Malta

Health system **summary** 2024

European Observatory on Health Systems and Policies
a partnership hosted by WHO

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Contents

This Health System Summary is based on the *Malta Health System Review* (HiT) published in 2017 but is significantly updated, including data, policy developments and relevant reforms as highlighted by the Health Systems and Policies Monitor (HSPM) (www.hspm.org). For this edition of the Health System Summary, key data have been updated to those available in September 2024 unless otherwise stated. Health System Summaries use a concise format to communicate central features of country health systems and analyse available evidence on the organization, financing and delivery of health care. They also provide insights into key reforms and the varied challenges testing the performance of the health system.

Main sources:

Azzopardi-Muscat N, Buttigieg S, Calleja N, Merkur S (2017). Malta: health system review. *Health Systems in Transition*, 19(1):1–137.

Health Systems and Policy Monitor (HSPM) – Malta (2024). European Observatory on Health Systems and Policies (https://eurohealthobservatory.who.int/monitors/health-systems-monitor).

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How is the health system organized?

Malta's tax-based health system provides practically universal access to a comprehensive health benefits basket, and the private sector plays an important complementary role in service provision

Organization

The Maltese national health system serves a population of around half a million inhabitants. It is a tax-based system which provides universal health access to all citizens and residents covered by the social security legislation. The system is mixed, with the private sector playing a complementary role in service provision, but the Ministry for Health and Active Ageing is the main actor responsible for the governance, regulation, provision and standards of health services. A series of public-private partnerships transferred the management of three large public hospitals into the hands of private contractors in 2016. The agreements were initially signed for 30 years; however, control reverted back to the Ministry for Health and Active Ageing in 2023 following the legal dissolution of contracts.

More information on recent changes in governance and capacity for policy development and implementation in Malta is provided in Box 1.

Box 1 Capacity for policy development and implementation

In January 2024, a cabinet reshuffle led to the appointment of Jo Etienne Abela as Malta's new health minister, taking over from Chris Fearne, who served as Malta's Minister for Health for the eight years prior. Mr Abela, who was already the Minister for Active Ageing, is now also in charge of overseeing the country's health portfolio and policy agenda. As the Ministry for Health and the Ministry for Active Ageing merge operations under one roof, priority setting and implementation of planned initiatives are likely to be re-oriented considering the country's current priorities, particularly the increasing demands due to rapid demographic changes.

Planning

Health planning, including resource allocation and procurement, is primarily managed centrally by the Ministry for Health, while capital projects fall under the remit of the Foundation for Medical Services. The National Health Systems Strategy 2023–2030 (Government of Malta, 2022), together with other national public health strategies, provide direction, setting out the main planning priorities in relation to projected population needs. The National Health Systems Strategy has recently been updated and extended to 2033 to reflect changing priorities and needs (Government of Malta, 2024). Although there are no specific health plans at regional or local levels, the involvement of local government in primary health and community care has increased.

Providers

Health services are mainly provided by the state and the private sector, with some complementary roles played by voluntary and religious organizations in long-term and chronic care provision. The state, which delivers primary care and most secondary and tertiary care, provides access to a comprehensive

basket of health services free at the point of access. The private sector complements service provision, mainly in the areas of primary and ambulatory care, and most users pay out of pocket for these services.

A large proportion of the Maltese population opts for private providers as they tend to offer more choice, shorter waiting times and better continuity of care.

How much is spent on health services?

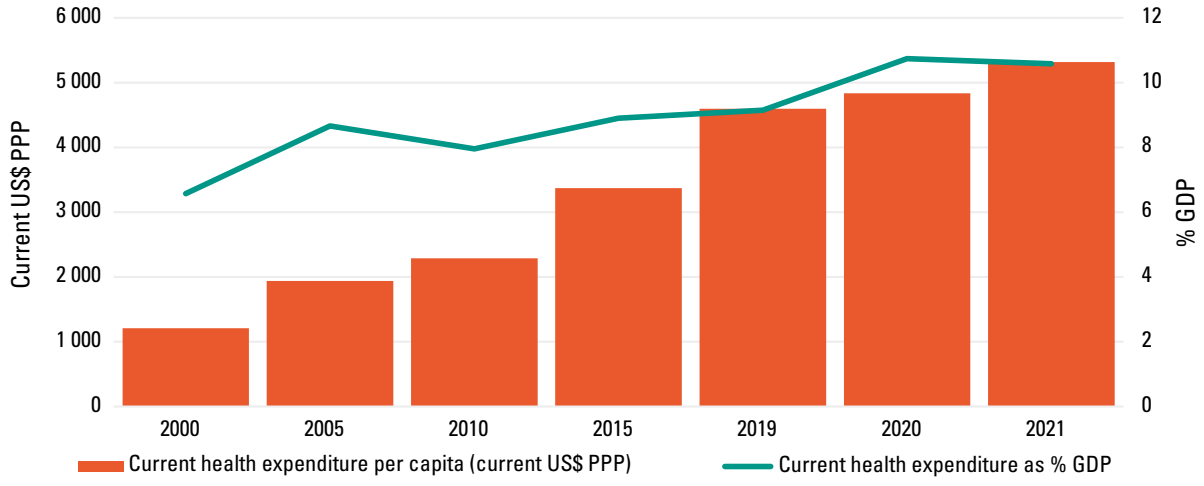
Health spending in Malta is growing, but public expenditure as a portion of total health spending is below the EU average and out-of-pocket spending is high

Funding mechanisms

Public financing of health in Malta is predominantly tax funded. The Maltese Annual Government Budget, financed by national taxes and other general revenue sources, allocates a portion of fixed funds to the Ministry for Health and Active Ageing and the Ministry of Family and Social Solidarity. Despite the recent merger of the Ministry for Health and the Ministry of Active Ageing into one, the funding and administration of these parts remain separate.

