

Health Needs Assessment, Malta

Mission of 16–18 March 2011

Malta

Acknowledgments

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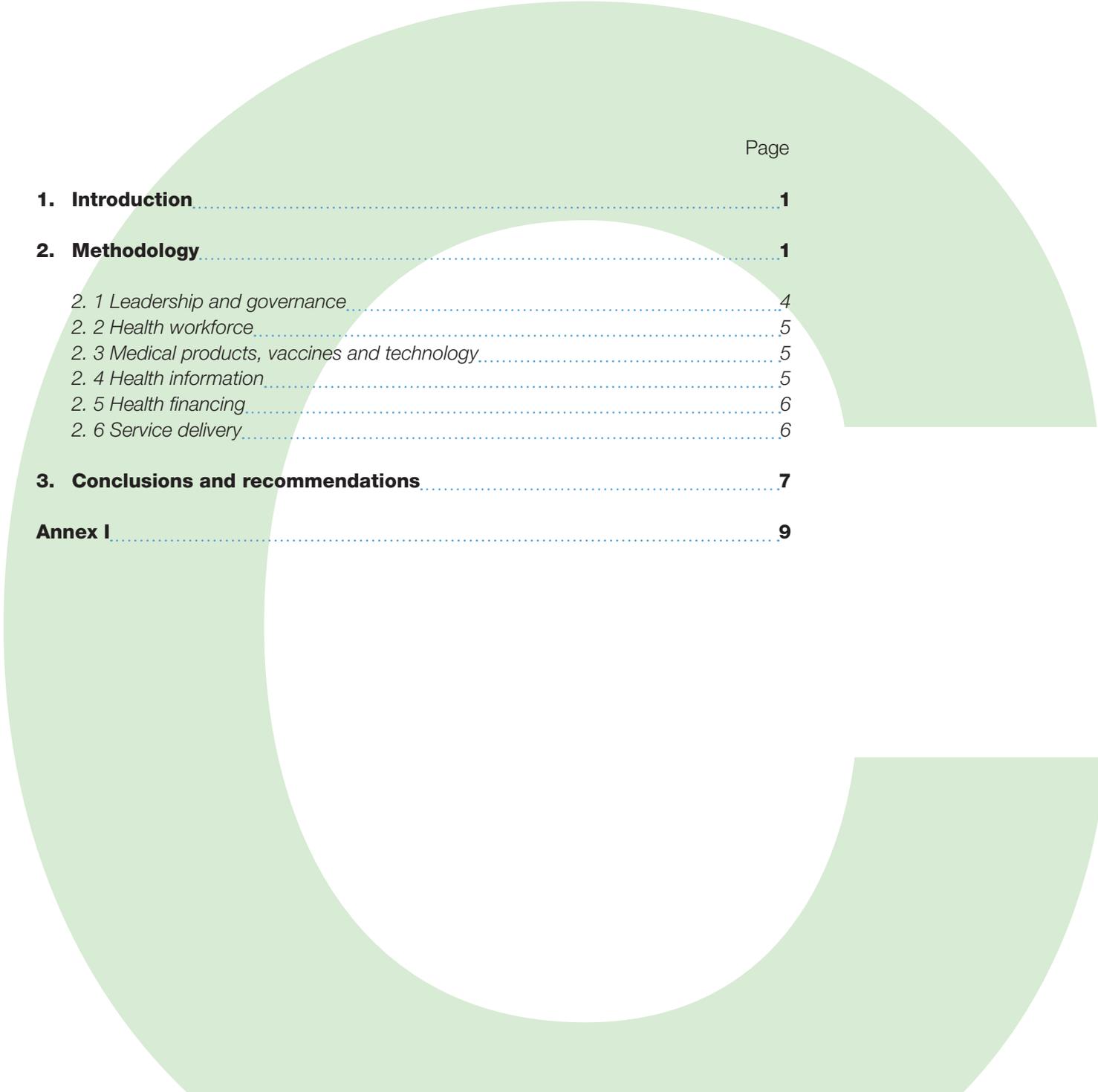
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1. Introduction



The WHO Regional Office for Europe assessment mission to Malta was initiated following a letter of support from the WHO Regional Director for Europe to the Minister of Health, the Elderly and Community Care in Malta, in the context of the evolving crisis in North Africa, in particular in the Libyan Arab Jamahiriya. The main objectives of the mission were twofold: to look into the preparedness of the Maltese health system to cope with the public health consequences of a potential mass influx of migrants and refugees triggered by the crisis; and to provide recommendations on how to improve international cooperation on preparedness efforts.

