# Slovenia



### **Population**

2,096,000

#### Area

20,145 km<sup>2</sup>

#### Capital

Ljubljana

#### 3 largest cities

Ljubljana (289,000) Maribor (110,000) Kranj (43,000)

## **Neighboring countries**

Austria, Croatia, Hungary, Italy

- 1. Migration history
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- 3. National dementia plan
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# 1. Migration history

The migration history of Slovenia after the Second World War can be divided into three periods: 1. 1945 to 1954: Slovenia was a country of emigration and had a negative migration balance. 2. 1955 to 1990: Slovenia developed into an immigration country. Further characteristics of this period were the immigration from the other regions of the former Yugoslavia (mainly from Bosnia and Herzegovina, Croatia, and Serbia) and the temporary migration of people to Germany and Austria. 3. From 1991: The collapse of Yugoslavia, the Yugoslav wars, and Slovenia's declaration of independence from Yugoslavia (1991) led to the emergence of forced migration and temporary refugee migration from war zones in the former Yugoslavia [1]. At the beginning of September 1991, 2,500 refugees from Croatia were registered in Slovenia, a month later there were already 20,000, and in December 23,000 registered refugees. In 1992 and 1993, Slovenia accepted about 70,000 refugees from Bosnia and Herzegovina [2]. The temporary reception of refugees from Bosnia and Herzegovina extended into the 2000s. Between 1998 and 2000, an increase in irregular migration from

African and Asian countries occurred, most of them using Slovenia as a transit country to Western Europe. There was also an increase in the number of asylum seekers (from Irag, Iran, Bangladesh, Afghanistan, Turkey, Serbia and Montenegro, Bosnia and Herzegovina, Macedonia, Sierra Leone, and Algeria) [1]. Between October 2015 and March 2016, 477,791 migrants reached Slovenia; most of them subsequently migrated to Austria and other Northern and Western European countries [2]. In 2018, Bosnia and Herzegovina (107,700), Croatia (45,000), Serbia (25,400), North Macedonia (17,100), and Kosovo (17,100) were the main countries of origin of the migrants in Slovenia (as of 19.12.2019) [3]. Between 1990 and 2019, the migrant population (born abroad) increased from 178,100 to 253,100 and the proportion of migrants in the total population grew from 8.9 to 12.2% [4]. As of 2020, currently, the net migration rate is 1 [5]. Slovenia has developed from a country of emigration to a destination country for immigrants especially from other Eastern European states and a transit country for refugees from Asia and Africa [6].

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

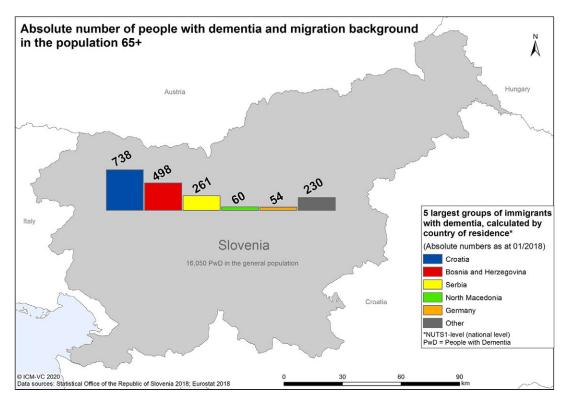


Fig. 3.7.28.1: Absolute number of PwM with dementia aged 65+ (Slovenia - Nation)

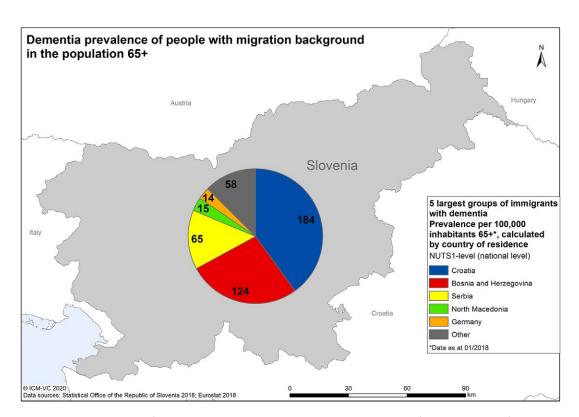


Fig. 3.7.28.2: Prevalence of PwM with dementia among the population aged 65+ (Slovenia – Nation)



