St. Vincent and Grenadines

Research conducted in 01/11/2025

Saint Vincent and Grenadines (SVG)'s dementia response is driven by Non-Governmental Organizations (NGOs) like St Vincent and the Grenadines Alzheimer's Disease & Dementia Association (SVGADDA), which leads awareness campaigns, caregiver education, and World Alzheimer's Month activities. Public hospitals as the Milton Cato Memorial Hospital (MCMH) and the Modern Medical & Diagnostic Complex (MMDC) provide the imaging diagnostic capacity and specialist referrals. Despite the country's ambitions to implement UHC, families still shoulder much of the coordination and financing with meaningful out-of-pocket costs for private consultations, imaging when public slots are full, and transport from the Grenadines to neighbouring countries. The further improvements depend on finalizing elder care and disability legislation, strengthening community and day care services around Kingstown, and improving practical support for caregivers to reduce delays and keep people at home longer.

Highlights

Health system **Mixed funding and provisions, aiming for UHC.**
ADI member association(s): **St Vincent and the Grenadines Alzheimer's Disease & Dementia Association (SVGADDA)**
National dementia plan: **No national strategy.**
Dementia plan funding: **Inadequately funded plan**
Dementia prevalence rate: **644**
Dementia incidence rate: **112**
Population: **99 701**
Median age: **34**
Health expenditure (% of GDP): **5**

Diagnosis

In Saint Vincent and the Grenadines, cognitive impairment diagnosis begins at public clinics or private GPs in Kingstown, with referrals to Milton Cato Memorial Hospital (MCMH) or the Modern Medical & Diagnostic Complex (MMDC) for specialist evaluation and imaging. MCMH's planned closure and consolidation into a modern Arnos Vale facility aims to improve service quality. Outside the capital, travel and limited local services extend assessment timelines. Routine cognitive testing, such as MMSE or MoCA, is not formally documented and largely clinician-dependent, with PAHO guidance prioritizing red-flag cases for rapid specialist referral. Since 2023, CT is available at MCMH and MRI at MMDC, but advanced imaging and biomarker testing require international referral. Genetic testing is reserved for familial or early-onset cases. Health financing combines public funds with significant out-of-pocket payments, especially for private clinics, specialist care, and imaging.

Diagnosis pathway

Diagnosis pathways for cognitive impairment in Saint Vincent and the Grenadines start at public clinics or private GP offices in Kingstown before patients are referred to specialists at MCMH or MMDC for imaging and evaluations. With MCMH's planned closure and consolidation into a modern Arnos Vale facility, service quality is expected to improve. Families able to afford private centres may bypass public delays. Outside Kingstown, travel and limited local services can prolong assessment timelines. SVGADDA, founded in 2023, supports education, awareness campaigns, and care navigation.

The diagnosis pathway typically starts in a public primary-care clinic or a GP/private clinic in Kingstown, the capital and largest city of Saint Vincent and the Grenadines, before being referred to hospital specialists for imaging and specialist input. Patients are usually sent to Milton Cato Memorial Hospital (MCMH) or to the Modern Medical & Diagnostic Complex (MMDC) in Georgetown. In January 2026, the government announced its plans to close Milton Cato Memorial Hospital due to safety issues, substandard facilities, and high administrative costs, consolidating services into a new, modern hospital at Arnos Vale. The new facility will include expanded maternity and pediatric units (with potential teaching functions), aiming to improve care quality and long-term efficiency despite requiring additional funding. Private imaging centers in Kingstown are also used when families can pay out-of-pocket. Outside the capital and larger towns, referrals and travel add steps and time, and families may rely longer on informal care before a formal cognitive assessment. The establishment of the SVGADDA in 2023 has significantly improved the quality of services as it provides an additional doorway to information, signposting and awareness events.

References

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- https://health.gov.vc/health/index.php/mmdc-pharmacy-department
- https://www.stvincenttimes.com/st-vincnet-govt-to-shut-down-historic-milton-cato-hospital/

Wait times

Status: Short wait time

No official dementia wait times exist, but new diagnostic capacity (e.g. the first MRI in 2023 and CT upgrades at MCMH) reduces travel abroad, consolidates care, and speeds access, especially in the capital.

