



11/05/09

RAP/RCha/MA/II(2009)Add

## **REVISED EUROPEAN SOCIAL CHARTER**

Addendum to the  
2nd National Report on the implementation of  
the European Social Charter (revised)

submitted by

**THE GOVERNMENT OF MALTA**

(Articles 11§2, 11§3 and 12§4)  
for the period 01/01/2005 – 31/12/2007)

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Report registered by the Secretariat on 7 May 2009

**CYCLE 2009**



## Article 11 – The right to protection of health

With a view to ensuring the effective exercise of the right to protection of health, the Parties undertake, either directly or in co-operation with public or private organisations, to take appropriate measures designed *inter alia*:

1. to remove as far as possible the causes of ill-health;
2. to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;
3. to prevent as far as possible epidemic, endemic and other diseases, as well as accidents.

### Information to be submitted

#### Article 11§1 – Already Replied

- 1) Please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.
- 2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.
- 3) Please supply any relevant statistics or other information on the main health indicators and on health services and professions (for example WHO and/or Eurostat data).

### Article 11§2

- 1) For States that have not accepted paragraph 1, please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.
- 2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.
- 3) Please supply any relevant statistics or other information, including on consultation and screening services in schools and for the rest of the population.

### Initiatives Undertaken by the Department for Health Promotion and Disease Prevention

An inter-sectoral committee between Health and Education has been set up with the following terms of reference:

1. To discuss and co-ordinate school health activities between the Directorates of Education (DES / DQSE) and Health Division.
2. The Permanent members of the committee should be composed of 3 members from each sector. The following members have been nominated by their respective Director Generals:
  - Director of Health Promotion & Decease Prevention
  - Officer responsible for School Health Promotion
  - Officer responsible for School Health Services
  - Director Student Services
  - Officer responsible for Education Heath Services
  - Official from the Directorate for Quality and Standards in Education

3. To review existing health programmes and initiatives taking place in schools and to advise and put forward the Directorates for Education accordingly;
4. To advise and put forward proposals for the Health content of the National Curriculum Framework for schools;
5. To advise on the development of a Health Promoting School environment for all schools;
6. To create a forum to identify issues common to both stakeholders and to proposed actions to be taken;
7. To identify key persons for the implementation of proposals approved by the respective Directors General and monitor their implementation.
8. To seek support from the Directors General in situations where implementation of approve programmes is in some way being hampered or delayed.
9. To invite other stakeholders on the Education – Health Committee to contribute to specific relevant projects and initiatives being discussed;
10. The Committee reserves the right to appoint a sub-committee with specific Terms of reference to work on projects and initiatives; and is to submit feedback to the main committee on regular basis as requested.

HBSC ( Health Behaviour School Children) that looks into the health behaviour among 11 to 15 year olds and smoking prevalence of young smokers in Malta claims that among 15 year olds there is an increase in the prevalence of smokers.

15 years	2001-2	2006-7	Increase
Boys	<b>37.6%</b>	<b>40.2 %</b>	<b>2.6%</b>
Girls	<b>40.1%</b>	<b>45.4%</b>	<b>5.3%</b>

A number of initiatives are planned for 2009 which target children and young adults. This includes the creation of an activity work book and an information booklet targeting 6 to 8 year olds and 9 to 12 year olds respectively. In collaboration with the Education division and Physical and Social Development teachers, there will be the creation of a resource pack combined with the training on the use and implementation of resources provided. Another initiative is planned for young people targeted at teenagers especially young girls aged 13 to 16 years. This national initiative will aim to reverse the growing trend of smoking in this age group, identifying the reasons for the trend and addressing them accordingly.

### **Health Education in Schools**

#### **Personal and Social Development**

Learning activities organized in class by Personal and Social Development (PSD) teachers can take various forms especially since the subject is experiential and therefore allows much more space for student participation and active learning. Such activities can take the form of role plays, discussions, group work, interactive work, storytelling,

songs and the use of other media to stimulate interest in the topic. Teachers create their lessons according to the needs of the students and the school. By focusing on children's everyday life experiences and environment the teachers strive to instil into the students a sense of responsibility in everything they do, thus helping them develop skills that enhance their well being and empower them to make the right decisions about things related to health and life in general.

In the **primary sector** importance is given to issues related to identifying ways of how students take care of themselves and keep away from any type of dangerous situations. Importance is also given to identifying and recognizing safe people and safe places.

The learning outcomes of such lessons within the primary sector are:

- To teach children to trust and listen to their inner alarm system
- To have children recognize that keeping secrets should depend on how that secret makes you feel
- To teach children the importance of using the 'I' statement and talk about situations that are making them uncomfortable
- To make children aware that their body belongs to them and that there are acceptable touches and that others are not.
- To make children aware that there should be rules at home to help them keep safe
- To make children aware of the dangers in the home
- To make children aware of how to identify ways of reducing and eliminating these dangers
- To help children identify dangers encountered outdoors
- To tackle skills for crossing the road, keeping themselves safe on the roads
- To introduce the concept of taking care of oneself
- To introduce the concept of personal hygiene
- To begin to explore the importance of healthy eating and that being healthy means participating in some form of exercise

In the **secondary sector** various aspects of safety in relation to the individual are examined, therefore there is a greater focus on drug education, sexual education and on adopting a healthy lifestyle. These themes centre around the fact that students need to start to understand that they need to take responsible decisions and that there are positive or negative consequences according to the choices one makes. Such themes will also make students aware that they have responsibilities and obligations towards others and society.

The learning outcomes of such lessons within the secondary sector are:

- To acknowledge responsibility for maintaining health and well-being
- To be aware that changes in the body bring about the need for a greater care of one's personal hygiene
- To make students aware of the importance of a healthy diet
- To make students aware of the importance of positive body images
- To make students aware of different eating disorders
- To make students aware of the different drugs and the negative elements associated with them.

