
Position Paper Updated Autumn 2026

Executive Summary

This position paper presents the Malta Health Network's key priorities for strengthening Malta's healthcare system, based on feedback from patient representative groups and professional associations. The common message is the need for a more equitable, person-centred, preventive and resilient health system that places patients, service users, families and communities at the centre of policy and service design.

The paper calls for stronger patient rights, including an adequate legal framework to support the Patients' Charter, more effective complaints and appeals mechanisms, and genuine patient representation in healthcare decision-making bodies. It also highlights the importance of structured dialogue with voluntary and patient organisations, recognising lived experience as a valuable contribution to policy development and service planning.

Access to medicines and specialised services remains a major concern. The paper recommends more timely and equitable access to clinically appropriate medicines, improved procurement mechanisms, better use of patient registers, and fairer formulary decisions across patient groups.

Mental health is identified as a priority area requiring continued investment in community-based care, post-discharge follow-up, caregiver support, low-threshold wellbeing centres, youth services and rehabilitation infrastructure. Prevention and public health should also be strengthened through increased investment in health promotion, screening, awareness campaigns and early intervention.

The paper further emphasises the importance of environmental health and a genuine Health in All Policies approach, supported by coordinated action across government. Workforce development is also essential, including long-term planning, professional training, specialist roles and regulation of specialised professions such as genetic counselling.

Finally, digital transformation should be accelerated to improve interoperability, continuity of care, efficiency, patient safety and long-term system resilience.

Position Paper Summer 2026

Background

The Malta Health Network (MHN) is an umbrella organisation that brings together health-related organisations. Established in 2007 with 17 member organisations, MHN now represents more than 40 member organisations and over 18,000 families.

MHN gives patients an informed voice in health-related matters in Malta, across the EU and internationally. Its core objectives are patient empowerment, advocacy and training, supported by a platform that enables member organisations to network, share resources and pursue common goals. MHN is affiliated with various European and international organisations and is highly regarded within these networks. Over the years, it has contributed to several initiatives and projects focused on patient empowerment, education and advocacy.

MHN promotes the health-related interests of patients and the wider community by updating itself about international 'best practices' and 'capacity-building'. The MHN achieves this through its regular contacts with local and international health-related Governmental Organizations, Non-Governmental Organizations, 'Not-for-Profit' Organizations and Patient Representative Groups. Since its establishment in 2007, MHN has carried out several projects with an aim to improve the Maltese healthcare scenario.

The MHN is independent of the Government of Malta and of any political party or organization.

The Position paper was built on past discussions held with members and feedback submitted by member organisations.

Feedback was received from 17 organisations, including a mix of patient representative groups and professional associations. The responses were broadly aligned and complementary, allowing the following common strategic themes to be identified.

1. Strengthening Patient Rights, Participation and Person-Centred Care and Partnership with Civil Society and NGOs
2. Access to Medicines, Treatments and Healthcare Services
3. Mental Health, Community-Based Care and Rehabilitation
4. Prevention and Public Health
5. Environmental Health and Health in All Policies
6. Workforce Development, Education and Training
7. Digital Health, Information Systems and Healthcare Integration

1. Strengthening Patient Rights, Participation and Person-Centred Care and Partnership with Civil Society and NGOs

The Patients' Charter has now been in place for 10 years, and it should be supported by an adequate legal framework to ensure enforceable patient rights and stronger complaints and appeals mechanisms across both public and private healthcare providers. Patient representation should also be strengthened through the appointment of a genuine patient

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representative on the Health Council, as required by law, and through the involvement of patient representatives on health and entitlement committees, even where this is not explicitly required. Where necessary, formal mechanisms, including legal structures, should be developed to secure patient participation in healthcare decision-making bodies such as entitlement boards.

Structured dialogue between government and voluntary organisations is essential for the co-design and co-delivery of services. Lived experience should be recognised in policy development through ongoing collaboration with patient organisations. Positive public-social partnerships should be sustained, strengthened and replicated where appropriate to support sustainable healthcare for all.

