

Belarus

Research conducted in

Belarus has a publicly funded healthcare framework, which covers diagnostic consultations and hospital care, though approved medications often require out-of-pocket payment. Operating without a dedicated national dementia strategy, the country addresses neurocognitive disorders broadly under its “Active Longevity – 2030” plan, integrating care into existing neurology and psychiatry departments rather than a standalone network of memory clinics. Municipal Territorial Centres of Social Services coordinate community support and respite care, while state financial aid is tied to general disability and age limits rather than a specific dementia diagnosis.

Highlights

Health system **Universal, Government-Funded (Public Provision)**

ADI member association(s):

National dementia plan:

Dementia plan funding: **No plan**

Dementia prevalence rate: **1186**

Dementia incidence rate: **205**

Population: **8931482**

Median age: **42**

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

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Belarus has PET/CT capacity at the Republican PET Centre of the N.N. Alexandrov National Cancer Centre near Minsk. The centre states that PET/CT can be used for neurological as well as oncological and cardiac conditions. However, its currently listed radiopharmaceuticals are 18F-FDG, 18F-fluorocholine, 18F-PSMA and 11C-methionine; Alzheimer's disease-specific amyloid or tau PET tracers are not listed.

References

- <https://med.by/methods/pdf/full/158-1220.pdf>
- https://tochka.by/articles/health/ocheredi_na_kt_i_mrt_v_bearusi_silno_sokratili_skolko_teper_zhdat/
- <https://omr.by/diagnostika-raka/vse-vidy-rentgenologicheskoy-diagnostiki/pozitronno-emissionnaya-tomografiya>

Genetic tests

Genetic testing related to Alzheimer's disease is available commercially in Belarus, but it is not used for routine diagnosis. There is no evidence that diagnostic testing for rare pathogenic variants associated with autosomal-dominant Alzheimer's disease is routinely offered within Belarus specifically for Alzheimer's disease.

References

- <https://www.invitro.by/analizes/for-doctors/2174/30021>

Biomarker tests

Status: Rarely used

There is no Belarusian clinical service publicly documenting routine measurement of the core Alzheimer's disease CSF biomarkers amyloid- β 42 (or A β 42/A β 40 ratio), total tau and phosphorylated tau. There is neither the evidence that Alzheimer's disease-specific plasma tests such as p-tau217, p-tau181, A β 42/A β 40 or other validated amyloid/tau blood assays are routinely offered clinically in Belarus.

Treatment & care

Belarus integrates dementia care into neurology, psychiatry, and geriatric services rather than a dedicated memory-clinic network, with specialist provision concentrated in major centres. Territorial social-service centres provide home assistance, day support, caregiver services, and some dementia supervision, while temporary residential care can offer respite. Palliative services are available but lack a dementia-specific pathway. State healthcare is predominantly publicly funded, although outpatient Alzheimer's medicines may require out-of-pocket payment. Caregivers may qualify for general financial allowances and pension credits when recipients meet age, disability, and dependency criteria. These supports are not Alzheimer's-specific, with eligibility based on assessed care needs rather than diagnosis alone.

Specialized facilities and services

Long-term care provision is also inadequate, with nearly half of municipalities lacking community services. The country has 23 residential facilities and 36 day centres, but dementia care is available in only around one-third of facilities that report needing it. Palliative care is legally established and includes home, inpatient and day services, but remains largely oriented towards cancer and other terminal illnesses, with no dedicated dementia-specific network documented.

Belarus does not have a nationwide network of dedicated memory clinics or specialised Alzheimer's centres. Dementia diagnosis and treatment are largely incorporated into the existing neurology, psychiatry and geriatric healthcare system, rather than organised as a separate dementia pathway. Specialist expertise and advanced diagnostic facilities are therefore more accessible in Minsk and major regional centres, while people in smaller towns and rural areas depend more heavily on local polyclinics and referral to higher-level services. Available international evidence also suggests that Belarus has not developed the same type of dedicated multidisciplinary memory-clinic infrastructure found in many Western European systems.

Belarus has a geographically extensive system of Territorial Centres of Social Services (TCSONs) that provide services for older people and people living with disabilities, including home assistance, caregiver services and forms of day support. Importantly, some centres explicitly provide day supervision for people living with dementia: for example, the state TCSON in Staryyya Darohi offers 10–40 hours per week for people who have lost the ability to control their behaviour, specifically including people living with dementia. Similar territorial centres operate outside Minsk—for example in Orsha—so general social and home-care infrastructure is not confined to the capital. However, these are social-care services rather than dedicated Alzheimer's disease day centres, and the availability and intensity of dementia-specific support varies locally.

