

Bonaire

Research conducted in

Bonaire's dementia response is unusually centered on pathway-building and caregiver monitoring for a small island system, reflecting a deliberate shift from ad hoc care toward structured coordination. Care delivery is concentrated around Fundashon Mariadal as the central medical provider, while financial coverage and entitlement to care, including off-island referral when services are unavailable locally, are organized through Zorg & Jeugd Caribisch Nederland. Alongside this formal healthcare backbone, Fundashon Alzheimer Bonaire supplies a substantial non-clinical layer of support through day care, caregiver training, counselling, and peer support, effectively functioning as an extension of the care system. This model is increasingly reinforced by structured evidence generation via the Dementiemonitor Bonaire 2025, which elevates caregiver experience to a planning tool, and by ongoing efforts to formalize a standardized Zorgpad Dementie, signaling a maturing, system-oriented approach that prioritizes continuity, sustainability, and caregiver resilience over technologically intensive interventions.

Highlights

Health system **Universal with mixed funding and mixed provisions**

ADI member association(s): **Fundashon Alzheimer Bonaire**

National dementia plan:

Dementia plan funding: **No plan**

Dementia prevalence rate: **NA**

Dementia incidence rate: **NA**

Population: **26552**

Median age: **40**

Health expenditure (% of GDP): **10**

Diagnosis

The diagnosis pathway begins with a general practitioner who refers patients to the centralised Fundashon Mariadal system for geriatric or internal medicine assessments. Psychiatric or behavioural complications are routed to Mental Health Caribbean. Clinical evaluations rely on bedside cognitive screenings like the MMSE and MoCA. Structural imaging via CT or MRI is used pragmatically to exclude secondary conditions, but advanced tools like PET scans, genetic testing, and fluid biomarkers are not standard. Standard diagnostic costs are covered publicly by Zorg and Jeugd Caribisch Nederland.

Diagnosis pathway

Dementia evaluations flow through a single centralised ecosystem anchored by Fundashon Mariadal, which integrates primary, secondary, and elderly care. Patients with cognitive concerns begin with a general practitioner and are referred internally for geriatric, internal medicine, or neurology-adjacent assessments. When complex neuropsychiatric or generalised behavioural symptoms arise, Mental Health Caribbean provides specialised care upon formal medical referral. Informally, Fundashon Alzheimer Bonaire acts as a vital early bridge for families before or after medical diagnosis, navigating households through local resource constraints.

Bonaire's dementia care pathway is shaped by the island's highly centralized and resource-constrained healthcare landscape. The dominant provider is Fundashon Mariadal, which functions as the core institutional hub for acute hospital care, outpatient diagnostics, rehabilitation, and elements of long-term and elderly care. As a result, dementia diagnosis and follow-up are not distributed across multiple competing providers, but instead flow through a single institutional ecosystem that combines primary, secondary, and supportive services. In standard cases, individuals with emerging cognitive concerns typically begin with a general practitioner, either in community primary care settings or through GP services linked directly to the hospital campus. As symptoms persist or functional decline becomes more evident, patients are referred onward within the Mariadal system for further clinical assessment, which may involve internal medicine, neurology-adjacent evaluations, or geriatric care functions depending on presentation and availability. Because of the island's small scale, informal coordination and personal familiarity between professionals often substitute for formalized referral hierarchies, but this also means that capacity constraints at any one point can quickly affect the entire pathway.

For patients whose dementia presentation includes significant neuropsychiatric or behavioral symptoms, such as agitation, depression, psychosis, or severe caregiver strain, mental health services become central. These are delivered by Mental Health Caribbean, which is responsible for specialized mental healthcare across the Caribbean Netherlands. Access to Mental Health Caribbean is strictly referral-based, requiring a formal letter from a medical doctor, which reinforces the gatekeeping role of primary care and hospital clinicians in determining entry to psychiatric assessment and ongoing treatment.

Alongside the formal medical system, civil society plays an unusually important role in navigating dementia care on Bonaire. Fundashon Alzheimer Bonaire (FAB) has positioned itself as a central support and coordination actor, offering caregiver counselling, peer support meetings, training sessions, and limited day-care activities. In practice,

families often reach FAB at an early stage, sometimes even before a confirmed medical diagnosis, and the organization acts as a bridge between households and clinical services. This informal yet structured role reflects both cultural norms of community reliance and the practical reality of a small island system with limited specialist depth.

