Romania

Population
19,318,000

Area
234,270 km²

Capital
Bucharest

3 largest cities
Bucharest (1,883,000)
Cluj-Napoca (325,000)
Timişoara (319,000)

Neighboring countries
Bulgaria, Hungary, Moldova, Serbia, Ukraine

1. Migration history

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1. Migration history

Romania has been a country of emigration for more than a century [1]. The first wave of large-scale emigration to the US occurred in the late 19th and early 20th centuries [2, 3]. During the First and Second World War, Romania was affected by other large migration flows. In 1940, approximately 220,000 ethnic Romanians moved from Hungarian to Romanian territory and about 160,000 ethnic Hungarians from Romanian to Hungarian territory [3]. As a result of the Holocaust, the Jewish population in Romania (780,000) was halved. During the communist era (1947–1989), there were some more emigration waves (1957–1965, 1989). Ethnic minorities (Jews, people from Germany, people from Hungary) were overrepresented in the emigrant population; for example, most Jewish populations (300,000 to 350,000) emigrated to Israel or the US. The immigration of foreign migrants was minimal. However, from the 1970s onwards, a relatively large number of foreign students from the Middle East and African countries began immigrating [2, 3]. After the collapse of communism, about two million people emigrated [3]. More than 75% of them were peo-

ple that had come from Germany. Circular and temporary migration is the central characteristic of Romanian emigration. Labour migration proceeded in three waves: 1. 1990–1995: to Israel, Turkey, Italy, Hungary, and Germany; 2. 1996–2001: to Spain, the US, and Canada; 3. 2001–2006: to Italy, Spain, Israel, Germany, and Hungary [1]. The EU accession on 1 January 2007 further intensified emigration. In mid-2007, about 3.4 million people of Romania worked abroad, only 1.2 million of them legally [3]. In contrast, immigration to Romania is much smaller. Only because of EU accession, Romanian companies began to hire more foreign workers [1]. In the second half of the 1990s, immigration from Moldova increased. In 2013, people from Moldava (49,800), Italy (27,500), Bulgaria (18,300), Spain (14,500), and Ukraine (11,900) represented the largest migrant groups [4]. The migrant population (born abroad) more than tripled between 1990 and 2019 (135,800 to 462,600) and their proportion in the total population quadrupled (0.6 to 2.4%) [5]. However, the net migration rate remains negative (2020: -3.8) [6].

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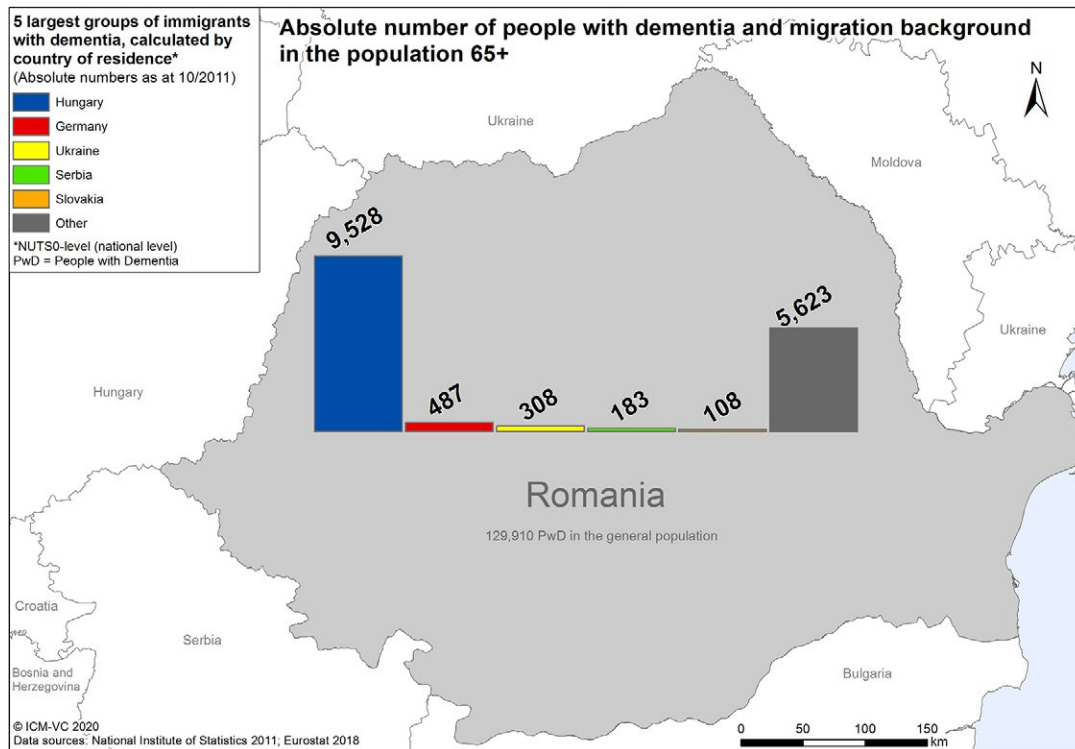