- To develop assertive skills that help students make the right choices in issues related to health.
- To make students aware of establishing personal limits for intimacy
- To make students aware of the repercussions of irresponsible sexual behaviour
- To make students aware of the main sexually transmitted diseases
- To make students aware of how to protect oneself from sexually transmitted diseases
- To make students aware of the dangers of the internet (chatting, pornography etc)
- To make students aware of places where they can go for help where healthy issues are concerned
- To make the students aware of health problems that people might have (diabetes, asthma, allergies)
- To make the students aware of the need for organ donation and issues related to organ donations

The PSD section also collaborates closely with *Sedqa* (the national agency for drug prevention) to disseminate information and create a conducive environment that helps students disclose addiction related issues and to see that such issues are forwarded to the necessary authorities. In fact four teachers are on loan with the agency, two in the primary sector and two in the secondary sector. The programme presented by the teachers for different students in the different schools deal with topics related to: addiction (signs and symptoms), understanding the harms of smoking and IT related addictions, gambling and its effects, alcohol the truth, the myths and the consequences, substance abuse, juvenile delinquency and services within the community.

The programme involves not only students but also parents who are invited by the teachers to make them aware of the topics being tackled and discussed with their children. This is an important aspect of the programme because healthy education cannot only be the responsibility of the school but must first and foremost be the responsibility of the parents or carers of the children.

The learning objectives of such seminars are:

- To make students aware of the concept of addiction
- To provide students with the right information about drugs, smoking and IT related addictions and the consequences related to each addiction
- To make students aware of the services offered by *Sedqa* and other non-government agencies

For the third consecutive year Lombard Bank Malta in collaboration with the Malta Cancer Foundation and the PSD Department is carrying out a campaign in all State and Non-State Secondary Schools aimed at encouraging students better understand the danger of tobacco smoking. Last scholastic year 2007/2008, Form 2 students who participated in the campaign took part in a poster design competition with the theme "The negative effects of smoking". Lombard Bank donated prizes to the students who submitted the best four posters.

## **Home Economics**

### **Home Economics Seminar Centre**

The Home Economics Seminar Centre (HESC) within the Curriculum Management and eLearning Department of the Directorate for Quality and Standards in Education has been offering its services to both schools and the wider community for the past sixteen years.

The HESC is committed to promote health by providing support and guidance in the area of school nutrition and in the setting of healthy school environments.

The HESC moved forward in promoting health not only as a means of instilling nutritional knowledge but through a plethora of health promoting endeavors. These include a variety of seminars catering for different community members including children, adolescents, parents, adults and senior citizens. These seminars aim to influence the health behaviour of individuals, through dissemination of knowledge as well as hands-on activities, thus helping individuals to acquire the right skills and attitudes that promote change.

Ultimately the health goal of the HESC is to:

- improve the quality of everyday life for pupils/students, their families and the community, through the efficient, effective and sustainable management of their resources;
- address the determinants of health in order to enable pupils/students and other community members to make informed healthy life choices.

Home Economics peripatetic staff facilitates programmes that help students develop:

(i) as individuals by:

- helping them to explore their health, enhancing their potential to live a healthy lifestyle and make responsible choices about their diet and food;

(ii) as contributors to society by:

- giving them a sense of themselves as social beings and how they relate to one another, making them aware of values and lifestyles that are different from their own and helping them make reasoned judgements in family relationships;

(iii) as contributors to the economy by:

- giving them an awareness of themselves as consumers in a changing economy to help them become discerning and effective when making judgements in relation to the environment and personal finances.

Through the execution of its duties in schools and in the community, the HESC focuses on primary prevention of non communicable diseases, hence promoting community action for health. Furthermore, the HESC was also involved in the compilation of the Healthy Eating Lifestyle Plan (HELP) as well as in its implementation. Amongst other means, this is being conducted through various Staff Development Programmes (SDPs) which aim to assist and support schools in designing and implementing their School Nutrition Policy.

The HESC staff is involved in collaboration with various entities. It also liaises with the various stakeholders including community members, local food and beverage manufacturers, importers and distributors.

The HESC seeks to empower students and other community members to make informed healthy life choices, create and maintain supportive environments which promote healthy living and address the determinants of health in order to enable students and other community members to adopt and enhance lifestyle activities which are conducive to health.

The HESC' staff delivers a variety of seminars catering for different community members including children, adolescents, parents, adults and senior citizens. These seminars aim to influence the health behaviour of individuals, through dissemination of knowledge as well as hands-on activities, thus helping individuals to acquire the right skills and attitudes that promote change. During the seminars HESC staff endeavours to:

1. Foster an active participation.
2. Offer a healthy and friendly environment in which students feel free to express themselves without inhibitions.
3. Make full use of technological advancements so as to provide a full range of educational opportunities.
4. Encourage students to become aware of consumer issues and know how to act as considerate and responsible consumers.

### **Home Economics Seminar Centre's Current Work 2008/2009**

Apart from sustaining and strengthening the above varied responsibilities, HESC staff has been involved in revamping its programmes. New seminars have also been introduced after evaluating the seminars of last scholastic year and looking into the current needs of students and their families. The following are interventions currently being held on and off the premises:

#### **Primary School Programmes**

##### **A Healthy Breakfast For a Good Start**

**Target Group: Year 3**

**Description:**

The purpose of this programme is to have the pupils understand how much nutrition and lifestyle affect our health. While learning about the nutritional value of foods the pupils will discover the benefits of a well balanced diet. The pupils will also learn how to balance their own personal diet by using the guidelines from the CINDI food pyramid. With this newly acquired knowledge the pupils will be better prepared to make better nutritional choices and develop healthier lifestyle habits.

##### **Gawdi Sa[[tek u Sa [[et Uliedek**

**Target Group: Parents**



**Description:**

This programme is geared towards parents of Year 3 pupils in State and Non-State schools. It seeks to address the dietary needs of the family and to increase parents' knowledge in nutrition, which will in turn improve attitudes and promote a healthier lifestyle, namely through healthier choices of food and daily activity. This will give a positive contribution to lessen the high incidence of non-communicable diseases common in our country and improve the health of Maltese families.

**Festa ta' Frott u { axix****Target Group: Kindergarten 2****Description:**

This programme focuses on increasing the pupils' knowledge about the wide variety of fruit and vegetables. It also emphasises the importance of this food group in the diet. Keeping in mind the young age of the pupils, these main aims are reached not only through a Power Point presentation but also by involving the pupils in games and songs. Teachers are also provided with colour-in sheets that are distributed to pupils as a follow up activity.

