# Malta

This country assessment is based on (1) the responses to a WHO Regional Office for Europe questionnaire designed to gather information on key elements of WHO Regional Committee for Europe resolution EUR/RC55/R9 and of the European Council Recommendation on the prevention of injury and promotion of safety and (2) Regional Office data and information.

## Summary of country assessment

Malta reports implementing 74% of effective interventions reported as implemented of a total of 99 interventions to prevent a range of injuries, versus a European Region median score of 73% and a third quartile of 81%.

The country feedback was positive on some of the key areas identified, such injury surveillance, capacity-building and multisectoral collaboration.

### National policies

- There are two overall national policies for preventing violence and injuries. There are also specific national policies for youth violence, child maltreatment, intimate partner and sexual violence. National policies have not highlighted socioeconomic inequality in injury and violence as a priority but, during the last year, there were policies targeted to reduce socioeconomic differences in health.

### Implementation of effective interventions

- Malta reported overall implementation of 77% of selected effective interventions for injury prevention and 74% for violence prevention. This is higher than the median regional scores of 72% for unintentional injury and lower than the regional median score of 81% for violence prevention. Table 2 shows the details of percentages per injury type. The list of individual interventions implemented for each injury type is available in the country questionnaire. Reported implementation was lower than the median regional score for interventions to prevent poisoning, falls, elderly abuse and suicides.
- Malta reported overall implementation of 71% of selected effective interventions on alcohol, just lower than the median regional score of 76%.

### Impact of resolution EUR/RC55/R9 and of the European Council Recommendation

- Malta acknowledged that the adoption of resolution EUR/RC55/R9 and of the European Council Recommendation helped to raise the policy profile of the prevention of violence and injuries as a priority within the Ministry of Health. Many of the key steps considered necessary for policy development are in place. There has been positive progress in the past 12 months in injury surveillance, capacity-building and multisectoral collaboration. Many of the elements of resolution EUR/RC55/R9 were successfully achieved: injury surveillance, capacity-building, multisectoral collaboration, exchange of best practice, evidence-based emergency care.

### Next steps

- Greater attention needs to be given to implementing evidence–based interventions for preventing falls, elder abuse and poisoning. Interventions to reduce socioeconomic inequalities were only partially implemented. Several interventions (on drowning, fires, youth violence) were implemented in selected regions rather than nationally, and this could be an area for future activity.

## Country profile

### Table 1. Demographics

- Malta has a population of 0.4 million. Both the percentage of children 0–14 years old and of people 65+ years are lower than the European Region average.
- Life expectancy at birth is higher both than the European Region and the European Union (EU) average, both for males and for females.

| Indicator (last available year) | Malta | WHO European Region | European Union (EU27) |
|---|---|---|---|
| Mid-year population | 0.4 million | 890.9 million | 493.8 million |
| % of population aged 0–14 years | 16.5 | 17.5 | 15.7 |
| % of population aged 65+ years | 13.8 | 14.0 | 16.8 |
| Males, life expectancy at birth, in years | 77.7 | 71.4 | 76.0 |
| Females, life expectancy at birth, in years | 82.3 | 79.1 | 82.2 |

- Injuries are the fourth leading cause of death. The rates for unintentional injury death, with the exception of falls, and for almost all intentional injuries are lower than the European Region averages.
- There has been a slight increase in injury mortality rates since the mid-1990s, followed by downward trend and by a slight increase in the last year (Fig. 1).
- The leading causes of unintentional injury-related death are falls, followed by road traffic injuries, poisoning, drowning and fires.
- The rate for falls is much higher than the regional and the EU average.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The WHO Regional Office for Europe has been working with focal people and injury surveillance has been one of the priorities for collaboration. Malta participated in the advocacy events of the First United Nations Global Road Safety Week and took part in the project on a global status report on road safety.

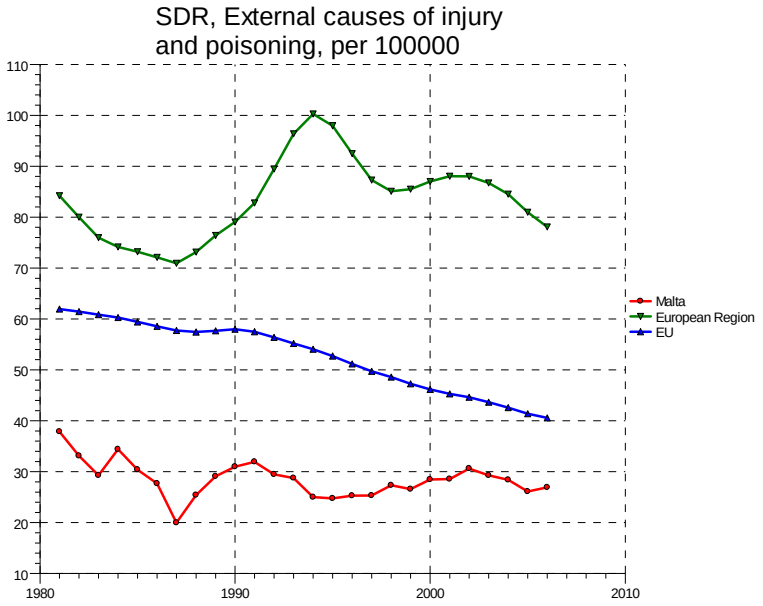


**Fig. 1. Standardized death rate (SDR) for external causes of injury and poisoning in Malta, the WHO European Region and the European Union, 1980–2008**