References

- <https://www.fundashonmariadal.com/en/about-us>
- <https://media.alzheimer-nederland.nl/s3fs-public/media/2025-03/documents/Rapport%20Dementiemonitor%20Bonaire%202025.pdf>
- <https://www.bonairemedischcentrum.com/cmc-contact-addresses>
- <https://www.mentalhealthcaribbean.com> <https://www.mentalhealthcaribbean.com/en/referrers-2/>
- <https://www.alzint.org/member/fundashon-alzheimer-bonaire/>

Wait times

Publicly available, dementia-specific data on wait times for specialist consultations or diagnostic imaging on Bonaire are limited. There is no routinely published dataset that disaggregates waiting periods for cognitive assessment, neuroimaging, or follow-up care. What is evident from system structure, however, is that reliance on a single main hospital provider inherently concentrates demand and amplifies access pressures. When staffing shortages, equipment downtime, or surges in general medical demand occur, delays tend to propagate across services rather than being absorbed by parallel providers.

References

- <https://www.eur.nl/en/eshpm/research/spotlight-projects/small-islands-big-problems>
- <https://smmc.sx/News/ArticleID/1927/Training-healthcare-professionals-in-the-Dutch-Caribbean>

Diagnosis cost

Status: Mostly or fully covered

Bonaire residents are covered by the public health insurance system administered by Zorg and Jeugd Caribisch Nederland. Medically necessary dementia-related care, on-island diagnostics, and supportive services are fully funded within this public framework under the BES benefits regulation. If specialised diagnostic or therapeutic interventions are unavailable locally, the system provides a safety valve via tightly regulated off-island referrals to contracted providers in Curaçao, Aruba, St Maarten, Colombia, or the European Netherlands. This hybrid model protects financial access while relying on external systems for advanced care.

Bonaire is part of the Caribbean Netherlands (BES), and residents who are legally residing or working on the island are covered under the public health insurance system administered by Zorg & Jeugd Caribisch Nederland. The scope of covered services is defined by the BES benefits regulation (RazBES), which is periodically updated to reflect population health needs and system capacity. Medically necessary dementia-related care, including consultations, diagnostics available on the island, and supportive services, falls within this publicly financed framework. When required care is not available locally, patients are entitled to referral to contracted providers outside Bonaire, such as in Curaçao, Aruba, St Maarten, Colombia, or the European Netherlands. These referrals are tightly regulated and must meet medical necessity criteria, but they provide an essential safety valve for a small

system that cannot host the full spectrum of specialized services. In this sense, Bonaire's dementia care model is best understood as a hybrid: locally centered and community-anchored, yet structurally dependent on external systems for advanced or highly specialized diagnostic and therapeutic interventions.

References

- <https://english.zorgenjeugdcn.nl/healthcare/moving-to-the-caribbean-netherlands>
- <https://english.rijksdienstcn.com/latest/news/2024/december/06/changes-to-the-health-insurance-entitlements-package-for-the-caribbean-netherlands-as-of-1-january-2025>

Cognitive tests

Status: Available

Diagnostic practice on Bonaire remains grounded in clinical assessment rather than technology-heavy investigation, with cognitive evaluation forming the core of case identification. There is no evidence of a population-wide screening or systematic case-finding program for dementia; instead, recognition relies on clinical judgment by general practitioners, prompted by patient presentation, caregiver concern, or functional difficulties observed in routine medical encounters. In this context, standard bedside cognitive screening tools such as the Mini-Mental State Examination (MMSE) and comparable instruments (MoCA) are typically used in Dutch Caribbean as part of initial assessment to structure clinical impressions and support referral decisions, rather than as formal diagnostic endpoints.

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>

Imaging tests

Status: Used in specific cases

Neuroimaging in Bonaire's dementia pathway is pragmatic and selectively applied rather than protocol-driven. Computed tomography (CT) and magnetic resonance imaging (MRI) are the main imaging modalities used when clinically indicated, primarily to exclude alternative or contributory causes of cognitive decline such as cerebrovascular disease, space-occupying lesions, normal-pressure hydrocephalus, or significant structural changes, and they are accessed through the island's centralized hospital system. CT is generally more readily available and commonly used due to speed and practicality, while MRI is employed more selectively where additional structural detail is needed and local capacity allows. Positron emission tomography (PET) imaging, including FDG-PET or amyloid PET, is not part of routine dementia diagnostics on Bonaire and lies outside island-based capacity; in rare cases where it could meaningfully affect diagnosis or management, access would require off-island referral under the Caribbean Netherlands medical referral framework.

