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¹ Report / Open Research Data Pilot / Websites, patents, filling, etc. / Demonstrator / Ethics / Other

² Public / Confidential, only members of the consortium (including the Commission Services)



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1. Summary and Key Findings

1.1 Objectives

The study aims to examine how COVID-19 effected known vulnerable populations. Additionally, this study aimed to identify new and emerging vulnerabilities. The findings in turn will be used to draw policy recommendations after consultation with stakeholders and identify possible resilience factors.

1.2 COVID-19 in the Maltese Islands

As of November 2021, Malta has registered 38,069 confirmed positive cases since the beginning of the pandemic in March 2020, as well as 462 deaths³ for a total population of 525,285.⁴ The COVID-19 pandemic has had a marked impact on the islands' economy and everyday life, particularly in terms of tourism, which accounts for 15% of the GDP. The tourist industry experienced a 76% decline in income generated between 2019 and 2020,⁵ contributing to increased unemployment in 2020. The first COVID-19 case reported in Malta was a 12-year-old Italian girl in early March 2020.⁶ Cases increased throughout the month to a total of 76 on 30th March.⁷ This steady rise in positive cases prompted the Maltese government to issue guidance on social distancing, hygiene and how to identify COVID-19 symptoms. On 26th March 2020 the government issued a legal notice⁸ (111 of 2020: The Protection of Vulnerable Persons Order, 2020), in which the term 'vulnerable persons' was legally defined and those individuals falling within this definition would remain "segregated in their residence". The increasing restrictions on mobility and travel abroad led to 4,700 foreign workers being repatriated by 20th April 2020,⁹ whilst subsequent intermittent repatriations followed in the months after.¹⁰ As of November 2021, Malta has registered the highest vaccine uptake in the EU with 81.5% of the population being full vaccinated, against the EU average

³ WHO (2021), COVID-19 country dashboard, <https://COVID-19.who.int/region/euro/country/mt>. [Accessed: 15th November 2021].

⁴ Eurostat (2020), Eurostat Population by country, https://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=lfsg_ipga&lang=en. [Accessed: 15th November 2021].

⁵ NSO (2021), National statistics office: inbound tourism, https://nso.gov.mt/en/News_Releases/View_by_Unit/Unit_C3/Tourism_Statistics/Pages/Inbound-Tourism.aspx, [Accessed: 15th November 2021].

⁶ Times of Malta, (2020), Malta's first coronavirus cases are girl and parents, <https://timesofmalta.com/articles/view/first-coronavirus-case-reported-in-malta.776288>, [Accessed: 15th November 2021].

⁷ WHO (2020), COVID-19 country dashboard, <https://COVID-19.who.int/region/euro/country/mt>. [Accessed: 15th November 2021].

⁸ Govt. of Malta (2020), 111 of 2020: The Protection of Vulnerable Persons Order, 2020, <https://legislation.mt/eli/ln/2020/111/eng>, [Accessed: 15th November 2021].

⁹ Malta Today (2020), 4,700 foreign workers repatriated amid COVID-19 crisis, https://www.maltatoday.com.mt/news/national/101742/4700_foreign_workers_repatriated_amid_COVID-19_crisis#.YaD_0boo99A, [Accessed: 15th November 2021].

¹⁰ EuroFund (2020), Industrial relations and social dialogue Malta: Working life in the COVID-19 pandemic 2020, https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjL2KmWr7b0AhUqhP0HHQU3APoQFnoECAIQAAQ&url=https%3A%2F%2Ffeuagenda.eu%2Fupload%2Fpublications%2Fwpef21024.pdf&usg=AOvVaw0EIO-Sz2nz95_AGaP9G85u [Accessed: 15th November 2021].

of 70.3%.¹¹ As discussed later in this report, social stigma persists with regards to people's perceptions of and attitudes towards conditions such as obesity, people suffering from mental health conditions, disability and sexually transmitted illnesses.

1.3 The Maltese Health Care system and overview of vulnerable populations in Malta.

The Maltese health care system consists of a public sector that offers a free and comprehensive service to citizens, and a private sector that complements the public sector and provides the majority of primary care.¹² Apart from the central hospital of Mater Dei, most localities have access to a polyclinic (State run health centre), as well as other private GP clinics, hospitals and services. Mental health Services are also organised between the State-run public sector and the private sector. A number of local health clinics also provide access to mental health services, whilst all local councils are equipped with information and free phone numbers for the relevant services. Many care facilities are also run and managed by NGOs or Church run entities. These include elderly care facilities, drug rehabilitation centres, mental health care as well as various shelters.

