

Suriname

Research conducted in

Suriname has not yet adopted a national dementia strategy, but important progress has been made through strong civil society leadership. In 2023, Alzheimer Suriname presented the country's first National Dementia Action Plan to the Ministry of Health, outlining priorities for earlier diagnosis, workforce training, multidisciplinary care, caregiver support and improved public awareness. Dementia diagnosis is available through neurologists and psychiatrists at major hospitals in Paramaribo using clinical assessment, cognitive testing and structural imaging (CT and MRI), although access remains concentrated in the capital. Advanced diagnostics, including Alzheimer's biomarkers and disease-modifying therapies, are not currently available, and dementia care continues to rely primarily on symptomatic treatment and family caregiving.

Despite these limitations, Suriname has developed several notable community-based initiatives. Stichting Wiesje has established the country's first dementia knowledge centre, day-care programme and specialized residential dementia facility, while Alzheimer Suriname provides caregiver education, awareness campaigns and advocacy as the country's leading dementia organization. Broader healthcare modernization, including telehealth services for remote interior communities and national digital health reforms, has the potential to improve access to specialist care and continuity of services. However, the absence of a dedicated national policy, limited specialist infrastructure outside Paramaribo and the lack of dementia-specific legislation continue to pose significant challenges to equitable diagnosis, treatment and long-term care.

Highlights

Health system **Non-Universal, Mixed funding (Mixed provisions)**

ADI member association(s): **Alzheimer Suriname**

National dementia plan:

Dementia plan funding: **No plan**

Dementia prevalence rate: **573**

Dementia incidence rate: **100**

Population: **645593**

Median age: **29**

Health expenditure (% of GDP): **5**

Diagnosis

Without dedicated memory clinics or a standardised national pathway, dementia diagnosis in Suriname relies on primary-care assessment followed by specialist referral, principally in Paramaribo. Clinical history, functional evaluation, cognitive testing, laboratory investigations, and structural imaging underpin diagnosis, while routine biomarker and genetic testing remain unavailable. Cognitive results require culturally sensitive interpretation because of linguistic, educational, and cultural diversity. National waiting-time data are lacking, but rural and interior communities likely experience longer pathways because of travel, referral, imaging, and specialist constraints. Basic insurance covers many services, although additional expenses may arise, while fragmented social protection and uneven coverage create further access barriers despite digitalisation efforts.

Diagnosis pathway

Dementia diagnosis in Suriname operates through the general healthcare system rather than a dedicated national pathway. Primary-care physicians assess reported cognitive, behavioural, and functional changes, review medical history, and exclude alternative causes before referring suspected cases to relevant specialists. Neurological expertise and advanced diagnostic facilities are largely concentrated in Paramaribo, including St. Vincentius Hospital and Academic Hospital Paramaribo. Consequently, people in rural districts and interior communities face greater barriers, as specialist consultation and neuroimaging may require travel to the capital, alongside referrals, insurance authorisation, and potential delays.

Suriname does not currently have a nationally standardized dementia diagnostic pathway or a formal network of dedicated memory clinics. Instead, dementia diagnosis is integrated into the country's broader healthcare system, with most patients first presenting to a general practitioner, a Regional Health Service (RGD) clinic, or, in remote interior communities, a Medical Mission health centre. The National Strategic Plan for Health and Wellbeing 2019–2028 describes a healthcare system in which primary care functions as the first point of contact, while specialist services are concentrated in larger hospitals, particularly in Paramaribo.

The diagnostic process typically begins when family members notice progressive memory loss, confusion, personality or behavioural changes, difficulty performing familiar tasks, or increasing dependence in daily activities. During the initial consultation, a primary-care physician will usually obtain a detailed medical history from both the patient and a close relative, review medications and chronic medical conditions, assess functional abilities, and consider alternative explanations for cognitive decline such as depression, thyroid disease, vitamin deficiencies, stroke, diabetes or medication-related side effects.

Patients with suspected dementia are generally referred to specialists in neurology, internal medicine or psychiatry for further evaluation. Neurology services are available at St. Vincentius Hospital, where dementia is specifically listed among the neurological disorders managed by the department. More complex cases may also be referred to the Academic Hospital Paramaribo (AZP), the country's principal tertiary referral and teaching hospital, where access to specialist neurological assessment and advanced diagnostic services is concentrated.