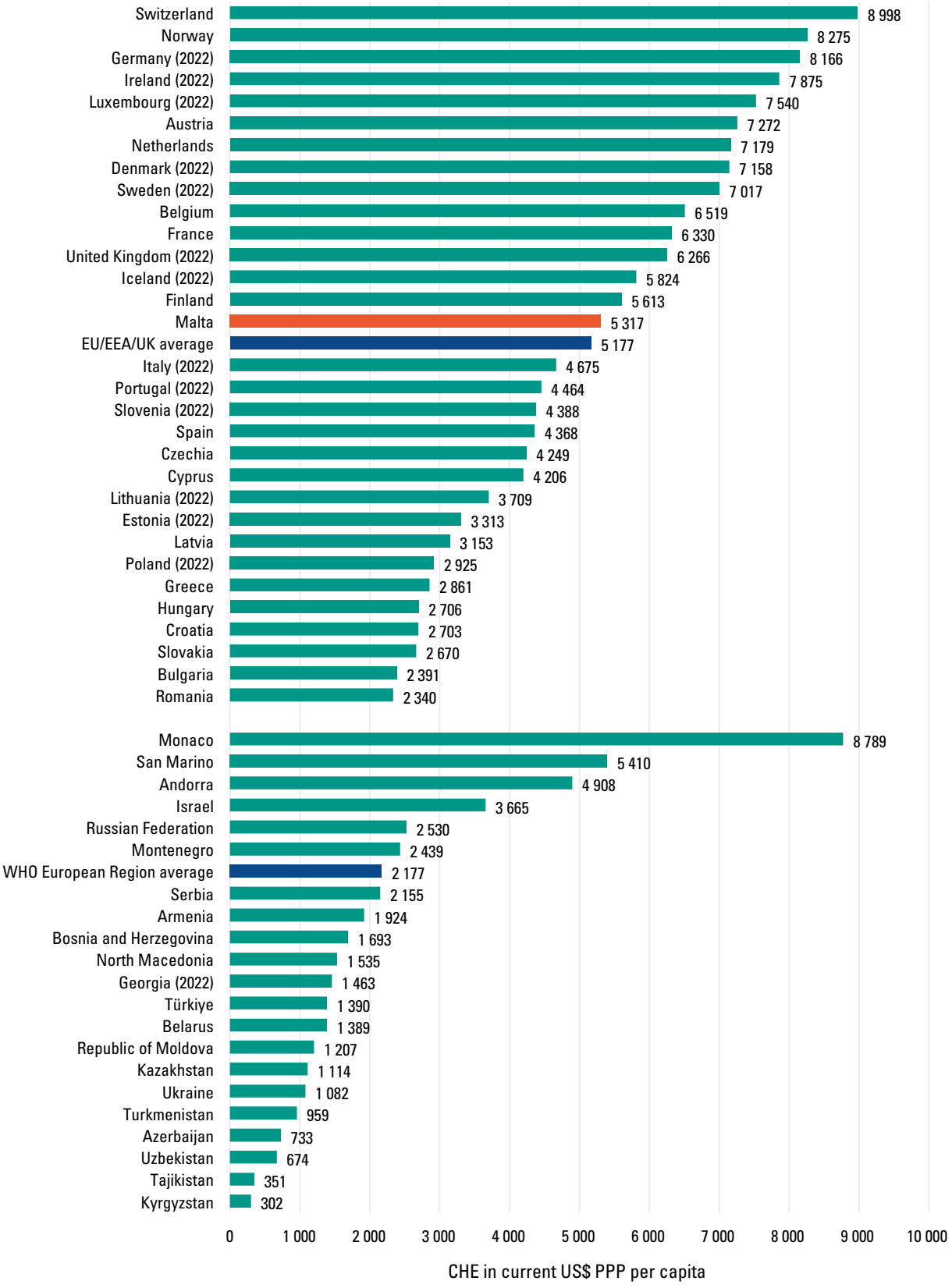
The Ministry for Health and Active Ageing finances primary care, acute hospitals, mental health, ambulatory specialties, long-term care, medicines and equipment; the Ministry for Social Solidarity funds social care. Hospitals are funded through global budgets. Contribution rates for income tax are set by Parliament and are progressive, meaning that they rise according to income.

Fig. 1 Trends in health expenditure, 2000–2021 (selected years)



Note: PPP = purchasing power parity.
Source: WHO, 2024.

Fig. 2 Current health expenditure (US$ PPP) per capita in WHO European Region countries, 2021 or latest available year



Notes: CHE: current health expenditure; EEA: European Economic Area; EU: European Union; PPP: purchasing power parity.
Source: WHO, 2024.

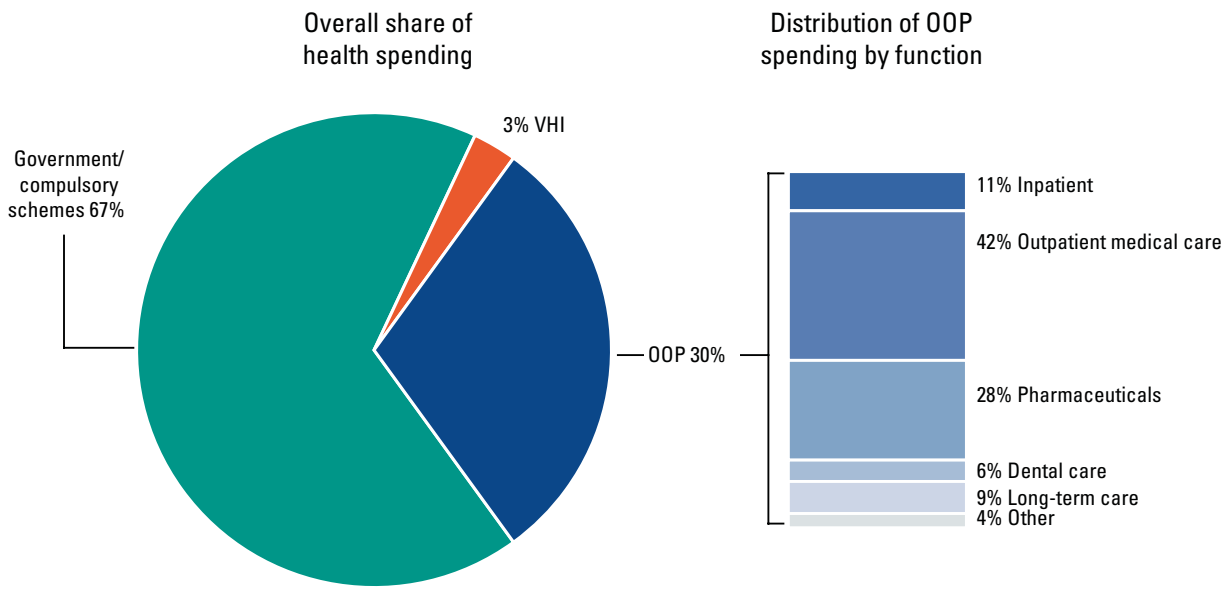
Health expenditure

In 2021, current health expenditure per capita in Malta was US$5317 (adjusted for differences in purchasing power), representing 10.6% of GDP (Fig. 1). Health expenditure in Malta has grown over the past two decades, and in 2021, it was just above the EU/EEA/UK average (Fig. 2). However, it is worth noting that recent growth was in large part due to implementing responses to the COVID-19 pandemic. Health expenditure from public sources accounted for 67% of health spending in 2021. This lower-than-EU-average (81% in 2021) rate reflects high private expenditure on health in the form of out-of-pocket (OOP) spending (30% of current health expenditure in 2021 and in 2020) and voluntary health insurance (VHI) (3%).

Out-of-pocket payments

At more than two times above the EU average (15% in 2021), Malta has one of the highest rates of OOP spending (30% of current health expenditure in 2021) in the Region. Data breakdowns for 2020 show that this is largely driven by high OOP spending on private primary and outpatient specialist care and on medicines, given that many prescribed medicines for acute conditions are not covered under Malta's publicly funded health benefits package (Fig. 3).

Fig. 3 Composition of out-of-pocket payments, 2020



Notes: OOP: out-of-pocket; VHI: voluntary health insurance. The latest available data for Malta are for 2020.
Source: OECD/European Observatory on Health Systems and Policies, 2023.

Coverage

Coverage of publicly funded health services in Malta is practically universal. Maltese citizens and residents, including most immigrants and asylum seekers, as well as foreign workers with regular work permits, are guaranteed health coverage under the country's social security legislation and on the basis of humanitarian and financial waivers. The benefits package offered by the publicly financed health system is comprehensive and includes fully covered public health care services, although not all prescription medicines are covered. Dental care is not covered except for emergencies and for children (Box 2).

Box 2 What are the key gaps in coverage?

Malta's health system offers a broad range of services yielding one of the lowest rates of unmet needs for medical care in the EU. The health system does not charge user fees, but coverage of certain services and items, including elective dental care, optical services and some pharmaceuticals, is subject to financial means testing. Nevertheless, people on low incomes qualify for access to a set list of essential medicines free of charge. Additionally, individuals with chronic conditions have free access to their required medicines irrespective of their income status.