No official information on dementia-specific waiting time is published, but health service reports shows new capacity, such as acquisition of first Magnetic Resonance Imaging (MRI) machine in 2023 and Computed Tomography (CT) scans upgrades at MCMH, which reduces travel abroad and helps consolidate diagnostic steps at domestic facilities. Also, the access is still fastest in the capital corridor, with more variable waits in the Grenadines and rural areas due to travel and appointment logistics.

References

- https://procurement.gov.vc/eprocure/index.php/news/22-history-in-the-making-first-mri-machine
- https://health.gov.vc/health/index.php/news/2380-first-mri-machine-in-svg
- https://health.gov.vc/health/index.php/news/2214-ct-scan-machine-officially-handed-over-to-the-government-and-people-of-saint-vincent-and-the-grenadines

Diagnosis cost

Status: Partially covered

Health financing in Saint Vincent and the Grenadines combines public funding and significant out-of-pocket payments, including EC$5 outpatient fees, while private clinics and advanced imaging or specialist services typically require self-pay, despite ongoing UHC efforts.

SVG is working toward UHC, but financing remains mixed. According to PAHO's data public spending on health was 3.63% of GDP in 2021, while out-of-pocket made up approximately 26% of total health expenditure. Facility policies indicate a standardized EC$5 fee for outpatient essential-medicine dispensing. Also, imaging and specialist services have a mix of public and private charges, with self-pay common for private clinics.

References

- https://www.jarniascyril.com/expatriation/moving-to-saint-vincent-and-the-grenadines-expat-guide/expat-healthcare-saint-vincent-grenadines/
- https://hia.paho.org/en/country-profiles/saint-vincent-and-the-grenadines
- https://p4h.world/app/uploads/2025/05/national-health-policy_saint-vincent.x14225.pdf

Cognitive tests

Status: Available

Routine or standardized cognitive assessments, such as MMSE or MoCA, are not documented in Saint Vincent and the Grenadines. Their application appears clinician-dependent, without formal protocols or published documentation. Following regional PAHO guidance, cognitive screening primarily identifies patients with red-flag symptoms for rapid referral to specialists or imaging, while others are monitored through repeated evaluations to track progression.

References

https://research.manchester.ac.uk/en/publications/screening-for-cognitive-impairment-in-older-african-caribbeans
- https://pmc.ncbi.nlm.nih.gov/articles/PMC9582196
- https://www.frontiersin.org/journals/neurology/articles/10.3389/fneur.2023.1198869/full
- https://pmc.ncbi.nlm.nih.gov/articles/PMC9582196/
- https://cdn.who.int/media/docs/default-source/mental-health/dementia/dementia_guidelines_evidence_profiles_web_annex.pdf

Imaging tests

Status: Commonly used

Since 2023, CT scans are available at MCMH and MRI at MMDC, with private options in Kingstown. Amyloid PET imaging is not available locally, so patients needing advanced diagnostics must travel abroad. This dependence on international centres imposes financial, logistical, and continuity-of-care barriers, particularly impacting patients undergoing cognitive assessments or dementia management.

References

- https://www.sciencedirect.com/science/article/pii/S2274580725003048
- https://health.gov.vc/health/index.php/news/2380-first-mri-machine-in-svg
- https://health.gov.vc/health/index.php/news/2214-ct-scan-machine-officially-handed-over-to-the-government-and-people-of-saint-vincent-and-the-grenadines
- https://www.x-radiology.com/x-ray/caribbean-medical-imaging-center/stoney-ground-kingstown-saint-vincent-and-the-grenadines

Genetic tests

Genetic testing for dementia, including APOE and monogenic panels, is not routinely available in Saint Vincent and the Grenadines. Testing is limited to early-onset or familial cases and conducted via overseas or regional laboratories.

