

Anti-Racism Strategy – Action Plan

Ministry for Health

Preamble

Society in Malta is progressively becoming multinational not only out of choice but also out of need – foreign workers are increasingly necessary to support many areas of the economy but notably all the different stages of healthcare. A multi-ethnic society brings a healthy dose of diversity in ideas and practices and multiculturalism.

The Ministry for Health acknowledges the likely existence of racism within healthcare system provision and maintains its pursuit of health equity while building a diverse and inclusive workforce that reflects our patients, families, and community. This Action Plan shall adopt an intersectional approach, whereby consideration shall be given to the different needs and experiences of people from different race and ethnic groups that have different social identities in terms of gender, age and sexual orientation and others.

Local studies provide an invaluable insight to the challenges faced by foreign nationals' experiences in local health care scenarios, both as patients as well as health care workers. Rapa (2015) highlighted the need for adequate interpreter services in order to overcome communication difficulties when helping Somali mothers making use of maternity clinics and services.

The need of more training and education regarding the specific health needs of migrant women was emphasised by Soler (2017). Issues of racism were still very vividly apparent in the experiences of the midwives and obstetricians in their encounters with migrant women as narrated in this study. An increase in transcultural awareness was also considered beneficial in providing culturally competent care.

These recommendations resonate with what Mangion (2010) had suggested after exploring midwives' views when caring for asylum seeking women during labour. Communication was considered as the most challenging aspect when caring for an asylum-seeking mother. Similarly, all midwives replied that locally there is a need for transcultural education.

The issue of Racial discrimination was presented clearly by Agius (2015) in the assessment of migrant nurses' integration and competencies in the health system. Occasionally, certain patients, especially those with particular conditions, are actually afraid of migrant nurses. Migrant nurses also felt that they were being discriminated against since they are foreigners. Migrant nurses saw themselves as being discriminated against when they are compared to Maltese nurses. They received less pay, were given less opportunities for new experiences and were not receiving as many promotions, based on their performance. These issues were considered as being very demotivating for them and they felt that however much they strive to succeed, it was a constant struggle to improve their position.

On considering the perspective of migrant workers and their experience when adapting to work in Malta, a major theme that emerged from the research findings by Cassar (2019) was the feeling of disillusionment that came from the fact that nurses' skills were devalued when they came to Malta. The study demonstrated that the Maltese healthcare system has to invest in a cultural adaptative programmes that prepares both local and migrant nurses to work together.

A recent study carried out by the People Management Division within the Ministry for Health, (2022) illustrates the relatively large number of foreign workers making up the health workforce within the Ministry for Health, with the commonest study sub-populations being Indian (37.1%), Pakistani (7.9%) while Italian, Bulgarian and Filipinos make up 7.1% each. This study also aspired to identify issues and factors that positively and/or negatively impact the attraction, integration, and retention of foreign healthcare workers employed within the MFH. The study that consisted of both quantitative and qualitative components, established the following issues as being specific challenges encountered by foreign nurses:

- The challenges of family reunification relating to obtaining the required permits for close family members.
- Vague and unclear rules and processes that one must follow to obtain citizenship in Malta that eventually impact the long-term stability as residents of Malta.
- The protracted rate at which the recruitment and registration processes of nurses and other specialists occurs.
- Language barrier and difficulties in communication.
- Cultural differences and the experiences of acceptance, tolerance, and discrimination, with high scores attributed to the statement “I think that others have behaved in an unfair or negative way towards people from my country of origin,” indicating a high degree of agreement with this statement.

This particular study and the accompanying report are included in the recently launched Health Workforce Strategy 2022-2030, also published by the Ministry for Health (2022).

On this background and in line with the government’s Antic-Racism Strategy 2021-2023 (2021) the Ministry endeavours to implement a no tolerance policy for racist or discriminatory behaviour on patients and workers and to work upon this realisation by upholding clear anti-racist policies that reinforce no tolerance of workplace violence, racism or hate speech. It maintains its commitment to organise awareness raising campaigns and educational activities and establish a system of incident reporting, effective investigation and corrective humane action where necessary.

Mission Statement

The Ministry for Health recognises the unique responsibility to serve all the people of Malta including educating a health workforce that can serve our multicultural population and conducting research that address the unique health challenges. The Ministry for Health is committed to creating a climate where engagement, equity, diversity and inclusion are practiced and valued.

Vision

Our vision is a society where all individuals reach their highest potential for health. Our goal is an equitable and just health care system that is not racist, promotes improved outcomes for all, and honours the dignity of every patient and worker while championing the critical importance of inclusion, diversity, and creating culturally and psychologically safe workspaces that serve all with humility, empathy, and compassion.

Measure 1

Recognition of structural racism and intersectional approach

The Ministry for Health recognises the existence and impact of structural racism in Malta. The Ministry also acknowledges that persons at the intersection between one or more grounds for discrimination (in particular, but not limited to gender, religion and nationality) suffer a specific type of discrimination which requires appropriate action.