Paying providers

In the public sector, health care workers are paid based on a salary scale system ranging from 1 (highest) to 20 (lowest). Senior medical staff receive session-based remuneration, with some performance-based components. In the private sector, salaries are negotiated directly between employers and employees, or providers are paid on a fee-for-service basis, either through OOP payments directly by the patient or through VHI. In rarer cases, private providers receive public funds when certain procedures (typically surgical or investigative procedures with long waiting lists in the public sector) are outsourced to them. This outsourcing payment mechanism has gained significance over the past two decades. Fig. 4 outlines the typical provider payment mechanisms for different health services under the public and private systems.

Fig. 4 Provider payment mechanisms in Malta






GPs	Specialists	Acute hospitals	Hospital outpatient services	Dentists	Pharmacies
Public GPs: salary Private GPs: fee-for-service	Public ambulatory specialists: salary Private ambulatory specialists: fee-for-service Other ambulatory provision: salary	Public acute hospitals: bundled payment Private acute hospitals: fee-for-service Other hospitals: bundled payment	Public hospital outpatient: bundled payment Private hospital outpatient: fee-for-service	Public dentists: salary Private dentists: fee-for-service	Public and private pharmacies: capitation

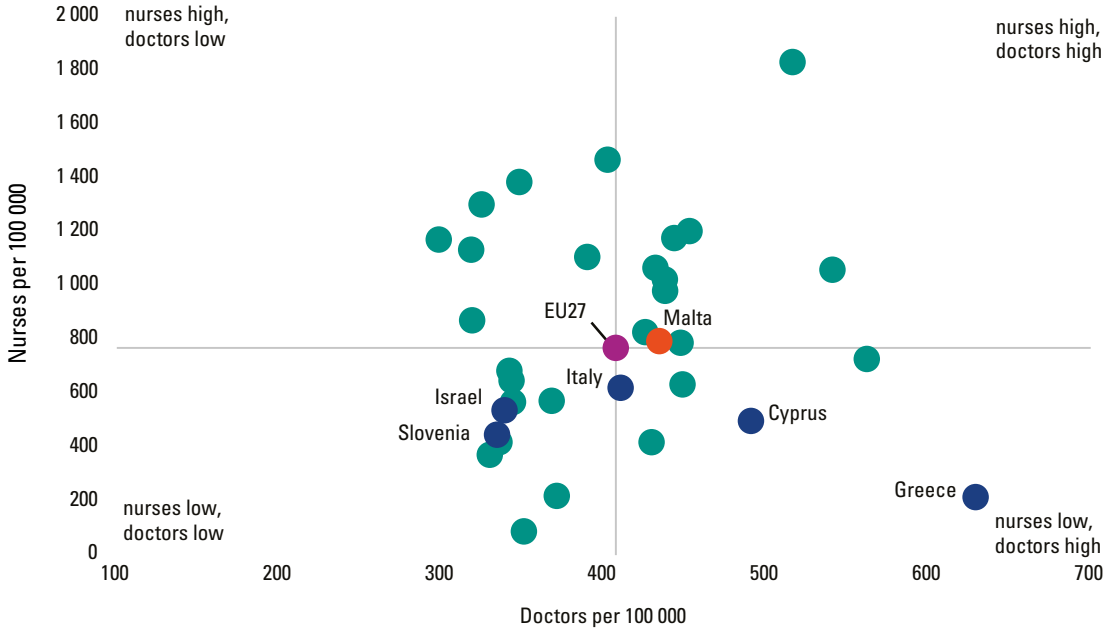
What resources are available for the health system?

The number of nurses and doctors in Malta is just above the EU average, but it has fewer acute care beds and less specialized equipment than several other Mediterranean countries

Health professionals

Due to government reforms and improved working conditions, the number of physicians and nurses in Malta has increased over the past decade. Malta has more doctors (434 per 100 000 population in 2021) and nurses (795 per 100 000 population) than the EU averages (407 doctors per 100 000 population and 770 nurses per 100 000 population in 2021) (Fig. 5). However, like in many other countries, Malta still faces health workforce-related challenges. The share of doctors practising as general practitioners (GPs) has decreased, and there has been a recent drop in the number of medical graduates, partly due to the COVID-19 pandemic. In response to workforce issues and shortages, Malta introduced its first national Health Workforce Strategy in 2022 (see Box 5).

Fig. 5 Practising nurses and physicians per 100 000 population, 2021 or latest available year



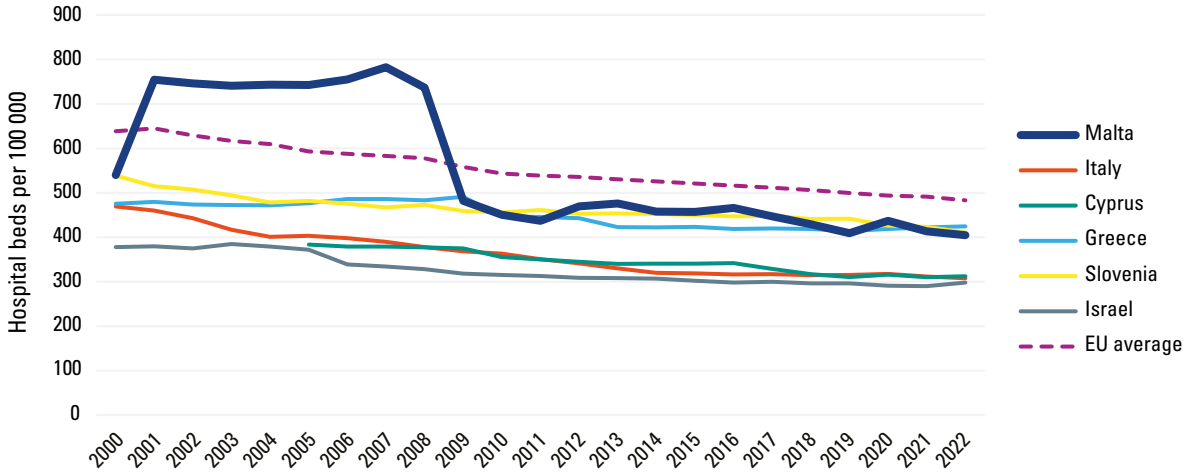
Note: Nurse numbers are for practising nurses (with an EU-recognized qualification).
Sources: Eurostat, 2024; OECD, 2024 (for Israel).

Health infrastructure

Malta has five public hospitals: one which specializes in oncology, one which specializes in rehabilitation, two of which serve as acute hospitals, and one mental health facility. Additionally, there are licensed private hospitals, private day care clinics, and mental health facilities where patients seek care. At 406 per 100 000

population (2022), the number of total hospital beds in Malta is below the EU average, but above some other Mediterranean countries including Cyprus, Italy and Israel (Fig. 6). Of these beds, the majority are acute (curative) care beds (304 per 100 000 population), with other bed types including rehabilitation and long-term care beds.

Fig. 6 Hospital beds per 100 000 population in Malta and selected countries, 2000–2022



Note: Deviations in bed numbers in Malta between 2000 and 2009 reflect the classifications of beds (including rehabilitation and long-term care beds) as well as the major restructuring of hospital bed capacity after Malta's second acute care hospital began operating in 2007, which resulted in a steep decrease in curative care beds.
Source: Eurostat, 2024; OECD, 2024 (for Israel).

Malta has relatively low rates of expensive medical equipment compared to the ranges within EU countries (Fig. 7) and compared to other Mediterranean countries. For example, Malta has 0.94 MRI scanners per 100 000 population, whereas the rates are around 3.29 in Italy, 1.97 in Cyprus, 3.73 in Greece and 1.7 in Slovenia. Similarly, Malta has 1.88 CT scanners per 100 000 population; slightly above Slovenia's rate of 1.85, but below that in Italy (4.04), Cyprus (4.82) and Greece (4.88).

