

Kazakhstan

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In recent years, Kazakhstan made significant strides in improving its healthcare infrastructure and access to healthcare services — instituting a mandatory social health insurance (MSHI) system and significantly expanding funding for healthcare services. However, Alzheimer's disease and related dementias continue to be very stigmatized conditions, with a low diagnosis rate and lack of public awareness persistent in the public sphere. Caregivers in Kazakhstan find themselves in a particularly difficult position, facing significant legal obstacles to being recognized as such and, in turn, obtaining formal resources for support.

Highlights

Health system **Universal, mixed funding (mixed provision)**

ADI member association(s): **Kazakhstan Alzheimer and Dementia Alliance (KA&DA)**

National dementia plan: **No national dementia strategy or plan in place**

Dementia plan funding: **No plan**

Dementia prevalence rate: **457.7**

Dementia incidence rate: **81.1**

Population: **20933453**

Median age: **30**

Health expenditure (% of GDP): **4**

Diagnosis

Kazakhstan has established a standard diagnostic pathway for Alzheimer's disease and related dementias across public and private healthcare, but notable gaps persist. Primary care serves as the main entry point, with basic cognitive screening, yet limited training and weak familiarity with cognitive assessment tools constrain early detection. Referrals to specialists are common, though workforce shortages and urban-rural disparities delay access, often leading to late diagnosis. Waiting times vary, with faster access in urban areas and private care, but higher costs and inconsistent MSHI coverage. Diagnostic practice includes tools such as MMSE, ADL, MoCA, and CERAD, supporting more standardised assessment in specialised centres. However, imaging capacity (MRI, CT, PET) remains limited and concentrated in major cities, creating inequalities. Genetic testing and advanced biomarkers, including CSF analysis, are rarely used clinically and remain largely within research, while financial and geographic barriers continue to hinder timely diagnosis.

Diagnosis pathway

Kazakhstan has a standard diagnostic pathway for Alzheimer's disease and related dementias across both public and private healthcare, yet significant gaps in dementia screening remain, particularly in primary care. Initial contact typically occurs in government-run outpatient clinics, where primary care physicians conduct basic cognitive screening, medical history reviews, and physical examinations. Despite progress in strengthening primary healthcare, including expanded nursing roles and integration of mental health professionals, diagnostic capacity remains limited. Studies highlight insufficient training, weak knowledge of cognitive assessment tools, and urban-rural disparities in dementia care. Suspected cases are referred to specialists such as neurologists or psychiatrists, though workforce shortages and geographic barriers hinder access, especially in rural areas. Diagnosis often occurs late, following comprehensive assessments in specialised clinics. Advanced biomarker use, including CSF analysis and APOE testing, remains largely confined to research settings.

A standard diagnostic pathway for Alzheimer's disease and related dementias is available in Kazakhstan, in both the public and private healthcare sectors. However, gaps in dementia screening persist, particularly within primary care settings. It is estimated that over 100 thousand people live with dementia in Kazakhstan, a figure which is expected to rise to over 350 thousand by 2050.

When an individual or their family have concerns about memory loss or cognitive decline, their first contact with the healthcare system is usually through a primary care physician. In Kazakhstan, they are found within outpatient clinics, which are primarily government - operated primary care facilities. Every citizen and permanent resident in Kazakhstan must register at an outpatient clinic. In this step, primary care physicians usually conduct a basic cognitive screening, review patients' medical history, and conduct a physical examination to rule out other conditions. While Kazakhstan made significant strides in building a robust primary healthcare system, expanding the role of primary care nurses and introducing mental health professionals and social workers into polyclinics gaps persist, particularly in relation to diagnostic services. A 2024 study of dementia primary care practice in Kazakhstan found that there was the need for an additional training for physicians given the increasing prevalence of dementia in the country. According to the study, most primary care physicians were unable to determine the correct course of

treatment or lacked knowledge on cognitive assessment tools. Anecdotal evidence even points that, in primary care settings, people have been informed that Alzheimer's disease cannot be diagnosed in Kazakhstan. A 2025 study comparing knowledge, practices and perceptions of dementia diagnosis and management between urban and rural areas also found that general practitioners in the latter face more challenges in dementia care than their counterparts in the former, contributing to inequalities in service delivery.

