

## National Report – Malta

- **population data; geographical size**

According to the National Statistics Office in Malta, the estimated total population of Malta and Gozo at the end of 2019 stood at 514,564,

REFERENCE:

[https://nso.gov.mt/en/News\\_Releases/Documents/2020/07/News2020\\_114.pdf](https://nso.gov.mt/en/News_Releases/Documents/2020/07/News2020_114.pdf) (accessed 5th September 2020)

Persons under the age of 18 made up 16 per cent of the total population, while a further 18 per cent were aged 65 years and over. Of these, 3,049 persons – 2,132 females and 917 males – were aged 90 years and over.

Malta is the largest of the three major islands that constitute the Maltese archipelago (Malta, Gozo and Comino). Malta is in the middle of the Mediterranean Sea directly south of Italy and north of Libya. The island is 27 kilometres (17 mi) long and 14.5 kilometres (9 mi) wide, with a total area of 246 square kilometres (95 sq mi). Gozo is the next largest inhabited island, and it covers 67 square kilometres (26 sq mi), and is 14 kilometres (8.7 mi) long and 7.25 kilometres (4.50 mi) wide. Comino is the smallest of the 3 inhabited islands measuring 3.5 square kilometres (1.4 sq mi) in area, and inhabited by 3 people.

- **what are the official languages in your country? What other languages are commonly spoken?**

In Malta, the official languages are Maltese and English. Most Maltese people can also speak Italian, mainly due to the close proximity to Italy (Sicily is only 60 km north from the Maltese archipelago). Other languages which are commonly spoken are French and Arabic, due to the proximity of North Africa (Tunisia and Libya), as well due to the migrant situation and tourism.

- **socioeconomic profile; average income & percentage of population in different income brackets; employment & unemployment profile; percentage of people receiving social benefits**

**Socioeconomic profile:** In Malta, provisional estimates indicate that the Gross Domestic Product (GDP) for the second quarter of 2020 amounted to €2,825.2 million. REFERENCE:

[https://nso.gov.mt/en/News\\_Releases/Documents/2020/08/News2020\\_142.pdf](https://nso.gov.mt/en/News_Releases/Documents/2020/08/News2020_142.pdf) (accessed 7th September 2020).

**Income:** The European survey on income and living conditions (EU-SILC) measures income distribution, relative poverty, material deprivation and social exclusion in private households. Results for 2018 show that there were 187,749 households in Malta and Gozo, of which 34 per cent house dependent children. The average annual disposable income of Maltese households was measured at €27,830. The Household Budgetary survey conducted in 2015 had shown that on average 20 per cent of the total household expenditure goes towards food and non-alcoholic beverages, an

additional 14 per cent is spent on transport while 8 per cent goes towards recreation and culture.

REFERENCE: <https://nso.gov.mt/en/nso/Media/Salient-Points-of-Publications/Documents/Key%20Figures%20for%20Malta%20-%202019%20Edition/Malta%20In%20Figures%20-%202019.pdf> (accessed 5th September 2020)

REFERENCE: <file:///C:/Users/Jean%20Calleja%20Agius/Downloads/WP-06-2018.pdf> (accessed 7th September 2020)

**Employment:** The employment rate for those aged between 15 and 64, stood at 71 per cent during 2018. The employment rate for men stood at 81 per cent, while that for females was of 61 per cent. Persons with a tertiary level of education made up 31 per cent of employed persons during 2018. Unemployment was noted to be highest among those with a low level of education (secondary level or less), at 56 per cent. This group is the most likely to be inactive - 74 per cent of those inactive in 2018. This contrasts with the inactive segment of persons with a post-secondary educational level - 18 per cent of inactive persons.

In July 2020, the seasonally adjusted monthly unemployment rate was 4.1 per cent. For the month under review, the seasonally adjusted unemployment rate for males was 3.8 per cent while the rate for females stood at 4.6 per cent. The seasonally adjusted unemployment rate during July 2020 for persons aged 15 to 24 years (youth unemployment rate) was 9.1 per cent while the rate for those between 25 and 74 years stood at 3.6 per cent.

