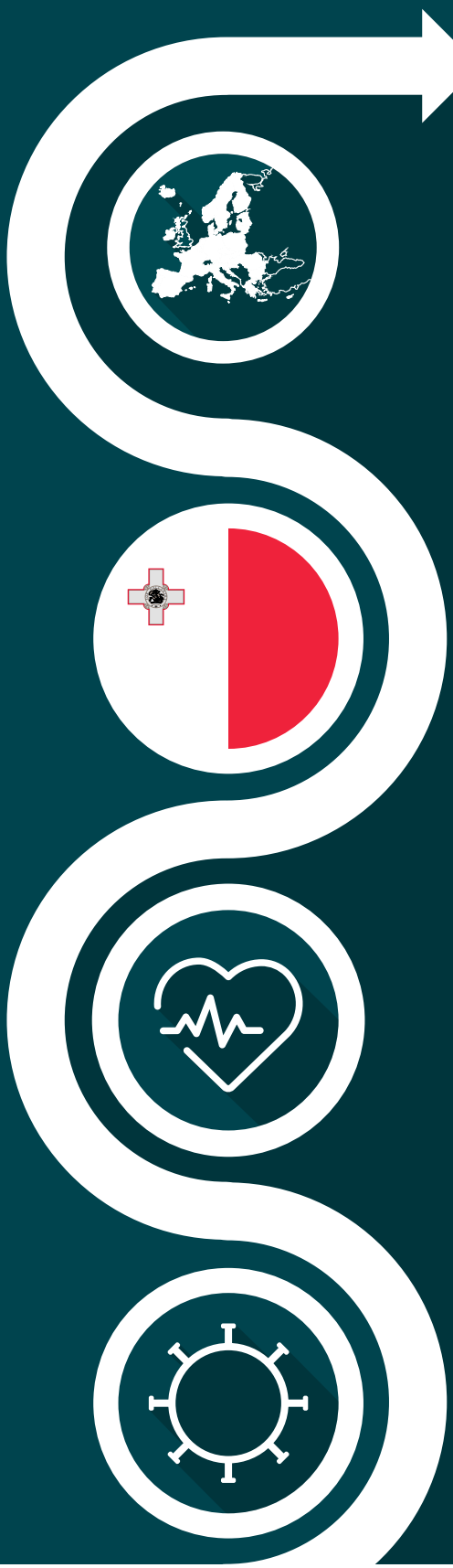
European Commission



State of Health in the EU

Malta

Country Health Profile 2023

OECD
BETTER POLICIES FOR BETTER LIVES

European Observatory on Health Systems and Policies
a partnership hosted by WHO

The *Country Health Profile* Series

The *State of Health in the EU*'s *Country Health Profiles* provide a concise and policy-relevant overview of health and health systems in the EU/European Economic Area. They emphasise the particular characteristics and challenges in each country against a backdrop of cross-country comparisons. The aim is to support policy makers and influencers with a means for mutual learning and voluntary exchange. For the first time since the series began, the 2023 edition of the Country Health Profiles introduces a special section dedicated to mental health.

The profiles are the joint work of the OECD and the European Observatory on Health Systems and Policies, in co-operation with the European Commission. The team is grateful for the valuable comments and suggestions provided by the Health Systems and Policy Monitor network, the OECD Health Committee and the EU Expert Group on Health Systems Performance Assessment (HSPA).

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Data and information sources

The data and information in the *Country Health Profiles* are based mainly on national official statistics provided to Eurostat and the OECD, which were validated to ensure the highest standards of data comparability. The sources and methods underlying these data are available in the Eurostat Database and the OECD health database. Some additional data also come from the Institute for Health Metrics and Evaluation (IHME), the European Centre for Disease Prevention and Control (ECDC), the Health Behaviour in School-Aged Children (HBSC) surveys and the World Health Organization (WHO), as well as other national sources.

The calculated EU averages are weighted averages of the 27 Member States unless otherwise noted. These EU averages do not include Iceland and Norway.

This profile was finalised in September 2023, based on data that were accessible as of the first half of September 2023.

Demographic and socioeconomic context in Malta, 2022

Demographic factors	Malta	EU
Population size	520 971	446 735 291
Share of population over age 65 (%)	19.2	21.1
Fertility rate[1] (2021)	1.1	1.5
Socioeconomic factors		
GDP per capita (EUR PPP[2])	35 992	35 219
Relative poverty rate[3] (%)	16.7	16.5
Unemployment rate (%)	2.9	6.2

1. Number of children born per woman aged 15-49. 2. Purchasing power parity (PPP) is defined as the rate of currency conversion that equalises the purchasing power of different currencies by eliminating the differences in price levels between countries. 3. Percentage of persons living with less than 60 % of median equivalised disposable income. Source: Eurostat Database.

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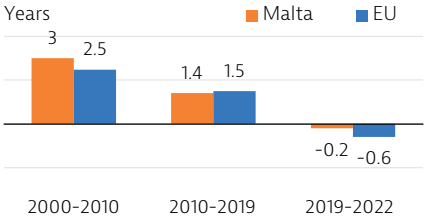
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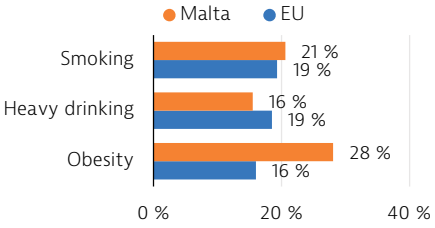
1 Highlights



Changes in life expectancy at birth

Health Status

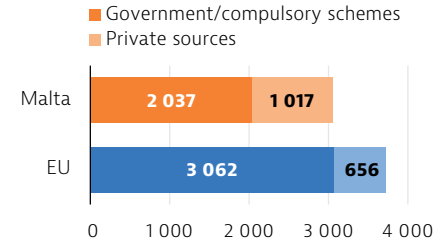
Life expectancy at birth in Malta is among the highest in the EU, and was rising in the decade before the COVID-19 pandemic. Although life expectancy fell between 2019 and 2022, the observed decreases were lower in Malta than in the EU on average. Circulatory diseases and cancer accounted for more than half of all deaths in Malta in 2020.



% of adult population, 2019

Risk Factors

Over one third of all deaths in Malta were driven by behavioural risk factors in 2019. Dietary risks and smoking, in particular, are major contributors to mortality. Malta has the highest rates of overweight and obesity among adults and adolescents in the EU, and tackling this has been a major government priority in the last decade.



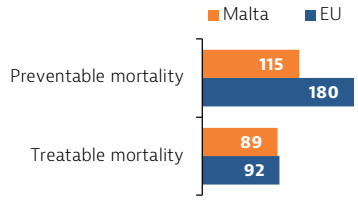
EUR PPP per capita, 2020

Health System

The Maltese national health service is financed through general taxation, and offers virtually universal access to a wide package of benefits. Over the last decade, health spending in Malta has grown at one of the highest rates in the EU, but per capita health spending remained below the EU average in 2020.

Effectiveness

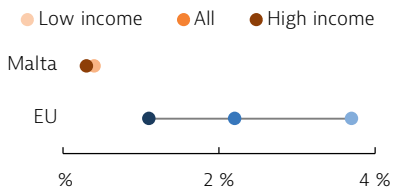
Prior to the COVID-19 pandemic, both preventable and treatable mortality rates were on the decline in Malta. Ischaemic heart disease is the leading cause of avoidable mortality, and the Maltese government is pursuing targeted national action to tackle prevention, management and the impacts of chronic conditions including obesity, diabetes and cancer.



Age-standardised mortality rate per 100 000 population, 2020

Accessibility

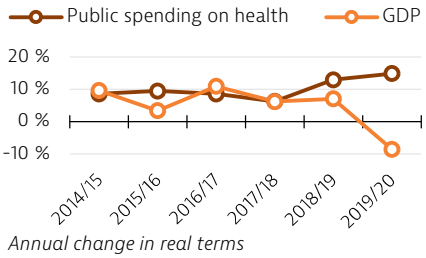
With nearly universal health coverage, unmet needs for medical care in Malta were well below the EU average in 2022. Broad population coverage applies. As a small island nation, Malta faces unique challenges in ensuring that the system can meet the evolving health needs of the population, which includes significant and recently increasing numbers of migrant workers.



% reporting unmet medical care needs, 2022

Resilience

Public spending on health has grown in real terms since 2014/15 – a trend that was maintained throughout the pandemic, despite a sharp reduction in GDP in 2019/20. Malta is pursuing policies and investments to strengthen the preparedness, resilience and recovery capacity of the health system, including the health workforce and digital health.



Annual change in real terms

Mental Health

More than one in six individuals in Malta had a mental health disorder prior to the pandemic. Anxiety and depression disorders are those most frequently reported. Depression is more commonly reported by women and people on low incomes. Suicide rates for both men and women have consistently remained below the EU averages. Mental health is included as a thematic priority within the Maltese National Health Strategy Framework 2020-30, and a Mental Health Strategy for Malta 2020-30 was published in July 2019.

2 Health in Malta

Life expectancy in Malta in 2022 was 2 years above the EU average

Life expectancy at birth in Malta was 82.7 years in 2022, 2 years above the EU average (Figure 1). In the decade before the COVID-19 pandemic, it increased at a faster rate than in most other EU countries, and by 2019 it reached an all-time high of 82.9 years. In 2020, life expectancy fell temporarily by more than half a year, reflecting the high number of deaths during the first year of the pandemic. However, it rebounded slightly in 2021 and continued to rise in 2022. The gender gap in life expectancy in Malta is smaller than the EU average: women live 4.1 years longer than men on average, compared to a 5.4-year gap in the EU as a whole.

Circulatory diseases and cancer remained the main causes of death in Malta in 2020

Circulatory diseases remained the leading cause of death in Malta in 2020, accounting for over 30 % of all deaths, followed by cancer, which accounted for approximately 25 % of deaths (Figure 2). Among deaths due to cancer, lung cancer was the main cause of mortality, accounting for 4.2 % of all deaths in 2020. During the first year of the pandemic, COVID-19 accounted for nearly 200 deaths or 4.6 % of all deaths. The vast majority of these (95 %) occurred among individuals aged 65 and over.

Excess mortality in Malta during the pandemic was higher than the EU average, but this may be due to the country's small population size

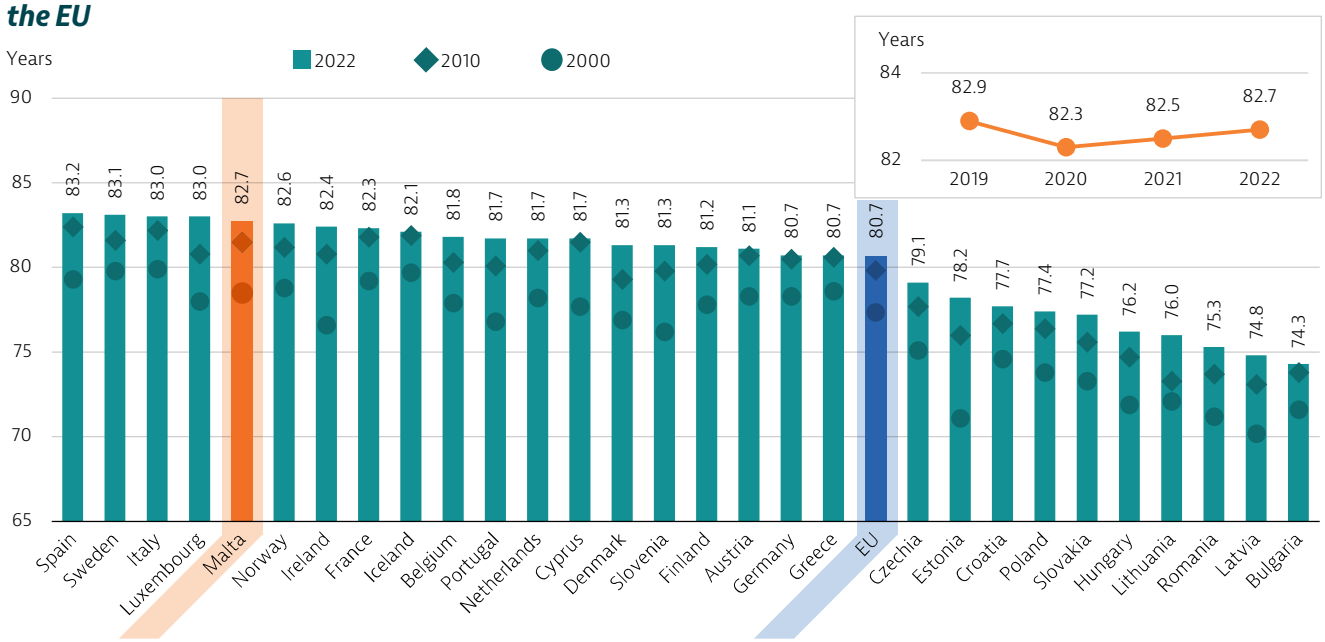
The broader indicator of (all-cause) excess mortality – defined as deaths from all causes above what would normally be expected based on previous years – indicates that excess deaths in 2020, 2021 and 2022 were on average 17 % higher in Malta than in the previous five years (2015-19). This was greater than the EU average, especially in 2022 (Figure 3). However, these increases may be related in part to the influence that Malta's small population and recent fluctuations in population structure may have on excess mortality calculations.