Belarus has palliative care within its healthcare system, including hospital, hospice and community/home-based provision, but there is little evidence of a specialised palliative-care pathway specifically for Alzheimer's disease or other dementias. Earlier the World Health Organization (WHO) health-system evidence describes palliative services delivered through polyclinics and home visits, alongside inpatient/hospice provision, although historically much of the specialist service was oriented toward cancer and pain management.

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
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

Treatment delivered through Belarus's state healthcare institutions is predominantly publicly funded, but this does not extend universally to outpatient medicines. The current statutory free-medicine list under Resolution No. 823 of 31 December 2025 does not include Alzheimer's disease (G30). Although medicines such as donepezil and memantine are available by prescription, their cost may fall on patients and families unless they qualify for free or subsidised medicines under a separate social-benefit entitlement.

State healthcare services are predominantly publicly financed, so treatment delivered in state healthcare institutions is generally funded from public budgets. However, outpatient medicines are not universally free. Belarus has a specific statutory list of diseases whose patients are entitled to free outpatient medicines from the Essential Medicines List. Under the current rules (Council of Ministers Resolution No. 823 of 31 December 2025), Alzheimer's disease (G30) does not appear on that disease-based free-medicine list. Dementia medicines such as donepezil and memantine are available by prescription in Belarus, but unless the patient independently belongs to a category entitled to free or subsidised medicines (for example, through another statutory social-benefit entitlement), the medicine cost can fall on the patient and their family as an out-of-pocket expense.

References

- https://prg.kz/document/?doc_id=32149699
- https://continent-online.com/Document/?doc_id=32149699

Caregiver support

Caregiver support in Belarus is available through broader social-protection and social-care systems rather than Alzheimer's-specific programmes. People caring for someone with Group I disability or an individual aged 80 or over

who requires permanent care may qualify for a monthly state care allowance of BYN 530.37 for one person or BYN 636.44 for two or more eligible people during August–October 2026. Qualifying periods of caregiving may also be recognised towards pension entitlement.

Territorial Centres for Social Services provide needs-based home care and other social services, while temporary residential placements can provide respite for families. Official guidance allows short-term stays of up to one month, no more than three times per year, subject to the relevant eligibility and medical criteria.

Belarus has general state financial support that can apply to carers of people living with Alzheimer's disease, although it is not specific to Alzheimer's disease. A carer may receive a state care allowance for looking after a person with Group I disability or a person aged 80 or older who requires permanent care. As of August–October 2026, the allowance is BYN 530.37 per month (100% of the subsistence minimum) for caring for one person, or BYN 636.44 (120%) when caring for two or more eligible people. Thus, a caregiver of a person living with Alzheimer's disease could potentially qualify if the person meets the age/disability and care-need criteria; diagnosis of Alzheimer's disease alone does not create eligibility.

There is an additional longer-term financial protection for some caregivers: periods spent caring for a person with Group I disability or an older person aged 80+ can be credited when determining pension entitlement, subject to the statutory conditions. The Vitebsk Regional Committee for Labour, Employment and Social Protection, an official government body, confirms this provision. Thus, even where the support is not Alzheimer's disease-specific, caregiving can have recognition within the state pension system.

Belarus also has a state social-care system delivered through Territorial Centres for Social Services (ТЦСО). Official regional government guidance states that these centres provide home-based social services and assess the individual's living circumstances and care needs before arranging services. Access can depend on age, disability, medical indications and the person's need for continuous assistance rather than on an Alzheimer's disease diagnosis alone.

Belarus provides temporary residential care that can function as respite care. Official government guidance states that social residential institutions can provide temporary accommodation, including short-term stays of up to one month, no more than three times per calendar year. This could allow a family care partner of a person living with Alzheimer's disease to have periods in which formal services assume responsibility for care, provided the person satisfies the relevant admission and medical criteria.