Social stigma persists with regards to people's perceptions of and attitudes towards conditions such as obesity, people suffering from mental health conditions, disability and sexually transmitted illnesses. According to the records of registered recipients of mental health services, these currently account for ~9% of the population.¹³ Some studies estimate that currently 120,000 people suffer from a mental health condition in Malta.¹⁴

When compared to 2016, the number of persons in 2019 who used services offered to those experiencing domestic violence increased by 41.2 per cent, from 1,816 to 2,565.¹⁵

As of 2019 there were a total of 5,312 elderly living in long-term care facilities.¹⁶

As of October 2021, there were a total of 1,078 individuals living in reception centres for asylum seekers run by either the Church or the State. Taken complexively these figures represent a significant proportion of the population that could be classified as vulnerable

1.4 Summary of key Findings

¹¹ ECDC (2021), European Centre for Disease Prevention and Control COVID-19 Vaccine Tracker, <https://vaccinetracker.ecdc.europa.eu/public/extensions/COVID-19/vaccine-tracker.html#uptake-tab>, [Accessed: 25th November 2021].

¹² Azzopardi-Muscat et al., (2014), Malta: Health system review. *Health Systems in Transition*, 16(1):1-97

¹³ Office of the Deputy Prime Minister, Ministry for Health (2018). Building Resilience, Transforming Services. A Mental Health Strategy for Malta 2020-2030, https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwihuNGd47r0AhXpSfEDHTCyDVAQFnoECAUQAQ&url=https%3A%2F%2Fdeputyprimeminister.gov.mt%2Fen%2FDocuments%2FNational-Health-Strategies%2FMental_Health_Strategy_EN.pdf&usq=AOvVaw2fNU1j_zYLw8TfevbSOdrA [Accessed: 24th November 2021].

¹⁴ WHO Europe 16-10-20, *World Mental Health Day 2020: Malta launches campaign – “Move for mental health: let's invest!”* <https://www.euro.who.int/en/countries/malta/news/news/2020/10/world-mental-health-day-2020-malta-launches-campaign-move-for-mental-health-lets-invest!> [Accessed: 23 November 2021]

¹⁵ National Statistics Office (2021) *News Release 23/04/21 Domestic Violence 2016-2019*. https://nso.gov.mt/en/News_Releases/Documents/2021/04/News2021_073.pdf [Accessed: 20 October 2021]

¹⁶ Formosa, M (2019) 'Long-Term Care facilities for older persons in Malta: Policies, trends and challenges' *Turkish Journal of Geriatrics* 22(2): v-xi.

- Among respondents reporting a chronic condition (54%) and considered medically vulnerable there was a reluctance to approach hospitals to seek care even when this was required.
- People suffering from mental health conditions, certain chronic illness and disability have reported feeling stigmatised.
- Non-Maltese and Maltese alike reported experiences (direct and indirect) of prejudice towards 'foreigners' who were considered as vectors of COVID-19. This was correlated to a perception of pre-existing prejudice by non-Maltese interviewed in the study.
- As a result of COVID-19, people who experienced chronic respiratory conditions, such as asthma, also reported feeling stigmatised.
- People who were financially restricted (e.g. unemployment as a result of COVID-19) are further isolated through their lack of social networks and difficulty in accessing health, welfare or other state assistance.
- A lack of digital literacy was also correlated to vulnerability. Elderly populations reported difficulties in navigating information (including health related).
- Elderly individuals living in care homes reported greater feelings of isolation given the reliance of technology to communicate with others during the lockdown.
- Interviews highlighted the particular importance of local community, family and social connections towards mental health and well-being.
- Participants reported high levels of anxiety and fear of transmitting COVID-19 to elderly relatives or vulnerable family members. In many cases this was greater than the fear of infection itself. This placed heightened a sense of moral conflict as the responsibility towards safeguarding the lives of their parents or vulnerable child led them into conflict with their relatives' wishes and indeed their own sense of duty.
- During the pandemic the primary source of support that people were aware of was the COVID-19 Helpline and the Free Swabbing services notwithstanding that various other initiatives- including at a local level were available.
- Many of those reporting chronic mental health conditions and living in hostels or institutions related to mental health care, highlighted COVID-19 as having little impact on their lives, largely due to the kind of community that develops in such contexts.
- The majority of those living independently or in elderly care homes reported impoverished mental health status either a worsening of existing conditions or the emergence of new mental health issues.
- Respondents also noted that the dust and noise from construction and traffic coupled with the lack of public and green spaces in Malta contributed to the impoverishment of their well-being.
- People suffering from mental health conditions connected to social anxiety reported a positive experience through the imposed isolation, in part due to the normalization of 'social distancing'.
- Digital health- Respondents found it harder to access health services due to restrictions on home visits, physician visits etc. Digital consults were not always possible due to the living circumstances of interviewees and, in particular, they reported general dissatisfaction with online mental health services due to feeling uncomfortable. At the same time the transition to digital health has also enabled other vulnerable groups to access services which would otherwise have been more difficult for them to access.
- People prioritised individual responsibility for health, based on ideas of 'willpower', 'goal setting', 'positive outlook'. Notions of health in this regard focused on physical