**L-Avventuri Ta' Tigger U S[ abu****Target Group: Year 1****Description:**

This programme is based on very popular cartoon characters that feature in a visually stimulating and interactive PowerPoint story. It is carried out on a class basis and encourages pupils to make healthier life choices with a focus on special occasions.

**Milk Power****Target Group: Year 2****Description:**

This programme seeks to develop healthy eating behaviours in an attempt to build sound habits from an early age. It encourages healthy beverage habits amongst young children and their parents. In this way the programme contributes towards achieving health goals and guidelines issued by major nutrition organisations. A colourful animated website with interactive games is being created together with PowerPoint presentations and literary resources.

**Kul G[ al Sa[ [ tek****Target Group: Year 4****Description:**

Through this PowerPoint presentation, carried out off premises, pupils appreciate the important role that food plays in everyday life and how food choices may affect health. This programme builds on and carries forward the messages imparted during previous programmes and interventions.

**Duq il-Qawsalla****Target Group: Year 5****Description:**

This project aims to promote the inclusion of fruit and vegetables in the daily diet. It enables pupils to be educated consumers and make wise choices in the field of health. It

outlines realistic ways of how fruit and vegetables can be included in their daily meals. This will be achieved through the use of an Illuminatus programmed presentation, together with an activity booklet which will be distributed to all pupils, plus an interactive compact disc for the class teacher.

## **Secondary School Programmes**

### **FORM 1:**

A new programme on personal health and hygiene is currently being developed

### **Nutrition Alert!**

#### **Target Group: Form 2**

#### **Description:**

This seminar aims to provide up-dated praxis on nutrition and the importance of leading a healthy lifestyle. Recent studies show that the lifestyle habits of 11-13 year old teenagers need to improve. This programme seeks to address the determinants of health and helps to clarify dietary misconceptions. Through several hand-on activities students are encouraged to make wise choices and develop healthier lifestyle habits.

### **Aliens in our Food**

#### **Target Group: Form 2**

#### **Description:**

This seminar seeks to instil in young adolescents a sense of responsibility towards the importance of maintaining food safety and hygiene and more importantly to engage in sound food safety behaviour in their school and home environments and in the community.

### **Becoming Sustainable Customers**

#### **Target Group: Form 3**

#### **Description:**

This seminar helps students to become critical consumers by being aware of the influences that affect their choices, consider all the alternatives available and also be conscious of the consequences of their choices. In addition, it empowers students to be effective citizens in the marketplace; students who will in turn be able to advocate for themselves and their families.

### **Trendy Choices for Smart Teens**

#### **Target Group: Form 2 & 3**

#### **Description:**

This intervention features an appealing health promoting presentation geared for adolescents. It aims to look into the common myths and facts which adolescents tend to constantly question and probe into, either individually or among themselves. These are issues which are frequently portrayed via the media, usually marketed for profit-making purposes. The goal of this seminar is to clarify these issues and concerns and to deliver professional knowledge and reference-based information.

### **Lejn Stil ta' {ajja A[ jar**

#### **Target Group: Form 4 & 5**

**Description:**

This adolescent-centred PowerPoint is a motivating and appealing presentation with special focus on all the food groups of the WHO Food Pyramid. The national dietary guidelines are highlighted and emphasis on how adolescents can attain each one features in this presentation. The presentation concludes with some interesting slides focusing on exercise, water and alcohol. This seminar combines the medical model and the health promotion model to deliver and communicate the appropriate lifestyle messages.

**Community Programmes****Nibnu Familji b 'Sa [ [ itom****Target Group: Families****Description:**

This nutrition programme aims to make adults aware of the importance of a healthy diet according to their particular needs by following the CINDI Food Pyramid and the 12 steps to Healthy Eating. Special emphasis on eating habits and food facts addressing the particular needs of the children were dealt with. The consumption of a balanced diet together with the need to exercise daily is promoted throughout.

**Tailor-made Programmes****Target Groups: Various (parish/ council groups, NGO's, schools...)**

These seminars cater for special requests from a number of schools and educational settings. The HESC receives a number of requests for specific seminars and programmes having particular objectives and aims. Therefore, the HESC staff plan, create and implement a number of tailor-made seminars and presentations to cater for these requests.

**Participation in the Media****Target Groups: TV & Radio Audiences**

The staff at the HESC have taken part in a variety of media shows, including both radio and television programmes. These media interventions are seen as another opportunity to reach out to parents, other carers of children as well as the wider community in delivering preventive health messages and in raising consciousness about healthy eating and adopting a healthy lifestyle. These programmes are also seen as ideal to advocate the Healthy Eating Lifestyle Plan (HELP) document with the large number of viewers or listeners,

**HESC's Contribution towards HELP document****Target Groups: School Management Teams, teachers, parents, caterers, local retailers..,**

Throughout the scholastic year, HESC seeks to fulfil its role to offer support and guidance in the area of health, food and nutrition to ensure that schools give high priority to a healthy lifestyle. In line with Document 8 in the HELP Document (2007) pg 37, the HESC team:

- Develops and facilitates various nutrition programmes, interventions and activities at the HESC, in state and non-state schools and other community entities;
- Supports educational entities and tuck shop operators in promoting and implementing nutrition guidelines, policies and regulations;
- Contributes to the design and implementation of nutrition-related objectives and action plans in schools.

To reach the above objectives, HESC staff adopts several strategies. Specifically, HESC staff collaborates and builds alliances with different sectors and stakeholders to ensure that school food and nutrition policies are devised, implemented and sustained. In order to be able to carry out these duties well, HESC felt a greater need to keep abreast with products found locally on the market and that fall within the Nutrient Based Guidelines found in HELP. For this purpose, market research exercises are carried out regularly throughout the year.

### **Conclusion:**

The HESC has been able to accomplish the established seminars as well as to embark on new, exciting seminars as well as projects as instructed and guided by the Department of Curriculum Management and eLearning, the Directorate for Educational Services.

The success of the HESC is dependent on the teamwork and constant collaboration between all the HESC staff as well as other governmental and non-governmental entities. Building bridges between the centre and the wider community is of benefit to all stakeholders. The HESC strives to achieve the Centre's objectives and hence improve the quality of life of Maltese students and that of their families, providing enriching learning opportunities to all members of the Maltese community for a healthier population.

### *Home Economics as a curricular subject taught in schools*

Presently it is an option subject choice. However efforts are being taken to include Home Economics as a core component of the National Minimum Curriculum.

