World Health Organization

Country Cooperation Strategy *at a glance*

Malta

Total population (millions, 2005)[4]	0.4
Life expectancy at birth (2004)[1]	79
Mortality rate among children <5 years per 1000 live births (2004)[1]	6
Total expenditure on health as percentage of GDP (2003)[2]	9.3
General government expenditure on health as a percentage of total government expenditure (2003)[2]	15.5
Human Development Index rank of 177 countries (2003)[3]	32
Gross national income per capita US$ (2005) [4]	13 590
Adult (15+ years) literacy rate (%, 2003)[3]	87.9
Percentage of the population with sustainable access to an improved water source (2002) [3]	100

Sources:

[1] *The world health report 2006 – Working together for health*. Geneva, World Health Organization, 2006 (http://www.who.int/whr/2006/en, accessed 27 April 2007).

[2] National health accounts: Malta [web site]. Geneva, World Health Organization, 2007 (http://www.who.int/nha/country/mlt/en/, accessed 29 April 2007).

[3] *Human development report 2006. Beyond scarcity: power, poverty and the global water crisis*. New York, United Nations Development Programme, 2006 (http://hdr.undp.org/hdr2006, accessed 27 April 2007).

[4] *World development indicators 2005*. Washington, DC, World Bank, 2005 (http://devdata.worldbank.org/wdi2005/Toc.htm, accessed 27 April 2007).

Malta is situated in the centre of the Mediterranean Sea close to Sicily. It embraces three islands: Malta, Gozo and Comino. With a population of approximately 400 000 and a total land area of 316 km², it is the European Union (EU) country with the highest population density; 98% are Roman Catholic. Over 90% of the population lives in urban areas. Malta has no formal administrative regions. There are, however, 68 local councils with limited jurisdiction. Malta gained independence from the United Kingdom in 1964. English is still the official administrative language. Since 1999, immigration to Malta has doubled due to an influx from Africa by sea, which is of great concern. The main sources of income are the manufacture and service industries, the latter of which relies upon tourism. In 2003, the rate of registered unemployment in Malta was 5.7%, well below the EU average of 13.9%. The female workforce amounts to 28.4%, which is the lowest in the EU. The health sector is one of Malta's largest employers with 7% of the total workforce. The EU accession process brought about new legislation in the areas of public health and health protection.

HEALTH AND DEVELOPMENT

The Ministry of Health has been undergoing organizational changes since 2004. The intention was to strengthen its role in health protection and its regulatory and monitoring functions, and to differentiate the role of policy-making and regulation from that of providing services. The administrative reform was well advanced in 2006. Published in 1998, the national health policy document, *Health Vision 2000*, listed coronary heart disease, stroke, lung cancer, breast cancer, diabetes, mental health and road traffic accidents as priorities. Asthma was subsequently added to the list. Smoking, obesity, high blood pressure, serum cholesterol and inadequate physical activity were identified as the most important risk factors. In 2003 and 2004 respectively, a national health interview survey and a national public health report were published. Policy evaluation and the further development of the national health policy represent an important area for future work. Other ministries as well as stakeholders outside the administration are becoming increasingly involved in the policy development process. EU accession has been a major policy driver.

Health care in the public sector is highly centralized and regulated. Health care is provided through two systems: statutory and private. With respect to quality of care, in addition to the lack of standards and procedures, there are problems related in particular to administrative matters and to the lack of a gatekeeping system, which promotes an over-utilization of secondary care services. Collaboration between the private and public sectors is still not very effective and the private sector remains largely unregulated. In 1995, regulations on licensing private clinics according to facilities and staffing were introduced. It is planned to revise these regulations to include public clinics and governance of quality care. The Government focuses on quality of care as a priority. Decentralization of the public health care system has been high on the agenda since the early 1990s.

The traditionally highly equitable health system faces a gap between available funds and increasing demands. Expenditures on pharmaceuticals have risen in recent years and cost control is a main concern of the Government.

Mater Dei Hospital. In the early 1990s, Malta decided to build a state-of-the-art acute care hospital that was also a specialist research and teaching facility. The construction of the Mater Dei Hospital and procurement of the necessary equipment received primary attention whereas health care, in particular primary health care and mental health, was neglected owing to financial restraints. The opening of the Hospital was planned for 2005 but postponed several times. It is hoped that this can take place in 2007. In the mid-1990s, the costs were estimated at Lm 50 million, but the current estimate is three times as high.

The pharmaceutical sector has undergone major reform. A Medicine Act approved in 2002 laid the foundation for a new pharmaceutical policy and more visible regulation. Malta is almost entirely reliant on the importation of medicines from overseas. Manufacturers need to undertake difficult restructuring and quality improvement processes in order to fulfil the requirements of Good Manufacturing Practice and to bring their marketing in line with EU regulations. Importers and distributors have strongly resisted the system of product registration and market authorization set up by the newly established Medicines Authority. Malta was given a four-year transition period by the EU. The number of products on the market is markedly reduced and, as cheaper products from African countries have left the market, prices have increased remarkably. There is no national system of price control for pharmaceuticals. Prices of pharmaceuticals purchased from community retail pharmacies seem high compared to the European scale. Malta has a positive list of medicines.

