Malta

Population
515,000

Area
313 km^2

Capital
Valletta

3 largest cities
Saint Paul's Bay
(32,000)
Birkirkara (25,000)
Sliema (24,000)

Neighboring countries
None

1. Migration history

2. Estimated number of people with a migration background with dementia

3. National dementia plan

4. National dementia care and treatment guidelines

5. References

1. Migration history

The Maltese islands have a long migration history [1] due to their geographical location in the centre of the Mediterranean Sea and the British colonial rule, which lasted for 164 years until 1964. At the beginning of the 20th century, many people from Malta emigrated to Egypt, Libya, Algeria, and Tunisia. Between the mid-1950s and 1980s, Australia, United Kingdom, Canada, and the US were the destinations of many emigrants. At the same time, only a few migrants lived in Malta. There was a community from India of 300 people, a community of 3,000 people from Arab-speaking countries, and small communities from Nigeria and United Kingdom[2]. In the further course of the 20th century, Malta developed from an emigration country to an immigration country, whereby especially the British community grew strongly [1]. Simultaneously, with the arrival of Asians from Uganda in 1972, the island state began to develop into a country of humanitarian immigration. This development continued with two waves of immigration in 1991: Iraqi immigration during the Second Gulf War and a second wave after the collapse of Yugoslavia. During the negotiations for accession to the EU between 1990 and 2004, thousands of migrants from sub-Saharan Africa came to Malta. This development intensified after accession on 1 May 2004 [2]. Between 2002 and 2008, 11,500 migrants arrived in Malta by sea. At the same time, Malta became one of the countries with the highest acceptance rate of asylum applications in Europe [3]. In recent years, mainly migrants from Syria and Libya have applied for asylum in Malta. Although an increasing number of migrants come from non-EU countries (in 2013, migrants from non-EU countries outnumbered migrants from EU countries), people from the EU represent the largest migrant group [1]. In 2013, United Kingdomand Northern Ireland (11,400), Australia (5,500), Canada (2,100), Italy (1,600), and the US (1,500) were the main countries of origin of the migrant population [4]. The migrant population of Malta (born abroad) more than quintupled between 1990 and 2019 (15,100 to 84,900). At the same time, the proportion of migrants in the total population has increased from 4.2 to 19.3% [5]. The net migration rate has been continuously positive since 1990 and currently is 2.1 (2020) [6].

