

Commission on Population and Development

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Statement by

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Mr. Chairman,

At the outset, Malta would like to join other delegations in expressing our deepest sympathy and sincere condolences to the Government and People of Poland in the wake of last weekend's airplane crash. Our condolences are also extended to the families and relatives who suffered loss of their beloved.

On Monday the delegation of Spain addressed this meeting on behalf of the EU Member States. While the statement generally reflects Malta's position on the theme under consideration by this Commission, my delegation would like to clarify its position with respect to the issue of sexual and reproductive health and rights.

As it has done on previous occasions Malta continues to reaffirm its interpretation that any positions taken or recommendations made with regards to sexual and reproductive health, rights, services and commodities are to be taken in the context of the International Conference on Population and Development, its Programme of Action, and the reservations made therein, including those made at subsequent International Conferences including in this Commission. We request that this position be included in the records of this Commission meeting and be taken into account when preparing similar reports of this Commission in the future. We also request that this position is fully reflected in the outcome of this Commission and in the website of the Division on Population and Development.

The public health care system provides a comprehensive basket of health services to all persons residing in Malta who are covered by the Maltese social security legislation and also provides for all necessary care to special groups such as irregular immigrants or foreign workers who have valid work permits. No user charges or co-payments apply but a few services including elective dental services, optical services and coverage of certain formulary medicines are means-tested. Formulary medicines prescribed for a large number of chronic conditions, in-patient drugs and medicaments for the first three days after leaving the hospital are however supplied free of charge. The private sector acts as a complementary mechanism for health care coverage. The state health service and private general practitioners comprise primary health care in Malta. However, the two

systems of primary care practice function independently of one another. Secondary and tertiary care is mainly provided by specialised public hospitals of varying size and function. The main acute general services are provided by one new main teaching hospital incorporating all specialised, ambulatory, inpatient care and intensive care services. Malta has become almost self-sufficient in terms of providing most tertiary care. Patients are sent overseas for highly specialised care required for rare diseases. Universal coverage is also in place for long-term care. Access is linked to need and to capacity within the currently available infrastructure. Services are provided by the state, church and private/voluntary organisations.

The subject of “Health, morbidity, mortality and development” cannot be discussed without tackling the issue of maternal health.

In this regard, Malta reiterates its will and long-standing commitment to support initiatives aimed at reducing preventable maternal mortality and morbidity, while at the same time respecting the dignity and rights of both the mother and the unborn child. It is further committed to maintaining a high and professional level of obstetric care to all mothers and in making high quality health care before, during and after childbirth, freely accessible to all mothers and their infants. Moreover, mothers opting for services in the private sector may make use of the public services whenever requested or needed, and will be followed up in the public sector as required.

Maternal mortality in Malta is low, having registered only 4 maternal deaths between 1998 and 2007. Malta intends to maintain and where possible improve on this low rate of maternal mortality.

Maternal mortality and morbidity are closely monitored on a national level and all initiatives to improve these are considered for implementation, so long as they do not imply or lead to induced abortion, which is illegal in Malta. Induced termination of pregnancy at any stage is against the law in Malta. According to the provisions of the Maltese Criminal Code whosoever puts an end to the gestation period, hence causing a miscarriage and/or prescribes or administers a drug which could lead to an abortion will be found guilty of a criminal offence punishable by law.

The demographics of Malta are changing. With a decrease in the birth rate and an increase in life span, Malta is experiencing an ageing population. These developments call for a revision and re-evaluation of the health status and the health needs of the Maltese population.

The Government of Malta has opted for an incremental approach towards health sector reform that is based on building the appropriate strategies and systems to modernise the public health sector whilst making it more sustainable in the long term. The issue of long-term sustainability of the health system is being undertaken in light of the commitment to keep health care free at the point of delivery.

Recognising that quality health services contribute to the high level of healthy life expectancy enjoyed by the Maltese population, Malta's Government is determined to continue to facilitate access to services notably by strengthening primary and community care and investing in cancer prevention and treatment.

Thank you.