

Summary of the implementation status of each of the recommendations contained in the WHO-Ministry of Energy and Health of Malta report: “Malta: assessing health system capacity to manage sudden, large influxes of migrants”

Leadership and governance

| Assessment Report Recommendations | Implemented | On-going | To be started |
|--|--------------------|-----------------|----------------------|
| 1 The MHAS should consider introducing alternatives to detention in line with the latest European Council Directive 2003/9/EC (9) laying down minimum standards for the reception of asylum seekers, while pursuing detention when necessary in accordance with the criteria set out in the same legislation. | | x | |
| 2 The Ministry for Energy and Health (Superintendence of Public Health, Primary Health Care Department, Mount Carmel Psychiatric Hospital) should advocate for health with the MHAS to reduce the length of the detention period because prolonged detainment of asylum seekers could: <ul style="list-style-type: none"> • have a serious negative impact on their health status and; • create administrative and logistic bottlenecks in the event of sudden, large influxes of migrants. | | x | |
| 3 The national CPD should promote the inclusion of sudden, large influxes of migrants into the possible scenarios considered in the new all-hazard National Disaster Contingency Plan. | x | | |
| 4 The Ministry for Energy and Health (Superintendence of Public Health, Primary Health Care Department, Mater Dei Hospital) should task its working group for developing an integrated public health emergency preparedness plan (to respond to large influxes of migrants) with drawing up priority response scenarios based on risk/impact assessment, including operational guidance for all levels of the administration. The plan should clearly indicate the essential core support functions, the basic support infrastructure, and essential capacities. A plan for revising and testing the response capabilities of the main (Mater Dei) and other hospitals should be included. This work should be carried out in collaboration with and with reference to the overarching National Disaster Contingency Plan by the CPD. In developing the plan, the working group should also consider the requirements of the EU legislation in force (Decision 1082/2013/EU (5)) and the full implementation of IHR capacities. | | x | |
| 5 The Ministry for Energy and Health should consider including migrant health in the national health system strategy for 2013–2020. | x | | |

Health workforce, medical products, vaccines and technology

| Assessment Report Recommendations | Implemented | On-going | To be started |
|--|-------------|----------|---------------|
| <p>1 The Ministry for Energy and Health (Superintendence of Public Health, Primary Health Care Department, Mater Dei Hospital) should finalize standard operating procedures for emergencies, distribute them and ensure relevant training is provided;</p> <ul style="list-style-type: none"> • ensure adequate capacity to test and evaluate the response to emergencies of national relevance, supported by a plan for simulation exercises involving all relevant sectors, detailing various responsibilities for providing an integrated response among them (epidemiology, laboratory, environmental health, food and animal health, health care); • include cultural mediation and health management of a sudden, large influx of migrants in health staff training; • define policies for accepting international medical teams in case of a sudden, large influx of migrants. | | x | |
| <p>2 The Ministry for Energy and Health and the MHAS should jointly develop and implement a national training course on cultural mediation resulting in the award of an internationally recognized certificate.</p> | | x | |

Health information

| Assessment Report Recommendations | Implemented | On-going | To be started |
|---|-------------|----------|---------------|
| <p>1 The Superintendence of Public Health should promote syndromic surveillance training to health staff working in key public health institutions, including those belonging to other ministries involved in the management of national emergency operations.</p> | | | x |
| <p>2 The Ministry for Energy and Health should define a health risk public communication strategy.</p> | | x | |

Service delivery

| Assessment Report Recommendations | Implemented | On-going | To be started |
|--|-------------|----------|---------------|
| <p>1 The MHAS should:</p> <ul style="list-style-type: none"> • recruit cultural mediator staff in all offices dealing with migrants at the harbour, in the detention centres and open centres, in health care and administrative institutions; • improve living conditions in detention centres, including privacy, outdoor access, and psychosocial support; • identify sites that can be used as temporary shelters in case of sudden, large influxes of migrants. | | X | |
| <p>2 The Superintendence of Public Health should design and conduct a comprehensive research study on the mental health of migrants living in detention and open centres.</p> | | | X |