Access to diagnosis varies considerably across the country. While residents of Paramaribo generally have the best

access to specialist physicians and diagnostic facilities, patients living in rural districts and the interior often require referral to the capital for neurological consultation or neuroimaging. Transport requirements, referral procedures, insurance authorization and the limited number of specialists may therefore delay diagnosis, particularly for populations served by the Medical Mission, which operates approximately 50 primary healthcare clinics across Suriname's interior.

References

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- <https://gov.sr/nationaal-dementie-actieplan-geboden-aan-ministerie-volksgezondheid/>
- <https://health.gov.mv/storage/uploads/Aq7pjBoe/tnyu3a0z.pdf>
- <https://www.svzsuriname.org/en/neurologie>
- <https://www.azp.sr/>
- <https://www.svzsuriname.org/copy-of-parkeermogelijkheden>
- <https://www.paho.org/en/news/9-7-2019-suriname-medical-mission-seeks-secure-data-quality-local-and-national-levels-more>
- <https://extranet.who.int/cpcd/global-repository/national-strategic-health-plan-nshp-2019-2028-0>

Wait times

Status: Long wait time

Dementia-specific waiting times are not formally monitored in Suriname, leaving the interval between referral and confirmed diagnosis uncertain. Reports of broader specialist-care delays suggest systemic pressures that may also affect cognitive assessment, although direct evidence is unavailable. Patients in Paramaribo with adequate insurance and prompt referrals likely experience faster diagnosis, while rural and interior communities face greater barriers. Travel, multiple referrals, limited specialist capacity, insurance requirements, and restricted access to neuroimaging can further extend diagnostic pathways.

No official national data on dementia-specific waiting times have been published in Suriname, and no national benchmarks exist for the interval between referral and diagnosis. As a result, it is not possible to estimate how long patients typically wait for specialist assessment or a confirmed dementia diagnosis. The absence of standardized reporting reflects the broader lack of a national dementia pathway and registry.

While no dementia-specific studies have evaluated delays in diagnosis, reports from the broader healthcare system suggest that long waiting periods for specialist outpatient appointments are common. Local media have described prolonged queues at hospital outpatient departments and delays in specialist consultations, while healthcare professionals have also noted that many patients postpone seeking medical attention until symptoms become severe, further delaying diagnosis and treatment. These reports should be interpreted cautiously because they do not specifically concern dementia services, but they indicate systemic challenges that are also likely to affect patients with cognitive disorders.

Overall, dementia diagnosis in Suriname is likely to occur more rapidly for patients who live in Paramaribo, have good insurance coverage and are referred promptly by primary-care physicians. Conversely, people living in remote communities or those requiring multiple referrals, specialist consultations and neuroimaging may experience substantially longer diagnostic pathways due to geographical, logistical and workforce constraints..

References

<https://gov.sr/nationaal-dementie-actieplan-geboden-aan-ministerie-volksgezondheid/>

- <https://www.dbsuriname.com/2024/10/22/waarom-zo-lang-wachten-bij-de-poli/>
- <https://www.dbsuriname.com/2024/11/21/mensen-wachten-vaak-te-lang-om-naar-de-dokter-te-gaan-uitgestelde-zorg-is-altijd-duurdere-zorg/>
- <https://gov.sr/nationaal-dementie-actieplan-geboden-aan-ministerie-volksgezondheid/>

Diagnosis cost

Status: Partially covered

Diagnostic expenses for dementia in Suriname depend on insurance, providers, and necessary investigations. Basic insurance covers primary care, specialist referrals, and many diagnostic services, while imaging, transport, private consultations, and uncovered tests can require additional payment. Social protection offers healthcare subsidies, allowances, pensions, and home care, but fragmented administration creates uneven coverage and inefficiencies. Ongoing digitalisation, including the Beneficiary Information System and cashless payments, seeks to improve enrolment, coordination, monitoring, transparency, and resource allocation.

