

MALTA

Country Cancer Profile 2025



The Country Cancer Profile Series

The European Cancer Inequalities Registry is a flagship initiative of Europe's Beating Cancer Plan. It provides sound and reliable data on cancer prevention and care to identify trends, disparities and inequalities between Member States, regions and population groups. The Country Cancer Profiles identify strengths, challenges and specific areas of action for each of the 27 EU Member States, Iceland and Norway, to guide investment and interventions at the EU, national and regional levels under Europe's Beating Cancer Plan. The European Cancer Inequalities Registry also supports Flagship 1 of the Zero Pollution Action Plan. The Profiles are the work of the OECD in co-operation with the European Commission. The team is grateful for the valuable inputs received from national experts and comments provided by the OECD Health Committee and the EU Thematic Working Group on Cancer Inequality Registry.

Data and information sources

The data and information in the Country Cancer 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.

Additional data and information also come from the European Commission's Joint Research Centre (EC-JRC), the EU statistics on income and living conditions (EU-SILC) Survey, the World Health Organization (WHO), the International Agency for Research on Cancer (IARC), the International Atomic Energy Agency (IAEA), the European Society for Paediatric Oncology (SIOPE), the European Union Agency for Fundamental Rights (FRA LGBTIQ), the Health Behaviour in School-aged Children (HBSC) survey as well as from the 2023 Country Health and Cancer Profiles, and other national sources (independent of private or commercial interests). The calculated EU averages are weighted averages of the 27 Member States unless otherwise noted. These EU averages do not include Iceland and Norway. Mortality and incidence rates are age-standardised to the European standard population adopted by Eurostat in 2013.

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.

Disclaimer: This work is published under the responsibility of the Secretary-General of the OECD and the President of the European Commission. The opinions expressed and arguments employed herein do not necessarily reflect the official views of the Member countries of the OECD or of the European Union. This document, as well as any data and map included herein, are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area. The names of countries and territories and maps used in this joint publication follow the practice of the OECD.

Specific territorial disclaimers applicable to the OECD:

Note by the Republic of Türkiye: The information in this document with reference to "Cyprus" relates to the southern part of the Island. There is no single authority representing both Turkish and Greek Cypriot people on the Island. Türkiye recognises the Turkish Republic of Northern Cyprus (TRNC). Until a lasting and equitable solution is found within the context of the United Nations, Türkiye shall preserve its position concerning the "Cyprus issue".

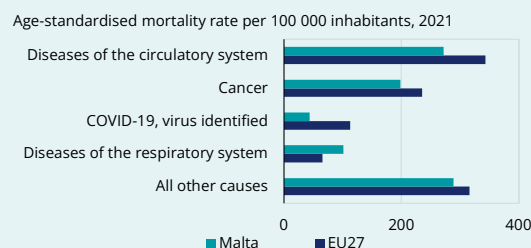
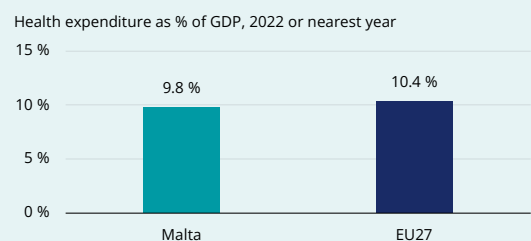
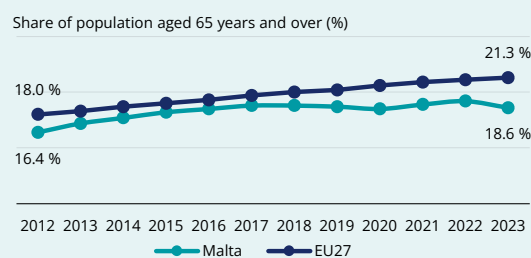
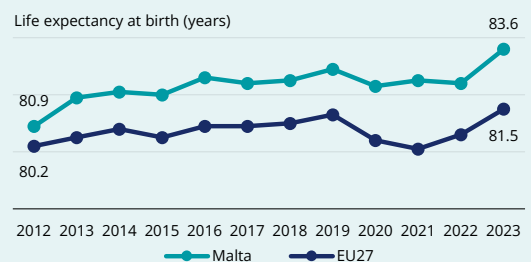
Note by all the European Union Member States of the OECD and the European Union: The Republic of Cyprus is recognised by all members of the United Nations with the exception of Türkiye. The information in this document relates to the area under the effective control of the Government of the Republic of Cyprus.

© OECD/European Union 2025. In the event of any discrepancy between the original work and any translated versions of this work, only the text of original work should be considered valid.

Contents

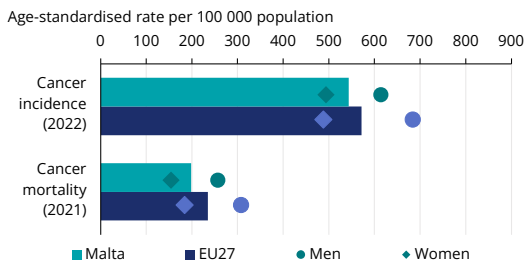
1. HIGHLIGHTS	3
2. CANCER IN MALTA	4
3. RISK FACTORS AND PREVENTION POLICIES	9
4. EARLY DETECTION	13
5. CANCER CARE PERFORMANCE	15
5.1 Accessibility	15
5.2 Quality	18
5.3 Costs and value for money	19
5.4 Well-being and quality of life	21
6. SPOTLIGHT ON PAEDIATRIC CANCER	24

Key health system and demographic statistics



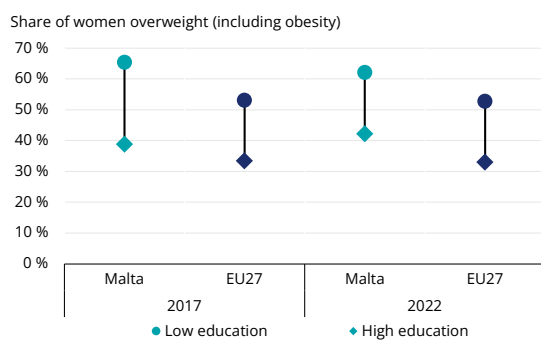
Source: Eurostat Database.

1. Highlights



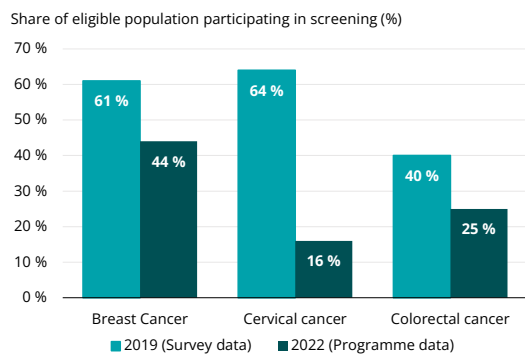
Cancer in Malta

An estimated 2 738 new cancer diagnoses were reported in Malta in 2022, corresponding to an age-standardised incidence rate of 544 per 100 000 population, which is lower than the EU average. Most notably, Malta's cancer mortality rates have declined rapidly in the past decade, and were the lowest among all EU countries in 2021. Between 2010 and 2020, lifetime cancer prevalence in the country increased by 28 %, highlighting the importance of investing in quality of life and survivorship programmes.



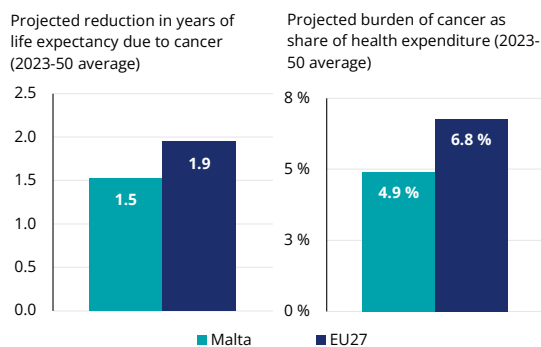
Risk factors and prevention policies

Overweight, obesity and low vegetable consumption are major cancer risk factors in Malta compared to other EU countries. In 2022, Malta had the worst overweight and obesity profile in the EU, despite a number of public health policy initiatives to tackle this issue. As in the rest of the EU, prevalence of overweight and obesity is almost 50 % higher among women with lower education levels than those with higher education levels. Malta has developed a Non-Communicable Diseases Prevention Framework and is working towards a Strategy for Health-Enhancing Physical Activity to address cancer risk factors.



Early detection

Expansion of national cancer screening programmes was a key feature of the Maltese National Cancer Plan 2017-2021. In 2024, Malta updated the eligible age groups for its breast, cervical, and colorectal population-based cancer screening programmes. Despite the long-standing national programmes, participation rates under the public programmes remain low, which is attributed to the high uptake of screening examinations in the private sector. Malta plans to explore the implementation of new screening programmes for prostate and lung cancer.



Cancer care performance

Malta offers virtually universal health coverage and a comprehensive range of healthcare benefits. However, high out-of-pocket expenses for private appointments, workforce shortages, and limited numbers of radiotherapy centres and medical equipment are particular concerns. The government has recognised these shortcomings and taken steps to address them through innovations in nursing care, the Workforce Strategy 2022-30 and the National Health Systems Strategy for Malta 2023-30. Mental health and palliative care for cancer patients are also high on the political agenda. Over 2023-50, the overall impact of cancer on health expenditure is expected to remain below the EU average.

2. Cancer in Malta

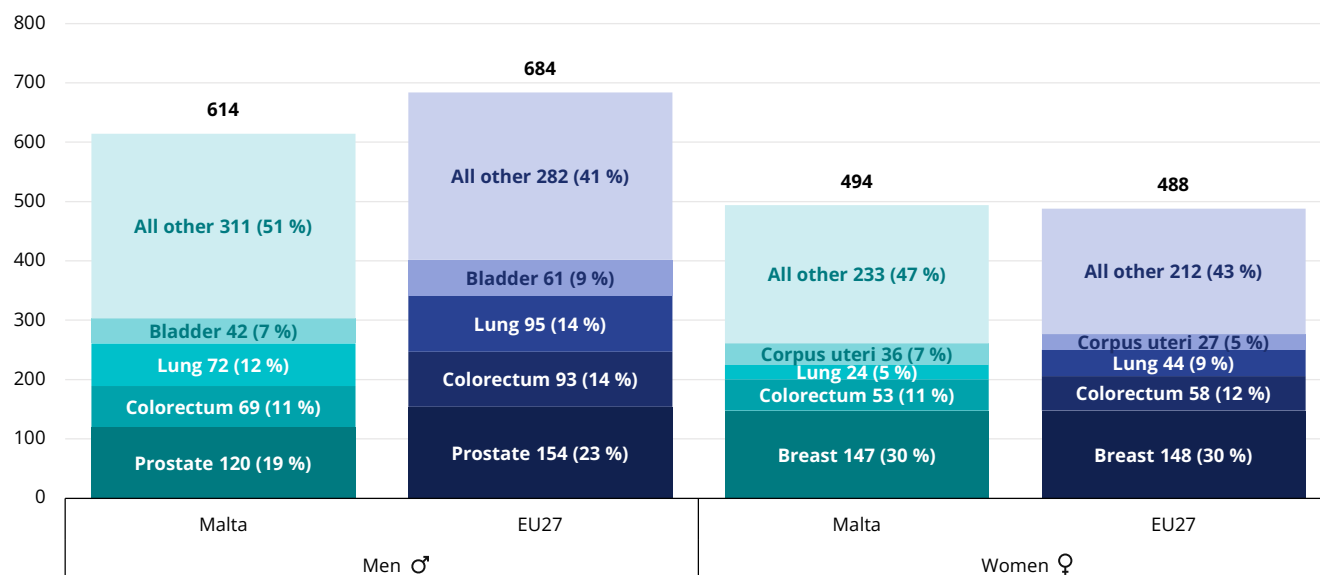
Cancer incidence rates are lower than in the EU

According to the European Cancer Information System (ECIS) of the Joint Research Centre based on incidence trends from pre-pandemic years, 2 738 new cancer diagnoses were expected in Malta in 2022. When age-standardised, the cancer incidence rate was 543 per 100 000 in 2022.

Across all EU+2 countries,¹ cancer incidence rates are higher among men than women: the average age-standardised incidence rate among men (684 per 100 000) is 40 % higher than that among women (488 per 100 000). In Malta, the gender gap in age-standardised cancer incidence rate is 24 %, with 614 per 100 000 new diagnoses among men and 494 per 100 000 among women (Figure 1).

