Kenya

Research conducted in 01/11/2025

Kenya's Alzheimer's disease landscape is defined by the intersection of advanced research and deep-seated cultural challenges. While the Brain and Mind Institute at Aga Khan University leads cutting-edge studies such as AD-DETECT-Kenya, the civil society organisation Alzheimer's & Dementia Organisation Kenya fights a different battle on the ground. Through its Dementia is not Witchcraft campaign, the organisation works to dismantle dangerous superstitions and stigma, filling a gap in a country that is currently developing its first national dementia plan with support from the STRiDE project.

Highlights

Health system **Non-universal, mixed funding, mixed provisions**
ADI member association(s): **Alzheimer's & Dementia Organisation Kenya (ADOK)**
National dementia plan: **/**
Dementia plan funding: **No plan**
Dementia prevalence rate: **189**
Dementia incidence rate: **33**
Population: **57542218**
Median age: **20**
Health expenditure (% of GDP): **4**

Diagnosis

In Kenya, dementia diagnosis is shaped by strong cultural beliefs, limited health system capacity, and high costs. Early symptoms are often interpreted as normal ageing or attributed to witchcraft, leading many families to first seek help from traditional or faith healers. When families enter the formal health system, usually through primary care, providers often lack dementia-specific training and diagnostic tools. A definitive diagnosis requires referral to a neurologist, but access is limited by specialist shortages, long delays, and high costs. CT and MRI are available but concentrated in urban private facilities, with long waits in public hospitals; PET imaging is extremely limited and not used for Alzheimer's diagnosis. Genetic testing and CSF or blood-based biomarkers are not part of routine care. As a result, diagnosis typically takes years, is financially burdensome for families, and remains unattainable for most of the population, particularly the roughly 70% of Kenyans living in rural areas.

Diagnosis pathway

In Kenya, dementia symptoms are often first identified in the community, where memory loss is frequently interpreted as normal ageing or attributed to cultural beliefs such as witchcraft, leading many families to consult traditional or faith healers. Others enter the formal healthcare system through primary care clinics, which are generally ill-equipped to diagnose dementia due to limited training and diagnostic tools. A definitive diagnosis requires referral to a neurologist for clinical assessment, cognitive testing, and neuroimaging, but this step is frequently inaccessible due to a severe shortage of specialists and high costs. With very few neurologists, most of whom are based in Nairobi, specialist care remains geographically and financially out of reach for much of the population. While a formal diagnostic pathway is possible for a small urban elite, for the roughly 70% of Kenyans living in rural areas, travel costs, lost income, and accommodation make specialist diagnosis largely unattainable.

One common diagnostic pathway in Kenya begins in the community, where initial symptoms such as memory loss are often misinterpreted as normal ageing, or attributed to cultural beliefs like witchcraft. This often leads families to first consult traditional or faith healers. Another pathway occurs when families enter the formal healthcare system, usually at the primary care clinic level. However, they encounter a system ill-equipped to manage dementia due to a lack of specialised training and limited diagnostic tools. For those who navigate these initial hurdles, a definitive diagnosis requires referral to a neurologist. This specialist assessment includes a detailed clinical history, cognitive evaluations, and neuroimaging to rule out other causes. However, this final step is often blocked by a critical shortage of specialists and prohibitive costs. With only a few neurologists in the country, almost all based in Nairobi, specialist care remains geographically and financially inaccessible to most of the population. For the urban elite with awareness and financial means, a formal diagnostic pathway, though challenging, is conceivable. For the 70% of Kenya's population residing in rural areas, accessing a specialist involves not only the consultation fee but also prohibitive costs for travel, accommodation, and time away from work, making a formal diagnosis a practical impossibility.

References

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- https://www.alzkenya.org/media/familiesbearheavyburdenofdementia

Wait times

Status: Long wait time

The average time from a family first seeking medical help to receive a diagnosis from a neurologist is three years. While specific waiting times for neurology appointments are not tracked, the public health system is under strain, with long delays for other specialist services serving as a clear indicator of system overload. These delays, coupled with the severe shortage of specialists and high costs, mean that for the vast majority of Kenyans, a timely diagnosis is not a realistic possibility.