Disease prevention and control remains a major public health challenge. Circulatory diseases are the leading cause of death. Malta ratified the WHO Framework Convention on Tobacco Control in 2003 and the amended Smoking in Public Places Regulation came into force in 2004. There are no national screening programmes, not even for cancer. The rate of childhood obesity is one of the highest in the world. Malta is hyperendemic for meningococcal diseases, with a marked increase from 1994 to 2000 (World Health Report, 2006). Since 2001, the incidence has been slowly decreasing but remains high compared to most EU countries.

Environmental factors constitute important health risks. Bronchial asthma is more frequent in Malta than in other parts of Europe. The high prevalence of the disease is partly explained by the hot and humid climate, genetic predisposition and high smoking rates, which increase environmental tobacco smoke. Health professionals report the problem of non-compliance of asthma patients in taking medication, which sometimes causes failures in asthma control.

OPPORTUNITIES	CHALLENGES
• The organizational reform of the Ministry of Health. • The White Paper on health care reform launched at the beginning of 2005. • Strong Government commitment in the area of environment and health. • Government engagement in public health reporting, health data and monitoring. • The national health policy document, *Health Vision 2000*, published in 1998. • Government prioritization of health prevention and health promotion.	• The lack of quality of care measures in the private and public sectors. • The under-regulation of privatized health service providers. • Insufficient coordination between primary and secondary care and between the private and public sectors. • The need for a national health strategy on disease prevention and health promotion. • The lack of screening services. • The need for cost control of pharmaceuticals. • The impact of environmental risk factors on the health of the population, especially children and adolescents. • The high rate of childhood obesity (one of the highest in the world). • The hyperendemicity of meningococcal diseases.

PARTNERS

Malta cooperates with numerous countries and international organizations. Integration in the EU provides new opportunities and challenges for the health sector. A collaborative agreement between the Minister of Health of Malta and WHO was signed in 2005. The main sources of external funding for health care are currently in the form of a loan from the Council of Europe and a grant from the Fifth Italian Protocol.

OPPORTUNITIES	CHALLENGES
• Joining the EU in 2004 has created new opportunities for the health system. • The Biennial Collaborative Agreement (BCA) for 2006–2007 between the Ministry of Health and WHO and the draft BCA for 2008–2009. • Continuous fruitful dialogue and cooperation between WHO and the Ministry of Health.	• Lack of substantial WHO funding for the implementation of the BCA priorities for collaboration. • Slow political processes that focus on internal problems, such as the construction of the Mater Dei Hospital. • Implementation of priority on quality of care has not progressed due to internal political challenges

WHO STRATEGIC AGENDA

The Ministry of Health, in line with the WHO Medium-term Strategic Plan, has identified strategic areas of work for the period 2008–2013. These include: health promotion, disease prevention, and environment and health. Collaboration would also cover the following priority areas: pharmaceutical policy, including improved access to and the use of medical products and technologies; enhancement of equity in health through policies and programmes that address inequities; the reduction of morbidity and mortality and improvement in health during the key stages of life, including pregnancy, the neonatal period, childhood and adolescence; and the promotion of active and healthy ageing.

The 2006–2007 Biennial Collaborative Agreement (BCA) between WHO and the Ministry of Health is based on a specific health needs analysis and focuses on supporting the Government in implementing its national health objectives. WHO support, in terms of technical assistance from WHO staff and consultants, will be within the framework of stewardship, financing and service delivery.

- **Environment and health**. In accordance with the commitments of the Fourth Ministerial Conference on Environment and Health, Budapest, 2004, strengthening of the public health system and improvement of the institutional framework with a view to addressing environmental risk factors that impact the health of the population, in particular children and adolescents.
- **Pharmaceutical policy**. Implementation of the national medicines policy; building capacity for selecting reimbursable medicines and updating the essential medicines list; review of medicine supply mechanisms.
- **Quality of care**. Development of a national quality of care strategy.
- **Health policy**. A functional review of the structure in the Ministry of Health vis-à-vis key stakeholders, and its possible reorganization (e.g. establishment of policy, planning, monitoring and evaluation units and a strong regulations department); development of a national health strategy, which would set the framework for disease prevention and health promotion; compilation of a review and policy catalogue with a view to the further development of a framework for the regulation of public and private health services.

Priorities for collaboration in 2008–2009

- The promotion and development of health, and the prevention and reduction of risk factors for health conditions associated with tobacco, alcohol, the use of drugs and other psychoactive substances, unhealthy diet, physical inactivity and unsafe sex.
- The prevention and reduction of noncommunicable diseases, mental disorders, violence and injuries and of the associated disability and death.
- Environment and health as a continuation of the work carried out in the 2006–2007 biennium (indicated above).

ADDITIONAL INFORMATION

WHO headquarters country page: **http://www.who.int/countries/mlt/en**
WHO Regional Office for Europe country page:
http://www.euro.who.int/countryinformation/CtryInfoRes?COUNTRY=MAT&CTRYInputSubmit

This brief is available online at the WHO Country Focus web site **http://www.who.int/countryfocus**
WHO/CCO/07.04/Malta
Updated: April 2007