Curacao

Research conducted in 01/12/2025

Curaçao's health system combines universal basic insurance (BVZ) with the diagnostic capacity of tertiary hospitals, such as the Curaçao Medical Center (CMC), which anchors specialist neurology, geriatrics, and imaging services. This medical infrastructure is complemented by an active civil-society ecosystem led by Stichting Alzheimer Curaçao, which provides carer training programs, memory cafes, support groups, and year-round public-awareness campaigns. Together, these actors create a functional though hospital-centric pathway in which diagnosis is possible and families can access education, peer support, and community-based resources. Curaçao still lacks full implementation of its National Dementia Plan, leaving coordination, standards, and long-term care development uneven. Access to advanced biomarkers remains extremely limited, available only privately or abroad, preventing earlier and more precise staging of disease. As a result, families frequently depend on non-governmental organisations (NGOs), home-care agencies, and private services to fill structural gaps in counselling, respite, and ongoing psychosocial support. These parallel pathways create variation in the timing of diagnosis, the continuity of care, and the load placed on informal caregivers, particularly outside the hospital system.

Highlights

Health system **Universal, Mixed Funding (Mixed Provision)**
ADI member association(s): **Stichting Alzheimer Curaçao**
National dementia plan: **National Dementia Plan**
Dementia plan funding:
Dementia prevalence rate: **NA**
Dementia incidence rate: **NA**
Population: **185489**
Median age: **39**
Health expenditure (% of GDP): **NA**

Diagnosis

Curaçao's diagnostic architecture utilises a GP-centric model integrated within a small-island healthcare network under universal SVB coverage. Primary physicians execute preliminary evaluations and blood work before directing patients to specialists at the Curaçao Medical Center. Although basic neuroimaging is publicly funded, operational hurdles and equipment servicing frequently trigger substantial delays, pushing families toward expedited private alternatives. Sophisticated assessments, such as genetic profiling and amyloid-PET, lack local availability, necessitating international referrals. This creates a clear socioeconomic gap where foundational care is accessible to all, but rapid, high-tech intervention requires personal wealth.

Diagnosis pathway

Curaçao's diagnostic framework is a GP-led pathway integrated into a small-island health system under the basic health insurance model. General practitioners initiate memory assessments and laboratory screenings before referring complex cases to the Curaçao Medical Center or private specialist clinics. While the island lacks a dedicated memory clinic, neurology and geriatrics teams adhere to international diagnostic standards. Stichting Alzheimer Curaçao serves as a critical community hub, providing informal triage and caregiver support to navigate the system's capacity constraints.

Curaçao's dementia diagnostic pathway is shaped by a small-island health system with strong reliance on general practitioners (GPs) (huisartsen) as the first point of contact. Under the basic health insurance (BVZ) model covered by Social Insurance Bank (SVB) most people begin with their GP, who assesses memory complaints, performs basic screening, and initiates laboratory testing. When cognitive impairment is suspected, GPs refer people to specialists, usually neurology, geriatrics, or psychiatry, based at the Curaçao Medical Center (CMC) or private specialist clinics. CMC provides the island's central hub for dementia diagnostics: neurological evaluation, cognitive testing, and structural neuroimaging (Computed Tomography (CT) and Magnetic Resonance Imaging (MRI)) are coordinated at hospital departments under standardised internal protocols. Although Curaçao does not have a dedicated "memory clinic" on the scale of larger countries, specialist teams within neurology and geriatrics routinely manage memory disorders and follow international diagnostic standards.

Because specialist capacity is limited and waiting times can occur, many families choose consultations with private neurologists or psychiatrists to accelerate evaluation. These visits shorten the time to diagnosis but involve partial or full out-of-pocket payments. Where diagnostic clarification is urgent, such as in early-onset cases or rapidly progressive symptoms, GPs may advise combining public and private pathways.

The Stichting Alzheimer Curaçao plays a complementary role. Families frequently approach Stichting Alzheimer Curaçao before reaching hospital services, seeking information on symptoms, guidance on navigating referral pathways, and carer support. Stichting Alzheimer Curaçao's workshops, training sessions, and community education initiatives often function as an informal orientation and triage mechanism, especially in early or uncertain cases.