2. Methodology

The health system preparedness assessment method summarized below was used as an orienting framework in the course of the two-day assessment mission, which was cut short by delayed arrival due to a flight cancellation; as a result, only selected key elements could realistically be addressed during the brief assessment visit on 16 and 17 March 2011. Semi-structured interviews were held with key government officials involved in ongoing preparedness planning efforts and contingency planning for various scenarios. Relevant background documents were readily available, including the latest version, updated on 15 March 2011, of the Maltese health authorities' internal contingency plan: "Medical Contingency Plan – Libyan Crisis – Potential Influx of Displaced Populations" (for the detailed meeting schedule, see Annex I).

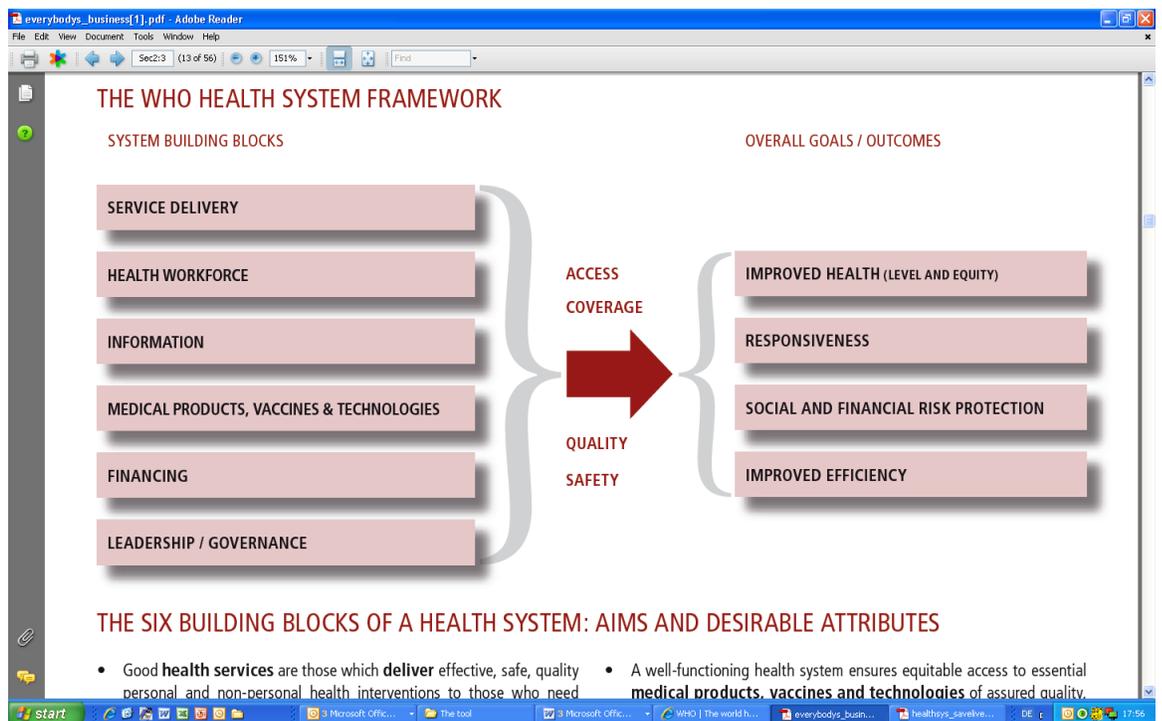
The WHO health system framework has been used by the WHO Regional Office for Europe as the conceptual basis for describing and analysing the key elements of health crisis management systems in several European Member States. A brief description of this framework and how it is adapted to crisis management follows below.