If dementia is suspected, primary care physicians commonly refer patients to narrow specialists, such as neurologists, psychiatrists and geriatric specialists. Kazakhstan faces shortages of specialists and distance – related challenges in delivering medical care. People with dementia living in rural areas face significant geographical inequalities, particularly regarding early diagnosis and access to health and social care services, underscoring the urgent need to develop tailored strategies and enhance service provision. Within the public healthcare system, dementia specialists are primarily available mono-profile hospitals, such as state psychiatric clinics. Diagnosis usually takes place when the condition is already well established, largely owing to a lack of awareness of dementia, both among healthcare professionals and the wider public, which leads to delayed diagnosis. Once at a clinic, patients' memory concerns are assessed comprehensively by specialists, including through neuropsychological batteries, physical examinations, blood tests, electrocardiograms and brain scans, after which a diagnosis is delivered to patients.

The use of advanced biomarkers or genetic testing in diagnosing Alzheimer's disease and related dementias is an evolving field in Kazakhstan. Little information on the availability of cerebrospinal fluid (CSF) analysis or apolipoprotein E (APOE) genotype investigation in Kazakh clinical settings can be found, for instance. That being said, it seems that advanced biomarker use is, for the most, confined to research settings, with a number of studies published on that matter online.

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Wait times

Status: Short wait time

Access to the diagnostic pathway for Alzheimer's disease and related dementias in Kazakhstan is uneven, shaped

by geography and healthcare sector. Public healthcare typically involves longer waiting times, though urban residents can usually see a primary care physician promptly due to recent system improvements. However, rural communities encounter both logistical and financial challenges, particularly when referred for specialist consultations or imaging in major cities such as Almaty or Astana. Private providers offer faster access but at substantially higher cost, with inconsistent MSHI coverage.

Waiting times for accessing the standard diagnostic pathway for Alzheimer's disease and related dementias varies across Kazakhstan, with disparities across rural and urban areas, as well as the public and private healthcare systems. Generally, within the public healthcare system, appointments and diagnostic services require longer waiting periods, but this again depends on the service. Accessing a primary care physician in urban centres is relatively easy in Kazakhstan, owing to significant efforts made by the Kazakh government in improving primary care over the last decade, with most people reporting waiting less than three days. The number of physicians per 10 thousand people was reported to be 41.8 in 2016, which is above Organisation for Economic Co-operation and Development (OECD) averages. If not facing long waiting times, rural inhabitants of Kazakhstan often face financial barriers to access, stemming from the need to travel great distances to the nearest facility offering specialist care. This is especially true when it comes to accessing diagnostic imaging services, many patients are referred to hospitals in Almaty or Astana, even if from other urban centres. Conversely, private healthcare facilities offer shorter waiting times for patients, albeit at much larger cost. If they receive some funding from the state, these facilities are obliged to accept MSHI coverage – but, in practice, often fail doing so.

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Diagnosis cost

The introduction of Mandatory Social Health Insurance (MSHI) in 2020 established broad healthcare coverage in Kazakhstan, including primary care, specialist services, medicines, and hospital treatment, with an extended package available to contributing members. Dementia diagnosis within the standard diagnostic pathway is theoretically free under MSHI. Nonetheless, real-world access is uneven, as patients, particularly in rural areas, often incur significant travel expenses to access diagnostic services in major cities like Almaty and Astana. Although state-funded private clinics are required to accept MSHI, this is not consistently enforced. Costs in private settings vary widely, with consultations, imaging procedures such as CT and MRI, PET scans, and CSF analysis posing considerable financial barriers.