The proportion of people with chronic conditions and activity limitations after age 65 is much lower in Malta than the EU average

As in other EU countries, the share of the Maltese population aged 65 and over has increased over the past two decades, from 11.8 % in 2000 to 18 % in 2020. This share is projected to increase to 25 % by 2050.

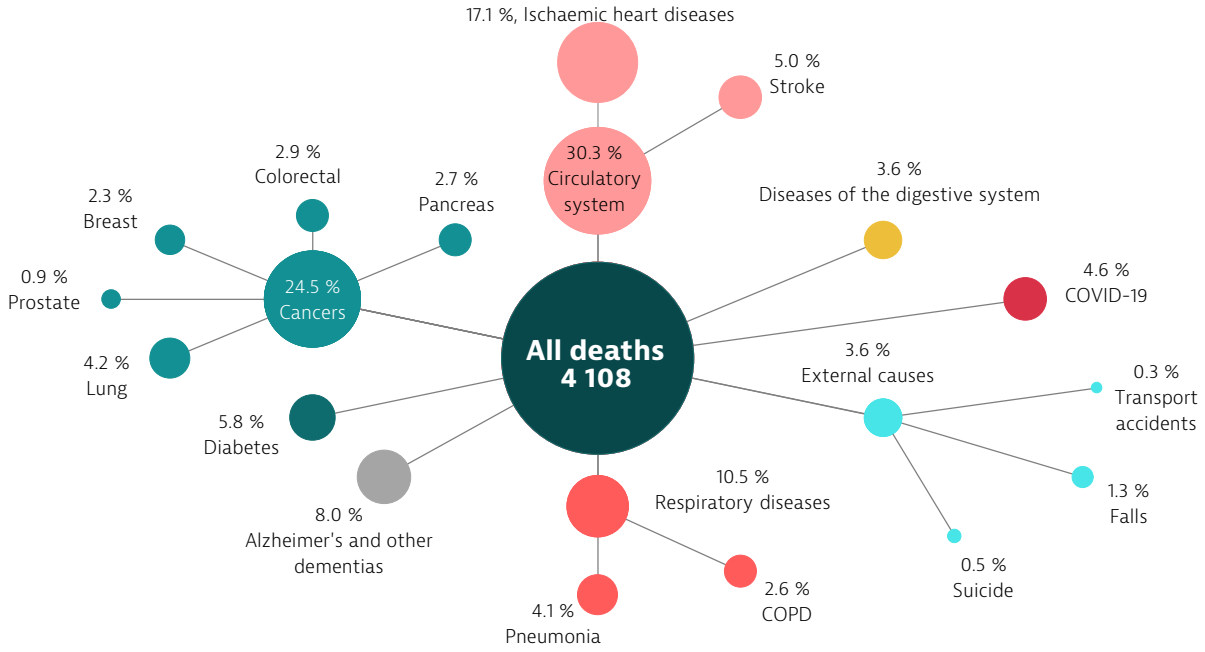
In 2020, women in Malta at age 65 could expect to live 22 more years, while men could expect to live 19 more years – both are higher than the EU averages. Furthermore, Maltese people of both genders spend smaller proportions of their

Figure 1. Despite the reduction during the pandemic, life expectancy in Malta is among the highest in the EU



Notes: The EU average is weighted. The 2022 data are provisional estimates from Eurostat that may be different from national data and may be subject to revision. Data for Ireland refer to 2021.
Source: Eurostat Database.

Figure 2. In 2020, ischaemic heart diseases were the single leading cause of mortality in Malta



Note: COPD refers to chronic obstructive pulmonary disease.
Source: Eurostat Database (data refer to 2020).

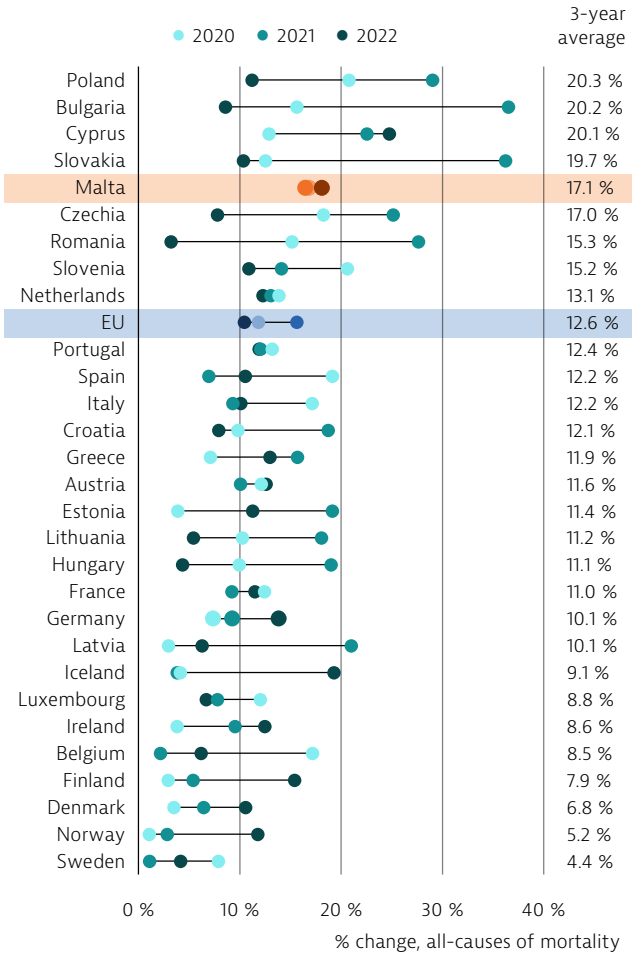
remaining years of life at age 65 with activity limitations compared to the EU averages, so the gap in the number of healthy life years (defined as disability-free life expectancy) is even greater (Figure 4).

However, as in other countries, Maltese women aged 65 and over are more likely than men to report multiple chronic conditions and having limitations in daily activities, so the gender gap in healthy life years is almost nil.

Prostate and breast cancers are the most frequently diagnosed cancers in Malta

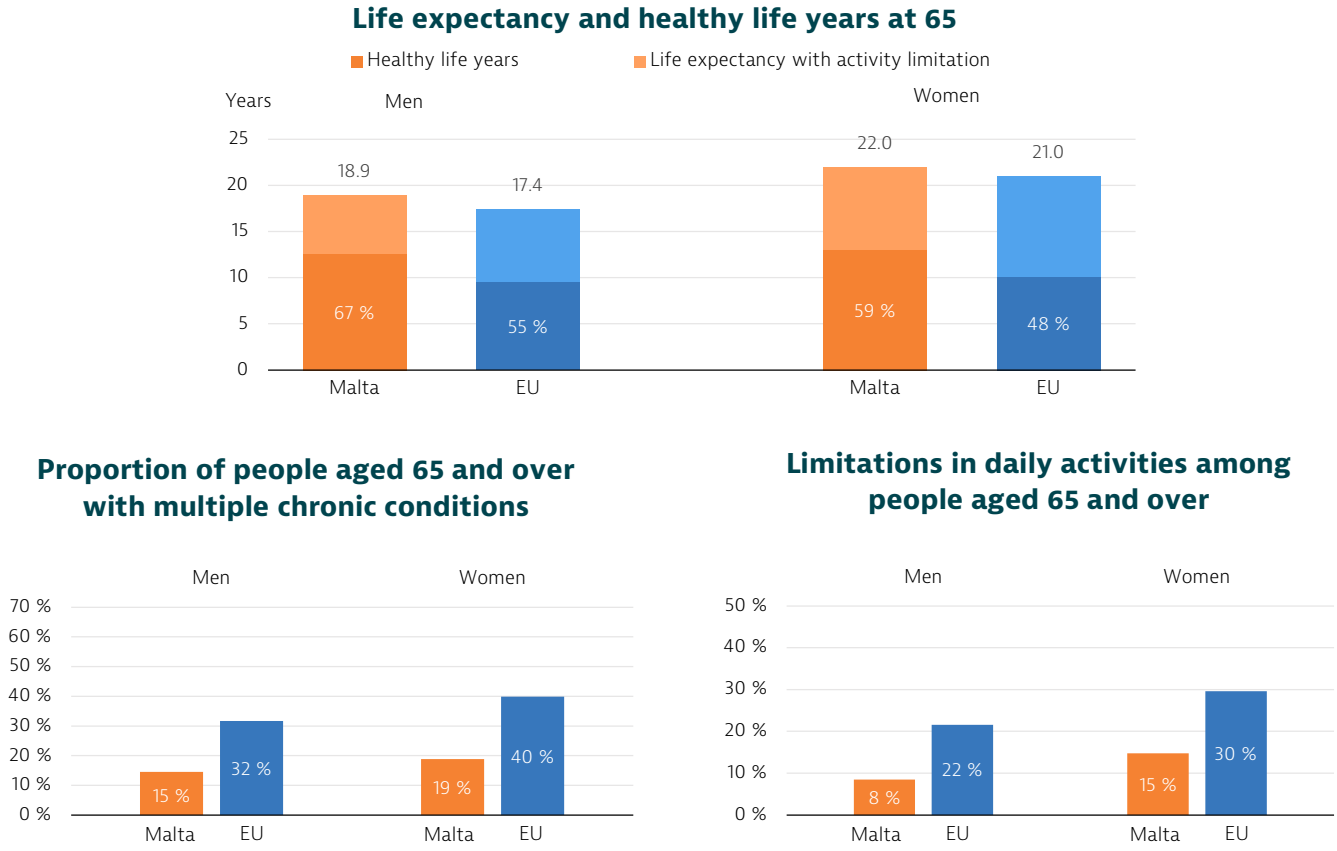
According to estimates from the Joint Research Centre based on incidence trends from previous years, around 2 700 new cancer cases were expected in Malta in 2022. More men were expected to be diagnosed with cancer than women, but the incidence rate for men is lower than the EU average. The leading cancer among men is prostate, followed by lung and colorectal cancer, while among women it is breast cancer, followed by colorectal and uterine cancer (Figure 5). To improve prevention, access to care and care coordination, Malta launched a second National Cancer Plan for the period 2017-21 (see Section 5.1).

Figure 3. Excess mortality in Malta was highest in 2022 during the pandemic



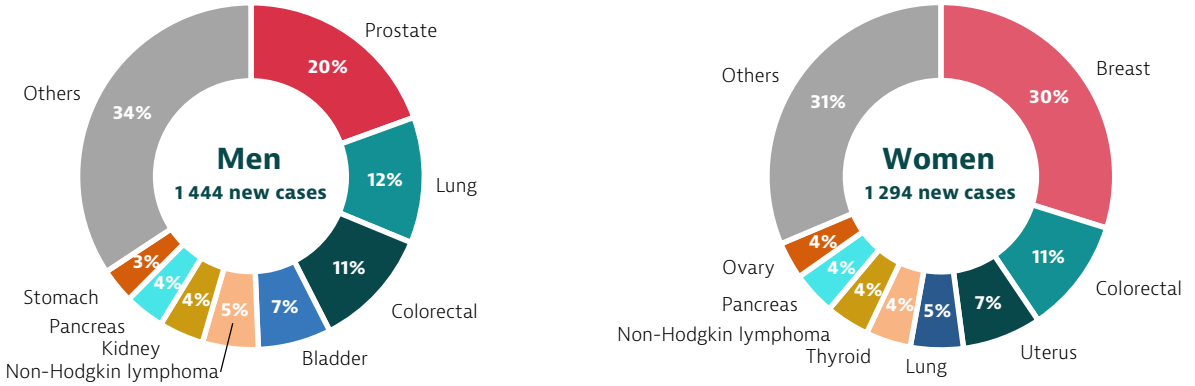
Note: Excess mortality is defined as the number of deaths from all causes above the average annual number of deaths over the previous five years before the pandemic (2015-19).
Source: OECD Health Statistics based on Eurostat mortality data (last updated on 30 June 2023).

Figure 4. The number of healthy life years at age 65 is much greater in Malta than the EU average



Sources: Eurostat Database (for life expectancy and healthy life years) and SHARE survey wave 8 (for chronic conditions and limitations in daily activities). Data refer to 2020.