References

https://svbcur.org/en/wetten/bvz/
- https://www.cmc.cw/clinics/internal-medicine
- https://smmc.sx/News/ArticleID/1287/Neurology-services-provided-at-SMMC
- https://curacaointernationalclinic.com/
- https://medpointcuracao.com/
- https://www.alzint.org/member/stichting-alzheimer-curacao/

Wait times

Curaçao does not publish dementia-specific waiting time metrics. However, SVB acknowledges island-wide constraints in specialist availability and periodic backlogs for MRI, which is more limited than CT. Scheduling bottlenecks arise particularly when imaging demand exceeds hospital capacity or machines require maintenance. Private diagnostic centres can dramatically shorten waits for CT and MRI, but this introduces additional cost.

References

- https://www.cmc.cw/news/vendor-delays-in-delivery-of-mri/?lang=en
- https://www.facebook.com/CuraChronicle/posts/the-social-and-economic-council-ser-has-raised-serious-concerns-about-the-way-he/1423999092836547/
- https://www.cmc.cw/healthcare-performance

Diagnosis cost

Under Curaçao's SVB universal insurance, primary diagnostic elements remain fully subsidised when accessed via public providers. This encompasses general practitioner evaluations, clinical lab work, and essential neuroimaging. Conversely, sophisticated technologies and genetic screenings necessitate private financing. Financial disparities emerge when households opt for private clinics to circumvent longitudinal waitlists, distinguishing basic state-funded care from rapid, specialised interventions.

Under Curaçao's SVB universal insurance, the core components of dementia diagnosis are covered when ordered within the public system. This includes GP visits, routine laboratory tests, specialist consultations at CMC, and medically indicated structural imaging such as CT and, when justified, MRI. These services generally carry no meaningful out-of-pocket cost beyond small administrative fees. Coverage, however, does not extend to other diagnostic tools, such as CSF Alzheimer's disease biomarker panels, blood-based biomarkers, which are not standard locally and typically require overseas laboratory processing.

Out-of-pocket expenses arise primarily when families seek services outside the public system to reduce waiting times or access options not funded by SVB. Private neurological or psychiatric consultations, expedited CT and MRI at private imaging centres, and any send-out biomarker or genetic testing must be paid directly by the person. Some households also choose to cover private follow-up visits to manage behavioural or psychological symptoms more intensively. In practice, this creates a financial divide: basic diagnostics are publicly funded, while speed, convenience, and advanced testing depend on the family's ability to pay privately.

References

- https://svbcur.org/en/wetten/bvz/

https://livinginparadise.nl/everything-you-need-to-know-about-health-insurance-in-curacao/

Cognitive tests

Curaçao has no population-wide dementia screening program; standard cognitive tests used internationally, including the Mini Mental State Examination (MMSE) and the Montreal Cognitive Assessment (MoCA), are routinely used in clinical practice in the Dutch Caribbean. Detection is opportunistic in primary care: concerns raised by family members, behavioural change noted by GPs, or functional decline flagged by home-care services. Once referred, hospital-based specialists apply international diagnostic norms like history, cognitive testing, blood work, and structural imaging.

References

- https://pure.amsterdamumc.nl/ws/portalfiles/portal/142431075/Comparing-and-linking-the-mini-mental-state-examination-and-montreal-cognitive-assessment-in-the-amsterdam-dementia-coho.pdf#:~:text=As%20the%20MMSE%20and%20MoCA%20are%20used,scores%20on%20both%20screeners%20can%20be%20compared

Imaging tests

CT and MRI are available at CMC and at private diagnostic centres. Structural imaging is standard in work-ups and covered by SVB when medically indicated. Curaçao does not have positron emission tomography (PET)-CT capacity for dementia. A PET scanner operates mainly for oncology and research indications: amyloid-PET is not routinely available and, where needed, requires referral to the Netherlands or other overseas centres.

References

- https://www.cmc.cw/clinics/radiology/
- https://adventhospital.com/s-radiology

Genetic tests

There is no formal public pathway for apolipoprotein E (APOE) testing or monogenic Alzheimer's disease analysis. If clinically justified (strong early-onset family history), neurologists typically arrange overseas testing, most commonly through laboratories in the Netherlands. These costs generally fall outside SVB coverage.

