

Ecuador

Research conducted in 01/12/2025

In the absence of a national dementia strategy, Ecuador's public health system presents a mixed landscape of care. While the country faces significant challenges in diagnosis, including a critical shortage of specialists and non-functional imaging equipment in major hospitals, the state provides a unique pillar of support. Public institutions offer free and innovative non-pharmacological therapies, such as memory stimulation and occupational therapy workshops, as the primary form of government-led care for people.

Highlights

Health system **Universal, Mixed Funding (Mixed Provision)**

ADI member association(s): **Foundation TASE**

National dementia plan: **Ecuador doesn't have a national strategy in place.**

Dementia plan funding: **No plan**

Dementia prevalence rate: **388**

Dementia incidence rate: **69**

Population: **18326252**

Median age: **29**

Health expenditure (% of GDP): **8**

Diagnosis

Ecuador lacks a standardised AD diagnostic pathway, with evaluation typically starting in primary care and limited access to specialists, as there are only 94 neurologists in the public system, concentrated in Pichincha and Guayas, leading to long wait times. Although MMSE, Mini-Cog, AD8, and MoCA are validated, their routine use is unclear. Public imaging faces major CT/MRI shortages, including outages at Hospital Eugenio Espejo, while private centers and SOLCA offer advanced scans. Genetic and CSF biomarker capacity exists but remains limited. Services are free yet access delays persist.

Diagnosis pathway

Ecuador lacks a clearly defined, standardised pathway for AD diagnosis in published literature. The patient journey usually begins in primary care, where GPs assess memory impairment and perform basic physical and neurological exams to rule out other conditions. Specialist referral for neuropsychological evaluation occurs when symptoms are unclear or mild. With only 94 neurologists in the SSP (0.54 per 100,000), which is far below WHO recommendations, specialist care is scarce and heavily concentrated in Pichincha and Guayas.

There is limited peer-reviewed or government-published data detailing a standardised diagnostic protocol specific to Ecuador. The diagnosis of Alzheimer's disease in Ecuador primarily follows clinical evaluation, with limited access to advanced diagnostic tools. Based on Gov.uk guide for Ecuador, the patient journey typically begins at the primary care level. In the public system, this would be a visit to a general practitioner (GP) at a community health centre or a public general hospital. The GP's initial role is to identify early signs of cognitive decline or memory impairment and to conduct a basic physical and neurological examination to rule out other common medical conditions that may present with similar symptoms. After the initial screening by a general practitioner, a specialist may order a more formal neuropsychological evaluation, particularly in cases where symptoms are mild or the presentation is atypical.

As of 2022, there were only 94 neurologists working in Ecuador's public health system "Sistema de Salud Pública" (SSP), resulting in a national ratio of 0.54 neurologists per 100,000 people. This figure is well below the World Health Organization's ideal ratio of 1 neurologist per 100,000 population. This scarcity is compounded by an extreme geographical concentration of these specialists. The provinces of Pichincha (37 neurologists) and Guayas (24 neurologists) alone contain nearly two-thirds of the entire public neurology workforce. In contrast, eight provinces have no neurologists at all, and five provinces have only a single specialist to serve their entire population.

References

- <https://www.gov.uk/government/publications/ecuador-hospitalisation-information-pack/ecuador-hospitalisation-pack>
- <https://pubmed.ncbi.nlm.nih.gov/articles/PMC6557334/>
- <https://www.frontiersin.org/journals/neurology/articles/10.3389/fneur.2023.1198869/full>
- <https://revuecatneurol.com/wp-content/uploads/2023/10/2631-2581-rneuro-32-02-00055.pdf>
- <https://iris.who.int/items/9ac7b72f-b458-4246-9815-45fc65c747ee>

Wait times

Status: Long wait time

Based on anecdotal accounts as no data is available, patients usually wait months to see a specialist.

While precise, quantifiable data for a neurology appointment is not available, studies and anecdotal accounts indicate that patients can wait “months to see a specialist”.

References

- <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0315149>

Diagnosis cost

Status: Mostly or fully covered

Although AD diagnostic services, including CT scans, are free under the MSP, and specialist visits are fully covered by the IESS, patients face substantial non-monetary costs, including long wait times and limited access to timely specialist and imaging services.

For people using Ecuador's public healthcare systems, the direct monetary cost for an Alzheimer's disease diagnosis is theoretically zero, but this is offset by significant non-monetary costs related to access and delays. Within the Ministry of Public Health (MSP) system, which serves the uninsured population, services are free at the point of delivery. This includes essential diagnostic tools like CT scans, which are provided at no charge in public hospitals. Similarly, for affiliates of the Ecuadorian Social Security Institute (IESS), a full diagnostic workup, including specialist consultations and imaging, is covered without any copayments, provided the individual has made at least three months of continuous contributions.