References

- https://www.frontiersin.org/journals/neurology/articles/10.3389/fneur.2021.663407/full
- https://www.scielo.br/j/dn/a/QVTBKKZHXn7nwYpzR74ryKB
- https://www.jarniascyril.com/expatriation/moving-to-saint-vincent-and-the-grenadines-expat-guide/expat-healthcare-saint-vincent-grenadines/

Biomarker tests

Status: Rarely used

CSF and blood-based Alzheimer's biomarkers, including Aβ42/40, tau, and NfL, are not routinely available in Saint Vincent and the Grenadines, requiring referral to external centres for specialized diagnostic testing.

References

- https://alz-journals.onlinelibrary.wiley.com/doi/10.1002/alz.13850

Treatment & care

Dementia care in Saint Vincent and the Grenadines centers on hospital neurology and psychiatry at MCMH, imaging at MMDC, and select private clinics, while SVGADDA offers caregiver support and awareness. Palliative and structured primary-care services are limited. Outpatient medicines cost EC$5, with additional private expenses for imaging, transport, or unavailable stock. No dedicated caregiving benefits exist, though the Elderly Assistance program and proposed Older Persons Bill may provide limited support.

Specialized facilities and services

Dementia services in Saint Vincent and the Grenadines rely on hospital neurology and psychiatry at MCMH, diagnostic imaging at MMDC, and select private clinics. SVGADDA provides caregiver support and public awareness, though structured primary-care or palliative services for dementia are scarce.

There is no national memory-clinic network. Generally, dementia diagnosis and care are anchored in hospital neurology/psychiatry at MCMH and diagnostic services at MMDC. It is also conducted in a small number of private imaging clinics in Kingstown. At the same time, SVGADDA runs awareness, caregiver sessions and health-fair activities in Kingstown that help families navigate services32. Still, palliative care capacity remains limited in the literature, with regional assessments listing SVG among countries with no or minimal structured primary-care services.

Approved medication

Generic Name	Trade Name	Used for
Donepezil	Aricept, Aricept ODT, Adlarity, Eranz, Memac, Alzepil, Davia, Donecept, Donep, Donepex, Donesyn, Dopezil, Yasnal, Memorit, Pezale, Redumas, Zolpezil, Namzaric*	Donepezil is indicated for the symptomatic treatment of mild to moderately severe Alzheimer's dementia. Official UK medicine details (MHRA SPC) link
Rivastigmine	Exelon, Exelon Patch, Prometax, Rivastach, Nimvastid	Symptomatic treatment of mild to moderately severe Alzheimer's dementia. Symptomatic treatment of mild to moderately severe dementia in patients with idiopathic Parkinson's disease. Official UK medicine details (MHRA SPC) link

Generic Name	Trade Name	Used for
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

Outpatient essential medicines in Saint Vincent and the Grenadines cost a standardized EC$5, and inpatients may get partial insurance coverage. Families often pay privately when public stock is unavailable or using private clinics, while transport, repeat imaging, and lost work add further out-of-pocket expenses.

For outpatient public dispensing, EC$5 is the standardized fee for EML medicines, and partial coverage is possible for inpatient setting through National Insurance Services 37. However, when they are unavailable in public stock or when patient is using private specialists and clinics, families typically pay private tariffs out-of-pocket. Ancillary needs, such as repeat imaging, transport from outer islands and time off work, are all additional financial burden to the patients and are not covered by medical care.

References

- https://www.traveldoctor.network/country/saint-vincent-the-grenadines
- https://www.pacificprime.com/country/americas/st.-vincent-and-grenadines-health-insurance-pacific-prime-international

Caregiver support

Saint Vincent and the Grenadines offers no dedicated cash benefits for dementia caregiving. Caregiver support comes from SVGADDA's education and awareness programs, with the state's Elderly Assistance benefit providing limited aid. The 2023 draft Older Persons Bill could eventually strengthen protections for dementia-affected families.