REFERENCE:

[https://nso.gov.mt/en/News\\_Releases/Documents/2020/08/News2020\\_143.pdf](https://nso.gov.mt/en/News_Releases/Documents/2020/08/News2020_143.pdf) (accessed 7th September 2020)

**Social Benefits:** Spending on Social Security Benefits totalled €555.3 million during the first half of 2020. By the end of June 2020, Non-Contributory expenditure reached €98.2 million, a 1.5 per cent increase from 2019. Disability Pensions/Allowance registered the highest rise at €1.3 million, followed by Old Age Pension (€1.2 million), Child Allowance (€0.5 million), Supplementary Allowance (€0.3 million), Medical Assistance (€0.2 million), Non-Contributory Bonus and In-Work Benefit (both €0.1 million). Conversely, spending towards Total Social Assistance declined by €2.2 million. During the first half of 2020, the largest number of Contributory beneficiaries was reported under the Two-Thirds Pension (51,601). Furthermore, there were 8,791 individuals who benefitted from the COVID-19 social benefits. Children's Allowance reported the highest share of Non-Contributory recipients, with 41,854 families in receipt of the benefit.

REFERENCE:

[https://nso.gov.mt/en/News\\_Releases/Documents/2020/07/News2020\\_126.pdf](https://nso.gov.mt/en/News_Releases/Documents/2020/07/News2020_126.pdf) (accessed 7th September 2020).

- **educational profile; percentage of the population achieving different levels of education**

Student enrolments during academic year 2016-2017 totalled 80,293, almost at par with the previous academic year. During academic year 2016-2017,

foreign students numbered 7,247, accounting for 9 per cent of the total student population. Students aged 15-19 totalled 16,581, and those aged 20-24, 7,662. The latter figure is indicative of the fact that schooling is not mandatory beyond age 16. However, enrolments show a year-on-year increase for all age groups beyond age 25. The increase in the 25-34 age group alone was of almost 10 per cent.

REFERENCE: <https://nso.gov.mt/en/nso/Media/Salient-Points-of-Publications/Documents/Key%20Figures%20for%20Malta%20-%202019%20Edition/Malta%20In%20Figures%20-%202019.pdf> (accessed 5th September 2020)

- **funding and structure of healthcare in Malta;**

The Maltese population enjoys one of the longest life expectancies in the EU. Maltese people spend the majority of their lives in good health, with 67% of life after age 65 spent without chronic diseases and disabilities, a far higher share than the EU average. However, the Maltese Health Profile highlights that the prevalence of diabetes is growing and socioeconomic inequalities in life expectancy and self-reported health status persist when compared to previous reports. Malta registers the highest obesity rates in the EU, with more than a quarter of adults in 2017 and one third of 15-year-olds in 2013–14 being overweight or obese. This presents a major public health challenge. The Malta profile also outlines the expenditure on health and reports that Malta recorded one of the largest increases in per capita health expenditure in the EU over the last decade. (REFERENCE:

[https://ec.europa.eu/malta/news/malta-country-health-profile-2019\\_mt](https://ec.europa.eu/malta/news/malta-country-health-profile-2019_mt) (accessed 6th September 2020)

The Maltese health system provides a comprehensive basket of health benefits, though a few services, such as elective dental care, optical services, assistive devices such as hearing aids and some medicines, are means-tested. Primary and ambulatory care is readily available through the public and private sectors. Many people choose to access primary care services in the private sector because they offer better continuity of care. Secondary and tertiary care is currently provided mainly through public hospitals. The main acute general hospital (Mater Dei) caters for the bulk of emergency care. The private sector accounts for about two-thirds of the workload in primary care and is remunerated on a fee-for-service basis.

REFERENCE: Azzopardi-Muscat N, Buttigieg S, Calleja N, Merkur S (2017). Malta: Health system review. Health Systems in Transition, 2017; 19(1):1–137. [https://www.euro.who.int/data/assets/pdf\\_file/0009/332883/Malta-Hit.pdf?ua=1](https://www.euro.who.int/data/assets/pdf_file/0009/332883/Malta-Hit.pdf?ua=1) (Accessed 7th September 2020)

- **how is cleft care organised/funded; which disciplines are involved in cleft care; how is speech and language therapy provided (if at all); how is psychological support provided (if at all)?**

First of all, it is important to specify the low prevalence of cases of cleft lip and palate in Malta (less than 5 cases per year).