The cost of dementia diagnosis in Suriname depends on the patient's insurance status, the healthcare provider and the investigations required. Under the Basic Health Insurance Act (Basiszorgverzekering), insured individuals are entitled to a package of essential healthcare services, including primary-care consultations, specialist referrals and many diagnostic investigations performed within the public health system. However, coverage may vary depending on the insurer, contracted provider and specific diagnostic procedure, while patients may still incur out-of-pocket expenses for private consultations, non-covered laboratory tests, transport or diagnostic imaging.

The National Strategic Health Plan 2019-2028 notes that although universal health coverage has expanded access to care, financial and organizational barriers remain within the healthcare system.

Suriname has a relatively broad social protection system that combines non-contributory benefits, including cash transfers, old-age allowances, disability assistance, subsidized healthcare insurance and home-based social care, with contributory schemes such as health insurance, pensions and labour-market protections. However, the system remains highly fragmented, with responsibilities spread across multiple ministries and agencies, resulting in overlapping programmes, inconsistent enrolment and payment procedures, incomplete administrative data and inefficiencies in resource allocation. Coverage is uneven, with the non-contributory Old Age Allowance achieving near-universal coverage while other programmes reach only part of their intended populations. To address these shortcomings, the government has prioritized digitalization through the introduction of the Beneficiary Information System (BIS) and the transition from cash to cashless benefit payments, aiming to improve beneficiary identification, streamline enrolment and payment processes, strengthen monitoring and evaluation, reduce duplication and fraud, and increase the overall efficiency and transparency of the social protection system.

References

- <https://apolitical.co/en/articles/a-guide-to-surinames-social-protection-system>
- <https://p4h.world/en/documents/surinames-health-insurance-act-of-2014/>
- <https://extranet.who.int/cpcd/global-repository/national-strategic-health-plan-nshp-2019-2028-0>

Cognitive tests

Status: Available

Suriname has not published national clinical guidelines specifying a standardized battery of cognitive tests for dementia assessment. In practice, cognitive evaluation is performed by neurologists, psychiatrists or other physicians as part of a comprehensive clinical assessment, using internationally recognized screening instruments alongside medical history, functional evaluation and collateral information from family members. The most commonly used tools are likely to include the Mini-Mental State Examination (MMSE), Montreal Cognitive Assessment (MoCA) and Clock Drawing Test (CDT), consistent with international dementia diagnostic recommendations.

An important consideration in Suriname is its exceptional linguistic and cultural diversity. Although Dutch is the official language, many older adults primarily speak Sranan Tongo, Sarnami Hindustani, Javanese, Maroon languages or Indigenous languages. Educational attainment also varies considerably across the population. These factors may influence performance on standardized cognitive screening tests, making it important for clinicians to interpret scores within the context of the individual's language, cultural background and educational level rather than relying solely on published cut-off values. International experts have emphasized the importance of culturally adapted cognitive assessment in multilingual and multicultural populations to reduce the risk of misclassification.

References

- <https://iris.who.int/handle/10665/366270>
- <https://www.alz.org/professionals/health-systems-medical-professionals/clinical-practice-guideline>
- <https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2026.1798111/full>

Imaging tests

Status: Commonly used

Structural neuroimaging is available in Suriname and is primarily provided through specialist hospitals in Paramaribo, particularly the Academic Hospital Paramaribo (AZP). CT and MRI scans are used to exclude structural and vascular causes of cognitive impairment, including stroke, brain tumours, hydrocephalus and subdural haematoma, and to support the differential diagnosis of dementia. Access to imaging may be more limited for patients living in rural and interior regions because specialist diagnostic services are concentrated in the capital. No evidence was found that amyloid PET or tau PET imaging is routinely available for Alzheimer's disease diagnosis in Suriname.

References

- <https://www.azp.sr/>

Genetic tests

Routine genetic testing for Alzheimer's disease is not part of standard clinical practice in Suriname. No evidence was found that APOE genotyping or testing for familial Alzheimer's disease genes such as APP, PSEN1 or PSEN2 is routinely available within the country. Genetic testing would likely only be considered in exceptional cases, such as suspected early-onset familial Alzheimer's disease, through referral to laboratories or specialist centres abroad.