Figure 1. Cancer incidence rates are higher among men than women, but Malta's gender gap is only about half that of the EU average

Age-standardised incidence rate per 100 000 population, estimates, 2022



Notes: 2022 figures are estimates based on incidence trends from previous years, and may differ from observed rates in more recent years. Includes all cancer sites except non-melanoma skin cancer. Corpus uteri does not include cancer of the cervix.

Source: European Cancer Information System (ECIS). From <https://ecis.jrc.ec.europa.eu>, accessed on 10 March 2024. © European Union, 2024. The incidence percentage breakdown was re-computed based on age-standardised incidence rates and as such differs from the percentage breakdown of absolute numbers shown on the ECIS website.

The main cancer sites in Malta are largely similar to those observed across the rest of the EU.

Among men, the most common sites are prostate (19%), lung² (12%), colorectum (11%), bladder (7%) and non-Hodgkin lymphoma (5%). Except for non-Hodgkin lymphoma, where the incidence rate is 48% higher than the EU average, incidence of cancer in all other main sites is lower among Maltese men than their European counterparts. Incidence of bladder cancer in particular is 31 % lower, at 42 per 100 000 men in Malta compared to 61 per 100 000 across the EU. Among women,

the most common cancer sites are breast (30%), colorectum (11%), uterus (7%), lung (5%) and thyroid (4%). Incidence of uterus cancer is 33 % higher and incidence of thyroid cancer 31 % higher among Maltese women than the EU average. Incidence in all other main sites is lower in Malta than across the EU. Incidence of lung cancer in particular is 45% lower, at 24 per 100 000 women in Malta compared to 44 per 100 000 across the EU.

Looking forward, ECIS estimates that cancer cases will increase by 44% in Malta between 2022 and 2040, compared to 18% in the EU.

¹ EU+2 countries include 27 EU Member States (EU27), plus Iceland and Norway.

² Lung cancer also refers to trachea and bronchus cancers.

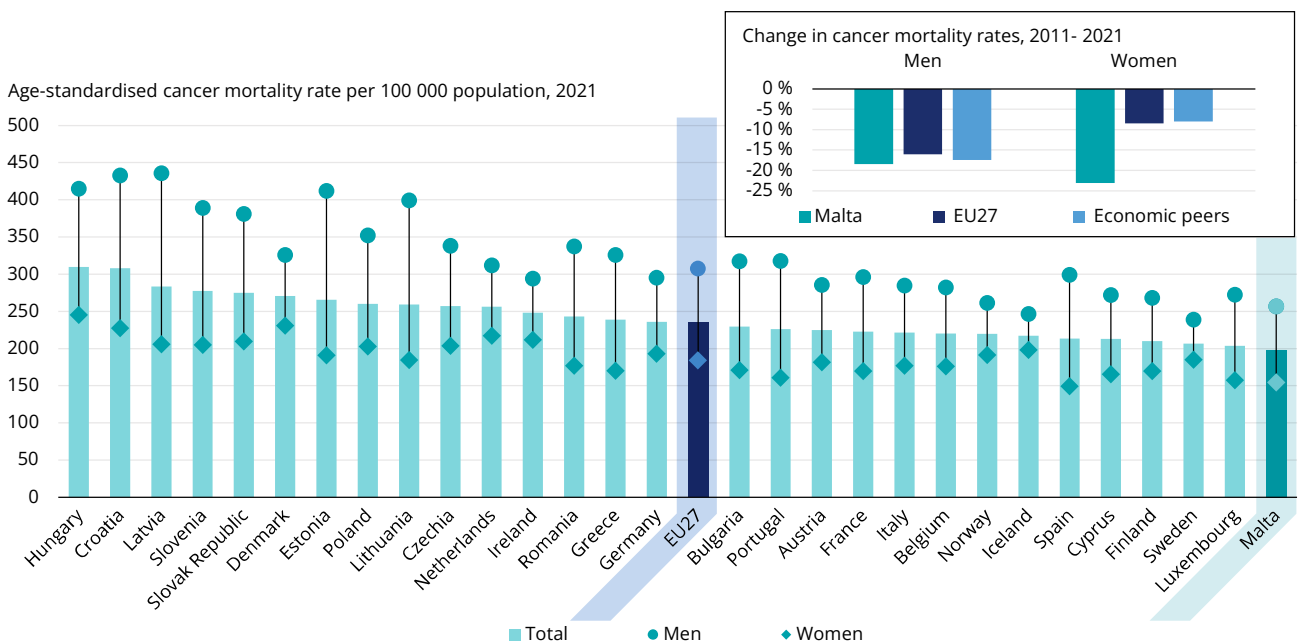
Malta has the lowest cancer mortality rate among EU countries

Malta had the lowest cancer mortality rate across all EU countries in 2021 (Figure 2). The country's age-standardised mortality rate was 198 per 100 000 population, which is 16 % lower than the EU average of 235 deaths per 100 000. Although this only represents a 2.5 % decrease from the 203 deaths per 100 000 recorded in 2019, it follows a decade-long decline from the 247 deaths per 100 000 in 2011. As such, the cancer mortality rate in Malta in 2021 was 20 % lower than that of 2011.

In line with EU-wide patterns, men in Malta have significantly higher rates of cancer mortality than

women. The 257 deaths per 100 000 among men and 154 deaths per 100 000 among women are around 16 % lower than the EU average mortality rates for men (308 per 100 000) and women (184 per 100 000). Since 2011, cancer mortality rates have decreased in Malta for both men and women. Among men, they dropped by 18 %, in line with a 16 % decrease observed across the EU and a 17 % decrease observed among Malta's economic peers³. Among women, this difference was notably higher. Mortality rates in Malta dropped by 23 %, compared to an 8 % decrease observed across the EU and among the country's economic peers.

Figure 2. Malta has the lowest mortality rate in the EU, with the decrease in cancer mortality among women in 2011-21 almost three times that of the EU average



Notes: Economic peers are defined as tercile clusters based on 2022 GDP per capita in purchasing power standard terms. Economic peers for MT are CY, CZ, ES, FI, FR, IT, LT and SI. Source: Eurostat Database.

The four leading causes of age-standardised cancer mortality in Malta in 2021 were lung (40 deaths per 100 000 population), colorectal (23 per 100 000), pancreas (18 per 100 000) and breast (16 per 100 000) cancers.

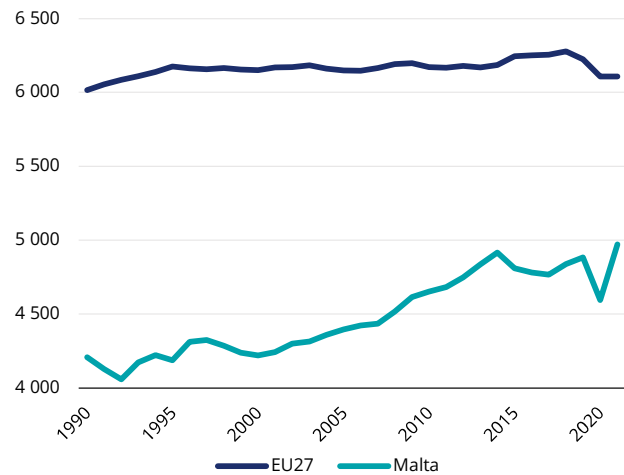
Despite the low mortality rate, cancer remains the second leading cause of mortality in Malta, after only cardiovascular diseases, with 25.6 % of annual deaths attributed to cancer. According to the Institute of Health Metrics and Evaluation, in 2021 cancer accounted for 4 973 disability-adjusted life years per 100 000 population in Malta – a rate largely unchanged since 2011 (4 683 per 100 000),

and 23 % lower than EU average of 6 106 per 100 000 (Figure 3).

³ Economic peers are defined as tercile clusters based on 2022 GDP per capita in purchasing power standard terms. Economic peers for MT are CY, CZ, ES, FI, FR, IT, LT and SI.

Figure 3. Disability-adjusted life years associated with cancer are increasing in Malta but have been below the EU average for over 30 years

Disability-adjusted life years per 100 000 population due to any cancer in both sexes



Source: Institute of Health Metrics and Evaluation 2024.

Avoidable mortality for colorectal and lung cancers are decreasing among men but increasing among women

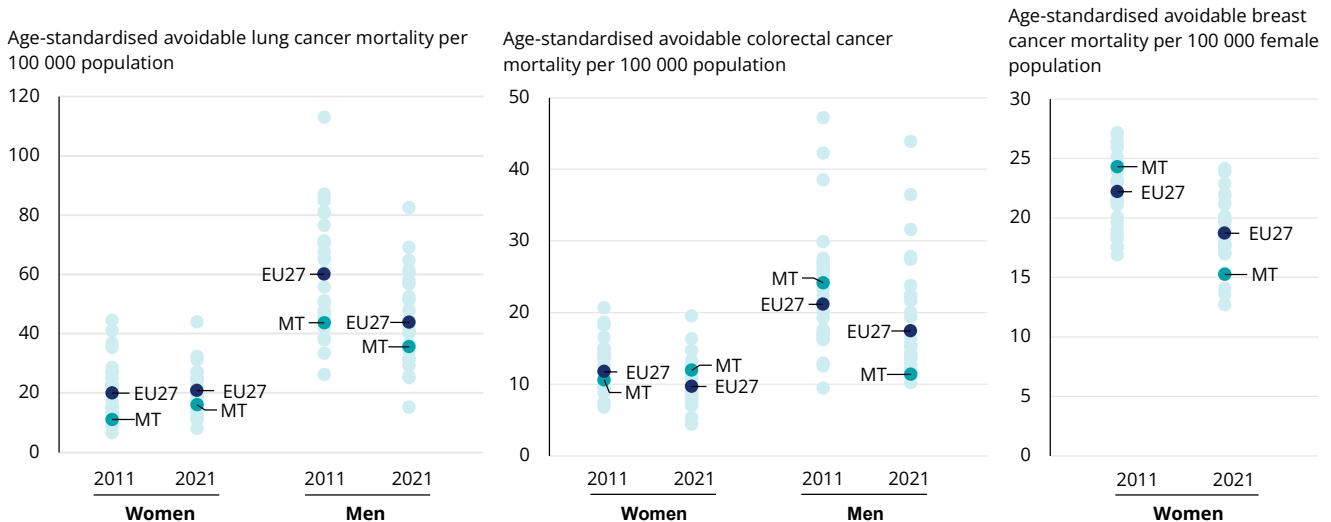
Thanks to improved prevention strategies and advances in treatment options, a significant proportion of cancer deaths among people aged under 75 are considered avoidable.⁴ In 2021, the

country's preventable mortality rates for lung cancer was 16 per 100 000 women (23 % lower than the EU average) and 35 per 100 000 men (18 % lower than the EU average). Compared to 2011, the rate had increased by 45 % among women and decreased by 18 % among men. While this trend reflects the legacy of an increase in smoking rates among more recent birth cohorts of women than men, the decline among men suggests the positive impact of tobacco control policies in recent decades.

The treatable mortality rate for breast cancer was 15 per 100 000 women in Malta in 2021. This is 18 % lower than the EU average of 19 per 100 000, and had decreased by 37 % since 2011, while the EU average had decreased by 16 % in the same period (Figure 4). For colorectal cancer, avoidable mortality rates since 2011 have increased among women by 13% but decreased among men by 53% in Malta. The country's 2021 avoidable mortality rates for colorectal cancer were 12 per 100 000 women (23% higher than the EU average) and 11 per 100 000 men (34% lower than the EU average).

The decline in colorectal and breast cancer mortality in Malta is primarily attributed to improved uptake of screening and early diagnosis initiatives. More timely healthcare interventions are needed to improve the quality of colorectal cancer care, notably among women.

Figure 4. Avoidable mortality for breast cancer decreased by 37 % in 2011-21, and is lower than the EU average



Note: Avoidable mortality figures relate to deaths of people aged under 75.

Source: Eurostat Database. Data refer to 2021.