### *Introduction*

Home Economics focus on the inter-relationships between diet, health, family, resources and home, and man's physical, economic, social and aesthetic needs.

Hence, the central concern is the optimal quality of life of individuals and family; it recognises the family as the most important influence in the nurture, care and education of its members.

Through the goal-setting of empowering individuals, strengthening families and enabling communities, Home Economics aims to help students to lead effective lives, not only as individuals, but also, as members of a family and the community, within the context of a culturally, socially and economically diverse society.

Overall, Home Economics encompasses the learning and mastery of knowledge and skills which enable students to develop and maintain lifelong healthful behaviors, become productive citizens and adapt to a rapidly changing world.

### *Rationale*

The Home Economics syllabus is designed to equip students with a useful range of relevant and transferable skills to include knowledge, comprehension and application, investigation, evaluation and expression (communication).

The integrated approach adopted by this syllabus provides the opportunity to deliver the course of study in Home Economics where the inter-relationships between diet, health, family, resources and home are addressed in both practical and theoretical contexts. The practical nature derives from the need to manage resources such as aptitudes, energy, effort, interest, money, time, space, foods, textiles, materials and equipment in practical situations. Emphasis is placed on active learning through problem-solving and decision-making exercises. The assessment objectives in the syllabus reflect this emphasis on problem-solving.

Students develop practical ability through direct experiences. As they make and do things, and see the effects of their actions, students are developing knowledge and attitudes about the use of their resources.

This approach through practical experience offers opportunities for students to think about problems that need to be solved, to seek information, investigate a range of choices, manage their resources, express themselves with confidence, make judgements and decisions and evaluate their results.

Emphasis is therefore on experiential learning through a design process. It should draw upon students' experiences motivating them to strive towards and attain their full potential.

The syllabus will support good practice in teaching and learning through effective assessment procedures which will allow students to demonstrate what they know, understand and can do.

The active participation of students assists with the acquisition and application of knowledge and skills through the process and content of learning.

A coursework element is included to form an integral part of the teaching strategy for the syllabus. The coursework is structured to assessment areas to which the students will respond by completing the tasks. It will include a portfolio of organised records of performance to enable students to provide evidence of achievement arising out of a range of classroom activities and processes, including practical and written work.

Over the duration of the course, it is anticipated that, students will become increasingly competent in a wide range of practical/investigational skills.

A memorandum containing notes for guidance on coursework activities and details of assessment criteria accompanies the syllabus.

The scheme of assessment is thus designed to enable students to demonstrate the attainment they have achieved in relation to each component by combining evidence from the portfolio work with that produced by the annual examination. In developing the schemes of work for, and in the delivery of a course based on this syllabus, teachers must fulfil the essential requirements to promote the objectives of the educational (cross-curricular) themes.

The syllabus aims to prepare young people for life in a consumer-oriented society and provides a basis for those seeking employment in a range of careers, such as education, industry and the health, social and hospitality services. In addition, it provides a coherent progression to more advanced courses in further and higher education.

The syllabus has been designed to be as free as possible from any form of bias.

### *General Aims*

The aims set out below describe the educational purposes of following the course in Home Economics. Some of the aims are reflected in the assessment objectives whilst others are not because they cannot be readily assessed.

- to enjoy the experience of learning and develop a sense of pride in their achievement and self-worth.
- to develop students' awareness of the inter-relationships within Home Economics.
- to increase students' knowledge and understanding of the changing physical, social, emotional, intellectual and aesthetic needs of people throughout their life cycle.
- to develop the ability to communicate, share, take responsibility and help one another in practical ways as family members.
- to understand the value of positive human relations, good manners and equality from the point of the individual and his family.
- to foster a sensitive caring attitude and concern for the general environment by helping students to learn to evaluate options and practices in the home which exploit nature as little as possible and are in harmony with the environment.
- to respect national heritage and become aware of international influences in the household management and care of human relations.
- to foster a critical and analytical approach to decision-making and problem-solving.

- to instil a critical assessment of consumer goods, an awareness of advertising pressures and a knowledge of consumer rights and responsibilities.
- to increase students' awareness of the implications for Home Economics of rapid technological changes, the use of Information Technology (I.T.) and the growth of scientific knowledge and understanding.
- to develop their ability to respond effectively to such change.
- to develop the knowledge, skills and attitudes required for the effective and safe organization and management of relevant resources.
- to develop the knowledge, understanding, skills and attitudes necessary to meet nutritional recommendations and provide healthy diets.
- to learn to acknowledge their own resources and to use them in planning their activities and managing everyday life.
- to stimulate and sustain an interest in and enjoyment of Home Economics.
- to support the aims of the whole curriculum by fostering creativity, originality, efficiency and intellectual stimulation.

It is to be noted that the above aims are not in a hierarchical order of importance.

Main Assessment Objectives.

Students will be able to:

- demonstrate a knowledge and understanding of appropriate terminology, procedures, principles (main concepts), and practices in relation to the syllabus content;
- demonstrate an understanding of the influences of cultural, economic, industrial, social and technological factors in relation to the syllabus content;
- analyse situations in the field of Home Economics by identifying the various human needs and material factors involved, and to recognise the inter-relationships of these needs and factors.
- recall, seek out, select, record and show skill in applying theoretical knowledge relevant to the needs and factors identified.
- use investigative procedures:
  - test and compare methods, materials, and equipment,
  - observe, measure and record observations accurately and systematically,
  - interpret evidence in its various forms as a basis for making judgements and choices.
  - justify judgements and choices in the light of evidence.
  - decide upon and plan a course of action which takes into account the priorities identified,



- carry out the planned course of action by applying the required skills,
- assess and evaluate the strengths and weaknesses, i.e. the effectiveness of the course of action.
- display the relevant manipulative, organizational, managerial and communication skills.

The assessment objectives outlined above reflect the emphasis placed on active learning through problem-solving and decision-making exercises.

### Physical Education

Health-Related Fitness is a specific area in the Physical Education Syllabus of the both the Primary and Secondary Section. It is defined according to the following components:

- Body Awareness
- Space/Time Awareness
- Skills and Competences
- Relationships.