Tab. 48: PwM with dementia: Absolute numbers, prevalence among PwM aged 65+, and prevalence among overall population aged 65+ (Slovenia – Nation)

NUTS	Total	SI	1. largest	2. largest	3. largest	4. largest	5. largest	Other	
11010	lotai		group	group	group	group	group	Other	
Absolute Numbers									
Slovenia	16,050	14,209	HR	ВА	XS	MK	DE	230	
			738	498	261	59	54		
Prevalence/10,000 inhabitants with migration background 65+									
Slovenia	3,486	-	HR	ВА	XS	MK	DE	50	
			160	108	57	13	12		
Prevalence/100,000 inhabitants 65+									
Slovenia	4,000	3,541	HR	ВА	XS	MK	DE	459	
			184	124	65	15	13		

Data source: Statistical Office of the Republic of Slovenia (2018)

There are 46,100 PwM aged 65 or older. Of those, approx. 1,800 are estimated to exhibit some form of dementia. Figure 3.7.28.1 shows the most affected migrant groups presumably originate from Croatia (approx. 700), Bosnia and Herzegovina (approx. 500), Serbia (approx. 300), North Macedonia (approx. 60), and Germany (approx. 50). The second graph highlights the number of PwM with dementia

in Slovenia per inhabitants aged 65 or older (figure 7.28.2). Table 48 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 Croatia, Bosnia and Herzegovina, Serbia, North Macedonia, and Germany throughout the country in the NUTS2 regions (Figs. 3.7.28.3 – 3.7.28.8).

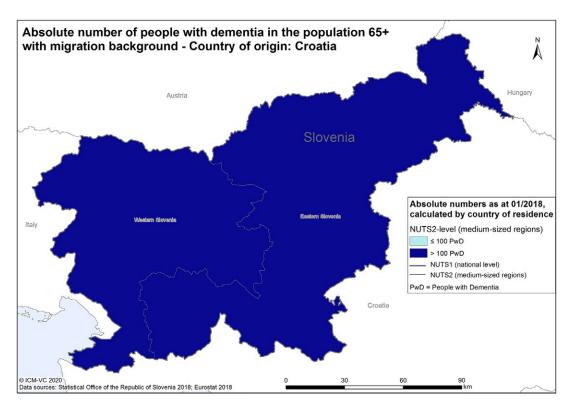


Fig. 3.7.28.3: Absolute number of PwM with dementia aged 65+. Country of origin: Croatia (Slovenia – NUTS2)

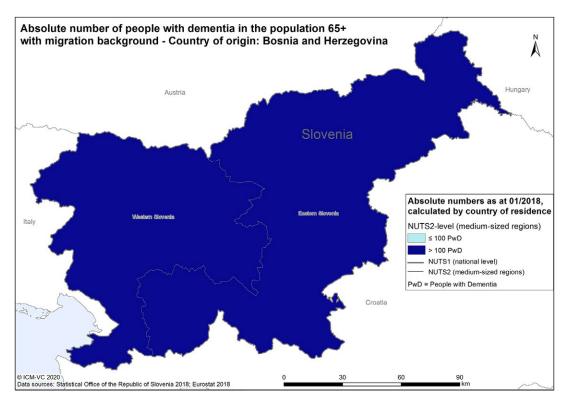


Fig. 3.7.28.4: Absolute number of PwM with dementia aged 65+. Country of origin: Bosnia and Herzegovina (Slovenia – NUTS2)

