Cyprus

Population
888,000

Area
9,251 km^2

Capital
Nicosia

3 largest cities
Nicosia (342,000)
Limassol (245,000)
Larnaca (147,000)

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

Cyprus has a long history of migration. Already in the 12th century B.C., Achaean Greeks came to Cyprus to colonize the island. Between the 9th century AD and the Middle Ages, larger groups of people from Syria and Lebanon immigrated. In the 14th century, the first Roma settlements were established, and in 1521 larger groups from Turkey came to the country (during the conquest of the island by the Ottomans) [1]. In recent history, there have been two waves of large-scale emigration: 1. the early 20th century when many people emigrated to find jobs and improve their living standards, 2. during 1960–1975 when large groups fled due to the violent clashes between Greek and Turkish Cypriots. Destination countries were United Kingdom, the US, and Australia [1, 2]. Between 1974 and 1989, migration took various forms. In the north, Turkish communities settled in several phases. In the south, many Greek Cypriot refugees emigrated to the Middle East (Saudi Arabia), North Africa (Libya), the UK, the US, or Australia. With the collapse of the Soviet Union in 1989, migration patterns changed and Cyprus became an immigration country. After the restrictive policies of the 1970s and 1980s, the policy of an open labour market (for migrants) was implemented [1, 3]. From the 1990s onwards, many people immigrated from countries like Sri Lanka, the Philippines, Bulgaria, Romania, Greece, the UK, and the Russian Federation [2]. EU accession in 2004 and the real estate boom at the end of the first decade of the new millennium, acted as additional pull factors for immigration [1]. The financial crisis then led to a decrease in immigration and an increase in emigration around 2013 [1, 4]. In recent years, immigration numbers have been rising again. During the summer of 2018, the number of refugees arriving in boats increased significantly [1]. In 2013, the largest migrant groups were from United Kingdomand Northern Ireland (42,900), Greece (27,900), Georgia (18,000), the Russian Federation (15,300), and Sri Lanka (11,600) [5]. Between 1990 and 2019, the migrant population (born abroad) more than quadrupled (43,800 to 191,900) and the migrant proportion of the total population almost tripled (5.7 to 16%) [6]. As of 2020, the net migration rate is 4.2 [7].

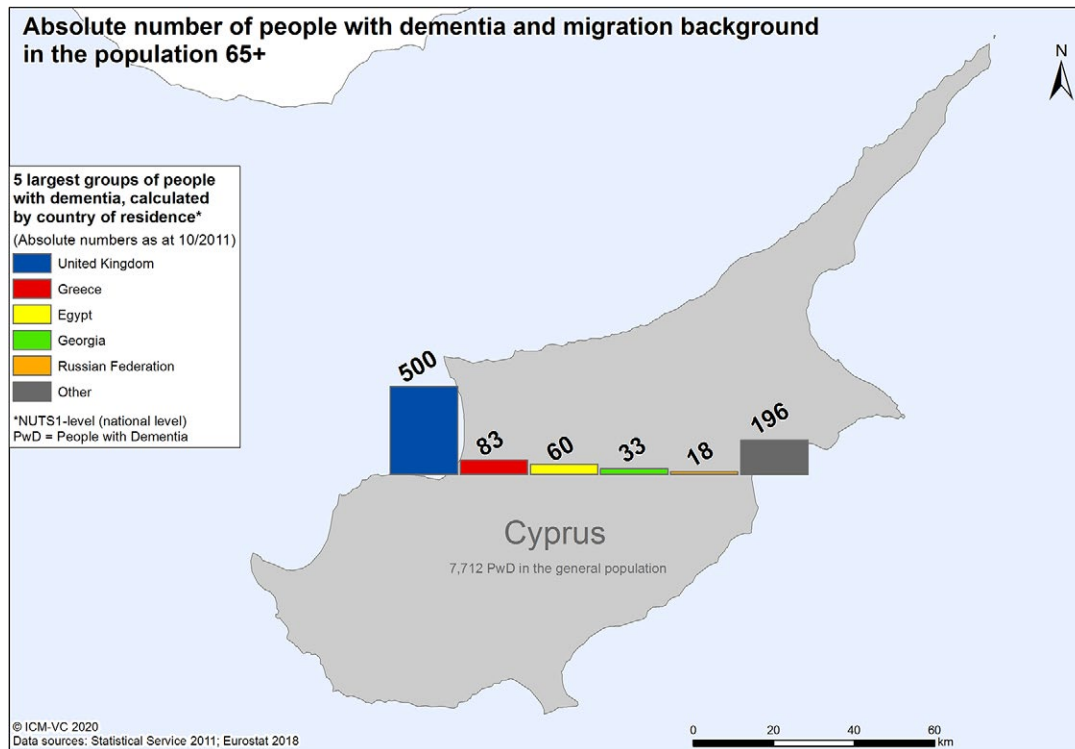## 2. Estimated number of people with a migration background with dementia