Patient organisations and health-related organisations should be more actively involved and recognised as strategic partners in policy development and service planning. To support this, MHN will shortly begin a project, funded by MCVS, to develop an Atlas of health-related organisations operating in Malta. The Atlas will include relevant organisations and facilitate the identification of, and communication with, the appropriate groups.

Patients and service users should be active partners in healthcare policy, regulation, treatment decisions and service design rather than passive recipients of care. The voluntary and patient sectors are essential partners in identifying needs, delivering services, promoting awareness and shaping health policy.

2. Access to Medicines, Treatments and Healthcare Services

Although the formulary is updated regularly, many medicines become available through POYC or other mechanisms much later than in other countries. Malta continues to face limited availability of EU-approved medicines and persistent shortages of essential medicines. Decisions on the availability and procurement of medicines should be revised by drawing on proven mechanisms used in other countries, where medicines are provided through the National Health System free of charge or at highly subsidised rates. Adequate investment is also needed in data collection and patient registers so that authorities have accurate information on patient numbers, can plan effectively, and can allocate appropriate budgets for medicines, therapeutic resources, infrastructure and trained human resources.

There are significant concerns about switching medicines without adequate patient consultation. Such changes can be confusing for patients and caregivers and, in some cases, may have a detrimental effect on a person's condition. Specific attention was drawn to medicines that patients continue to need, including Lisdexamfetamine, which is considered a first-line treatment for adults with ADHD under NICE guidelines in the UK.

The Formulary should be revamped so that, once a medicine is introduced, it is made available to all patients who may benefit from it, without discrimination between patient groups. One example raised was Pregabalin, which is approved for diabetic patients but not for amputees who are not diabetic, even where it may also be beneficial to them.

Patients should have timely, equitable and reliable access to clinically appropriate medicines, specialised services and evidence-based treatments.

3. Mental Health, Community-Based Care and Rehabilitation

Improvements have been recorded in line with the Mental Health Strategy, particularly through the expansion of services in the community. However, community-based care should go beyond the provision of clinics in local settings. MHN supports the Ministry's continued commitment to strengthening community mental healthcare and believes that the voluntary sector has an important role in complementing statutory services. Existing public-social partnerships with voluntary organisations operating in the sector demonstrate this value and should be maintained and strengthened.

Improved post-discharge monitoring and follow-up after hospitalisation are needed, together with adequate support for both patients and family caregivers. Low-threshold community wellbeing centres would allow people living with severe mental illness to access peer support, reduce isolation and receive early intervention. Such community support would improve monitoring, reduce crises and help prevent avoidable hospital readmissions. Specialised services for children and young people, including trauma-informed services for children experiencing Adverse Childhood Experiences and neurodevelopmental services for ADHD, autism and related conditions, are also a long-term investment in society. As demand increases, particularly among young people, new community services must continue to develop in response to emerging needs.

Future rehabilitation plans appear from time to time in the media, including references to new facilities in settings such as St Vincent de Paul Residence. However, the future of Karin Grech Rehabilitation Hospital remains uncertain. While management and staff have continued to provide services as effectively as possible, promised infrastructure upgrades have not yet materialised. With an ageing population, adequate and safe rehabilitation infrastructure is essential to support older people who are still capable of living independently in the community and to reduce avoidable reliance on long-term care facilities.

Mental healthcare should be preventive, community-based, family- and caregiver-oriented, and accessible throughout the full care pathway, with adequate rehabilitation infrastructure to promote recovery and independent living wherever possible.

4. Prevention and Public Health

Substantial investment has been made in capital and resources to keep the healthcare system responsive to a growing and ageing population. However, local resources could be used more effectively through better communication and collaboration with private general practitioners. Although this cohort is diminishing, private general practitioners remain part of the backbone of the Maltese healthcare system. If all available resources were used more fully at national level, and if practitioners had access to appropriate tools, pressure on the National Health System could be reduced.