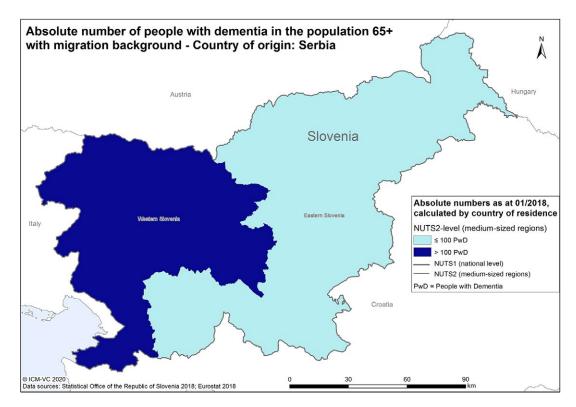


Fig. 3.7.28.5: Absolute number of PwM with dementia aged 65+. Country of origin: Serbia (Slovenia – NUTS2)

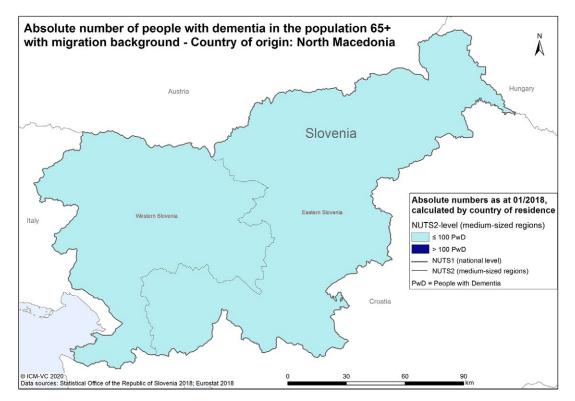


Fig. 3.7.28.6: Absolute number of PwM with dementia aged 65+. Country of origin: North Macedonia (Slovenia – NUTS2)

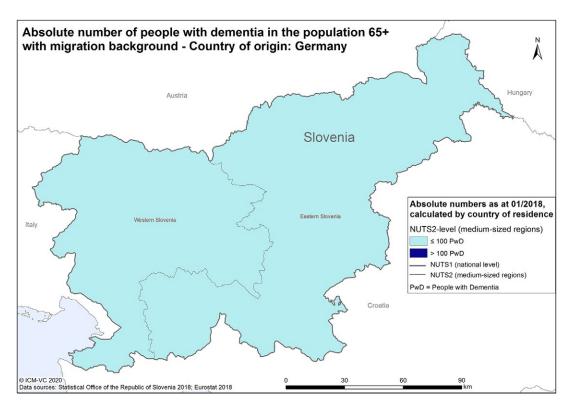


Fig. 3.7.28.7: Absolute number of PwM with dementia aged 65+. Country of origin: Germany (Slovenia – NUTS2)

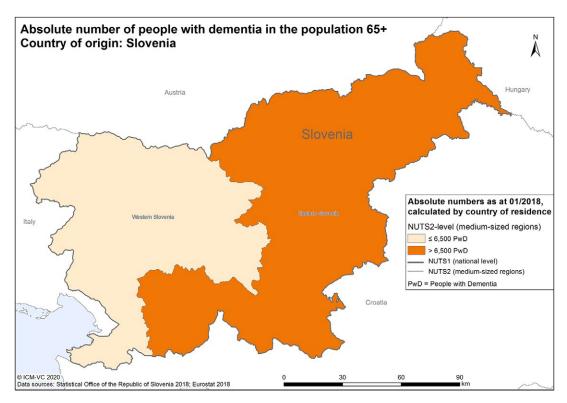


Fig. 3.7.28.8: Absolute number of people with dementia aged 65+. Country of origin: Slovenia (Slovenia – NUTS2)

**3** 

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 3.7.28.9). The

second map shows the number of PwM with dementia per 100,000 inhabitants aged 65 or older in the NUTS2 regions (figure 3.7.28.10). The values from the NUTS2 level can be found in table 49 [7-9].