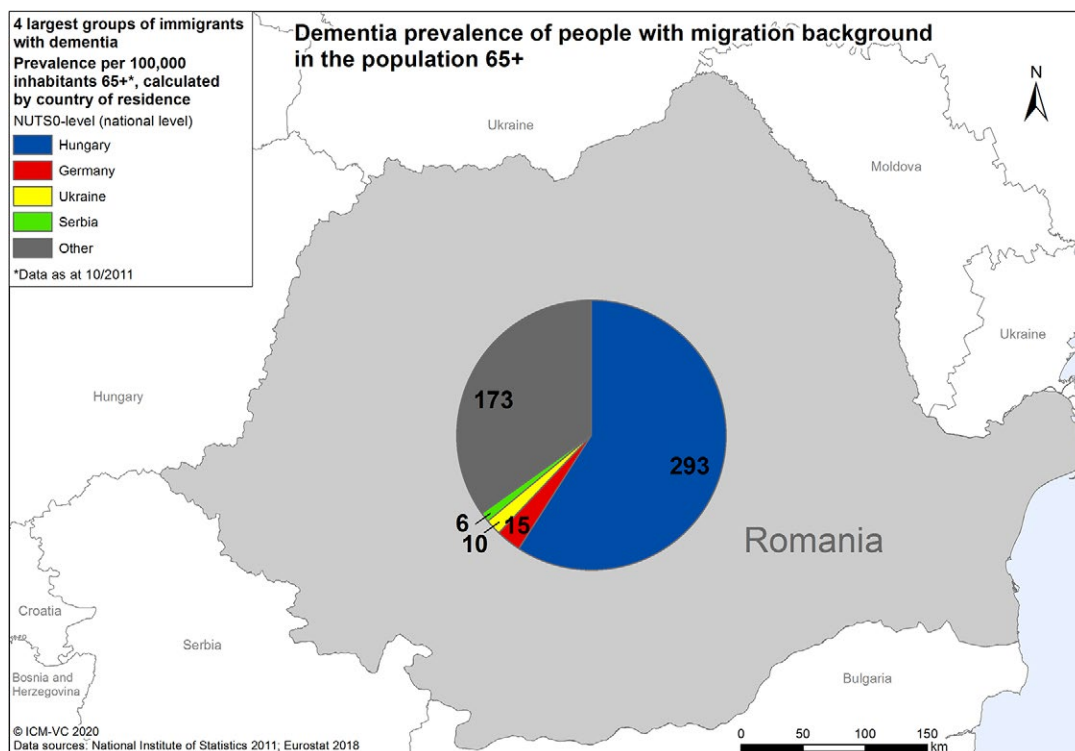Fig. 3.7.26.1: Absolute number of PwM with dementia aged 65+ (Romania – Nation)

Fig. 3.7.26.2: Prevalence of PwM with dementia among the population aged 65+ (Romania – Nation)

Tab. 44: PwM with dementia: Absolute numbers, prevalence among PwM aged 65+, and prevalence among overall population aged 65+ (Romania – Nation)

NUTS	Total	RO	1. largest group	2. largest group	3. largest group	4. largest group	5. largest group	Other
Absolute Numbers								
Romania	129,910	113,674	HU 9,528	DE 487	UA 308	XS 183	SK 108	5,623
Prevalence/10,000 inhabitants with migration background 65+								
Romania	3,201	-	HU 235	DE 12	UA 8	XS 5	SK 3	139
Prevalence/100,000 inhabitants 65+								
Romania	4,000	3,500	HU 293	DE 15	UA 10	XS 6	SK 3	173

Data source: National Institute of Statistics (2011)