References

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Diagnosis cost

Status: Not covered

Obtaining an AD diagnosis is a financial challenge, with the burden falling almost entirely on patients and their families due to an under-resourced public healthcare system and inadequate insurance coverage. The diagnostic process requires out-of-pocket payments for nearly every step, from specialist consultations with the country's few neurologists to essential imaging like MRI scans in the private sector where they are most accessible.

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Cognitive tests

Status: Available

One of the challenges in Kenya is the scarcity of cognitive assessment tools that have been culturally and linguistically validated for the country's diverse population. However, a landmark pilot project, the Integration and Evaluation of a Community-Level Dementia Screening Program in Kenya (DEM-SKY) introduced community-level screening in a rural setting as a pilot effort to promote early detection of AD. The program trained and deployed community health workers to conduct in-home dementia screenings over a six-month period. They screened over 3,500 older adults using the Brief Community Screening Instrument for Dementia. Similarly, the AD-DETECT-Kenya study is underway to discover, optimize, and validate a comprehensive toolkit of cognitive tests, functional assessments, and biomarkers specifically for the Kenyan population. The outcomes of this study will be foundational for establishing reliable and accurate clinical assessment standards in the country.

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Imaging tests

Status: Rarely used

Computed tomography (CT) scans and magnetic resonance imaging (MRI) are available in Kenya. However, their distribution is concentrated in private hospitals located in major urban centers, primarily Nairobi. Public tertiary referral hospitals such as Kenyatta National Hospital and Kenyatta University Teaching, Referral & Research Hospital are also equipped with this technology, but long waiting times and other systemic inefficiencies can make access challenging.

Although a few elite institutions have installed positron emission tomography (PET)-CT machines, these are used for oncology. There is no publicly documented evidence that amyloid-specific PET tracers or dedicated amyloid PET imaging services are currently available or in routine clinical use for Alzheimer's disease. Fluorodeoxyglucose PET is available only at the private Aga Khan University Hospital in Nairobi.

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- https://www.aku.edu/bmi/events/Documents/DAC-1-Report.pdf

Genetic tests

There is no publicly documented evidence that genetic testing for Alzheimer's disease is available in Kenya.

Biomarker tests

Status: Rarely used

There is no publicly documented evidence that cerebrospinal fluid (CSF) biomarkers and blood biomarkers for Alzheimer's disease are currently available as part of routine diagnostic practice in Kenya. The ongoing AD-DETECT-Kenya study aims to address this gap.

References

https://www.aku.edu/news/Pages/News_Details.aspx?nid=NEWS-003289

Treatment & care

Alzheimer's disease care in Kenya is limited and largely urban, with most services concentrated in Nairobi and delivered through the private sector. Specialised neurological and dementia services are available at a small number of private hospitals, including Aga Khan University Hospital, while capacity at county and primary care levels remains weak due to limited training, diagnostic tools, and unclear care pathways. Formal home-based, day, and residential dementia care services are scarce and mainly accessible to higher-income populations. Palliative care services are more established and provided through hospices, hospital-based units, and community organisations coordinated by the Kenya Hospices and Palliative Care Association under the Kenya Palliative Care Policy (2021–2030), though these services are not dementia-specific.

Specialized facilities and services

Alzheimer's disease care services in Kenya are mainly concentrated in urban centres, particularly Nairobi, and are largely provided through the private sector. Specialised neurological, diagnostic, and research services are available at institutions such as Aga Khan University Hospital, including its Brain and Mind Institute, as well as other private hospitals in the capital. At the county and primary care levels, services are limited by a lack of specialised training, diagnostic tools, and clear care pathways. Formal home-based, day, and residential dementia care facilities are scarce and privatised, with providers operating mainly in affluent areas of Nairobi. Palliative care services are available through freestanding hospices, hospital-based units, and community organisations coordinated under the Kenya Hospices and Palliative Care Association, supported by the Kenya Palliative Care Policy (2021–2030).