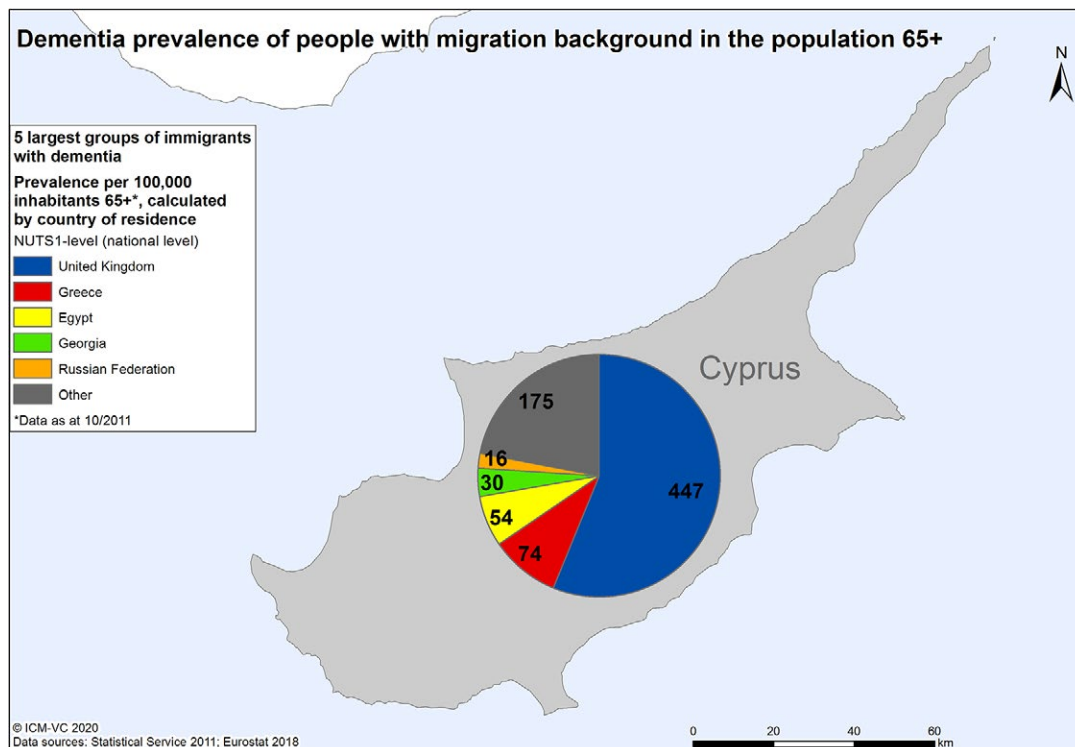Fig. 3.7.5.1: Absolute number of PwM with dementia aged 65+ (Cyprus – Nation)

Fig. 3.7.5.2: Prevalence of PwM with dementia among the population aged 65+ (Cyprus – Nation)

Tab. 12: PwM with dementia: Absolute numbers, prevalence among PwM aged 65+, and prevalence among overall population aged 65+ (Cyprus – Nation)

NUTS	Total	CY	1. largest group	2. largest group	3. largest group	4. largest group	5. largest group	Other
Absolute Numbers								
Cyprus	7,712	6,823	UK 499	GR 83	EG 60	GE 33	RU 18	171
Prevalence/10,000 inhabitants with migration background 65+								
Cyprus	5,984	-	UK 388	GR 64	EG 47	GE 26	RU 14	151
Prevalence/100,000 inhabitants 65+								
Cyprus	6,900	6,104	UK 447	GR 74	EG 54	GE 30	RU 16	150

Data source: Statistical Service (2011)

There are 12,900 PwM aged 65 or older. Of those, approx. 900 are estimated to exhibit some form of dementia. Figure 3.7.5.1 shows the most affected migrant groups presumably originate from United Kingdom (approx. 500), Greece (approx. 80), Egypt (approx. 60), Georgia (approx. 30), and the Russian Federation (approx. 20). The second graph highlights the number of PwM with dementia in Cyprus per 100,000 inhabitants aged 65 or older (figure 3.7.5.2). Table 12 displays the values depicted in the maps on the national level [8-10].

3. National dementia plan

The 'National Action Plan for the Treatment of Dementia in Cyprus 2012–2017' from 2012 has no separate chapter on migration but refers briefly to this topic with three sentences in two sections. First, it is pointed out that ethnicity is a risk factor for dementia, as well as age and gender. Why and to what extent ethnicity is a risk factor is not explained. In addition, the national strategy commits to the values of equal access to diagnostic tests, treatments, medicines, and care without discrimination on the basis of gender, age, ethnicity, and origin. How they intend to ensure this equal access or fight against discrimination based on ethnicity or origin is not stated (no strategies/measures). Other issues such as prevalence, needs, or diagnosis are not addressed. Overall, the topic of migration plays a marginal role in the national action plan for the treatment of dementia, although inequalities in dementia risk and access to dementia care associated with ethnicity and origin are acknowledged [11].

4. National dementia care and treatment guidelines

According to the National Ministry of Health, Cyprus does not have a document with national treatment guidelines for dementia [12]. Regarding the organisation of healthcare, it can be noted that Cyprus is a (small) country with a highly centralised public administration, whose public health services are provided through a network of hospitals, health centres, sub-centeres, and dispensaries. Most of the organisational, administrative, and regulatory functions of the healthcare system are carried out at the state level, and the lower levels of the administration also cooperate with the central administration, especially in the implementation of public health and health promotion initiatives [13].

5. References

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