References

- <https://www.fundashonmariadal.com/en/radiology/>

<https://mccrbonaire.com/>

Genetic tests

There is no indication that genetic testing, including APOE genotyping or other dementia, related genetic analyses, forms part of standard diagnostic pathways on Bonaire. Genetic testing is not referenced in local dementia pathway discussions, caregiver materials, or institutional descriptions of diagnostic services. In a small island context with limited specialist genetics infrastructure, such testing would be considered highly specialized and reserved for exceptional cases rather than general clinical use. For the vast majority of patients, however, dementia care on Bonaire proceeds without genetic testing as a diagnostic or prognostic tool.

Biomarker tests

Status: Rarely used

Current dementia care documentation and policy discussions related to Bonaire do not indicate routine use of cerebrospinal fluid (CSF) biomarkers or blood-based Alzheimer's disease biomarkers as part of standard diagnostic practice. The system's emphasis remains on clinical assessment, caregiver engagement, and functional evaluation rather than on biomarker-driven diagnostic stratification. This reflects both practical constraints, such as laboratory infrastructure and specialist expertise, and strategic prioritization of service organization over advanced diagnostics. Where biomarker testing might be clinically indicated, such as in atypical presentations, early-onset cases, or diagnostic uncertainty, it would most likely require referral to off-island facilities. Such referrals are governed by medical necessity criteria and are coordinated through the broader Caribbean Netherlands healthcare framework. However, available sources suggest that in Latin America and the Caribbean biomarker testing is not embedded as a routine or expected component of dementia diagnosis, which could also apply to patients on Bonaire as well.

References

- <https://pmc.ncbi.nlm.nih.gov/articles/PMC10906502/>
- <https://www.publichealth.pitt.edu/news/biomarkers-may-explain-caribbean-womens-greater-risk-alzheimers-disease>

Treatment & care

Medical treatments are integrated directly into general care tiers at Fundashon Mariadal, competing with broader clinical demands. Mental Health Caribbean delivers ambulatory, home-based psychiatric tracking, while Fundashon Alzheimer Bonaire provides community-based support, counselling, and day care. Pharmaceuticals are supplied locally via the hospital pharmacy and financed by Zorg and Jeugd Caribisch Nederland under public insurance. While local services have minimal out-of-pocket costs, advanced treatments require off-island referrals to contracted facilities, creating personal and logistical travel strains for families.

Specialized facilities and services

Dementia care is delivered through a highly centralised institutional model anchored by Fundashon Mariadal, embedding treatments within general health structures. Behavioural and psychiatric symptom management is handled by Mental Health Caribbean using a home-oriented, ambulatory model that requires clinical doctor referrals. Non-clinical community assistance is led by Fundashon Alzheimer Bonaire, which provides essential counselling, caregiver training, support groups, and limited daycare activities. This setup integrates formal services with civil society to provide early problem identification and sustained household engagement.

Dementia care on Bonaire is delivered through a highly centralized institutional model rather than a dispersed ecosystem of specialized memory clinics. Fundashon Mariadal functions as the backbone of the island's healthcare system, covering acute hospital care, outpatient and inpatient services, diagnostics, short term rehabilitation, long-term and elderly care, as well as medicines supply. As a result, dementia-related assessment, treatment initiation, and ongoing medical follow-up are embedded within general healthcare structures rather than separated into dementia-specific units. This integration supports continuity of care but also means that dementia competes for capacity with a wide range of other medical needs, particularly in an ageing population.

Mental health care related to dementia, especially behavioral and psychological symptoms such as agitation, depression, anxiety, psychosis, or severe caregiver stress, is provided by Mental Health Caribbean, which serves the entire Caribbean Netherlands. Mental Health Caribbean operates largely through an ambulatory and home environment-oriented model, which is particularly relevant for dementia patients whose symptoms are closely tied to living context and caregiver dynamics. Access to these services requires referral from a medical doctor, reinforcing a structured gatekeeping system but also ensuring that mental health input is clinically integrated with broader medical care.