There are 405,900 PwM aged 65 or older. Of those, approx. 16,200 are estimated to exhibit some form of dementia. Figure 3.7.26.1 shows that the most affected migrant groups presumably originate from Hungary (approx. 9,500), Germany (approx. 500), Ukraine (approx. 300), Serbia (approx. 200), and Slovakia (approx. 100). The second graph highlights the number of PwM with dementia in Romania per 100,000 inhabitants aged 65 or older (figure 3.7.26.2). Table 44 displays the values depicted in the maps on the national level. The following maps show the distribution of non-migrants with dementia and PwM with dementia from Hungary, Germany, Ukraine, Serbia, and Slovakia throughout the country in the NUTS2 regions (figures 3.7.26.3 – 3.7.26.8).
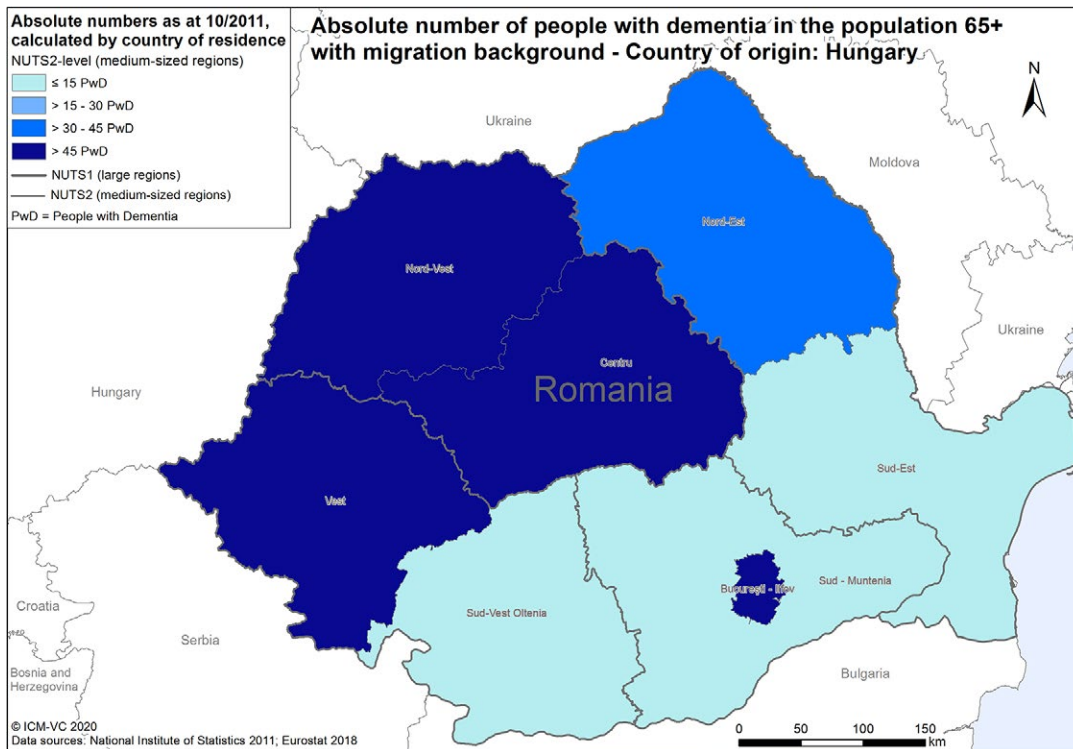
Fig. 3.7.26.3: Absolute number of PwM with dementia aged 65+.
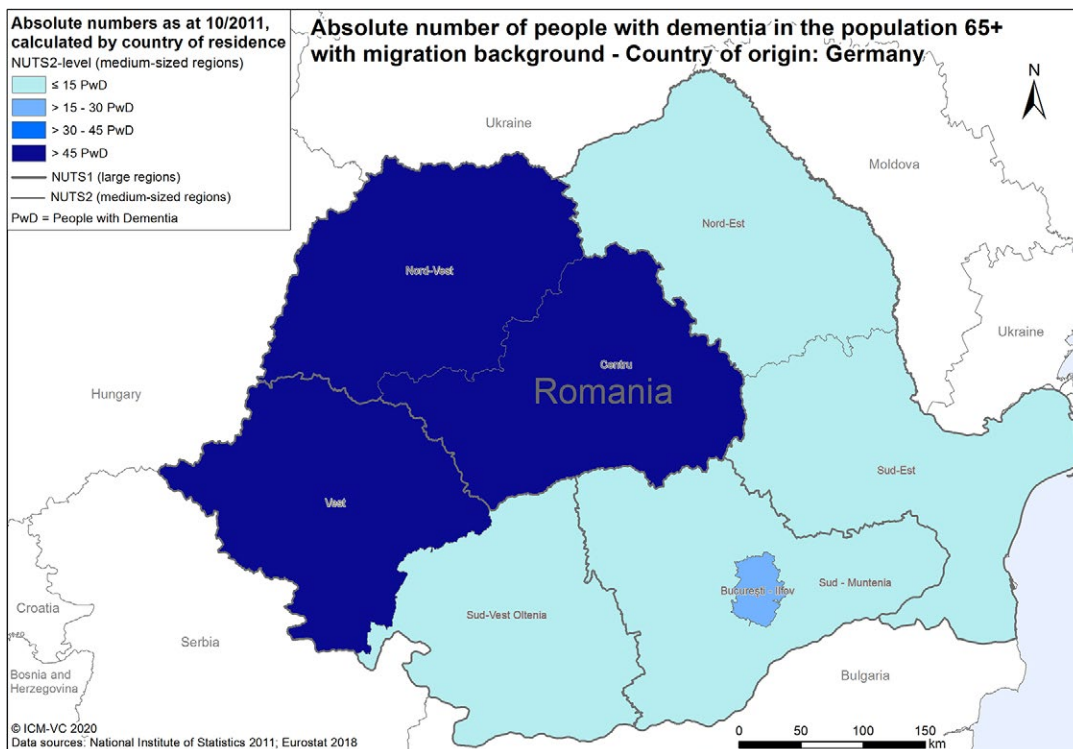Country of origin: Hungary (Romania – NUTS2)