Kazakhstan introduced a mandatory social health insurance (MSHI) policy in 2020, guaranteeing access to a universal package of benefits, independent of the contributions made by a given individual to the MSHI fund, which covers a broad range of services. Primary health care, free medicines, specialized outpatient care and acute inpatient care are available to all citizens and registered foreigners. A second package, called the insurance benefits

package, is also available for those paying benefits to the MSHI fund, covering elective care, certain diagnostic procedures, medicines, medical rehabilitation, high-cost treatments, and elective dental care for children and pregnant women. Around 84% of the population had access to this package. Services within the standard diagnostic pathway for Alzheimer's disease and related dementias are covered by the MSHI, and, therefore, free. However, in practice, disparities in affordability persist, with patients from rural areas often facing high transport costs in order to access more specialized diagnostic services, which are usually confined to Almaty and Astana.

Private clinics which receive funding from the state are also obliged to accept MSHI coverage, but anecdotal evidence points out that they often fail in doing so. Within the private healthcare facilities, prices of diagnosing Alzheimer's disease and related dementias vary, depending on the nationality of the patient and type of insurance accepted, if any. For those with no insurance, the price of a primary care physician consultation varies between KZT 6,000 to 12,000, while a specialist consultation ranges from KZT 14,000 to 16,400 CT scans can cost between KZT 19,500 and 56,000, depending on whether contrast is used, while MRI scans are between KZT 26,000 and 85,500, also depending on the use of contrast and type of scanner. When it comes to PET scans, they are around KZT 210,000. Cerebrospinal fluid analysis, where available, usually costs between KZT 1,200 and 2,900.

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Cognitive tests

In Kazakhstan, a range of validated cognitive assessment tools are used in both clinical practice and research to support the diagnosis of Alzheimer's disease and other dementias. The most widely applied screening instruments include the Russian-language version of the Mini-Mental State Examination (MMSE) and the Activities of Daily Living (ADL) scale, which help evaluate patients' global cognitive function and daily independence. More recently, the Montreal Cognitive Assessment (MoCA) has been adapted into both Kazakh and Russian versions, providing a more sensitive measure for detecting mild cognitive impairment.

At specialist and research centres, clinicians also employ the Russian adaptation of the Consortium to Establish a Registry for Alzheimer's Disease (CERAD), battery, which includes subtests such as the Word List Learning Test, Trail Making Tests A and B, and the Multilingual Naming Test (MINT) to capture a broader range of cognitive domains. In addition, standardized instruments from large international studies, such as the Alzheimer's Disease Neuroimaging Initiative (ADNI) cognitive battery and the Alzheimer's Questionnaire (AQ), are used in selected clinics and academic settings, contributing to harmonized data collection and alignment with global diagnostic frameworks.

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Imaging tests

Some recent data is available on the prevalence of diagnostic imaging facilities in Kazakhstan, but most figures are somewhat outdated. In 2021, it was estimated that there were 1.1 magnetic resonance imaging (MRI) units and 1.5 computed tomography (CT) units per 1 million people, a much lower prevalence in comparison to countries at similar levels of development. More recent information is available on the prevalence of positron emission tomography (PET) units in Kazakhstan. There were 14 in the entire country as of June 2025, a rate of 0.67 per 1 million people. The OECD notes that the use of diagnostic imaging facilities in Kazakh medical facilities is rather low, indicating the presence of inefficiencies within the healthcare system.

Diagnostic imaging services are available in Kazakhstan, but primarily concentrated in urban areas. Disparities in access between urban and rural populations can be significant, with many in the latter commonly sent to urban centres such as Almaty or Astana for examinations. Considering the vast distances between Kazakh cities, accessing adequate medical care can be costly for many Kazakhs inhabiting rural areas, which further discourages timely diagnosis of the disease. In addition, even when diagnostic imaging is available in smaller towns/cities or rural areas, many imaging facilities tend to be private, refusing to accept Mandatory Social Health Insurance (MSHI) coverage, despite being obliged to in many cases. All things considered, accessing magnetic resonance imaging (MRI), computed tomography (CT) and positron emission tomography (PET) scanners is often either a costly or time-consuming endeavour in Kazakhstan, with these two aspects of the process delaying timely diagnosis among patients.