The infrastructure for Alzheimer's disease care is in its early stages, marked by services mainly concentrated in urban centres and primarily in the private sector. The capital city is the hub for neurological care. Key institutions include the Aga Khan University Hospital (AKUH), MP Shah Hospital, and The Nairobi West Hospital, all of which are private. AKUH is particularly notable for its Section of Neurology and its Brain and Mind Institute, which is actively engaged in dementia research and provides a range of diagnostic services. However, at the county and primary care levels, the system is generally ill-equipped, with healthcare providers facing a lack of specialised training, limited diagnostic tools, and unclear care pathways.

Formal home, day, and residential care facilities are also scarce and privatized, with providers like Sir James Care Homes and Rosewood Manor operating in affluent Nairobi suburbs. There is a private provider in an affluent Nairobi suburb which offers services such as the Spark of Life Model of Care, a person-centred approach focused on rehabilitation and quality of life. Rosewood Manor provides Memory Care for seniors with Alzheimer's disease and other dementias. Their services include specialised activities such as reminiscence therapy, music therapy, and sensory therapy within two home-style residences. Palliative care services exist through the Kenya Hospices and Palliative Care Association, and are delivered through a mix of freestanding hospices, dedicated units within public and mission hospitals, and community-based organisations. Kenya Palliative Care Policy (2021-2030) provides a national framework for standardising and scaling up these services.

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
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
Memantine	Namenda, Namenda XR, Ebixa, Memary, Axura, Akatinol, Maruxa, Nemdatine, Namzaric*	Treatment of adult patients with moderate to severe Alzheimer'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

Based on the Social Health Authority (SHA) benefits document, Alzheimer's disease care in Kenya is nominally covered through general mental health, chronic illness, and inpatient services, but there is no explicit provision for dementia-specific or specialist Alzheimer's treatment, indicating limited and non-targeted coverage.

The most significant financial impact on Kenyan families is not from direct medical bills but from the immense and uncompensated cost of informal care. Studies show that the value of care provided by family members, who are predominantly women and often forced to leave employment, constitutes the largest portion of the disease's total economic burden.

References

- https://health.go.ke/sites/default/files/SHIF%20A4.pdf
- https://stride-dementia.org/desk-review/07-01-10-kenya/
- https://pmc.ncbi.nlm.nih.gov/articles/PMC8671649/

Caregiver support

The primary state financial aid is the Inua Jamii Senior Citizens' Scheme, a social pension of KES 2,000 (US$19.7) per month for individuals aged 70 and over, which is insufficient to cover the high costs of AD care and is not a direct caregiver allowance. While the national health insurance plan theoretically covers dementia under its mental

health package, there is no specific funding available for caregiver financial support.

The Alzheimer's & Dementia Organisation Kenya offers services such as free support groups, caregiver training, counselling, and advocacy. However, they rely heavily on donor funding and are geographically concentrated in Nairobi, leaving much of Kenya's rural population with limited access to formal support.

References

- https://www.developmentpathways.co.uk/wp-content/uploads/2019/05/Inua-Jamii-Country-Brief-1.pdf
- https://www.nhif.or.ke/benefits/
- https://www.alzkenya.org/home#training

Policy

Kenya is currently developing its first National Dementia Plan to address the absence of a dedicated strategy and the limitations of general mental health policies that currently lack specific provisions for the condition. This progress must navigate significant hurdles, including legal language that risks disenfranchising those with cognitive impairments and pervasive cultural stigmas that frequently misattribute dementia to witchcraft or "madness" rather than a medical condition.

National dementia plan

Kenya currently has no specific national policy, strategy, or dedicated plan for AD or dementia.

Upcoming plans

Kenya's Ministry of Health, in collaboration with the Africa Mental Health Research and Training Foundation and Alzheimer's and Dementia Organisation Kenya, is currently developing a National Dementia Plan.

