Country Cooperation Strategy (CCS): WHO–Cyprus.

**Keywords**

STRATEGIC PLANNING
STRATEGIC PRIORITIES
NATIONAL HEALTH PRIORITIES
TECHNICAL COOPERATION

© WORLD HEALTH ORGANIZATION 2014

Address requests about publications of the WHO Regional Office for Europe to:

Publications
WHO Regional Office for Europe
UN City, Marmorvej 51
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office website (http://www.euro.who.int/pubrequest).

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

Printed in Cyprus

Design and layout: Maria Marcoulli
# Table of Contents

**FOREWORD** ............................................................................................................................................................................. 4

**Acronyms and abbreviations** ........................................................................................................................................ 6

**Executive summary** ............................................................................................................................................................ 8

**Section 1** ................................................................................................................................................................................. 10

*Introduction and overview*

**Section 2** ................................................................................................................................................................................. 12

*The health system in Cyprus: organizational structure and healthcare governance, financing, health workforce, health and development achievements and challenges and national responses*

2.1 The health system in Cyprus ........................................................................................................................................ 12

2.2 Health system financing ............................................................................................................................................. 15

2.3 Health system reform .............................................................................................................................................. 15

2.4 Health workforce ............................................................................................................................................... 16

2.5 Achievements and challenges ............................................................................................................................... 20

**Section 3** ................................................................................................................................................................................. 26

*Cyprus’ contribution to global health*

3.1 Interaction with international actors and multilateral organizations active in global health ............................................................. 26

3.2 Bilateral cooperation in health development ........................................................................................................ 28

3.3 Chief national actors in global health ...................................................................................................................... 29

**Section 4** ................................................................................................................................................................................. 30

*Review of current cooperation*

4.1 Cooperation on the Cyprus health system ............................................................................................................. 30

4.2 Opportunities and challenges .............................................................................................................................................. 35

**Section 5** ................................................................................................................................................................................. 38

*A strategic agenda for cooperation*

5.1 Prioritization process ............................................................................................................................................. 38

5.2 Strategic priorities ............................................................................................................................................... 38

**Section 6** ................................................................................................................................................................................. 47

*Implementing the CCS*

6.1 Implementation of the Strategic Agenda ............................................................................................................. 47

6.2 Prerequisites for effectual implementation of the strategic agenda ............................................................................... 47

6.3 Monitoring and evaluation of the CCS ............................................................................................................................. 48

**References** ............................................................................................................................................................................ 49
The Ministry of Health of Cyprus and the World Health Organization (WHO) have a long history of productive collaboration targeting common priorities for health and its determinants to promote health and sustainable development within the country. This Country Cooperation Strategy (CCS), jointly elaborated between the World Health Organization (WHO) and the Ministry of Health of Cyprus, is anticipated to further enhancing the collaborative partnerships established over the years between the Ministry of Health of Cyprus and WHO, implementing reciprocally productive activities at the global, regional and national levels, sharing best practices and building upon each other’s proficiencies and capacities.

This CCS has sought out to align Cyprus’ national health plans with the WHO Health 2020 policy framework and it represents an opportunity for Cyprus to critically review, formalize and improve its cooperation with WHO, with other Member States, and with relevant global and regional health bodies. This CCS also aims to initiate a movement towards adopting ‘health-in-all policies’ and ‘whole-of-government’ approaches, mobilize multisectoral action to address national health priorities, as well as highlight Cyprus’ contribution to the global health agenda.

This CCS has been shaped through a series of participatory dialogues and consultations involving high officials and directors of the Ministry of Health of Cyprus, relevant national health stakeholders and WHO staff at all levels of the Organization to ensure maximization of complementarities and synergies with partners throughout the CCS process. It outlines the main features of the country context in relation to health, development and external cooperation with international partners and it captures the past, current and prospective levels of cooperation between WHO and the Ministry of Health of Cyprus.

The strategic agenda of the CCS Cyprus encompasses the following four strategic priorities that were mutually identified by both WHO and Cyprus and will guide the direction of strategic collaboration with WHO throughout the next 6 years:

1. Collaborate in promoting the Health 2020 policy framework
2. Exchange of information and expertise in endorsing a life-course approach to healthy ageing
3. Strengthen cooperation on national health systems sustainability
4. Promote cross-border collaboration in health
It is with great pleasure that we present to you this strategic document. We take this opportunity to express our sincere gratitude to those involved in developing this CCS, which aims to support action for health with unity of purpose at national, regional and global level.