Fig. 7 Magnetic resonance imaging (MRI) and computed tomography (CT) scanners in Malta, per 100 000 population, 2022

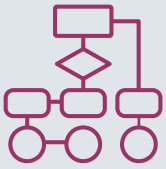
	MRI scanners per 100 000 population	CT scanners per 100 000 population
Malta	1.09	1.80
Lowest and highest in EU (range)	0.56 (Hungary) - 3.73 (Greece)	1.07 (Hungary) - 4.88 (Greece)

Sources: Eurostat, 2024, supplemented by national sources for Malta.

Distribution of health resources

Due to its geographical size, the distribution of health resources is not a major concern in Malta. However, it is worth noting that in addition to the hospitals in Malta, Gozo has its own hospital based in Victoria. A number of new community health clinics were also recently opened, including one in Gozo (late 2023) in efforts to improve primary health services and to shift provision of care outside hospital settings.

How are health services delivered?



Malta is investing resources to improve care continuity and integration

Public health

The Public Health Regulation Department in the Ministry for Health and Active Ageing is the main entity responsible for overseeing public health functions in Malta. Responsibilities for the delivery of specific functions are shared by several other directorates and national centres. The surveillance and management of infectious diseases is carried out by the Infectious Disease Prevention and Control Unit, with the Directorate for Health Information and Research supporting data collection through maintenance of disease registers, population health and health services monitoring, and epidemiological research. Conversely, the Health Promotion and Disease Prevention Directorate is responsible for health promotion and prevention campaigns, including strategies to promote healthy lifestyles and environments. Environmental health, including food safety and hygiene, is dealt with by the Environmental Health Directorate. Screening services are implemented by the National Health Screening Services Malta, while free immunizations for children, at-risk employees and travellers are offered by the National Immunisation Service anchored within the Primary Care Services Division at the Ministry for Health and Active Ageing. There is also a national entity for occupational health, the Occupational Health and Safety Authority. Finally, tailored services for persons affected by addiction problems are offered by the Sedqa agency, which is based at the Ministry for the Family and Social Solidarity.

Primary and ambulatory care

In Malta, only around 30% of primary health care visits take place in the public sector. Primary health care services that are available include general practice, community care, immunizations, child guidance clinics, child development and assessment units, national screening services, occupational health and school health services. Services are generally free of charge and delivered through either public health centres (of which there are nine in Malta and one in Gozo) or local health clinics staffed by respective district health centres. Other publicly funded services include podiatry, speech therapy, physiotherapy, radiography, medical consultant clinics, ophthalmology and optometry, well-baby and gynaecological clinics. In addition, home visits are available free of charge for urgent care of patients without means of transportation.

GP clinics in the public sector work on a walk-in basis, and patients are not registered with a specific GP. Private primary care is delivered mostly through solo and small group GP practices, and patients can choose their GP. While GPs serve as gatekeepers and

issue referrals to specialist, rehabilitative and hospital care in the public sector, no referrals are needed in the private sector and patients can access specialist services directly. A large proportion of the population opts for private primary care services due to better continuity of care (see also Box 3).

Box 3 What are the key strengths and weaknesses of primary care?

Over the past decades, there have been repeated attempts to reform primary care provision in view of strengthening continuity of care. Due to resistance, primarily from medical professionals, reforms have been of an incremental nature and have largely focused on other issues, including the expansion of service provision, infrastructure and equipment used in care delivery (for example, capacity for teleconsultations). During and following the COVID-19 pandemic, a Telemedicine Centre was launched and strengthened; it is open 24/7 and provides remote medical advice and guides patients to the appropriate services available within the community. Additionally, in late 2023, a new community health clinic opened in Gozo, as part of a wider initiative to strengthen primary health services and move care provision outside hospital settings. The clinic offers a broad range of services beyond general practice, including blood sampling, vaccinations and diabetes care. A new primary care hub in the south of the island has been built; however, due to contractual problems it has not yet opened its doors to the public. This should serve as a major hub for primary and some secondary services, complementing services currently being offered at Malta's main acute hospital.

Continuity and comprehensiveness of care are persistent issues in the Maltese primary care system. The lack of a patient registration system means patients are usually followed by different GPs over time. There has also long been a split across public and private GPs, who see a large proportion of patients in Malta, hampering coordination of care. In an attempt to mitigate the existing silos, private GPs became eligible to request imaging and laboratory investigations from the public sector in 2012. The development and sharing of electronic health records has been another important step towards narrowing the existing gap and avoiding fragmentation and duplication of care.

Hospital care

Public hospitals provide outpatient services for all specialties, which patients can access upon referral from a GP or another specialist. Waiting times vary by specialty but have generally increased since the COVID-19 pandemic. Specialist inpatient care, as well as day and emergency care, is mainly provided through the two largest public hospitals, Mater Dei Hospital in Malta and Gozo General Hospital on the island of Gozo;

Box 4 Are efforts to improve integration of care working?

A range of initiatives is being pursued to improve care integration in Malta, including:

- Expansion of community care centres to improve continuity of care between hospital and primary care levels. This also includes better community, outpatient and home-based solutions for mental health as foreseen by the National Mental Health Strategy 2020–2030 (see below for further information).
- Strengthening of preventive services, including screening programmes, following the implementation of two National Cancer Plans and renewed commitment to tackling chronic diseases in the National Health Systems Strategy 2023–2030.
- The National Health Systems Strategy also foresees an expansion in primary care clinics and remote monitoring solutions, with a focus on improving care quality, access and health outcomes for patients with cancer, cardiovascular diseases and diabetes.

five private hospitals, St James Capua, St James, St Thomas, Da Vinci and Good Samaritan Hospitals, play a complementary role. Malta also has agreements with other European countries, through the National Highly Specialized Overseas Referrals Programme, for the transfer of patients with rare diseases and for the delivery of highly specialized services abroad (for example, liver transplants). Various strategies are being pursued to improve care co-ordination and the vertical integration between primary and secondary care (Box 4).

Pharmaceutical care

Regulation, monitoring and inspection of medicinal products is conducted by the Maltese Medicines Authority. Private pharmacies based at hospitals and in the community are in charge of pharmaceutical distribution through the Pharmacy of your Choice Scheme. There are over 200 licensed pharmacies in Malta. There are also licensed manufacturers regulated under the Medicines Act who mainly produce generic medicines and medicinal gases.

Pharmaceuticals included on the Government Formulary List (which contains around 1300 products) are available free of charge to eligible patients, as are medicines used during and immediately after inpatient stays and those covering certain patients with chronic conditions and from low-income groups as specified by social security legislation. All other patients and those in the private sector pay full price for pharmaceuticals.

Mental health care

The Mount Carmel Hospital in Malta provides most inpatient psychiatric services. There are approximately 278 mental health beds in Malta and 52 in Gozo. Following the Mental Health Act of 2013, the provision of mental health services in both inpatient and community settings greatly improved in Malta. Community services were expanded, granting access to home visits and treatments, telephone interventions, social work interventions, and psychological, psychotherapy and support group sessions.

A new National Mental Health Strategy 2020–2030 was released in 2019, outlining key priorities over ten years, continuing the progressive deinstitutionalization of mental health services, increasing capacity for community services and the roll-out of home-based care options. Non-governmental organizations are also expanding their support and provision of mental health services. In late 2022, a new mental health hotline was launched to provide around-the-clock support for people suffering from mental health problems.