Biomarker tests

Status: Rarely used

Routine Alzheimer's disease biomarker testing is not currently available in Suriname. No evidence was found that the country routinely offers cerebrospinal fluid (CSF) amyloid- β or tau analysis, plasma phosphorylated tau testing, amyloid PET or tau PET imaging for the diagnosis of Alzheimer's disease. Consequently, dementia diagnosis continues to rely primarily on clinical assessment supported by cognitive testing, laboratory investigations and structural neuroimaging rather than biomarker confirmation.

Treatment & care

Suriname's dementia care system depends largely on specialist hospital services in Paramaribo and unpaid family caregiving, with limited dedicated infrastructure. Basic insurance covers essential medical care, but families may incur costs for uncovered medicines, rehabilitation, residential care, home adaptations, and travel, particularly from remote regions. Alzheimer Suriname provides caregiver education, public awareness, information, and advocacy, while formal dementia-specific allowances, statutory respite care, and nationwide support groups remain absent. The proposed National Dementia Action Plan seeks to strengthen multidisciplinary care, referral pathways, caregiver training, psychosocial assistance, and community-based services, addressing significant gaps in long-term support.

Specialized facilities and services

Specialist dementia services in Suriname are primarily delivered through major hospitals in Paramaribo rather than dedicated dementia centres, creating geographical barriers for remote populations. Ongoing care depends largely on family caregivers, residential facilities, and community support. Alzheimer Suriname complements these services through awareness and education, while national proposals seek expanded support and multidisciplinary dementia care.

Suriname does not have dedicated memory clinics or specialized dementia centres comparable to those found in many high-income countries. Dementia assessment and management are primarily delivered through the country's major hospitals, particularly the Academic Hospital Paramaribo (AZP) and St. Vincentius Hospital, where neurologists, psychiatrists and geriatric care providers evaluate and manage patients with cognitive impairment. Most specialist dementia services are concentrated in Paramaribo, requiring patients from rural and interior regions to travel to the capital for assessment and follow-up.

Long-term care for people with dementia is largely provided through residential homes for older adults, family caregiving and community-based services rather than specialized dementia facilities. Organizations such as Alzheimer Suriname play an important role by raising awareness, providing education and support for patients and caregivers, and advocating for improved dementia services through the proposed National Dementia Action Plan. The plan identifies the development of multidisciplinary dementia care, improved referral pathways and expanded support services as priorities, indicating that specialized dementia infrastructure remains an area for future development.

Approved medication

Generic Name	Trade Name	Used for
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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, Memaary, 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

Financial pressures associated with dementia in Suriname vary by insurance coverage, location, and required support. Essential medical services are generally insured, although some medicines, private care, rehabilitation, and residential services require additional payment. The greatest burden stems from long-term care, including unpaid family caregiving, home adaptations, and travel to specialists. Remote populations face further transport costs, while national dementia cost estimates and comprehensive reimbursement mechanisms remain unavailable.

The cost of dementia treatment and care in Suriname varies according to the patient's insurance status, place of residence and level of care required. Under the Basic Health Insurance Act (Basiszorgverzekering), eligible residents have access to essential healthcare services, including consultations with physicians, specialist referrals, hospital care and many prescription medicines. Nevertheless, patients may still face out-of-pocket expenses for medications not covered by insurance, private specialist consultations, rehabilitation services and long-term care, while coverage may differ depending on the insurer and healthcare provider.

For most people with dementia, the greatest financial burden arises from long-term support rather than medical treatment itself. Because Suriname has limited specialized dementia services, care is largely provided by family members, often requiring unpaid caregiving, home adaptations, transportation to specialist appointments in Paramaribo and, where necessary, placement in residential care facilities. Patients living in rural and interior regions may incur additional travel and accommodation costs to access neurological or psychiatric services. No official

national estimates of dementia treatment or caregiving costs have been published, and no evidence was found of a dedicated reimbursement scheme covering the full range of dementia-specific long-term care services.