In the Primary students learn the meaning of and identify healthy habits by

1. Getting regular activity – movement to play
2. Eating breakfast – avoiding unhealthy snacks
3. Getting adequate rest
4. Maintaining cleanliness and hygiene
5. Avoiding drugs and alcohol
6. Living tobacco free

Primary School children from Year 1 to Year 6 are required to do 4 lessons of physical Education per week. This amounts to 2 hours per week. In addition they have 2 lunch breaks where up to 4 hours per week may also be devoted to physical activity. However this depends on the size of the school and on the activities it offers.

In the secondary we have 2 lessons for forms 1 and 2 and 1 lesson from form 3 upwards. Various sports activities are organised in lunch breaks where children are given the opportunity to compete in a variety of sports. This depends on the facilities present in the school.

There are no lessons at all organised at post secondary level. Yet there are teachers who organise activities for the students in the school.

The Sport Promotion Unit has been launched and is organising sports activities on a national basis for 3 out of the 10 colleges.

The recently recruited Education Officer for this sector has embarked on a series of school visits intended to raise awareness re the issue of physical activity. He is also working on the drawing up of a new syllabus for the subject in question.

### Consultation and Screening – Child Birth to School Age

#### *Well Baby Clinics*

The Primary Health Department offers a free developmental screening service to all entitled infants at 6 weeks, 8 months and 18 months of age. During these visits, monitoring of weight, height and head circumference is carried out, together with a full developmental screening assessment and physical examination. Parents are also offered advice on feeding, immunisations and any parental problems are addressed.

Doctors from School Health Service carry out Well Baby Clinics in all area health Centres on a daily basis according to a fixed timetable. The clinics are run by 3 qualified registered nurses. Approximately 70% of all babies born in Malta in both public and private hospitals make use of this service.

### *School Health Service*

The Maltese School Health Service provides a monitoring and surveillance programme within the mainstream Public and Church Primary Schools, as well as the 4 Special Schools. The emphasis of the programme is the early detection of physical, social, psychological and learning difficulties and disabilities as well as health promotion and health education.

All children are examined at school entry (where they were accompanied by their parents), then again at 6-7 years and at 10-11 years. Screening procedures are carried out for developmental abnormalities, learning difficulties, visual acuity, and scoliosis and hearing impairment. Vaccination programmes, such as the second dose of MMR, the Hepatitis B catch-up programme and BCG immunisation are carried out by the School Health Service staff in schools.

The service is manned by 8 teams consisting of 9 nurses (including an administrative nurse) and 5 medical doctors. The service is free of charge and all children in State and Church schools avail themselves of it. A total of 26.000 children between the ages of 3 and 11 years are visited in the schools annually.

### *State of health of the population*

Non-communicable diseases put a significant health and economic burden on the population of Malta. Hence the Public Health Regulation Division has proposed a strategic framework which was adapted to the Maltese situation and to the capacities of the country's health system. This framework is outlined in a draft document titled "A Strategy for the prevention of Non Communicable Diseases in Malta-A focus on public health action" which has been sent out for consultation. The document is available on the website at:

[http://www.health.gov.mt/dsu/news/news\\_files/NCD\\_Strategy\\_2009.pdf](http://www.health.gov.mt/dsu/news/news_files/NCD_Strategy_2009.pdf). This document including an action plan will be finalised during 2009.

### **Article 11§3**

- 1) For States that have accepted neither paragraph 1 nor paragraph 2, please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extent of any reforms.
- 2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.
- 3) Please supply any relevant statistics or other information on the percentage of smokers in the general population, trends in alcohol consumption and the rates of vaccination cover for infectious and epidemic diseases.

### **Reduction of Environmental Risks**

#### *Air Monitoring*

Air monitoring activities in Malta fall under two categories:

- **Passive Monitoring:** A monitoring network launched in 2000 as a National Air Monitoring Programme. Passive diffusion tubes installed in a number of streets in 45 localities in Malta and Gozo are used. Such sites can be considered to be representative of “roadside”, “urban intermediate” and “urban background” sites. Air pollutants monitored by this method are: sulphur dioxide, nitrogen dioxide, ozone and hydrocarbons (benzene, toluene, ethyl benzene and xylenes). Diffusion tube measurements can only give long-term averages and are therefore used to study annual and monthly pollution trends in the Maltese Islands.
- **Real Time Monitoring:** Upgraded in 2006, currently carried out by using four air monitoring stations at fixed sites to complete the real time measurement network, representing different air pollution regimes, namely background, urban background, traffic and industrial.  
Monitoring data shows that Malta has been exceeding its PM10 concentrations since 2004. To this effect, an air quality plan is being drafted and is undergoing public consultation. This air quality plan will be focusing on traffic management and aims to reduce PM10 concentrations in the next few years.

#### *Water Pollution*

Malta has transposed the EU Directive for water intended for human consumption by LN 17 of 2009 and all provisions of this directive are being following with reference to monitoring requirements as per check monitoring and audit monitoring of all water supply zones.

#### *Ionizing Radiation*

Following are measures undertaken to protect the population against radiation exposure risks:

## Radiation Protection Board

Malta set up the Radiation Protection Board (RPB) in 2003 to take the necessary measures to improve the co-operation and co-ordination of the government bodies which have responsibility for issues related to occupational health and safety, environment, public health, and civil protection amongst themselves and with other interested parties.

The RPB is made up of representatives from Occupational Health & Safety, Public Health, Civil Protection and Environmental government entities.

The RPB co-ordinates the aspects with regard to occupational, medical, environmental and civil protection ionising radiation exposure risks through the action of its member entities

Activities of the RPB include:

- Medical exposure control through legal notice 472/2004
- Control of high activity and orphan sources through legal notice 13/2006
- Euratom safeguards through legal notice 182/2007
- Environmental monitoring programme in line with Article 35 of the Euratom Treaty through the Maltese Environmental monitoring plan
- Occupational exposure issues through Legal notice 44/2003

## Noise

In line with the EU Noise Directive, Malta's 2004 Assessment and Management of Environment Noise Regulations [LN 193 of 2004, transposing 2002/49/EC under the Environment Protection Act, 2001 (Cap. 435)] aim to avoid, prevent or reduce harmful effects arising from environmental noise. This requires government to determine exposure to environmental noise to ensure that information related to environmental noise and its effects is available to the public. In addition, where necessary, action plans for the prevention and reduction of noise will need to be developed, together with measures to reduce noise emitted by major sources. The Environmental Noise Directive stipulates that strategic noise maps should be drawn up, as well as action plans for roads with more than six million passengers a year, major airports, and agglomerations with more than 250,000 inhabitants.