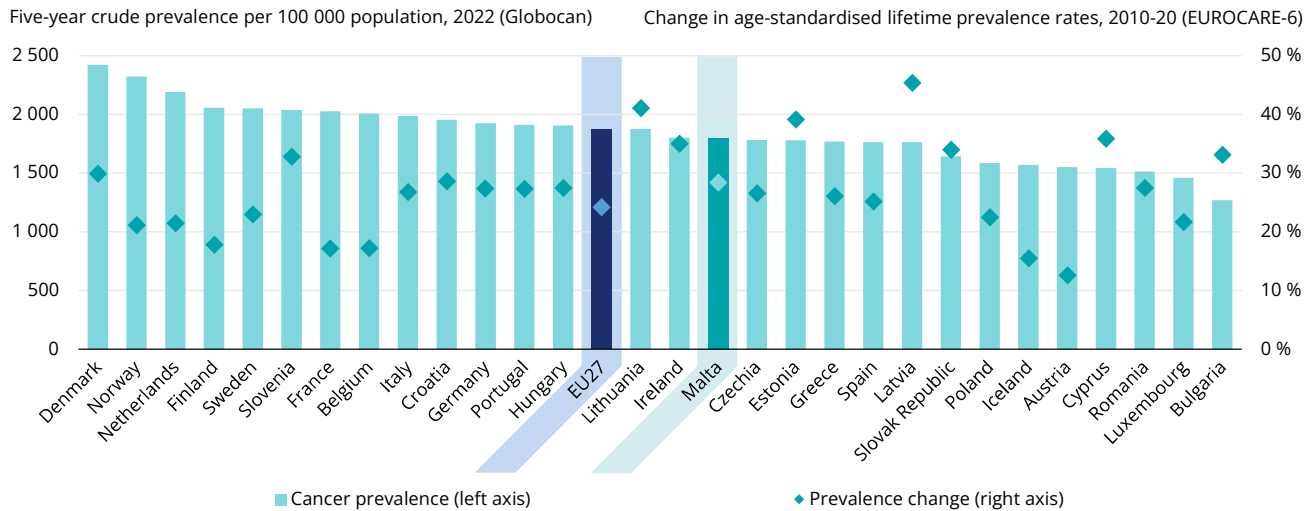
⁴ Avoidable mortality includes both preventable deaths that can be avoided through effective public health and prevention interventions, and treatable deaths that can be avoided through timely and effective healthcare interventions.

Estimated cancer prevalence increased by 28 % over the past decade

In 2022, Malta had five-year cancer prevalence⁵ of 1 798 cases per 100 000 population, which was 4.2 % lower than the EU average of 1 876 cases per 100 000 (Figure 5). Between 2010 and 2020, lifetime

cancer prevalence increased by 28 % in the country – a higher increase than that across the EU of 24 %. This rise highlights the growing importance of focusing on quality of life and survivorship (see Section 5.4), as people are living longer with cancer, and more people have a history of the disease.

Figure 5. Five-year cancer prevalence in Malta is 4 % below the EU average



Sources: IARC Globocan Database 2024; EURO CARE-6 study (De Angelis et al., 2024).

Malta plans to adopt a third National Cancer Plan for 2025-30

Malta has published two consecutive national cancer policy frameworks – the first covering 2011-15 and the second covering 2017-21 (Box 1). Both focused on the same pillars: reducing incidence, increasing survival rates through screening and early diagnosis, improving patient experience and quality of life, and investing in research and surveillance. Neither National Cancer Plan focused on paediatric cancer or reducing inequalities as standalone aims, but both topics were covered as part of other aims of the policy framework.

Building upon these past frameworks, the National Health Systems Strategy for Malta 2023-30 (Ministry for Health, 2022a) highlights priority areas for the upcoming National Cancer Plan for 2025-30, which is set to have an even greater focus on patient-centred care. Prevention will remain a core feature, with initiatives aimed at enabling a healthier lifestyle and expanding screening services for more equitable coverage. Treatment and care will also play a key role in the upcoming framework, with plans already in place to improve existing services, such as genetic testing and at-home treatment options. There

is also strong political commitment to improve mental health outcomes at large in Malta – first by including mental health as a thematic priority in the National Health Systems Strategy and then through the publication of the Mental Health Strategy for Malta 2020-30 (Ministry for Health, 2019).

To monitor the landscape of cancer care, the Ministry for Health also established the National Cancer Registry and the Cancer Care Pathways Directorate. The Cancer Care Pathways Directorate was formed in 2014 with the aim of identifying strengths and weaknesses of current service provision and improving pathways of care from screening and first referral to palliative and end-of-life care. The National Cancer Registry offers national coverage but lacks data on patient-reported indicators. The Cancer Care Pathways Directorate has indicated its intention to integrate such data into the Registry, and although progress in capacity building has been made, it still lacks the research capacity to achieve this.

⁵ Cancer prevalence refers to the proportion of the population who have been diagnosed with cancer and are still alive, including those currently undergoing treatment for cancer and those who have completed treatment. Five-year cancer prevalence includes people who have been diagnosed within the previous five years, while lifetime prevalence considers those who have ever received a cancer diagnosis.

Box 1. Malta's National Cancer Plan is aligned with Europe's Beating Cancer Plan

Malta's National Cancer Plan for 2017-21 aligns with the Europe's Beating Cancer Plan and focuses on four pillars, including prevention by addressing risk factors such as smoking, alcohol, diet, physical inactivity, ultraviolet rays, human papillomavirus (HPV), carcinogens, environment and workplace; and early detection via free and expanded target ages for breast, cervical and colorectal cancer screening, switching cervical screening to HPV testing, and investigating the feasibility of screening programmes for lung and prostate cancer (Table 1). Key policies for diagnosis and treatment include the introduction of new radiotherapy services such as computed tomography (CT) scanners and MR LINAC units (combining a magnetic resonance imaging scanner and a linear accelerator) from 2024, stereotactic radiotherapy and brachytherapy in the coming years, the National Palliative Care Strategy (2023-33), and the prioritisation of introducing new cancer drugs. Finally, the National Cancer Plan aims to improve quality of life via a patient-centred care policy implemented in 2022 and nurse navigators in oncology services. Additionally, the Plan focuses on cancer research, including establishment of a national Cancer Research Foundation and development of a regulatory framework for cancer research. Cancer inequalities and paediatric cancer are not primary focuses of the Plan, although one of the objectives is to promote the specialisation of paediatric oncology.

Table 1. Malta's National Cancer Plan aligns with Europe's Beating Cancer Plan

Pillars of EBCP				Transversal themes of EBCP		
Prevention	Early Detection	Diagnosis and treatment	Quality of life	Cancer inequalities	Paediatric cancer	Research and innovation
●	●	●	●	●	●	●

Notes: EBCP = Europe's Beating Cancer Plan. Blue indicates that the National Cancer Plan includes a specific section on the topic; orange indicates that the topic is covered in one of the Plan's sections without being the only focus; and pink indicates that this topic is not covered in the Plan.

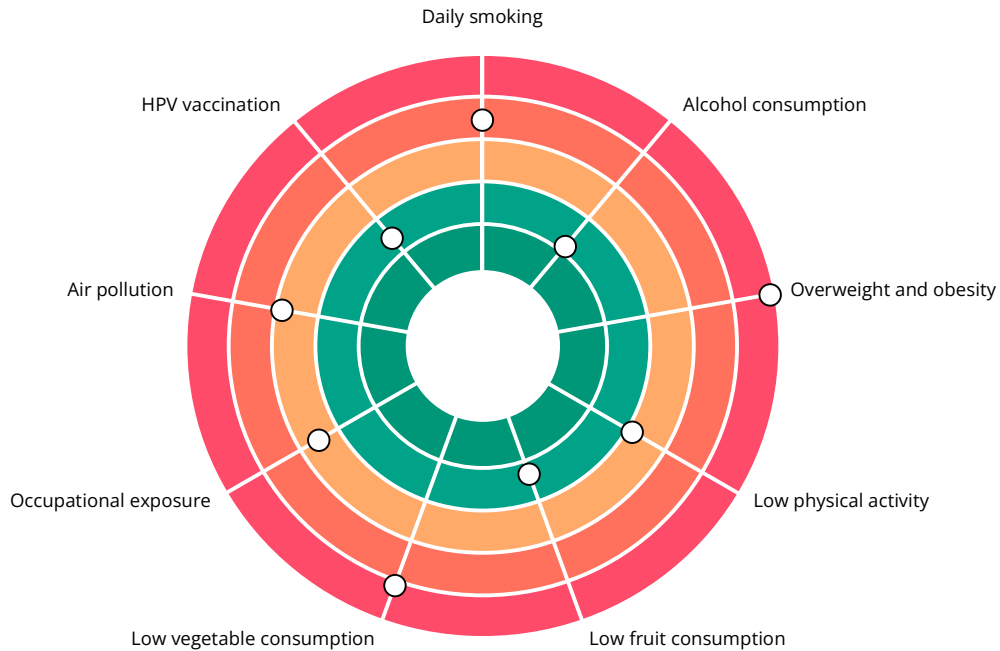
Source: Adapted from "Study on mapping and evaluating the implementation of the Europe's Beating Cancer Plan" (not yet published).

3. Risk factors and prevention policies

Overweight, obesity and low vegetable consumption are major cancer risk factors in Malta compared to other EU+2 countries (Figure 6). While prevention is a key policy priority of the National

Health Systems Strategy, only 1.2 % of health expenditure is dedicated to prevention⁶ in Malta – one of the lowest shares in the EU and significantly below the 6 % EU average.

Figure 6. Malta performs worse than other EU countries on overweight and obesity as well as vegetable consumption



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. Air pollution is measured as particulate matter with a diameter less than 2.5 micrometres (PM_{2.5}).
Sources: OECD calculations based on 2022 EU-SILC Survey for overweight, obesity, physical activity, fruit and vegetable consumption (in adults); Eurofound Survey for occupational exposure; OECD Health Statistics for smoking, alcohol consumption (in adults) and air pollution; and WHO for HPV vaccination (15-year-old girls).

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

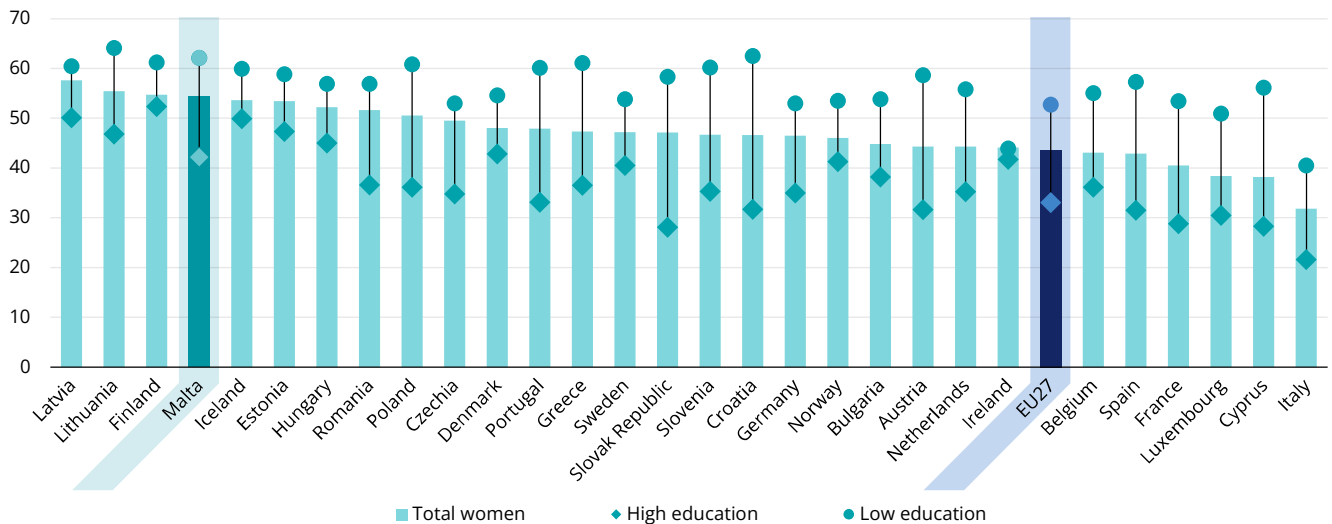
Malta has had longstanding high prevalence of overweight and obesity among adults and adolescents. In 2022, 63 % of adults reported being overweight or obese, with rates higher among men (70 %) than women (54 %). The rate of overweight and obesity among women in Malta was 54 %, which is nearly a quarter higher than the EU average of 44 % (Figure 7). Similar to the rest of EU, prevalence of overweight and obesity is significantly higher among women with lower education levels (62 %) than those with higher

education levels (42 %). Since 2017, this education gap has been decreasing at a faster rate than across the EU, although this is also driven by an increase in the rate of overweight and obesity among women with higher education levels – a phenomenon that is not observed in the rest of the EU. Specifically, among women with lower education levels, prevalence of overweight and obesity decreased between 2017 and 2022 (by 5 %) – a larger reduction than the EU average (2 %). Among women with higher education levels, the share of overweight and obesity increased significantly between 2017 and 2022 (by 8%) – a larger rise than the EU average (1.2 %).

