Azerbaijan

Research conducted in

Azerbaijan has achieved universal coverage through mandatory health insurance and concentrates dementia diagnosis around hospital neurology and psychiatry services in Baku, with private imaging capacity helping to meet demand. The country lacks a national dementia plan, and carer support is primarily non-governmental organisation (NGO)-led via the Azerbaijan Alzheimer's Association, while potential areas of development may include embedding dementia pathways into the MHI package, including referral standards, cognitive-test protocols, access to neuroimaging, and expanding carer education and community supports

Highlights

Health system **Universal, Mixed Funding (Mixed Provision)**
ADI member association(s): **Azerbaijan Alzheimer's Association (AAA)**
National dementia plan:
Dementia plan funding: **No plan**
Dementia prevalence rate: **455**
Dementia incidence rate: **79**
Population: **10458115**
Median age: **34**
Health expenditure (% of GDP): **4**

Diagnosis

Patients typically enter the state diagnostic pathway through a family doctor or polyclinic referral under the mandatory health insurance system. Alternatively, private hospitals in Baku like Liv Bona Dea provide faster access to specialist reviews, CT, and MRI scans. Nationwide wait times remain undocumented and regionally variable. Standardised cognitive screening protocols and validated Azerbaijani-language test adaptations are completely absent. Structural neuroimaging is available in the capital, but advanced molecular imaging, genetic testing, and cerebrospinal fluid biomarker analysis are not integrated into routine diagnostic practices.

Diagnosis pathway

Individuals experiencing cognitive decline typically present first to a primary care provider or district polyclinic within the state system. Under the mandatory health insurance system, family doctors refer persistent cases to hospital-based specialist services for neuroimaging and laboratory assessments. This framework standardises referral flows, though geographic and provider capacity variations remain. Alternatively, higher-income and urban families frequently utilise private hospitals in Baku, such as Liv Bona Dea and MediClub, to secure faster specialist consultations, CT, and MRI scans before re-entering the public system for long-term medication coverage.

In Azerbaijan, individuals with suspected cognitive decline typically first present to a family doctor, district polyclinic, or outpatient department within the state system. People with persistent cognitive or behavioral concerns may be referred by a family doctor to specialist care under Azerbaijan's Mandatory Health Insurance referral system. Hospital-based specialist services can provide further diagnostic assessment, including neuroimaging and laboratory investigations where indicated, although the available evidence does not support broader conclusions about the national distribution of these services. This referral logic is structurally supported by the nationwide rollout of compulsory medical insurance on April 1, 2021, which introduced a standardized "service envelope" covering primary care, specialist outpatient services, laboratory diagnostics, and inpatient treatment. In practice, this insurance framework anchors the formal referral flow and reduces ad-hoc gatekeeping, although the effectiveness of referrals still varies by geography and provider capacity.

Alongside the formal pathway, many families, particularly in urban and higher-income groups, use private hospitals in Baku to accelerate access to diagnostics. Facilities such as Liv Bona Dea and MediClub are frequently used to obtain faster specialist consultations, computed tomography (CT) and magnetic resonance imaging (MRI) scans, and laboratory workups, after which patients may either continue privately or re-enter the public system for longer-term follow-up and medication coverage. This dual-track behavior reflects a hybrid system logic: mandatory insurance defines the baseline of access, while private provision functions as a time-saving mechanism rather than a fundamentally separate care pathway. For dementia, where delays in diagnosis are common and stigma remains significant, this parallel use of private care is often driven by urgency and family initiative rather than formal clinical triage.

References

https://p4h.world/en/news/azerbaijans-compulsory-health-insurance-expanded-to-100-of-population-from-april-1-2021
- https://sehiyye.gov.az/en/vetendaslar-ucun/icbari-tibbi-sigorta
- https://www.livhospital.com/en/liv-bona-dea-hospital-baku
- https://www.mediclub.az/en/pages/radiasiya-diaqnostikasi

Wait times

Dementia-specific wait time audits are not publicly available in Azerbaijan. However, system documents reveal a clear geographic gradient in diagnostic capacity and specialist availability. While Baku hosts multiple public and private providers offering neuroimaging and consultations, the national distribution remains uneven. Outside the capital, wait times are highly variable and depend on regional hospital staffing, equipment availability, and referral efficiency. Although the mandatory insurance model aims to standardise access nationwide, disparities in diagnostic timeliness persist, leading some individuals to independently seek private consultations.