Malta is in the process of drawing up its strategic noise maps and related action plans. As of April 2009 bidders are being evaluated to be awarded the tender, which will also include specifications of a national noise monitoring network. Furthermore, under the Public Health Act [Public Health Act, Cap 465 (ACT XIII of 2003)], legislation to control domestic residential noise is being drawn up. This includes guidelines on noise pollution limits, and details measurement and control procedures associated with various land use categories.

## Asbestos

The importation, manufacture and use of asbestos is prohibited under Maltese legislation<sup>1</sup>.

From an occupational health and safety point of view, the legal requirement for workplaces is for an employer to identify the presence of asbestos and to carry out a risk assessment with regards to the presence and/or liberation of asbestos fibres which can give rise to a risk to health. Any subsequent handling and/or dismantling must be carried out according to the requirements of the legislation in force regarding the safe handling of asbestos. Where asbestos is present at workplaces where it is not considered to be giving rise to any risks to health, then the practice is to leave as is.

If one becomes aware of a public health risk, such as asbestos, the Public Health Act<sup>2</sup> which although does not make direct reference to asbestos, requires the Superintendent of Public Health to be informed of the risk:

Article 18 (1) Any person who becomes aware of any fact or situation which he reasonably ought to believe to be a public health risk or a potential public health risk shall, as soon as he becomes aware of such risk, inform the Superintendent.

Moreover, the Superintendent of Public Health can also issue an Abatement Notice to the responsible person to ensure compliance and the following is the charge on which this notice is issued:

Art.12. (1) When the Superintendent or an authorised officer believes, on reasonable grounds, that any requirement under this Act or under any regulation made there under is not being complied with he may issue an abatement notice to any person whom he believes is responsible to comply or ensure compliance with such requirement:

Articles 20 & 21 of the Public Health Act may also apply in this regard

20. (1) The Superintendent may order for the purposes of this Act that any article, item or substance that causes a threat to public health:

(a) is not imported, manufactured, sold, used, stored or transported or handled in any manner whatsoever;

(b) is to be dealt with in accordance with any directions he may impose.

(2) Any person who, does not comply with an order of the Superintendent under sub article (1) shall be guilty of an offence.

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(a) LN 129/94 - Prohibition of Importation of Asbestos Fibres Regulations 1994

(b) LN 121 / 2003 - Regulations on the protection of workers from the risks related to exposure to carcinogens or mutagens at work, 2003

(c) LN 323 / 2006 - Protection of Workers from the Risks related to Exposure to Asbestos at Work Regulations, 2006

(d) LN 346 of 2003, Product Safety Act, 2001 (act no. v of 2001), Dangerous Substances and Preparations (Restrictions) Regulations, 2003

(e) LN 60/2001, Subsidiary Legislation 427.09 Labelling of Asbestos Products Regulations Laws of Malta. Chapter 465. Public Health Act

21. (1) The Superintendent may require any person to treat, remove, recall, dispose of or destroy any articles, items, goods or substances that, in his opinion, may cause a threat to public health.

#### Food Safety

Generally, Malta has a national centralised system. Due to the small scale of the services, the offices at central level are responsible not only for policy and co-ordination but also for direct implementation of controls.

Two Ministries have the main responsibilities for food safety, animal health, animal welfare and plant health in Malta:

The Ministry of Resources and Rural Affairs (MRRA), which includes the Veterinary Regulation Fisheries Conservation and Control Division;

The Ministry for Social Policy (MSP) includes the Department for Environmental Health (DEH) under the Public Health Regulatory Division.

Co-ordination between these two Ministries on food safety issues takes place through the Food Safety Commission (FSC). The FSC reports and advises the Minister for Social Policy who has responsibility for public health issues.

Technical and scientific advice is provided by the Malta Standards Authority.

The Food Safety Commission (FSC) is an independent statutory body, set up under Part II of The Food Safety Act 2002 to co-ordinate the functions of all Competent Authorities responsible for food safety in Malta. The Commission is chaired by the Director General (Public Health Regulation Division) within the Ministry for Social Policy. Represented within the FSC are Directors of Authorities responsible for food safety throughout the food chain and covering the areas of risk management, risk communication and risk assessment. These include the Department for Environmental Health, Veterinary Regulation Fisheries Conservation and Control Division, Plant Health Directorate, Malta Environment and Planning Authority (MEPA), Malta Standards Authority (MSA), Consumer and Competition Division (CCD), and the Department for Health Promotion and Disease Prevention. The Minister responsible for Social Policy may further appoint up to three other members. The Food Safety Commission, while not involved directly in official controls, plays an important role in co-ordinating the activities of different authorities and provides a forum for co-operation and discussion on issues related to food control.

Through the Directorate for Health Promotion and Disease Prevention, the Ministry for Social Policy is also responsible for nutrition and the prevention of communicable disease. The Infectious Disease Prevention and Control Unit of the Health promotion and Disease Prevention Department investigate notifications of food borne disease. For cases which originate from household prepared food advice is given on measures to reduce food borne illness.

For outbreaks which involve a significant number of persons, an epidemiological analysis is performed to help in identifying the source of food borne illness. An

inspection is performed at the premises/vehicle associated with the outbreak. Samples are elevated as necessary for analyses while the other necessary actions such as:

- Disinfection and clean up of premises
- Exclude infected persons from handling foods
- Detain, stop distribution, remove, recall, reject or destroy implicated foods
- Cease processing or preparation of implicated foods
- Close down premises when ever necessary.

may be necessary to prevent and control the spread of such diseases. In some cases, the Department finds no alternative but to resort to legal action if the requested measures are not taken in hand, all in the interest of public health.

The Ministry for Social Policy, through the Department for Environmental Health (DEH) has responsibility for secondary production and processing of food, for all retail sale of food and for all catering outlets including accommodation outlets. It is also responsible for environmental hazards in Malta. The DEH is structured in three units: The Health Inspectorate Services, the Public Health Laboratories and the Port Health Medical Services.