References

- <https://www.salud.gob.ec/wp-content/uploads/downloads/2014/09/Reglamento-para-Atenci%C3%B3n-de-Salud-Integral-y-en-Red-de-los-Asegurados.pdf>
- <https://smilemovement.org/blog/things-to-know-about-healthcare-in-ecuador-before-volunteering-abroad>
- <https://www.iess.gob.ec/es/web/guest/servicios-de-salud1>

Cognitive tests

Status: Available

The Mini-Mental State Examination (MMSE), the Mini-Cog Test, Ascertain Dementia Eight-Item Informant Questionnaire (AD8), and the Montreal Cognitive Assessment (MoCA) have been validated in Ecuador. , , , However, there is no information available on how widely or consistently these tools are applied in clinical practice for the diagnosis of Alzheimer's disease.

References

- <https://rest-dspace.ucuenca.edu.ec/server/api/core/bitstreams/1b4bb7f4-0ce7-4310-a06c-1b81bed21b4d/content>
- <https://rest-dspace.ucuenca.edu.ec/server/api/core/bitstreams/da37d0a0-caf4-4497-8eb5-e20c60816813/content>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC6221535/>

- <https://pmc.ncbi.nlm.nih.gov/articles/PMC7645294>

Imaging tests

Status: Rarely used

The public health system, which serves the vast majority of Ecuadorians, faces a chronic and severe crisis in its imaging infrastructure. Reports from mid-2024 indicate that computed tomography (CT) scanners are scarce or non-functional in numerous public hospitals across the country. The magnetic resonance imaging (MRI) machine at the Hospital Eugenio Espejo in Quito, a major national referral centre for the Ministry of Public Health (MSP), has reportedly been out of service since February 2023. This leaves the capital's primary public hospital without a critical diagnostic tool. At least three public MRI machines in the provinces of Pichincha and Guayaquil, including those in the social security system, are reported as non-operational. Private hospitals and specialised imaging centres, particularly in major cities like Quito and Guayaquil, are equipped with advanced technology, including multi-slice CT scanners and high-field (1.5 Tesla or higher) MRI machines. Additionally, SOLCA (Sociedad de Lucha Contra el Cáncer) oncology centre in Quito operates a Siemens Biograph Vision 450 positron emission tomography (PET)-CT scanner.

References

- https://www.youtube.com/watch?v=4EwE_R3NOgA
- <https://www.ecuavisa.com/noticias/ecuador/2024-07-31-ecografos-mamografos-resonadores-magneticos-equipos-danados-EA7772402>
- <https://hospitalvozandes.com/diagnostico-por-imagen/>
- <https://solcaquito.org.ec/petscan/>

Genetic tests

In July 2025, the MSP inaugurated a new, state-of-the-art public Molecular Genetics Laboratory at the Specialised Centre for Medical Genetics (CEGEMED) in Quito. This facility is equipped with Next-Generation Sequencing (NGS) technology, giving it the technical capacity to perform a wide range of genetic analyses. However, the focus of CEGEMED is on diagnosing rare diseases, hereditary cancers, metabolic disorders, and other specific congenital conditions. Neurodegenerative diseases like Alzheimer's disease are not currently listed among its priority areas of service or research. In the private sector, there are laboratories that offer direct-to-consumer genetic Alzheimer's disease tests.

References

- <https://www.salud.gob.ec/msp-inauguro-laboratorio-de-genetica-molecular-en-quito/>
- <https://www.inngen.ec/salud-mental-2/>

Biomarker tests

Status: Rarely used

A 2025 case report published in the Ecuadorian Journal of Neurology provides evidence that analysis of

cerebrospinal fluid (CSF), obtained via a lumbar puncture can be conducted in Ecuador. The case report details the successful diagnosis of a person living with early-onset Alzheimer's disease through the analysis of CSF. However, a study from 2024 showed that CSF biomarkers are the most recently adopted technology across Latin America, with professionals in Ecuador specifically reporting their use for less than a year, and the regional majority having used them for less than five years. There is currently no evidence to suggest that the blood-based biomarker tests are in clinical routine use in Ecuador.