There are no publicly available, dementia-specific wait time audits in Azerbaijan. However, system documents and provider-level signals point to a clear geographic gradient. Diagnostic imaging and specialist consultations are available through hospital-based public and private providers, including facilities in Baku. While Baku hosts several providers offering these services, the available evidence is insufficient to determine whether access is consistently faster there than elsewhere in Azerbaijan or to characterize the national distribution of diagnostic capacity. Outside the capital, wait times are more variable and depend heavily on referral efficiency, staffing levels, and equipment availability in regional hospitals. The mandatory insurance model is designed to standardize access nationwide, but in practice it has not fully eliminated disparities in diagnostic timeliness. Some individuals may choose to use private providers to access diagnostic consultations or investigations. However, the available sources do not establish that this is a common practice or that it consistently reduces waiting times

References

- https://eurohealthobservatory.who.int/publications/i/health-systems-in-action-2024-azerbaijan
- https://apps.who.int/iris/handle/10665/330282

Diagnosis cost

Status: Mostly or fully covered
Azerbaijan operates a universal mandatory health insurance system covering all residents. The benefits package, defined through a "service envelope", includes emergency care, primary healthcare, specialist outpatient consultations, laboratory diagnostics, physiotherapy, invasive radiology, and inpatient services delivered by contracted providers. The Mandatory Health Insurance framework is intended to provide publicly funded access to a broad range of healthcare services, including primary and specialist care. However, publicly available information does not confirm coverage for every component of the dementia diagnostic pathway or for diagnostic imaging in all clinical circumstances. Services obtained outside the envelope, including faster access through private hospitals, advanced imaging beyond coverage limits, or external laboratory testing, are paid out-of-pocket. Recent reforms have expanded the system through a "positive list" of reimbursed medicines, improving continuity after diagnosis.

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References

- https://p4h.world/en/news/azerbaijans-compulsory-health-insurance-expanded-to-100-of-population-from-april-1-2021
- https://natlex.ilo.org/dyn/natlex2/natlex2/files/download/64874/AZE-64874.pdf
- https://sehiyye.gov.az/en/vetendaslar-ucun/icbari-tibbi-sigorta/

Cognitive tests

Status: Available

No cited source identified a national dementia screening programme. Case-finding is opportunistic, occurring primarily in primary care when symptoms are reported by patients or families, or when functional decline becomes clinically evident. Publicly available information does not identify a national dementia guideline specifying standardized cognitive screening tools or referral thresholds. Consequently, it is difficult to assess the extent to which cognitive assessment and referral practices are standardized across the healthcare system. Publicly available information does not identify which cognitive screening tools are routinely used in Azerbaijan for dementia assessment. Although the Mini-Mental State Examination (MMSE) is widely used internationally as a cognitive screening instrument, no publicly available evidence was identified to confirm its routine use in Azerbaijan or to identify a validated Azerbaijani-language adaptation

References

- https://ajim.az/en/site/article/15
- https://pmc.ncbi.nlm.nih.gov/articles/PMC8812342/

Imaging tests

Status: Commonly used

Structural neuroimaging (CT and MRI) is available in major public and private hospitals in Baku, with private centers advertising advanced capacity such as 3-tesla MRI and high-slice CT scanners. These modalities support differential diagnosis when dementia is suspected. Outside the capital, access to MRI in particular is more limited. Positron emission tomography (PET) or amyloid-PET imaging is not described as routine clinical practice for dementia diagnosis and appears confined, if used at all, to exceptional or externally referred cases.

References

- https://www.mediclub.az/en/pages/radiasiya-diaqnostikasi

https://mediglobus.com/clinic/liv-bona-dea-hospital

Genetic tests

There is no public guidance mandating apolipoprotein E (APOE) genotyping or monogenic Alzheimer's disease testing. Genetic testing may be considered in selected cases. However, the available evidence does not permit conclusions about whether testing is routinely performed through private laboratories, international referral, or domestic facilities. The absence of a national dementia guideline means genetic testing remains clinician-driven rather than protocolized.

References

- https://eurohealthobservatory.who.int/publications/i/health-systems-in-action-2024-azerbaijan

Biomarker tests

Status: Rarely used

Routine use of cerebrospinal fluid (CSF) biomarkers (Aβ, tau) or emerging blood-based biomarkers for Alzheimer's disease is not described in national policy or standard clinical pathways. At system level, biomarkers remain peripheral rather than integrated into routine diagnostic practice.