Non-clinical, community-based dementia support is primarily provided by Fundashon Alzheimer Bonaire, which occupies a central role in day-to-day lived experience of dementia on the island. FAB delivers counselling, caregiver education, support groups, training programs, and limited day-care activities, and acts as a practical anchor for families navigating the system. In a small island context where formal services are concentrated and specialist availability is limited, FAB's role extends beyond support into informal coordination, early problem identification, and sustained caregiver engagement.

Approved medication

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

Dementia treatment costs are largely absorbed by the public healthcare system for residents insured under Zorg and Jeugd Caribisch Nederland. Out-of-pocket expenses are minimal for locally available services, basic long-term care, and approved medications covered under the RazBES regulations. Financial protection remains strong even if care requires off-island referral to external contracted facilities, as medical costs are fully covered. However, travelling off-island for specialised care introduces significant logistical, administrative, and personal burdens that can disrupt families and caregivers.

Treatment costs for dementia on Bonaire are largely absorbed within the public healthcare system for individuals who are legally residing or working on the island and therefore insured under ZJCN. Out-of-pocket costs are generally limited for covered services, including consultations, diagnostics available locally, medications within the entitlements package, and basic long-term care services. The key cost-differentiating factor is whether required care can be delivered on-island or necessitates referral elsewhere.

When specialized diagnostics, treatments, or care services are not available locally, patients may be referred to

contracted providers outside Bonaire, including in Curaçao, Aruba, St Maarten, Colombia, or the European Netherlands. Such referrals are governed by formal medical necessity criteria and contractual arrangements, which typically cover the cost of care but introduce logistical, administrative, and personal burdens for patients and families. In this sense, financial access is relatively well protected, but practical access can still be challenging due to travel, coordination, and caregiver disruption.

References

- <https://infobonaire.com/moving-living-bonaire/health-care-bonaire/>
- <https://english.zorgenjeugdcn.nl/healthcare/medical-referral>
- <https://eurohealthobservatory.who.int/publications/i/the-caribbean-netherlands-health-system-review-2024>

Caregiver support

Caregiver experiences are systematically monitored using the Dementiemonitor Bonaire 2025, a joint initiative by Alzheimer Nederland and Nivel that tracks care burdens and quality of life. Because informal care is the main pillar of the island's response, Fundashon Alzheimer Bonaire actively sustains families with dedicated counselling, training sessions, and support groups. Given the finite capacity of local healthcare institutions, fostering caregiver resilience is treated as a strategic priority to ensure long-term system sustainability and reduce the administrative and structural overload on households.

Caregiver experience is unusually well documented in the Bonaire context compared with many small jurisdictions. The Dementiemonitor Bonaire 2025 provides structured insight into caregiver burden, quality of life, and perceived gaps in support, and was developed in collaboration with Alzheimer Nederland and Nivel. The underlying data include a 2024 caregiver survey that captures lived experience rather than purely clinical outcomes, highlighting the centrality of informal care in the island's dementia response. These findings reinforce the importance of FAB as a sustained support actor. FAB's ongoing activities, support groups, training sessions, counselling, and meaningful engagement opportunities, address both emotional and practical dimensions of caregiving. In a system where families are the primary long-term caregivers and institutional capacity is finite, caregiver resilience is effectively a core pillar of dementia care. Bonaire's explicit attention to caregiver perspectives therefore represents not just a social support function, but a strategic element of system sustainability.

References

- <https://www.alzheimer-bonaire.com/2025/03/26/dementiemonitor-bonaire-2025/>
- <https://www.bes-reporter.com/news/bonaire/68173/fundashon-alzheimer-bonaire-presents-dementia-monitor-2025-to-commissioner-den-heyer>

Policy

Bonaire's policy landscape is anchored by the bottom-up Beleidsplan Dementie Bonaire 2019, which established dementia as a priority domain. Current momentum focuses on constructing the Zorgpad Dementie pathway backed by ZonMw subsidy funding to encourage a dementia-friendly society. However, policy implementation faces legal barriers because the current framework lacks statutory obligations, enforceable care duties, or a central dementia registry. Additionally, deep cultural norms framing care as a private family responsibility delay formal medical engagement and hide substantial caregiving burdens.