Figure 5. More than 2 700 people in Malta were expected to be diagnosed with cancer in 2022



Age-standardised rate (all cancer): 614 per 100 000 population
EU average: 684 per 100 000 population

Age-standardised rate (all cancer): 494 per 100 000 population
EU average: 488 per 100 000 population

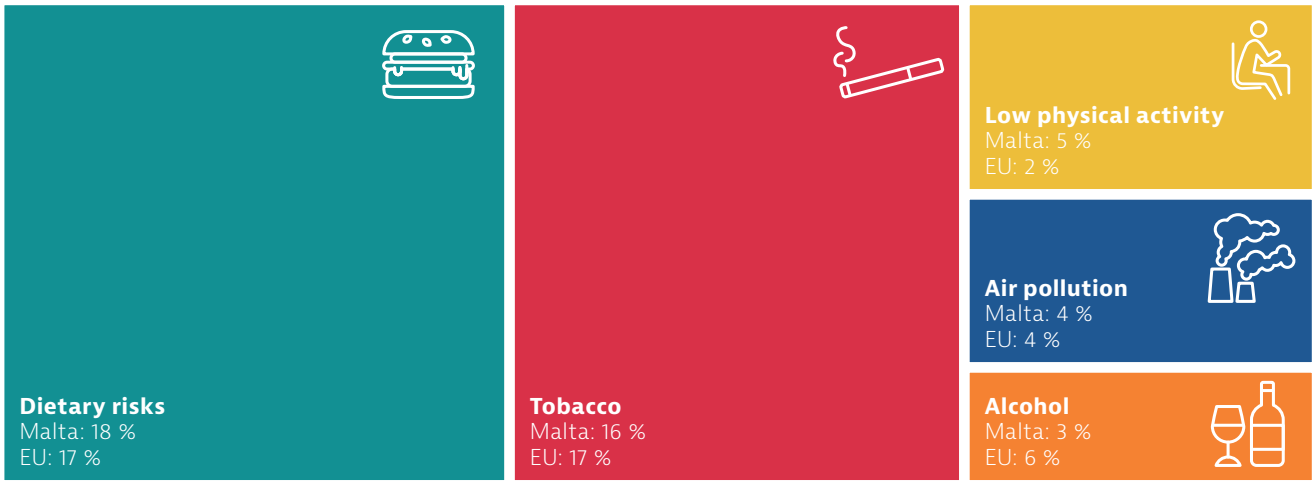
Notes: Non-melanoma skin cancer is excluded. Uterus cancer does not include cancer of the cervix.
Source: ECIS – European Cancer Information System.

3 Risk factors

Behavioural and environmental risk factors account for one third of all deaths

About one third (36 %) of all deaths in Malta in 2019 can be attributed to behavioural risk factors, a proportion similar to the EU average (39 %). Some 18 % of all deaths were attributed to dietary risks (including low fruit and vegetable intake, and high sugar and salt consumption), and 16 % of deaths related to tobacco smoking (including direct and second-hand smoking) – proportions similar to the EU averages (Figure 6). About 5 % of all deaths were related to low physical activity, which is a much greater share than the EU average (2 %), while about 3 % of all deaths could be attributed to alcohol consumption, which is much lower than the EU average (6 %). Air pollution in the form of fine particulate matter ($PM_{2.5}$) and ozone exposure alone accounted for about 4 % of deaths.

Figure 6. Dietary risks and tobacco consumption are major contributors to mortality in Malta



Notes: The overall number of deaths related to these risk factors is lower than the sum of each one taken individually, because the same death can be attributed to more than one risk factor. Dietary risks include 14 components such as low fruit and vegetables diet, high sugar-sweetened beverages consumption. Air pollution refers to exposure to $PM_{2.5}$ and ozone.
Source: IHME (2020), Global Health Data Exchange (estimates refer to 2019).

Rates of overweight and obesity among adults and adolescents are the highest in the EU

Rates of overweight and obesity in Malta have increased over the past decade and are the highest in the EU (Figure 7). More than one in four adults reported they were obese in 2019, with a higher proportion among men (28 %) than women (23 %). Nearly one in three 15-year-olds were overweight or obese in 2022, which is about 1.5 times the EU average.

Low physical activity is an important factor. Only 12 % of adults in Malta reported doing at least 150 minutes of physical activity per week, which is much lower than the EU average (33 %). Similarly, reporting of moderate-to-vigorous physical activity among 15-year-olds in Malta was tied for the fourth lowest among EU countries in 2022. The proportion of girls who report being physically active was lower compared to that for boys (8 % compared to 16 % for boys).

Poor nutrition is another important contributor to overweight and obesity. In 2019, only 12 % of adults reported eating at least five portions of fruit and vegetables per day, compared to 17 % in 2014, with lower proportions among men (9 %) than women (14 %).

Tackling high rates of overweight and obesity in Malta has been recognised as a government priority over the past decade, and intersectoral actions have been implemented to address the obesogenic environment (see Section 5.1). Initiatives include a mixture of legislative, policy and regulatory approaches, such as addressing unhealthy food advertising and nutritional labelling. Collaborative action between the health, education and agriculture sectors has resulted in school fruit schemes, the provision of healthy meals to students, and the installation of water dispensers in schools. A recent assessment conducted by the National Audit Office has solicited further intersectoral actions.

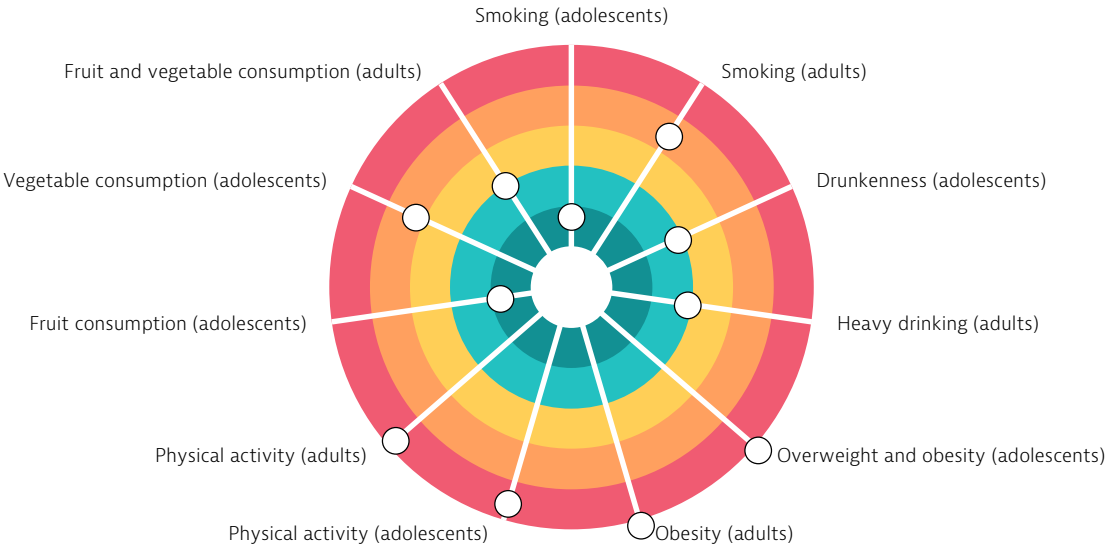
Adult smoking rates remain high, but smoking rates among adolescents are among the lowest in the EU

In contrast with most EU countries, smoking rates among adults in Malta did not fall between 2008 and 2019, and 21 % still reported smoking daily in 2019. Smoking rates are higher for men (24 %) than women (17 %). In contrast, the share of 15-year-olds who reported smoking cigarettes has declined steadily, and was among the lowest in the EU in 2022. Reported rates of smoking were slightly higher for girls (10 %) than for boys (9 %). Reported use of e-cigarettes by 15-16-year-olds in 2019 was the third lowest in the EU after Portugal and Sweden.

Excessive alcohol drinking is a public health issue, especially among men

In 2019, 16 % of adults in Malta reported heavy drinking at least once a month – a proportion lower than the EU average (19 %). Men were more than twice as likely to report heavy drinking than women.[1] Excessive alcohol consumption among adolescents is close to EU averages, with 20 % of 15-year-old girls and 18 % of 15-year-old boys in 2022 reporting that they had been drunk more than once in their lives. In recognition of this public health challenge, a new alcohol strategy has been published, with specific actions to tackle underage drinking (see Section 5.1).

Figure 7. Overweight and obesity are major public health issues in Malta



Notes: The closer the dot is to the centre, the better the country performs compared to other EU countries. No country is in the white "target area" as there is room for progress in all countries in all areas.
Sources: OECD calculations based on HBSC survey 2022 for adolescents indicators; and EHIS 2019 for adults indicators.

Socioeconomic inequalities in health risks are substantial

Many behavioural risk factors in Malta are more common among people with lower education or income levels. One in three adults without secondary education were obese in 2019 compared to one in five among those with a university education. Similarly, people with lower education levels were almost twice as likely to be daily smokers (24 % compared to 13 % in 2019). However, the prevalence of heavy drinking is higher among populations with higher education or income levels than among those with low education or income levels.

1 *Heavy drinking is defined as consuming six or more alcoholic drinks on a single occasion for adults.*

4 The health system

The Maltese health system is mixed, and the private sector plays an important complementary role

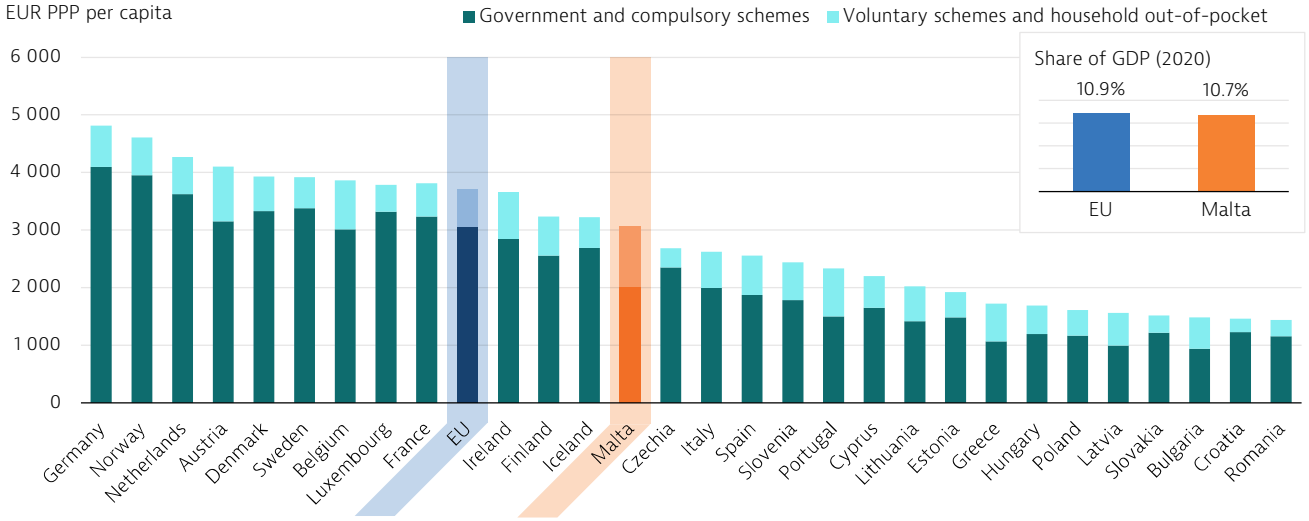
The Maltese national health service is financed through general taxation and is mostly free at the point of use. It offers virtually universal health coverage and a comprehensive benefits package. Although the Ministry for Health oversees governance, regulation and provision of public health services, the system is mixed. Public providers are primarily responsible for secondary and tertiary care, while the private sector plays an important role in complementing service provision, particularly in the areas of primary and ambulatory care, for which patients are typically charged a small out-of-pocket (OOP) fee. Public primary care clinics function largely on a walk-in basis, while private providers offer more choice, shorter waiting times and better continuity of care.

The establishment of public–private partnerships between the Ministry and diverse private contractors saw a change in the management of three large public hospitals in recent years, although these collaborations have proved to be short-lived and have raised concerns about governance and contractual shortcomings. Following a court decision, the latest contractor, Steward Health Care, has rescinded from the agreement and withdrawn from providing further services in Malta (Malta Independent, 2023).

Despite steady growth, health expenditure in Malta is below the EU average

Health spending in Malta has grown at the highest rate in the EU in real terms over the last decade. In 2010-11, the average annual growth rate in current health spending in Malta was 5.4 %; by 2018-19 this had risen to 14.7 % (before dropping to 7.6 % in 2019-20). Nevertheless, per capita health expenditure was EUR 3 055 in 2020, below the EU average of EUR 3 719 for that year (Figure 8). While total expenditure on health in Malta increased to 10.7 % of GDP in 2020 (up from 9.1 % in 2019) in response to the COVID-19 pandemic, this was still slightly lower than the EU average of 10.9 % of GDP. The public share of health funding in 2020 was 67 %, compared to an EU average of 81 %. The majority of private expenditure is in the form of OOP spending on health, which at 30 % in 2020 was among the largest in the EU.