⁶ Prevention expenditures as reported in health accounts should include activities outside of national programmes (e.g. opportunistic cancer screening or counselling for smoking cessation during a routine physician contact), however in practice countries may have difficulty in identifying prevention spending outside of such programmes.

Figure 7. Malta has the fourth highest share of overweight and obese women in the EU

% of women aged 18 years and over with overweight (including obesity), 2022



Note: Overweight (including obesity) includes those with a body mass index (BMI) above 25.
Source: Eurostat Database.

Almost one in three adolescents in Malta (31 %) reported being overweight or obese in 2022 – a rate 48 % higher than the EU average (21 %). Overweight and obesity are more concentrated among children whose family background is disadvantaged. In Malta, 11- to 15-year-olds who are estimated to be in the bottom 20 % of family affluence based on the Family Affluence Scale are 11 percentage points more likely to be overweight (39 %) than those in the top 20 % of family affluence (28 %).

Levels of physical inactivity in Malta are high, but close to the EU average

Low levels of physical activity are a contributing factor to high rates of overweight and obesity. In 2022, around 67 % of adults aged over 18 reported undertaking physical activity fewer than three times in a typical week – a rate close to the EU average of 69 %. Malta also has one of the lowest rates of physical activity among adolescents in the EU. In 2022, only 12 % of adolescents reported doing 60 minutes of daily physical activity – a slight reduction from the 12.5 % reported in 2014. Boys were more likely to report daily physical activity (16 %) than girls (8 %). Among EU countries, the proportion of adolescents who are physically active remained the same in 2014-22 at around 15.0 %.

Ongoing policies aim at improving nutrition and physical activity

In 2022, 38% of adults in Malta consumed fruits (compared to 39 % in the EU) and 56% consumed vegetables (compared to 40 % in the EU) less than once daily. Among 15-year-olds adolescents in Malta, 36% consumed fruits daily (compared to 30% in the EU on average) and 30% consumed vegetables daily (compared to 34 % in the EU).

Reducing overweight and obesity rates has been a government priority over the past decade. The Food and Nutrition Policy and Action Plan for Malta 2015-20 (Health Promotion and Disease Prevention Directorate, 2014) contained policies to halt and reduce these rates, while efforts continue under the National Health Systems Strategy for Malta 2023-30 (Ministry for Health, 2022a) (Box 2). This strategy announced the establishment of the Non-Communicable Diseases Prevention Framework 2025-35 which was launched in 2024. Within the Non-Communicable Diseases Prevention Framework, cancer prevention is emphasised as an area of focus, with increase in physical activity being one of the eight priority areas for action. To this effect, Malta has announced the upcoming release of the Strategy for Health-Enhancing Physical Activity 2025-30.

Box 2. The National Health Systems Strategy for Malta 2023-30 addresses the issue of obesity among school-aged children

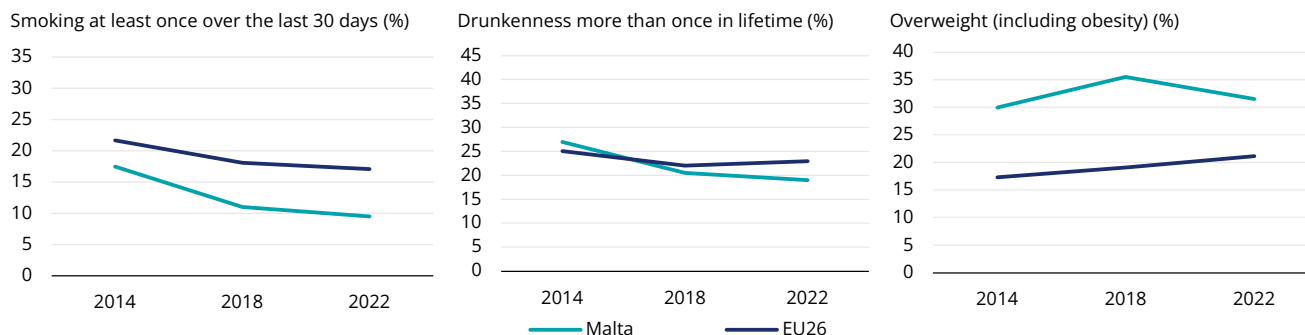
In addition to high prevalence of overweight and obesity among adults and adolescents, the rates are also notably high for school-aged children in Malta. According to the Ministry for Health, in 2022, 4% of 4–5-year-old children were obese and 8% were overweight. In the same year, 17% of children and adolescents aged 5-16 years old were obese and another 22% were overweight (Ministry for Health, 2022b). The Ministry identified the lack of a healthy lifestyle as the primary cause and reported that this phenomenon is more prevalent in lower-income communities, where access to healthier commodities is limited and rates of smoking are higher. These issues are addressed directly in the National Health Systems Strategy for Malta 2023-30 (Ministry for Health, 2022a).

Smoking rates among adolescents are among the lowest in the EU

Smoking rates among adults in Malta remained stable in 2008-19, at around 21 %, in contrast to most EU countries, which reported a relative reduction. For adolescents, smoking rates are among the lowest in the EU: 10 % of adolescents reported having smoked in the past 30 days in 2022,

compared to the EU average of 17 % (Figure 8). This rate has been decreasing both in Malta (from 17 % in 2014) and across the EU (from 22 % in 2014). In fact, in 2022 Malta had the fourth lowest prevalence of smoking among adolescents in EU+2 countries, after Iceland, Norway and Portugal. Use of e-cigarettes in Malta was the third lowest in the EU, after Portugal and Sweden.

Figure 8. Smoking rates among adolescents in Malta are lower than the EU average



Notes: The EU average is unweighted. Data refer to 2022, and are based on children aged 15 years. EU26 for smoking and drunkenness; EU25 for overweight.

Source: Health Behaviour in School-aged Children Survey.

Malta has expanded human papillomavirus vaccination to boys

Malta is investing in human papillomavirus vaccinations as a measure to reduce new cancer cases. The HPV vaccine was rolled out in Malta in 2013, and vaccinations are available for all girls born after 2000. In 2020, 84 % of eligible girls aged 15 had received a vaccination. In 2022, this percentage fell to 79 %, yet Malta still has one of the highest vaccination rates among EU countries. In 2023, 82 % of eligible girls aged 15 had received a vaccination, almost 30 % higher than the EU average. Until 2022, it was estimated that HPV vaccination in Malta prevented 3 deaths per 1 000 vaccinated girls (Abbas et al., 2024).

Although the typically accepted target for HPV vaccinations in girls is 80 % (Bruni et al., 2016), the Europe’s Beating Cancer Plan called for at least 90 % of girls in the EU to be vaccinated and urged countries to increase vaccination rates among boys. To this end, in January 2023 the Maltese

government made the HPV vaccine available to all boys aged 12, while a catch-up programme targeting those aged 13 and 14 was implemented in July 2023. Vaccine uptake was high, with 81% of 12-year-olds and 85% of 13-to-14-year-olds participating in the vaccination campaign. In January 2024, the government launched a campaign inviting men aged 15-24 to receive the HPV vaccine as well.

Air pollution decreased by 30 % between 2010 and 2020 in Malta

Exposure to air pollution in the form of PM_{2.5} stood at 12 µg/m³ in Malta in 2020 – a drop of 30 % from 2010. Improving air quality is a policy priority of the country’s National Strategy for the Environment 2050, especially given its significant adverse effects on human health, including cardiovascular disease, respiratory disease and cancer. In terms of occupational exposure, in 2021, 25 % of people aged 15 and over reported exposure to chemical products and substances in Malta.

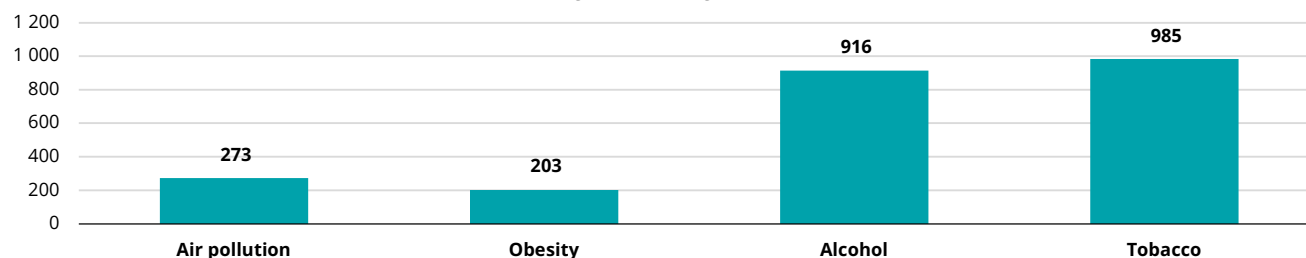
Achieving risk factor reductions would prevent thousands of new cancer cases between 2023 and 2050

According to OECD Strategic Public Health Planning (SPHeP) modelling work, reductions in major risk factors could lead to thousands fewer new cancer

diagnoses between 2023 and 2050 (Figure 9). If the targets for tobacco were met, Malta would prevent 985 new cancer cases over the period. Meeting the alcohol target could also reduce the cancer burden by 916 cases; an additional 273 cases could be avoided if air pollution targets were met, and 203 if obesity targets were met.

Figure 9. Reductions in prevalence of cancer risk factors will prevent many new cancer cases in Malta

Number of cancer cases avoided between 2023-50 due to achieving risk factor targets



Notes: The target for tobacco is a 30 % reduction in tobacco use between 2010 and 2025, and less than 5 % of the population using tobacco by 2040. For alcohol, the target is a reduction of at least 20 % in overall alcohol consumption and a 20 % reduction in heavy drinking (six or more alcoholic drinks on a single occasion for adults) between 2010 and 2030. For air pollution, it is an annual average $PM_{2.5}$ level capped at $10 \mu g/m^3$ by 2030 and at $5 \mu g/m^3$ by 2050. For obesity, the target is a reduction to the 2010 obesity level by 2025.

Source: Source: OECD (2024b), *Tackling the Impact of Cancer on Health, the Economy and Society*, <https://doi.org/10.1787/85e7c3ba-en>.

4. Early detection

Malta has three population-based cancer screening programmes

Cancer screening services have consistently received focused attention in Malta. They were the focal point of broader prevention strategies in the two previous national cancer policy frameworks, and in the third iteration this central role will be maintained and expanded through services like genetic testing and broader target criteria.

Malta has three national cancer screening programmes. These have been in place for breast cancer since 2009, for colorectal cancer since 2012, and for cervical cancer since 2015. Malta plans to increase the eligible age groups for all three screening programmes, implement quality assurance initiatives in line with the European guidelines and develop collaborations with international cancer screening networks and research partnerships.

The Ministry for Health has also indicated its intention to investigate implementation of new screening programmes for prostate and lung cancer, while other screening – such as gastric cancer – is deprioritised due to low incidence.

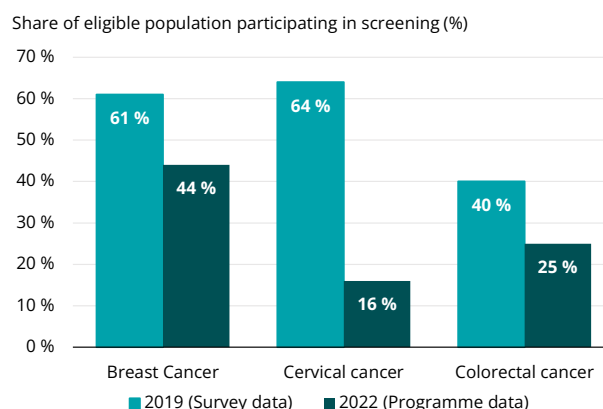
Women aged 51-69 are invited to participate in breast cancer screening every two years

The breast cancer screening programme was the first to be introduced in Malta, in 2009. It initially invited women aged 50-60 for a bilateral mammogram every three years. Currently, an invitation to an examination is sent every two years to women aged 51-69, in line with current EU recommendations. Following an updated Council recommendation of 2022 to expand the age range for national breast cancer screening programmes to 45-74, Malta has indicated its intention to extend the programme to include women from the age of 45, although there is no indication of a plan to include women aged 70-74.