References

- https://cdn.who.int/media/docs/default-source/mental-health/who-aims-country-reports/azerbaijan_who_aims_report_english.pdf

Treatment & care

Azerbaijan lacks a dedicated national memory-clinic network, embedding dementia care within general hospital neurology and psychiatry departments concentrated in Baku. Approved medical treatments include donepezil, rivastigmine, galantamine, and memantine, prescribed following specialist reviews. Consultations and medicines on the national positive list are funded through mandatory health insurance, though families frequently incur out-of-pocket expenses for private specialists and unlisted brands. Care coordination is fragmented outside the capital, and integrated palliative care or psychosocial services remain inconsistently available due to system-wide training gaps.

Specialized facilities and services

Azerbaijan lacks a nationwide memory-clinic network, embedding dementia care within general neurology and psychiatry services at major hospitals, primarily in Baku. Facilities like Baku Clinical Centre, Liv Bona Dea Hospital, National Prime Hospital, and MediClub provide the core capacity for assessment, treatment initiation, and follow-up, but care continuity depends heavily on individual clinicians and institutional practices rather than standardised dementia pathways. Regional care remains fragmented, often relying on periodic referrals back to Baku. Consequently, the non-governmental Azerbaijan Alzheimer's Association provides essential educational support. Furthermore, public palliative care is highly limited due to persistent gaps in chronic and neurodegenerative policy frameworks and workforce training.

No publicly identified nationwide memory-clinic network was found in the cited sources. Instead, dementia care is embedded within general neurology and psychiatry services at major hospitals, particularly in Baku. Public institutions and large private hospitals, including Baku Clinical Center, Liv Bona Dea Hospital, National Prime Hospital, and MediClub, provide the core capacity for assessment, treatment initiation, and follow-up. These services typically operate within broader outpatient or inpatient neurology or psychiatry departments rather than through specialized multidisciplinary dementia teams. As a result, continuity of care depends heavily on individual clinicians and institutional practices rather than standardized dementia pathways.

Outside the capital, specialist availability is thinner, and follow-up care is more fragmented, often relying on periodic referrals back to Baku. NGO-based navigation and support are therefore becoming increasingly important. The Azerbaijan Alzheimer's Association (AAA) contributes to dementia awareness and provides educational activities for people living with dementia, caregivers, and healthcare professionals. These activities may complement formal healthcare services by supporting knowledge and awareness of dementia. Publicly available information on the availability and organization of palliative care services for people living with dementia in Azerbaijan is limited. Regional assessments by the World Health Organization Regional Office for the Eastern Mediterranean (WHO/EMRO) highlight persistent gaps in policy frameworks, service delivery models, and workforce training for chronic and neurodegenerative conditions. These structural limitations mean that advanced dementia care, end-of-life planning, and integrated psychosocial support are still inconsistently available.

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
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
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

Under Azerbaijan's mandatory health insurance (MHI) system, consultations, follow-up visits, and eligible medicines are financed when care is delivered through contracted providers and dispensed within the approved benefits structure.The introduction of a national "positive list" of reimbursable medicines established a framework for public reimbursement of selected medicines, including those covered under the scheme. In principle, this allows diagnosed patients to access ongoing treatment with limited direct payment, provided prescribing and dispensing occur within the MHI framework. In practice, out-of-pocket expenditure remains common. Medications or brands not included on the positive list, faster access via private specialists, private hospital follow-up, or private pharmacy dispensing are paid directly by households.

References

- https://natlex.ilo.org/dyn/natlex2/natlex2/files/download/64874/AZE-64874.pdf
- https://sehiyye.gov.az/en/vetendaslar-ucun/icbari-tibbi-sigorta

Caregiver support

Formal carer support specific to dementia, such as targeted cash benefits, structured respite programs, or statutory caregiver allowances, is not clearly articulated in national health policy. Care responsibilities therefore fall primarily on family members, reflecting strong cultural expectations of informal care but also creating significant social and economic pressure on households. The AAA provides non-financial support through education, awareness campaigns, caregiver guidance, and signposting to available services, serving as the main organized support actor in this space. Broader social-protection measures for older persons exist under national social services legislation, but these programs are not dementia-specific and do not systematically address the long-term caregiving burden associated with progressive cognitive decline. As a result, caregiver support remains fragmented and largely informal, with NGO activity filling gaps left by the absence of a dedicated dementia care and caregiver policy framework.