References

- https://everyone.org/blog/how-can-you-test-if-you-have-alzheimers
- https://practicalneurology.com/diseases-diagnoses/alzheimer-disease-dementias/clinical-genetic-testing-for-alzheimer-disease-and-related-dementias/32139/

Biomarker tests

No specific info about use of biomarkers in Curaçao could be found since cerebrospinal fluid (CSF) Alzheimer's disease biomarkers (Aβ42, T-tau, P-tau) are not part of routine diagnostics at CMC. Lumbar puncture may be

available, but Alzheimer's disease biomarker panels usually require overseas processing. There is no evidence that blood-based biomarkers (e.g., p-tau217) are yet implemented in clinical practice on the island.

References

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- https://www.sciencedirect.com/science/article/pii/S2666756824001326

Treatment & care

Specialised dementia oversight is centered at CMC, bolstered by private clinicians and NGOs that address institutional gaps. While public insurance covers essential treatments and medications, families frequently fund private home-care and rapid specialist consultations independently. Stichting Alzheimer Curaçao provides vital emotional guidance and educational resources, fostering community integration despite lacking financial aid.

Specialized facilities and services

Specialised dementia management is concentrated at the CMC, where multidisciplinary teams provide diagnostics and clinical oversight. While no standalone memory clinic exists, private neurological practitioners and NGOs bridge essential gaps. Home-care agencies and entities like Grand Hill offer vital daily assistance and social engagement, compensating for restricted long-term institutional capacity. Conversely, palliative care follows generalist models, lacking dedicated dementia-specific end-of-life pathways.

Specialist dementia-related care in Curaçao is cantered at the CMC, where neurology, geriatrics, psychiatry, and radiology provide diagnostics, management, and follow-up. CMC offers hospital-based imaging (CT and MRI), medication management, and referrals to allied health services such as physiotherapy, occupational therapy, and social work as needed. There are also a number of private neurology practitioners and clinics, with Curaçao International Clinic (CIC). While Curaçao does not maintain a dedicated memory clinic, these specialist teams effectively fulfil that role by applying international standards for cognitive assessment and treatment planning.

Community support is supplemented by a network of non-governmental organisations (NGOs) and home-care agencies, which play a crucial role in day-to-day dementia care, especially given the island's limited institutional long-term care capacity. Organisations such as Stichting Thuiszorg Banda 'Bou provide home nursing, assistance with activities of daily living, and carer guidance, while Grand Hill offers structured day activity programs, short-stay support, and supervised social engagement for older adults. Dementia-specific palliative pathways remain limited as end-of-life care generally follows broader adult palliative care models, meaning that symptom control, psychosocial support, and carer communication rely on generalist teams rather than dementia-specialised services.

Approved medication

Generic Name

Donepezil;Official National Product Information; https://www.hma.eu/fileadmin/dateien/Human_Medicines/CMD_h_/Pharmacovigilance_Legislation/RMPs/HaRP_ARs/Donepezil_2019_06_
Rivastigmine;Official National Product Information; https://www.ema.europa.eu/en/medicines/human/EPAR/exelon

Galantamine;Official National Product Information; https://ec.europa.eu/health/documents/community-register/html/ho17801.htm
Memantine;Official National Product Information; https://www.ema.europa.eu/en/medicines/human/EPAR/ebixa

*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

National insurance covers clinical consultations and dementia pharmaceuticals when accessed through state-contracted providers. Conversely, families incur direct costs for medications or specialist advice sought via private networks. While non-profit entities offer significant educational and social support, they provide no financial aid for supplementary private home-care.

When people receive care through BVZ-contracted providers, both consultations and dementia medications are covered under national insurance rules, meaning there is usually no major out-of-pocket expenses for families. This includes specialist visits at CMC, prescribed symptomatic dementia medications, and medically indicated laboratory or imaging tests. However, when families choose to obtain medication from private pharmacies or consult

specialists outside the BVZ network, they must pay directly for those services.

Any care obtained outside the publicly financed system is out-of-pocket: this includes private psychiatric or neurological consultations, privately purchased medications, and privately accessed home-care or respite services not contracted by BVZ. NGO programs provide meaningful non-medical support, education, carer guidance, structured day activities, but they do not offer financial subsidies, stipends, or paid respite, meaning families shoulder the cost of additional support beyond what the public system covers.