2. Estimated number of people with a migration background with dementia
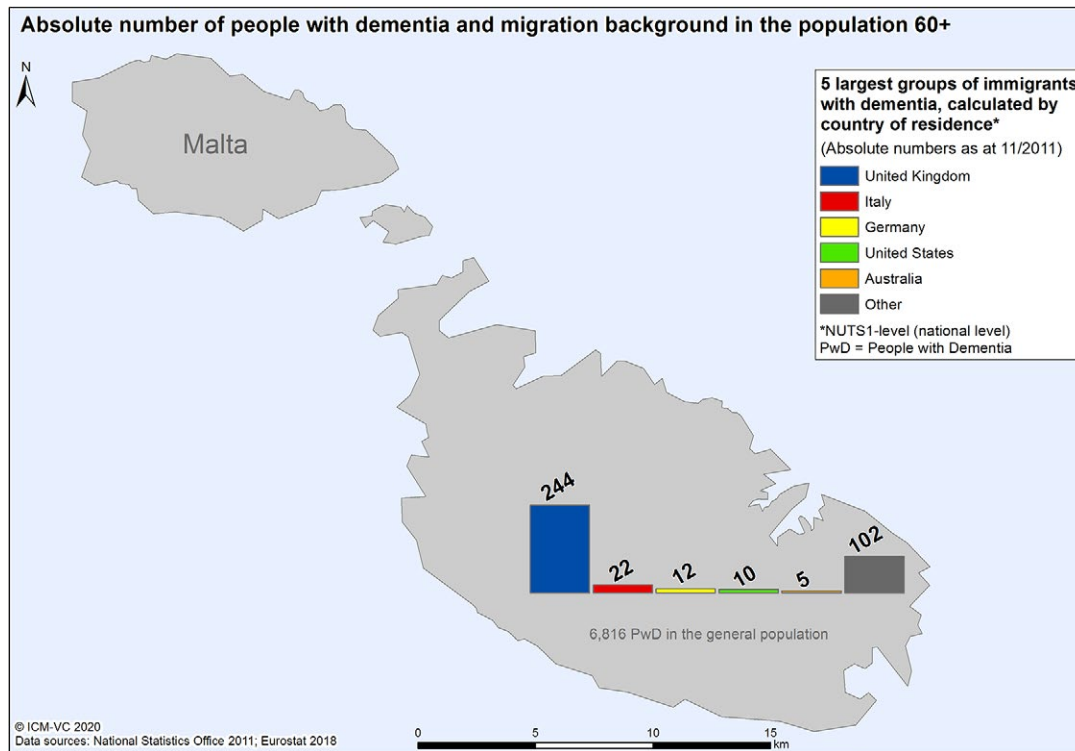

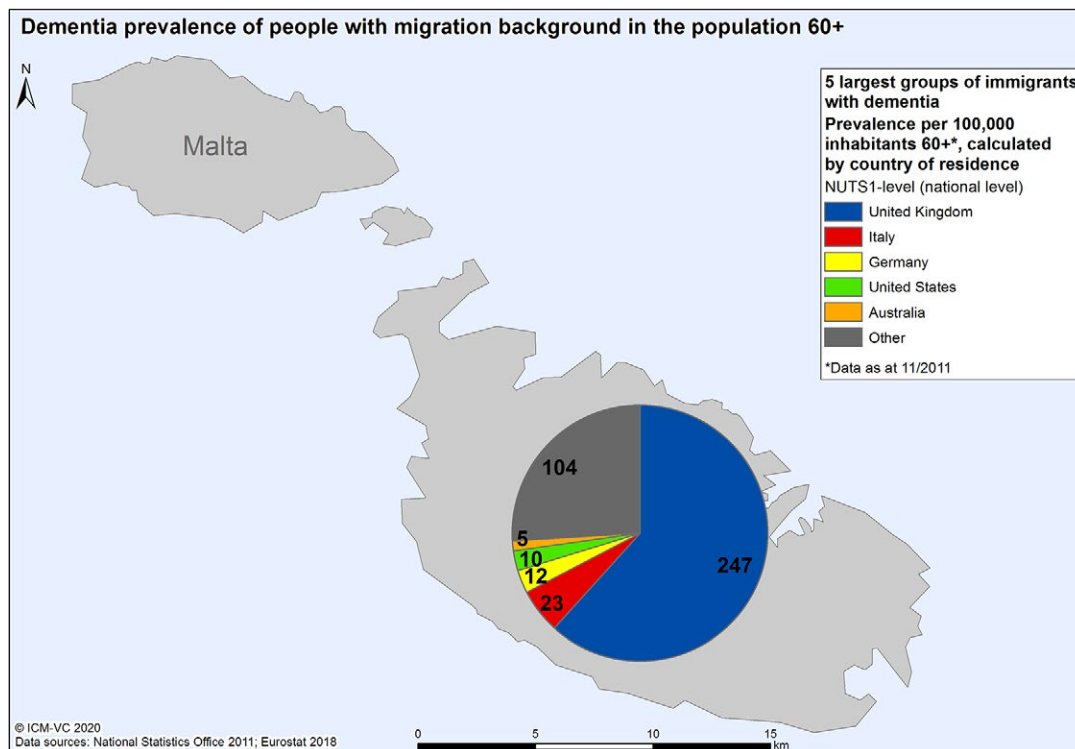Fig. 3.7.21.1: Absolute number of PwM with dementia aged 60+ (Malta – Nation)

Fig. 3.7.21.2: Prevalence of PwM with dementia among the population aged 60+ (Malta – Nation)

Tab. 35: PwM with dementia: Absolute numbers, prevalence among PwM aged 60+, and prevalence among overall population aged 60+ (Malta – Nation)

NUTS	Total	MT	1. largest group	2. largest group	3. largest group	4. largest group	5. largest group	Other
Absolute Numbers								
Malta	6,816	6,421	UK 244	IT 22	DE 12	US 10	AU 5	102
Prevalence/10,000 inhabitants with migration background 60+								
Malta	11,889	-	UK 426	IT 39	DE 20	US 17	AU 9	179
Prevalence/100,000 inhabitants 60+								
Malta	6,900	6,500	UK 247	IT 23	DE 12	US 10	AU 5	104

Data source: National Statistics Office (2011)

There are 5,700 PwM aged 60 or older. Of those, approx. 400 are estimated to exhibit some form of dementia. Figure 3.7.21.1 shows the most affected migrant groups presumably originate from United Kingdom (approx. 200), Italy (approx. 20), Germany (approx. 10), the US (approx. 10), and Australia (approx. 10). The second graph highlights the number of PwM with dementia in Malta per 100,000 inhabitants aged 60 or older (figure 3.7.21.2). Table 35 displays the values depicted in the maps on the national level [7-9].

3. National dementia plan

The 'National Strategy for Dementia in the Maltese Islands 2015–2023' from 2015 has 132 pages and addresses the topics of definition of dementia, types of dementia, dementia risk and protective factors, the burden of dementia, financial consequences of dementia, the perspective of people with dementia and their caregivers, Dementia awareness, early diagnosis and intervention, drug and non-drug interventions, community-based care services, long-term and palliative care, ethical aspects related to dementia management and care, and research. The topic of migration is absent [10].

4. National dementia care and treatment guidelines

In addition, Malta published the three-page guideline 'Dementia Treatment' in 2012. This document deals exclusively with the drug treatment of dementia using donepezil. No reference to migration is made in it [11].

5. References

1. The People for Change Foundation and Integra Foundation: Migration in Malta: Country Profile 2015. In. Geneva: International Organization for Migration; 2016.

2. Cassar CM: Researching Migration and Asylum in Malta: A Guide; 2013.

3. St. John J, Delicata M, Azzopardi M: The Organisation of Asylum and Migration Policies in Malta. In: *National Report 2008*. European Migration Network Malta; 2008.

4. United Nations: Migration Profiles: Malta; 2013.

5. International Organization for Migration: International migrant stock as a percentage of the total population at mid-year 2019: Malta; 2019.

6. International Organization for Migration: Net migration rate in the 5 years prior to 2020: Malta; 2019.

7. Esri: World Ocean Background; 2010.

8. Eurostat: Nomenclature of Territorial Units for Statistics (NUTS) 2016; 2018.

9. National Statistics Office: Census of Population and Housing 2011: Final Report. In. Valletta: National Statistics Office; 2011.

10. Parliamentary Secretariat for Rights of Persons with Disability and Active Ageing: Empowering Change: A National Strategy for Dementia in the Maltese Islands 2015-2023; 2015.

11. Azzopardi Muscat N: Dementia Treatment. In. Edited by Office of the Chief Medical Officer; 2012.