The Ministry of Health of Cyprus and WHO are fully committed to implementing, monitoring, and evaluating this CCS. Working together, with both national counterparts and international associates, we hope to achieve our shared goal of advancing the health of the population, fostering synergy and promoting mutual accountability.

Philippos Patsalis  
Minister of Health  
Ministry of Health of the Republic of Cyprus

Zsuzsanna Jakab  
Regional Director  
WHO Regional Office for Europe
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAH</td>
<td>Child and Adolescent Health and Development</td>
</tr>
<tr>
<td>CCS</td>
<td>Country Cooperation Strategy</td>
</tr>
<tr>
<td>CE</td>
<td>Council of Europe</td>
</tr>
<tr>
<td>CEHAPE</td>
<td>Children’s Environment and Health Action Plan for Europe</td>
</tr>
<tr>
<td>CIHSD</td>
<td>Coordination / Integration of Health Services Delivery</td>
</tr>
<tr>
<td>CING</td>
<td>Cyprus Institute of Neurology and Genetics</td>
</tr>
<tr>
<td>CPD</td>
<td>Continuing Professional Development</td>
</tr>
<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
</tr>
<tr>
<td>Cy-CEHAP</td>
<td>National Action Plan on Environment and Children’s Health</td>
</tr>
<tr>
<td>DTP</td>
<td>Diphtheria-Tetanus-Pertussis</td>
</tr>
<tr>
<td>EC</td>
<td>European Commission</td>
</tr>
<tr>
<td>ECDC</td>
<td>European Centre for Disease Prevention and Control</td>
</tr>
<tr>
<td>EMRO</td>
<td>Eastern Mediterranean Regional Office</td>
</tr>
<tr>
<td>ESAN</td>
<td>European Salt Action Network</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
</tr>
<tr>
<td>FAO</td>
<td>Food and Agriculture Organization</td>
</tr>
<tr>
<td>FCTC</td>
<td>Framework Convention on Tobacco Control</td>
</tr>
<tr>
<td>FSA</td>
<td>Food Standards Agency</td>
</tr>
<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
</tr>
<tr>
<td>GHIS</td>
<td>General Health Insurance Scheme</td>
</tr>
<tr>
<td>GPW</td>
<td>WHO General Programme of Work</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Human immunodeficiency virus/Acquired immunodeficiency syndrome</td>
</tr>
<tr>
<td>HTA</td>
<td>Health Technology Assessment</td>
</tr>
<tr>
<td>ICU</td>
<td>Intensive Care Unit</td>
</tr>
<tr>
<td>ICN2</td>
<td>International Conference on Nutrition</td>
</tr>
<tr>
<td>ICN+21</td>
<td>International Conference on Nutrition 21 years later</td>
</tr>
<tr>
<td>IHIS</td>
<td>Integrated Health Information System</td>
</tr>
<tr>
<td>IHR (2005)</td>
<td>International Health Regulations 2005</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organisation</td>
</tr>
<tr>
<td>IHR</td>
<td>International Health Regulations</td>
</tr>
</tbody>
</table>
MDGs  Millennium Development Goals
MMR  Measles-Mumps-Rubella
NaCCEH  Committee on the Environment and Children’s Health
NAP  National AIDS Programme
NCDs  Noncommunicable Diseases
NHS  National Health System
OOP  Out-of-Pocket Payments
OPV/IPV  Oral Polio/Inactivated Polio
PACS  Picture Archiving and Communication Systems
PHAME  Public Health Aspects of Migration in Europe
SGL  State General Laboratory
TB  Tuberculosis
UN  United Nations
UNAIDS  Joint United Nations Programme on HIV/AIDS
UNDP  United Nations Development Programme
UNEP  United Nations Environment Programme
UNESCO  UN Education, Scientific and Culture Organisation
UNFPA  United Nations Population Fund
UNICEF  United Nations Children’s Fund
UNODC  United Nations Office on Drugs and Crime
UN Women  United Nations Entity for Gender Equality and the Empowerment of Women
VHI  Voluntary health insurance
WHO  World Health Organization
WHO FCTC  WHO Framework Convention on Tobacco Control
Executive Summary

This Country Cooperation Strategy (CCS) mutually elaborated between the World Health Organization (WHO) and the Ministry of Health of Cyprus represents a reciprocally beneficial collaboration platform that addresses national health needs, interests and capacities along with WHO’s global health leadership priorities, regional orientations and core functions.