In 2022, the screening rate for breast cancer in Malta among the eligible population was 44% (Figure 10). However, based on the 2019 European Health Interview Survey however, the proportion of women aged 20-69 who had been screened for breast cancer is much higher at 61%. This is because many women undergo breast cancer screening in the private sector at affordable cost.

As in many other countries, there are notable differences in screening rates for breast cancer by income group. In 2019, 74 % of Maltese women in the highest income quintile reported having had breast cancer screening in the past two years, whereas this was reported by only 51 % of women in the lowest quintile.

Figure 10. The participation rate in breast and cervical cancer screening is high



Notes: 2022 data are based on programme data for the three cancer screening public programmes (measured as participation rates among the eligible population) while 2019 data are based on 2019 EHIS.

Source: OECD Health Statistics 2024.

Screening rates for colorectal and cervical cancers via the population-based programme are low but many have screenings in the private sector

The colorectal cancer screening programme was the second to be introduced in Malta, in 2012. In its current form, the programme invites men and women aged 53-74 for a faecal occult blood test examination every two years. The programme follows an opt-in system, where eligible individuals are invited to participate, and responders are sent a free home-sampled test kit and a pre-addressed return envelope. In 2022, one quarter of the eligible population in Malta was screened for colorectal cancer. Based on survey data, the proportion of men and women aged 56-72 who reported having been screened for colorectal cancer is 40%.

The cervical cancer screening programme is the latest introduced in Malta, implemented in 2015. Invitations are set out to all eligible women, and tests are conducted in any health centre across the

country. Until 2018, women aged 25-38 were invited for a smear test every three years. Currently, the service is offered to women born after 1980 who are aged 25 and over, with the plan for 2025 being to extend the eligible age group to 25-64.

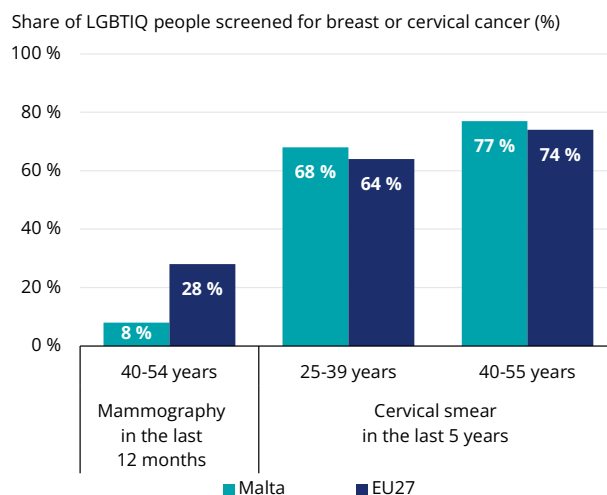
In 2022, only 16 % of eligible women participated in cervical cancer screening – a rate much lower than in most other EU countries. However, based on the 2019 EHIS survey, the proportion of women aged 20-69 who had been screened for cervical cancer is much higher at 64%, reflecting the important role of opportunistic screening for cervical cancer in Malta. Many women in Malta have cervical screening tests in the private sector rather than through public screening programmes.

Among LGBTIQ persons, breast cancer screening rates are low in Malta compared to the EU, while cervical cancer screening rates are higher

According to the EU LGBTIQ Survey III, participation in cervical cancer screening among LGBTIQ people is higher in Malta than in other EU countries (Figure 11). In 2023, 68% of LGBTIQ cisgender females, trans women, and intersex people aged 25-39 in Malta reported having had a cervical smear test in the previous 5 years (higher than the 64% in the EU), while 77% of those ages

40-55 in Malta reported cervical cancer screening (higher than the 74% in the EU). However, for breast cancer screening, only 8% of relevant LGBTIQ persons aged 40-54 years reported having had a mammogram in the previous 12 months, which is much lower than the EU average of 28%.

Figure 11. LGBTIQ persons in Malta participate more in cervical cancer screening than their counterparts in the EU



Note: LGBTIQ survey results refer to age groups and/or screening intervals that do not align with the population screening approach in EU countries, and should not be compared.

Source: The European Union Agency for Fundamental Rights (EU LGBTIQ Survey III).

5. Cancer care performance

5.1 Accessibility

Out-of-pocket spending on health as a share of household spending is twice as high in Malta as the EU average

Malta's National Health Service is predominantly funded through general taxation and is mostly free at the point of use. It offers comprehensive and universal health coverage for all residents of the country's three inhabited islands: Malta, Gozo and Comino. Emergency services are available to all and are free of charge to eligible individuals – including EU citizens, irregular migrants and any person from a country with a bilateral health agreement with Malta.

The Ministry for Health is responsible for the governance, regulation and provision of public health services, yet the healthcare system is mixed, with the private sector completing provision of care particularly for primary and outpatient services. As such, although public providers are responsible for the majority of secondary and tertiary care, up to 70 % of primary care visits are accounted for by private primary care physicians (WHO, 2022), who charge out-of-pocket fees. The main reason for this is that public primary care clinics typically function on a walk-in basis, while private practices allow people to choose their physician and set an appointment.

This system puts considerable financial strain to the Maltese population. In 2022, out-of-pocket spending on health as a share of total household consumption in Malta was the highest in the EU (7.7 %), and more than twice as high as the EU average (3.2 %).

The Ministry for Health had previously established partnerships with private contractors to assist with management of the country's main hospitals, yet these were short-lived, and the last contractor – Steward Health Care – ceased service provision to the Ministry in 2023.

Access to radiotherapy centres and equipment varies

Malta has one radiotherapy centre at the Sir Anthony Mamo Oncology Centre at Mater Dei Hospital outside the country's capital city, Valetta. According to the Directory of Radiotherapy Centres

of the IAEA, availability of specific equipment varies in Malta (IAEA, 2024) depending on its type. Nevertheless, Malta operates a Treatment Abroad service where patients are referred to specialist centres abroad when a particular centre or equipment is not available domestically. Most such patients are cancer and rare disease patients.

In 2024, Malta was the only country in the EU without any brachytherapy units. These units primarily use radioactive sealed sources placed directly into tissue, either inside or in close proximity to the target, for treatment. Additionally, the country lacked particle accelerators for light ion beam therapy. However, this equipment is also scarce in the majority of EU countries due to its complex setup.

Malta has only one radionuclide teletherapy unit, one of the lowest numbers in the EU. These devices use gamma-ray emitting sources for external beam radiography. Furthermore, Malta has only one X-ray generator for kilovoltage therapy – a device that produces low-energy X-rays used in radiotherapy. Across the EU, nine countries do not have any such devices. Finally, Malta has three megavoltage units – a type of medical equipment used to deliver external beam radiotherapy to cancer patients.

Malta has identified these shortcomings, and in the National Health Systems Strategy for Malta 2023-30 (Ministry for Health, 2022a), the government reported that updated and upgraded services will be introduced for cancer care in the Departments for Imaging and Pathology at the Mater Dei Hospital. In addition, Malta has already introduced advanced linear accelerators, such as Intensity Modulated Arc Therapy and Volumetric Modulated Arc Therapy, and plans to introduce stereotactic radiotherapy by early 2025, followed by brachytherapy units by 2026-2027. Recently, Malta commissioned a new Unity MRLinac machine, enabling adaptive radiotherapy that tailors treatments to each patient's anatomy. Malta is also among the first centers globally to implement treatment gating with Comprehensive Motion Management on the Unity MRLinac, with the first treatments delivered in July 2024.

Public coverage of cancer medicines remains low

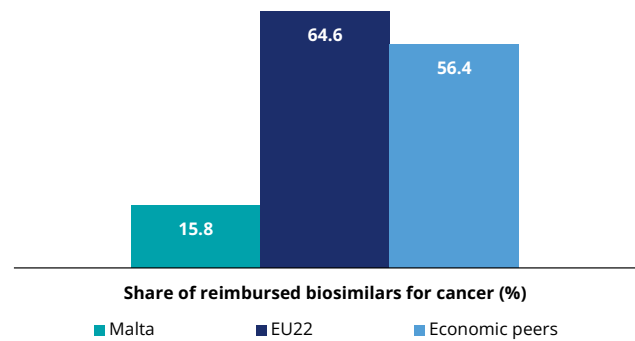
Despite cancer care in Malta being predominantly free of charge when it comes to diagnosis and treatment, patients still need to pay for access to medicines that are not in the Government Formulary List, including many cancer medications. In 2022, 26 % of people reported out-of-pocket payments for pharmaceutical medications not covered by the national benefits package. However, certain oncology medicines not listed on the Government Formulary List are still provided by the Government Health Services following approval by the Exceptional Medicinal Treatment.

Malta reports historically high spending on pharmaceuticals and medical devices. In 2020, the share of expenditure on pharmaceuticals and medical devices was 2.4 % of the country's GDP and 22 % of total health expenditure, a rate second only to Greece (where shares were 2.5 % of GDP and 27 % of total health expenditure) among EU countries. This trend reflects ongoing challenges for Malta in ensuring access to innovative medications, which is a policy priority for the country.

Among a sample of oncology medicines for breast and lung cancer with the highest clinical benefit and with market authorisation by the European Medicines Agency, Malta did not reimburse any of the oncology medicines studied on the Government Formulary List – although all indications were available on a named-patient basis. The government also offers public coverage or reimbursement of 16% of cancer medicine biosimilars – by far the lowest rate across the EU, where the average is 65 % (Figure 12). Even when comparing Malta to its economic peers, the share of coverage of biosimilars remains much lower (56 %).

Malta faces unique difficulties in procurement of innovative cancer medicines due to its limited manufacturing capacity and small market size. To this effect, Malta has been collaborating closely with WHO, and in 2022 the two parties signed a five-year country co-operation strategy with the aim of introducing policies and tools to ensure a sustainable and affordable supply of innovative medicines – particularly for cancer (WHO, 2022).

Figure 12. Public coverage of biosimilars for cancer is lower in Malta than among EU countries and Malta's economic peers



Notes: The data represent the share of nineteen biosimilars of three cancer medicines (bevacizumab, rituximab, trastuzumab) that were on the public reimbursement list on 1 April 2023. Economic peers are defined as tercile clusters based on 2022 GDP per capita in purchasing power standard terms. Economic peers for MT are CY, CZ, ES, FR, LT and SI. The EU average is unweighted.

Source: Hofmarcher, Berchet and Dedet (2024), "Access to oncology medicines in EU and OECD countries", <https://doi.org/10.1787/c263c014-en>.

Provisions for equitable access to cancer care for irregular migrants are planned

As a small island nation, Malta's National Health Service faces unique challenges due to population growth, ageing and increasing immigration. This is particularly salient for cancer care. As a result, Malta has signalled its intention to focus on innovative solution to ensure a care system that is flexible and responsive to the needs of its population, with a particular focus on irregular migrants.

Irregular migrants are currently not captured by health services such as cancer screening services. In the National Health Systems Strategy for Malta 2023-30 (Ministry for Health, 2022a), the government announced establishment of the Immigrant Support Unit – a service within the healthcare ecosystem that focuses specifically on holistic care of irregular migrants. The Strategy also includes efforts to capture this population in research and clinical programmes, and to train the existing health workforce to care for an ethnically diverse and potentially mobile demographic.