References

- <https://extranet.who.int/cpcd/global-repository/national-strategic-health-plan-nshp-2019-2028-0>
- <https://alzheimersuriname.org>

Caregiver support

Caregiver support in Suriname remains largely informal, with unpaid family members providing most daily supervision and long-term assistance. Alzheimer Suriname offers education, information, awareness initiatives, and advocacy, but dedicated caregiver allowances, statutory respite care, and nationwide dementia support groups are absent. The proposed National Dementia Action Plan consequently emphasises stronger caregiver training, psychosocial assistance, improved information access, and expanded community-based respite services to better support families and strengthen dementia care.

Support for caregivers of people with dementia in Suriname is provided primarily through family networks, community organizations and civil society rather than through a comprehensive national dementia support programme. Alzheimer Suriname is the country's leading organization dedicated to dementia awareness and support, providing public education, caregiver information, awareness campaigns and advocacy for improved dementia services. The organization has also led the development of the proposed National Dementia Action Plan, which emphasizes strengthening caregiver education, improving access to information and expanding community-based support services.

Although Suriname has broader social protection measures for older adults and vulnerable households, no evidence was found of a national dementia-specific caregiver allowance, statutory respite-care programme or nationwide network of dementia support groups. Consequently, most day-to-day care is provided by unpaid family members, who often coordinate medical appointments, supervise daily activities and provide long-term assistance at home. Expanding caregiver training, psychosocial support and respite services is identified as a priority within the proposed National Dementia Action Plan as the country seeks to strengthen dementia care in the coming years.

References

- <https://alzheimersuriname.org>
- <https://extranet.who.int/cpcd/global-repository/national-strategic-health-plan-nshp-2019-2028-0>
- <https://gov.sr/nationaal-dementie-actieplan-geboden-aan-ministerie-volksgezondheid/>

Policy

Suriname has neither a dedicated dementia law nor an adopted national strategy, relying instead on broader health, ageing, insurance, and social protection frameworks that lack dementia-specific standards. The proposed National Dementia Action Plan would introduce coordinated priorities for awareness, early diagnosis, professional training, multidisciplinary care, caregiver support, community services, referrals, and data collection, but remains formally unadopted. Broader health reforms may still improve dementia care through stronger primary care, universal coverage, and digitalisation. Further challenges include limited specialist capacity, low public awareness, and perceptions of cognitive decline as normal ageing. Linguistic, cultural, and educational diversity also requires cognitive assessment to be culturally adapted and interpreted within each patient's individual context.

National dementia plan

No dedicated national dementia strategy has been formally adopted in Suriname, although broader health and ageing policies address related priorities. The proposed 2023 National Dementia Action Plan emphasises awareness, early diagnosis, professional training, multidisciplinary care, caregiver support, community services, and stronger coordination, but remains awaiting formal adoption.

Suriname does not currently have an officially adopted national dementia strategy. Dementia is addressed within broader health and ageing policies, including the National Strategic Health Plan 2019-2028, which emphasizes strengthening services for non-communicable diseases, healthy ageing, universal health coverage and digitalization of healthcare, but does not establish a comprehensive dementia-specific framework.

An important step toward a national policy was taken in 2023, when Alzheimer Suriname presented the National Dementia Action Plan to the Ministry of Health. The proposed plan outlines priorities including increasing public awareness, promoting early diagnosis, improving professional training, strengthening multidisciplinary care, supporting family caregivers, developing community-based services and establishing better coordination of dementia policies nationwide. Although the Ministry welcomed the initiative, the Action Plan has not yet been formally adopted or implemented as national policy.

References

- <https://extranet.who.int/cpcd/global-repository/national-strategic-health-plan-nshp-2019-2028-0>
- <https://gov.sr/nationaal-dementie-actieplan-geboden-aan-ministerie-volksgezondheid/>

Upcoming plans

Potential adoption of Suriname's National Dementia Action Plan represents the principal expected policy development, establishing priorities for awareness, early diagnosis, multidisciplinary care, workforce training, caregiver support, and community services. Broader health reforms focused on primary care, universal coverage, digitalisation, and healthy ageing may simultaneously improve access to dementia diagnosis and support, regardless of formal adoption.