National dementia plan

Rather than receiving a top-down framework from the European Netherlands, Bonaire adopted a bottom-up approach driven by Fundashon Alzheimer Bonaire. This advocacy led to the Beleidsplan Dementie Bonaire in 2019, which recognised dementia as a pressing demographic challenge requiring multi-sector coordination. Although the plan lacks the binding targets, statutory obligations, or dedicated funding lines of a traditional national strategy, it successfully established dementia as a visible policy domain, shifting local efforts from ad hoc reactions toward deliberate service alignment and stakeholder planning.

Dementia policy on Bonaire has developed through a locally driven, bottom-up process rather than through a fully embedded national framework imposed from the European Netherlands. FAB has been a key policy entrepreneur in this space, formally presenting a national dementia policy proposal to the Bonairian authorities, a step acknowledged in ADI member documentation. This advocacy culminated in the adoption of a dedicated policy document, Beleidsplan Dementie Bonaire (2019), which marked the first structured attempt to articulate dementia as a cross-cutting public issue rather than solely a clinical or family matter. The plan framed dementia as a growing demographic and social challenge, emphasized the centrality of informal caregivers, and recognized the need for coordination across health, social care, and community actors in a small-island context. While the 2019 plan did not establish a comprehensive national dementia strategy in the European sense, with binding targets, earmarked funding lines, and statutory obligations, it nevertheless provided a shared reference point for institutions and civil society. Its importance lies less in regulatory force and more in agenda-setting: dementia became visible as a policy domain requiring deliberate planning, awareness, and service alignment rather than ad hoc responses.

References

- <https://www.alzheimer-bonaire.com/2025/03/26/dementiemonitor-bonaire-2025/>

Upcoming plans

Policy momentum focuses on practical operationalisation through a formal dementia care pathway, the Zorgpad Dementie, rather than drafting new strategic documents. This adaptive initiative is supported by a ZonMw subsidy programme aimed at strengthening healthcare collaborations and professional training across the Dutch Caribbean. Moving forward, the island is advancing towards a dementia-friendly society using stakeholder workshops, new

social support legislation effective in 2025, and a proposed pilot programme designed to deliver customised caregiver assistance and reduce regulatory complexities.

Since the adoption of the 2019 policy plan, policy momentum has shifted toward operationalization rather than the production of new high-level strategies. The current focal point is the development of a formal dementia care pathway (Zorgpad Dementie) tailored to Bonaire's institutional realities. This reflects a pragmatic recognition that, in a small and centralized system, improvements in coordination, clarity of roles, and predictability of patient and caregiver journeys may yield greater impact than broad strategic declarations. This pathway-oriented approach is supported by external programmatic funding, notably through Netherlands Organisation for Health Research and Development (ZonMw) subsidy tracks aimed at strengthening dementia care and support across the Caribbean Netherlands and wider Dutch Caribbean context.

These initiatives explicitly acknowledge the structural differences between European and Caribbean settings, including scale, workforce constraints, and cultural patterns of care. As a result, policy development is currently framed as iterative and adaptive, emphasizing learning, stakeholder workshops, and gradual institutional embedding rather than rapid system overhaul. The emphasis on a "dementia-friendly Bonaire" further signals a shift from purely medical policy toward societal adaptation, encompassing caregiver support, community awareness, and service accessibility. This aligns local policy discourse with broader Dutch and international dementia-friendly community concepts, while allowing for contextual customization.

In April 2024, The Netherlands Organisation for Health Research and Development (ZonMW) has announced a 450,000 EUR subsidy programme to improve dementia care and support in the Caribbean parts of the Kingdom, Aruba, Bonaire, Curaçao, St. Maarten, Saba and St. Eustatius, where growing numbers of people are affected by the disease. The funding aims to better align care and support with the needs of people with dementia and their families, thereby improving quality of life. Two types of grants are available: up to 100,000 EUR for projects that strengthen collaboration or care quality, and up to 50,000 for targeted training initiatives for dementia-care professionals. The first funding round opened in May 2024 on the ZonMW website.