Future plans include the opening of a new 125 bed acute psychiatric wing at Mater Dei Hospital and the gradual transformation of Mount Carmel Hospital as a long-term geriatric facility.

Dental care

Dental care is provided by both public and private clinics in Malta. Acute emergency dental care is free of charge and available in hospital outpatient departments. All other dental care is subject to OOP fees, which can be covered by voluntary health insurance schemes. Public dental care is primarily provided by the dental departments at Mater Dei and Gozo General Hospitals, the largest hospitals. All dental clinics are inspected yearly and monitored for quality of care against standards developed by the Dental Public Health Unit at the Ministry for Health.

What reforms are being pursued?

Bolstering teleconsultations and digitalization of the health system have been a key focus of policy developments, along with targeted strategies for the prevention and management of chronic conditions and promoting active ageing

During and following the COVID-19 pandemic, the capacity to deliver remote care through teleconsultations was rapidly bolstered and gave a push to wider digitalization processes in the health care system, including increased adoption of IT-based clinical management systems and ePrescriptions, as well as the development of a national Digital Health Strategic Roadmap. As part of its national Recovery and Resilience Plan, Malta is investing €70 million into its health care system. A large proportion of funding aims to build new infrastructure and improve digital health capacity. There are also plans for the renovation of public hospitals, including the old St Luke's Hospital and Karen Grech Hospital and the establishment of a new Blood, Tissue and Cell Centre. Plans to construct a new 400 bed acute general hospital in Gozo have also been announced.

Chronic diseases, including cardiovascular conditions, cancer, diabetes and mental health problems, account for a high burden of disease and have become key policy concerns. A Non-Communicable Disease Prevention Framework document was launched for public consultation as a horizontal strategy in June 2024 (Office of the Superintendence of Public Health, Superintendence of Public Health, Ministry for Health and Active Ageing, 2024). Malta is rolling out targeted strategies and actions to tackle the prevention, management and impact of these conditions on the people affected (Box 5), including expanding available primary and outpatient care as part of the National Health Systems Strategy 2023–2030 and building a new primary health care regional centre co-funded by the EU.

With the institution of a new Minister and Ministry for Health and Active Ageing in early 2024, new policies and reform priorities are expected to emerge in the near future. At the same time, some delays on measures in the existing portfolio may occur, as the two ministries take up joint operations. The merging of mandates and the shifting political agenda have already given rise to a new National Dementia Strategy (Dementia Care Directorate & Ministry for Active Ageing, 2024), which was launched in February 2024 and aims to improve the quality of and access to dementia services in Malta over the next seven years.

Also, as a result of these political changes, the National Health System Strategy has been updated and extended to cover 2023–2033. The updates focus on a modernization and expansion programme of Malta's secondary and tertiary health infrastructure, including Mater Dei Hospital, St Luke's and Karen Grech Hospitals, Mount Carmel Hospital and Gozo Hospital.

Box 5 Key health system reforms over the last 10 years

- **National Cancer Plan (2017–2021):** building on the first national cancer plan, it aimed to further improve cancer prevention, expand screening programmes and propel care integration.
- **Mental Health Strategy for Malta (2020–2030):** with a focus on addressing social determinants, transforming service delivery and strengthening capacity.
- **National Health Workforce Strategy (2022–2030):** the first ever strategy to address health workforce shortages and gaps in training, retention and professional development.

Box 5 (Continued)

- **Digital Health Strategic Roadmap (2023–2030)**: the roadmap is being developed to potentiate the use of digital health solutions in support of the national health system until 2030.
- **Privatization of hospitals through public-private partnerships is revoked (2023)**: the management of three large hospitals in Malta and Gozo which had been with private consortia since 2016 was returned into public hands over governance concerns.
- **National Health Systems Strategy (2023–2030)**: sets out a broad portfolio of initiatives to strengthen care delivery and improve health outcomes by 2030, with a focus on chronic conditions. This has been updated to cover the period 2023–2033.
- **National Dementia Strategy (2024–2030)**: to strengthen prevention, increase awareness and improve quality of and access to dementia services.
- **Non-Communicable Diseases Prevention Framework (2025–2035)**: a foundational horizontal backbone from which specific vertical strategies will emerge, creating a unified and impactful approach to addressing NCDs in Malta and Gozo.

How is the health system performing?

Malta has some of the lowest rates of unmet needs for health care and avoidable hospitalizations in the EU. A dedicated Health Systems Performance Assessment framework helps to drive policy initiatives and national strategies.

Health system performance monitoring and information systems

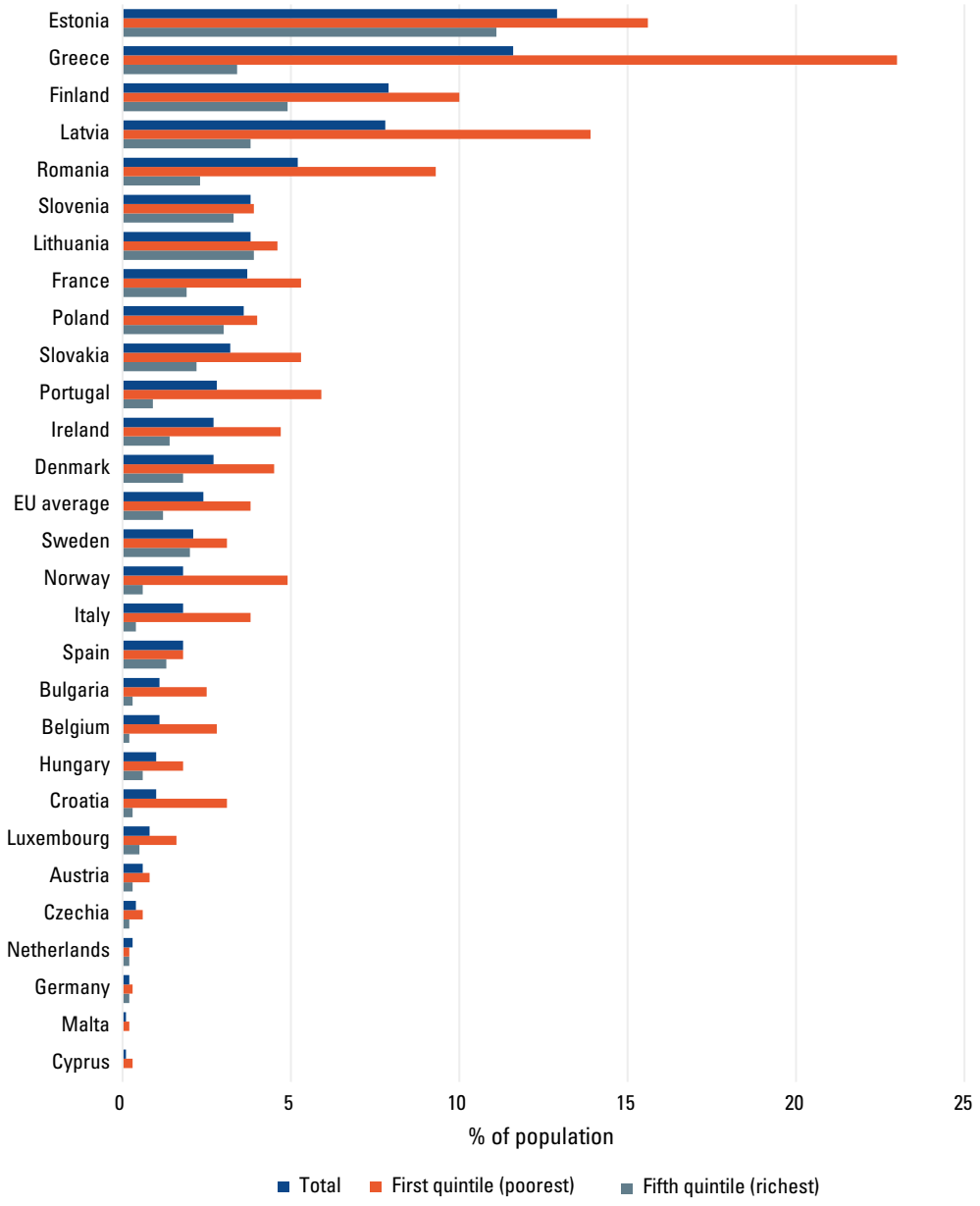
In 2015, Malta published its first Report on the Performance of the Maltese Health System, following the development of its initial Health Systems Performance Assessment (HSPA) based on 2012 data (Ministry for Energy and Health & Parliamentary Secretary for Health, 2015). This HSPA was a key outcome of the country's first National Health System Strategy (NHSS). From 17 national sectoral health strategies, 350 performance indicators were identified, and these were then refined through a deductive process to 57 key indicators. The HSPA revealed that the overall responsiveness of the Maltese health system was "good", while financing, quality, access and health status were "fair". However, the system performed poorly in resources, efficiency and determinants of health, and the stewardship domain could not be assessed due to insufficient data. The HSPA also highlighted issues with data availability and challenges in monitoring private sector performance. In December 2022, Malta launched its current NHSS for 2023–2030, following a second iteration of Malta's HSPA performance report in 2018, which, however, was not published in the public domain. The NHSS was recently updated and extended to cover the period 2023–2033. The Directorate for Health Information and Research manages national health datasets and implements the European Health Interview Surveys, while operational data such as waiting times and patient satisfaction are maintained at individual hospital levels.

