



MALTA

Valleta

1:4,000,000

General data

POPULATION, 2023
552,747
PHYSICIANS / 1,000 INH, 2021
4.27

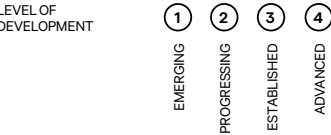
Socioeconomic data

COUNTRY INCOME LEVEL, 2022
High income
GDP PER CAPITA (US\$), 2023
40,395
HEALTH EXPENDITURE (% GDP), 2021
10.58
UNIVERSAL HEALTH COVERAGE, 2021
85



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ④ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ③ POLICIES
- ② RESEARCH
- ① USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC



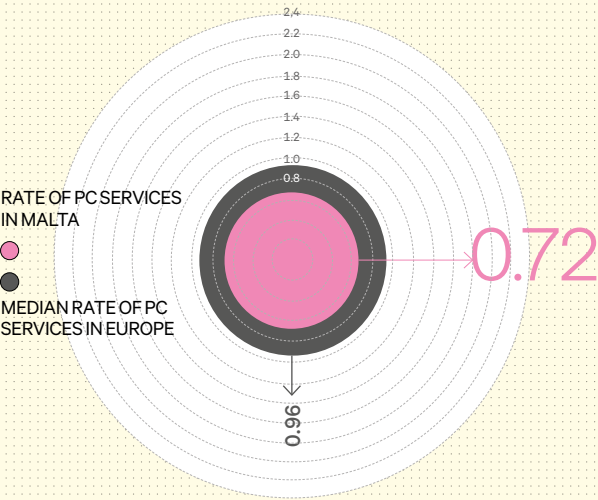
Consultants: Jurgén Abela; John Paul Tabone; Kenneth Delia and Lara-Suzanne Farrugia.
National Association: Hospice Malta.
Data collected: October 2024–March 2025
Report validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

Malta

F Provision of PC (Specialised Services)



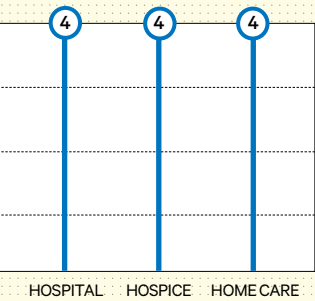
Malta in the context of European region



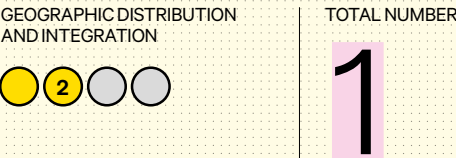
Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

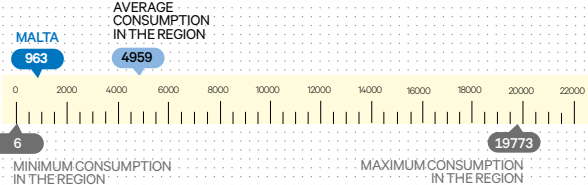


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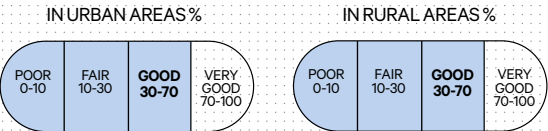
D Use of essential medicines



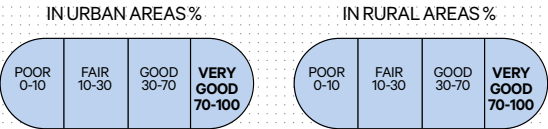
Malta in the context of European region



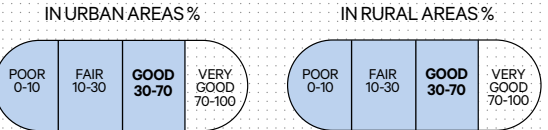
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



General availability of different opioids and in different formulations at the primary level