Participants: MFH through its subdivisions (i.e., MDH, SAMOC, Primary HealthCare, MCH, FMS and the administrative organs of the Ministry such as the various Departments).

Timeframe: Throughout

Measure 2

Definitions

The Ministry endorses the glossary annexed to this Intra-Ministerial Anti-Racism Action Plan.

Each definition delineates and models the focus of action for the Ministry for Health.

Participants: MFH through its different subdivisions (i.e., MDH, SAMOC, MCH, Primary HealthCare, FMS and the administrative organs of the Ministry such as the various Departments).

Timeframe: Throughout

Measure 3

Awareness raising

The Ministry commits to organise awareness raising campaigns and/or activities on all forms of anti-racism and intercultural inclusion in all its departments, subdivisions and agencies on a regular basis by:

- Establishing contact with educatory bodies in order to map curricula in this arena, with the aim of increasing anti-racism awareness at the teaching phase of each health care profession.
- Establishing the content of induction training for newly qualified professionals into their field of choice (e.g. the Foundation School for newly graduated medical officers). Discussions about opportunities for bridging the (frequently cultural) information gaps that exist on anti-racism shall then be planned accordingly.
- Planning an ongoing information campaign (such as a poster campaign) to be used within the entities of MFH.

Participants: MFH through its different subdivisions i.e., MDH, SAMOC, MCH, Primary HealthCare and the Migrant Health Liaison Office within Primary HealthCare, FMS and the administrative organs of the Ministry such as the various Departments.

Timeframe: 2023 and beyond.

Measure 4

Dialogue with members of minority groups and their representative organisations

The Ministry will establish frameworks for dialogue and cooperation with members of minority groups and their representative organisations. Such organisations include notably the Anti-Racism Platform convened pursuant to measure 3 of the Anti-Racism Strategy. This shall be done by:

- Establishing contact with KOPIN and explore ways by which these can provide support to efforts to reduce racism within the MFH. A crucial topic for discussion shall be that of availability and collaboration for translators and cultural mediators.
- The possibility to seek support from IPA- International Protection Agency re translators and a contact point is recognised
- Gathering information regarding the requirements and provision of Medical Maltese course to health care professionals for future policy determination and guidance.

Participants: MFH, Anti-Racism Platform, Civil society

Timeframe: Throughout

Measure 5

Ensuring anti-racism and intercultural inclusion in recruitment, employment and service provision

The Ministry will develop standards and operating procedures to ensure that the values, principles and institutional competence of anti-racism and intercultural inclusion are respected and promoted both within its departments and agencies (employment and recruitment) and when dealing with the public (service provision).

Retention of skilled workforce is most essential in health and eliminating cultural and racial discriminatory policies is vital while it is recognised that other government departments may also have a role to play in this.

- Addressing institutional racism in the processes of recruitment and promotions by focussing on administrative processes and policies including where necessary industrial relations processes.

Participants: Ministry for Health

Timeframe: Throughout

Measure 6

Eliminating racial discrimination

Discriminatory policies and operating procedures are known to exist, and it is time for fresh updates to eliminate all possible discrimination in all its forms. HR processes are essential for the smooth running of the health service and non-discrimination is fundamental at all stages. This also relates to measure 5.

- MFH recognises that elements of racial discrimination may exist in human resources recruitment and at promotional and promotional advancement stages of its work force. Subsequently MFH endorses the efforts necessary to eliminate discrimination in all its HR processes.
- Policies and standard operating procedures abound in the MFH and the commitment is secured to make these as neutral to racism as is possible.

Participants: Ministry for Health

Timeframe: throughout

Measure 7

Training of public officers

Content: The Ministry commits to select a number of public officers with a position of influence to receive training on anti-racism and intercultural inclusion under the END-RACISM-MT project, due to start in April 2022 and/or as a part of any other initiative set up for the same purpose.

Individuals that attend such training shall act as multipliers for the information provided and for anti-racism values within the Ministry.

Participants: Ministry for Health, HRD and END-RACISM-MT project partners

Timeframe: 2023 and beyond

Measure 8

Mainstreaming of anti-racism and intercultural inclusion in policymaking

The Ministry agrees to its policies being subjected to equality reviews by the National Commission for the Promotion of Equality. The Ministry will also make use of the policymaking tool developed by NCPE under the END-RACISM-MT project to ensure mainstreaming of anti-racism and intercultural inclusion across all policy fields.

Participants: Ministry for Health, NCPE

Timeframe: Throughout

Measure 9

Monitoring and evaluation

The Ministry will be represented in each meeting of the Inter-Ministerial Committee on Anti-Racism. The Ministry will also take part in bilateral meetings with the Human Rights Directorate for critical reflection on the ongoing implementation of the Intra-Ministerial Anti-Racism Action Plan to serve its ongoing evolution as found to be required.