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Genetic tests

There is little information online on the availability of genetic testing for Alzheimer's disease and related dementias in Kazakhstan, such as apolipoprotein E (APOE) genotype investigation. It is unlikely that genetic testing is widely used within the standard diagnostic pathway for these diseases. However, studies of APOE polymorphism distribution among Kazakh patients with dementia have been conducted in the country.

Biomarker tests

The use of advanced biomarkers in diagnosing Alzheimer's disease and related dementias is an evolving field in Kazakhstan. Cerebrospinal fluid analysis (CSF) designed to detect β -amyloid and phosphorylated tau (p-tau) protein

deposits is available in larger tertiary or specialized hospitals, but the procedure is not commonly used to diagnose dementia in Kazakhstan. Other biomarkers are largely used within research settings, with studies conducted on adiponectin activity in the pathogenesis of Alzheimer's disease, for instance.

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Treatment & care

Kazakhstan's dementia care system combines public and private services but faces structural and accessibility challenges. Key facilities include the Republican Scientific and Practical Center for Mental Health, managing behavioural symptoms of dementia, and the Presidential Administration Hospital in Astana, providing specialised neurology care. Private providers, notably Orhun Medical, offer diagnostics and neurological services across multiple cities, though no hospitals are dementia-specific. Palliative care remains limited, mainly urban, and largely for cancer patients, while long-term care relies heavily on informal caregiving and private residential homes. Home care services reach only a small proportion of older adults, focusing on daily tasks. Approved medications include donepezil and memantine, covered under MSHI, yet other services impose financial strain. Caregiver support is minimal, legally restricted to first-degree disability cases, with NGOs such as the Kazakhstan Alzheimer and Dementia Alliance providing crucial guidance, peer support, and consultations to fill gaps in formal care.

Specialized facilities and services

Despite recent healthcare investments, Kazakhstan continues to face structural challenges, with a hospital-focused system that struggles to deliver consistent, high-quality dementia care. Services exist in both public and private sectors, though the former is overstretched and the latter costly. Specialised support is concentrated in facilities such as the national mental health centre and major hospitals in Astana, while private providers like Orhun Medical offer diagnostics and specialist consultations without being dementia-specific. Palliative care provision is limited, predominantly urban, and largely restricted to cancer patients, with insufficient capacity nationwide. Long-term care relies heavily on informal caregiving, with few dedicated dementia services and uneven regional provision. Home care services reach only a small proportion of older adults and are constrained in both eligibility and scope, which limits their overall impact.

In recent years, Kazakhstan has made investments into its healthcare system, however there are still concerns whether the costs are sustainable, as they might increase the burdens on specialized care. In fact, the OECD notes that the structure of service delivery in Kazakhstan remains hospital-centric and not ready to deliver high quality services everywhere. Treatment and care services for dementia patients in Kazakhstan are available within both the public healthcare sector, which is often overburdened, and a rapidly expanding private sector, which tends to offer better service quality, but costly. Hospitals catering to dementia patients include:

- (1) The Republican Scientific and Practical Center for Mental Health is the central state institution for psychiatric care. The Center manages behavioural and psychological symptoms of dementia. This is often the endpoint for state, referred patients requiring stabilization for severe agitation or aggression induced by Alzheimer's disease and related dementias.
- (2) Medical Center Hospital of the President's Affairs Administration of the Republic of Kazakhstan, also known as the Presidential Administration Hospital, is one of the public healthcare facilities in Kazakhstan. Located in Astana, it primarily caters to public sector employees, providing comprehensive treatment and care service. Its Internal Medicine Department No. 3 provides specialized therapeutic and diagnostic care in neurology.

There are no private hospitals in Kazakhstan which specialize in medical care. That being said, some private healthcare facilities employ neurologists, psychiatrists and geriatric specialists, while also featuring the necessary equipment for diagnosing dementia. Among them, the most prominent is Orhun Medical, featuring MRI, CT and PET scanners on some of its centres, as well as a dedicated neurological service Orhun Medical maintains branches in Almaty, Karaganda, Taraz, Pavlodar, Aktau and Semey.