Accessibility and financial protection

Malta's health system generally offers accessible and comprehensive coverage in terms of breadth (who is covered) and depth (proportion of the benefit cost that is covered). However, some benefits package issues related to novel medicines for treating cancer or rare diseases do exist. Due to the country's small size, the distribution of health workers and facilities is not a significant challenge, and the number of nurses and doctors has increased overall over the past couple of decades. During the COVID-19 pandemic, Malta expanded its capacity for teleconsultations at both primary and secondary levels of care and now remote medical consultations, either online or by phone, have become increasingly common, aiding accessibility to health services.

Health inequalities have not been a major concern, partly because there are no user charges or co-payments in the public health system, fostering a

Fig. 8 Unmet needs for a medical examination (due to cost, waiting time or travel distance), by income quintile, EU/EEA countries, 2023



Notes: EEA: European Economic Area; EU: European Union.

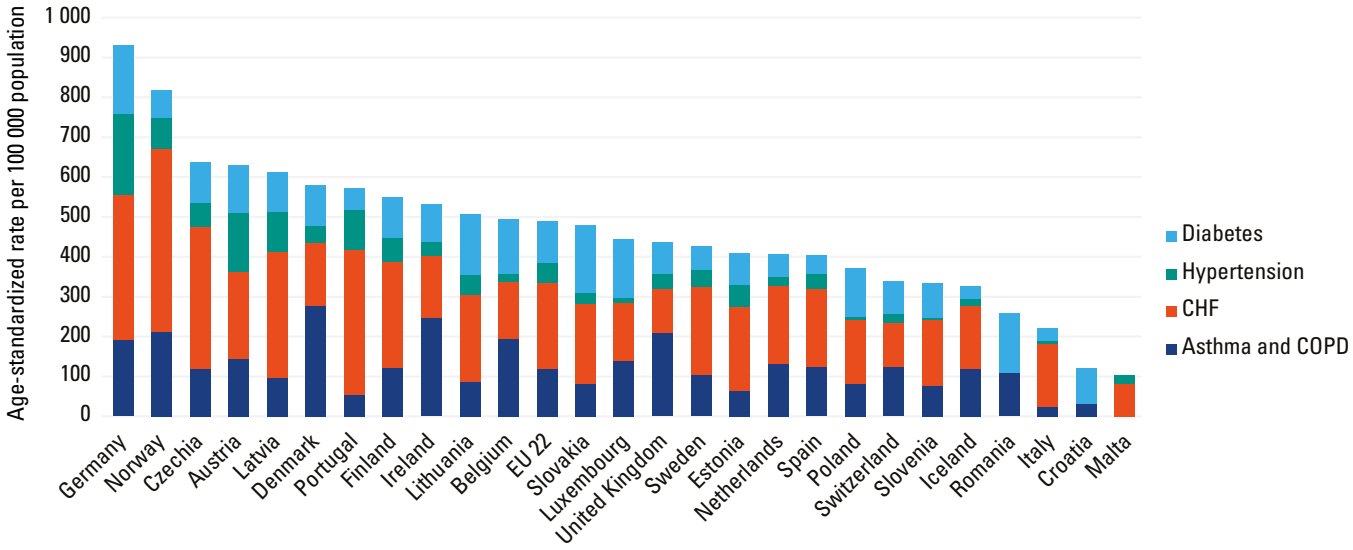
Source: Eurostat, 2024.

perception of barrier-free access to health services. Despite relatively high OOP payments, Malta records one of the lowest levels of unmet needs for medical care due to cost, waiting times or travel time among European countries (Fig. 8). Unmet needs for dental care are also low, at 0.1% of the population reporting such needs, compared to an average of 3.4% among European Union countries in 2023.

Health care quality

There is currently no formal structure to assess patient experiences while engaging with the health system or on the quality of care they receive (Box 6). Avoidable hospital admissions indicators reflect some positive aspects of the quality of Malta's primary care system. Data are not available for potentially avoidable hospital admissions for asthma and chronic obstructive pulmonary disease (COPD) or diabetes in Malta, but rates of avoidable hospital admissions for congestive heart failure (CHF) (281.3 per 100 000 population in 2020) and hypertension (28.8 per 100 000 population in 2020) are some of the lowest in the EU and well below the EU22 averages (Fig. 9).

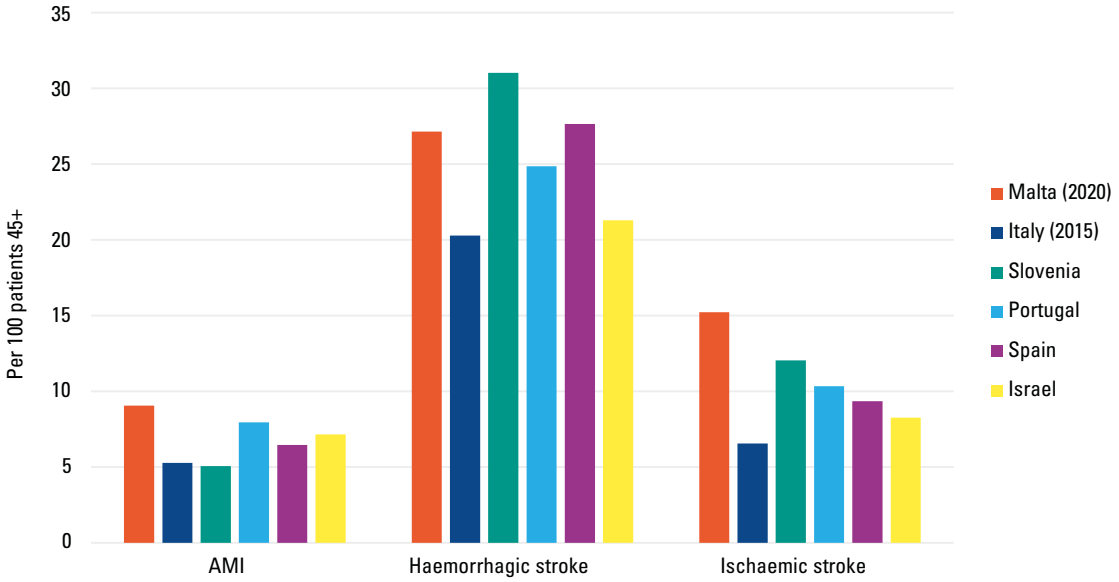
Fig. 9 Avoidable hospital admission rates for asthma and chronic obstructive pulmonary disease, congestive heart failure, hypertension and diabetes, 2021