Fig. 3.7.26.4: Absolute number of PwM with dementia aged 65+.
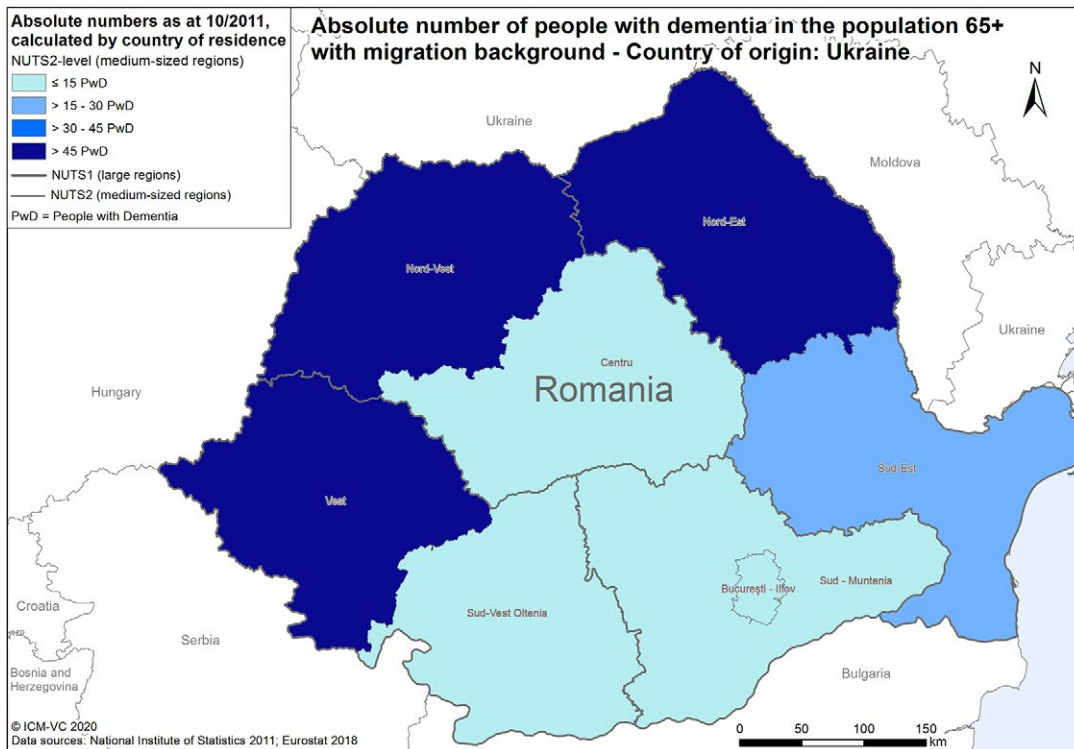Country of origin: Germany (Romania – NUTS2)

Fig. 3.7.26.5: Absolute number of PwM with dementia aged 65+.
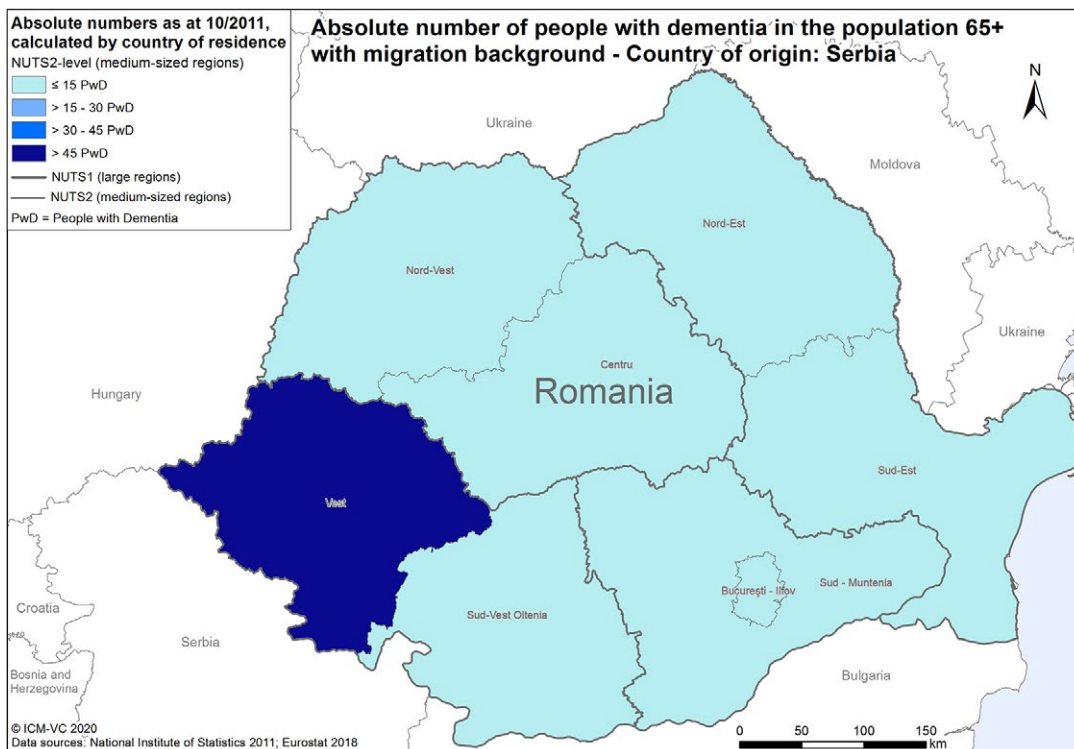Country of origin: Ukraine (Romania – NUTS2)