REFERENCE:

<https://deputyprimeminister.gov.mt/en/dhir/Pages/Registries/birthdefects.aspx> (accessed on 4/9/2020)

Cleft care is offered through the National Health Service (NHS). Respective surgical procedures are offered 'free of charge' through the NHS. Children born with a cleft are referred to the multidisciplinary cleft team of professionals who assess and review them periodically. The team, chaired by an orthodontist, includes also a dental surgeon, 2 plastic surgeons, and 2 speech language pathologists. Speech and language therapy is mainly provided through primary health centres and district clinics. Speech language pathologists may also offer the service in the child's school. Some parents opt to take the children privately to speech and language therapy, mainly to receive more frequent sessions and in some instances to benefit from home visits. Children with clefts are normally seen by a generic speech language pathologist. A complementary service is also offered free of charge through the University clinic.

The acute general hospital offers the services of a clinical psychologist. The family of a child with a cleft may be referred to the psychologist if considered necessary.

- **Description of your own institution; description of patient population (for example, are patients with other congenital anomalies treated at your hospital)**

Mater Dei Hospital is the only national public acute general teaching hospital offering a full range of hospital services, both secondary and tertiary services. Another important aspect of Mater Dei Hospital's remit is to provide facilities for learning, training and research in collaboration with academic institutions, mainly the University of Malta (training courses for doctors, nurses, pharmacists, dentists and many other health professionals). Mater Dei Hospital has 928 inpatient beds, around 86 day care beds and 4172 staff, both clinical staff and support staff. Mater Dei Hospital caters for all medical specialities, including Medicine, Surgery, Orthopaedics, Cardiac Services, Ophthalmology, Dentistry, Paediatrics, Neuroscience and Obstetrics & Gynaecology. Apart from inpatient services, the hospital offers emergency services (Casualty), day care services, outpatient services and diagnostic services, many of which are unique in Malta. The hospital has three intensive care units – a general adult ICU, a cardiac ICU and a neonatal / paediatric ICU. Current activity levels (some examples):- ♣ 1935 outpatient appointments per day ♣ 329 patients seen per day at the Emergency Department ♣ 101 emergency inpatient admissions per day ♣ 171 booked inpatient admissions per day (inc. renal unit and nursery cots) ♣ 141 surgical operations carried out per day ♣ 200 patients go to the Pharmacy daily ♣ 20,997 laboratory tests are carried out daily ♣ 650 radiology tests daily. It also provides an extensive range of specialist services, including patients with all congenital anomalies. There are also bilateral agreements with hospitals abroad (mostly based in London, UK) where patients are sent for certain specialist treatment which, due to low numbers, are not offered locally.

REFERENCE:

<https://deputyprimeminister.gov.mt/en/Documents/FOI/Mater%20Dei%20Hospital%20v2.pdf> (Accessed 4/9/2020)

- **Which disciplines are involved in providing care for patients and families affected by cleft in your institution; is speech and language therapy included? What about psychology?**

The disciplines include: plastic surgery, orthodontics, dental surgery and speech and language pathology.

So yes, Speech and language therapy is included, but, to date, there is no involvement of a psychologist or a geneticist.

- **Does your team undergo any training in SLT and/or psychological aspects of care?**

Speech language pathologists are involved in continuing professional development/training of other health care professionals. This normally takes the form of seminars/lectures. It is unlikely that specific training is provided in relation to SLT for children with clefts.

It is unlikely that the team receives training in psychological aspects of care; however, this is included in the SLT students' programme of studies.

- **Current challenges faced in providing care for patients and families affected by cleft in your institution and across the country.**

At the main national public hospital (Mater Dei Hospital), there is a cleft care team which caters for all the patients with cleft in the Maltese islands.

However, the care, as described by the patients, is rather fragmented and does not cover all aspects (eg there is no obstetrician or midwife or geneticist in the team).

- **What is the situation for people with cleft in society? What challenges do they face?**

The older generation of people with clefts did not benefit optimally from plastic surgery and SLT since these services were very sporadic in the past. Consequently, their craniofacial dysmorphias (particularly if syndromic) are more visible to the general public. Younger individuals are benefitting from early speech and language therapy, audiological reviews and plastic surgery with more positive outcomes, particularly in relation to intelligibility of speech and control of conductive fluctuating hearing loss associated with otitis media with effusion.

- **Are the challenges faced by people distressed by their appearance a priority for your government?**

- This is normally not considered a life threatening situation which requires immediate attention.