The CCS Cyprus fosters strategic collaboration to strengthen WHO’s corporate performance at country level, with an aim to:

- facilitate Cyprus in initiating a progress towards adopting health-in-all policies and whole-of-government approaches by encouraging and promoting intersectoral cooperation at national level,
- support Cyprus in strengthening its health system in line with the Health 2020 policy framework,
- highlight Cyprus’ contribution to global health agenda in sustaining WHO’s role as a directing and coordinating authority in global health,
- integrate policy and action to reduce inequalities in health, and
- exchange of information and technical expertise on best practices and evidence-based interventions based on health promotion and health prevention initiatives.

This CCS has been shaped through a series of participatory dialogues and consultations involving high officials and directors of the Ministry of Health of Cyprus, relevant national health stakeholders and WHO staff at all levels of the Organization to ensure maximization of complementarities and synergies with partners throughout the CCS process.

The CCS Cyprus embodies opportunities for developing national capacities and targeting national health needs and priorities and highlights challenges for strengthened collaboration between Cyprus and the WHO Secretariat.

The Strategic Agenda of the CCS Cyprus encompasses four high-level, medium-term strategic priorities, which provides a strategic direction to guide systematic and sustained cooperation between the Ministry of Health of Cyprus and WHO:

1. Collaborate in promoting the Health 2020 policy framework
2. Exchange of information and expertise in endorsing a life-course approach to healthy ageing
3. Strengthen cooperation on national health systems sustainability
4. Promote cross-border collaboration in health
The Ministry of Health of Cyprus and the Regional Office for Europe (WHO/Europe) will work in partnership to implement these strategic priorities within available resources by sharing best practices and building upon each other's proficiencies and capacities to fulfill the mandate of WHO in advancing the global health agenda. The CCS Cyprus is the second one to be developed with a country in the WHO European Region, after the Russian Federation and is aimed to generate a strategic direction over a period of six years to enhance collaboration between the Ministry of Health of Cyprus and WHO in commonly identified priority areas.
Section 1
Introduction and overview

The Country Cooperation Strategy (CCS) is a medium-term strategic framework for cooperation between the World Health Organization (WHO) and a given Member State. It is a key instrument for WHO to guide its work in and with a country, in support of the country’s National Health Policy, Strategy or Plan (NHPSP). CCS is also a central tool for harmonizing WHO’s technical collaboration with that of other United Nations (UN) Agencies and development partners.

WHO Regional Office for Europe (WHO/Europe) and the Ministry of Health (MoH) of Cyprus have been engaged in partnership to jointly elaborating a Cooperation Strategy to serve as a common reference. This CCS represents an opportunity for Cyprus to critically review, formalize and improve its cooperation with the WHO Secretariat, with other Member States, and with relevant global and regional health bodies. The CCS Cyprus fosters a mutually beneficial collaboration platform that addresses the country’s health needs, expectations and capacities along with the WHO’s global health leadership priorities, core functions and comparative advantages.

The CCS Cyprus is the second one to be developed with a country in the WHO European Region, after the Russian Federation. Its aim is to promote a coherent mid-term vision within the planning cycle along with formulating a strategic collaboration between the MoH of Cyprus and the WHO in an attempt to:

- facilitate Cyprus in initiating a progress towards adopting health-in-all policies and whole-of-government approaches by encouraging and promoting intersectoral cooperation at national level,
- support Cyprus in strengthening its health system in line with the Health 2020 policy framework,
- highlight Cyprus’ contribution to global health agenda in sustaining WHO’s role as a directing and coordinating authority in global health,
- integrate policy and action to reduce inequalities in health, and
- exchange of information and technical expertise on best practices and evidence-based interventions based on health promotion and health prevention initiatives.
The CCS Cyprus is based on the following policy framework documents, which encompass both parties' health priorities and objectives:

- The WHO Constitution, adopted at the International Health Conference held in 1946 by the representatives of 61 Member States.¹

- The Twelfth General Programme of Work (GPW), which establishes a high-level strategic vision for the work of WHO and reflects the main components of WHO reform within a six-year period beginning in January 2014.²

- The WHO Regional Office for Europe (WHO/Europe) “Health 2020” policy framework supporting action across government and society for health and well-being.³

- The European Union (EU) Health Strategy “Together for Health: A Strategic Approach for the EU”, which is the EU's ten-year growth strategy for the approaching decade aiming at addressing the inadequacies of a growth model and stipulating certain conditions for a smart, sustainable and inclusive development to assist EU and the Member States to deliver high-levels of employment, productivity and social cohesion.⁴