Fig. 3.7.26.6: Absolute number of PwM with dementia aged 65+.
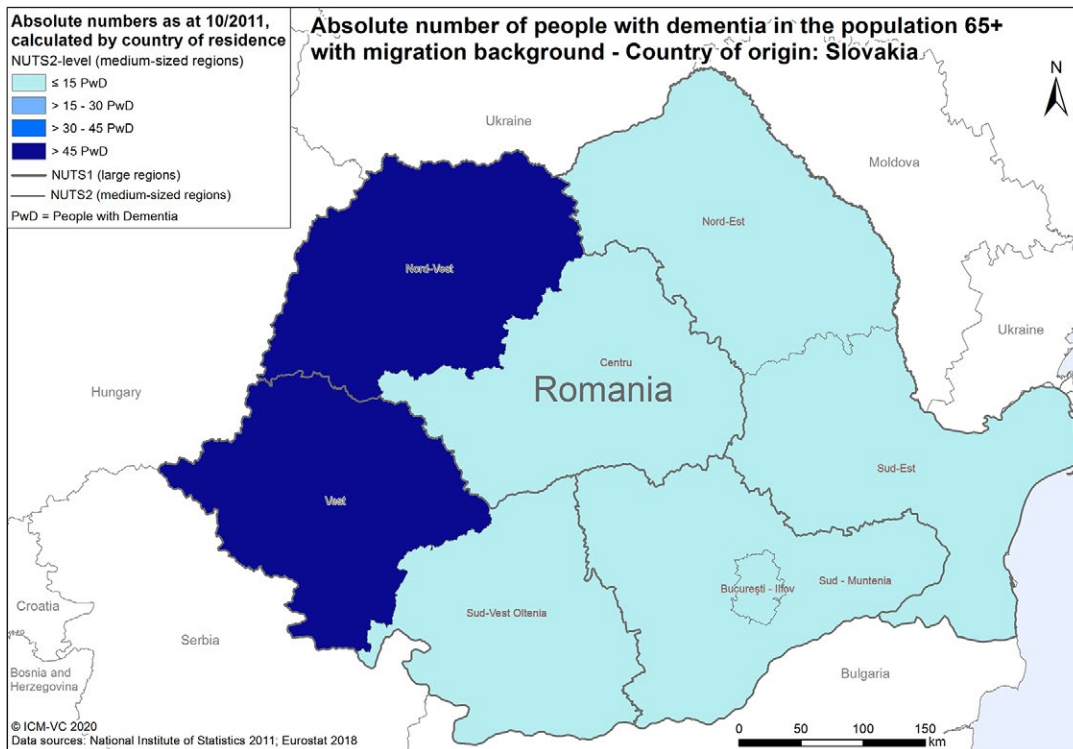Country of origin: Serbia (Romania – NUTS2)

Fig. 3.7.26.7: Absolute number of PwM with dementia aged 65+.
Country of origin: Slovakia (Romania – NUTS2)
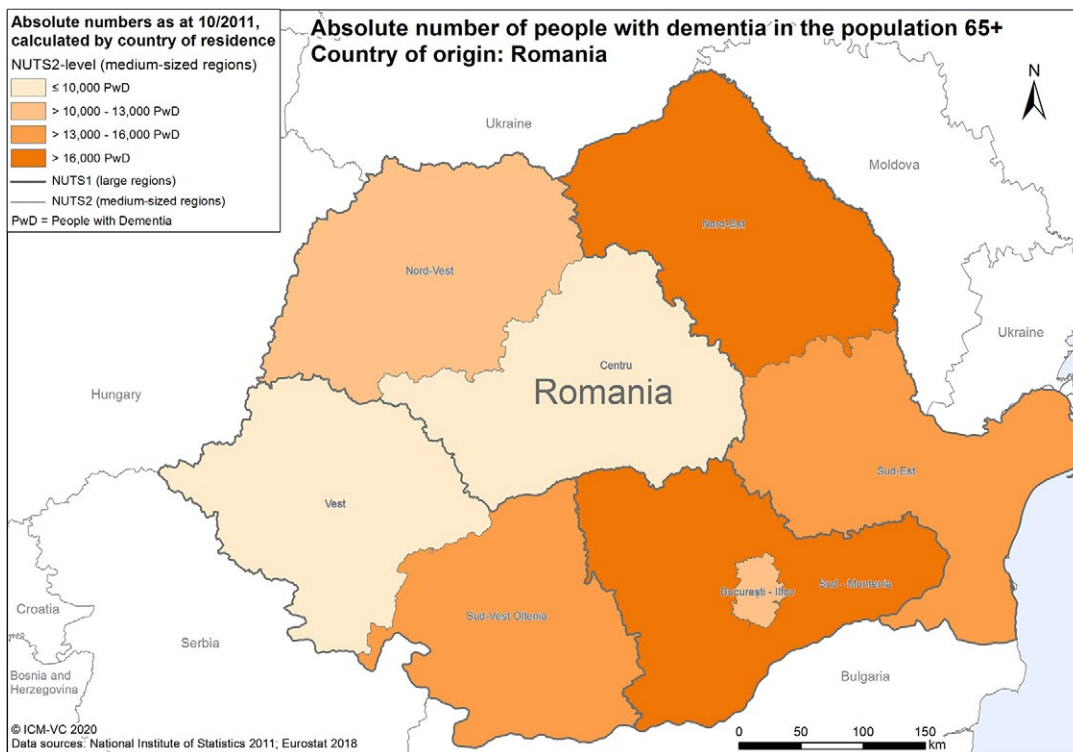
Fig. 3.7.26.8: Absolute number of people with dementia aged 65+.
Country of origin: Romania (Romania – NUTS2)