Figure 8. Compared to other EU countries, Malta's share of public spending on health is low



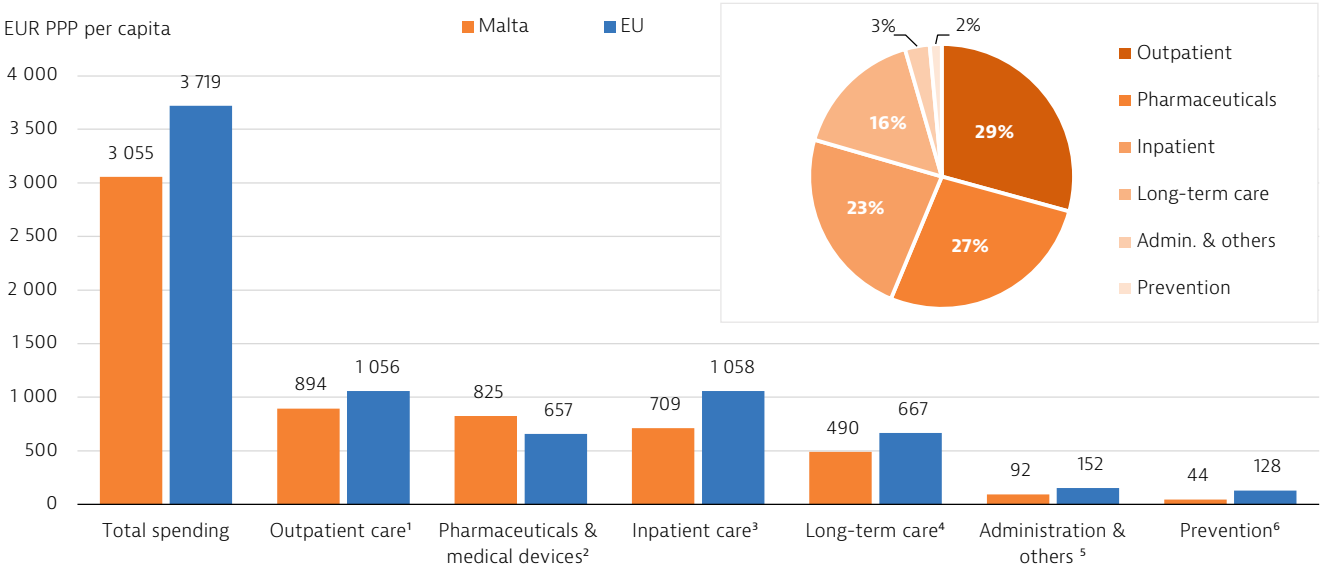
Note: The EU average is weighted.
Source: OECD Health Statistics 2023 (data refer to 2020).

High pharmaceutical spending partly reflects the challenge of securing access to innovative medicines in Malta

Reflecting its lower overall healthcare expenditure, Malta spent less per capita on all healthcare categories compared to EU averages in 2020, except for pharmaceuticals and medical devices (Figure 9). Outpatient care accounted for 29 % of spending in 2020, while inpatient care accounted for 23 %. The share of health expenditure devoted to pharmaceuticals and medical devices (27 %) was

considerably higher than the EU average (17 %), in part reflecting continuing challenges with ensuring access to innovative medicines, which has been a policy priority in recent years (see Section 5.2). Most countries raised expenditure on preventive care significantly during the COVID-19 pandemic, but in Malta spending on prevention remained low. Per capita expenditure on prevention (EUR 44) in 2020 is significantly below the EU average for that year (EUR 128). Improvements in this area remain a key policy focus (see Section 5.3).

Figure 9. Spending on pharmaceuticals and medical devices in Malta surpasses the EU averages, but spending on all other types of care remain below EU averages



Notes: 1. Includes home care and ancillary services (e.g. patient transportation); 2. Includes only the outpatient market; 3. Includes curative-rehabilitative care in hospital and other settings; 4. Includes only the health component; 5. Includes health system governance and administration and other spending; 6. Includes only spending for organised prevention programmes. The EU average is weighted.
Sources: OECD Health Statistics 2023 (data refer to 2020).

The numbers of physicians and nurses have increased in Malta over the past decade

Partly due to government reforms and improved conditions of work, the numbers of both physicians and nurses increased in the past decade. Malta now has a higher number of doctors per 1 000 population than the EU average, but the number of nurses is still just below the EU average (Figure 10). After reaching a peak of 24.3 % in 2012, the share of doctors who practise as general practitioners (GPs) fell and in 2021 stood at 19.5 %. After several years of increases, Malta recently saw a drop in the number of medical graduates (from 33.5 medical graduates per 100 000 population in 2019 to 25.2 per 100 000 population in 2021), partly due to the pandemic. Nevertheless, the number of medical graduates in Malta remained above the EU average of 17.5 per 100 000 population in 2021. In response to health workforce shortages and challenges, Malta launched its first national Health Workforce Strategy in 2022 (see Section 5.3).

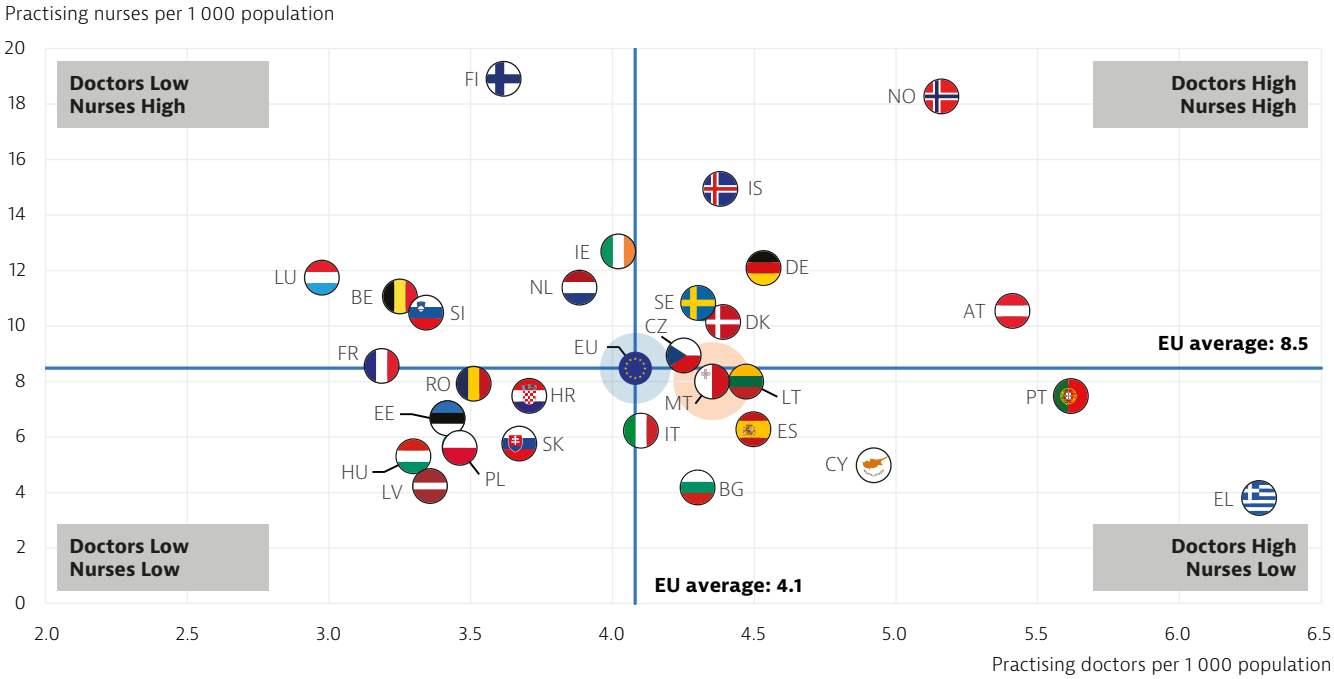
5 Performance of the health system

5.1 Effectiveness

Preventable deaths in Malta continue to remain below the EU average

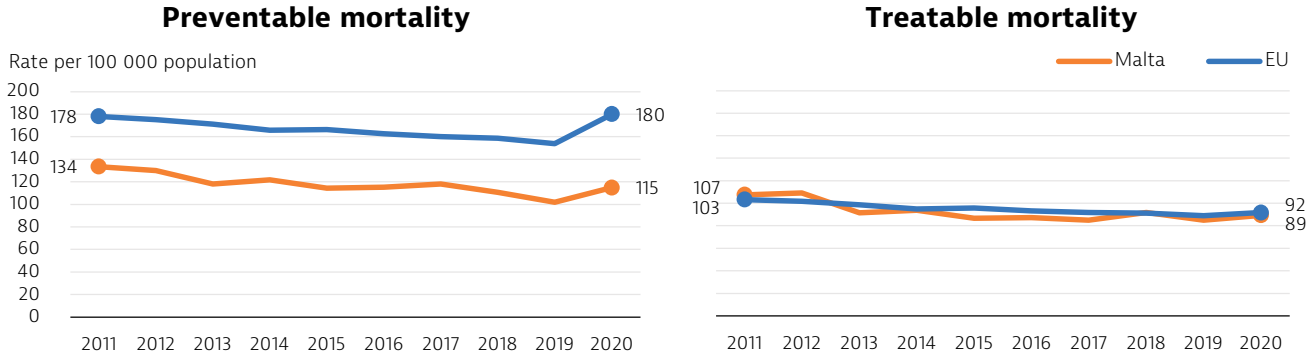
Preventable mortality in Malta has consistently stayed below the EU average, and decreased over the last decade from 134 per 100 000 population in 2011 to 115 per 100 000 population in 2020. However, as in other EU countries, the rate of preventable mortality increased in Malta between 2019 and 2020 (by 13 %), mainly due to COVID-19 deaths being classified as preventable (Figure 11). Nevertheless, Malta had the third lowest rate of preventable deaths per 100 000 population in the EU in 2020.

Figure 10. Malta has more doctors but fewer nurses than the EU averages



Notes: The data on nurses include all categories of nurses (not only those meeting the EU Directive on the Recognition of Professional Qualifications). In Portugal and Greece, data refer to all doctors licensed to practise, resulting in a large overestimation of the number of practising doctors (e.g. of around 30 % in Portugal). In Greece, the number of nurses is underestimated as it only includes those working in hospitals.
Source: OECD Health Statistics 2023 (data refer to 2021 or the nearest available year).

Figure 11. Both preventable and treatable mortality in Malta were decreasing prior to the COVID-19 pandemic



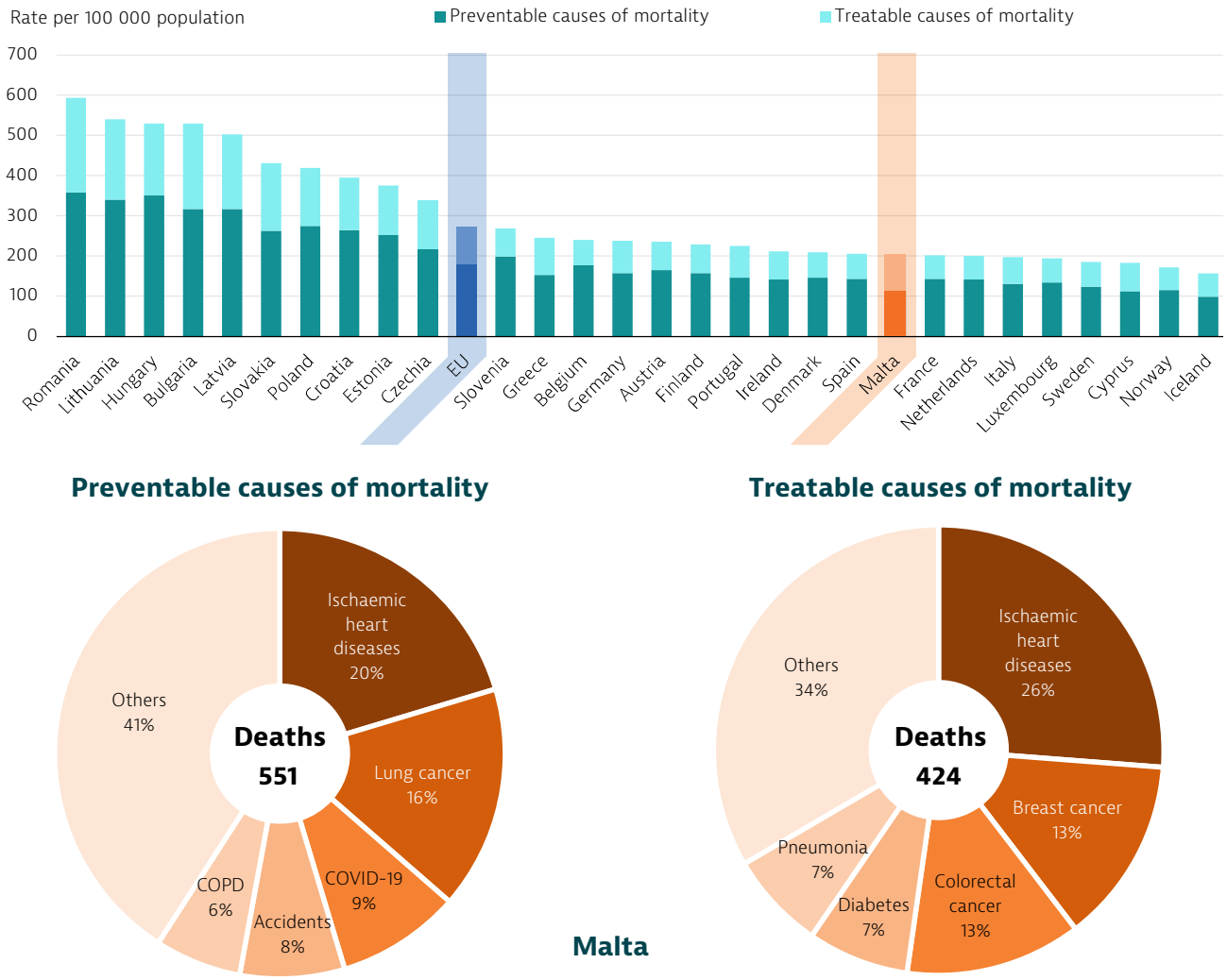
Source: Eurostat Database.