C Research

PC-related research articles



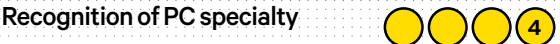
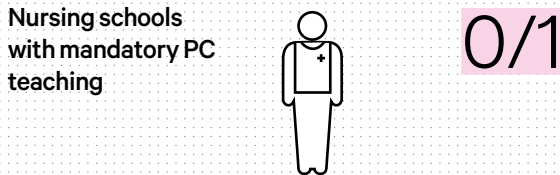
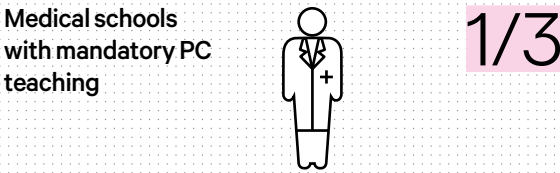
Inclusion of PC topics in National Research Calls



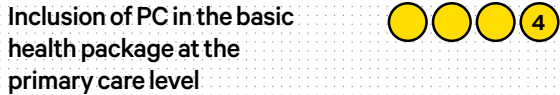
Existence of PC congresses or scientific meetings



E Education & Training











B Policies



A Empowerment of people and communities





Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).	The Hospice Malta is a key organisation in this regard. It was founded on 4th January 1989 when the Founding Members, who assumed the role of the first Council of Management, formally signed the Statute which governed the Movement.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is no national policy or guideline on advance care planning.	There is no national policy or guideline on advance care planning, although there are discussions around developing national policies on Advance Care Planning.
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Actualized in last 5 years, and actively evaluated or audited.  Yes, there is a stand-alone national palliative care plan AND there is national palliative care law/legislation/ government decrees on PC.	Malta has a current national palliative care plan, programme, policy, or strategy with a defined implementation framework. This is aligned with the European Association for Palliative Care (EAPC) guidelines. Furthermore, there is a National Health strategy 2023-2030. The National Health Systems Strategy 2023-2030 document 'Investing successfully for a Healthy Future' outlines the strategic direction being pursued by the Maltese Government to ensure that health features as a key priority across all other national policies, sectors, and investments. It sets out the framework that anchors the vision for the development of the health system in Malta over this decade.

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 The Indicators to monitor and evaluate progress are currently implemented.	
Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Palliative care is included in the list of health services provided at the primary care level in the General Health Law.	A Strategy on Palliative Care is currently in an advanced stage of development. This will set out plans to develop integrated, person-centred palliative care services for both adults and children. Palliative care will be provided using a multi-disciplinary approach and will be available to all, regardless of diagnosis, as a part of universal health coverage. This will include education for healthcare professionals and access to essential medicines for pain and other symptoms.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	 There is no authority defined.  Does not have concrete functions or resources (budget, staff, etc.)	No evidence found.






<p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	<p>●●●●4</p> <p>At least one national conference specifically dedicated to palliative care every year.</p>	<p>The first Conference organised within the new Hospice Premises – St Michael Hospice was organised by Hospice Malta in November 2024. Intended for healthcare professionals, this conference showcased the latest advancements and best practices in palliative care, providing invaluable insights for those dedicated to compassionate, cutting-edge workcare. It will be organized every two years though does not necessarily have nurses, psychologists, chaplains, neither is accessible for professionals from remote areas, or includes pediatric topics.</p>
<p>Ind7:1</p> <p>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</p>	<p>1●●●●</p> <p>Minimal or non-existent number of articles published on the subject.</p>	<p>No articles were found in although some can be found within the Malta Medical Journal; such is the case of, for instance, of the paper entitled The role of the general practitioner in palliative care: a review.</p>
<p>Ind7:2</p> <p>Inclusion of PC topics in national research calls.</p>	<p>1●●●●</p> <p>There are no national research calls at all.</p>	<p>Based on the available information, there is no direct mention of Palliative Care being included in National Research Calls in Malta.</p>
<p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>	<p>963</p> <p>S-DDD PER MILLION INHAB /DAY</p> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p> <p>AVERAGE CONSUMPTION IN THE REGION</p> <p>4959</p> <p>MALTA 963</p> <p>6</p> <p>19773</p> <p>MINIMUM CONSUMPTION IN THE REGION</p> <p>MAXIMUM CONSUMPTION IN THE REGION</p>	