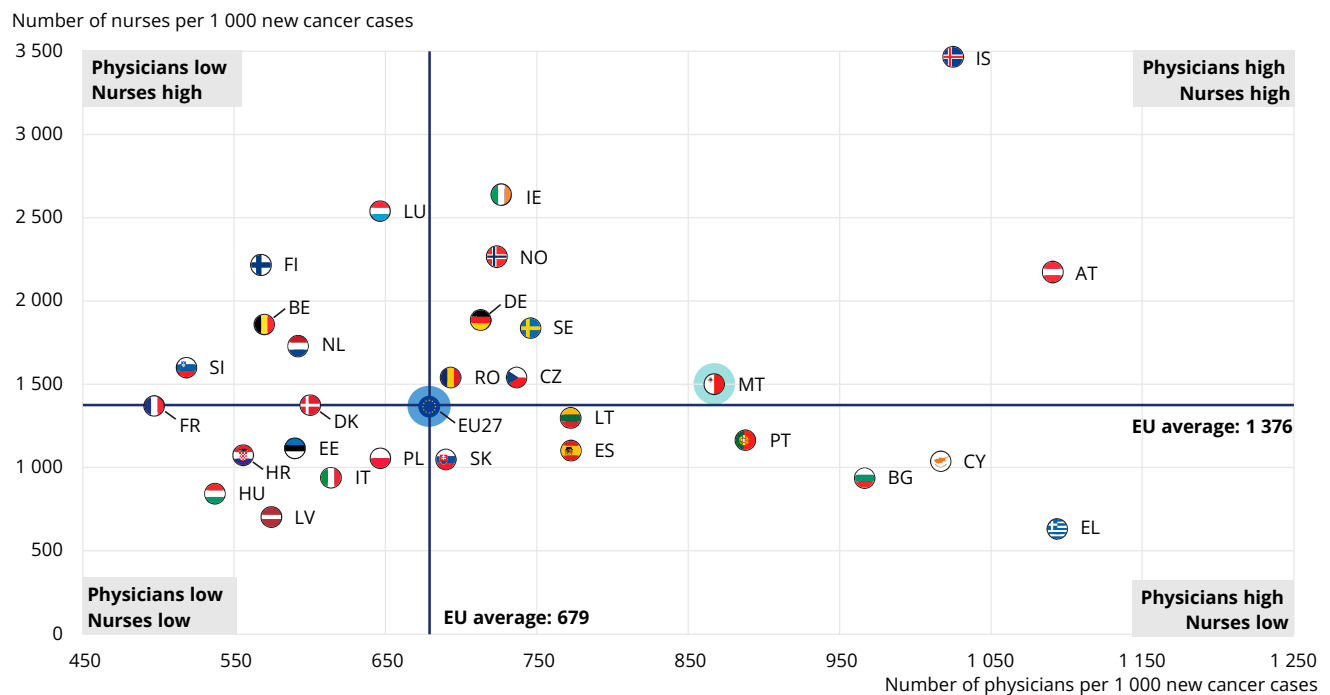
Workforce shortages remain a significant challenge for Malta, and are addressed by the Health Workforce Strategy

Maintaining a sizeable oncology workforce has always been a challenge for Malta, given its small population size. In a 2023 OECD policy survey on cancer care performance, Malta reported a shortage of every medical profession listed, including general practitioners, oncologists,

radiologists and radiographers, radiation therapists, medical physicists, inpatient and community oncology nurses, and survivorship coordinators. However, relative to new cancer cases, Malta has a high supply of physicians and

nurses. In 2022, in relation to cancer incidence, Malta's density of doctors is 28 % higher the EU average and the density of nurses is 9 % higher the EU average (Figure 13).

Figure 13. Malta has a relatively high supply of doctors and nurses relative to its cancer burden



Notes: The data on nurses include all categories of nurses (not only those meeting the EU Directive on the Recognition of Professional Qualifications). Data refer to practising nurses except in Portugal and the Slovak Republic, where they refer to professionally active nurses. In Greece, the number of nurses is underestimated as it only includes those working in hospitals. In Portugal and Greece, data refer to all doctors licensed to practise, resulting in a large overestimation of the number of practising doctors. The EU average is unweighted.

Source: OECD Health Statistics 2024. Data refer to 2022 or latest available year.

Oncology training in Malta involves studying in specialist centres abroad, especially in the UK, due to limited training capacity for certain skills and competencies. In 2022 Malta published its first Health Workforce Strategy 2022-30 (Ministry for Health, 2022c), emphasising the government's prioritisation of building and maintaining a strong and resilient healthcare workforce. To address training and retention of specialised health professionals, the Workforce Strategy framework sets out establishment of an inter-ministerial committee between the Ministry for Health and Ministry for Education to ensure that health education programmes are timely and appropriate for practice.

Cancer care nurses have been supported in recent years

In an evaluation by the European Oncology Nursing Society (EONS) in 2022, Malta received the second highest score among EU countries, second only to Iceland (EONS, 2024). Education

and career development was the area with most improvement since 2020. Currently, cancer nursing in Malta is significantly supported by specialised education at the university level, including master's programmes in cancer nursing from the University of Malta. The government offers comprehensive education, and additional training programmes are in place for nurses administering cytotoxic drugs.

Malta also received the highest score among all other EU countries for patient and occupational safety. While in 2020, there were no protocols around systematic testing for occupational hazards and guidelines for nurses who are pregnant – especially around exposure to cytotoxic drugs – pregnant and breastfeeding nurses now have the option to be reassigned to positions that do not involve direct contact with hazardous drugs.

5.2 Quality

Cancer care in Malta is concentrated, with efforts to improve streamlining

The Sir Anthony Mamo Oncology Centre at Mater Dei Hospital, opened in 2015, is Malta's only cancer care centre for oncology, haemato-oncology and paediatric oncology. Dedicated multidisciplinary teams of experts exist for almost all cancer sites, and the country benefits from a comprehensive and streamlined framework for cancer care. The Cancer Care Pathways Directorate, established in 2014, oversees fast-tracking operations, case navigator services, survival data and care up to the end of life. It also coordinates both research and outreach services.

The cancer care pathways in Malta are designed to ensure timely and coordinated care for cancer patients, from diagnosis through treatment and follow-up. These pathways are part of a broader effort to improve cancer care quality and patient outcomes across the country. Survivorship coordinators have been established to help people to reinstate their lives following cancer treatment, although the government has noted a shortage of these professionals.

The National Cancer Registry is a vital component that informs public health policy and planning

Malta's National Cancer Registry was established in 1991. It was set up to collect and analyse data on cancer incidence, treatment and outcomes. The Registry has since played a critical role in understanding cancer trends, informing public health policies and improving cancer care in the country. The primary purpose of the Registry is to collect data on all cancer cases diagnosed in Malta systematically. This includes information on the type of cancer, patient demographics, stage at diagnosis, treatment modalities and outcomes. The Registry collects data from multiple sources, including hospitals, pathology laboratories and private clinics.

Data from the National Cancer Registry have been instrumental in shaping Malta's National Cancer Plans. They support development of prevention programmes, such as public awareness campaigns and screening initiatives, aimed at reducing cancer incidence.

Malta is investing in digital transformation to improve the quality of cancer care

Malta has recognised digital health as a catalyst for improving the quality of care and has consequently

set digitalisation as a national priority for health policy. Following COVID-19, 27 % of people in Malta reported having participated in remote health consultations in 2021.

Malta is set to publish a Digital Health & Health Data Strategy Roadmap to 2030, guiding the application of digital technologies across the National Health Service. This framework aims to enhance efficiency, sustainability, and affordability by improving existing tools and investing in new digital technologies. In cancer care, this will focus on expanding the National Cancer Registry within an integrated digital health system. The Registry will include hospital data such as admissions, discharges, health records, medication history, and prescriptions. The Ministry for Health also plans to link the Registry with datasets beyond cancer care pathways.

Other major targets of digitalisation for cancer care include robotics, genetic testing and home-based assessments. There have been preliminary applications of robotic surgery and robotic dispensing of medication, with plans for these services to be expanded. Malta is also exploring a collaboration between the University of Malta and the Ministry for Health, with a view to connecting genomic data with electronic health records, facilitating efforts for more accurate precision medicine approaches to cancer care. Finally, home-based assessments are already in place for programmes such as colorectal screening, and the government is investigating expanding and improving home-based tests.

Hospital (re)admissions prior to the end of life are around the EU average

Almost 47 % of cancer patients who died in 2020 had any hospital admissions in the last 180 days of life in Malta, with a higher rate among men (51%) than women (41%). In Malta, this rate has been decreasing since records began – from 51% in 2018 to 50% in 2019. Among the nine EU countries that provide data on hospital admissions in the last 180 days of life (Czechia, Iceland, Latvia, Lithuania, Malta, the Netherlands, Norway, Slovenia and Sweden), Malta sits in the middle, with the highest rate for 2020 reported in Czechia (86%) and the lowest in Lithuania (20%).

The same pattern was observed in 2020 for 30-day hospital readmissions during the last year of life. In Malta, 10 % of cancer patients who died in 2020 had a hospital readmissions in the last 30 days of life, with a higher rate among men (12%) than women (8%). This rate fluctuated from year to year, with a lower rate in 2019 (10%) but a higher rate in 2018

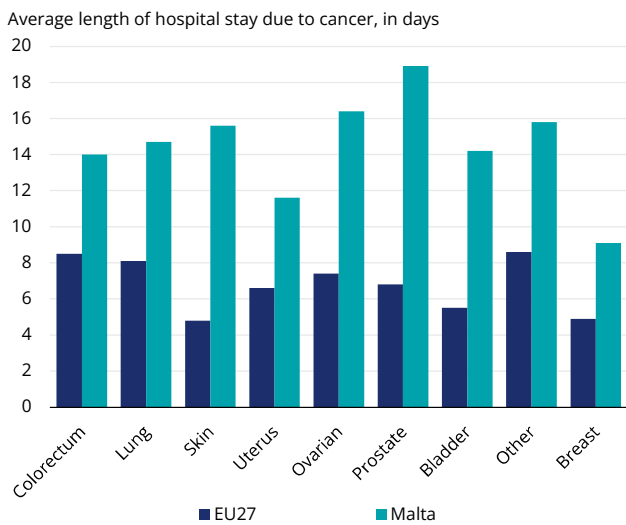
(11%). Compared to the same nine EU countries that provide data on this indicator, Malta again sits in the middle, with the highest rate for 2020 reported in Czechia (56%) and the lowest in the Netherlands (3%).

Average length of hospital stay is the highest in the EU for almost every cancer site

Despite some fluctuations, the average length of hospital stay due to cancer in Malta has steadily increased, from 8.9 days in 2004 to 9.8 days in 2021. This is 42% higher the EU average (6.9 days), making Malta the country with the highest average length of hospital stay due to cancer across the EU.

In 2020, Malta reported the longest hospital stays for almost every cancer site among all EU countries (Figure 14). The only cancer site for which Malta did not have the highest associated hospital stay was breast cancer, where Malta (9.1 days) was second to Germany (9.3 days), but still well above the EU average of 4.9 days.

Figure 14. Hospital stays are longer in Malta for every main cancer site compared to the EU average



Note: The EU average is unweighted.
Source: Eurostat database.

Partial and total mastectomy rates in Malta have decreased over time

A total of 419 partial mastectomies were performed in Malta in 2021. This translates into a rate of 81 partial mastectomies per 100 000 population in 2021 – a 17 % decrease from 98 per 100 000 in 2018. In terms of total mastectomies, 67 such procedures took place in Malta in 2021 – also a number at its lowest since 2013 (when 130 were performed). This translates into a rate of 13 total mastectomies per 100 000 population in 2021 – a 58 % decrease from the 2013 rate of 31 per 100 000. Malta was the EU

country with the lowest rate of total mastectomies in 2021.

Coupled with the high rates of breast cancer screening in Malta (see Section 4), these findings suggest significant improvements in breast cancer screening and early diagnosis over the past decade. The notable decrease in both partial and total mastectomy rates indicate that more effective screening programmes and less invasive treatment options are being utilised successfully. Notwithstanding, continuous monitoring and a focus on public health strategies targeting known cancer risk factors are necessary to maintain and potentially reduce the low rates of total and partial mastectomies in Malta.

5.3 Costs and value for money

Malta reviews the allocated budget for new oncology medicines annually and the amount has been steadily increasing

The Maltese government has been reviewing the budget allocated for new oncology medicines on an annual basis, with EUR 20 million allocated in 2022, EUR 24 million in 2023 and EUR 27 million in 2024.

When a new medicine is being considered for introduction on the Government Formulary List, Malta has a range of processes until official approval. However, once approved, new medicines are purchased via public procurement. When the procurement process is finalised, and the medicine is available for distribution, only then is the medicine officially listed on the Government Formulary List. Complimentary to this process, the Ministry for Health is also directly financing the reimbursement of oncology medications not on the Government Formulary List provided by the national philanthropic organisation, the Malta Community Chest Fund.

In Malta, while reimbursements often occur later than in larger markets (see section 5.1), there is flexibility for specialists to request the introduction of new pharmaceuticals if there is a clear clinical need. Medicines for both inpatients and outpatients are centrally procured, with competition ensured by alternative options. Products for very rare diseases, or those with low demand, may not be included in the Government Formulary List, but access can still be granted through alternative mechanisms. The Exceptional Medicinal Treatment Policy allows for high-priced or specialised treatments on a named-patient basis, addressing the needs of small patient populations.