- The Strategic health plan 2007-2013, which addresses the mission of the Ministry of Health of Cyprus in continuously improving the health of the population through the prevention of disease and the provision of high-quality healthcare delivered with dignity to every citizen.⁵

- The Council of the European Union conclusions “Healthy Ageing across the Lifecycle”, stating that human health protection shall be established within the implementation of all EU policies and activities, which must be targeted towards improving public health and preventing disease by fostering collaboration with third countries and the proficient international organizations in the sphere of public health.⁶

This CCS was developed through extensive consultations amongst high officials and directors of the MoH of Cyprus, various national stakeholders and WHO staff from across the Secretariat. The CCS Cyprus is anticipated to further enhancing the collaborative partnerships established over the years between the MoH of Cyprus and WHO, implementing reciprocally productive activities at the global, regional and national levels, sharing best practices and building upon each other’s proficiencies and capacities. This CCS is also indented to provide a framework to guide systematic and sustained collaboration between WHO and the MoH of Cyprus for the period covered by the CCS (up to 2020) and work together to implement the CCS within available resources.

² http://www.who.int/about/resources_planning/A66_6_en.pdf.
Section 2
The health system in Cyprus: organizational structure and healthcare governance, financing, health workforce, health and development achievements and challenges and national responses

This section presents a country-based overview that provides a description of the health system in Cyprus in terms of how the health system is organized, governed and financed. An appraisal of key national reference documents and country intelligence was carried out to portray the health situation in Cyprus, the major determinants of health, the health status of the population and trends in the health system. Health achievements and national responses to overcoming health challenges are also highlighted.

2.1 The health system in Cyprus

2.1.1 Organizational structure and governance

The Council of Ministers bears overall responsibility for the state’s role in the broader social protection and health care sector in Cyprus. It exercises this authority through the Ministry of Health and the Ministry of Labour, Welfare and Social Insurance and, to a lesser extent, the Ministry of Finance.

The MoH is the principal executive authority of the health sector and is responsible for the organization of the healthcare system and the provision of public-funded healthcare services and health promoting programs. It has also the exclusive responsibility for formulating the healthcare policy agenda, regulating healthcare standards, coordinating the activities of both public and private healthcare providers, determining the development of public health care infrastructure and promoting the enactment of relevant health legislation.

The MoH is organized into the following departments:

1. The Medical and Public Health Services is responsible for safeguarding the population’s health through the provision of a variety of public health services in the areas of prevention and health promotion including primary, secondary and tertiary care, epidemiological monitoring, control of sexually transmitted diseases, services for expectant parents, pregnant women and children, school health services, immunization services, control of environmental and communicable diseases, occupational health and health education and promotion. The Department is also charged with medical
device regulation and the management of medical institutions in Cyprus.

II. The Mental Health Services is accountable for the promotion and protection of mental health in Cyprus. Its overall goal is to promote mental well-being, prevent mental disorders, provide care, enhance recovery and lessen the mortality, morbidity and disability for people with mental disorders. Mental health care services are provided in a variety of settings such as the Athalassa Mental Hospital, the mental health outpatient departments of other districts and rural hospitals, day care centers, community mental health centers, detoxification centers, therapeutic units for drug-addicted individuals, occupational training facilities and information and counseling centers for adolescents and families.

III. The Dental Services is liable for the promotion of oral and dental health and the prevention and treatment of dental and periodontal disease as well as the delivery of public dental services via a range of facilities, including mobile dental clinics, school dental clinics and community dental clinics.

IV. The Pharmaceutical Services is responsible for the testing, supplying and pricing of pharmaceuticals and cosmetic products, the inspection of pharmacies and manufacturers, and the implementation of the national legislation for medicines, drugs, cosmetics and the pharmaceutical personnel.

V. The State General Laboratory (SGL) is the Official Government Laboratory for chemical, biological/ microbiological, toxicological and radiological control inspections and the national monitoring centre for foodstuffs, pharmaceuticals, illegal drugs, cosmetics, children’s toys and other industrial supplies and environmental pollutants.

At the level of the MoH, directly under the Permanent Secretary of the Ministry, are among others the Nursing Services\(^7\), the Purchasing and Supply Directorate\(^8\), the European Coordination Sector\(^9\), and the Health Monitoring Unit\(^10\). The Health Insurance Organization (HIO)\(^11\), the Anti-Drugs Council\(^12\), the Cyprus Institute of Neurology and Genetics (CING) as well as the Bank of Cyprus Oncology Center\(^13\) are also under the supervision of the MoH along with the Bioethics Committee\(^14\), the Mental Health Commission\(^15\) and the Patients’ Rights Commission\(^16\).