Health systems are defined by WHO as comprising all the resources, organizations and institutions devoted to taking interdependent action aimed principally at improving, maintaining or restoring health.

In order to fulfil their purpose, health systems need to perform key functions in the following six areas:

1. leadership and governance
2. health workforce
3. medical products, vaccines and technology
4. health information
5. health financing
6. service delivery.

Fig. 1 The WHO health system framework



Leadership and governance is arguably the most complex but critical building block of any health system. Stewardship of the health system is achieved through careful and responsible management that influences all sectors with regard to policy on and action for population health. In terms of preparedness planning, this means ensuring the existence of a national policy to prepare the health system for any kind of crisis. It also means having effective coordination structures and partnerships in place, and involves advocacy, risk assessment, information management, monitoring and evaluation.

Health workforce refers to the health workers, who are the cornerstone of the health care delivery system, influencing access, quality and costs of health care and effective delivery of interventions for improved health outcomes.

A well-functioning health system should ensure equitable access to essential *medical products, vaccines and technologies* of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use. Medical equipment and supplies for pre-hospital activities, hospitals, temporary health facilities, pharmaceutical services, laboratory services and blood services (as a reserve) in case of a crisis are also included in this category.

A well-functioning *health information* system is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status. The system also includes data collection, analysis and reporting (including hazard and vulnerability assessments), disease early warning systems and overall information management issues.

The *health financing* area ensures the collection of revenues, their subsequent pooling and, finally, the purchase of health services from providers. In terms of crisis management, a good health financing system ensures that there are adequate funds for health system activities related to risk prevention and mitigation, preparedness and response. It also provides financial protection in case of a crisis and ensures that crisis victims have access to essential services.

Service delivery relates to a service production process that, when needed, combines the input of various providers into health interventions that are effective, safe and of high quality, and ensures their delivery to relevant individuals or communities in an equitable manner. The organization and management of services are reviewed from a health system crisis management perspective to ensure quality, safety, continuity of care and equitable access across health conditions and health facilities during a crisis.

The key elements of these six areas and their relevance for the crisis preparedness planning process are shown below.

Fig. 2 Crisis preparedness planning: key elements by area

Area	Key Element				
Leadership and Governance	National multisectoral emergency management legal framework	Health sector emergency management legal framework	National multisectoral institutional framework for emergency management	Health sector institutional framework for emergency management	Health sector emergency management programme components
Health Workforce	Human resources for health emergency management				
Medical products, Vaccines and Technology	Medical supplies and equipment for emergency response operations				
Health Information	Information management systems for risk reduction and emergency preparedness programmes	Information management systems for emergency response and recovery		Risk communication	
Health Financing	National and subnational financing strategies for health emergency management				
Service Delivery	Response capacity and capability	Emergency Medical Services System and mass casualty management	Management of hospitals in mass casualty incidents	Continuity of essential health programs and services	Logistics and operational support functions in emergencies

Structuring the assessment along the key elements of the six areas provides a systematic approach to summarize the main findings.

2.1 Leadership and governance

All the key elements of the leadership and governance building block as it relates to preparedness to cope with the consequences of an influx of displaced populations have been addressed effectively in the multisectoral preparedness planning process in Malta. Legal frameworks and institutional arrangements are in place, providing a sound basis for the Maltese health system's high level of readiness to address public health challenges triggered by a large migrant influx or any other potential public health hazard. There is an effective legal framework for multisectoral

crisis management arrangements and the public health law and regulations allow for extraordinary measures necessary to manage a public health emergency.

The institutional framework facilitates a multisectoral emergency management structure – the Central Response Centre – which was recently activated to coordinate the logistical challenges of transiting foreign expatriates leaving the Libyan Arab Jamahiriya and travelling through Malta to their home countries. Preparedness efforts are coordinated jointly with all line ministries involved, including the Ministry of Justice and Home Affairs (MJHA), the civil defence, which falls under the MJHA, the police, the armed forces (AFM), the MHEC, and nongovernmental organizations (NGOs) such as the national Red Cross Society and St John Ambulance. Contingency plans have been elaborated (Operation Asulia addresses the multisectoral measures and the Medical Contingency Plan outlines the necessary health actions) and adapted to the evolving situation in the Libyan Arab Jamahiriya. Reception areas for migrants have been identified and temporary accommodation facilities are being prepared. Basic stocks of tents, blankets and other supplies have been mobilized by NGOs and government authorities.