Notes: COPD – chronic obstructive pulmonary disease; CHF – congestive heart failure. Croatia and Romania – no data for CHF or hypertension; Malta: no data for Asthma and COPD or diabetes; data for hypertension and CHF are for 2020.
Source: OECD, 2024.

In terms of quality indicators for secondary care, as Fig. 10 highlights, in-hospital mortality rates for admissions following acute myocardial infarction (AMI) and ischaemic stroke are higher in Malta than in other similar small Mediterranean countries. This may point to quality issues in hospital care.

Fig. 10 In-hospital mortality rates (deaths within 30 days of admission) for admissions following acute myocardial infarction, haemorrhagic stroke and ischaemic stroke, Malta and selected countries



Note: Data refer to 2021 unless otherwise indicated.
Source: OECD, 2024.

Box 6 What do patients think of the care they receive?

No official published research exists on patient-reported outcomes, user experience or public satisfaction within the Maltese health system. However, social media platforms like Facebook allow patients to share their experiences publicly, providing a valuable, though subjective, way to generate some public feedback.

Health system outcomes

At 132.8 per 100 000 population in 2021, Malta has one of the lowest rates of preventable mortality among EU countries (Fig. 11). Deaths from preventable causes had been declining steadily over the last decade but registered an increase in both 2020 and 2021, mainly due to the fact that COVID-19 deaths are classified as preventable deaths. Malta's high reported rates of adult and child obesity as well as high rates of adult smoking (21% of the population in 2019) (Eurostat, 2024) are both contributors to ischaemic heart disease and lung cancer, two of the main causes of preventable deaths. Issues with excessive alcohol drinking – particularly among men – and physical inactivity in adults and adolescents also constitute important risk factors affecting population health. The Maltese government has recognized the importance of tackling overweight and obesity issues in the country and has made efforts to address the obesogenic environment in recent years (Box 7).

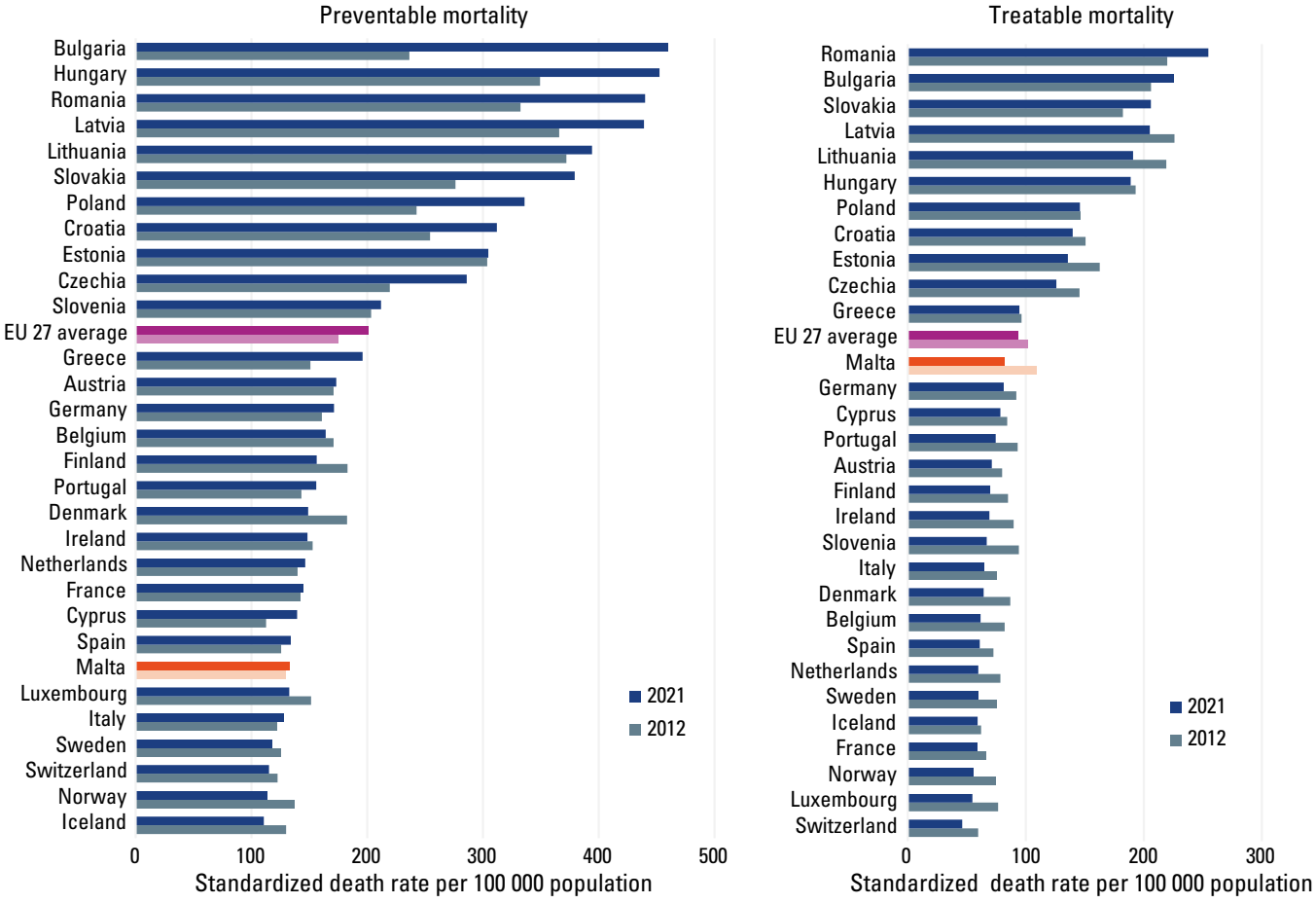
In the past decade, Malta's rate of treatable mortality has improved from 109.4 per 100 000 population in 2012 to 81.7 per 100 000 population in 2021, and now also falls just below the EU average (93.3 per 100 000 population in 2021) (Fig. 11). Ischaemic heart disease, breast and colorectal cancers as well as diabetes are among the main treatable causes of mortality that could be reduced through earlier diagnosis and timely and effective treatment.

Box 7 Are public health interventions making a difference?

Overweight and obesity issues are serious health challenges recognized by the Maltese government. In recent years a variety of public health interventions and policies have been initiated. These include legislation around nutritional labelling and advertising of unhealthy foods, healthy food programmes targeted at families, and healthy school lunch policies as well as the installation of water dispensers in schools. The National Health Systems Strategy 2023–2030 also contains targeted actions to address obesity, including a national prevention framework for noncommunicable diseases, and a recent Health Enhancing Physical Activity strategy, strengthening physical activity and weight management programmes and maintaining early childhood and family nutrition approaches to healthy eating.