<p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</p> <p>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</p>	<p>●●●3●</p> <p>●●●3●</p>	<p>Malta offers access to pain and palliative care medications; however, the degree of availability can differ. Palliative care medications are generally accessible and often provided for free by the state within a few days.</p>
<p>Ind10:1</p> <p>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p>	<p>●●●●4</p> <p>●●●●4</p>	<p>Immediate-release oral morphine in Malta is widely available across the country.</p>
<p>Ind10:2</p> <p>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.</p> <p>10.2.2. Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</p>	<p>●●●3●</p> <p>●●●3●</p>	<p>Various opioids, including morphine, fentanyl, are available in Malta for palliative care purposes. Nonetheless, oxycodone is not available.</p>

EU Malta

<p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p> <p>11.5. PC Full Professors.</p> <p>11.6. Legislation/regulations concerning PC education.</p>	<p>1/3</p> <p>0/3</p> <p>0/1</p> <p>1/1</p> <p>0</p> <p>N/A</p>	<p></p> <p>Geriatric Medicine, Oncology, and Palliative Care is a mandatory course in the 5th year of the Doctor of Medicine and Surgery programme at the University of Malta. This course builds on previous medical knowledge and clinical experience, focusing on geriatrics, oncology, and palliative care. Regarding universities in Malta, there are indeed three main institutions: the University of Malta is the primary public university, and there are private institutions such as the American University of Malta and the London School of Medicine and Dentistry (Barts and The London School of Medicine and Dentistry), with no medical faculty.</p>
<p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>Palliative medicine is a speciality or subspeciality (another denomination equivalent) recognised by competent national authorities.</p>	<p>Palliative medicine has been recognised as a medical specialty in Malta since 2003. This means that healthcare professionals can pursue specialised training and certification in palliative medicine, ensuring they have the necessary skills and knowledge to provide high-quality care to patients with life-threatening illnesses.</p>

EU Malta

<p>Ind13</p> <p>13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p> Integrated provision: Specialised palliative care services or teams are systematically provided.</p> <p> Are part of most/all hospitals in some form.</p> <p> Strong presence of free-standing hospices in all parts of the country.</p> <p> Strong presence of home care teams in all parts of the country.</p>	<p>PC services, previously located at Sir Paul Boffa Hospital, were transferred in 2015 to a newly established 16-bed PC Ward at the Sir Anthony Mamo Oncology Centre (SAMOC). The SAMOC PC Unit also offers a pain management clinic for palliative and oncology patients, available once a week and managed by a consultant anesthesiologist. Hospice Malta, a voluntary organisation, provides PC services, with 25% of its funding coming through a service agreement with the government. In 2016, Hospice Malta announced plans to develop its inpatient PC facility, funded by the Church. Additionally, Hospice Malta offers community services and has recently inaugurated the St. Michael's Hospice PC Complex. Some PC beds are also available at the St. Vincent de Paul elderly home. The government collaborates with Dar Bjorn, which offers 13 beds for neurological conditions such as ALS. Further expansion is underway at Dar Bjorn II. The Puttinu Cares Foundation, established in 2002, is a non-profit children's cancer support group. Its aims include advocating for the needs of affected children and their families.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.96</p> <p>MALTA 0.72</p> <p>0</p> <p>MINIMUM RATE IN THE REGION</p> <p>3.68</p> <p>MAXIMUM RATE IN THE REGION</p> <p>4 ← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p>Ind14</p> <p>14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p> Isolated provision: palliative care specialised services or teams for children exist but only in some geographic areas.</p> <p>1 PPC TEAMS</p>	<p>Puttinu Cares Foundation is a children's cancer support group, officially set up in 2002. It is a non-profit-making NGO. Among its various aims it seeks to advocate on behalf of affected children and their families by representing their needs; to promote models of good care and practice; and to support families with a national information service. Malta has recently appointed a paediatric palliative care consultant at the Mater Dei hospital, responsible for offering palliative care for children who are either nearing death or suffer from long-period disease. There are some hospital beds and some community outreach.</p>