Mortality and morbidity in children in Malta has decreased significantly over the past years (see below).  There no specific policy document dealing directly with this matter, nevertheless it is addressed as a horizontal priority in the different policy and strategy documents issued by Government as it is agreed that the foundations for practically every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years, starting in the pre-conception and pre-natal periods, has lifelong effects on many aspects of health and well-being – from obesity, heart disease and mental health, to educational achievement and economic status.

A life course approach or perspective through the assessment and application of measures that can influence the outcomes of early events aims at obtaining positive results on future decisions and later life events that can include onset of, morbidity and mortality from ill-health, disability and disease.  This approach is reflected and emphasized in different policies issued or being drafted by Government.  These include, the National Health System Strategy (soon out for consultation), National Rare Diseases Strategy (drafting nearing finalization) being under the responsibility of the Ministry for Health as well as the National Children’s Policy (still being drafted) and the National Poverty Strategy (still being drafted) under the responsibility of the Ministry for the Family and Social Solidarity.   These policies are evidence based policies informed by health data (link to DHIR website) and other national statistics including those on income and living conditions collated by the National Statistics Office.   It is also a standard procedure for Government to issue policies and strategies as the above for national consultation to ensure wide stakeholder and civil society involvement.

Government has also issued a number of policy and strategy documents addressing determinants of health, risk factors and specific diseases groups.  These include: A National Sexual Health Strategy, the National Cancer Plan 2011-2015, A strategy for the prevention and control of non-communicable disease in Malta,  A Healthy Weight for Life: A National Strategy for Malta 2012-2020, Prevention, Control and Management of Tuberculosis: A National Strategy for Malta.

Improving accessibility, quality and effectiveness of health services are a priority and overarching policy objectives for Government.  Access to healthcare including preventive, primary and secondary care is free for children.

As shown in the report ‘World Health Statistics 2013’ published by the World Health Organisation p.55[[1]](#footnote-1) the under-five mortality rate (probability of dying by age 5 per 1000 live births) in Malta decreased from 11 to 6 per 1000 live births between the years 1990 and 2011. Similarly the neonatal and infant mortality rates followed a declining trend. This is in line with policy aimed at reducing mortality (and morbidity) in children less than five years of age.

Table 1 (annexed) shows the distribution of deaths in children less than five years by cause of death between the years 2000 and 2012. One may note that the vast majority of cases were due to conditions originating in the perinatal period (P00-P96) or congenital anomalies (Q00-Q99). As shown in Figure 1 the proportion of deaths due to congenital malformations, deformations and chromosomal abnormalities (Q00-Q99) as a percentage of the total deaths in children less than five years of age increased steadily over the years. This proportion of deaths is to a large extent unpreventable.

The comparability of these figures to those of other countries is undermined by the fact that, in contrast to many other countries, abortion in Malta is illegal. This may partly explain the increase in the proportion of deaths due to congenital malformations, deformations and chromosomal abnormalities (Q00-Q99), which are largely unpreventable. Whereas in countries where abortion is legal these pregnancies are likely to be terminated before the foetus is delivered, in Malta such cases may possibly live for a few minutes, hours or days, after delivery, in which case they are included in the perinatal, neonatal, infant and under-five mortality rates.



Figure 1: Percentage number of deaths due to congenital malformations, deformations and chromosomal abnormalities (Qoo-Q99), expressed as a percentage of the total number of deaths in children under the age of five years.

Table 1

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| --- |
| **Number of deaths in children under 5 years of age by MTL-1 coding for 2000-2012** |
| Note: Data is for Maltese residents only and excludes stillbirths |
|   |
| **Year** | Accidental drowning and submersion (W65-W74) | All other external causes (W20-W64, W75-W99, X10-X39, X50-X59, Y10-Y89) | Assault (X85-Y09) | Cerebrovascular diseases (I60-I69) | Certain conditions originating in the perinatal period (P00-P96) | Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99) | Falls (W00-W19) | Leukaemia (C91-C95) | Malignant neoplasm of meninges, brain and other parts of central nervous system (C70-C72) | Meningitis (G00, G03) | Meningococcal infection (A39) | Other heart diseases (I26-I51) | Pneumonia (J12-J18) | Remainder of diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D65-D89) | Remainder of diseases of the digestive system (K00-K22, K28-K66, K80-K92) | Remainder of diseases of the nervous system (G04-G25, G31-G98) | Remainder of diseases of the respiratory system (J00-J06, J30-J39, J60-J98) | Remainder of endocrine, nutritional and metabolic diseases (E00-E07, E15-E34, E50-E88) | Remainder of malignant neoplasms (C17, C23-C24, C26-C31, C37-C41, C44-C49, C51-C52, C57-C60, C62-C66, C68-C69, C73-C81, C88, C96-C97) | Remainder of neoplasms (D00-D48) | Septicaemia (A40-A41) | Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99) | Transport accidents (V01-V99) | Viral hepatitis (B15-B19) | Total |
| **2000** |   |   |   |   | 17 | 7 |   |   |   | 1 | 1 |   |   |   |   |   |   | 3 |   |   |   | 1 |   |   | 30 |
| **2001** | 2 |   | 2 |   | 9 | 6 |   |   |   |   |   | 1 |   |   |   | 3 | 1 | 2 |   |   |   |   |   |   | 26 |
| **2002** |   |   |   |   | 9 | 14 | 1 |   |   |   |   | 1 |   |   |   | 2 |   | 1 |   |   |   |   |   |   | 28 |
| **2003** |   |   |   |   | 11 | 11 |   |   |   |   |   |   |   |   |   | 2 |   |   |   |   | 1 |   |   |   | 25 |
| **2004** | 1 | 1 |   |   | 10 | 11 |   |   | 1 |   |   |   |   |   |   | 4 |   | 1 | 1 | 1 |   |   |   |   | 31 |
| **2005** |   |   |   |   | 16 | 6 |   |   |   |   | 1 |   | 3 |   |   |   |   | 1 |   |   |   |   | 1 |   | 28 |
| **2006** |   |   |   | 1 | 7 | 6 | 1 | 1 |   |   |   |   |   |   |   | 1 |   | 1 |   |   |   | 1 |   |   | 19 |
| **2007** |   |   |   |   | 11 | 13 |   |   |   |   |   |   |   |   |   | 1 |   | 1 |   |   |   |   |   |   | 26 |
| **2008** |   | 1 |   | 1 | 15 | 13 | 1 |   |   |   |   |   | 1 |   | 1 | 1 | 1 | 1 | 1 |   |   | 2 | 1 |   | 40 |
| **2009** |   |   |   |   | 8 | 13 |   |   |   |   | 1 |   |   |   |   |   |   | 2 |   |   |   |   | 1 |   | 25 |
| **2010** |   |   |   |   | 8 | 13 |   | 1 |   | 1 |   |   |   | 1 |   | 2 |   |   |   |   |   |   |   |   | 26 |
| **2011** |   |   |   |   | 13 | 13 |   |   |   | 2 |   |   |   |   |   |   |   | 1 |   |   |   |   |   | 1 | 30 |
| **2012** | 1 |   |   |   | 11 | 9 |   |   |   |   |   |   | 1 |   | 1 |   |   | 1 | 2 |   |   |   |   |   | 26 |

1. <http://www.who.int/gho/publications/world_health_statistics/2013/en/> [↑](#footnote-ref-1)