The Malta Community Chest Fund Foundation is a major funder of cancer medicines that are not in the Government Formulary List

Oncology services are covered by the Social Security Act or by humanitarian exemptions. As such, residents do not need to pay for most services related to cancer care, including diagnosis and treatment.

The Malta Community Chest Fund Foundation (MCCFF) also plays a central role in bridging gaps in healthcare by providing financial aid to patients and their families. The Foundation is funded through government support and public donations via various fundraising activities. One of its main roles is providing access to cancer medications that are not in the Government Formulary List. As of 2023, it has enabled access to over 40 different chemotherapy treatments.

The MCCFF's annual expenditure has increased profoundly – from less than EUR 1 million in 2015 to EUR 8 million in 2018, EUR 14 million in 2020 and over EUR 20 million in 2022 (Galea, 2023). In addition to supplying essential medications, the Foundation funds flights, transportation and meals for cancer patients and their families. In 2020, the MCCFF spent over EUR 200 000 on food vouchers, and funded 660 nights at a hotel and flight tickets for 50 people. In the same year, it approved more than 1 555 applications, aiding more than 2 500 people. Of those applications, 227 were from people with disabilities who received assistance through the Foundation (Camilleri, 2021). Although these figures encompass all patient types, the two primary groups served by these services are cancer and rare disease patients. It is also important to note that these services are provided in addition to those already offered by the Ministry for Health.

Malta is aiming for better transparency on cancer drug prices through the Valletta Declaration

In 2017, Malta joined nine other European countries as co-signatories of the Valletta Declaration, with the aim of strengthening collective negotiating power through enhanced drug price transparency. The main intended outcome of this cross-country market co-operation is to establish coordinated and timely routes for its signatories to share information on medical products, policies and legislation to enable collaboration and support the sustainability and person-centredness of national health systems.

Since its formation, the Valletta Declaration group has set up a technical committee that facilitates ministerial meetings. The committee's core activities include horizon scanning, identification of candidate medicines for joint price negotiation and sharing of clinical assessments of effectiveness. The group has already identified new and improved medicines and therapies for joint activities, with a particular focus on oncology, such as CAR-T cell therapy.

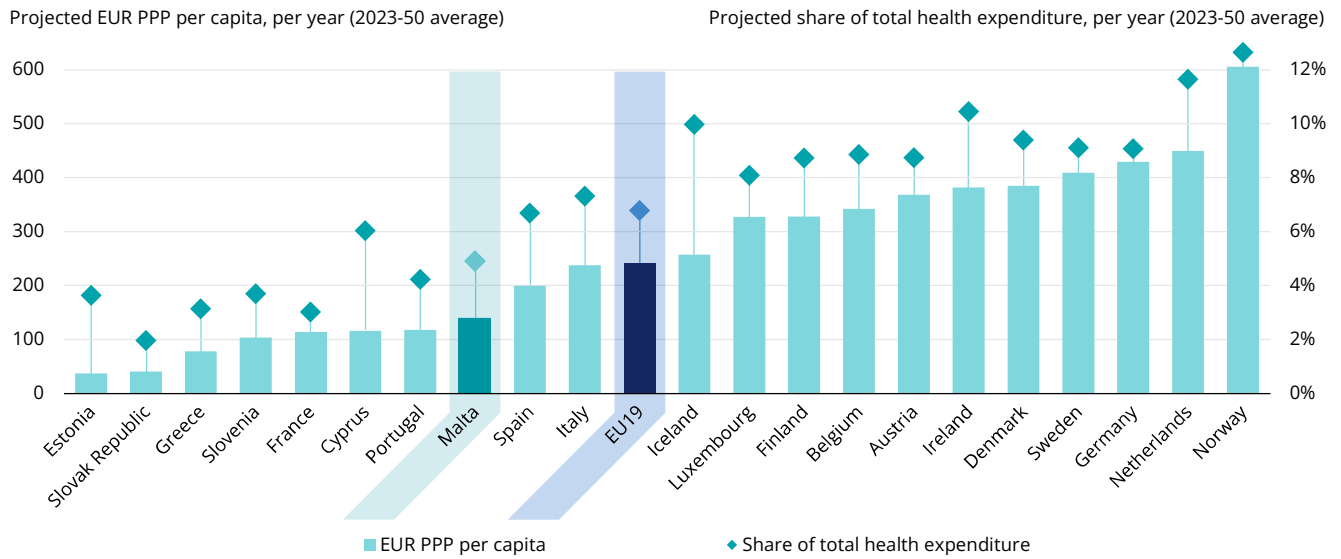
The Valletta Declaration group remains dedicated to better transparency and international collaboration on pricing, recognising the importance of maintaining momentum, despite changing governments and variable national priorities, legislation, resources and relevant expertise (iPAAC, 2021).

The burden of cancer on health expenditure is anticipated to be lower in Malta than across the EU in the coming 25 years

According to OECD SPHeP modelling work, between 2023 and 2050, total health expenditure is estimated to be 5% higher in Malta due to the burden of cancer. This equates to an average of EUR (PPP) 140 per person per year (Figure 15). This figure is much lower than the EU19 average (EUR 242).

Overall, the per capita health expenditure on cancer care is expected to grow by 54 % in Malta between 2023 and 2050, compared to 59 % in the EU27.

Figure 15. The projected burden of cancer on health expenditures is expected to be lower in Malta than the EU average



Note: The EU average is unweighted.

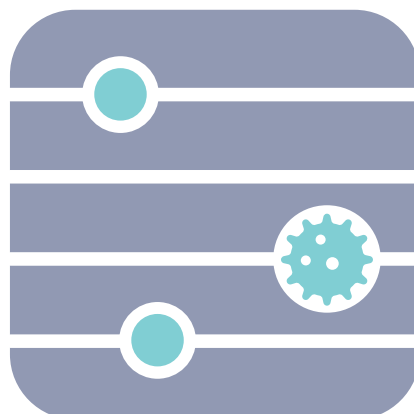
Source: OECD (2024b), *Tackling the Impact of Cancer on Health, the Economy and Society*, <https://doi.org/10.1787/85e7c3ba-en>.

In terms of other costs for the economy, between 2023 and 2050 on average, cancer is expected to lead to a loss of 92 full-time equivalent workers (FTEs) per 100 000 people due to the need to reduce employment because of cancer, as well as 44 FTEs per 100 000 people due to both absenteeism and presenteeism.⁷

5.4 Well-being and quality of life

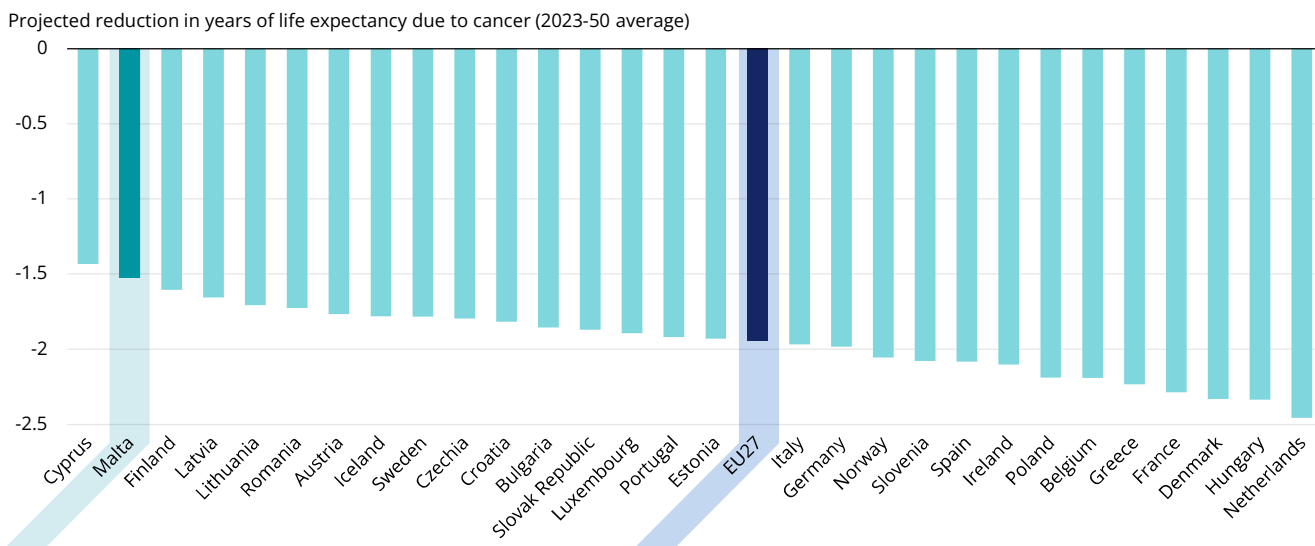
Cancer is expected to have an impact on life expectancy and mental health disorders in the population

According to OECD SPHeP modelling work, in Malta between 2023 and 2050, cancer is expected to reduce life expectancy by an average of 1.5 years compared to a scenario without cancer (Figure 16). This is slightly lower than the 1.9 years average across the EU. For context, it took Malta a decade – from 2012 (80.9 years) to 2022 (82.4 years) – to increase its life expectancy by 1.5 years.



⁷ Presenteeism refers to lost productivity that occurs when employees are not fully functioning in the workplace because of an illness, injury or other condition.

Figure 16. Cancer will reduce population life expectancy by 1.5 years compared to a scenario without cancer



Note: The EU average is unweighted.
 Source: OECD (2024b), *Tackling the Impact of Cancer on Health, the Economy and Society*, <https://doi.org/10.1787/85e7c3ba-en>.

In addition, cancer takes a substantial toll on the mental health of the population through its associated symptoms and treatment side effects, and impact on daily life, social roles and work. According to the OECD’s SPHeP model, Malta is anticipated to have much higher depression rates because of cancer, at an additional age-standardised rate of 8 cases per 100 000 per year –below the EU average of 17 cases per 100 000.

Mental health is a policy priority area for Malta, but no specific plan is in place for cancer patients

The Maltese Government has positioned mental health as a policy priority, both as a thematic priority of the National Health Systems Strategy for Malta 2023-30 (Ministry for Health, 2022a) and via the Mental Health Strategy for Malta 2020-30 (Ministry for Health, 2019). Mental health is imperative for cancer care, especially given estimates that in 2023-50, Malta is estimated to have 7.9 cases of depression due to cancer per 100 000 population. Nevertheless, none of the existing policy frameworks includes specific plans concerning the mental health needs of cancer patients, rendering it an important area for policy initiatives by the government.

Palliative care is high on the political agenda

Palliative care policy in Malta has traditionally focused on cancer and end-of-life care. The Palliative Care Strategy for Malta 2023-33 (Ministry for Health, 2023) reinforces this focus through policies designed to increase awareness of palliative care, and to integrate expertise from

clinical, research, academic, governmental and third sector sources to establish the Palliative Care Competence Framework. The aim of the the framework is to formalise palliative training, engage other key professionals on an ad hoc basis, and enhance community-based palliative care. Additional initiatives address paediatric palliative care, workforce shortages and system financing. Throughout the Strategy, the Ministry for Health also emphasises the need to extend this expertise and the close relationship between palliative and cancer care to other chronic health conditions.

Informal carers are not supported by paid or unpaid leave in Malta

Nearly half of EU countries offer some form of leave to informal carers, with great variability on duration. The vast majority of those are unpaid, although five countries offer paid leave for informal carers. As it stands, Malta does not offer paid or unpaid leave to informal carers. The Ministry for Health has identified this gap and has set out a plan to empower informal carers through education and assistance from non-governmental organisations, yet no provision has been made to legislate paid or unpaid leave for these individuals.

Nurse navigators have improved cancer care and quality of life in Malta

In 2017, Malta introduced a programme of “nurse navigators” at the Sir Anthony Mamo Oncology Centre at Mater Dei Hospital, aimed at supporting and guiding patients with colorectal cancer through their treatment journey. Since then, the service has expanded to cover virtually all cancer

patients and has been commended by WHO for its embodiment of integrated, comprehensive and person-centred approaches to cancer care (Zammit, 2022). Nurse navigators address a need for timely and coordinated care in oncology, acting as a single point of reference to support patients and their families from diagnosis to treatment, follow-up and possibly end-of-life care. In 2021 there were eight nurse navigators, with clear plans to hire more nurses for these roles.