Ischaemic heart disease was the leading cause of preventable deaths in 2020 (20 %), followed by lung cancer (16 %) and COVID-19 (9 %) (Figure 12). COVID-19 replaced accidents (road and others) in third position, and had a negative impact on both life expectancy and preventable mortality rates in Malta during 2020 (see Section 2).

Mortality from treatable causes has decreased since 2011, but cancer and metabolic conditions remain major concerns

Mortality from treatable causes has also decreased overall in Malta since 2011, and in 2020 stood at 89 per 100 000 population, which is similar to the EU average of 92 per 100 000 (see Figure 12). There was a slight increase from 2019 to 2020. This coincides with the emergence of the COVID-19 pandemic, but it is still too early to identify the causes of this uptick from the data currently available. Just over half the deaths from treatable causes were due to ischaemic heart disease (26 %) and breast (13 %) and colorectal (13 %) cancers in 2020. Malta also had one of the highest rates of treatable mortality from diabetes in the EU, ranking fourth (7 %).

Figure 12. Ischaemic heart disease is the leading cause of avoidable mortality in Malta



Notes: Preventable mortality is defined as death that can be mainly avoided through public health and primary prevention interventions. Treatable (or amenable) mortality is defined as death that can be mainly avoided through healthcare interventions, including screening and treatment. Both indicators refer to premature mortality (under age 75). The lists attribute half of all deaths from some diseases (e.g. ischaemic heart disease, stroke, diabetes and hypertension) to the preventable mortality list and the other half to treatable causes, so there is no double-counting of the same death. COPD refers to chronic obstructive pulmonary disease.
Source: Eurostat Database (data refer to 2020).

Targeted actions are being pursued at national level to tackle obesity and its impacts

High mortality rates from cardiovascular diseases and diabetes are partly attributable to the high prevalence of obesity in Malta, which is the highest in the EU (see Section 3). A range of actions to counter the rising prevalence of obesity and metabolic conditions in the Maltese population are being planned and implemented as part of the new National Health Systems Strategy for 2023-30 (Box 1).

Immunisation rates remain high despite service disruptions caused by the COVID-19 pandemic

Routine health services experienced significant interruptions during the pandemic response, leading to morbidity increases for many non-COVID-19 conditions. Nevertheless, in 2020, the immunisation rate for influenza among adults aged 65 and over was 67 %, higher than the EU average of 44 %, but it fell back to 59 % in 2021. Vaccination rates for human papillomavirus (HPV) among girls aged 15 years – for which vaccinations are available free of charge for those born after the year 2000, and more recently extended to 12- and 13-year-old males born in the year 2011 – remained very high in 2020, reaching 81 %, well above the EU average of 63 % for the same year (Sexual Health Malta, 2021). In 2022, the immunisation rate fell slightly to 78 %.

Child vaccination rates for diphtheria, tetanus and pertussis (99 %) and measles (90 %) remained stable in 2021 (WHO, 2023). Uptake of pneumococcal vaccine, introduced in May 2020, was estimated at 99 % in 2021 (UNICEF, 2022). In 2020, the Scheme for the Administration of Scheduled Vaccines in

Box 1. Malta is pursuing several actions to improve the management of chronic conditions

The new National Health Systems Strategy for 2023-30 (Ministry for Health, 2022) sets out a broad range of initiatives to strengthen care delivery and improve health in Malta this decade. It includes targeted action to address the high prevalence of obesity and chronic conditions in children, adolescents and adults, such as:

- reinforcing physical activity and weight management services
- expanding remote patient monitoring opportunities, including remote glucose monitoring to improve the management of diabetes
- rolling out primary care clinics to offer preventive screening in adults aged 45-50, including to detect latent diabetes
- adopting a national preventive framework for non-communicable diseases and obesity, with a focus on children and young people
- continuing ongoing work around early childhood nutrition, family-based approaches to healthy eating and healthy school lunches.

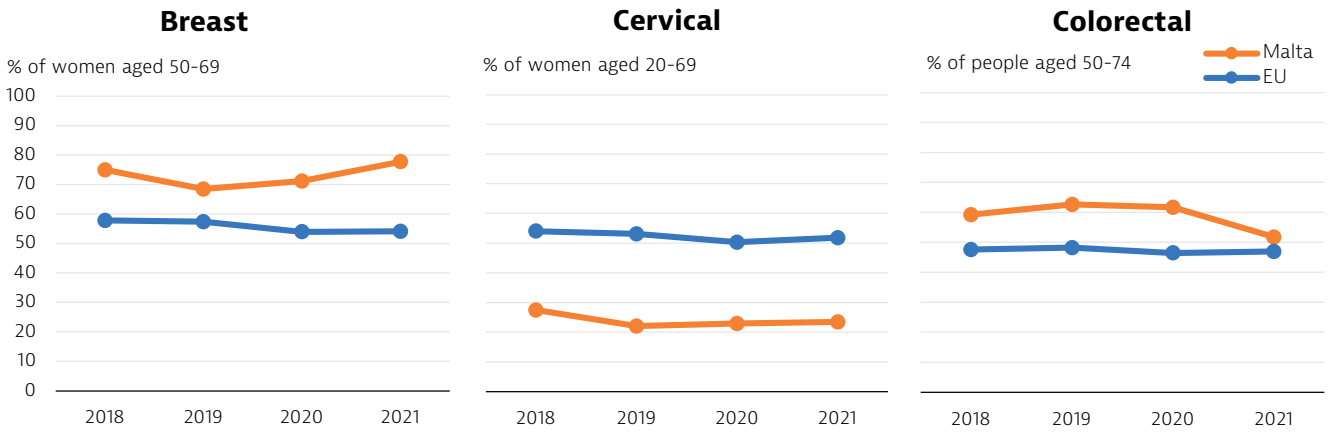
Private Practice was introduced, through which the government supplies vaccines to registered paediatricians and GPs for administration in private practice, with parents paying only the fee for administration by a doctor of their choice.

Breast cancer screening rates in Malta are above the EU average, and continued to rise even during the COVID-19 pandemic

Screening rates for breast cancer and cervical cancer rose between 2019 and 2021, even with the COVID-19 pandemic. The rise in breast cancer screening between 2020 and 2021 was considerable: from 71 % to 78 % of women aged 50-69 screened within the past two years. The breast cancer screening programme was successfully rolled out from 2009, and screening rates exceeded the EU averages for the period 2018-21 (Figure 13). Notably, as in many other countries, there is wide variation in the screening rate according to income group: in 2019, 74 % of women in the highest income quintile reported being screened in the previous two years compared to only 51 % in the lowest quintile.

The screening programmes for colon cancer (in place since 2012) and cervical cancer (in place since 2015) are now being progressively scaled up and offered to broader age groups (Ministry for Health, 2022). Nevertheless, national survey data suggest that many women are still undertaking cervical cancer screening in the private sector rather than through public programmes, which accounts for the low rates recorded. Although increasing slightly from 22 % in 2018 to 23 % in 2020 and 24 % in 2021, national rates of cervical screening in the past two years among women aged 20-69 remain well below the EU average (52 % in 2021). Conversely, over half of the target population has been screened for colorectal cancer according to the latest national programme data (52 % in 2021), although slight decreases have been recorded since the start of the pandemic (63 % in 2019). In addition, implementation of the second National Cancer Plan 2017-21 is still ongoing and is due to be carried forward in an upcoming plan, which sets out an expansion of services available within the national health service, including genetic services and home-based treatment options. The recent successful introduction of nurse navigator services brings a more personalised integrated approach to care and treatment (WHO, 2022).

Figure 13. Many women have cervical cancer screening in private sector settings, so rates appear low compared to the EU average



Note: Rates refer to the share of individuals within the target groups who have undergone screening in the last two years.
Source: OECD Health Statistics 2023 (based on national programme data).

Avoidable hospital admissions were higher in Malta than the EU average for all causes

In Malta, avoidable hospital admissions for ambulatory-sensitive conditions are among the highest in Europe. At 274 per 100 000 population in 2017 (the latest year for which data are available), admissions for asthma and chronic obstructive pulmonary disease (COPD) were above the EU average of 114 per 100 000 in 2021. Reflecting the high preventable mortality rates for cardiovascular diseases and diabetes, avoidable admissions were also considerably higher than the averages for the EU countries with available data for chronic heart failure (429 per 100 000 population in Malta in 2017; 226 per 100 000 across the EU in 2021) and diabetes (226 per 100 000 in Malta in 2017; 105 per 100 000 across the EU in 2021).

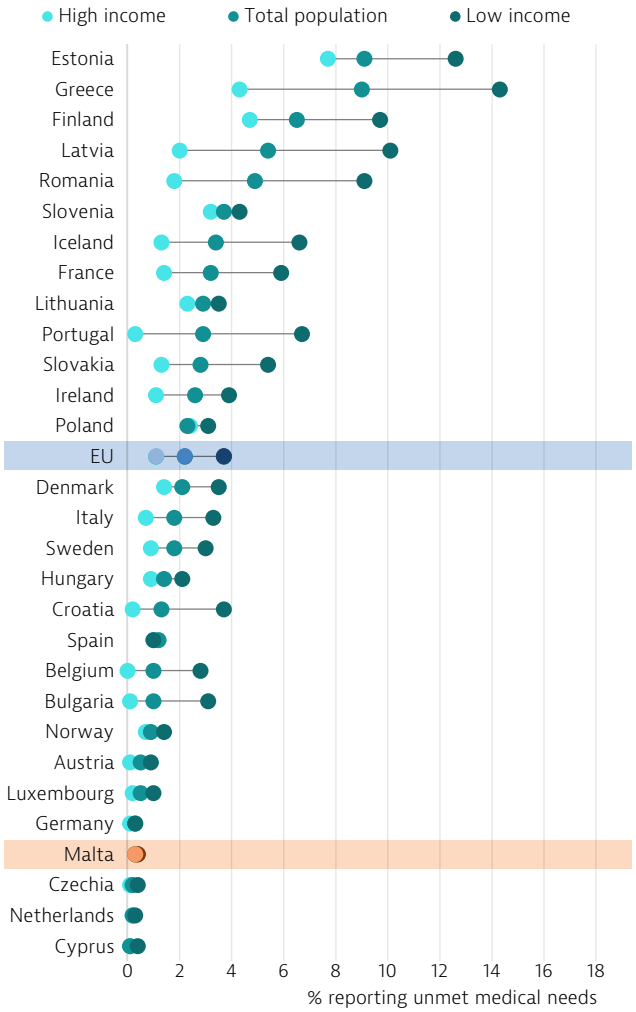
Although above-average admissions partly mirror the elevated prevalence of these conditions in the population, they also capture the need to strengthen primary and outpatient care for chronic conditions, with a focus on cardiovascular diseases and diabetes. Targeted initiatives as part of the new National Health Systems Strategy for 2023-30, such as the rollout of primary care clinics, offer preventive screening services for chronic conditions such as diabetes (see Box 1). A new primary healthcare regional centre co-funded from EU funds is currently under construction. It will become a one-stop shop providing primary and some secondary care services to the community, as well as dental care and mental health, sexual health and medical imaging services. The plans also include two operating theatres for day surgery and emergency services to cover the southern part of the island.

5.2 Accessibility

Unmet needs for medical care were among the lowest in the EU in 2022

Malta's health system offers practically universal population coverage. Maltese citizens and residents, including most immigrants and asylum seekers, are guaranteed coverage, in accordance with social security legislation and on the basis of humanitarian and financial waivers. Broad population coverage has translated into a track record of low unmet needs for healthcare due to costs, distance to travel or waiting times. According to the EU-SILC survey, the rate reported remained one of the lowest in the EU at 0.2 % in 2022. Differences in unmet medical needs between high- and low-income groups were also among the lowest compared to other EU countries (Figure 14). Although only acute emergency dental care is free at the point of access, reported levels of unmet needs for dental care were the lowest in the EU (tied with the Netherlands) in 2022 on average (0.2 %) and by income level (highest income quintile: 0.0 %, lowest income quintile: 0.5 %). Despite good population coverage, Malta has been experiencing important demographic changes owing to concurrent population ageing and increasing immigration – trends that may cause a shift in population demand for healthcare in coming years.