\(^13\)http://www.bococ.org.cy/.
Apart from the Ministry of Health, a number of other ministries and agencies\textsuperscript{17} have roles and responsibilities in the broader healthcare sector to support the ministry's pivotal role in organizing and delivering a wide spectrum of preventive and health promotion activities to improve and maintain population health in a participatory and inclusive manner. Their contribution to health promotion and prevention initiatives lie within a multiplicity of intersectoral cooperation in the areas of school health services, food safety, health education and promotion, environmental policies, road safety, occupational health, violence and child mistreatment, injury prevention and maternal and child health.

\subsection*{2.1.2 Provision of healthcare services}

The health system in Cyprus is comprised of two healthcare delivery systems of comparable size: that of the public and the private sector. The public health system is highly centralized and is exclusively financed by the state budget. The private system, on the other hand, is practically completely separate from the public health system, largely unregulated by the MoH and mostly financed by out-of-pocket payments (OOP) and to some extent by voluntary health insurance (VHI).

\textsuperscript{17} Voluntary and non-profit organizations (NGO's), worker’s Unions, local authorities and professional associations.
Healthcare services in the public sector are directly controlled by the MoH and are mainly provided through a network of public hospitals, healthcare centers, sub-centers and dispensaries in the form of primary health care, specialists' services, paramedical services, emergency services, hospital care, pharmaceutical services, dental care, rehabilitation and home care. This network functions alongside that of the private sector, which consists of for-profit/investor-owned hospitals, polyclinics, clinics, diagnostic centers and independent practices, offering primarily ambulatory care and to a lesser degree hospital care.

2.2 Health system financing

Cyprus devotes a relatively low share of its financial resources to the health system. According to WHO estimates in 2012, total spending on health accounted for 7.32% of gross domestic product (GDP) (1). In the same year, public spending on health accounted for 43% of total spending, the lowest share in the EU and one of the lowest in the European Region (only four countries in the European Region had a smaller public share than Cyprus: Armenia, Azerbaijan, Georgia and Tajikistan) (1). The share of government spending allocated to the health sector (6.9% in 2012) is also the lowest in the EU (and among European Region countries was only lower in Azerbaijan, Georgia and Tajikistan) (2).

Cyprus’ health system is predominantly financed through out-of-pocket payments (49% in 2012), with other funding coming from the state budget (43%) and voluntary health insurance (6.1%). In 2012, Cyprus has the highest share of household spending on health in the EU and the third-highest share in the European Region (after Georgia and Tajikistan) (2). The out-of-pocket share of total health spending has risen slightly from 47.8% in 2007. Since 2007, per capita public spending on health (in national currency units) has fallen in two years, by 3.5% in 2010 and 1.0% in 2012 (2).

2.3 Health system reform

The current health system does not secure universal coverage and entitlement to publicly financed health services is based on citizenship and income level\(^{18}\). The fragmentation within the health system, combined with an inadequate continuity of care and poor communication and coordination between health care providers within the private and public sectors, is a major weakness that leads to many inefficiencies and imbalances (4, 5).

Within the public sector there are complications linked to organization and coverage given that there is no referral system or gate-keeping mechanism for managing patients between different levels of care or health facilities. The public system suffers from long waiting lists for a range of services, including surgery and diagnostic tests, and access for specific groups, such as uninsured illegal immigrants, is problematic. Additionally, coverage in certain services including dental care, long-term care, rehabilitation care and palliative care is limited\(^{19}\). Public sector inefficiencies under the current system led to very high OOP payments in the private sector as well as duplication of services between the public and private sectors (5). However, as a

---


\(^{19}\) Rehabilitation and palliative care are mostly provided by NGOs and the charitable sector.
result of lower household incomes in light of the current economic crisis, the use of the private health sector has been decreased; indicating an additional burden to the already overloaded public sector.

Conversely, the private sector suffers from an uncontrolled deployment of high-cost medical technology, as well as an oversupply of private practitioners, poor organization and management. Supplementary, data and documentation regarding the private system's performance is sparse, given the absence of a universal electronic medical record system to facilitate data mining, coordination, continuity of care, and quality improvement (5).