Within the health sector various stakeholders, primary care services (health centres), the main hospital (Mater Dei Hospital – the tertiary care referral facility) and the directorates of the MHEC have elaborated a detailed Medical Contingency Plan, which provides procedures to address the health needs of displaced populations.

The projected health needs of up to 2000 displaced people could be handled within the current capacity of the health system without major disruption of routine health services, mainly through internal reprioritization and reallocation of resources. A worst case scenario has been developed to provide essential health services for up to 10 000 migrants, but because of the limited numbers of the health workforce and the gaps in surge capacity within the country, a number beyond 2000 migrants would quickly overwhelm the ability of the Maltese health system to sustain the current service levels.

Within the health system two main scenarios are the basis for the current planning assumptions:

- an influx of injured crisis victims fleeing the escalating violence in the Libyan Arab Jamahiriya in a civil war context;
- a massive influx of displaced populations, with a worst case scenario of 10 000 plus arriving in Malta (which is four times the number that Malta was receiving in 2008 at the height of the migration wave from sub-Saharan Africa), with the need for temporary settlements. This would exceed the immediate absorption capacity of the country and trigger the need for international support.

2.2 Health workforce

The limited number of health professionals and the lack of surge capacity within the existing health workforce is the critical bottleneck in the Maltese health system. Under normal circumstances the system already relies to a large extent on overtime. There is a shortage of nurses and of certain medical specialists, which makes it impossible for the health system to cope with a substantial extra patient load for an extended period of time. As a result, a prolonged extra burden of patients from a greater influx of migrants would require the mobilization of international support.

2.3 Medical products, vaccines and technology

Provisions are in place to obtain extra medical supplies, including contractual arrangements to mobilize blood supplies from abroad. The Mater Dei Hospital has deployable stocks and supplies that can quickly be mobilized to replenish supplies in an evolving crisis situation, and health centres are equally well stocked with emergency supplies.

Extra laboratory and diagnostic capacity to diagnose rare infectious diseases might be required if any displaced people present cases of rare diseases (the example of bubonic plague was mentioned by the International Health Regulations Focal Point representative, who is also the chief doctor of the port health services and responsible for organizing and conducting on-entry screening examinations of migrants arriving by boats). Laboratory confirmation of such rare diseases might require WHO technical support to identify reference laboratories and to facilitate sample shipments. Provisions exist for migrants to receive medication and medical supplies, and displaced people have the same entitlement to receive treatment and pharmaceuticals as Maltese citizens. There are sufficient vaccine stocks to ensure essential immunization coverage of displaced populations.

2.4 Health information

Routine surveillance requires the reporting of some 70 diseases. While the reporting discipline for the major communicable diseases of public health concern is high, some of the less severe reportable diseases remain underreported. The need to shift from regular disease reporting to a syndromic surveillance system, which would provide an early warning function, was discussed. Plans exist in the MHEC to establish a syndromic surveillance system, which would be activated to monitor disease patterns in case of the arrival of a large number of displaced people.

Epidemiological data is analysed regularly and the analysis of health data of more than 2700 migrants who have been screened in line with established protocols is available as planning reference. One main area of concern is tuberculosis (TB), particularly multidrug-resistant and extensively drug-resistant TB. In previous migration waves, mainly from sub-Saharan Africa (including Somalia, Eritrea, Ivory Coast and Sudan), a total of 11 TB cases were detected and diagnosed through active screening (Mendel–Mantoux test and chest X-ray). Malta has adopted the DOTS (directly observed therapy, short-course) strategy, and TB sufferers detected among migrants have been put on treatment regimens. Other health conditions in the migrant populations from these areas were old injuries, dermatological diseases such as scabies, and dehydration (due to prolonged stays in overcrowded small boats).