Palliative care is a developing field in Kazakhstan, but demand for these services far outweighs their current supply. Currently, palliative care services are primarily available in urban centres, coverage in rural areas remains limited. In addition, palliative care services primarily focus on oncology patients. The legislative framework mandates that palliative care has to be available for free only for those living with cancer, recognition of palliative care needs for those living with other terminal conditions is limited. In 2028, there were 13 institutions in Kazakhstan that provide palliative care, including hospices, nursing centres, symptomatic treatment and palliative care departments. The total number of beds does not exceed 500, which is far from enough to cover the entire Kazakh population. Palliative care is virtually inaccessible to patients living in remote areas, while home - based care programs are limited, primarily provided through non-governmental organizations.

Long-term care provision in Kazakhstan is still relatively limited, relying heavily on informal caregiving and offering only a narrow range of formal services, as noted in OECD assessments. Service capacity and infrastructure differ considerably across regions, with more constrained provision outside major urban areas. Dementia care has not yet emerged as a clearly defined specialty, and individuals are generally treated within broader health or social care systems rather than dedicated facilities. Often, families and caregivers often need to rely on private residential homes which take patients with dementia. Kazakhstan offers specialized social services for the population in hospitals and semi-hospital settings. These services are designed for individuals who require long term or temporary daytime stay funded by public resources.

Home care is also available in Kazakhstan, but is difficult to access. As of 2023, about 1.3% of older adults received social services and home care, underscoring the limited reach of these services. Home based services primarily encompass household cleaning, grocery shopping and medication procurement, with the associated expenses borne by the clients themselves. Notably, older adults facing difficult life circumstances, who have able - bodied adult children or a spouse, are ineligible for home care services.

Approved medication

Generic Name	Trade Name
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<p>Donepezil; Official National Product Information ; https://diseases.medelement.com/disease/%D0%B4%D0%B5%D0%BC%D0%B5%D0%BD%D1%86%D0%B8%D1%8F-%D0%BF%D1%80%D0%B8-%D0%B1%D0%BE%D0%BB%D0%B5%D0%B7%D0%BD%D0%B8-%D0%B0%D0%BB%D1%8C%D1%86%D0%B3%D0%B5%D0%B9%D0%BC%D0%B5%D1%80%D0%B0/14349</p>	<p>Aricept, Aricept ODT, Adlarity, Eranz, Memac, Alzepil, Davia, Donecept, Donep, Donepex, Donesyn, Dopezil, Yasnal, Memorit, Pezale, Redumas, Zolpezil, Namzaric*</p>
<p>Memantine; Official National Product Information ; https://old.ndda.kz/pages/4646</p>	<p>Namenda, Namenda XR, Ebixa, Memaary, Axura, Akatinol, Maruxa, Nemdatine, Namzaric*</p>

*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

Under Kazakhstan’s MSHI, citizens have access to a wide range of healthcare services, including dementia medications and treatments, with additional coverage for elective procedures for contributors. Yet palliative care and home support are largely excluded, imposing financial burdens on families who often turn to private or non-governmental services. Government social support, including cash benefits and social worker assistance, is available to eligible patients.

Kazakhstan features a mandatory social health insurance (MSHI) policy, guaranteeing access to a universal package

of benefits, which covers a broad range of services. A second package, called the insurance benefits package, is also available for those paying benefits to the MSHI fund, covering elective care, certain diagnostic procedures, medicines, medical rehabilitation, high-cost treatments, among others. The MSHI provides coverage for medicines approved to treat Alzheimer's disease and related dementias.

However, other forms of care are not necessarily covered by the MSHI for dementia patients, such as palliative care services or home care services. In case of the latter, pensions can be partially or fully withheld to cover the costs of care. Families and caregivers seeking care often have to resort to privately operated options, with significant strain to household finances, or rely on non – governmental organizations. Also, people living with Alzheimer's disease are eligible for government social support as social worker and cash benefit.