References

- <https://nalog.gov.by/news/33868>
- <https://nalog.gov.by/individuals/dependents.php>
- <https://pravo.by/novosti/novosti-pravo-by/2026/july/94342>
- <https://be.vitkomtrud.gov.by/page/naznachenie-pensii>
- <https://www.mintrud.gov.by/ru/vkluchenie-stazh-po-yhody-za-inv-1-grupi-ru>
- <https://be.vitkomtrud.gov.by/page/socialnoe-obslyuzivanie-grazdan>
- <http://grosow-internat.by/%D1%83%D1%81%D0%BB%D0%BE%D0%B2%D0%B8%D1%8F-%D0%B2%D1%81%D0%B5%D0%BB%D0%B5%D0%BD%D0%B8%D1%8F/>

Policy

Belarus lacks a dedicated dementia strategy or announced future plan, although Active Longevity 2030 includes social-care models for older people with cognitive impairment. Courts may impose guardianship where individuals lack legal capacity, potentially affecting advanced dementia patients and resulting in loss of voting rights. These restrictions have drawn international criticism. Evidence also suggests stigma surrounding psychiatry, which may influence dementia care, although Alzheimer's-specific stigma has not been directly established.

National dementia plan

Belarus does not have a dedicated national Alzheimer's disease or dementia strategy. However, Belarus has a plan on ageing titled the "Active Longevity – 2030" National Strategy, which broadly focuses on adapting state institutions to support an aging population while specifically including plans to introduce social care models for elderly citizens with cognitive impairments.

References

- https://gorki.gov.by/sites/default/files/2026-07/nacionalnaya_strategiya_v_prezentacii.pdf

Upcoming plans

No dedicated dementia strategy is publicly announced as forthcoming.

Policy gaps

Legal barriers

Belarusian courts may declare people with severe cognitive impairment legally incapable and place them under guardianship, potentially affecting individuals with advanced dementia. Those declared incapable also lose voting and referendum rights. International observers have criticised this approach for restricting political participation based on legal status rather than individually assessed voting capacity.

Belarusian law creates a particularly important link between cognitive/mental impairment, legal incapacity and loss of citizenship rights. Article 29 of the Civil Code provides that a person who, because of a mental disorder or illness, cannot understand or control their actions may be declared legally incapable by a court and placed under guardianship; the guardian then exercises important legal functions on their behalf. This can potentially apply to a person with advanced dementia, although an Alzheimer's disease diagnosis itself does not automatically establish legal incapacity.

The consequences extend to political participation: Article 64 of the Belarusian Constitution and Article 4 of the Electoral Code exclude people declared legally incapable by a court from elections and referendums. International

election observers have criticised this type of restriction because it removes voting rights on the basis of legal incapacity associated with mental disability rather than assessing the individual's ability to participate.

References

- <https://avcd.by/book/statja-29-priznanie-grazhdanina-nedeeposobnym>
- <https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=m4fuCoxNvluJeDhOrG6%2FrhXsOVCT2kzi%2BQmTNJRbIPkQLVwwajh25tVerLxSpt>
- <https://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=28304&lang=en>

Cultural barriers

Belarusian evidence suggests stigma and discrimination associated with psychiatry, which may provide relevant context for people with dementia requiring psychiatric or neuropsychiatric care. However, these findings do not constitute direct evidence of Alzheimer's-specific stigma.

There is some evidence that psychiatric stigma exists within Belarus: a Belarusian component of an international study comparing 200 psychiatrists with 200 general practitioners found that psychiatrists reported significantly greater perceived stigma and experiences of discrimination associated with psychiatry. This does not demonstrate that Belarusians stigmatise dementia specifically, so it should not be cited as direct evidence of Alzheimer's disease stigma. Nevertheless, it provides a relevant background because dementia and severe cognitive impairment can intersect with psychiatric/neuropsychiatric services in Belarus.

Research

Belarus regulates clinical trials through the Ministry of Health and its specialised regulatory centre, while international databases provide information on active studies. Large multinational pharmaceutical trials have declined substantially. Domestic dementia research explores blood amyloid and phosphorylated tau biomarkers for diagnosis and treatment monitoring. The KIPRIDA study examines cognitive and MRI predictors of memantine response in mild Alzheimer's disease, while genetic and epigenetic research into memory-related polymorphisms may contribute to future understanding of cognitive decline and dementia susceptibility.