References

- <https://revecuatneurolog.com/wp-content/uploads/2025/09/CC-06-Diagnostico-De-La-Enfermedad-De-Alzheimer.pdf>

Treatment & care

Specialised AD care in Ecuador is largely private and centered in Quito, while public facilities like Hospital del Adulto Mayor, IESS, and MIES provide supportive therapies and long-term geriatric care. Medications are fully out-of-pocket, but cognitive and physical programs are free. Direct financial support for caregivers is limited to the Bono Joaquín Gallegos Lara, offering \$240/month under strict eligibility, which leaves most families without aid during moderate disease stages. NGOs such as Fundación TASE provide service-based support, while palliative care infrastructure remains urban-focused.

Specialized facilities and services

Advanced neurocognitive clinics are mostly private and based in Quito, while public facilities like Hospital del Adulto Mayor deliver supportive therapies for AD. Geriatric care is also available through IESS, and long-term support is coordinated nationally by MIES. NGOs including Fundación TASE and Instituto de Neurociencias provide tailored services. Following the 2025 Organic Law, dementia coverage expanded, but infrastructure remains concentrated in Quito and Guayaquil.

Specialised memory clinics offering comprehensive neurocognitive diagnosis are almost exclusively private and concentrated in Quito. The public health system provides some clinical services for people living with Alzheimer's disease. Hospital del Adulto Mayor is a key public institution in the capital that offers a range of non-pharmacological therapies specifically for individuals with Alzheimer's disease. These services include workshops for memory, drawing, painting, singing, and stretching exercises. The goal of these programs is to keep people mentally and socially engaged, maintain their existing abilities, and improve their overall quality of life. Ecuadorian Social Security Institute (IESS) Hospitals also offers geriatric services. While not specifically focused on Alzheimer's disease, facilities like the Hospital General Machala have established a Geriatrics Club to promote health and wellness among older adults. The Ministry of Economic and Social Inclusion (MIES) manages a nationwide network of gerontological services under several modalities, which constitute the primary public support system for long-term care.

Access to MIES services (Residential Centres, Day Centres, Home Care and Socialisation Spaces) is generally targeted towards individuals aged 65 and over who are in situations of poverty, extreme poverty, or vulnerability, and is often contingent on their level of physical dependency. Specialised private and non-governmental organisation (NGO) facilities designed for Alzheimer's disease care, such as Foundation TASE and Casa Aurora in Quito and the Neuroscience Institute in Guayaquil, offer tailored cognitive therapies, secure environments, and extensive family support. Palliative care in Ecuador is in a period of transition following the passage of the Organic Law on Palliative Care in 2025, which legally extends this right to individuals living with dementia. The law mandates the creation of home-based, outpatient, and inpatient services through both public and private providers. Currently, the established infrastructure is primarily located in Quito and Guayaquil, with a historical focus on oncology.

Approved medication

Generic Name	Trade Name	Used for
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*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

Alzheimer's disease medications are fully paid out-of-pocket due to their absence from the National Formulary. However, public programs provide free support: MSP facilities like Hospital del Adulto Mayor host cognitive and physical workshops, and IESS's Active Aging Program delivers occupational and memory therapies without copayments.

Alzheimer's disease medications are not included in the National Formulary of Basic Medicines. As a result, families must pay for 100% of these drug costs out-of-pocket. The public healthcare system provides some non-pharmacological therapies at no direct cost to the patient through its two main branches: the Ministry of Public Health (MSP) and the Ecuadorian Institute of Social Security (IESS). For the general population, the MSP offers free workshops at specialised facilities like the Hospital for the Elderly. These programs include activities such as memory stimulation, drawing, painting, and physical exercises, all provided free of charge. For its affiliates, the IESS runs an Active Aging Program, which is also completely free and gives people access to occupational therapy and cognitive stimulation workshops. For these specific publicly funded therapy programs, there are no copayments required from the patient.

References

- <https://www.conasa.gob.ec/biblioteca-conasa/XICnmb/XI-CuadroMedicamentosBasicos-INTERACTIVO.pdf>
- <https://www.iess.gob.ec/en/web/pensionados/programa-del-adulto-mayor>
- https://www.iess.gob.ec/es/web/mobile/afiliado/-/asset_publisher/l1qX/content/iess-promueve-el-envejecimiento-activo-y-saludable/10174

Caregiver support

The Bono Joaquín Gallegos Lara is the only direct financial support to primary AD caregivers, providing \$240 monthly to those meeting strict criteria: very severe disability, low household income, and no social security pension. Consequently, many families during moderate disease stages receive no financial aid, with non-governmental and private support limited to services rather than direct payments.