The Department for Environmental Health prepares an overall annual sampling plan in conjunction with the manager of the HI, the regional principal health inspectors, the FSC and the Public Health Laboratory (PHL). The regional offices are responsible for performing sampling activities on a weekly basis as directed. Results of the analysis are sent by the laboratory directly to the HI, which takes the necessary follow-up actions.

Health Inspectors performing food hygiene enforcement duties are trained and well versed in the implementation and enforcement of food legislation. They all hold a diploma for Health Inspectors or in Environmental Health and a number of them hold a Bachelors and/or Masters degree in Environmental Health, Post Qualification Diploma in Health Services Management or Masters in Public Health. All health inspectors are registered by the Board for the Professions Complimentary to Medicine. Health Inspectors are further trained and are skilled in legal matters concerning food law, complaints and ensuring compliance with all aspects of food legislation.

The Health Inspectorate Services are responsible for a wide range of control activities and provide a control framework covering all stages of food production, processing and distribution. Raw meat production/processing/packaging falls under the Veterinary Regulation, Fisheries Conservation and Control Division which may in turn request the Health Inspectorate Services to assist and/or perform inspections on their behalf.

Food Control covers the following work:

- i. Risk Assessment Inspections
- ii. Food Borne Illnesses Investigations
- iii. Food Complaints Investigations
- iv. Sampling Programmes
- v. Food Safety Management Systems Auditing

vi. Market Surveillance

The Health Inspectorate Services has responsibility for the monitoring and verification of compliance with and enforcing the requirements of EU food hygiene legislation especially EU Food Hygiene Package. They are also responsible for the monitoring and enforcing of food safety legislation including the enforcing of legal notice 483 of 2004 namely the Labeling, Presentation and Advertising of Foodstuffs Regulations.

Risk Assessment Inspections of food premises are carried out in line with Regulation (EC) 852 of 2004, and Regulation (EC) 178 of 2002, and The Food Safety Act and its subsidiary legislation. Risk assessment is based on a risk assessment programme. Inspections of food premises are based on a risk grading system, which uses scores from previous inspections to calculate the risk associated with the premises. Inspection frequencies range from a minimum of once per year to once per month in the case of higher risk premises. Results of inspections are reported on a monthly basis to the manager. In cases of repeated contraventions, or where a serious risk to health is identified, health inspectors have emergency powers to seize food and issue prohibition orders.

Premises inspected are given a risk factor grading and a subsequent rating. A next inspection date depending on the grade is issued but not divulged to the licensee or operator. Each of the premises is inspected at least once a year depending on the grade of the premises.

Risk assessments are pre planned weekly/monthly. Sampling programmes are planned in the beginning of the year but memos may be issued for a specific sampling programme. Every work done by the HI has to be documented, verified and endorsed by the Principal Health Inspector. Risk Assessment Reports (Improvement notices) are sent to the licensee/operator. Other internal reports such as investigation of Food Borne illnesses and complaints are referred to the MHI. The Risk Assessment Inspection report is drawn up by the HI's.

*The table below shows the grading in connection with risk factor.*

Grading		
Grade	Risk factor	Definition
A	< 30%	Very Good
B	30% - 39%	Good
C	40% - 49%	Fair
D	50% - 59%	Poor
E	60% - 69%	Bad
F	> 69%	Very Bad

- The Health Inspectorate functions within a Quality Service Charter with respect to the service offered to the public.



## Licensing and registration of food premises

All trading businesses must acquire a trading licence before commencing business. The licensing bodies are obliged to refer all requests to the Department for Environmental Health for comments, in particular regarding the structure and scope of the food business activities before a licence is issued.

The Food Safety Unit responsible for licensing within DEH performs consultations prior to licensing food businesses or prior the refurbishment of already licensed food businesses, and processes Trade Licences, Planning Authority Licences, Malta Tourism Authority Licences, Police Department Licences, and Health Department Licences.

Legal Notice 180 of 2001, The Registration of Food Premises Regulations as well as Act XIV of 2002, The Food Safety Act requires all food businesses to be registered with the Food Safety Commission. The register is maintained by the Food Safety Commission Secretariat.

Legal Notice 178 of 2001, Registration of Food Handlers Regulations, requires the Food Safety Commission to keep a register of food handlers. This register is also maintained by the Secretariat of the Food Safety Commission. Food handlers are required to attend a short training course given by approved trainers, and upon satisfactory completion, are provided with an ID card. There are two levels of training for food handlers. 'Category A' training is intended for people involved in the preparation, manufacture, packaging or handling of non-high risk food and wrapped food. 'Category A' training usually takes the form of a three hour course followed by an exam. A 'Category A' food handler's card is valid for two years. 'Category B' training is intended for people involved in the preparation, manufacture, packaging or handling of high risk food and with direct handling of open food. 'Category B' training usually takes the form of an 8 hour course followed by an exam. A 'Category B' food handler's card is valid for five years.

An expired food handler's card may be renewed. Renewals are usually effected after the food handler shows proof that he had undergone fresh training by an authorised Food Handler's course provider.

Food Hygiene Course Providers have to be approved by the Food Safety Commission.

## Rapid Alert System for Food and Feed (RASFF)

As a member of the European Union, Malta participates actively in the rapid alert system for food and feeds. The national contact point for the Rapid Alert System for Food and Feed (RASFF) is the Secretary of the Food Safety Commission. Risk assessment is under the responsibility of the relevant Competent Authority:

## Guides to Good Hygiene Practice

Guides to Good Hygiene Practice are prepared under the auspices of the Malta Standards Authority. All interested stakeholders are consulted and the final draft is approved and published by the Food Safety Commission. The Malta Standards Authority has produced guides to good practice for the retail and catering sectors.

## Laboratories

The Public Health Laboratory (PHL) is the designated control laboratory responsible for analysis of samples taken as part of official controls relating to food hygiene. The Public Health Laboratory (PHL) provides technical and scientific support to the investigations performed by all the branches/units within the Department. It is responsible for official food and hygiene testing of samples submitted by the HIS.

During 2007, the PHL was nominated National Reference Laboratory for sixteen parameters in food and feed. A memorandum of understanding was signed with the Health Protection Agency in the U.K. to assist the PHL in its role of NRL.

The PHL consists of a chemistry section and microbiology section. The microbiology laboratory operates a quality system in compliance with ISO 17025 requirements and is accredited for nine microbiological test methods.