References

- https://svbcur.org/en/wetten/bvz

Caregiver support

Stichting Alzheimer Curaçao serves as the premier non-profit providing extensive caregiver resources, including clinical counseling and literacy workshops. By partnering with local institutions, the organization bolsters community awareness and mitigates stigma, addressing emotional and navigational gaps without offering direct financial subsidies.

Stichting Alzheimer Curaçao is the island's primary dementia-focused NGO, offering a robust suite of carer support. These include one-on-one counselling, structured carer training sessions, memory cafes, peer support groups, and bilingual awareness activities aimed at improving public understanding of dementia. The organisation also collaborates with schools, youth groups, churches, and community organisations to expand dementia literacy and reduce stigma.

In addition to ongoing support programs, Alzheimer Curaçao engages in project-based initiatives, including GlobalGiving programs, to strengthen caregiver skills, expand community outreach, and train frontline workers across health and social sectors. Through awareness campaigns (such as World Alzheimer's Month), partnerships with healthcare institutions, and volunteer networks, the NGO fills critical gaps in emotional support, navigation, and community engagement for families, even though it does not provide financial assistance or respite funding.

References

- https://www.facebook.com/p/Stichting-Alzheimer-Cura%C3%A7ao-100064687510070/
- https://www.alzint.org/member/stichting-alzheimer-curacao/
- https://www.globalgiving.org/projects/bring-harmony-to-dementia-care-in-curacao/
- https://www.alzint.org/news-events/events/curacao-world-alzheimers-month-events-calendar/

Policy

Curaçao's National Dementia Plan remains a theoretical blueprint, as fiscal constraints and shifting political priorities stall its implementation. While providing a strategic vision, the absence of enforceable statutes, including guardianship and care standards, leaves families dependent on vague civil laws. Non-governmental organizations bridge these systemic voids, addressing cultural stigmas and educational needs. Without dedicated funding or legislative action, the strategy remains aspirational, failing to translate rights into accessible services.

National dementia plan

Curaçao's National Dementia Plan (2021-2025) establishes a strategic blueprint for enhanced prevention and systemic care. Despite aligning with international health priorities, practical execution remains stalled, lacking public financing or legislative follow-through. Consequently, the island relies on hospital norms and non-profit initiatives rather than a fully operationalised state policy to address evolving cognitive health needs.

Curaçao formally adopted a National Dementia Plan, developed by the Ministry of Social Development, Labor, and Welfare and Ministry of Health, Environment & Nature, together with Alzheimer Curacao. The plan represents a significant milestone: it aligns Curaçao with Pan American Health Organization/ World Health Organization (PAHO/WHO) strategic priorities and establishes a coordinated five-year agenda (2021–2025) for prevention, early detection, improved quality of care, carer support, and better data systems. It also outlines an action plan and identifies areas where government and NGOs must collaborate to optimise existing services.

However, while the plan exists as an official strategic document, tangible implementation has been limited. No public monitoring reports, financing frameworks, legislative follow-up, or system-wide operational guidelines have been released since 2021. Core elements such as standardised care pathways, long-term care development, dementia registries, and workforce training have not been institutionalised at scale. As a result, Curaçao currently operates in a dual reality: a formal national dementia strategy on paper, but a service landscape still largely dependent on hospital practice norms, NGO-driven programs, and broader BVZ reforms rather than a fully executed dementia policy.

References

- https://www.alzint.org/u/Curacao-Plan-Nashonal-di-Demensia-Curacao-Ultimo.pdf
- https://www.curacaochronicle.com/post/opinion/curacao-deserves-equal-dementia-care-funding-under-kingdom-obligations/
- https://institutemh.org.uk/news/blog/dementia-symposium-curacao

Upcoming plans

Official dementia-related updates remain absent as government focus shifts toward healthcare sustainability and cost-containment. Consequently, the national strategy serves primarily as an aspirational document rather than a functional policy. Non-governmental entities now lead practical advancements in education and caregiver support, filling the void left by stagnant state-led implementation and funding.

There are no new dementia-specific initiatives or updates officially announced. Much of the government's current policy attention focuses on BVZ system sustainability, benefit redesign, and cost-control measures, priorities that indirectly affect dementia services but do not build upon or expand the existing plan. In this context, the dementia plan functions more as an aspirational framework than an active policy instrument.