Figure 14. Malta's gaps in reported unmet medical needs by income group are narrow compared to other EU countries



Notes: Data refer to unmet needs for a medical examination or treatment due to costs, distance to travel or waiting times. Caution is required in comparing the data across countries as there are some variations in the survey instrument used.
Source: Eurostat Database, based on EU-SILC (data refer to 2022, except Norway (2020), and Iceland (2018)).

The pandemic prompted higher levels of unmet needs for medical care

During the COVID-19 pandemic, the results of two waves of a Eurofound survey[2] on unmet needs for healthcare indicate that Maltese respondents experienced higher levels of unmet medical needs: 15 % during the first 12 months of the pandemic, falling to 12 % of respondents in spring 2021 and to 8 % in spring 2022. Although still significantly below the EU averages (21 % during the first year, 17 % in spring 2021 and 18 % in spring 2022), these higher results suggest that routine Maltese health services were significantly impacted by the COVID-19 pandemic, a trend also reflected in a reported increase in non-COVID-19 related morbidity over the same period (Ministry for Health, 2022).

Malta faces a unique set of challenges in meeting changing population needs

As a small island nation, Malta is an entry point to the EU for many migrants and refugees fleeing conflict and crisis. In recent years, substantial population growth, mainly due to an increase in foreign workers, has put strain on the health system, calling for timely solutions to bolster capacity and meet the new demand for healthcare. These population groups typically face different specific healthcare needs. Thus, as Malta implements efforts to build its health system resilience, it is considering the distinct needs and demands of its population. Within the primary care setting, Malta's Migrant Health Liaison Office provides tailored support to migrants trying to access the Maltese health system, while also training cultural mediators and health professionals on cross-cultural care.

Malta has a good breadth of benefits coverage

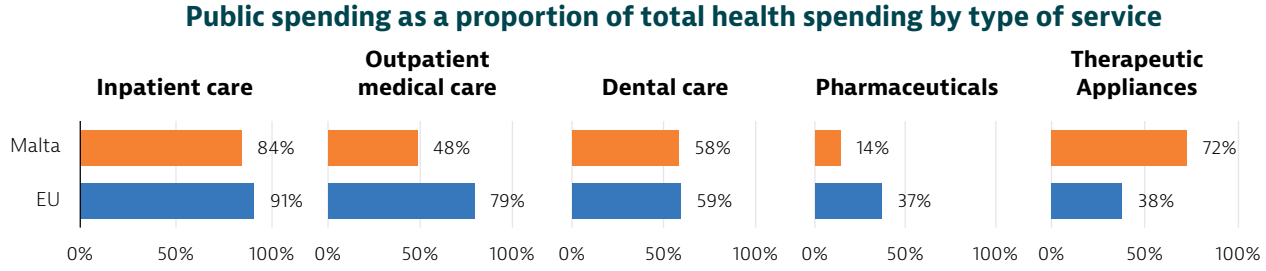
The Maltese health system offers a fairly comprehensive benefits package, in which public healthcare services are fully covered and emergency dental care is available free of charge for eligible individuals. Elective dental care, optical services and some pharmaceuticals are not fully covered and are subject to financial means testing. In particular, public financing of pharmaceuticals sits below the EU average (Figure 15). However, most individuals in need are covered in practice. Individuals on low incomes are able to access the medicines they need from a restricted list of essential medicines free of charge, and people affected by chronic conditions have free access to medicines related to their conditions, regardless of their financial means.

Benefits included in the Maltese benefits package have been expanded, including hormone therapy made available free of charge for transgender patients and new legislation broadening the scope and coverage of costs for in vitro fertilisation treatments in 2018 and 2020.

Widespread use of private specialist and primary care are important drivers of out-of-pocket spending

Public spending accounted for 67 % of total health expenditure in Malta in 2020, which is below the EU average of 81 %. Conversely, at 30 %, OOP spending made up a considerably higher proportion of expenditure than the EU average of 14 % (Figure 16). Traditionally, spending on private primary and outpatient specialist care has been the main driver of OOP expenditure in Malta. This is due to both longer waiting lists for public specialist and elective care and longstanding cultural preferences, as people with higher educational and income levels commonly seek care from the private sector. In line with this, OOP spending was highest for outpatient care (42 %) in 2020. This was closely followed by pharmaceuticals (28 %), as many prescribed pharmaceuticals for acute conditions are not covered by the Maltese benefits package.

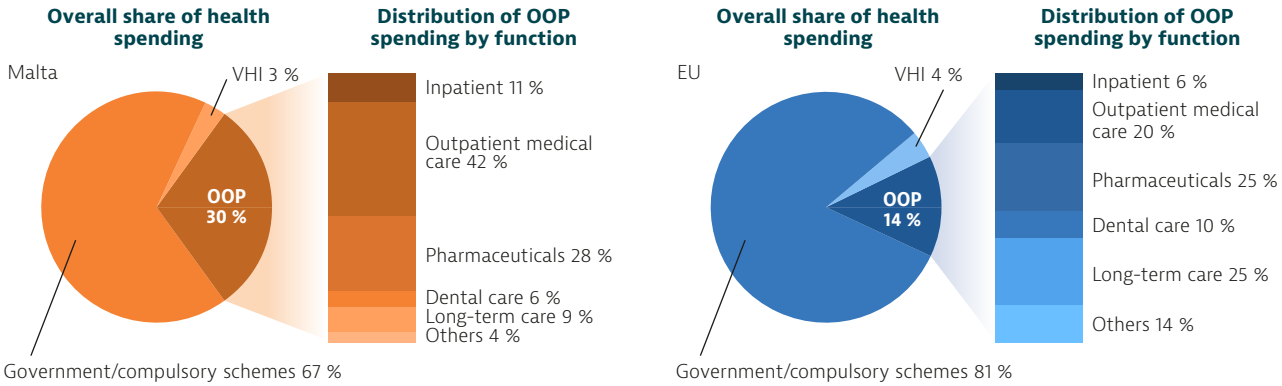
Figure 15. The public share of health spending varies but is particularly low for pharmaceuticals



Notes: Outpatient medical services mainly refer to services provided by generalists and specialists in the outpatient sector. Pharmaceuticals include prescribed and over-the-counter medicines and medical non-durables. Therapeutic appliances refer to vision products, hearing aids, wheelchairs and other medical devices. The EU average is unweighted. Data refer to 2020.
Source: OECD Health Statistics 2023.

2 *The data from the Eurofound survey are not comparable to those from the EU-SILC survey because of differences in methodologies.*

Figure 16. Out-of-pocket spending in Malta amounts to more than twice the EU average



Notes: VHI refers to voluntary health insurance, which also includes other voluntary prepayment schemes. The EU average is weighted.
Sources: OECD Health Statistics 2023; Eurostat Database (data refer to 2020).

At 7.1 % in 2019, OOP spending on health as a share of final household consumption was the highest in the EU, and more than twice the EU average of 3.3 %.

The use of teleconsultations helped to mitigate service disruptions during the COVID-19 pandemic

Capacity to deliver care remotely through teleconsultations was expanded in Malta during the pandemic, at both primary and secondary levels. According to the findings of the Eurofound survey, around one in four adults reported having had remote medical consultations since the start of the pandemic, either online or by telephone in both 2020 (26 %) and 2021 (27 %) (Figure 17). The digitalisation of health services and remote care options are gaining an even more prominent role beyond the pandemic, as reflected in Malta's development of a Digital Health Strategic Roadmap (see Section 5.3).

5.3 Resilience

The COVID-19 pandemic has proved to be the most significant disruption to health systems in recent decades. It has shed light on the vulnerabilities and challenges within countries' emergency preparedness strategies and their ability to provide healthcare services to their populations. In response to the enduring effects of the pandemic – as well as other recent crises, such as cost-of-living pressures and the impact of conflicts like the war against Ukraine as well as the recent heat wave across Europe – countries are implementing policies to mitigate the ongoing impacts on service delivery, invest in health system recovery and resilience,[3] improve critical areas of the health sector, and fortify their preparedness for future shocks.

The number of hospital beds in Malta grew to address pressures from the pandemic

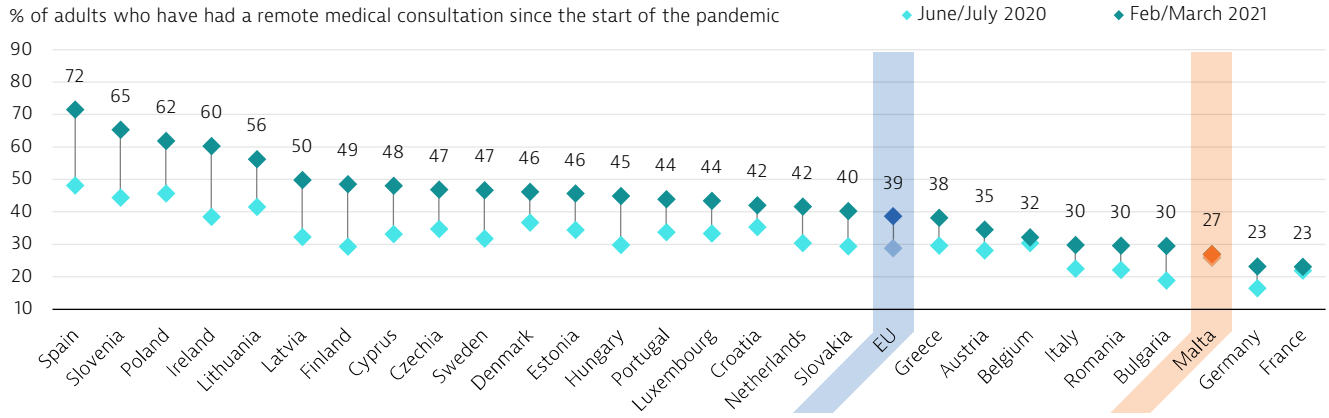
In many European countries, the number of hospital beds dropped or remained stable in the first year of the pandemic; however, in Malta, there was a slight rise from 4.1 per 1 000 population in 2019 to 4.4 per 1 000 in 2020 (Figure 18). In 2021, this dropped back down to 4.2 per 1 000. In part, this reflects efforts to boost hospital bed supply in early 2020 as the threat of COVID-19 became clear – particularly in nearby Italy, which became the epicentre of the virus in Europe. While this was originally intended to be a temporary stop-gap measure, with beds set up in non-clinical areas of the hospital, it has recently been decided to keep these permanently. Up-to-date data are not yet available for Malta on the precise impact of the pandemic on hospital activity volumes (discharges and occupancy rates), disruption to elective surgery or waiting times, but national sources point to morbidity impacts that are likely to be attributable to interruptions in the routine delivery of health services (see Section 5.2) (Ministry for Health, 2022).

Malta's rapid COVID-19 vaccine rollout led to high vaccination rates compared to other EU countries

Malta had one of the fastest COVID-19 vaccination rollouts in Europe: by August 2021, over 83 % of its adult population had received at least one dose of the vaccine, and over 77 % were fully vaccinated (Cuschieri et al., 2021). High uptake of vaccines continued as booster jabs were rolled out. In 2022, Malta made second boosters available

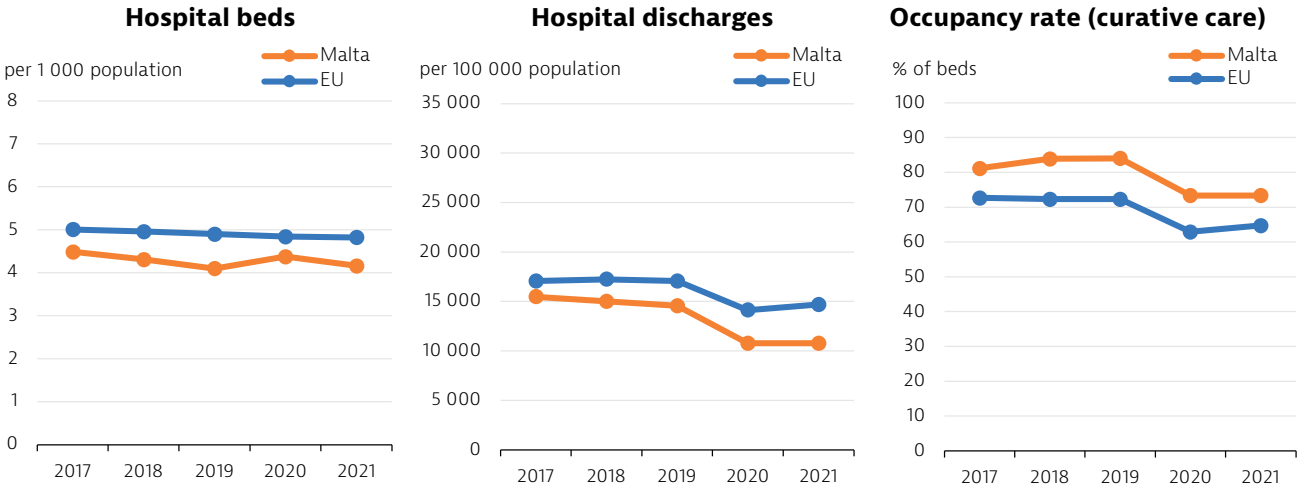
3 *In this context, health system resilience has been defined as the ability to prepare for, manage (absorb, adapt and transform) and learn from shocks (EU Expert Group on Health Systems Performance Assessments, 2020).*

Figure 17. The use of remote consultations remained constant in Malta during the pandemic years



Notes: The EU average is weighted. Low reliability for 2021 data from Cyprus, Latvia, Luxembourg (and 2020 data) and Malta because of low sample size.
Source: Eurofound (2022).