The graphics below highlight which immigrant groups are estimated to be the most affected at the NUTS2 level. The first map illustrates the absolute numbers of PwM with dementia in the NUTS2 regions (figure 3.7.26.9). The second graph shows the number of PwM with dementia per 100,000 inhabitants aged 65 or older in the NUTS2 regions (figure 3.7.26.10). The values from the NUTS2 level can be found in table 45 [7-9].

Fig. 3.7.26.9: Absolute number of PwM with dementia aged 65+ (Romania – NUTS2)

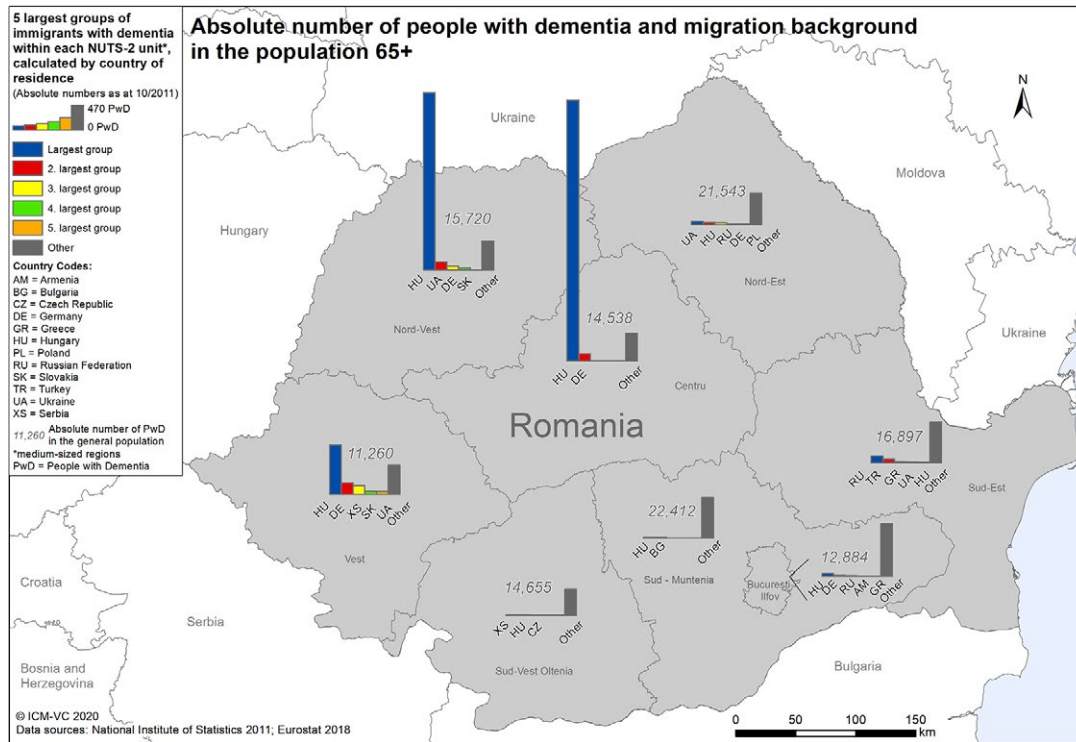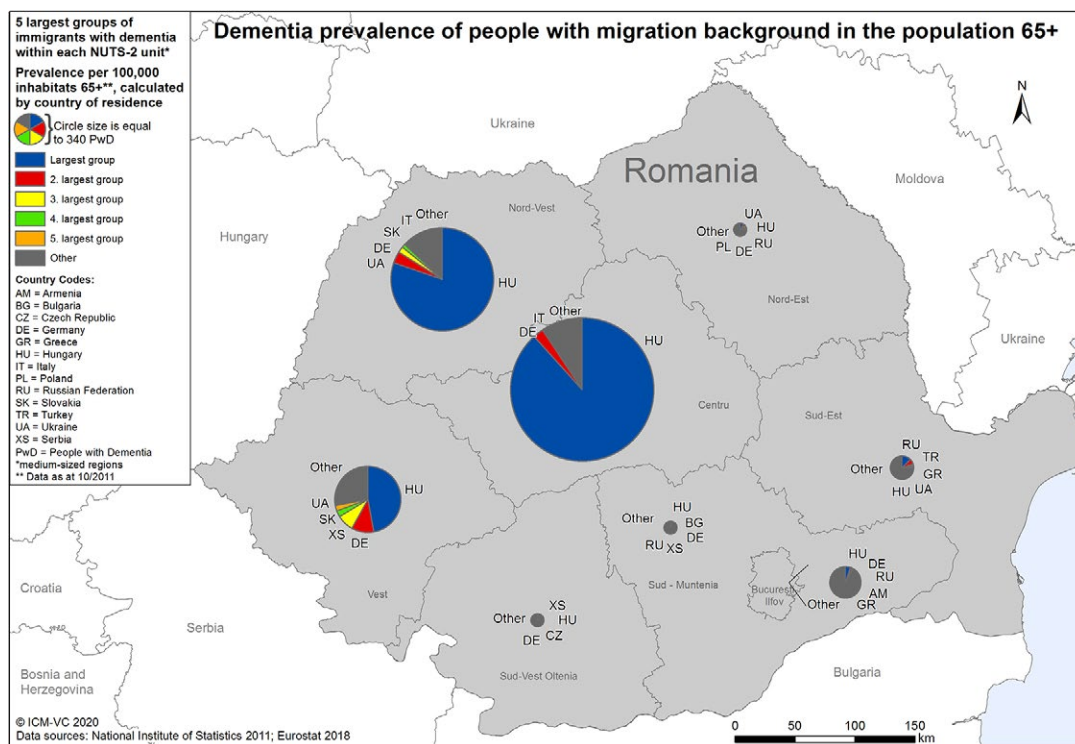Fig. 3.7.26.10: Prevalence of PwM with dementia among the population aged 65+ (Romania – NUTS2)