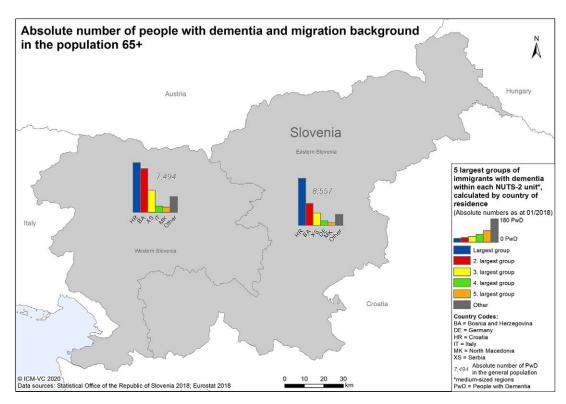


Fig. 3.7.28.9: Absolute number of PwM with dementia aged 65+ (Slovenia – NUTS2)

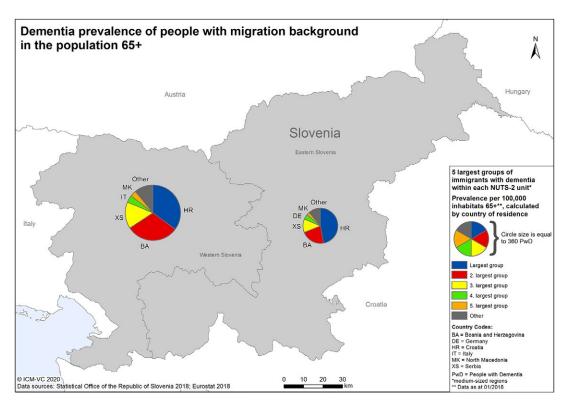


Fig. 3.7.28.10: Prevalence of PwM with dementia among the population aged 65+ (Slovenia - NUTS2)

Tab. 49: PwM with dementia: Absolute numbers, prevalence among PwM aged 65+, and prevalence among overall population aged 65+ (Slovenia – NUTS 2)

NUTS	Total	SI	1. largest group	2. largest group	3. largest group	4. largest group	5. largest group	Other		
Absolute Numbers										
Eastern Slovenia	8,557	7,787	HR 363	BA 169	XS 95	DE 36	MK 22	85		
Western Slovenia	7,494	6,422	HR 375	BA 330	XS 166	IT 45	MK 38	118		
Prevalence/10,000 inhabitants with migration background 65+										
Eastern Slovenia	4,444	-	HR 189	BA 88	XS 50	DE 19	MK 11	44		
Western Slovenia	2,797	-	HR 140	BA 123	XS 62	IT 17	MK 14	44		
Prevalence/100,000 inhabitants 65+										
Eastern Slovenia	4,000	3,640	HR 170	BA 79	XS 45	DE 17	MK 10	40		
Western Slovenia	4,000	3,428	HR 200	BA 176	XS 89	IT 24	MK 20	63		

Data source: Statistical Office of the Republic of Slovenia (2018)



# 3. National dementia plan

'Slovenia's Dementia Management Strategy 2020' from 2015 consists of 36 pages and addresses the topics of the epidemiology of dementia, early diagnosis, disease stigma, treatment of persons with dementia, multi-disciplinary treatment in the GP referral clinic, drug therapy with anti-dementia drugs, ac-

cess to social welfare services, palliative care, representation of persons with dementia, dementia research, epidemiological data, professional training, planning, as well as the role of stakeholders. However, none of these topics are related to migration [10].

# 4. National dementia care and treatment guidelines

The 'Guidelines for Treatment of Patients With Dementia' published in 2013 has 39 pages and covers the topics of the definition of mild cognitive decline and dementia, diagnosis of mild cognitive decline and dementia, treatment, behavioural and psychological symptoms of dementia, emergencies, delirium, medication, and psychosocial measures in dementia. The issue of migration is not mentioned at any point in the document [11]. In the 224-page document 'National Health Plan Resolution 2016-2025: Together for the Health Society'

from 2016, which has a section on dementia, migration is briefly mentioned, but not in the context of dementia. There it is generally stated that the high level of migration in the population of Slovenia is a challenge for the financial sustainability of the healthcare system. Furthermore, it is pointed out that poor access for certain population groups due to their ethnic origin and low socioeconomic status leads to growing health inequalities. Language and cultural differences are explicitly mentioned as barriers to healthcare access [12].

# 5. References

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