A review of the implementation of Sustainable Development Goal 2 in Malta published in 2023 indicated that there has been little or no progress – or in some cases, even regression – in efforts to reduce the proportion of the population that is pre-obese, obese and overweight in Malta. The National Audit Office (NAO) of Malta has acknowledged the funding and initiatives undertaken by the government in this area and an assessment of the implementation progress of the 29 areas for action in the Healthy Weight for Life Strategy saw progress registered in specific areas (for example, physical activity promotion in schools). However, the data suggest that further efforts are needed for improvements in prevalence rates of pre-obese, obese and overweight in Malta (NAO Malta, 2023).

Fig. 11 Mortality from preventable and treatable causes, 2012 and 2021



Notes: After 2020, deaths due to COVID-19 are counted as preventable deaths, resulting in an increase in mortality from preventable causes for most countries.

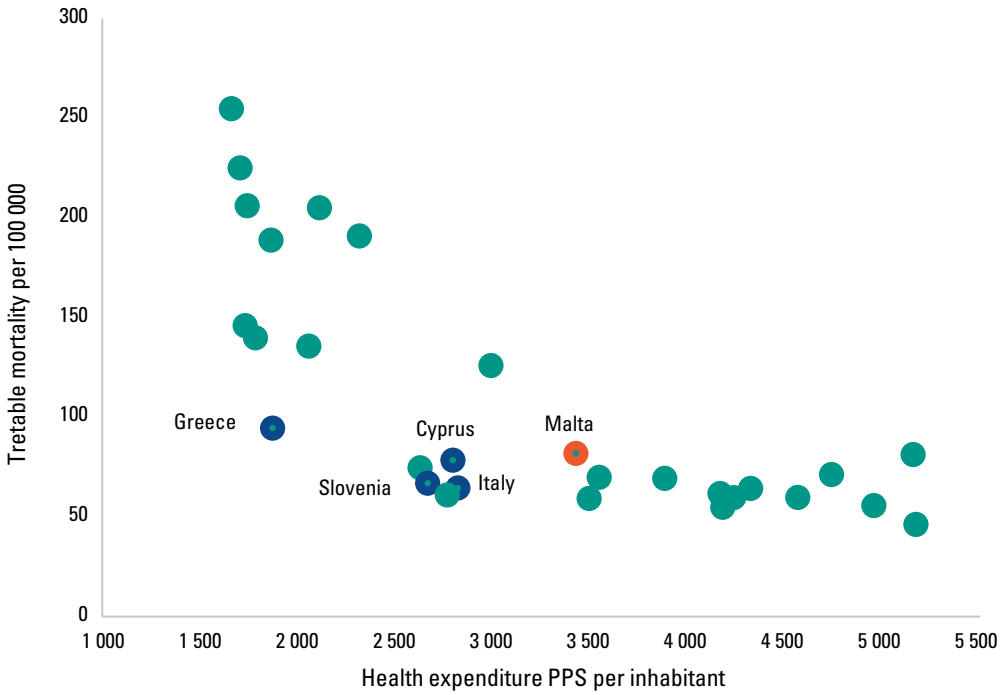
Source: Eurostat, 2024.

Health system efficiency

A cursory illustration of the health system's performance in terms of input costs and outcomes can be obtained by plotting current health expenditure against the treatable mortality rate. As an entry point for discussion, Fig. 12 shows that compared to other Mediterranean countries such as Greece, Cyprus, Slovenia and Italy, Malta spends more per capita on health but has similar (or higher) rates of treatable mortality. Nevertheless, the country registers good health outcomes in terms of life expectancy and healthy life expectancy, with the population benefiting from the mix of health services and interventions provided.

A health technology assessment (HTA) system has been in place since 2010 and was strengthened by the establishment of the Advisory Committee for Health Care Benefits – a body from which all new medicines and services must obtain approval before inclusion in the national benefits basket.

Fig. 12 Treatable mortality per 100 000 population vs. health expenditure per capita, Malta and selected countries, 2021



Source: Eurostat, 2024.

In terms of technical efficiency, some instructive indicators such as the average length of stay (ALOS) for inpatient care hospitals in Malta have stayed relatively stable over the last decade. The ALOS in inpatient settings registered at 8.6 days in 2020. This compares with 8.4 days in Italy and 7.0 days in Cyprus and Slovenia that same year. Notably, strategies have been implemented in the last decades to improve the skill mix of health professionals and to encourage efficiency in surgical practices. This has been coupled with efforts to shift care from inpatient settings to less expensive outpatient care where appropriate. Malta also implements prescribing guidelines, protocols and practices to encourage efficiency in pharmaceutical spending (Box 8).

Box 8 Is there waste in pharmaceutical spending?

In 2014, the Medicines Authority created the Medicines Intelligence and Access Unit to actively promote best practices, improve efficiency of spending and enhance the availability of medications. The Medicines Authority frequently refreshes its lists of newly approved generic drugs and compares their prices with those of brand-name and other generic options, enabling consumers to make well informed decisions about their treatment options and costs. In the publicly funded health sector, guidelines are set to ensure the cost-effective prescription of medications; however, historically, the Ombudsman has questioned the legality of these guidelines. Despite this, the Department for Health has upheld them, arguing that they represent a responsible, evidence-based allocation of public funds.

Summing up

The Maltese health system provides good coverage to a broad package of health services and has low rates of unmet need; the recently merged Ministry of Health and the Ministry for Active Ageing is geared to set new policy priorities and address existing challenges

Malta's health care system offers universal coverage with a broad range of services that are free at the point of use. While public hospitals deliver the bulk of secondary and tertiary care, including emergency services, many people opt for private providers for primary care due to greater convenience and continuity of care, resulting in high OOP expenditures. The government has increased public spending on health and had initiated public-private partnerships to manage capacity challenges, reduce waiting times and attract international patients. However, control of three large hospitals in Malta and Gozo has recently reverted to the Ministry for Health and Active Ageing following dissolution of the contract with private consortia over governance concerns. The National Health Systems Strategy 2023–2030 has been updated to meet the new challenges being faced due to a growing population and under capacity, as well as the opportunities provided by the change in ownership and management of the three aforementioned hospitals.

Challenges to the Maltese health system include expanding capacity to meet growing demands, integrating care and addressing public health issues like obesity and shifting demographics, while ensuring financial sustainability and efficiency and adapting to an increasingly diverse population. Despite these challenges, Malta has made notable strides in health outcomes, with high life expectancy, low preventable mortality rates and strong political commitment to addressing issues like obesity and alcohol-related harm. After a cabinet reshuffle in January 2024 which led to a new Health Minister and the merger of the operations of the Ministry of Health and the Ministry for Active Ageing, priority setting and implementation of planned initiatives are likely to be refocused in the near future.

Population health context

Key mortality and health indicators

Life expectancy (years)	2023
Life expectancy at birth, total	83.6
Life expectancy at birth, male	81.8
Life expectancy at birth, female	85.3
Mortality	**2021**
All causes (SDR per 100 000 population)	904.07
Circulatory diseases (SDR per 100 000 population)	271.79
Malignant neoplasms (SDR per 100 000 population)	198.27
Communicable diseases (SDR per 100 000 population)	14.4
External causes (SDR per 100 000 population)	32.89
Infant mortality rate (per 1 000 live births)	3.9
Maternal mortality per 100 000 live births (modelled estimates)*	2.9

Note: *Maternal mortality data is for 2020.
Sources: Eurostat, 2024; WHO Regional Office for Europe, 2024.

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