exercise and dietary habits but people recognized that these were also limited by economic factors.

2. Overview of Participant Population

2.1. Demographic overview

This section provides a demographic overview of the participant population, drawing on the results of Part 1 of the VA assessment tool. As illustrated in Figure 2, 110 people were interviewed between the ages of 20 and 89, over 26% of which were 65 years of age or older. Participants were also fairly equally distributed across gender, with 54% of respondents being female.

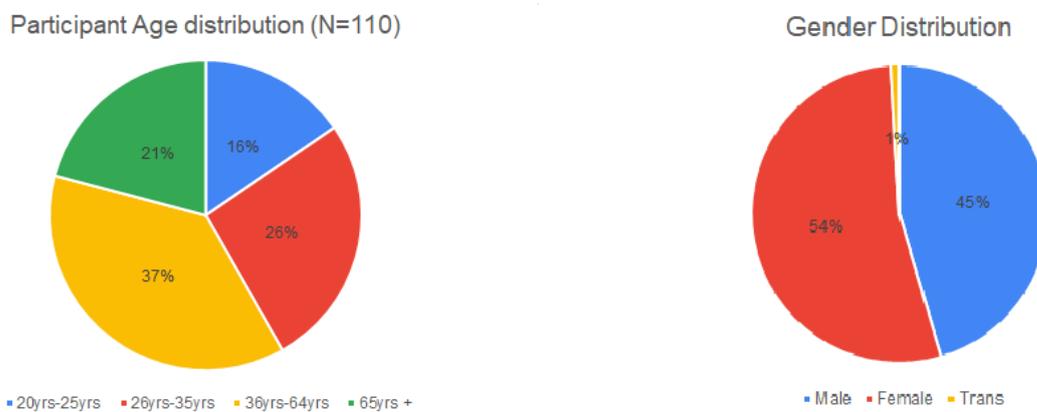


Figure 1: Age and gender distribution of participants

Of the 110 participants, 20% were of non-Maltese nationality which, according to the National Statistics office¹⁷ is reflective of the proportion of foreign nationals residing in Malta. Foreign nationals interviewed included both European nationals as well as third country nationals including asylum seekers.

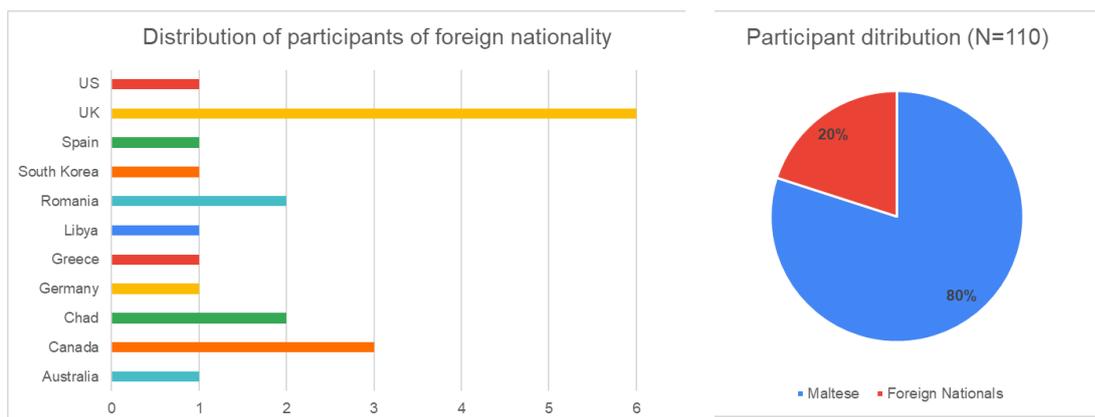


Figure 1: Distribution of participants by nationality

¹⁷ NSO (2021), National Statistics Office -statdb, <https://statdb.nso.gov.mt/start>, [Accessed 28th November 2021].