Dutch State Secretary for Health, Welfare and Sport Judith Tielen has acknowledged that informal caregivers on Bonaire face structural overload, administrative burdens, and insufficient support, responding to findings from a report by Stichting Mantelzorg Bonaire. She highlighted that 22% of caregivers need administrative assistance, indicating a need for clearer information and reduced regulatory complexity. While emphasizing that primary responsibility for informal care policy lies with the Public Entity Bonaire, Tielen pointed to existing national support measures, including new social support legislation effective in 2025, tailored services such as respite and day care, caregiver training, and a recently opened support center. The report shows highly diverse caregiver needs, suggesting the importance of more customized support, and Tielen indicated that a targeted pilot programme on Bonaire could be launched under local leadership with backing from the ministry and potential lessons for Saba and Sint Eustatius.

References

- <https://www.zonmw.nl/en/news/announcement-grant-improving-dementia-care-and-support-caribbean-part-kingdom-netherlands>
- <https://bonairegov.com/nieuwsoverzicht/artikel/samen-werken-aan-een-dementievriendelijk-bonaire-werksessie-zorgpad-dementie>
- <https://www.zonmw.nl/nl/nieuws/kwaliteit-van-leven-voor-mensen-met-dementie-op-de-cariben-verbeteren>
- <https://www.alzint.org/u/Netherlands-NationalDementiaStrategy2021-2030.pdf>

<https://saba-news.com/subsidy-for-dementia-care-in-caribbean-parts-of-kingdom/>

- <https://www.bes-reporter.com/news/the-netherlands/83377/government-acknowledges-informal-care-bottlenecks-on-bonaire-and-recognizes-need-for-local-policy>

Policy gaps

Legal barriers

Bonaire's primary legal barrier is the absence of binding statutory obligations and enforceable duties across healthcare and municipal sectors. Because the 2019 plan lacks mandated funding streams, dementia initiatives remain project-based and voluntary. Furthermore, there is no legally mandated dementia registry or standardised reporting framework to guide long-term strategic planning. Because the legal landscape is controlled at the national Netherlands level, local authorities face limited flexibility to quickly implement customised reimbursement categories or innovative care models tailored to Caribbean realities.

A central institutional gap in Bonaire's dementia policy framework is the absence of binding statutory obligations that would anchor dementia care responsibilities across sectors. While the Beleidsplan Dementie Bonaire (2019) established a shared policy reference point, it did not create enforceable duties for healthcare providers, social services, or municipal actors, nor did it mandate dedicated funding lines or reporting requirements. As a result, dementia-related action remains largely programmatic and voluntary, dependent on project-based funding and institutional goodwill rather than on codified legal commitments. Another significant barrier lies in data governance and registration. There is no legally mandated dementia registry or standardized reporting framework at island level, which limits the ability to systematically collect prevalence data, track service use, or monitor outcomes over time. In a small population such as Bonaire's, fluctuations in case numbers and concerns around privacy further complicate the legal feasibility of detailed registries, reinforcing reliance on fragmented administrative data rather than purpose-built monitoring tools. This weakens strategic planning, makes benchmarking difficult, and constrains accountability for long-term policy goals.

Also, the legal framework governing health and social care in the Caribbean Netherlands is largely designed at the national (Netherlands) level, with limited flexibility for island specific adaptation. While this ensures baseline coverage through ZJCN and RazBES entitlements, it can also slow the introduction of tailored dementia services, specialized reimbursement categories, or innovative care models that reflect local realities, as any structural changes require alignment with broader national regulations.

References

- <https://www.alzheimer-bonaire.com/2025/03/26/dementiemonitor-bonaire-2025/>
- <https://eurohealthobservatory.who.int/publications/i/the-caribbean-netherlands-health-system-review-2024>

Cultural barriers

Dementia is culturally viewed as a private family obligation, which prompts households to delay seeking professional medical support until symptoms become severe. This norm places an extensive, often invisible burden on female relatives and masks unmet population needs. Public stigma frequently causes cognitive decline to be dismissed as normal ageing or hidden due to shame. Additionally, within the professional sphere, close personal

networks and a reliance on familiarity substitute for structured protocols, slowing down the institutionalisation of standardised, system-wide clinical care pathways.

Culturally, dementia on Bonaire continues to be framed primarily as a family responsibility rather than a shared societal challenge, despite increasing policy recognition. Strong norms of informal care and intergenerational responsibility mean that families often delay seeking formal support until symptoms become severe, which in turn reduces opportunities for early diagnosis and proactive care planning. This cultural orientation places substantial, and sometimes invisible, burden on caregivers, particularly women, and can mask unmet need within official systems.