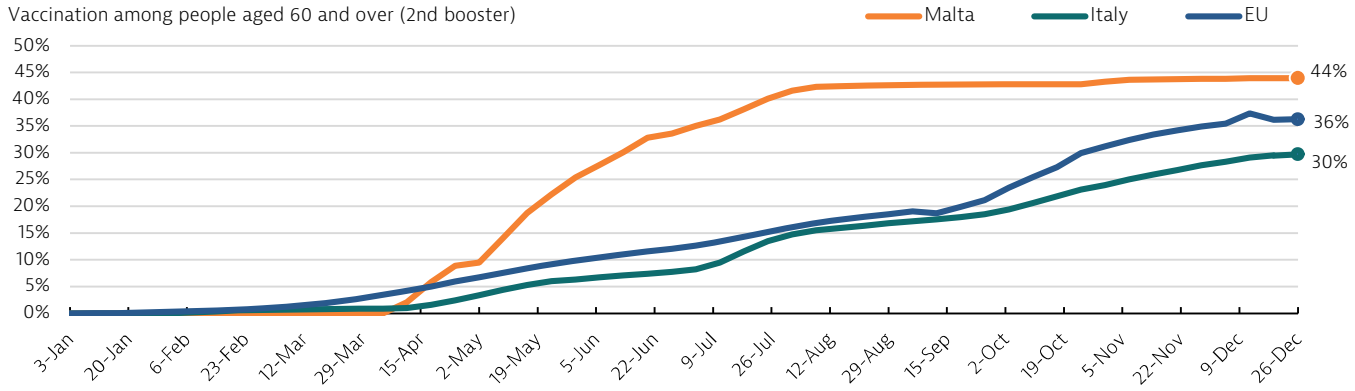
Figure 18. The declining trend in hospital beds in Malta reversed in 2020, but reduced again in 2021



Sources: OECD Health Statistics 2023; Eurostat Database.

to its older population earlier than many other European countries: from May 2022, everyone aged 65 and over was invited to take a second booster, and in July 2022, the minimum age was lowered to 60. By the end of 2022, the proportion of people aged 60 and over who had received a second COVID-19 booster remained higher in Malta (44 %) than the EU average (36 %) (Figure 19). Low vaccination hesitancy and high COVID-19 vaccine dose availability have been identified as factors contributing to Malta's successful COVID-19 vaccination efforts.

Figure 19. Take-up of COVID-19 boosters among older people accelerated early and remained above the EU average in 2022



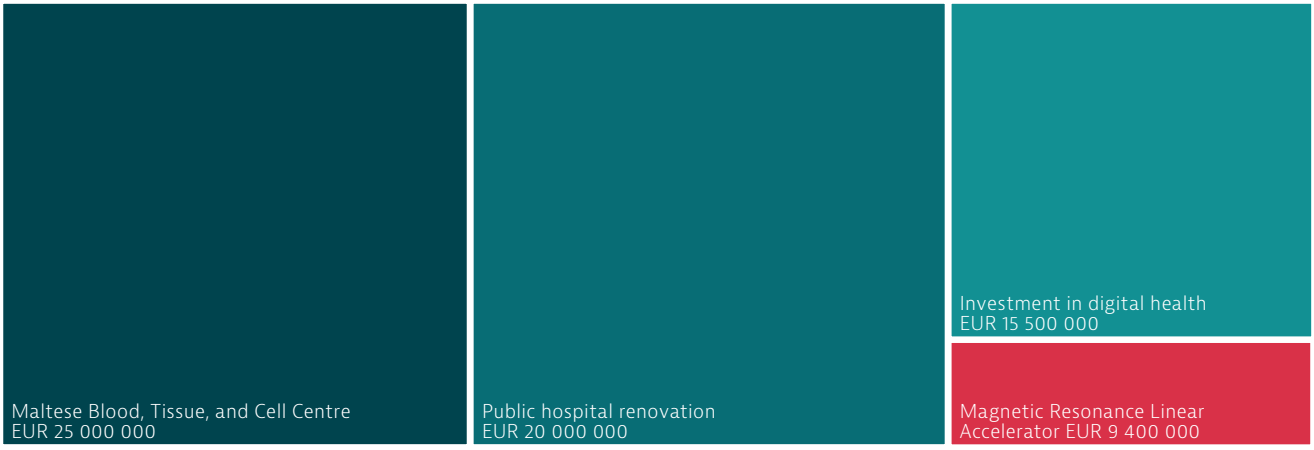
Source: ECDC.

Over one fifth of Malta's Recovery and Resilience Plan is dedicated to healthcare investment

Malta's Recovery and Resilience Plan dedicates nearly EUR 70 million to healthcare investment, representing 20 % of the Plan's total funding. This strong contribution to health reflects the country's commitment to maintaining and improving health system resilience in the wake of the COVID-19 pandemic. A large portion of these funds are aimed at building and improving digital health tools and capacity or at infrastructural improvements, including the establishment of a new Maltese Blood, Tissue and Cell Centre to meet the country's needs for blood, tissue, and cell therapies (Figure 20, European Commission, n.d.).

These investments are potentiated by complementary initiatives funded from the 2021-27 EU Cohesion Policy, through which Malta is expected to invest a total of EUR 155 million on healthcare-related activities.[4] Some 60 % of this amount will be co-financed by the EU. Within the scope of the European Regional Development Fund (ERDF), EUR 139 million will be invested in health equipment, health infrastructure, and e-health services and applications. A further EUR 16 million will be dedicated to enhancing the accessibility, effectiveness, and resilience of the Maltese health system under the European Social Fund Plus (ESF+).

Figure 20. Malta's Recovery and Resilience Plan aims to build and improve healthcare infrastructure, and to support digital health



Notes: These figures refer to the revised Recovery and Resilience Plan as of September 2023. Some elements have been grouped together to improve the chart's readability.
Source: European Commission – Recovery and Resilience Scoreboard.

Malta recently launched the Health Workforce Strategy to mitigate shortages and challenges

In late 2022, Malta launched its first Health Workforce Strategy, highlighting the country's commitment to and national prioritisation of building a strong, resilience healthcare workforce. The strategy lays out three key missions: to attract, develop, retain and manage a workforce that is inclusive, diverse and resilient; to implement good management practices and operational excellence; and to enable and support employees to grow and adapt to the changing needs of society efficiently and professionally. Because of its small health workforce size and population, Malta faces challenges in attracting and retaining specialised health professionals. Factors contributing to this include "brain drain" of local medical professionals to other countries with better compensation packages, and a lack of opportunities to engage with certain uncommon conditions in clinical settings due to their rare occurrence in the small population. Recognising the ramifications this may have on the health system and its patients, Malta has improved its remuneration package for specialists to compete with other markets in the EU and United Kingdom.

One of the thematic priorities of the Health Workforce Strategy is collaboration between the Ministry for Health and Ministry for Education to address demand and supply of healthcare workers. An inter-ministerial steering group is being established to support collaboration to ensure that health education programmes continue to be relevant and appropriate for practice. Under the Strategy, Malta has also developed – in collaboration with WHO – a tool for ongoing human resource planning and forecasting to improve the sustainability of the health workforce.

4 *These EU Cohesion Policy figures reflect the status as of September 2023*

A new Digital Health Strategic Roadmap will drive digital transformation policies

Malta has identified the use of digital health technologies and their increased interoperability as a national priority in efforts to enhance efficiency, access and sustainability of the health system. It is continuing to develop and build upon the digital technologies and infrastructure whose use it accelerated and mainstreamed in reaction to the COVID-19 pandemic. This includes greater use of telemedicine, e-prescriptions and IT-based clinical management systems.

A Digital Health Strategic Roadmap is being developed, which will set out actions to amplify the application of digital health to support healthcare delivery in the national health system until 2030. Planned actions range from digital health services for citizens and patients to service delivery solutions and platforms to facilitate the management of clinical pathways (Box 2).

Box 2. Actions under Malta's Digital Health Strategic Roadmap

- bolstering the rollout and interoperability of electronic patient records via the National Electronic Health Records Platform;
- providing access to a clinical portal for healthcare professionals, including doctors and pharmacists, via the Platform;
- expanding telemedicine services offered by the Primary HealthCare Telemedicine Centre, which was set up and provided virtual medical consultations during the COVID-19 pandemic;
- expanding the Remote Patient Monitoring pilot programme to provide home-based monitoring for management of chronic conditions such as diabetes (see Section 5.1).

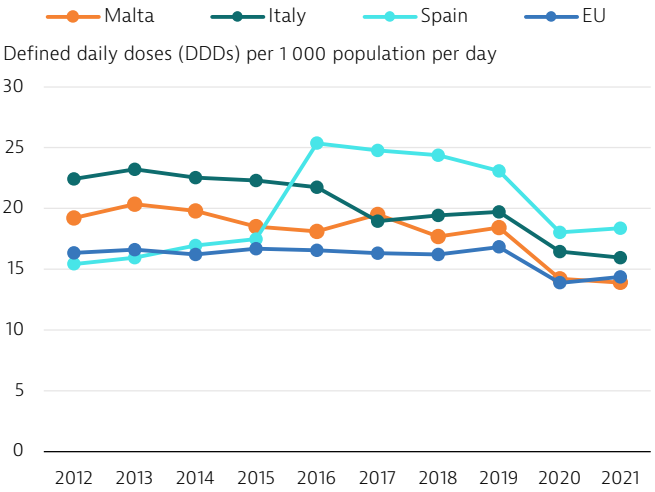
Malta continues to make antimicrobial resistance prevention and containment efforts

Antimicrobial resistance (AMR) is a major public health concern in the EU, with estimates of about 35 000 deaths (ECDC, 2022) in the EU/EEA due to antibiotic-resistant infections and healthcare-associated costs of around EUR 1.1 billion per year (OECD/ECDC, 2019). Because antibiotic over prescription and overuse in humans are major contributors to the development of antibiotic-resistant bacteria, antibiotic consumption data are a useful tool to evaluate the risk of AMR and the efficacy of programmes to promote their appropriate use.

In recognition of the threat of AMR to its economy, health system and health outcomes, Malta implemented a Strategy and Action Plan for the Prevention and Containment of Antimicrobial Resistance for 2020-28. The strategic aims of the Plan are to strengthen infrastructure, surveillance, coordination and legislation to address AMR challenges; to foster awareness of and education on AMR; to ensure appropriate antibiotic prescribing and use; to improve infection prevention and control practices; and to support research and innovation in the field of AMR.

Between 2013 and 2019, methicillin-resistant Staphylococcus aureus (MRSA) infections in the 1 000-bed Mater Dei Hospital were significantly reduced, mainly through the introduction of universal admission screening and decolonisation policy in 2014. According to 2021 estimates, Malta's rate of antibiotic consumption in the community fell by over 25 % between 2017 (19.5 defined daily doses (DDD) per 1 000 population per day) and 2021 (13.9 DDD per 1 000) to below the EU average (14.4 DDD per 1 000) (Figure 21). Further monitoring of trends will confirm whether the decline is a temporary phenomenon or reflects more permanent changes in antibiotic prescribing behaviours.

Figure 21. Malta's consumption of antibiotics has declined in recent years and fell slightly below the EU average in 2021



Note: The data only cover consumption in the community (outpatient).
Source: ECDC ESAC-Net.

6 Spotlight on mental health

The mental health burden in Malta is in line with that of other EU countries

Information on mental ill health is hard to come by for many countries. Nevertheless, available evidence suggests that more than one in six individuals (17 %) across the EU had a mental health condition prior to the pandemic. The prevalence of mental health conditions in Malta is in line with EU averages. The most common in both Malta (7 %) and the EU (6 %) in 2019 were anxiety disorders, followed by depressive disorders (Malta: 4 %; EU: 5 %), and alcohol and drug-use disorders (Malta: 3 %; EU: 3 %) (Figure 22).

The economic costs of mental ill health in Malta were estimated at 3.3 % of national GDP (EUR 314 million) in 2015 (OECD/EU, 2018). These figures combine both the direct costs of mental health conditions on health and social spending (EUR 172 million) and the indirect costs from impacts on the labour market (EUR 142 million).