Participants: Ministries, HRD, Anti-Racism Platform

Timeframe: Throughout

Measure 10

Adoption of the Intra-Ministerial Anti-Racism Action Plan

In order to be adopted, the Intra-Ministerial Anti-Racism Action Plan shall be approved by HRD, vetted by NCPE and endorsed by the Ministry's Permanent Secretary. The Action Plan will be circulated to all heads of departments and agencies within and related to the Ministry and awareness raised amongst the workforce.

Participants: Ministries, HRD, NCPE

Timeframe: 2022/2023

Measure 11

Research Programme

Implementation of the strategy means also understanding the extent and type of racism and discrimination within the domain of health. This can be achieved by:

- Mapping of the already completed studies and research and possibly sharing and disseminating these findings.
- Assessment for further research within the Ministry for Health will be done together with the development of new research questions for assessment. Course co-ordinators for health care professionals shall be encouraged to take up such topics for research by students.
- Taking such findings from the above into consideration when planning campaigns and to inform policy accordingly.

Participants: MFH through its different subdivisions i.e., MDH, SAMOC, MCH, Primary HealthCare, FMS and the administrative organs of the Ministry such as the various Departments together with the University or other tertiary institutions.

Measure 12

Tackling all forms of discrimination – reporting and underreporting

In addition to raising awareness, it is necessary that a standard reporting form and a reporting system is established. This should be inclusive of a well-documented process of ascertainment and organisation of an investigative process and remedial actions were possible as allowed by PSMC guidelines. It shall be ensured that:

- All heads of departments and agencies and workers are aware of this system and can freely access it.
- Data collection will enable the writing up of a concise annual report of racism-related incidents that may occur in all areas under the responsibility of the Ministry for Health.
- Victims of discrimination and anti-racism may also require referral to social workers, psychologists, psychiatrists, the police and/or the Victim Support Agency of Malta.

Participants: MFH through its different subdivisions i.e., MDH, SAMOC, MCH, Primary HealthCare and the Migrant Health Liaison Office within Primary HealthCare, FMS and the administrative organs of the Ministry such as the various Departments.

Timeframe: Throughout

<p style="text-align: center;">Individual Racism</p>	<p>Personal beliefs and attitudes toward other races that affect the way a person treats people of color.</p> <p>Example: A person believing in white supremacy, telling or laughing at a racist joke, sharing a racist post on social media.</p>
<p style="text-align: center;">Interpersonal Racism</p>	<p>Treating others with discriminatory behavior that ranges from microaggressions to physical violence.</p> <p>Example: A person using slurs or showing aggression toward people of color, mistreating others based on their skin color.</p>
<p style="text-align: center;">Institutional Racism</p>	<p>Policies or behaviors within an organization intended to discriminate against people of color.</p> <p>Example: A hiring manager disqualifies candidates based on their names, citing a "cultural fit" that's actually discriminatory.</p>
<p style="text-align: center;">Systemic Racism</p>	<p>Perpetuated discrimination within a system that was founded on racist principles or practices.</p> <p>Example: A social work department lacks diversity among staff and students, despite training them to service communities of color.</p>
<p style="text-align: center;">Structural Racism</p>	<p>Cultural values in a society are so ingrained in daily life that they are seen as "the way things are."</p> <p>Example: A judge gives a lengthier sentence to a person of color than a white person with the same charges.</p>

References:

- Agius K. (2015) Managing migrant nurses in Malta : an assessment of their integration and competencies in the health system M.Sc Health Service management Dissertation 2015
- Cassar S. (2019) Pakistani nurses working at Mater Dei hospital : a case study. Master of Gender, Society and Culture Dissertation 2019
- Mangion D. (2010) Aspects of midwifery care for asylum seeking women during labour. B.Sc Midwifery Dissertation 2010.
- Ministry for Equality, Research and Innovation (2021) Anti-Racism Strategy 2021-2023. Government of Malta 2021
- Ministry for Health, People Management Division, Ministry for Health (2022) Health Work Force Strategy 2022-2030. May 2022
- Ministry for Health (MFH), People Management Division, (2022) Comprehensive Study on the Positive Integration, Assimilation, and Retention of Foreign Workers within the Ministry for Health In Malta. September 2022.
- Rapa S. (2015) Somali immigrant women’s lived experiences of pregnancy and childbirth in Malta. M.Sc. Midwifery Dissertation 2015
- Soler M. (2017) The lived experiences of Maltese midwives and obstetricians caring for childbearing migrant women M.Sc. Midwifery Dissertation 2015

Glossary

FMS – Foundation for Medical Services

HRD – Human Rights Directorate

MFH – Ministry for Health

NCPE – National Commission for the Promotion of Equality

Finalised 16th September 2023