Suriname has not announced a new national dementia strategy or dementia-specific policy framework beyond the proposed National Dementia Action Plan. The most significant anticipated development is the potential adoption and implementation of this Action Plan, which was presented by Alzheimer Suriname to the Ministry of Health in 2023. If adopted, it would establish the country's first coordinated national framework for dementia, focusing on public awareness, earlier diagnosis, workforce training, multidisciplinary care, caregiver support, improved referral pathways, data collection and the development of community-based dementia services.

More broadly, dementia care is expected to benefit from the ongoing implementation of the National Strategic Health Plan 2019-2028, which includes reforms aimed at strengthening primary healthcare, expanding universal health coverage, improving digital health systems and enhancing services for older adults and people living with non-communicable diseases. These health system reforms could improve access to dementia diagnosis and care even in the absence of a dedicated national dementia strategy.

References

- <https://gov.sr/nationaal-dementie-actieplan-geboden-aan-ministerie-volksgezondheid>
- <https://extranet.who.int/cpcd/global-repository/national-strategic-health-plan-nshp-2019-2028-0>

Policy gaps

Legal barriers

Dementia in Suriname is governed through general health and social welfare legislation, with no dedicated law establishing standards for diagnosis, multidisciplinary treatment, long-term care, supported decision-making, or caregiver assistance. Broader national health reforms provide relevant healthcare and social protection but contain no legally binding dementia-specific targets. The proposed National Dementia Action Plan seeks to strengthen diagnosis, professional training, coordinated care, public awareness, caregiver support, and data collection, but remains unadopted, meaning its recommendations are unenforceable and services continue within existing general systems.

Suriname does not have a dedicated Dementia Act or other legislation specifically regulating the diagnosis, treatment, long-term care or legal protection of people living with dementia. Instead, dementia care is governed through general health and social welfare legislation, most notably the Basic Health Insurance Act (Basiszorgverzekering), which provides access to essential healthcare services for eligible residents, and broader social protection laws that provide benefits for older adults, people with disabilities and vulnerable households. While these frameworks improve access to healthcare and social assistance, they do not establish dementia-specific standards for diagnosis, multidisciplinary care, case management, advance care planning, supported decision-making or long-term residential dementia care.

At the policy level, dementia is addressed only indirectly through broader national health and ageing reforms. The National Strategic Health Plan 2019-2028 prioritizes universal health coverage, strengthening primary healthcare, improving services for non-communicable diseases and expanding digital health systems, but it does not contain a dedicated dementia programme or legally binding targets for dementia diagnosis, treatment or caregiver support. Likewise, Suriname's social protection framework provides healthcare coverage, old-age benefits and social assistance through multiple ministries and agencies, but these programmes are not specifically designed to address

the complex long-term needs of people living with dementia and their families.

An important policy gap is the absence of a legally adopted national dementia framework. In 2023, Alzheimer Suriname presented a National Dementia Action Plan to the Ministry of Health, proposing measures to improve early diagnosis, professional training, multidisciplinary care, caregiver support, public awareness, referral pathways and data collection. However, because the Action Plan has not yet been formally adopted or incorporated into national legislation or health policy, its recommendations are not legally enforceable and implementation remains dependent on existing general health and social care structures rather than a coordinated national dementia policy.

References

- <https://socialprotection.org/publications/streamlining-social-protection-systems-suriname>
- <https://extranet.who.int/cpcd/global-repository/national-strategic-health-plan-nshp-2019-2028-0>
- <https://gov.sr/nationaal-dementie-actieplan-geboden-aan-ministerie-volksgezondheid>

Cultural barriers

Limited awareness and perceptions of cognitive decline as normal ageing contribute to delayed dementia diagnosis in Suriname. Assessment is further complicated by substantial linguistic, cultural, and educational diversity, which can affect cognitive-test performance. Clinicians should therefore interpret screening results alongside functional assessment, caregiver accounts, and previous abilities. Alzheimer Suriname promotes public education and culturally appropriate assessment as priorities for strengthening dementia recognition and care.

