minimal out-of-pocket payments. However, many care services, particularly long-term care, home care, and support services, are provided outside the public system by NGOs and nursing homes, where costs can be substantial. Private health insurance policies in Jordan generally do not cover dementia care, and family members of dementia patients on private insurance have described the financial burden as “unbearable.” Medication costs further add to this strain; for example, donepezil (28 tablets) costs around JOD 36. Combined with medical, care, and indirect caregiving expenses, dementia care represents a significant financial challenge for many Jordanian households.

For those with insurance from the Ministry of Health (MOH) or the Royal Medical Services (RMS), most costs associated with treating dementia are covered, with out-of-pocket payments, if any, being largely symbolic. Nevertheless, as care services for dementia patients are largely provided outside the public healthcare system – by non-governmental organisations and nursing homes – their costs can be significant.

Private health insurance policies in Jordan tend not to cover dementia care (2023). That said, those having private insurance tend to face significant financial burdens when treating dementia. Family members of dementia patients on private insurance have referred to the financial strain as “unbearable”. Donepezil, packaged in a box containing 28 tablets, costs around JOD 36.2349. Once combined with out-of-pocket costs in medical institutions and other direct and indirect costs of caregiving, the financial strain on families – for an average Jordanian household – is likely significant.

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- <https://www.alzint.org/member/al-oun-for-alzheimer-care-association/>
- <https://www.alzint.org/u/From-Plan-to-Impact-VIII.pdf>

Caregiver support

Caregiving in Jordan is primarily provided by family members, often younger relatives. Although one recent study

(2024) reported low measured caregiver burden, the authors emphasised that this does not indicate an absence of stress and that caregiver strain remains a concern. Formal support for dementia caregivers is limited. Most organised support is provided by the Al Oun for Alzheimer's Patient Care Association (AACA), the only NGO fully dedicated to dementia in Jordan, which offers caregiver support groups, meetings, and a dementia helpline.

Caregivers in Jordan are mainly younger family members. One study conducted among dementia patient caregivers in Jordan concluded that they face minimal to no burdens (2024). The authors of that study argued that these results do not mean that caregivers experience minimal or no stress, underscoring that they are still a cause for concern.

Few formal resources to support families and caregivers of dementia patients exist in Jordan. Dementia caregiver support in Jordan primarily comes from Al Oun for Alzheimer's Patient Care Association (AACA), the only non-governmental organisation fully dedicated towards improving conditions for treating dementia and caring for patients. Most notably, the AACA organizes caregiver meetings and support groups, while also maintaining a dementia helpline.

References

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Policy

Jordan currently does not have a national dementia strategy, although a national action plan is slowly being developed through collaboration between civil society, the Ministry of Health, and the World Health Organisation. In the meantime, families remain the primary providers of care. Dementia is highly stigmatized and often regarded as a normal part of ageing, which discourages diagnosis and help-seeking. Legal frameworks rely on outdated guardianship models and offer limited clarity or protection, leaving families to manage care and decision-making with minimal formal support.

National dementia plan

Jordan does not have a national dementia strategy. Dementia is addressed only within the National Strategy on Older Persons (2025–2030), which includes general measures for older adults but does not propose a dedicated dementia plan.

Despite recognition of dementia by the World Health Organisation (WHO) as a public health priority, Jordan lacks a national dementia plan, leading to gaps in diagnosis, care, and support. Currently, only the National Strategy on Older Persons (2025 to 2030) includes provisions for improving healthcare, protecting and supporting older people, including those with dementia¹¹. However, the document does not call for the introduction of a national dementia strategy or plan.

Upcoming plans

Since 2023, Al Oun for Alzheimer's Patient Care Association has been leading efforts to develop a national dementia action plan for Jordan, in collaboration with the World Health Organisation country office and the Ministry of Health. Advocacy meetings with multiple ministries have taken place, and as of 2025 a national dementia plan is under development, though progress remains slow. Princess Muna Al Hussein has also played a prominent advocacy role and serves as an Honorary Global Ambassador for Alzheimer's Disease International.

In 2023, the founder of Al Oun for Alzheimer's Patient Care Association (AACA), Hamza Nouri, announced that the AACA was embarking on a collaborative effort to develop a dementia action plan for Jordan – with assistance from the World Health Organisation (WHO) office in Jordan and the Ministry of Health (MOH). That year, AACA held meetings with four ministries in Jordan to advocate for a national dementia plan, as well as the inclusion of dementia policy under other areas such as education and culture. As of 2025, a national dementia plan is in development, but is progressing slowly .