Stigma and limited public understanding of dementia also remain barriers to policy implementation. Cognitive decline may still be normalized as “part of ageing” or associated with shame, discouraging open discussion and timely engagement with services. Even where support structures exist, such as those provided by FAB their reach depends on willingness of families to self-identify and seek help, which is uneven across communities. At the professional level, the small-island context fosters close personal networks that can facilitate informal coordination but may also discourage formalization of roles and procedures. Reliance on personal familiarity can substitute for standardized pathways, reducing pressure to institutionalize clear protocols or documentation practices. From a policy perspective, this cultural reliance on informality can slow the transition from project-based initiatives to fully embedded, system-wide dementia care structures, even when strategic intent is present.

Research

Dementia research is structurally limited, with no active clinical trials or experimental pharmaceutical pipelines due to small cohorts and complex Caribbean Netherlands regulations. Local entities like Saint James School of Medicine operate alongside projects focused on service readiness and care coordination. Innovation is strictly organisational and social; studies focus on testing the Zorgpad Dementie pathway and tracking caregiver quality of life via the Dementiemonitor Bonaire 2025. This research treats household feedback as a core structural planning indicator to protect systemic capacity.

Selected academic institutions

[Avalon University School of Medicine](#) [Saint James School of Medicine](#) [Saba University School of Medicine](#)

Clinical trials and registries

There is no evidence in the main Bonaire-facing sources of participation in Alzheimer's disease drug trials or experimental therapeutic pipelines. The absence of clinical trials reflects structural realities, including limited specialist infrastructure, small patient cohorts, and regulatory complexity in conducting trials in a Caribbean Netherlands setting. Instead of biomedical research, system activity is oriented toward improving diagnosis pathways, care coordination, and long-term support for patients and families. This does not necessarily indicate disengagement from scientific developments, but rather a prioritization of practical system readiness. For Bonaire, ensuring that existing patients receive coherent, accessible, and humane care might be treated as a more immediate policy and research priority than early adoption of experimental therapies.

References

- <https://clinicaltrials.gov/>

Selected innovative methods

Bonaire's dementia innovations are social and organisational rather than clinical or technological. A key advancement is constructing the Zorgpad Dementie care pathway using iterative stakeholder workshops and practical field testing. Additionally, the island uniquely utilises caregiver experience data from the Dementiemonitor as a core strategic planning tool, recognising that household capacity preserves system sustainability. Finally, the care model embeds Fundashon Alzheimer Bonaire as a semi-institutional operational pillar, blending civil advocacy directly with the delivery of daycare, training, and counselling.

Innovation in Bonaire's dementia response is primarily organizational and social rather than technological or pharmaceutical. The most significant innovation is the deliberate effort to construct a formal dementia care pathway (Zorgpad Dementie) that clarifies roles, referral flows, and points of support across healthcare, mental health, and community services. This pathway-building process is closely linked to iterative learning through

stakeholder workshops and practical testing rather than top-down implementation. A second innovative element is the structured use of caregiver monitoring as a policy and planning tool. Through the Dementiemonitor, caregiver experiences are treated as core system indicators rather than peripheral social data. This approach implicitly recognizes that caregiver capacity and wellbeing are essential to system sustainability in a context where institutional long-term care capacity is limited.

Finally, the positioning of FAB as a semi-institutional pillar of dementia care, providing day care, training, counselling, and ongoing engagement, represents an innovative blending of civil society and quasi-service delivery. FAB is not merely an advocacy group but an operational actor embedded in the care ecosystem.

A research conducted at Vrije Universitat Amsterdam reveals that the number of people with dementia in the Netherlands, including the island countries, is expected to double to over 610,000 by 2050, sharply increasing the demand for care at a time of staff shortages and policies that encourage people to live at home longer. Currently, informal dementia care is carried out overwhelmingly by women (73%), placing an unsustainable burden on them in terms of careers, income, pensions, and mental health. Research shows that if this pattern continues, more than half a million additional female caregivers would be needed by 2050, which is neither socially nor economically feasible. To achieve a fairer balance, the researchers argue for a cultural shift in which men take on a much larger role, an estimated 580,000 additional male informal caregivers, supported by greater use of volunteering, community support, and changes in professional practices that currently default to expecting women to provide care.