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Caregiver support

In Kazakhstan, caregivers of people with dementia face minimal formal support. Only those looking after individuals with first-degree disability are recognised legally, and most caregivers remain informal without dedicated medical or social support. Labor legislation allows unpaid leave or part-time work for family care but excludes older relatives and does not match parental leave provisions. Caregiver allowances are restricted to those supporting first-degree disability cases. Non-governmental organisations, such as the Kazakhstan Alzheimer and Dementia Alliance, provide vital support through consultations, peer groups, and regular meetings, helping fill gaps left by formal services.

There are few formal resources to support families and caregivers of dementia patients in Kazakhstan. The legislative framework of Kazakhstan only recognizes those providing care for an individual with a first-degree disability as caregivers, and these individuals need to be classified as such by a medical professional. The responsibility of caring for older adults lies with able – bodied children. There is a lack of registration and assessment procedures to evaluate the burden and quality of life of caregivers. Presumably, the majority of caregivers in Kazakhstan are informal and do not receive sufficient medical and social support tailored to their specific needs.

The Labor Code of the Republic of Kazakhstan includes provisions for paid parental leave. However, it does not extend the same support to individuals taking leave to care for other older relatives. In Kazakhstan, caregivers have the option to take unpaid leave for family and other valid reasons, with the duration determined through agreement between the employee and employer. Alternatively, the Labor Code allows part-time employment for employees caring for sick family relatives, however, not parents. When it comes to caregiver allowances, in Kazakhstan, they are exclusively provided to individuals who care for those classified as having a first-degree disability, which is set at 1.61 times the subsistence minimum. The subsistence minimum refers to the minimum cash income per person, reflecting the cost of a basic food basket.

Organizations such as the Kazakhstan Alzheimer and Dementia Alliance (KA&DA) offer support services for caregivers, in the form of regular meetings, consultations, and peer support groups.

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Policy

Kazakhstan currently lacks a publicly available national dementia strategy, and ADI reports no formal government engagement on this issue. Some initiatives exist, such as the Ministry of Health Roadmap for Improving Neurological Medical Care (2025-2027), which focuses on professional education. S. D. Asfendiyarov Kazakh National Medical University held an Alzheimer's Disease School in 2025, enhancing physicians' knowledge of diagnostics, therapies, international protocols, and multidisciplinary approaches. Dementia patients face significant legal and cultural barriers, including pension forfeiture, legal incapacitation, and restricted caregiver allowances, while constitutional obligations place care responsibilities on children. Cultural norms and social stigma often lead families to provide care themselves and conceal the condition, limiting awareness, treatment access, and formal support services. ADI and KA&DA advocate for a national strategic document to improve dementia diagnosis, treatment, and care in Kazakhstan.

National dementia plan

Kazakhstan currently lacks a publicly documented national dementia strategy, and ADI reports no official engagement with the government on this issue. Nevertheless, some initiatives appear underway. The Kazakhstan Alzheimer and Dementia Alliance (KA&DA) references a Ministry of Health Roadmap for Improving Neurological Medical Care (2025-2027), which emphasises professional education. For example, S. D. Asfendiyarov Kazakh National Medical University organised an Alzheimer's Disease School in 2025, improving physicians' understanding of modern diagnostic and therapeutic methods, access to international clinical protocols, and promoting a multidisciplinary approach alongside family and social support.

There is limited information on the presence of a national dementia strategy or plan in Kazakhstan. As of 2025, Alzheimer's Disease International (ADI) does not have any contact with the Kazakh government or Ministry of Health, being unaware of any attempts to develop a strategic approach to dementia management. However, some efforts seem to have been made in that direction, with a number of online resources, including the website of the Kazakhstan Alzheimer and Dementia Alliance (KA&DA), referring to a Ministry of Health Roadmap for Improving Neurological Medical Care for the Adult Population (2025 to 2027).