References

- https://www.alzint.org/u/From-Plan-to-Impact-VIII.pdf
- https://stride-dementia.org/desk-review/07-02-02-06-kenya/

Policy gaps

Legal barriers

The country lacks a dedicated national dementia action plan, which means there is no coordinated, high-level strategy for dementia care, awareness, or research. Dementia is instead subsumed under the chronically underfunded and heavily stigmatised mental health sector, addressed only generally within the Kenya Mental Health Policy (2015-2030) and its corresponding action plan, which lack specific provisions for the condition. Further, although Article 38 of the Constitution of Kenya (2010) guarantees every citizen the right to vote, Article 83(1)(b) prevents individuals of 'unsound mind' from being registered as voters. This vague and undefined term that allows for the arbitrary disenfranchisement of people with cognitive impairments effectively denies them the ability to exercise their voting rights despite the constitutional guarantee.

References

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- https://stride-dementia.org/desk-review/05-06-kenya/
- https://www.africanlawmatters.com/blog/intellectual-disability-should-not-bar-kenyan-citizens-from-casting-the-ballot

Cultural barriers

Deeply entrenched cultural beliefs and a lack of neutral language are major drivers of dementia-related stigma in Kenya. In many communities, particularly in rural areas like Kilifi, the symptoms of dementia are not understood as a medical condition but are instead attributed to supernatural causes such as witchcraft (uchawi), curses, or divine punishment. These beliefs have severe consequences, leading to the neglect, abuse, social isolation, and in extreme cases, violent lynching of individuals accused of being witches. An alternative belief is that dementia is simply a normal part of ageing, which causes families to delay seeking medical help until the condition is advanced. This stigma is reinforced by language. In many local Kenyan languages, there is no neutral term for dementia, forcing communities to use pejorative words like wendawazimu (a mad person). This terminology equates dementia with insanity, justifying social exclusion and dehumanising the individual.

Research

Dementia research in Kenya is led primarily by academic and research institutions, notably the Brain and Mind Institute at Aga Khan University, the University of Nairobi, and the Africa Institute of Mental and Brain Health. Research activity is largely observational and implementation-focused, with clinical trials overseen by the Pharmacy and Poisons Board and registered through the national clinical trials registry. Innovative work includes the development of culturally adapted diagnostic tools using machine learning, studies on cognitive resilience despite significant life stressors, and community-based screening and anti-stigma models delivered through trained community health workers. Kenya also serves as a key research and implementation site for international dementia prevention initiatives, contributing evidence relevant to both urban and rural populations.

Selected academic institutions

Brain and Mind Institute, Aga Khan University University of Nairobi Africa Institute of Mental and Brain Health

Clinical trials and registries

Pharmacy and Poisons Board is the national regulatory body responsible for authorising and overseeing all clinical trials in Kenya. Kenyan Clinical Trials Registry, a government-mandated platform for all diseases, not just Alzheimer's disease or dementia, can be accessed at: https://ctr.pharmacyboardkenya.org/

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References

- https://ctr.pharmacyboardkenya.org/

Selected innovative methods

Dementia research in Kenya is led by the Brain and Mind Institute at Aga Khan University, a regional hub for innovation. The AD-DETECT-Kenya study uses machine learning to develop a culturally specific diagnostic toolkit based on cognitive, functional, and biomarker data from the Kenyan population. The Brain Resilience Kenya Study shifts focus from risk to protection, using wearable devices and mobile assessments to understand why some individuals remain cognitively resilient despite significant life stressors. In parallel, University of Nairobi, working with the Africa Institute of Mental and Brain Health, has advanced community-based dementia care through projects such as DEM-SKY and DASI-K, showing that trained community health workers can deliver screening and anti-stigma interventions and adapt tools like the Community Screening Interview for Dementia to local languages. Kenya is also a key implementation site for the AFRICA-FINGERS project, contributing to culturally adapted multidomain dementia prevention strategies in both urban and rural settings.