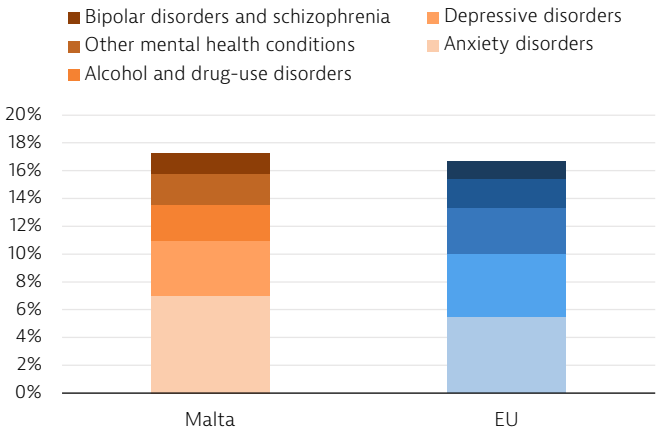
There are inequalities in who is most likely to suffer from depression in Malta

According to data from the European Health Interview Survey (EHIS), 3.5 % of the adult population reported suffering from depression in Malta in 2019 (compared to 7.2 % across the EU). Overall, depression was more commonly reported by women and people in the lowest income quintile in Malta. Women in the lowest income quintile were three times more likely (7.5 %) to report suffering from depression than women in the highest quintile (2.5 %), and similar gaps were observed among men (lowest income quintile: 5.7 %; highest income quintile: 1.8 %) (Figure 23).

During the COVID-19 pandemic, individuals from financially precarious backgrounds were at increased risk of developing depression in Malta

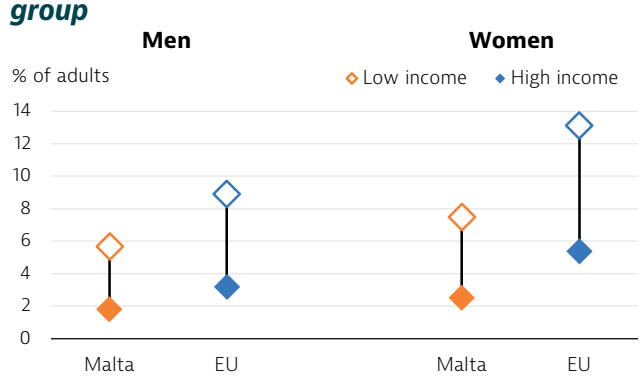
The COVID-19 pandemic exacerbated mental health problems and pushed many individuals into precarious financial circumstances. Estimates from the Eurofound survey show that 65.3 % of individuals living in Maltese households reporting financial difficulties during the pandemic were considered at risk of developing depression, while only 40.3 % were considered at risk in households that did not report such difficulties. These proportions were higher than those reported on average across the EU (61.9 % in households reporting financial difficulties; 36.6 % in households that did not report such difficulties).

Figure 22. Anxiety and depression were the most prevalent mental health conditions in Malta before the pandemic



Note: The EU average is unweighted.
Source: IHME (data refer to 2019).

Figure 23. People in the lowest income group were around three times more likely to report depression than those in the highest income group

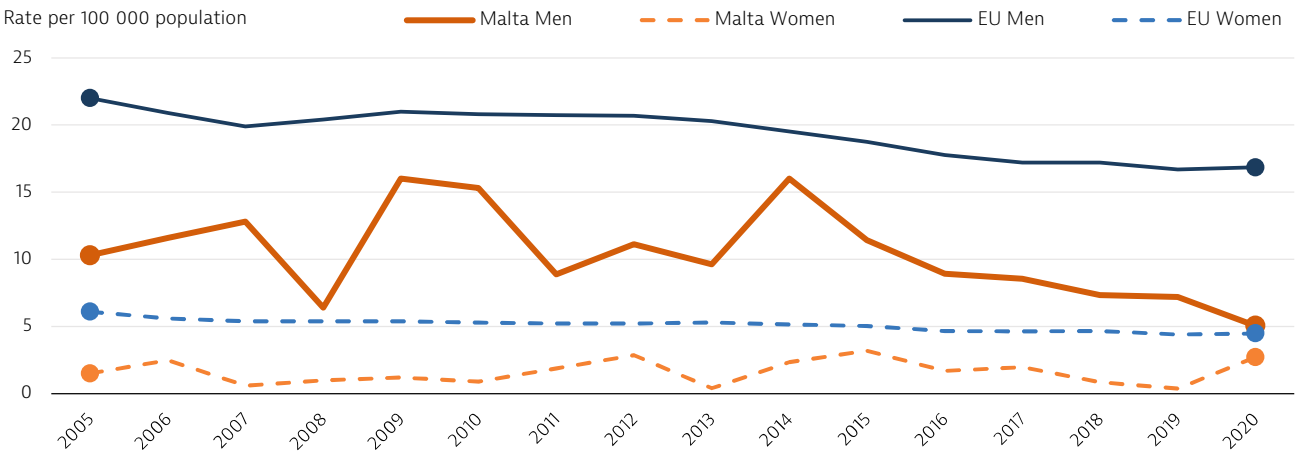


Note: High income refers to people in the top income quintile (20 % of the population with the highest income), whereas low income refers to people in the bottom income quintile (20 % of the population with the lowest income).
Source: Eurostat Database (based on EHIS 2019).

Suicide rates in Malta are comparatively low

Malta has historically had one of the lowest suicide rates in the EU, although some peaks have been observed among men, which is likely to be a fluctuation due to the small population. As in all other EU countries, suicide rates have consistently been higher among men than women, although there was some convergence in 2020, as rates started increasing among women (Figure 24). This trend could be a symptom of the COVID-19 pandemic, although observations over a longer time period are needed to characterise this trend further (Carabott, 2022b). Overall, suicide rates

Figure 24. Suicide rates have decreased among men, while an increase was registered among women in Malta in 2020



Source: Eurostat Database.

among both men (5.06 per 100 000 population) and women (2.72 per 100 000) were well below the EU averages in 2020 (men: 16.85 per 100 000; women: 4.48 per 100 000).

There were important unmet needs for mental healthcare during the pandemic

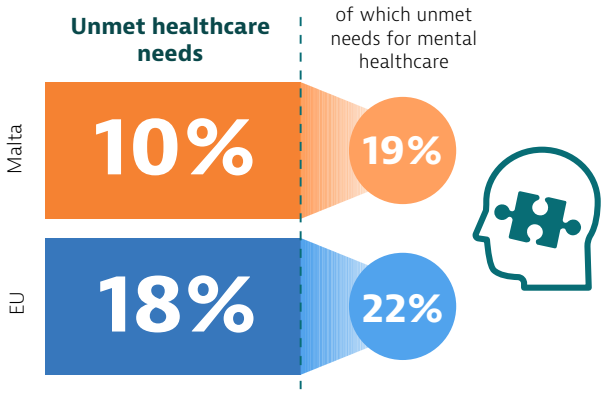
Mental health services have undergone significant improvements after a new and more patient-centred Mental Health Act was passed in 2013 and with the prioritisation of mental health services as outlined in the 10-year National Mental Health Strategy of 2020. Network community services for outpatient care, including home-based care, have been expanded in recent years, accelerating the deinstitutionalisation of mental health services and providing more opportunities for management of patients at the community level. Inpatient psychiatric services are mostly concentrated in the Mount Carmel Hospital, which is equipped with over 500 beds.

According to Eurofound survey data from spring 2021 and spring 2022, an average of 10 % of people in Malta reported unmet needs for healthcare during the pandemic, of which a significant share (19 %) related to mental healthcare (Figure 25). Adequately capturing and meeting the mental health needs of migrant and refugee populations also remains a major concern in Malta (Borg et al., 2022).

Mental health is a key priority area for the Maltese government

In recent years, the Maltese government has renewed its commitment to mental health as a priority area for initiatives, investment, reform and policy to meet demand for these services. Mental health is included as a thematic priority within the Maltese National Health Strategy Framework 2020-30 and, in July 2019, the government published the 10-year Mental Health Strategy for Malta 2020-30 (Ministry for Health, 2019). The strategy proposes a series of actions within four clusters: addressing the social determinants of health to promote mental health and well-being; transforming mental health service delivery; supporting people suffering from mental ill health and their networks; and improving and enhancing mental health services by strengthening capacity. Integration, investment and innovation are key components of the Mental Health Strategy. Most recently, a mental health hotline granting access to professional help around the clock, was launched at the end of 2022 (Ministry for Health, 2023). Non-governmental organisations (NGOs) are also expanding capacity and providing mental health support in Malta (Times of Malta, 2023).

Figure 25. Nearly one fifth of the unmet healthcare needs reported in Malta during the pandemic were for mental healthcare



Note: Survey respondents were asked whether they had any current unmet healthcare needs and, if so, for what type of care, including mental healthcare.
Sources: Eurofound (2021; 2022).

7 Key findings

- Life expectancy in Malta increased rapidly in the decade preceding COVID-19, reaching 82.9 years in 2019. However, during the first year of the pandemic, it fell by more than half a year due to the high number of deaths, to rebound only slightly in both 2021 and 2022. At 82.7 years in 2022, life expectancy in Malta was among the highest in the EU. Circulatory diseases and cancer were the leading causes of deaths in Malta in 2020. A National Cancer Plan 2017-22 was rolled out to improve prevention, care coordination and access to cancer care.
- More than one in four adults in Malta were obese in 2019, and nearly one in three adolescents were overweight or obese in 2022. These rates are the highest in the EU and have continued to increase in recent years. Key risk factors are low physical activity and poor nutrition. To counteract the high prevalence of cardiovascular diseases and diabetes, the government has been implementing a mixture of legislative, policy and regulatory approaches, including expansion of primary care and remote monitoring services as part of its new National Health Systems Strategy for 2023-30, as well as targeted initiatives in schools.
- The Maltese national health service is financed through general taxation and offers universal access to a comprehensive benefits package. Health spending in Malta has grown over the last decade. However, despite further increases in response to the COVID-19 pandemic, the share of public spending on total health expenditure (67 %) remains low compared to other tax-based systems. Since the private sector plays an important role in complementing service provision, out-of-pocket spending on health is relatively high (30 %).
- Cancer screening programmes are receiving focused attention as part of broader measures to improve prevention. Following implementation of two National Cancer Plans, upcoming initiatives plan to expand the services available within the national health service, including genetic services and home-based treatment options.
- Broad population coverage has translated into a track record of low unmet needs for healthcare in Malta, with few differences observed across income groups. Similarly, reported levels of unmet needs for dental care were among the lowest in the EU in 2022, both on average and by income level. Despite good population coverage, however, Malta is experiencing population ageing and increasing immigration – trends that may cause a shift in population demands for healthcare, and call for an expansion of health system capacity.
- Malta's Recovery and Resilience Plan dedicates one fifth of its total funding to healthcare investment, focusing on building and improving digital health tools and capacity, and on infrastructural improvements. These investments are complemented by the EU Cohesion Policy, which also channels funding into health equipment, health infrastructure and e-health services and applications. A dedicated Health Workforce Strategy and a new Digital Health Strategic Roadmap focus on priority areas to build health system resilience.
- Mental health services have undergone significant improvements in Malta in recent years. Network community services for outpatient care, including home-based care, have been expanded, providing more opportunities for management of patients outside hospitals and at the community level. Nevertheless, the COVID-19 pandemic has taken a toll on mental health. One fifth of unmet healthcare needs reported in Malta during the pandemic were for mental healthcare. Adequately capturing and meeting the mental health needs of migrant and refugee populations also remains an important issue.

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Country abbreviations

Austria	AT	Denmark	DK	Hungary	HU	Luxembourg	LU	Romania	RO
Belgium	BE	Estonia	EE	Iceland	IS	Malta	MT	Slovakia	SK
Bulgaria	BG	Finland	FI	Ireland	IE	Netherlands	NL	Slovenia	SI
Croatia	HR	France	FR	Italy	IT	Norway	NO	Spain	ES
Cyprus	CY	Germany	DE	Latvia	LV	Poland	PL	Sweden	SE
Czechia	CZ	Greece	EL	Lithuania	LT	Portugal	PT		

European Commission

State of Health in the EU
Country Health Profile 2023

The *Country Health Profiles* are a key element of the European Commission's *State of Health in the EU* cycle, a knowledge brokering project developed with financial support from the European Union.

These Profiles are the result of a collaborative partnership between the Organisation for Economic Co-operation and Development (OECD) and the European Observatory on Health Systems and Policies, working in tandem with the European Commission. Based on a consistent methodology using both quantitative and qualitative data, the analysis covers the latest health policy challenges and developments in each EU/EEA country.

The 2023 edition of the Country Health Profiles provides a synthesis of various critical aspects, including:

- the current state of health within the country;
- health determinants, with a specific focus on behavioural risk factors;
- the structure and organisation of the health system;
- the effectiveness, accessibility and resilience of the health system;
- For the first time in the series, an account of the state of mental health and related services within the country.

Complementing the key findings of the Country Health Profiles is the Synthesis Report by the European Commission.

For more information, please refer to: ec.europa.eu/health/state

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