The Roadmap does not seem to have been made available publicly, so its objectives are not known. However, it seems that a significant area of focus is education and training of medical professionals. Within the scope of the Roadmap, the Department of Neurology at S. D. Asfendiyarov Kazakh National Medical University (KazNMU) organized a number of education and training initiatives geared towards medical professionals in Kazakhstan. In July and August 2025, KazNMU organized an Alzheimer's Disease School, with the following outcomes for physicians:

- (1) Enhanced understanding of modern diagnostic and therapeutic methods for dementia.
- (2) Access to internationally recognized clinical scales and protocols.
- (3) Appreciation of the multidisciplinary approach, incorporating medical treatment alongside family and social support.
- (4) Opportunities to join a professional network dedicated to improving the quality of life for dementia patients.

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Upcoming plans

There is no information on upcoming strategic documents concerned with the state of dementia management in Kazakhstan. In September 2024, ADI welcomed the efforts of the Kazakhstan Alzheimer and Dementia Alliance (KA&DA) to raise public awareness about dementia and urged them to develop a national strategic document aiming to improve dementia diagnosis, treatment and care in Kazakhstan.

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Policy gaps

Legal barriers

In Kazakhstan, people with dementia face significant legal barriers. To access state social support, they often must forfeit their pension and be declared legally incompetent, leaving guardians to make all decisions. Caregiver allowances are limited to those caring for first-degree disability cases, a classification that typically excludes most dementia patients. Constitutional obligations place care responsibilities on able-bodied children. These legal restrictions create obstacles for patients and families, limiting access to treatment, care, and support services, while imposing a heavy administrative and financial burden.

People living with dementia face a number of onerous legal barriers in Kazakhstan. To become eligible for social support from the state, in the form of a cash benefit, they have to give up their pension, partially or even fully. And even then, the person with dementia has to be declared legally incompetent and registered as incapable. As a result, dementia patients are deprived of their civil and political rights and all decisions are taken for them by a guardian appointed by the courts. In addition, Article 27 of the Constitution explicitly stipulates the duty of able-bodied children to assume the responsibility of caring for their disabled parents and grandparents. In Kazakhstan, caregiver allowances are exclusively provided to individuals who care for those classified as having a first-degree disability, which is set at 1.61 times the subsistence minimum. Dementia patients, unless terminally ill, are generally not classified as such. That being said, the legal framework of Kazakhstan imposes significant legal barriers on dementia patients, their families and caregivers, often inhibiting their access to appropriate treatment, care and support services.

Cultural barriers

Care for people with dementia in Kazakhstan is primarily managed by family, reflecting the country's emphasis on filial responsibility. Dementia carries social stigma, with many families concealing the condition out of shame or fear of community judgment. Awareness and understanding of the disease remain limited.

The concept of filial piety remains strong in Kazakhstan, and caregiving for people living with dementia is commonly delegated to family members. Dementia continues to be a heavily stigmatized condition in Kazakhstan. Kazakh society largely sees Alzheimer's disease and related dementias as unavoidable age - related changes that accompany physical aging. Many Kazakhs hide their family members' dementia, out of embarrassment. Quite commonly, they are afraid of the reactions of their environment to the disease, particularly perceptions of bad heredity, possible issues with neighbours, etc. Public awareness of Alzheimer's disease and related dementias, therefore, remains low.

Research

APOE gene polymorphisms in Kazakh Alzheimer's patients were first studied in 2021, with 2024 research exploring clinical and demographic links.

Selected academic institutions

[S. D. Asfendiyarov Kazakh National Medical University \(KazNMU\)](#) [Nazarbayev University](#) [Al-Farabi Kazakh National University](#) [Medical University of Karaganda](#) [West Kazakhstan Marat Ospanov Medical University](#)

Clinical trials and registries

Kazakhstan does not have a national registry of clinical trials with Alzheimer's disease and related dementias.

Selected innovative methods

In 2021, Kazakhstan conducted its first study on APOE polymorphism in people with Alzheimer's disease, finding $\epsilon 4$ carrier frequency comparable to other Asian and Central European populations. A 2024 study further analysed APOE gene variations across clinical, biochemical, and sociodemographic factors.