There is no national cash benefit specifically for dementia caregiving. SVGADDA provides caregiver education, support meetings and awareness events. At the state level, the Elderly Assistance benefit exists but is modest and not dementia-specific. Still, draft Older Persons (Care and Protection) Bill (2023) aims to set standards for elder-care institutions and oversight, which could indirectly support dementia families as they mature

References

- https://annsvg.com/index.php/2023/11/27/svg-alzheimers-disease-and-dementia-association-inc-wraps-up-successful-events-impacting-over-100-caregivers-and-community-members/
- https://www.nissvg.org/elderly-assistance-benefit/
- https://www.stvincenttimes.com/svg-secures-world-bank-support-for-legislation-on-elderly-care-protection/

Policy

Saint Vincent and the Grenadines lacks a dedicated national dementia strategy, with care addressed indirectly through NCD and mental health policies. The 2025 draft National Health Policy and the 2017-2025 NCD Action Plan provide guidance but offer no dementia-specific operational planning. Prospective legislative initiatives, including the Older Persons (Care and Protection) Bill, 2023, and draft disability laws, aim to improve oversight, access, and safeguards for older adults, which could indirectly benefit dementia care. However, the outdated Mental Health Act lacks guidance on capacity, guardianship, or residential-care standards. Cultural perceptions often frame dementia as normal ageing or moral/spiritual decline, which delays diagnosis, formal support, and social participation, leaving families reliant on informal home care.

National dementia plan

Saint Vincent and the Grenadines has no dedicated national dementia strategy. Dementia care is addressed indirectly through broader NCD and mental health policies. The draft National Health Policy (2025) and the 2017-2025 NCD Action Plan provide overarching guidance, but lack explicit dementia planning. Without explicit dementia-specific operational guidance, including case-finding, long-term care, or caregiver support, health-system actors rely on general NCD frameworks, which limits coordination, service planning, and accountability for dementia care.

SVG currently does not have a dedicated national dementia plan. Instead, dementia sits within the wider frameworks of non-communicable disease (NCD) and mental health policies. For example, the draft National Health Policy of Saint Vincent and the Grenadines – Towards Universal Health recognizes the multiple health-strategic documents needing updating and alignment under the umbrella of universal health coverage. However, this is still a working draft updated in 2025, after consultations in June 2023. Meanwhile, the National Action Plan for the Prevention and Control of Non-Communicable Diseases 2017-2025 acknowledges that while NCDs are a priority, the draft mental-health policy remains pending formal endorsement. In general, dementia-specific policy and operational planning, including covering case-finding, long-term care, caregiver support, are implicitly addressed but not clearly articulated. This means health-system actors often default to broader NCD frameworks, limiting tailored coordination for dementia care, prevention or services. As dementia increasingly contributes to morbidity in ageing populations, the absence of a stand-alone strategy may constrain service planning, resourcing, monitoring and accountability.

References

- https://p4h.world/app/uploads/2025/05/national-health-policy_saint-vincent.x14225.pdf
- https://www.iccp-portal.org/sites/default/files/plansVCT_B3_NATIONAL%20ACTION%20PLAN%20FOR%20THE%20PREVENTION%20AND%20CONTROL%20OF%20NC 2025.pdf
- https://p4h.world/app/uploads/2025/05/national-health-policy_saint-vincent.x14225.pdf

Upcoming plans

Recent reports highlight prospective legislative developments that could influence dementia care in Saint Vincent and the Grenadines. The Older Persons (Care and Protection) Bill, 2023, seeks to establish oversight, licensing, and protections for older adults, while draft disability legislation could enhance access and safeguards for people with dementia. While no dementia-specific rights framework exists yet, these initiatives signal a move toward stronger regulation, quality standards, and support mechanisms relevant to dementia care.

Recent government reports highlight prospective legislative and policy developments that could impact dementia-relevant supports. For instance, the Older Persons (Care and Protection) Bill, 2023 was reported to have stakeholder consultations in May and June 2023, with the objective of establishing a legislative regime for the care and protection of older persons. This bill addresses the issues like licensing of homes for older persons, oversight mechanisms, and rights of older persons. Simultaneously, there are draft disability-related legislative movements referenced in broader disability-rights surveys that once enacted might enhance protection for persons with dementia by improving access, safeguarding, and complaint pathways. However specific dementia-rights frameworks are not yet evident. These emerging strategies indicate a pro-active legislative initiatives. If passed, the Older Persons (Care and Protection) Bill, 2023 would help strengthen the regulatory and service environment relevant to dementia, including oversight of care homes, quality standards, safeguarding, guardianship, supported decision-making).