Health information leaflets have been prepared to provide basic health information to migrant populations in native languages.

2.5 Health financing

Contingency funds are available for the financial support of necessary preparedness and response measures. Migrants have the same entitlement to receive preventive and curative health services as Maltese citizens, and some selected cases in need of specialist treatment unavailable in Malta have even been referred for respective specialist services abroad.

2.6 Service delivery

Primary care services, the EMS system and Mater Dei Hospital are well prepared to meet the health needs of a (limited) number of migrants. The current migrant groups receive primary care services in health centres, which cover the main primary care service package. Cultural mediators from the migrant communities have received basic training and are providing support to the migrant population, including translation services. An estimated total of 4000 migrants have been integrated into Maltese society, and an additional 2600 are currently accommodated in various centres.

Mater Dei Hospital provides tertiary care referral services and functions as a teaching hospital for the Medical School and the Nursing School of the University of Malta. The 850-bed facility is equipped with the latest medical technology and is well prepared to handle any type of health emergency, including mass casualty incidents. The hospital has developed, jointly with the MHEC, a Medical Contingency Plan to establish additional acute care bed capacity quickly by vacating day care facilities, and a short term peak in demand for various tertiary care interventions can be absorbed without major disruption of the regular hospital services.

The major challenge for the hospital is the lack of additional staff who could be mobilized to cover extra service demands over a prolonged period of time. Gaps in the health workforce – in particular the general shortage of nurses and the limitations in surge capacity – could quickly overwhelm the capacity to ensure current service levels in the case of a potential mass influx of displaced populations and increased needs for specialized health services over an extended period.

While the health services are generally well prepared, the health workforce and its limited numbers within the closed environment of a small island state is the major bottleneck identified by the assessment.

3. Conclusions and recommendations

Malta has, over the years, developed substantial experience and expertise in receiving displaced populations and in addressing the public health challenges associated with migration. Several thousand migrants from North Africa have transited the country and an estimated 7000 have stayed and live more permanently in Malta.

Malta has established an effective multisectoral coordination mechanism, which facilitates central crisis coordination and involves all major government institutions and line ministries.

The Maltese health authorities are on alert with a high level of readiness and have engaged in contingency planning, developing scenarios that are continually revised and adapted to the rapidly changing situation in North Africa and within the Libyan Arab Jamahiriya.

The main challenge is the limited number of the total health workforce, which has to rely on overtime to meet day-to-day service demands. In a small island state environment the options to mobilize surge capacity are severely limited, and in the case of a mass influx of displaced populations the associated extra burden on the health systems could quickly overstretch the capacity of the system. Gaps in the availability of human resources for health will require international support in a mass migrant influx scenario.

To support the local health workforce with necessary extra surge capacity, the mobilization of temporary health facilities through international support mechanisms could be considered through bilateral arrangements, through European Union (EU) coordination and support arrangements, through NGOs or through United Nations mechanisms. Several countries have their own standby capacities, which can quickly deploy temporary facilities and surge staff.

Options on how best mutually to support preparedness efforts could be further discussed during the high-level preparedness meeting hosted by Italy in collaboration with the EU and WHO, scheduled for 13 April in Rome.

Technical support from WHO could be provided to develop syndromic surveillance capacity for communicable disease early warning and outbreak responses.

Some rare infectious diseases and specific diagnostic means currently unavailable in Malta might require international support to identify reference laboratories or specific diagnostic capabilities within the WHO international network.

The need for some specific guidance on technical aspects of TB treatment strategies was discussed, and respective expert advice could be offered by WHO.

The practice of accommodating potential refugees in closed detention camps until the final decision on their asylum status is taken could trigger increased demand for psychosocial support services in detention facilities. Experts could be mobilized to help build additional capacity and to share best practice experiences.

In a worst case scenario, with a severe humanitarian crisis affecting Malta through a mass influx of displaced populations, the United Nations humanitarian response mechanism with its “cluster approach” to facilitate international response coordination, led by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), could be activated. WHO could support the Maltese health authorities in identifying priority health needs, developing donor appeals to support respective health actions and to help the coordination of the international health response.