## Table 2. Injury burden, policy response and effective prevention measures in place

Legend: ✓ Yes ✘ No ? Not specified or no response NA Not applicable - No data

| Cause of injury | Mortality[a] (SDR per 100 000 population, all ages, last available year)[b] | | | National policy? | Intervention effectiveness (%) | |
|---|---|---|---|---|---|---|
| | Malta | WHO European Region | European Union[c] | | Country score[d] | Regional median score[e] |
| **All injuries** | **30.1** | **75.8** | **40.0** | **NA** | **74** | **73** |
| **Unintentional injury**[f] | **21.9** | **45.9** | **25.9** | ✓ | **77** | **72** |
| Road traffic injuries | 3.6 | 13.3 | 9.3 | ✘ | 94 | 81 |
| Fires and burns | 0.8 | 2.4 | 0.7 | ✘ | 80 | 60 |
| Poisoning | 2.9 | 10.7 | 2.3 | ✘ | 60 | 80 |
| Drowning or submersion | 0.9 | 3.4 | 1.3 | ✘ | 100 | 63 |
| Falls | 9.5 | 5.6 | 5.5 | ✘ | 25 | 75 |
| **Intentional injury** | **NA** | **NA** | **NA** | ✓ | **74** | **81** |
| Interpersonal violence[g] | 0.7 | 5.2 | 1.0 | ✘ | NA | NA |
| Youth violence[h] | 1.1 | 5.3 | 1.0 | ✓ | 100 | 86 |
| Child maltreatment[i] | 0 | 0.6 | 0.3 | ✓ | 100 | 100 |
| Intimate partner violence | - | - | - | ✓ | 75 | 75 |
| Elder abuse and neglect | - | - | - | ✘ | 33 | 67 |
| Self-directed violence | 6.0 | 14.0 | 10.2 | ? | 75 | 88 |
| **Alcohol**[j] | **NA** | **NA** | **NA** | **NA** | **71** | **76** |
| Alcohol-related poisoning | 0 | 2.8 | 0.9 | NA | NA | NA |
| Alcoholic liver diseases[k] | 5.2 | - | 8.6 | NA | NA | NA |
| Road traffic injuries (fatal and non-fatal) involving alcohol | 0.3 | 18.0 | 19.2 | NA | NA | NA |
| Fiscal and legal measures[l] | NA | NA | NA | NA | 86 | 71 |
| Health system-based programmes[m] | NA | NA | NA | NA | 0 | 67 |

a Unless otherwise specified.
b Sources for mortality data: European Health for All database and European Health for All mortality database [online databases]. Copenhagen, WHO Regional Office for Europe, 2010 (http://www.euro.who.int/hfadb, accessed 15 January 2010).
c The 27 European Union countries.
d Calculated as the proportion of effective interventions in place in the country. This is based on WHO list of effective interventions published in: *Preventing injuries and violence: a guide for ministries of health*. Geneva, World Health Organization, 2007 (http://www.who.int/violence_injury_prevention/publications/injury_policy_planning/prevention_moh/en, accessed 15 January 2010). For the full range of interventions and responses, please consult the country questionnaire.
e Median of the proportion of effective interventions in place in countries in the WHO European Region.
f Standardized death rates (SDR) from accidents.
g Proxy for mortality: mortality from homicide and assault, all ages.
h Proxy for mortality: mortality from homicide and assault, 15–29 years.
i Proxy for mortality: mortality from homicide and assault 0–14 years.
j This score was calculated from 17 alcohol-related interventions.
k The EU average was calculated based on 20 countries. Data retrieved from: European detailed mortality database [online database]. Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/InformationSources/Data/20070615_2, accessed 15 January 2010).
l This score was calculated from 14 interventions on access to alcohol (availability, restrictions and bans).
m This score was calculated from three interventions on health system-based programmes to reduce alcohol-related harm.

**Table 3. Key elements of policy development in preventing injury and violence**

Legend: ✓ Yes ✗ No ? Not specified or no response

| | |
|---|---|
| **National policies** | |
| • Overall national policy on injury prevention | ✓ |
| • Overall national policy on violence prevention | ✓ |
| • Commitment to develop national policy | ✓ |
| • Alcohol identified as a risk factor for injuries | ✓ |
| • Alcohol identified as a risk factor for violence | ✓ |
| • Policies targeted to reduce socioeconomic differences in violence and injuries | ✓ |
| • National policies highlight socioeconomic inequality as a priority | ✗ |
| **Political support for the agenda for injury and violence prevention** | ✓ |
| **Easy access to surveillance data** | ✓ |
| **Intersectoral collaboration** | |
| • Key stakeholders identified | ✓ |
| • Secretariat to support the intersectoral committee | ✓ |
| • Questionnaire answered in consensus with other sectors and stakeholders | ✓ |
| • Can WHO help to achieve intersectoral collaboration in the country? | ✓ |
| **Capacity-building** | |
| • Process in place | ✓ |
| • Exchange of evidence-based practice as part of this process | ✓ |
| • Promotion of research as part of this process | ✓ |
| **Emergency care** | |
| • Evidence-based approach | ✓ |
| • Quality assessment programme | ✗ |
| • Process to build capacity identified | ✓ |
| **EUR/RC55/R9 influenced the agenda for injury and violence prevention** | ✓ |
| **Recent developments in injury and violence prevention (during the past 12 months)** | |
| • National policy | ✗ |
| • Surveillance | ✓ |
| • Multisectoral collaboration | ✓ |
| • Capacity-building | ✓ |
| • Evidence-based emergency care | ✗ |