Investment in prevention has been shown by health economists to be an investment rather than an expense. However, budgets dedicated to prevention and health promotion remain very low compared with those allocated to secondary and tertiary care. These budgets should be supported by research-based interventions to address obesity, tobacco use, harmful alcohol consumption and substance misuse, all of which are preventable conditions. Cardiovascular disease prevention needs to be strengthened.

Continued investment in national public awareness campaigns is essential to increase understanding of organ donation and encourage informed family discussions. Similar awareness efforts are also needed for invisible conditions such as coeliac disease and gluten-

free dietary requirements, rheumatoid arthritis and multiple sclerosis. These conditions are often not given sufficient attention, and patients may experience not only physical symptoms but also emotional and psychological impacts that are frequently overlooked.

Lives saved through screening programmes, such as breast screening, demonstrate the importance of these initiatives. However, such programmes should be reviewed regularly to ensure their effectiveness, alongside the development of specialised clinics, including the promised Breast Clinic within the Sir Paul Boffa facility.

A sustainable healthcare system requires a shift from treatment-focused approaches towards prevention, early intervention and population health.

5. Environmental Health and Health in All Policies

The air we breathe and the conditions that surround us have a direct impact on our health and wellbeing. Air pollution, noise pollution, climate change mitigation and climate adaptation all affect public health and require coordinated policy responses.

Health-sector leadership in environmental policy making, including all stakeholders at all levels of decision taking, is very important. A Health in All policies approach needs to integrate in your systems beyond it becoming a redundant statement at the high cost for us all.

Health outcomes are strongly influenced by environmental and social determinants, requiring coordinated governmental action beyond the healthcare sector.

6. Workforce Development, Education and Training

The Network includes a number of health organisations that represent professionals. While their role is not to promote individual professions, adequate professional training and resources are ultimately of benefit to patients and society as a whole. MHN is concerned about current limitations within the Medical School, where improved infrastructure and additional resources are needed to support the quality of medical education provided to future doctors.

Long-term workforce planning across different specialties is needed. Continuous professional development and specialist training are essential to ensure that the healthcare system maintains the high standards expected of it. Priority areas include investment in public health specialist training and leadership development, training for professionals who support family caregivers, and dedicated specialist nursing roles, such as an Epilepsy Specialist Nurse.

Ensuring that professionals working within the healthcare system are adequately trained and registered is essential to quality assurance. However, this is not always achieved. One area of concern is the regulation of genetic counselling as a specialised profession. These professionals have received substantial training and investment and play a crucial role in communicating complex genetic results, particularly where patients and their families must understand difficult information and make long-term decisions for themselves and their loved ones.

A resilient healthcare system depends upon a well-trained, regulated, adequately supported and future-ready workforce.

7. Digital Health, Information Systems and Healthcare Integration

Beyond infrastructure, the strength of any healthcare system depends on its human resources. Better interoperability across healthcare services, particularly between primary and secondary care, is essential to support effective communication and coordinated patient care.

Health information technology is the future of health care and further investment is needed in the field also keeping in mind EU Directives in addressing this area. Digital tools allow for better healthcare supply chain traceability and improved patient safety systems. Digital tools can support continuity of care between hospital and community settings and Improved coordination between healthcare providers.

Digital transformation should be accelerated to strengthen continuity of care, improve efficiency and patient safety, and build long-term health system resilience.

Conclusion

In conclusion, the priorities set out in this position paper point towards a healthcare system that is more equitable, person-centred, preventive and resilient. Strengthening patient rights, improving access to medicines and services, investing in community-based mental healthcare and rehabilitation, giving greater priority to prevention, embedding health considerations across policy areas, supporting the healthcare workforce and accelerating digital transformation are all interconnected actions. Taken together, they would help ensure that Malta's healthcare system is better prepared to respond to current pressures and future needs, while placing patients, service users, families and communities at the centre of decision-making and care.