References

- https://www.stvincenttimes.com/svg-secures-world-bank-support-for-legislation-on-elderly-care-protection/
- https://tile.loc.gov/storage-services/service/ll/llglrd/2024555217/2024555217.pdf

Policy gaps

Legal barriers

Despite promising legislative initiatives, Saint Vincent and the Grenadines' legal framework has significant gaps for dementia care. The outdated Mental Health Act does not cover capacity, supported decision-making, driving, or rights of cognitively impaired individuals. Dementia-focused statutes on advance directives, guardianship, and residential-care standards are absent. While draft older persons and disability bills are promising, formalized dementia-care regulation, staff-training standards, and safeguarding processes remain unestablished.

Despite the emerging legislative trajectory, SVG's legal framework retains significant gaps from a dementia-care perspective. The current Mental Health Act (1989, amended 1991) governs mental-health admissions, review boards, and approved homes but predates modern dementia-care frameworks, thus lacking explicit provisions for capacity, supported decision-making, driving privileges, or rights of persons with cognitive impairment. Moreover, there is no dementia-specific statute addressing issues like advance directives, guardianship tailored to cognitive decline, licensing of dementia-specialist residential care, or measurable service standards for dementia care. While the older persons and disability bills in preparation are promising, until they are enacted and operationalized into dementia-sensitive regulation and service frameworks, a formal dementia-rights or dementia-care structure remains missing. For example, issues like driving assessment for persons with cognitive impairment, capacity assessment in primary care, standards for dementia training for residential-care staff, and complaint or safeguarding mechanisms remain under-regulated.

References

- https://cdn.who.int/media/docs/default-source/mental-health/who-aims-country-reports/saint_vincent_grenadines_who_aims_report.pdf?sfvrsn=bc63afe1_3
- https://borgenproject.org/mental-health-in-saint-vincent-and-the-grenadines/

Cultural barriers

Cultural perceptions in the country frame dementia as normal ageing or moral/spiritual issues. This stigma reduces timely diagnosis, caregiver support, and social participation, with families often relying on informal home care instead of seeking professional assessment or interventions.

Stigma and low public awareness of dementia persist, limiting timely help-seeking, caregiver support and social inclusion. Local campaigns by organizations like SVGADDA underscore these awareness gaps. Many families interpret memory loss and behavioral changes as a normal part of aging or as moral or spiritual decline rather than as a medical condition, delaying diagnosis and care. This cultural framing often results in people living with dementia being hidden at home, excluded from social activities, or managed informally without professional input.

Research

Alzheimer's-focused innovations are not yet reported in Saint Vincent and the Grenadines. MRI introduction at MMDC improves local diagnosis, while regional initiatives like PAHO's Smart Health Facilities and Eastern Caribbean preparedness projects enhance infrastructure and chronic-care systems, indirectly benefiting dementia services.

Selected academic institutions

There are no local university dementia research centers publicly documented.

Clinical trials and registries

There is no national registry in SVG and CilinicalTrials.gov searches revealed no ongoing clinical trials. Like in the rest of the region, Caribbean Regulatory System (CRS), a regional medicines regulatory mechanism coordinated by the Caribbean Public Health Agency (CARPHA), supports core functions such as medicine evaluation, reliance-based approvals, and post-market surveillance through the CARICOM Technical Advisory Committee on Pharmaceutical Policy (TECHPHARM) and the Medicines Quality Control and Surveillance Department (MQCSD), helping ensure access to safe and effective medicines

References

- https://carpha.org/What-We-Do/CRS/Caribbean-Regulatory-System-1

Selected innovative methods

Saint Vincent and the Grenadines has yet to document Alzheimer's-specific innovations. Recent health-system improvements, particularly the introduction of MRI at MMDC, reduce overseas referrals and shorten diagnostic pathways for neurological conditions. Regional initiatives, like PAHO's Smart Health Care Facilities program and Eastern Caribbean projects on prevention and health-threat preparedness, strengthen infrastructure, information systems, and chronic-care integration, indirectly supporting dementia-relevant services.

