

# External influences and public health in Malta

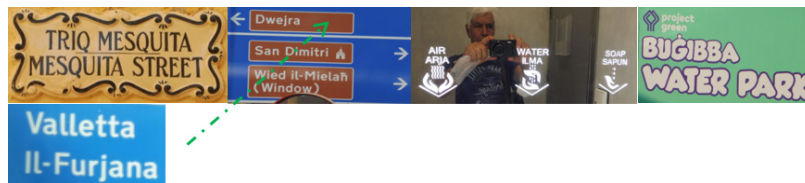
## Summary

Malta is an Island on the Mediterranean close to Italy, and Tunisia as shown in the following figure. It occupies a strategic geographical position which has earned it many influences, including Christian, Ottoman, and English. It has become a popular tourist destination.



The various external influences on Malta have generated in the current language a vocabulary derived from Arabic, English and Italian. We have seen these influences in the field: the term triq comes from the Arabic word route; the term medina comes from the Arabic madina.

We introduce here some photos that we took on the spot. In the toilets, we find the terms ilma (water), arrih (air) and sapoun (soap).



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## Health services in Malta

Health services are provided mainly by the state and the private sector. The public health care system provides a comprehensive set of services to all people residing in Malta who are covered by Maltese social security legislation. The private sector acts as a complement to health care coverage and service delivery, particularly in the area of primary health care. In addition, some services, particularly for long-term care, are provided by the private sector, church and voluntary organizations. Funding for the public sector comes from general taxation.

Maltese public health care is provided to the entire resident population under a universal system. Maltese social security legislation provides for two basic schemes: the contributory scheme, financed by global contributions paid by insured persons and employers, and the non-contributory scheme financed by a contribution from the State.

### Benefits covered, in whole or in part, by the Maltese Health Insurance Scheme include:

- Primary and preventive medical care,
- Specialized services,
- Diagnostic tests,
- Nursing and paramedical services,
- Emergency services,
- Hospital care,
- Drugs and medical devices,

- Dental care and prostheses,
- Rehabilitation,
- Home care,
- Transportation.

Since joining the European Union on May 1, 2004, Malta has adopted the EU's Common Customs Tariff (CCT). Consequently, when industrial products and agricultural products originating in one of the 25 Member States are marketed in Malta, there are no applicable customs duties.

## Malta Member of the World Trade Organization<sup>1</sup>

- Signatory to the Kyoto Protocol
- Signatory to the Washington Convention on International Trade in Endangered Species of Fauna and Flora
- Signatory to the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal
- Signatory to the Montreal Protocol on Substances that Deplete the Ozone Layer
- Signatory to the Wassenaar Accord on Export Controls for Conventional Arms and Dual-Use Goods and Technologies
- Signatory to the International Coffee Agreement

## International economic cooperation<sup>2</sup>

Malta is a member of the European Union and the Eurozone.

## Non-tariff barriers

**There are no particular non-tariff barriers. However, in accordance with EU law, there are licensing requirements for the following areas:**

- Common Agricultural Policy (CAP) licenses for importing food products.
- Division licenses for commercial services
- Licenses from the Ministry of Rural Affairs and Environment (for goods such as meat, chickens, eggs, which must pass veterinary inspection upon arrival)
- Licenses from the European Union (for the import of products and substances that destroy the ozone layer).

## Customs duties and import taxes

As a full member of the European Union, Malta imposes tariffs on imports from non-EU countries. The rates of duty are contained in the import duty legislation and can be found from the published texts.

## Organization of care

### a. Public health

**Specific public health functions are administered by the following organizations:**

- The Health Promotion and Disease Prevention Branch leads campaigns to promote healthy lifestyles and provides information and support services related to healthy living;
- The National Vaccination Service offers free scheduled vaccinations for children, vaccinations for employees exposed to specific diseases and for international travelers, as well as vaccinations against tuberculosis and hepatitis B. Flu vaccination is offered the elderly, the chronically ill and caregivers;
- The National Health Screening Services manage screening for non-communicable diseases in liaison with primary health centers.
- Agence Sedqa offers health promotion, disease prevention, treatment and rehabilitation services to people suffering from addictions (drugs, alcohol, gambling).

### b. Primary and preventive ambulatory care

**Freedom of choice for patients:** Patients are free to choose their GP or specialist and no compulsory registration is required with a GP. In the public sector, patients can consult general practitioners in health centers or private general practitioners or go to hospital emergency departments; all doctors must be registered and licensed to practice. When the patient chooses a public health provider, the care is free.

The health centers offer curative health services (medical consultations, pediatrics, speech therapy, physiotherapy, X-ray examinations, ophthalmology, gynecology and newborn care), dental and public health care (vaccinations, child health, disease screening, epidemic surveillance, occupational health services and school medicine). In addition, general practitioners are encouraged to participate directly in health promotion activities (fight against tobacco and adoption of healthy lifestyles).