References

- <https://bonairegov.com/nieuwsoverzicht/artikel/samen-werken-aan-een-dementievriendelijk-bonaire-werksessie-zorgpad-dementie>
- <https://www.alzint.org/member/fundashon-alzheimer-bonaire/>
- <https://research.vu.nl/en/publications/verdeel-toenemende-dementielast-eerlijker-onder-mannen-en-vrouwen>

Support

Community support is guided by Fundashon Alzheimer Bonaire and The Caregiving Foundation Bonaire. Key structural initiatives include building the Zorgpad Dementie pathway, conducting a cross-sector elderly care mini-conference in July 2023, and implementing the Dementiemonitor to gather household feedback. Fundashon Alzheimer Bonaire promotes public visibility through annual awareness campaigns, including a fundraising walk in Kralendijk. Because there are no dedicated dementia media outlets, information dissemination is managed via decentralised non-governmental channels and public partner communications.

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:

[Fundashon Mariadal](#)

Selected initiatives

Key initiatives include building the Zorgpad Dementie care pathway and tracking household experiences via the Dementiemonitor Bonaire 2025 to align systemic designs with family needs. In July 2023, a mini-conference on sustainable elderly care united general practitioners, Fundashon Mariadal, public insurers, and local officials to enhance collaboration across the elderly supply chain. To increase public visibility and raise essential funds, Fundashon Alzheimer Bonaire coordinates annual community events, notably the five-kilometre Alzheimer Awareness Walk in Kralendijk from the Cargill Salt Pier to the slave huts.

Several interlinked initiatives currently define the support and coordination landscape. The ongoing development of the Zorgpad Dementie involves workshops, stakeholder alignment, and island-wide coordination efforts aimed at creating a "dementia-friendly Bonaire." These initiatives focus on practical clarity, who does what, when, and how, rather than abstract policy commitments.

Caregiver monitoring through Dementiemonitor Bonaire 2025 functions as both a research and support initiative, ensuring that caregiver perspectives inform service adjustments and policy discussions. This creates a feedback loop between lived experience and system design that is relatively rare in comparable small jurisdictions.

A mini-conference on sustainable elderly care was held on Bonaire in July 2023, bringing together nearly all the island's key care stakeholders including general practitioners, representatives from health and welfare groups, hospice and home care providers, social services, insurers, and local policy officers. Participants included general practitioners, representatives of Fundashon Mariadal, home care and welfare providers, hospice services, social-support organizations, insurers, and local policy officials, alongside representatives from Zorg & Jeugd Caribisch Nederland and the Public Entity Bonaire. Participants worked in groups to discuss how to improve quality of care, prevention, and collaboration across the elderly care supply chain. A strong willingness to work together was a central theme. Attendees emphasised that collaboration should begin early and that it is essential to understand and communicate with healthy older residents about what they want and need to ensure a happy, healthy old age. The discussions also touched on the expected growth in the elderly population (with

projections that more than 30 % will be over age 65 by 2050), the need to plan for future care demand, and the challenges of workforce education and training to align with evolving care needs. A program manager will support follow-up steps, with the Community and Care Directorate and Care and Youth Caribbean Netherlands working together to implement changes with all stakeholders.

Fundashon Alzheimer Bonaire organizes Alzheimer Awareness annually. For example, in 2024, the organization reported a successful conclusion to its World Alzheimer Month activities with the Alzheimer Awareness Walk held in Kralendijk. The 5 km walk, organized with Intensity and Eagle Eye Media, ran from the Cargill Salt Pier to the slave huts and raised funds for Alzheimer awareness efforts. Although some supporters bought tickets without participating, attendance exceeded expectations, and the foundation expressed gratitude to the organizers, volunteers, and participants for their strong support.

References

- <https://infobonaire.com/sustainable-elderly-care-on-bonaire/>
- <https://www.bes-reporter.com/news/events/67456/alzheimer-foundation-bonaire-glad-about-interest-for-alzheimer-awareness-walk>

Dedicated media outlets

No dedicated dementia-only media outlet is clearly documented in the core sources related to Bonaire. Instead, communication and awareness-raising appear to be conducted through a combination of FAB channels, local government communications, and partner organizations in the Caribbean Netherlands and European Netherlands. This decentralized communication model reinforces FAB's central role as an information hub but also means that dementia visibility depends heavily on project-based outreach rather than sustained media presence.