Dedicated AD-specific innovations are not yet documented in SVG. As already mentioned, system-level upgrades have strengthened the diagnostic environment, most notably the introduction of in-country MRI at the MMDC, which the Ministry of Health lists among recent radiology expansions. This reduces the need for overseas referrals and shortens diagnostic pathways for neurological conditions, including suspected dementia and cerebrovascular disease.

Beyond imaging, SVG benefits from regional platforms that modernize infrastructure and information systems. PAHO's Smart Health Care Facilities in the Caribbean initiative, implemented in seven countries, including SVG, aims to deliver safer, greener, more resilient facilities and has been scaled across the Caribbean countries. These investments create the foundation for inclusive facilities improving hospital infrastructure which may benefit dementia-relevant services. In parallel, Eastern Caribbean projects to strengthen prevention, preparedness and

response to health threats, which include SVG, are improving systems integration and readiness, indirectly supporting chronic-care programs that would encompass dementia.

References

- https://www.paho.org/en/smarthospitals
- https://www.paho.org/en/partnerships/uk-fcdo-smart-hospitals-caribbean
- https://www.paho.org/en/news/12-6-2025-eastern-caribbean-launches-pandemic-preparedness-project-support-pandemic-fund

Support

In 2024-2025, SVGADDA led Purple Weekend and the “Ask About Dementia” campaign, hosting school and church sessions, a Memory Walk, and a Prayer Breakfast. With no dementia-specific media in Saint Vincent and the Grenadines, awareness relied on local press and SVGADDA’s social channels, including NBC-SVG coverage.

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:

SVGADDA

Selected initiatives

Purple Weekend in 2024 culminated on World Alzheimer’s Day, with SVGADDA encouraging wearing purple, conducting school and church sessions, and hosting a Memory Walk with health checks in Kingstown. In 2025, the month-long campaign “Ask About Dementia, Ask About Alzheimer’s” launched with a Prayer Breakfast and targeted outreach across educational and faith communities to strengthen awareness and engagement around dementia.

Purple Weekend

In 2024, Purple Weekend ran from 20 to 22 September, culminating in World Alzheimer’s Day on the 21 September. During this event, SVGADDA encouraged the public to wear purple in solidarity with persons living with dementia, and held information sessions in schools, churches and public venues.

Ask About Dementia, Ask About Alzheimer's

In 2025, the association again launched its month-long programme under the theme “Ask About Dementia, Ask About Alzheimer’s,” kicking off with a Prayer Breakfast to engage faith communities and raise funds.

Memory Walk

In September 2024, SVGADDA held a Memory Walk and Rally starting at Richmond Hill Playing Field, proceeding through Kingstown and ending at Victoria Park, accompanied by banners and public screening of blood sugar, blood pressure and cognitive tests. In 2025, a similar walk and rally was scheduled as part of the awareness campaign. Beyond the large public events, SVGADDA conducted targeted outreach in educational settings and faith communities. In 2024, information sessions were scheduled in schools and churches during Purple Weekend.

References

- https://www.nbcsvg.com/2025/09/05/svg-alzheimers-and-dementia-association-to-kick-off-world-alzheimers-month-activities-this-weekend
- https://www.searchlight.vc/features/2024/08/23/svg-alzheimers-association-stage-awareness-raising-activitie

https://www.nbcsvg.com/2025/09/19/nbcs-special-report-friday-19th-september2025

Dedicated media outlets

No dementia-specific national media and awareness relies on local press and SVGADDA social channels. The association used local media to raise awareness. For example, in September 2025, NBC-SVG broadcast a special report referencing the Purple Weekend and broader campaign.

References

- https://www.facebook.com/SVGADDA1/
- https://www.nbcsvg.com/2025/09/19/nbcs-special-report-friday-19th-september2025/