The chemistry laboratory has recently undergone extensive refurbishment and new chromatography equipment has been procured. The chemistry laboratory is developing methods for various contaminants and is working towards accreditation. For the time being, chemical analysis is contracted out to accredited laboratories in other Member States.

The Ministry for Resources and Rural Affairs through the Animal Health and Welfare Directorate (AHWD) is responsible for animal health and animal welfare while through the Food Health and Diagnostics Directorate (FHDD) it is responsible for veterinary public health, feeding stuffs, veterinary medicines and residues, and for laboratory analysis. Coordination of international and local legislation, import controls, food of animal origin, and animals fall directly under the responsibility of the International and Legal Coordination Directorate.

The Malta Standards Authority through the Foodstuffs, Chemicals and Cosmetics Directorate, which is one of its four Directorates, plays a role in the technical evaluation of EU legislation prior to transposition and in facilitating the preparation of guides to Good Hygiene Practice. This Directorate also acts in an advisory capacity to the Ministry for Social Policy particularly on issues relating to labelling and chemical risk (additives, contact materials, contaminants). Since February 2008 this directorate is responsible also for Plant Protection Products.

## Other Measures to combat smoking

Continuing efforts by means of education and support with the aim of decreasing prevalence of smokers through various health initiatives in the community, schools, workplaces and healthcare settings are in place.

The participation at EU and International level include participation in the European Smoke Free Award 2009. The work on attaining a Smoke free Hospital aims to provide our hospital with clear defined standards and practical supportive instruments that will assist efforts towards the attainment of a totally smoke-free environment. Additionally participating in World No Tobacco Day whereby the theme for this year is Health

Warnings on packets incorporating pictorial warnings. The initiative for this year will therefore focus on packaging targeted at women to glamorise smoking, as well as tackling the issue of light cigarettes. Additionally there is going to be close collaboration work with local stakeholders such as *HELP for a life without tobacco* and others such as medical students and health care providers working within the healthcare system.

Malta is currently discussing the legal introduction of pictorial warnings with stakeholders.

Further information will be available for smokers by the creation of new tobacco booklets covering information on harm and steps to be taken to quit, options to stop smoking, a booklet for young people and another aimed specifically at women, and new smoking cessation applications. The current anti –tobacco services of the Quit line, Smoking Cessation Classes and One to one counselling would remain an ongoing process in line with proposals.

### Epidemiological Monitoring

The Infectious Disease prevention and Control Unit investigated all notified cases of communicable diseases and takes the necessary measures to control the disease. A communicable disease strategy is available which is regularly updated. In the last review of the priority diseases for control (2008) the main priority diseases were:

- Tuberculosis
- Sexually transmitted and blood borne infections

Committees have been set up which are working on strategies to improve the control of such diseases.

### Immunisation

The following table shows the official coverage rate for free immunisations offered by the National Immunisation Service.

<b>VACCINE TYPE</b>	<b>PERCENTAGE COVERAGE</b>
BCG	86
DTP 1	88
DTP 3	72
DTP 4	64
POLIO 1	88
POLIO 3	72
HEP B 1	61

HEP B 3	59
HEP B HIGH RISK	95
HIB 3	72
MUMPS	78
MEASLES 1	78
RUBELLA	78
MEASLES 2	83

## Article 12 – The right to social security

With a view to ensuring the effective exercise of the right to social security, the Parties undertake:

1. to establish or maintain a system of social security;
2. to maintain the social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security;
3. to endeavour to raise progressively the system of social security to a higher level;
4. to take steps, by the conclusion of appropriate bilateral and multilateral agreements or by other means, and subject to the conditions laid down in such agreements, in order to ensure:
  - a. equal treatment with their own nationals of the nationals of other Parties in respect of social security rights, including the retention of benefits arising out of social security legislation, whatever movements the persons protected may undertake between the territories of the Parties;
  - b. the granting, maintenance and resumption of social security rights by such means as the accumulation of insurance or employment periods completed under the legislation of each of the Parties.

### Appendix to Article 12§4

The words “and subject to the conditions laid down in such agreements” in the introduction to this paragraph are taken to imply *inter alia* that with regard to benefits which are available independently of any insurance contribution, a Party may require the completion of a prescribed period of residence before granting such benefits to nationals of other Parties.

### Article 12§4(a)

#### Further to previous reports: -

- 1) Please describe the general legal framework, in particular the complete list of bilateral and multilateral agreements or any other means such as unilateral, legislation proposed or adopted, or administrative measures and indicate how they allow for the various social benefits the implementation of the principles provided in sub-paragraphs a) and b).

Malta did not sign any agreement with other Revised European Social Charter Member States. Malta considers the European Social Charter Order, which was enshrined in the Maltese Social Security Act (Cap. 318 of the Laws of Malta) through Legal Notice 204/1999 (Annex VII.3), as an adequate multilateral legislative measure which guarantees equality of treatment to nationals of the European Social Charter, ordinarily residing in Malta. In fact when cases of this sort arise, the Maltese social security authorities investigate the individual circumstances, through meetings with the persons involved, through an analysis of the case scenario and eventually decision are taken in conformity with the provisions of the Revised European Social Charter. These facts are corroborated by the absence of legal actions in this regard against Malta and the Maltese social security authorities.

Furthermore, Malta is satisfied that the Social Security Act (Cap. 318 of the Laws of Malta) is a valid instrument for safeguarding equality of treatment in that the scope of this legislation was extended to refugees and stateless persons. An example of this is the right guaranteed by the Maltese Social Security Act (Cap. 318 of the Laws of Malta) in relation to the retention of accrued rights when a person decides to move outside of Malta. In fact, any social security pension, be it a Retirement, Invalidity or a Survivor's pension, are exportable worldwide. This ensures that the citizens of all the contracting parties are treated on the same footing as Maltese pensioners as

regards exportability of benefits.

2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.

Malta's efforts are currently concentrated at revising the Legal Notice 204/1999 in order to extend its scope to cover the nationals of the countries signatories to the Revised European Social Charter.

3) Please provide pertinent figures or any other relevant information, Please, indicate also the length of residence requirements when applicable.

Malta will provide statistical data on the number of beneficiaries paid in other states of the Council of Europe in due course.