There is a lack of policy initiatives to promote return to work and the right to be forgotten in Malta

Malta's National Cancer Plan for 2017-21 included an explicit mention of the right to return to work for the one third of Maltese cancer patients aged

64 or younger. Despite this, few concrete initiatives have been implemented to enable this transition, beside the guidance offered by nurse navigators.

No policy initiatives have been implemented, nor is there any indication that Malta will include the right to be forgotten (i.e. the right to control which of patients' personal data – including health information – should be accessible to the public after death) in the National Cancer Plan for 2025-30.

However, Malta offers specialised services for egg and sperm freezing to safeguard the reproductive potential of cancer patients. This service is routinely offered through the national healthcare system.

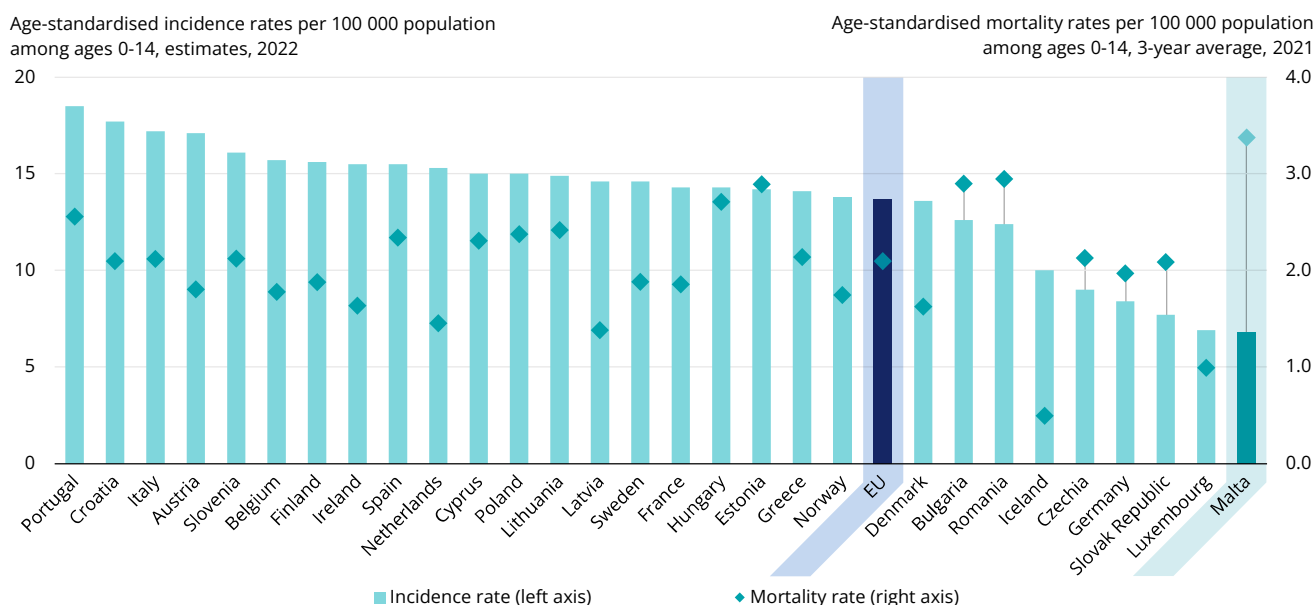
6. Spotlight on paediatric cancer

According to ECIS, it is estimated that in Malta 5 children and adolescents up to age 15 were diagnosed with cancer in 2022. Incidence rates for ages 0-14 in 2022 were estimated at 6.8 per 100 000 children in Malta, as compared to 13.7 in the EU27 (Figure 17). Observed data from the National Cancer Registry shows that 18 children and adolescents up to age 15 were diagnosed with

cancer in 2023, an increase from the 13 cases reported in 2022. Incidence rates for ages 0-15 were estimated at 26 per 100 000 children in 2023, compared to 18 per 100 000 children in 2022.

According to Eurostat, mortality rates are considerably higher in Malta than in the EU, with a 3-year average mortality rate of 3.4 per 100 000 children as compared to 2.1 in the EU (Figure 17).

Figure 17. Cancer incidence rates among children in Malta are the lowest in the EU



Notes: 2022 estimates are based on incidence trends from previous years, and may differ from observed rates in more recent years. "All sites" includes all cancer sites except non-melanoma skin cancer. Sources: European Cancer Information System (ECIS) for cancer incidence. From <https://ecis.jrc.ec.europa.eu>, accessed on 10 March 2024. © European Union, 2024. Eurostat Database for cancer mortality.

As with adult cancer cases, Malta has one institution treating paediatric cancer patients at the Sir Anthony Mamo Oncology Centre at Mater Dei Hospital. Of the 13 infrastructural and treatment modalities assessed in the European Society of Paediatric Oncology (SIOPE)'s Organisation of Care & Research for Children with Cancer in Europe (OCEAN) Project, only 7 were available in Malta (SIOPE, 2024). These included inpatient and outpatient chemotherapy, surgery of solid tumours and the central nervous system, photon radiation therapy, survivorship and palliative care systems. Conversely, analogous and allogenic stem cell treatments, proton radiation and brachytherapy option are unavailable to paediatric cancer patients in Malta. When patients are indicated a treatment that is unavailable in

Malta, paediatric oncology patients are referred to tertiary centres abroad via the Treatment Abroad Unit.

Of the 68 recommended medicines for paediatric cancer (Vassal et al., 2021), 78% are available in Malta – a rate higher than the EU average of 76%. Nevertheless, in 2010-22, of the 436 clinical trials that enrolled children and young people in Europe, none was conducted in Malta (SIOPE, 2024).

References

Abbas K et al. (2024), Equity impact of HPV vaccination on lifetime projections of cervical cancer burden among cohorts in 84 countries by global, regional, and income levels, 2010-22: a modelling study, *EClinicalMedicine*, 70:102524. doi:10.1016/j.eclinm.2024.102524.

Bruni L et al. (2016), Global estimates of human papillomavirus vaccination coverage by region and income level: a pooled analysis. *Lancet Global Health*, 4(7):e453-63. doi:10.1016/S2214-109X(16)30099-7.

Camilleri A (2021), The Malta Community Chest Fund Foundation distributed around €14.2 million in aid in 2020, *Malta Business Weekly*, 12 August 2021, <https://maltabusinessweekly.com/the-malta-community-chest-fund-foundation-distributed-around-e14-2-million-in-aid-in-2020/15585/>.

De Angelis R et al. (2024), Complete cancer prevalence in Europe 2020 by disease duration and country (EUROCARE-6): a population-based study, *Lancet Oncology*, 25(3):293-307. doi:10.1016/S1470-2045(23)00646-0.

EONS (2024), EONS Cancer Nursing Index 2022: <https://cancernurse.eu/ecni2022/>.

Galea A (2023), Malta Community Chest Fund spent €20 million on medicines last year, President says, *Malta Independent*, 10 April 2023, <https://www.independent.com.mt/articles/2023-04-10/local-news/Malta-Community-Chest-Fund-spent-20-million-on-medicines-last-year-President-says-6736250997>.

Health Promotion and Disease Prevention Directorate (2014), Food and Nutrition Policy and Action Plan for Malta 2015-20. Valetta, Health Promotion and Disease Prevention Directorate.

IAEA (2024), Directory of Radiotherapy Centres, available at <https://dirac.iaea.org/Query/Countries>.

iPAAC (2021), The Valletta Declaration: good practice in medicines procurement and negotiation to improve access to effective treatment and support sustainability of healthcare systems. Ljubljana,

Innovative Partnership for Action Against Cancer, <https://www.ipaac.eu/roadmap/detail/5>.

Ministry for Health (2019), A Mental Health Strategy for Malta 2020-30: building resilience transforming services. Valetta, Ministry for Health, https://health.gov.mt/wp-content/uploads/2023/04/Building_Resilience_Transforming_Services_A_Mental_Health_Strategy_for_Malta_2020-2030_EN.pdf.

Ministry for Health (2022a), A National Health Systems Strategy for Malta 2023-30: investing successfully for a healthy future. Valetta, Ministry for Health.

Ministry for Health (2022b), A study on Childhood Obesity in Malta, with a special focus on 4-5year old children. Valetta, Ministry for Health.

Ministry for Health (2022c), Health Workforce Strategy 2022-30: supporting and empowering the health care workforce. Valetta, Ministry for Health.

Ministry for Health (2023), A National Palliative Care Strategy for Malta 2023-33: a public consultation document. Valetta, Ministry for Health, https://healthservices.gov.mt/en/CMO/Documents/Palliative_Care_Strategy_2023_2033.pdf.

SIOPE (2024), Childhood cancer country profile: Malta. Brussels, SIOP Europe, <https://siope.eu/media/documents/ocean-projectmalta.pdf>.

Vassal G et al. (2021), Access to essential anticancer medicines for children and adolescents in Europe, *Annals of Oncology*, 32(4):560-8. doi:10.1016/j.annonc.2020.12.015.

WHO (2022), WHO-Malta Country Cooperation Strategy 2022-2026. Copenhagen, WHO Regional Office for Europe, <https://www.who.int/publications/i/item/WHO-EURO-2022-5221-44985-64049>.

Zammit ML (2022), WHO hails “new” system of cancer care in Malta, *Times of Malta*, 1 November 2022, <https://timesofmalta.com/article/hails-new-system-cancer-care-malta.991436>.

Country abbreviations

Austria	AT	Denmark	DK	Hungary	HU	Luxembourg	LU	Romania	RO
Belgium	BE	Estonia	EE	Iceland	IS	Malta	MT	Slovak Republic	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 Cancer Inequalities Registry

Country Cancer Profile 2025

The European Cancer Inequalities Registry is a flagship initiative of the Europe's Beating Cancer Plan. It provides sound and reliable data on cancer prevention and care to identify trends, disparities and inequalities between Member States and regions. The Registry contains a website and data tool developed by the Joint Research Centre of the European Commission (<https://cancer-inequalities.jrc.ec.europa.eu/>), as well as an alternating series of biennial Country Cancer Profiles and an overarching Report on Cancer Inequalities in Europe.

The Country Cancer Profiles identify strengths, challenges and specific areas of action for each of the 27 EU Member States, Iceland and Norway, to guide investment and interventions at the EU, national and regional levels under the Europe's Beating Cancer Plan. The European Cancer Inequalities Registry also supports Flagship 1 of the Zero Pollution Action Plan.

The Profiles are the work of the OECD in co-operation with the European Commission. The team is grateful for the valuable comments and suggestions provided by national experts, the OECD Health Committee and the EU Thematic Working Group on Cancer Inequality Registry.

Each Country Cancer Profile provides a short synthesis of:

- the national cancer burden
- risk factors for cancer, focusing on behavioural and environment risk factors
- early detection programmes
- cancer care performance, focusing on accessibility, care quality, costs and quality of life.

Please cite this publication as:

OECD/European Commission (2025), *EU Country Cancer Profile: Malta 2025*, EU Country Cancer Profiles, OECD Publishing, Paris, <https://doi.org/10.1787/8ea60e3a-en>.

Series: EU Country Cancer Profiles



Attribution 4.0 International (CC BY 4.0)

This work is made available under the Creative Commons Attribution 4.0 International licence. By using this work, you accept to be bound by the terms of this licence (<https://creativecommons.org/licenses/by/4.0>).

Attribution – you must cite the work.

Translations – you must cite the original work, identify changes to the original and add the following text: *In the event of any discrepancy between the original work and the translation, only the text of original work should be considered valid.*

Adaptations – you must cite the original work and add the following text: *This is an adaptation of an original work by the OECD and the European Union. The opinions expressed and arguments employed in this adaptation should not be reported as representing the official views of the OECD or of its Member countries or of the European Union.*

Third-party material – the licence does not apply to third-party material in the work. If using such material, you are responsible for obtaining permission from the third party and for any claims of infringement.

You must not use the OECD's or European Commission's logo, visual identity or cover image without express permission or suggest the OECD or European Commission endorses your use of the work.

Any dispute arising under this licence shall be settled by arbitration in accordance with the Permanent Court of Arbitration (PCA) Arbitration Rules 2012. The seat of arbitration shall be Paris (France). The number of arbitrators shall be one.