Cultural perceptions of ageing remain an important barrier to timely dementia diagnosis and care in Suriname. Memory loss, confusion and behavioural changes are often regarded as a normal part of growing older rather than symptoms of a medical condition, contributing to delays in seeking professional assessment. Limited public awareness of dementia, combined with a shortage of specialized services, means that many people are diagnosed only after symptoms have become more advanced. Recognizing these challenges, Alzheimer Suriname has made public education and awareness-raising central components of its activities and the proposed National Dementia Action Plan.

Suriname's multilingual and culturally diverse population also presents important diagnostic challenges. Although Dutch is the official language, many older adults primarily speak Sranan Tongo, Sarnami Hindustani, Javanese, Maroon languages or Indigenous languages. Cognitive-test performance may therefore be influenced by language, educational attainment and cultural background, making it essential that clinicians interpret screening results alongside functional assessment, caregiver interviews and the patient's previous level of functioning rather than relying solely on numerical test scores. International consensus on dementia screening in South America similarly emphasizes the need for culturally and linguistically adapted cognitive assessment.

Research

Current dementia research infrastructure in Suriname appears limited, with no identified interventional trials or national registry and patient information distributed across healthcare facilities. Innovation is instead emerging through telehealth and broader digital health reforms. Remote specialist consultations could improve access for people with cognitive impairment, while electronic records, interoperable systems, and GNU Health may strengthen clinical information sharing and continuity. Implementation remains incomplete, however, and meaningful benefits for dementia care will depend on integrating neurology, psychiatry, and geriatric expertise into developing digital services.

Selected academic institutions

[Anton de Kom University of Suriname](#) [Academic Hospital Paramaribo](#)

Clinical trials and registries

No evidence was found that Suriname currently hosts interventional clinical trials specifically for Alzheimer's disease or other dementias, and the country does not appear to participate in major international dementia drug trials. Likewise, no national dementia registry has been identified to systematically collect data on the incidence, prevalence, diagnosis or outcomes of people living with dementia. Dementia cases are instead managed through routine clinical services, with health information recorded within individual healthcare facilities rather than a centralized national database.

References

- <https://clinicaltrials.gov/>

Selected innovative methods

Digital health innovation in Suriname centres on telehealth connecting remote clinics with specialists, potentially improving dementia assessment and follow-up while reducing travel to Paramaribo. Wider reforms include electronic health records, health-information exchange, patient portals, interoperable systems, and GNU Health adoption, which could improve continuity and clinical information sharing. However, implementation remains incomplete, with fragmented and partly paper-based systems still limiting data exchange. Telehealth's contribution to dementia care will also depend on formally incorporating neurology, psychiatry, and geriatric expertise into the network.

Suriname's most significant innovation relevant to future dementia care is the expansion of telehealth into remote interior communities. With support from PAHO, the Ministry of Health and the Medical Mission introduced equipment and a digital platform allowing primary-care workers in remote clinics to consult specialists through video communication, register patients and exchange clinical information. By 2024, the platform had been piloted in five

interior communities serving a combined population of more than 54,000 people. Although it was not developed specifically for dementia, it could help older adults with suspected cognitive impairment obtain preliminary assessment, specialist advice and follow-up without repeatedly travelling to Paramaribo. Its usefulness for dementia will depend on whether neurology, psychiatry and geriatric services are formally integrated into the teleconsultation network.

The country is also developing a broader digital health ecosystem under its Digital Health Strategy and Information Systems for Health programme. Planned and emerging components include certified electronic health records, a national health-information exchange, a patient portal and interoperable systems that can connect information across healthcare providers. The telehealth platform can register patients, schedule virtual appointments, support secure communication and record clinical encounters using each patient's national identification number. In 2025, Suriname also adopted the open-source GNU Health Hospital and Health Information System for its public healthcare system. These reforms could eventually improve continuity of dementia care by allowing cognitive results, medication histories, imaging reports and follow-up information to be shared more efficiently. However, implementation remains incomplete, and government strategy documents acknowledge that many providers still use fragmented or partly paper-based systems that cannot readily exchange data.