2.2 Economic Status

Over 57% of respondents reported a household income of less than €20,000 a year, whilst 30% of interviewees reported an annual household income of less than €9,212, indicating they are considered to be at risk of poverty (see figure 4). When compared with the national data where the number of persons living in households with national equivalised income below the at-risk-poverty line (€9,744) amounted to 17.1% of the population¹⁸ our study had a greater focus on those who were economically vulnerable.

It is important to note that many of the people interviewed filled multiple vulnerability criteria (intersectional vulnerabilities).

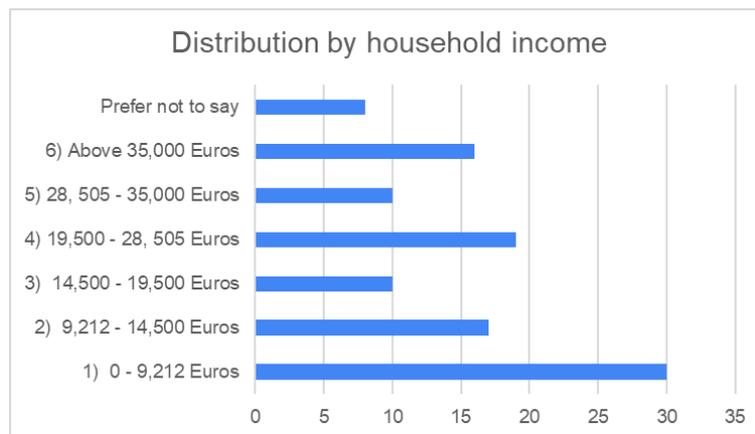


Figure 2: Distribution of participants by household income

2.3 Health Status

As alluded to earlier, a majority of participants (61%) aged 65 years and older reported suffering from chronic conditions, in many cases, multiple chronic conditions. Chronic mental illnesses such as depression and anxiety were among the highest reported conditions (34%). However, a significant proportion of respondents also reported other unique conditions (29%) among the sample such as Crohn's disease, Scoliosis and epilepsy, as well as conditions that are not traditionally recognised as chronic conditions in the Maltese context, such as Fibromyalgia and endometriosis. Another large category of reported conditions included dietary-related illnesses (20%) such as diabetes and high blood pressure. Obesity was also included in this category of chronic conditions. In this regard, obesity and problems with weight were highlighted across a large portion of participants and this was reflected in their levels of daily activity. 80% of the people interviewed reported spending more than 80% of their time sitting.

As noted throughout this section, issues around mental health were widely reported (19.1% of respondents reported a chronic mental health condition), as was the stigma that is still attached to mental health in Malta. Additionally, a large proportion of respondents also reported suffering from some form of mental health issue, despite not reporting a mental

¹⁸ National Statistics Office 29 September 2021, *News Release: EU-SILC: Salient Indicators*. Available at: https://nso.gov.mt/en/News_Releases/Documents/2021/09/News2021_175.pdf [Accessed 28 November 2021]

health (chronic) condition. The stigma related to mental health illness, as well as illness more generally, may have induced some participants to be more guarded about their health information, with some possibly avoiding disclosing such conditions.

3. Policy Recommendations

3.1.1 DIGITAL LITERACY.

Education attempts should target elderly populations, particularly those living in residential facilities through private public partnerships.

3.1.2 MENTAL HEALTH.

The mental health strategy should be updated as a result of our experiences during COVID-19 in order to develop a crisis mitigation plan to make mental health support available during the pandemic specifically addressing the vulnerabilities that have emerged or been heightened during this time including forms of OCD, generalized anxiety disorder, as well as moral vulnerabilities which have a lasting deleterious effect on mental health.

3.1.3 ACCESS TO GREEN SPACES.

There is a need to further mitigate the negative impacts of construction in urban areas by placing further limits on noise generation, whilst simultaneously encouraging the establishment of further green spaces in urban areas.

3.1.4 CO-ORDINATION

A Directorate, or similar co-ordinating structure, could be developed to integrate stake holders at both public and NGO levels. The aim of the structure would be to identify gaps in service provision and prevent unnecessary duplication. The directorate would also be responsible for providing an easy-to-use accessible platform that informs the public of the range of services available and how to access them in both Maltese and English. Numerous services exist and cater specifically for a variety of vulnerable groups, yet people were not aware of these services.

There is a need for more targeted and centralised information campaigns that also cater for sections of the population that are illiterate or digitally illiterate.

3.1.5 INFORMATION DISSEMINATION

Local GPs enjoy a greater level of trust and could thus form an important bridge with the community. Public health campaigns could be designed to utilize the high levels of trust enjoyed by local GPs.