Princess Muna Al Hussein – the mother of King Abdullah II – plays a central role locally, regionally and internationally in combating dementia, having been appointed as an Honorary Global Ambassador for Alzheimer's Disease International.

References

<https://www.alzint.org/u/Whats-Your-Plan-2023-FINAL.pdf>

- <https://www.alzint.org/u/From-Plan-to-Impact-VIII.pdf>
- <https://pstg1.petra.gov.jo/en/news/jordan-marks-world-alzheimers-day-with-awareness-event>

Policy gaps

Legal barriers

Jordanian legislation lacks formal recognition of psychiatric disorders, often relying on outdated terminology like “insanity” in court proceedings. Furthermore, judges retain the discretion to determine mental capacity in guardianship cases without a mandatory requirement for professional psychiatric evaluation.

Jordanian dementia patients, their families and caregivers face a number of legal barriers. In guardianship cases, people suspected of having mental health problems are not routinely referred for psychiatric evaluation – it is up to the judge to decide whether the person is sane or not. Psychiatric disorders nor psychiatry are mentioned in any Jordanian legislation, apart from one law that deals with court procedure, where the terms “insanity” and “chronic illness” are used, while psychiatrists are requested to deal with relevant issues in court in cases relating to guardianship, criminal responsibility and mental capacity.

References

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Cultural barriers

Despite strong traditions of family care, dementia remains heavily stigmatised and is often viewed as a shameful diagnosis within Jordanian society. This stigma, coupled with the common misconception that memory loss is a normal part of ageing, contributes to significantly low diagnosis rates.

Dementia patients, their families and caregivers also face significant cultural stigma. Jordanian society is distinguished by a notable emphasis on familial ties and reverence toward the elderly – meaning that the provision of care for individuals with dementia is a common practice among family members. Yet, dementia remains a greatly stigmatized disease, with many Jordanians considering a diagnosis to be shameful. Unsurprisingly, diagnosis rates are relatively low in Jordan, as many cases of dementia go undiagnosed due to factors such as limited awareness – memory loss is still considered a normal part of ageing – and fear of stigmatization from the broader society.

Research

Dementia research in Jordan is led primarily by academic medical institutions, including the University of Jordan, Jordan University of Science and Technology, Mutah University, and Al al-Bayt University, and is largely observational in nature. Research has established baseline evidence on dementia prevalence, risk factors, and care gaps, helping to frame dementia as an emerging public health issue in the country. Studies have examined genetic risk, particularly APOE allele distributions in late-onset Alzheimer's disease, and explored locally relevant approaches such as the neuropharmacological potential of traditional medicinal plants. While Jordan currently has no active dementia drug trials or national dementia registry, this body of research has strengthened understanding of the disease in the local population and informed advocacy for improved diagnosis, policy, and care planning.

Selected academic institutions

[University of Jordan \(School of Medicine\)](#) [Jordan University of Science and Technology \(Faculty of Medicine\)](#) [Mutah University](#) [Al al - Bayt University](#)

Clinical trials and registries

Currently, there are no major, active clinical trials for new dementia drugs recruiting patients in Jordan. The Drug Directorate of the Jordan Food and Drug Administration is responsible for overseeing all ongoing clinical trials in the country. Most of the research conducted within the country is observational, focusing on understanding the disease within the local population.

Jordan does not have a national registry of patients with Alzheimer's disease and related dementias. The real number of dementia patients in Jordan remains unknown, and most dementia cases still go undiagnosed. Al Oun for Alzheimer's Patient Care Association (AACA) is currently advocating for the creation of a national dementia patients registry in Jordan, which would significantly facilitate dementia management.

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Selected innovative methods

Dementia research in Jordan is primarily observational and population-based, focusing on genetic risk factors and locally relevant disease characteristics. Several studies have examined apolipoprotein E (APOE) allele distributions among Jordanian patients with late-onset Alzheimer's disease and their association with cognitive and metabolic profiles, contributing to understanding dementia risk in the local population. In addition, exploratory pharmacological research has investigated traditional Jordanian medicinal plants, notably *Aloysia citrodora*, for acetylcholinesterase inhibition and antioxidant properties, highlighting potential avenues for future dementia treatments rather than current clinical use. More recent reviews have synthesised national evidence on dementia prevalence, risk factors, and care gaps, helping to frame dementia as an emerging public health priority in Jordan.