In the absence of strong governmental follow-through, NGOs and community organisations have become the primary drivers of practical progress. Alzheimer Curaçao continues to promote earlier diagnosis, community education, youth awareness programs, and carer training, activities that mirror the plan's goals even without a formal state-led implementation structure. Stakeholders regularly call for renewed political attention, dedicated funding, and cross-ministerial coordination to operationalise the plan's vision. Without such action, Curaçao risks the 2021 plan becoming a "static strategy", recognised internationally but lacking the institutional mechanisms needed to guide service delivery or long-term care reform.

References

- https://www.curacaochronicle.com/post/opinion/curacao-deserves-equal-dementia-care-funding-under-kingdom-obligations/
- https://www.alzint.org/news-events/events/curacao-world-alzheimers-month-events-calendar
- https://institutemh.org.uk/news/blog/dementia-symposium-curacao

Policy gaps

Legal barriers

Curaçao lacks a robust statutory framework to uphold dementia rights, leaving families reliant on broad civil-law interpretations. Missing legislation regarding guardianship, advance directives, and institutional standards hinders the National Plan's enforceability. Furthermore, unfulfilled international obligations and the absence of a dedicated funding mechanism within the Kingdom structure create significant fiscal gaps, preventing the translation of theoretical healthcare rights into well-resourced, sustainable services.

Despite having a national plan, Curaçao lacks a complementary legal framework to support dementia care and protect the rights of people living with cognitive impairment. There is no dedicated legislation governing decision-making capacity, guardianship procedures, advance directives, long-term care regulation, or driving assessments for individuals living with dementia. These omissions limit the enforceability of the plan's objectives and leave clinicians and families dependent on general civil-law interpretations and ad hoc judgments. The absence of statutory standards for institutional care, carer protections, and dementia-sensitive service regulation further restricts the system's ability to deliver consistent, high-quality care. In practical terms, the 2021 plan identifies problems but does not create binding legal tools to solve them.

Also, Curaçao faces major legal and structural barriers because there is no enforceable Kingdom-level mechanism translating the right to health into guaranteed, sustainable funding for dementia care, leaving services under-resourced and largely dependent on informal caregiving. Although international treaties and Kingdom law (ICESCR, the Charter of the Kingdom, and Curaçao's State Arrangement) legally bind the Netherlands to ensure non-discriminatory healthcare access across all territories, these obligations have not been operationalised into concrete financial commitments for dementia care, creating a gap between legal rights and real-world provision.

References

- https://www.alzint.org/u/Curacao-Plan-Nashonal-di-Demensia-Curacao-Ultimo.pdf
- https://www.curacaochronicle.com/post/opinion/curacao-deserves-equal-dementia-care-funding-under-kingdom-obligations/

Cultural barriers

Cultural beliefs continue to delay early diagnosis and reduce engagement with services like in other Caribbean countries. Stigma around cognitive decline, the tendency to normalise memory symptoms as part of aging, and reluctance to seek help until crises arise all undermine the plan's prevention and early detection goals.

Research

Service-oriented progress includes digital diagnostic modernization, specialised caregiver training, and integrated home-care models facilitating local aging.

Selected academic institutions

Curaçao Medical Center (CMC) Caribbean Medical University (CMU) JFK University School of Medicine St. Martinus University Avalon University School of Medicine

Clinical trials and registries

Curaçao has no national Alzheimer's disease clinical trial registry and does not routinely host pharmaceutical or device trials on the island. Individuals interested in therapeutic or diagnostic studies typically rely on ClinicalTrials.gov, EU-CTIS, and regional research networks to identify opportunities in Aruba, Puerto Rico, the Dominican Republic, or mainland Dutch centres (Amsterdam UMC, Maastricht UMC).

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References

- https://clinicaltrials.gov/
- https://euclinicaltrials.eu/

Selected innovative methods

Innovation in Curaçao centers on service-oriented upgrades, notably modernizing diagnostic infrastructure with digital radiology for specialist review. Community-led advancements include tailored caregiver workshops and youth-focused brain health advocacy. Furthermore, integrated home-care models combine nursing and social support, effectively expanding local capacity for aging in place through multifaceted assistance.