Apart from general practitioner services, all public primary and outpatient services require a medical prescription.

### c. Specialized outpatient or hospital care

Specialized outpatient care is provided free of charge in hospitals and health centers in the public health sector (available in Malta, Mater Dei Hospital, and General Hospital in Gozo). In the private sector, services are offered by different providers, ranging from clinics located in or near local pharmacies, to licensed private clinics and private hospitals.

The outpatient departments of public general hospitals offer practically all specialties. Patients can choose their specialist doctor, but they must first obtain a prescription from a private general practitioner, a doctor working in a public sector health center or another specialist in the private or public health sector. Wait times vary depending on the specialty required. Some services use filtering systems to ensure that urgent cases are reviewed without delay. Access to private sector specialists does not require a referral from a GP, allowing faster access to care. When highly specialized care, such as liver or bone marrow transplantation, is required, patients are transferred to other European countries.

**Hospitalizations:** Secondary and tertiary care is mainly provided in public hospitals, with private hospitals playing a complementary role. The main general acute care hospital, Mater Dei Hospital, provides most inpatient or emergency care free of charge. On the island of Gozo, public secondary care is provided at Gozo General Hospital. This hospital offers general medical and surgical services, as well as orthopedics, obstetrics and gynecology services, and has a kidney dialysis unit. Other types of specialist care are provided at the Mater Dei Hospital in Malta. In case of emergency, helicopter transfer to Mater Dei Hospital is provided.

The private sector is represented by three private hospitals, St James Hospital in Sliema, St James Hospital in Żabbar and St Thomas Hospital in Valletta. There are also a number of private clinics which patient's access without referral and pay for expenses out of pocket or through private insurance.

Malta has a public psychiatric hospital, Mount Carmel Hospital, which provides short and long-term psychiatric care. Finally, oncology and hematology services are offered at the Sir Anthony Mamo Oncology Centre. Dermatology services are available at the Sir Paul Boffa Hospital, which has also been converted into a long-term care center.

**Rehabilitation:** public rehabilitation services are offered free of charge by the Karin Grech Rehabilitation Hospital to patients who are referred by other public hospitals, health centers or general practitioners. The hospital includes an inpatient unit for patient assessment, a post-acute care and rehabilitation unit, an inpatient day unit for assessment and interdisciplinary care, an outpatient department for physiotherapy and d therapy, and a unit for orthoses and prostheses.

**Emergency care:** The patient can contact approved public or private health centers or hospital emergency services without an initial prescription. In the Maltese healthcare system, emergency care is defined as any unplanned care. This may be care provided in the context of an emergency service either in public health centers or in hospitals. Most emergency care is provided by Mater Dei Hospital which has an ambulance service, an emergency department and a short-term observation unit. Patients in Gozo can access emergency care from Gozo General Hospital.

### d. Pharmacy

The distribution of pharmaceutical products takes place in private pharmacies and hospital pharmacies, licenses being issued on the basis of demographic criteria defined by the Medicines Act.

Pharmacy licensing regulations specify the criteria for opening new pharmacies, as well as the standards that must be met. The number of pharmacies that may be permitted within the boundaries of a town or village must not be less than two, and these pharmacies must be located at a distance of at least 300 meters from each other. In each city or town, the number of pharmacies must not exceed a pharmacy/inhabitant ratio of 1:2500. Current legislation does not allow pharmacies on the Internet. Pharmacies can only buy medicines from authorized wholesalers.

## Advertising for prescription

Advertising for prescription drugs is not allowed, but only for over-the-counter products. The sale of pharmaceutical products is only permitted in licensed pharmacies.

In the private system, patients have to pay for pharmaceuticals in full, while in the public sector, drugs on the list of reimbursable drugs are provided to patients free of charge.

All drugs used during hospitalization, and during the first three days after discharge, are free. If a prescription for drugs or medical devices is necessary following a medical consultation (primary or specialized care) or after leaving a health facility (except during the first three days), a prescription for a licensed physician is required. Medicines and medical devices can be purchased from any retail pharmacy in Malta and the costs are fully borne by the patient, who pays for them directly. People on low incomes are entitled to free medicines from a restricted list of essential medicines and certain medical devices. People suffering from chronic illnesses are also entitled to free medication, strictly linked to the chronic illness they suffer from, this benefit being independent of their financial means.

## Long-term care

Long-term care is provided by the State, the Church and the private sector. They come under a universal system based on residence, age and need. There is no specific system: coverage of the risk of long-term care is ensured through different schemes and organized at central level but implemented at local level. The scheme consists mainly of benefits in kind, some of which are means-tested and others according to need. These benefits are financed by general taxation.

The main beneficiaries of social services are the elderly and the disabled (children and adults). People with disabilities, given their specific needs, can be provided with assistance or permanent nursing care. However, a person must be over 60 and/or have a disability that makes them unable to live in their home to be admitted to an institution for the elderly. Needs are individually assessed by a multidisciplinary team of healthcare providers.