Shafagoj et al. (2018) investigated the frequencies of the apolipoprotein E (APOE) alleles and genotypes, studying their relationship with lipid profiles of Jordanian patients with late onset Alzheimer's disease. Participants were largely older dementia patients – recruited from senior homes and the Jordan University Hospital – alongside a healthy control group. The study found that APOE frequency was almost 4 times higher in the dementia patients group compared to the control group – a statistically significant difference – while differing between carriers of different APOE alleles.

Abuhamdah et al. (2014) conducted a neuropharmacological evaluation of traditional Jordan medicinal plants, to explore the possibility of their use in future treatments for dementia⁴⁷. They found that *A. citrodora* has a potential to be used in developing treatments, due to its modest reversible interaction with acetylcholinesterase, inhibitory and antioxidant ability, as well as strong metal chelating ability.

Khabour and Abdelhalim (2020) investigated the distribution of APOE gene variations and their contribution to human longevity in Jordan.

Alzayadneh et al. (2025) conducted a systematic review, aiming to provide a comprehensive overview of the dementia burden and care in Jordan, highlighting the increasing prevalence of the disease and associated risk factors.

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Support

Dementia support in Jordan is largely driven by civil society, with families remaining the primary caregivers. The Al Oun for Alzheimer's Patient Care Association (AACA) is the central national organisation, providing caregiver support groups, training, a national dementia helpline, and public awareness activities. Awareness is raised primarily through mainstream television, radio, and active social media engagement. Formal state support remains limited, leaving families to manage much of the emotional, social, and practical burden of care.

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:

[Al Oun for Alzheimer's Patient Care Association \(AACA\)](#)

Selected initiatives

Dementia initiatives in Jordan are led primarily by the Al Oun for Alzheimer's Patient Care Association (AACA). AACA organizes national public awareness campaigns each September for World Alzheimer's Month, in collaboration with government bodies, healthcare institutions, and media outlets, including appearances on popular television programmes such as Donya ya Donya. Public visibility is reinforced through landmark purple lightings, including at Petra. AACA also runs caregiver support groups, training sessions, music therapy activities, and awareness events, and operates a national dementia helpline providing direct information and support to people living with dementia and their families.

World Alzheimer's Month National Public Awareness Campaign

Organised every September by AACA in cooperation with partner entities, this campaign involves public institutions, healthcare facilities, and media appearances to raise visibility, often featuring the lighting of landmarks like Petra in purple.

Awareness-raising walks

Interesting events organised by AACA to increase public knowledge and visibility of dementia.

Musical therapy sessions

Specialised therapeutic sessions organised for dementia patients and their caregivers.

Dementia training

Educational programmes provided by AACA for both medical professionals and caregivers to improve standards of dementia care.

Caregiver meetings and support groups

Regular sessions that provide a community and support network for those caring for individuals with dementia.

Mount Everest expedition

A high-profile awareness initiative organised by Samar Tabbaa to highlight and challenge the social stigma surrounding dementia among the Jordanian population.

National dementia helpline

A dedicated service launched by AACA providing direct access to information on dementia care, treatment, and support in Jordan to alleviate stress for patients and their families.

References

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Dedicated media outlets

Jordan does not have a media outlet dedicated to dementia patients, but Al Oun for Alzheimer's Patient Care Association (AACA) actively engages with mainstream media outlets to raise awareness. Outlets such as Roya TV and Husna FM have previously worked with AACA on stories about Alzheimer's disease in Jordan. In addition, online newspapers, such as Jordan Times or Jordan News have reported on the activities of AACA and the state of dementia management in Jordan.

AACA is very active on social media, sharing posts that raise awareness of dementia and its consequences regularly on its Instagram and Facebook page. Their website also contains infographics and videos on dementia.

References

- <https://www.facebook.com/alzheimersjo>
- <https://www.jordannews.io/Section-122/Health/Alarming-rise-of-Dementia-predicted-in-Jordan-urgent-measures-urged-ADI-29142>
- https://www.instagram.com/ajaad_jo/?hl=en
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