In Ecuador, direct financial support for carers of people living with Alzheimer's disease is limited to a single state program: the Bono Joaquín Gallegos Lara. This program provides a monthly payment of 240 USD to the primary carer. However, eligibility is stringent, requiring the person to be living with "very severe" disability rating (specifically 65% or higher for intellectual disabilities like Alzheimer's disease) and for the household to be in a state of socioeconomic vulnerability. Additionally, neither the carer nor the person can be receiving a pension from the national social security system. This structure means most families do not qualify for aid during the long, financially

draining moderate stages of the disease. Non-governmental and private sectors do not offer direct financial subsidies; their support is provided through services.

References

- <https://www.gob.ec/mies/tramites/registro-solicitud-al-bono-joaquin-gallegos-lara>
- <https://www.inclusion.gob.ec/el-mies-promueve-la-inclusion-economica-de-las-y-los-cuidadoras-de-las-personas-con-discapacidad/>

Policy

There is no existing or announced national AD strategy in Ecuador. Key policy gaps involve the lack of a financed national plan, leaving public health fragmented and reactive, while higher dementia rates in rural and indigenous populations highlight the need for culturally and geographically tailored diagnostic and care approaches.

National dementia plan

Ecuador does not currently have a national strategy for Alzheimer's disease.

Upcoming plans

No upcoming national Alzheimer's disease strategies have been announced in Ecuador.

Policy gaps

Legal barriers

Ecuador lacks a funded National AD or dementia plan, resulting in a fragmented and reactive public health response, WHO member state commitments.

The most critical omission is the absence of a funded National Alzheimer's disease or dementia plan, a commitment made by all World Health Organization (WHO) member states, which leaves the public health response fragmented and reactive.

References

- <https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/dementia-policy-and-legislation>

Cultural barriers

Higher dementia prevalence among rural and indigenous populations underscores the importance of targeted diagnostic and care strategies for these populations.

One study found that rural residency and indigenous identity were associated with higher rates of dementia, underscoring the need for tailored diagnostic and care approaches for these populations.

Research

Clinical trials in Ecuador are regulated by ARCSA, and select institutions such as the Central University of Ecuador contribute to the LatAm-FINGERS initiative, evaluating diet, exercise, and cognitive training in older adults to delay cognitive decline and guide public health planning.

Selected academic institutions

[Institute of Neurosciences of Guayaquil](#) [Catholic University of Cuenca](#) [Central University of Ecuador](#) [San Francisco University of Quito](#)

Clinical trials and registries

The regulatory authority for all clinical trials in Ecuador is the National Agency for Health Regulation, Control and Surveillance (ARCSA). This agency is responsible for approving and monitoring all clinical research in the country. While ARCSA maintains a registry of approved trials, it is not set up as a user-friendly, publicly searchable database for people to find studies by condition.

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References

- <https://www.controlsanitario.gob.ec/>

Selected innovative methods

Through the LatAm-FINGERS initiative, Ecuador evaluates diet, exercise, and cognitive training in adults 60–77 at risk of dementia. The study seeks to determine whether these interventions can delay cognitive decline and guide public health planning for aging populations.

Ecuador is participating in the LatAm-FINGERS initiative, a multicenter study conducted across 12 Latin American countries. This study evaluates the feasibility of lifestyle interventions—such as diet, exercise, and cognitive training—for individuals aged 60 to 77 at risk of dementia. The goal is to assess whether these interventions can delay cognitive decline and influence public health strategies for older adults.

References

- <https://pmc.ncbi.nlm.nih.gov/articles/PMC11021182/>

Support

Key initiatives in Ecuador include a dementia training curriculum for primary care doctors in partnership with the Global Brain Health Institute and Fundación TASE's podcast providing guidance on AD progression, caregiving, and early diagnosis.

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:

[Foundation TASE](#) [Alzheimer Iberoamérica](#)

Selected initiatives

Ecuador, collaborating with the Global Brain Health Institute, is developing a dementia training program for primary care doctors, engaging healthcare professionals, patients, and caregivers to improve diagnostic capacity in underserved regions.

Primary care physicians training

In collaboration with the Global Brain Health Institute, Ecuador is developing a curriculum to train primary care physicians in dementia diagnosis. This project involves literature reviews, interviews, and focus groups with healthcare professionals, experts, patients, and carers, aiming to enhance diagnostic capabilities in underserved regions.

References

- <https://www.gbhi.org/projects/dementia-diagnosis-training-project-ecuador>

Dedicated media outlets

Fundación TASE has launched a podcast titled "Let's talk about Alzheimer's" to raise awareness and provide information about Alzheimer's disease. This podcast is available on Spotify and features various episodes discussing topics related to Alzheimer's disease, including its stages, caregiving strategies, and the importance of early diagnosis. It serves as an accessible resource for families, carers, and the general public interested in learning more about the disease.

References

- <https://www.fundaciontase.org/podcast>