References

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- <https://www.paho.org/en/ish/all-stories/digital-health-technology-suriname-being-used-manage-patients-remote-communities>
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- <https://interoperable-europe.ec.europa.eu/collection/gnu-health/news/suriname-adopts-gnu-health-hospital-and-health-information-system>
- https://extranet.who.int/countryplanningcycles/sites/default/files/public_file_rep/SUR_Suriname_Digital-Health-Strategy_2022.Pdf

Support

Suriname's dementia landscape relies strongly on civil society, charitable partnerships, and emerging digital services. Stichting Wiesje provides specialised care, caregiver support, training, and education, while Alzheimer Suriname leads awareness, advocacy, and research promotion. Telehealth may improve access for remote communities. As no dedicated dementia media outlet exists, both organisations also serve as important information channels, sharing educational resources, caregiver guidance, policy developments, service updates, and community activities.

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:

[Alzheimer Suriname](#) [Stichting Wiesje](#)

Selected initiatives

Suriname's dementia initiatives increasingly span direct care, education, advocacy, and digital health. Stichting Wiesje has pioneered specialised day-care and residential services while providing professional education, caregiver support, and community awareness through public-private collaboration. Alzheimer Suriname promotes dementia understanding, caregiver training, locally relevant research, and stronger policy through national campaigns and international partnerships. Telehealth expansion offers an additional pathway for improving access in remote communities by facilitating consultations and specialist advice. Although not dementia-specific, digital services could support earlier recognition, referrals, and continued care for geographically isolated populations with limited specialist access.

Stichting Wiesje Dementia Care Programme

Since opening the country's first Dementia Knowledge Centre in 2003, Stichting Wiesje has pioneered specialized dementia care in Suriname. Its initiatives include the establishment of the first day-care programme for people with dementia (2005), a 24-hour residential dementia care facility (2015), a new knowledge and day-care centre (2020) and the expansion of its residential care campus in 2025. Beyond direct care, the foundation organizes Alzheimer cafés, caregiver support groups, professional training for healthcare workers, police education, public lectures and community awareness campaigns. The programme has been made possible through substantial support from charitable and private foundations, including the Staatsolie Foundation for Community Development, Alcoa Foundation Suriname, Newmont Suriname, KANS Fonds, Wilde Ganzen and the Innovatiefonds Zorgverzekeraars Nederland, making it one of the country's strongest examples of public-private collaboration in dementia care.

Public Awareness and Caregiver Education

Alzheimer Suriname conducts nationwide awareness campaigns to improve public understanding of dementia and reduce the misconception that cognitive decline is simply a normal part of ageing. Its activities include educational

seminars, workshops, caregiver training, information sessions, media appearances, community outreach and collaboration with healthcare professionals. The organization also promotes scientific research in the Surinamese context and works with international partners, including Alzheimer's Disease International (ADI) and the Pan American Health Organization (PAHO), to strengthen professional knowledge and advocate for improved dementia services and policies.

Digital Health and Telehealth Expansion

As part of broader healthcare modernization, the Ministry of Health, in partnership with PAHO and the Medical Mission Primary Health Care Suriname, has introduced telehealth services connecting remote interior communities with healthcare professionals through secure digital platforms. The programme enables remote consultations, electronic exchange of clinical information and improved access to specialist advice for populations living far from Paramaribo. Although not designed specifically for dementia, these initiatives have the potential to improve earlier recognition, referral and follow-up of people with cognitive impairment, particularly in geographically isolated regions where access to neurologists and psychiatrists is limited.

References

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- <https://www.alzint.org/member/stichting-alzheimer-en-overige-dementieen-suriname/>
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- <https://www.paho.org/en/partnerships/medical-mission-primary-health-care-suriname-access-health-remote-areas>
- <https://www.paho.org/en/ish/all-stories/digital-health-technology-suriname-being-used-manage-patients-remote-communities>
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Dedicated media outlets

Suriname has no dedicated national media outlet focused exclusively on dementia or Alzheimer's disease. The principal source of dementia-specific information is Alzheimer Suriname, which publishes educational materials, caregiver resources, news on awareness campaigns, policy updates, webinars and community events through its website and social media channels. Stichting Wiesje also serves as an important source of information by sharing educational content, caregiver guidance, newsletters and updates on dementia services and public events through its Knowledge Centre.

References

- <https://alzheimersuriname.org>
- <https://www.wiesje.nl/doelstellingen/kenniscentrum>