References

- https://social.desa.un.org/about-us/ageing-working-group/documents/thirteenth/INPUTS%20MEMBER%20STATES/Azerbaijan_Information%20on%20Ageing.pdf
- https://www.alzint.org/member/azerbaijan-alzheimers-association-aaa

Policy

Azerbaijan completely lacks an official standalone national strategy or plan for dementia, addressing the condition indirectly through general older-persons provisions and health insurance frameworks. Evolving updates to the universal service envelope provide technical conditions to integrate future disease-specific pathways. Significant legal gaps persist, as the state lacks dedicated statutes for decision-making capacity, adapted guardianship, or post-diagnostic entitlements. Culturally, low public awareness and pervasive social stigma cause delayed help-seeking, though non-governmental efforts work to transition families into formal clinical pathways.

National dementia plan

Azerbaijan has not published a dedicated national dementia plan or stand-alone Alzheimer's disease strategy. To date, health-sector reform has prioritized system-wide restructuring, most notably the rollout of compulsory medical insurance (MHI) and the definition of a universal service envelope, rather than condition-specific strategies. Dementia is therefore addressed indirectly, through general neurology and psychiatry services, primary care referral mechanisms, and older-persons provisions embedded within broader health and social-protection policy. At policy level, dementia currently sits at the intersection of health reform and ageing policy rather than as a strategic priority in its own right. The absence of a national plan means there are no officially endorsed targets for early diagnosis, memory-clinic development, workforce training, or data collection (registries), and no formal mechanism to coordinate medical, social, and NGO-led responses.

References

- https://ageing-policies.unece.org/countries
- https://eurohealthobservatory.who.int/publications/i/health-systems-in-action-2024-azerbaijan
- https://www.integratedcare4people.org/practices/323/comprehensive-health-system-reform-to-improve-health-in-azerbaijan/

Upcoming plans

Government authorities are continuously refining the mandatory health insurance framework by updating the service envelope and positive medicines list, alongside creating programmes for population ageing and chronic disease management. Official communications show ongoing policy work regarding primary care strengthening, older-persons services, and benefit-package adjustments. Although a dementia-specific roadmap has not been announced, this evolving reform trajectory offers an institutional opening to progressively formalise dementia pathways. Standardised benefits and contracted providers create the technical conditions required to introduce clearer referral protocols, defined post-diagnostic support, and reimbursed caregiver services, depending on future political prioritisation.

Government authorities continue to refine the MHI framework through periodic updates to the service envelope and the positive medicines list, alongside broader programs addressing population ageing and chronic disease management. Official communications indicate ongoing policy work on older-persons services, primary care strengthening, and benefit-package adjustments, suggesting a living reform process rather than a static framework.

Within this context, dementia could be progressively formalized if it is elevated as a policy priority, either through explicit inclusion in ageing strategies or via the introduction of disease-specific care pathways within MHI.

While no dementia-specific roadmap has been announced, the existing reform trajectory provides an institutional opening: standardized benefits, contracted providers, and national coverage create the technical conditions for introducing clearer referral protocols, defined post-diagnostic support, and reimbursed caregiver-oriented services. Whether this potential translates into action will depend on political prioritization, fiscal space, and advocacy from professional and civil-society actors.

References

- https://www.integratedcare4people.org/practices/323/comprehensive-health-system-reform-to-improve-health-in-azerbaijan/
- https://casianews.com/uz/uz/azerbaijan-to-present-new-package-of-services-on-compulsory-health-insurance
- https://www.sosial.gov.az/en/media/news/all-elderly-citizens-in-our-country-are-covered-by-the-social-protection-system-8498

Policy gaps

Legal barriers

Azerbaijan does not have dementia-specific legislation addressing key downstream issues such as decision-making capacity, guardianship and supported decision-making, fitness to drive, workplace accommodation, or structured post-diagnostic support entitlements. Instead, legal protections derive from general health law, disability provisions, and social-services frameworks, which are not tailored to the progressive and fluctuating nature of cognitive impairment.