Selected academic institutions

[Republican Scientific and Practical Center for Mental Health](#) [Republican Scientific and Practical Center of Neurology and Neurosurgery](#) [Belarusian State Medical University](#) [Grodno State Medical University](#) [Vitebsk State Medical University](#)

Clinical trials and registries

The Ministry of Health and its subordinate enterprise, the Center for Examinations and Tests in Health Service, are responsible for evaluating, authorising, and overseeing all clinical trials and medicines in the country. Belarus does not maintain a dedicated, public-facing online registry to help patients find active clinical trials. Furthermore, due to the current geopolitical climate, the number of large-scale, international multi-center pharmaceutical trials operating in the country has decreased significantly. To search for any active or planned studies, researchers and patients must rely on global databases like ClinicalTrials.gov.

References

- <https://rceth.by/en>

Selected innovative methods

Belarusian dementia research combines biomarker development, personalised treatment prediction, and genetic investigation. Researchers are evaluating blood amyloid- β 40, amyloid- β 42, and phosphorylated tau for diagnosis and treatment monitoring, including comparisons with CSF. The KIPRIDA study examines whether neuropsychological and MRI characteristics predict memantine response in mild Alzheimer's disease. Genetic and epigenetic studies of memory-related polymorphisms provide additional evidence that may support future research into cognitive decline and dementia susceptibility.

A team at the Republican Scientific and Practical Center for Mental Health in Minsk has been investigating a blood-based approach measuring amyloid- β 40, amyloid- β 42 and phosphorylated tau. Their goal is to use these relatively minimally invasive biomarkers both to support dementia diagnosis and to follow biological changes during Alzheimer's treatment. The researchers report comparing blood and CSF measurements and establishing blood

reference values.

A 2026 study by the Belarusian State Medical University examined whether clinical tests and MRI measurements could predict which person living with mild Alzheimer's disease would respond better to memantine, an established symptomatic Alzheimer's disease drug. The KIPRIDA observational study looked for relationships between neuropsychological performance, neuroimaging characteristics and treatment response.

Researchers from the Institute of Genetics and Cytology of the National Academy of Sciences of Belarus and the Republican Scientific and Practical Center for Mental Health published a 2026 study examining genetic and epigenetic factors associated with short- and long-term memory in the Belarusian population. The study investigated polymorphisms in genes involved in brain neurotransmitter systems. This isn't an Alzheimer's disease study itself, but it could provide background for future work on genetic susceptibility to cognitive decline and dementia.

References

- <https://neurology.magnusconferences.com/uploads/pdfs/neurology-2025-abstract-book.pdf>
- <https://neurology.magnusconferences.com/program/scientific-program/2025/determination-of-blood-biomarkers-for-dynamic-monitoring-a-promising-method-for-evaluating-the-effectiveness-of-alzheimers-disease-treatment>
- https://www.researchgate.net/publication/400891045_Analysis_of_the_correlation_between_clinical_and_neuroimaging_markers_and_response_to_treatment_in_patients_with_mild_alzheimer_disease
- <https://scientific-letters.ru/index.php/SLIPRAS/article/view/159>

Support

Belarus has no dedicated Alzheimer's association or dementia-specific media publication. Broader charitable support is available through Caritas Belarus and Project Tabitha, which provides home nursing, practical assistance, and social activities that may support people with advanced dementia, ease caregiving demands, and promote social inclusion.

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:

Belarus lacks an Alzheimer's disease association.

Selected initiatives

Project Tabitha provides home nursing and practical daily support for vulnerable people in Belarus, alongside activities promoting social inclusion. Although not dementia-specific, its services may support people with advanced dementia, ease caregiving demands, and improve quality of life.

Project Tabitha

Project Tabitha is a charitable social service initiative dedicated to assisting vulnerable populations in Belarus. The program focuses on two primary areas: delivering essential in-home nursing and daily care to seriously ill, bedridden, elderly, and individuals living with disabilities, and organising social integration activities for wheelchair users. By providing practical support for those confined to their homes — including people managing conditions like advanced dementia — while also facilitating weekend activities and field trips to improve mobility and inclusion, the project aims to alleviate the daily challenges of caregiving and improve the overall quality of life for its beneficiaries.

References

- <https://www.caritas.eu/a-memorable-visit-to-caritas-belarus/>
- <https://www.caritas.eu/i-never-thought-that-i-am-so-strong/>

Dedicated media outlets

There is no dedicated Alzheimer's disease or dementia news or media publication in Belarus.