Tab. 45: PwM with dementia: Absolute numbers, prevalence among PwM aged 65+, and prevalence among overall population aged 65+ (Romania – NUTS 2)

NUTS	Total	RO	1. largest group	2. largest group	3. largest group	4. largest group	5. largest group	Other
Absolute Numbers								
Nord-Vest	15,720	11,374	HU 3,484	UA 160	DE 83	SK 47	<5	570
Centru	14,538	8,902	HU 4,970	DE 137	<5	<5	<5	524
Nord-Est	21,543	20,770	UA 67	HU 40	RU 39	DE 14	PL 13	599
Sud-Est	16,897	15,852	RU 131	TR 73	GR 22	UA 18	HU 12	789
Sud-Muntenia	22,412	21,593	HU 13	BG 12	<5	<5	<5	783
Bucureşti-Ilfov	12,884	11,789	HU 55	DE 19	RU 12	AM 8	GR 6	995
Sud-Vest Oltenia	14,655	14,137	XS 8	HU 8	CZ 5	<5	<5	491
Vest	11,260	9,256	HU 944	DE 219	XS 167	SK 59	UA 55	561

NUTS	Total	RO	1. largest group	2. largest group	3. largest group	4. largest group	5. largest group	Other
Prevalence/10,000 inhabitants with migration background 65+								
Nord-Vest	1,447	-	HU 321	UA 15	DE 8	SK 4	N/A	53
Centru	1,032	-	HU 353	DE 10	N/A	N/A	N/A	38
Nord-Est	11,147	-	UA 35	HU 21	RU 20	DE 7	PL 7	310
Sud-Est	6,466	-	RU 50	TR 28	GR 8	UA 7	HU 5	302
Sud-Muntenia	10,952	-	HU 6	BG 6	DE 2	XD 1	RU 1	383
Bucureşti-Ilfov	4,705	-	HU 20	DE 7	RU 4	AM 3	GR 2	363
Sud-Vest Oltenia	11,322	-	XS 7	HU 6	CZ 4	DE 3	MK 1	379
Vest	2,248	-	HU 188	DE 44	XS 33	SK 12	UA 11	112
Prevalence/100,000 inhabitants 65+								
Nord-Vest	4,000	2,894	HU 887	UA 41	DE 21	SK 12	IT 1	145
Centru	4,000	2,449	HU 1,367	DE 38	IT 1	N/A	N/A	145
Nord-Est	4,000	3,856	UA 12	HU 8	RU 7	DE 3	PL 2	111
Sud-Est	4,000	3,753	RU 31	TR 17	GR 5	UA 4	HU 3	187
Sud-Muntenia	4,000	3,854	HU 2	BG 2	DE 1	XS 1	RU 1	140
Bucureşti-Ilfov	4,000	3,660	HU 17	DE 6	RU 4	AM 2	GR 2	309
Sud-Vest Oltenia	4,000	3,859	XS 2	HU 2	CZ 1	DE 1	N/A	134
Vest	4,000	3,288	HU 335	DE 78	XS 59	SK 21	UA 19	199