References

- https://social.un.org/ageing-working-group/documents/thirteenth/INPUTS%20MEMBER%20STATES/Azerbaijan_Information%20on%20Ageing.pdf

Cultural barriers

Raising public awareness of dementia remains an important challenge in Azerbaijan. The Azerbaijan Alzheimer's Association addresses this through awareness campaigns, educational events, dementia care training, and information resources for caregivers, healthcare professionals, and the public.Stigma and delayed help-seeking are therefore common. The AAA has emerged as the primary actor addressing this gap, focusing on caregiver education, awareness campaigns, and anti-stigma messaging. While still small in scale, this NGO activity is beginning to draw families into medical pathways earlier and to frame dementia as a condition that benefits from timely diagnosis and structured support rather than informal coping alone.

Research

Academic research is represented by institutions such as Azerbaijan Medical University and local medical colleges. As of December 2025, there are no active dementia interventional drug trials recruiting within the country, forcing families to independently seek clinical trials abroad. The state registration system manages medicinal marketing visualisations through the Ministry of Health. Local innovation remains system-focused rather than biomedical, driven by the expanding mandatory health insurance architecture and private sector advancements in high-quality structural neuroimaging like 3-tesla MRI systems in Baku.

Selected academic institutions

Azerbaijan Medical University https://www.amuuni.com/ Sumgayit Medical College Baku Medical College 1 Baku Base Medical College 2

Clinical trials and registries

As of December 2025, there are no actively recruiting Alzheimer's disease interventional trials listed on ClinicalTrials.gov that name Azerbaijan as a study location. Azerbaijan maintains a state registration system for medicinal products, administered through the Ministry of Health and its Center for Analytical Expertise of Medicines. Most imported and domestically produced medicines require state registration before they can be marketed, and marketing authorisations are generally time-limited and subject to renewal. Families seeking access to clinical trials typically look abroad, engaging with research hubs in neighboring regions or the EU, either independently or with informal clinician guidance.

References

- https://cratia.com/en/countries/azerbajdzhan/registration-of-medicines/
- https://clinicaltrials.gov/search?aggFilters=status:not%20rec&cond=%22Alzheimer%20Diseas

Selected innovative methods

Innovation in Azerbaijan's dementia landscape is currently indirect and system-focused rather than disease-specific. The most significant development is the nationwide implementation of mandatory health insurance and its continuously evolving service envelope and positive medicines list, which has improved baseline access to specialist consultations and diagnostics. While not designed explicitly for dementia, this reform strengthens the structural conditions necessary for earlier diagnosis and follow-up. In parallel, selected private providers advertise imaging capacity, such as 3-tesla MRI scanners and high-slice CT systems in Baku, which have enhanced access to high-quality structural neuroimaging. These technologies support differential diagnosis and rule-out processes in suspected dementia cases, even though advanced molecular imaging and biomarker-driven diagnostics remain outside routine practice.

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References

- https://eurohealthobservatory.who.int/publications/i/health-systems-in-action-2024-azerbaijan
- https://www.instagram.com/reels/CuThZBjPN8l/

Support

Dementia support is assisted by entities like Managed Care Azerbaijan and the Heydar Aliev Foundation, alongside primary non-governmental work by the Azerbaijan Alzheimer's Association. Because state social protection measures omit explicit dementia allowances or respite care, caregiving burdens fall entirely on households. The association delivers project-based public awareness campaigns, caregiver training, and anti-stigma education via online platforms and media appearances. No dedicated national dementia media outlets exist, restricting public information to civil society channels and private hospital websites.

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:

Azerbaijan Alzheimer's Association (AAA)

Selected initiatives

AAA's current initiatives center on public-awareness campaigns and caregiver-education efforts delivered through media appearances, online platforms, and collaboration with international partners. These activities aim to reduce stigma, improve symptom recognition, and encourage earlier engagement with medical services. A stated near-term objective is the expansion of dementia-friendly education, including outreach to families, communities, and potentially frontline service providers as organizational capacity grows. At present, initiatives remain project-based rather than institutionalized within the health or social-care system. Their impact therefore depends on sustained NGO growth and the extent to which public authorities choose to integrate or support civil-society-led dementia education.

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References

- https://www.alzint.org/member/azerbaijan-alzheimers-association-aaa

https://www.aza.org.uk/en

Dedicated media outlets

No dedicated dementia-focused media outlet was identified in the cited sources.. Information and advocacy content appear primarily through the AAA's communication channels and through hospital or private-provider websites.