In 2021, the first study of APOE polymorphism distribution in people living with Alzheimer's disease was conducted in Kazakhstan. They found that APOE $\epsilon 4$ carrier frequency was similar to other Asian and Central European populations. Another research from 2024 built on this study, by analysing APOE gene polymorphism across clinical, biochemical, and sociodemographic characteristics of people living with Alzheimer's disease within a given cohort.

Kozhakhmetov et al. (2024) have studied changes in gut microbiomes among patients living with Alzheimer's disease in Kazakhstan, noting specificities in their relationship to the disease in this ethnic cohort.

References

- <https://www.nature.com/articles/s41598-022-19393-0>
- <https://pubmed.ncbi.nlm.nih.gov/39568323/>

Support

KA&DA, alongside Active Longevity Centers, enhances dementia care in Kazakhstan by offering consultations, activities, and community programs, educating healthcare professionals, and raising public awareness. Although no media is dedicated solely to dementia, KA&DA's website and general outlets such as the Astana Times provide occasional coverage of related health initiatives.

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:

[Kazakhstan Alzheimer & Dementia Alliance \(KA&DA\)](#)

Selected initiatives

KA&DA, established in 2024, works alongside national initiatives like Active Longevity Centers to support older adults, including those living with dementia. These centres provide health consultations, physical activities, cultural programs, and community engagement opportunities. KA&DA complements this by educating healthcare professionals, organising awareness campaigns, and offering peer support and consultations for patients and caregivers. Together, these initiatives enhance understanding of dementia, promote active ageing, and provide practical support. KA&DA also advocates for a national dementia strategy, helping integrate public awareness, medical training, and community-based resources to improve dementia diagnosis, treatment, and care across Kazakhstan.

Active Longevity Centers

The Ministry of Labour and Social Protection of the Population, with contributions from the Ministries of Health, Culture and Sports and local executive bodies, established a network of Active Longevity Centers across Kazakhstan, with the aim of improving the quality of life for older citizens by promoting active aging, fostering a culture of health and encouraging community engagement. Patients living with dementia older than 65 stands to benefit from the activities and services offered by the Centers, which include yoga, Nordic walking, medical, psychological, and legal consultations, IT and language training, cultural outings and community engagement activities.

The Kazakhstan Alzheimer and Dementia Alliance (KA&DA)

The Kazakhstan Alzheimer and Dementia Alliance (KA&DA) is the first organization dedicated to patients living with dementia, their families and caregivers, advocating for the establishment of a dementia management system in the country via a national strategy. Founded in 2024, it is currently part of the Alzheimer's Disease International (ADI) Membership Development Program, and is closely associated with the Kazakhstan Association of Neurologists. Since its establishment, KA&DA has primarily focused on educating and training medical professionals in dementia

diagnosis, treatment and care, KA&DA also provides a number of educational resources geared towards dementia patients, their families and caregivers. KA&DA organizes dementia awareness campaigns during World Alzheimer's Month. In 2024, a Dementia Awareness Day was organized at the City Clinical Hospital in Almaty, attracting over 240 attendees, including caregivers, social workers and healthcare professionals. The event, hosted at City Clinical Hospital in Almaty, attracted over 240 attendees, including caregivers, social workers, and healthcare professionals. A similar event was once again held in 2025. Finally, the KA&DA is working to expand its offering of meetings, consultations and peer support groups, to be held on a regular basis.

References

- <https://ageing-policies.unece.org/browse-policy/3009>
- <https://www.neuroassoc.kz/ru-RU/Home/About#about-us>
- <https://www.neuroassoc.kz/ru-RU/Home/Tutorials>

Dedicated media outlets

Kazakhstan does not have a media outlet dedicated to dementia patients. Apart from its website, the Kazakhstan Alzheimer & Dementia Alliance (KA&DA) does not maintain a presence on social media. However, outlets like the Astana Times commonly feature news on health initiatives in Kazakhstan, including those related to dementia.

References

- <https://www.neuroassoc.kz/>
- <https://astanatimes.com/>