Note: Absolute numbers < 5 are not given for data protection reasons. N/A = not available.
Data source: National Institute of Statistics 2011

3. National dementia plan

For Romania no NDP could be identified [10].

4. National dementia care and treatment guidelines

Romania has published a 'Diagnosis and Treatment Guide for Dementia' (from 2010). This document comprises 11 pages and covers various topics pertaining to dementia such as diagnosis, drug treatment, risk factors, assessment of psychiatric and behavioural symptoms, and non-drug treatment of psychiatric and behavioural symptoms. The issue of migration is not addressed [11].

The following parts on services and information for PwM with dementia, professional care and support for family caregivers are based on a conducted interview and reflect the experience and opinion of the expert. A selection bias in information and a discrepancy to results from the previous sections might ensue.

5. Services and information for people with a migration background with dementia

According to the expert, PwM are not identified as a vulnerable group in terms of dementia and healthcare. Although between 1992 and 2005 there was a significant population of older Russian- and Polish-speaking people with dementia, currently this type of immigrant population no longer exists. The expert is aware of a small group of people from Pakistan and Tunisia, but the majority of them are between 30 and 40 years old. Furthermore, the expert knows of some people from China, Africa, and business people from Germany, Iran, and Turkey. However, most of these are younger and have immigrated for professional reasons. The expert pointed out that those migrants who work in the economy have sufficient financial resources to afford private services, and economically weaker migrants do usually not pay attention to prevention and health in older age. Thus, the topic of dementia and migration is relatively unimportant in Romania due to the low proportion of migrants, the type of migration, and the structure of the migrant population. The healthcare system and care

providers do not treat PwM with dementia and their family members as a group with specific needs. According to the expert, Romania uses an integrative model in the care of PwM with dementia, in which the migrants are integrated into the healthcare of the country. If migrants enter the country legally, work at their jobs or businesses, and pay a health insurance contribution, they have the same healthcare rights as Romanian citizens. The expert could not identify any government-initiated specialised services PwM with dementia, neither in outpatient nor inpatient care. Furthermore, no measures seem to be taken to provide intercultural care in the future. In bigger cities in the western part of the country like Timişoara, there are single private care facilities for certain groups of migrants, such as people from Italy, Germany, or Hungary. However, these facilities were built by wealthier business people from these migrant groups for people like their parents and are not the result of a government initiative. According to the expert, these migrant groups are better cared for than

the Romanian population. The general population has access to very few dementia-specific care services, which are only offered in some nursing homes in individual regions, mainly in big cities. In hospitals and psychiatric departments, people with dementia are often treated together under the same conditions as younger people. Besides, many institutions, such as the 'Department of Emergency Psychiatry of the "Carol Davila" University of Medicine and Pharmacy' in Bucharest, which is headed by the expert, have a considerable lack of room capacity and staff. In the department where the expert works, 4–5 caregivers are responsible for the care of 60 patients in a space that in developed western countries would have 16–20 beds. Dementia-specific care is not possible there. Many people from the general population have no access to information about dementia or healthcare services in rural areas. According to the expert, much more political support and an NDP are needed to address these care inequalities.

6. Professional qualification and people with a migration background in healthcare

According to the expert, the proportion of professional caregivers with a migration background is low in both outpatient and inpatient care in Romania. This is particularly the case for the care of older people. The recruitment of professional caregivers with a migration background can benefit PwM. For the provision of high-quality care, the caregivers must have adequate knowledge of the Romanian language. The expert stated that communication is a central problem among the majority of professionals with a migration background. As communication with patients is most important in outpatient care, and technical nursing skills, and knowledge of pathology are more relevant in inpatient care, the field of inpatient care could be more suitable for professional caregivers with a migration background.

Currently, culturally sensitive care is not part of the training of healthcare professionals in Romania. Furthermore, there are no opportunities at the national level for the training of professionals in intercultural care. However, some non-governmental projects on such training exist.

According to the expert, currently, qualified professionals equipped with high cultural sensitivity are not available. However, the need for such professionals is not high either.

7. Support for family caregivers

The expert pointed out that there is no difference between information and support for family caregivers of PwmM with dementia and non-migrants with dementia in Romania. However, the expert also stated that there is no need for developing specialised services for family caregivers of PwM with dementia, as their numbers are extremely low. As a result, no specialised services are currently available for family caregivers from the migrant population.

8. References

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