Annex I

Final Programme 16–18 March

Visit by Dr Gerald Rockenschaub, Programme Manager, Division of Communicable Diseases, Health Security and Environment, WHO Regional Office for Europe

Wednesday 16 March

14:55 **Arrival from airport**

15:45–16:30 **briefing with health technical experts
– Office of Permanent Secretary, MHEC (confirmed)**

present: Dr Kenneth Grech
Dr Ray Busuttil
Dr John Cachia
Dr Natasha Azzopardi Muscat
Dr Denis Vella Baldacchino
Dr Charmaine Gauci
Dr Maria Cassar
Mr Tonio Cassar
Ms Isabelle Farrugia
Dr Maria Sciriha

16:45–17:30 **meeting with Permanent Secretary, MJHA (confirmed)**

present: Mr Mario Debattista
Mr Mario Caruana
Asst Comm. Andrew Seychell/Supt Neville Xuereb
Mr Alex Tortell
Dr Kenneth Grech
Dr Ray Busuttil

Thursday 17 March

08:15 **pick up from Excelsior Hotel**

08:20–08:40 **visit to Floriana Health Centre (confirmed)**

present: Dr Ray Busuttil
Dr John Cachia
Dr Denis Vella Baldacchino
Ms Marika Podda

- 09:00–09:45** **meeting with Civil Protection Department
– Civil Protection Department, Ta’ Kandja Centre (confirmed)**
present: Dr Ray Busuttil
 Dr Denis Vella Baldacchino
 Mr Patrick Murgio
- 09:45–10:15** **meeting with NGOs
– Civil Protection Department, Ta’ Kandja Centre (confirmed)**
present: Dr Ray Busuttil
 Dr Denis Vella Baldacchino
 Mr Patrick Murgio
 Ms G. Sirol – St John Ambulance
 Mr Edward Caruana – Red Cross
- 10:30–11:45** **meeting with AFM/visit migrants’ accommodation
– AFM Headquarters, Hal Far (confirmed)**
present: Dr Ray Busuttil
 Dr Denis Vella Baldacchino
 Col. Brian Gatt
- 12:00–12:30** **meeting with Port Health Services – Office of Director General for
Public Health Regulation (DGPHR) (confirmed)**
present: Dr Ray Busuttil
 Mr John Attard Kingswell
 Dr Denis Vella Baldacchino
 Dr Joe Portelli Demajo
 Mr Mario Cassar
- 12:30–13:45** **lunch**
- 14:00–15:15** **visit to Mater Dei Hospital
– Mater Dei Hospital Meeting Room 2 (confirmed)**
present: Dr Ray Busuttil
 Dr John Cachia
 Dr Denis Vella Baldacchino
 Ms Marion Rizzo
 Dr Lina Janulova
 Ms Charmaine Attard
 Dr Charles Mallia Azzopardi
- 15:30–16:30** **meeting with Infectious Disease Unit – Office of DGPHR (confirmed)**
present: Dr Ray Busuttil
 Dr Denis Vella Baldacchino
 Dr Charmaine Gauci
 Dr Tanya Melillo

16:30–17:30

debriefing meeting with MHEC Officials – Office of DGPHR (confirmed)

present: Dr Ray Busuttil
Dr John Cachia
Dr Natasha Azzopardi Muscat
Mr Mario Debattista
Dr Denis Vella Baldacchino
Dr Charmaine Gauci
Dr Maria Cassar
Mr Tonio Cassar
Ms Isabelle Farrugia
Dr Maria Sciriha

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“New diseases are global threats to health that also cause shocks to economies and societies. Defence against these threats enhances our collective security. Communities also need health security. This means provision of the fundamental prerequisites for health: enough food, safe water, shelter, and access to essential health care and medicines. These essential needs must also be met when emergencies or disasters occur.”

– Dr Margaret Chan
WHO Director-General

World Health Organization Regional Office for Europe

Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 39 17 17 17. Fax: +45 39 17 18 18.
E-mail: postmaster@euro.who.int
Web site: www.euro.who.int