Innovation in Curaçao is largely service-oriented, reflecting the island's size and resource profile. CMC has modernised its diagnostic infrastructure in recent years, including advanced CT and MRI imaging and digital radiology archived through Sectra Medical systems, allowing efficient specialist review and integration with Dutch teleradiology consults when needed.
On the community side, innovation is driven by NGOs: Alzheimer Curaçao runs culturally adapted carer training modules, resilience workshops, and "dementia-friendly community" outreach modelled on Alzheimer's Disease International (ADI) best practices. Some initiatives target younger audiences through school and youth-club education campaigns promoting brain health and early recognition of symptoms, a notable innovation in small-

island Caribbean dementia programming.

Home care agencies, such as Stichting WGK and Buurtzorg, have also introduced integrated elder-support models, offering combined assistance such as home nursing, personal care, activity programming, and transportation. These mixed-service models are locally significant, compensating for limited long-term care capacity and enabling older adults to remain at home longer.

References

- https://medical.sectra.com/case/curacao-medical-center-the-center-of-innovative-care-in-the-caribbean/
- https://www.alzint.org/member/stichting-alzheimer-curacao/
- https://www.facebook.com/profile.php?id=100064687510070
- https://witgelekruis.com/en/ouderenzorg/
- https://www.buurtzorgcaribbean.com/

Support

Stichting Alzheimer Curaçao and care providers utilise social media to fill the void of dedicated dementia channels. These community-led efforts, featuring melodic therapy and awareness walks, overcome institutional gaps to improve local care.

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:

Stichting Alzheimer Curaçao

Selected initiatives

Community-led advancements flourish through local initiatives, notably spearheaded by Alzheimer Curaçao's extensive advocacy and specialised commemorative walks. District-level cognitive assessments and educational forums actively dismantle social prejudices while encouraging timely identification. Additionally, pioneering schemes like "Harmony to Dementia Care" incorporate melodic therapy into clinical environments, providing attendants with evidence-based techniques to alleviate distress and cultivate emotional bonds, effectively enhancing care standards despite broader institutional constraints.

Alzheimer Curaçao and local care institutions

Curaçao's dementia ecosystem is sustained largely through community-driven initiatives, most of them led or coordinated by Alzheimer Curaçao and local care institutions. Each year, the island hosts a World Alzheimer's Month program featuring public lectures, symposia with Dutch and regional experts, school outreach, media campaigns, and the well-known Kaminata St. Alzheimer Curaçao memory walk. These efforts are complemented by informal community "brain test" days held in neighbourhood centres and churches, which offer basic cognitive screening and guidance on healthy aging, helping residents recognise early symptoms and reducing stigma. Together, such events create a visible and accessible platform for awareness, early detection, and public engagement.

"Harmony to Dementia Care in Curaçao" project by Global Giving

"Harmony to Dementia Care in Curaçao" project by Global Giving is a striking example of this grassroots innovation is the "Harmony to Dementia Care in Curaçao" project by Global Giving, the island's largest elderly-care institution. The initiative trains caregivers to use music therapeutically with residents who have dementia or cognitive impairment, an approach backed by strong scientific evidence showing music's ability to access preserved neural pathways, reduce agitation, and create emotional connection even when language fails. Fifteen carers will be trained, with four receiving additional coaching to become in-house trainers, ensuring long-term capacity-building within the institution. This project exemplifies how Curaçao's dementia response relies on creative, locally driven solutions that enhance quality of life and strengthen the caregiving workforce despite broader system constraints.

References

- https://www.alzint.org/news-events/events/curacao-memory-walk-kaminata-st-alzheimer-curacao
- https://www.alzint.org/news-events/events/curacao-world-alzheimers-month-events-calendar
- https://www.facebook.com/profile.php?id=100064687510070&sk=photos
- https://www.globalgiving.org/projects/bring-harmony-to-dementia-care-in-curacao/

Dedicated media outlets

Curaçao does not operate dementia-specific media channels, but Alzheimer Curaçao, home-care organisations, and senior-service providers maintain active websites, Facebook pages, and Instagram feeds.

References

- https://www.facebook.com/p/Stichting-Alzheimer-Cura%C3%A7ao-100064687510070/
- https://www.instagram.com/alzheimerstichtingcuracao