Home care services provide personal help to people who need it. They offer home help to enable seniors and/or people with special needs to continue to live in their community as independently as possible (meal delivery, personal assistance and home help, a public health nurse to promote health and independence, remote care service). They also provide respite and support for informal caregivers and avoid/delay stay in a long-term residential care facility.

Residential care is provided either in day or night reception centers mainly to maintain the social life of patients or to provide assistance to family careers, or in residences or homes for the elderly. The largest retirement home for the elderly is a public institution, St Vincent De Paul, supplemented by regional institutions. It is the only geriatric establishment that offers on-site medical care 24 hours a day, 7 days a week. It has units for different levels of dependency and its staff is

made up of medical and paramedical personnel, including paramedics. There are also private residential centers. In addition, a central public psychiatric institution (Mount Carmel Hospital) provides treatment and care for people with mental disabilities.

Contact details of processing locations

- Health centers (“health centers” tab)
- Hospitals (“services” tab then “hospitals”)
- Structure of care by specialty (“clinics” tab)
- Pharmacies

## Health system monitoring

### a. The Ministry of Health<sup>3</sup>

It plays a crucial role in the regulation of healthcare providers at the national level through the Department of Health Regulation, specifically the Directorate of Public Health. This directorate ensures that the regulations and standards promulgated by the Ministry of Health are applied by public and private service providers. It grants licenses to all public or private health providers, monitors and inspects the delivery of health care services for quality and safety.

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Other information relating to the social security system and its financing as well as the conditions for covering healthcare can be found on the Cleiss website.

## b. Directorates and agencies under the Ministry of Health

### Departments and agencies under the Ministry of Health

- The Infectious Diseases Prevention and Control Unit: responsible for the surveillance and management of infectious diseases. It provides infectious disease data to the local and international scientific community, as well as advice to health workers and the general public.
- The Directorate of Hygiene deals with environmental issues that affect the health and well-being of the population. It covers health inspection services (including food safety and hygiene), public health laboratories, and port medical services.
- The Office of Occupational Health and Safety manages occupational health and safety inspections.
- The Health Information and Research Branch supports all public health and clinical services through data collection and epidemiological research initiatives. It is responsible for collecting data for maintaining disease registers, monitoring hospital activity and disseminating data on the health of the population and health services.
- In addition, in the interests of patients' rights, the Government has created three Commissionerships: the Commissioner for Health, the Commissioner for Mental Health and the Commissioner for the Elderly. These officials act as mediators in dealing with grievances and concerns from the public in their respective areas.
- The Medicines Authority is the body which regulates controls and inspects the market for medicines and pharmaceutical activities, in terms of quality and safety. It also oversees clinical trials. It is responsible for protecting and improving public health by making additional information about medicines available to patients in order to empower patients and support rational use of medicines.

## External influence on Malta

### a. Christian influence

During the French invasion in 1798, it was the Church which united the Maltese against a policy deemed to be anticlerical. During the British domination, it was still the Church which knew how to organize the Maltese community around Catholicism against a Protestant colonizer.<sup>4</sup>

### b. Ottoman influence

The Great Siege of Malta was led by the Ottomans in 1565 to take possession of the archipelago and drive out the order of Saint John of Jerusalem. Despite their numerical superiority, the Ottomans did not overcome the resistance of the knights and had to lift their siege after having suffered heavy losses.<sup>5</sup>

At the end of May 1565, a large Turkish force, under the command of General Mustafa Pasha and Admiral Piyale Pasha, lands in Malta

and lays siege to the Christian positions. The Knights of the Order, supported by Italian and Spanish mercenaries, and by the Maltese militia, are commanded by the Grand Master of the Order, Jean de Valette. Outnumbered, the defenders took refuge in the fortified towns of Birgu and Senglea, awaiting help promised by King Philip II of Spain. The assailants began their siege by attacking Fort Saint-Elme, which commanded access to a roadstead allowing the galleys of the Ottoman fleet to be sheltered. The knights nevertheless manage to hold this position for a month, causing the Turkish army to lose considerable time and many men. At the beginning of July, the siege of Birgu and Senglea begins. For two months, despite their numerical superiority and the importance of their artillery, the Ottomans saw their attacks repelled, with heavy losses

### c. British influence

The British soon realized Malta's value as a colony in the Mediterranean, and with the Treaty of Paris in 1814, Malta became part of the British Empire.

Although Malta is a very unique island, British influence can be felt in many areas. Malta was an integral part of the British Empire for over 150 years and, during this period, Britain imposed its language as well as its political and economic power.<sup>6</sup>

## Ministry of health

The Ministry of Health is responsible for financing and providing public health services. Patients can consult a specialist on the recommendation of a general practitioner. There are also private hospitals, clinics and other establishments in Malta.

## Acknowledgements

None.

## Conflicts of interest

The author declares that there are no conflicts of interest.

## Funding

None.

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