The Brain and Mind Institute at the Aga Khan University is a central hub for dementia research in East Africa. They led the development of two major innovative projects. The first, the AD-DETECT-Kenya study, moves beyond simply adapting Western diagnostic tools by using machine learning to develop a comprehensive, culturally-sensitive diagnostic toolkit from cognitive, functional, and biomarker data specific to the Kenyan population. The second, the landmark Brain Resilience Kenya Study, shifts the research focus from risk factors to protective factors. It uses wearable devices and real-time mobile assessments to understand why some individuals' brains remain resilient to cognitive decline despite significant life stressors, aiming to identify new pathways for prevention.

University of Nairobi has collaborated with Africa Institute of Mental and Brain Health to work on community-based care models that leverage Community Healthcare Workers (CHWs). Through projects like DEM-SKY and DASI-K, they have demonstrated that training CHWs to conduct dementia screening and anti-stigma workshops in rural communities is a highly effective and scalable approach. The University of Nairobi also conducted foundational research adapting diagnostic tools like the Community Screening Interview for Dementia (CSID) for local languages and contexts.

Kenya plays a central role in the AFRICA-FINGERS project as one of the main implementation and research sites, alongside Nigeria. Through leadership from Aga Khan University in Nairobi, Kenya contributes to the design, coordination, and delivery of culturally adapted multidomain lifestyle interventions, including participant recruitment from both urban and rural communities, evaluation of feasibility and effectiveness, and integration of dementia prevention strategies into local health systems.

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Support

Dementia support in Kenya is driven mainly by civil society rather than the state. Key organisations include Alzheimer's & Dementia Organisation Kenya, alongside ageing and mental health NGOs such as HelpAge Kenya and the Africa Mental Health Research and Training Foundation. Major initiatives include the DEM-SKY community screening programme, which demonstrated that early dementia detection is feasible in rural, low-resource settings, and the Dementia si Uchawi ("Dementia is Not Witchcraft") campaign, which addresses stigma and supports affected families. Public awareness is primarily raised through digital media and community outreach rather than dedicated media outlets.

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 & Dementia Organisation Kenya The Kenya Pro-Ageing Organization HelpAge Kenya

Selected initiatives

he DEM-SKY programme was Kenya's first community-level dementia screening initiative in a rural setting. Implemented in Makueni County, it trained community health workers to screen over 3,500 older adults, demonstrating that early dementia detection is feasible and scalable in low-resource settings. In parallel, Alzheimer's & Dementia Organisation Kenya leads the grassroots Dementia si Uchawi ("Dementia is Not Witchcraft") campaign, which addresses stigma by challenging beliefs that link dementia to supernatural causes and supports affected individuals and families.

DEM-SKY

The Integration and Evaluation of a Community-Level Dementia Screening Programme in rural Kenya (DEM-SKY) program, supported by the Davos Alzheimer's Collaborative, was Kenya's first community-level dementia screening initiative in a rural setting that ran over the period of six months. Implemented in Makueni County, it trained community health workers and hospital staff to screen over 3,500 older adults using a brief cognitive assessment tool. The program demonstrated that early dementia detection is feasible in low-resource settings and offers a scalable model to inform national health policy and strengthen dementia care systems in Kenya.

Dementia si Uchaw

Alzheimer's & Dementia Organisation Kenya is running a grassroot campaign 'Dementia si Uchawi' (Dementia is Not Witchcraft) to confront harmful beliefs that attribute Alzheimer's symptoms to supernatural causes. Their goal is to raise awareness and provide much-needed support to affected individuals and their families.

References

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Dedicated media outlets

Alzheimer's and Dementia Organisation Kenya's blog functions as a dynamic content hub, featuring a mix of formats to engage its audience. It regularly posts announcements for events such as monthly support group meetings, as well as larger events like conferences and World Alzheimer's Day campaigns. The blog also features expert contributions, often in video or audio format, on specialised topics such as the importance of speech therapy, nutrition, and mental health for those living with dementia. To humanise the disease and create relatable content, the blog publishes personal narratives from carers and individuals living with dementia.

References

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