Nevertheless, in an attempt to address existing deficiencies in the health system, a new National Health System (NHS) (alternatively known as the General Health Insurance Scheme (GHIS)) funded by taxes and social insurance contributions has been proposed to provide universal coverage within a comprehensive health system, based on the principles of solidarity, justice, universality and financial viability (6). NHS implementation is based on MOU obligations with an overall objective the implementation of NHS in three phases, as these are described below:

- **Phase A** (01/07/2015) - Primary Health Care Services, including visits to family doctors and pediatricians.
- **Phase B** (01/01/2016) – Covers additionally outpatient care services, including visits to all specialist doctors.
- **Phase C** (01/07/2016) - Full implementation of NHS, including, additionally, all secondary and tertiary health care, laboratory and clinical tests, inpatient hospitalization, etc.

Additional reform pillars are also planned, including the autonomization and restructuring of public hospitals and other healthcare facilities, as well as the restructuring of the Ministry of Health, the Health Insurance Organization and other associated organizations.

### 2.4 Health workforce

Over the past years, the number of active medical practitioners in Cyprus has risen constantly, reaching a current total of 2 553 physicians in 2011; 70% (1 705 physicians) of physicians are employed by the private sector (14). The overall number of practicing physicians per 100 000 inhabitants (298 in 2011) is somewhat below the EU average (333 in 2011) (1). Most of the newly qualified physicians have pursued careers in non-primary care specialties over the last decade. As a consequence, there has been a decrease of 20% in the number of general practitioners (GPs) between 1995 and 2000 (15). A primary care workforce plan is essential in the near future in order to secure an adequate number of trained GPs for the anticipated GHIS, which is planned as a primary care driven system that will incorporate gate keeping to some extent.

Cyprus has had a fairly steady supply of nurses since 1990, although considerably fewer per 100 000 population (461 in 2009) than the overall EU average (823 in 2009)(1). There are roughly 1.6 nurses for every physician in Cyprus, which is among the lower nurse-to-physician ratios in Europe (1). Even though the private sector employs the most doctors, a large majority of the nursing staff is employed in the public sector. Recently established nursing programs at four local universities have also
contributed to increases in the nursing supply.

Cyprus has a comparatively high density of dentists (91 per 100,000 population in 2011), compared to the EU average (67 per 100,000 population in 2011) (1). The pharmacist-to-population ratio, nonetheless, is much lower than the EU average (21 per 100,000 population in Cyprus compared to 77 per 100,000 population in the EU in 2009) and has remained reasonably constant over time (1). A comparative growth in the supply of physicians and pharmacists is also projected as local universities have recently initiated their first medical and pharmacy programs. A national workforce capacity plan for health professionals is required to ensure that these new workers are capable of obtaining employment within the healthcare industry.

Additionally, Continuing Professional Development (CPD) and revalidation of qualification matters need to be further addressed in order to guarantee medical proficiency, patient safety and quality of care. The Medical and Public Health Services at the MoH maintains a learning-promoting Unit involving the implementation of the Continuous Worker Training Plan to improve the efficiency, effectiveness and productivity of health care personnel and the delivery of healthcare services.
Fig. 2.1
Number of physicians per 100,000 population in Cyprus, the European Region and EU, 1990 to latest available year

Source: WHO/Europe, European HFA Database

Cyprus
European Region
EU
EU Members before May 2004
EU Members since May 2004

Fig. 2.2
Number of nurses per 100,000 population in Cyprus, the European Region and EU, 1990 to latest available year

Source: WHO/Europe, European HFA Database

Cyprus
European Region
EU
EU Members before May 2004
EU Members since May 2004
**Fig. 2.3**  
Number of dentists per 100,000 population in Cyprus, European Region and EU, 1990 to latest available year  

*Source: WHO/Europe, European HFA Database*

**Fig. 2.4**  
Number of pharmacists per 100,000 population in Cyprus, the European Region and EU, 1990 to latest available year  

*Source: WHO/Europe, European HFA Database*
2.5 Achievements and challenges

Basic health indicators, such as high life expectancy at birth, rank Cyprus in a fairly high position in EU-wide comparisons, with an estimated 79.0 years for males and 82.9 years for females for the period 2010/11 (16).

With reference to mortality, the leading causes of death in 2004-2012 were diseases of the circulatory system, followed by neoplasms, endocrine, nutritional and metabolic diseases, diseases of the respiratory system and external causes of injury and poisoning (17).

**Fig. 3**
Proportional mortality, 2012 (% of total deaths, all ages, both sexes)

<table>
<thead>
<tr>
<th>Cardiovascular diseases</th>
<th>Cancers</th>
<th>Chronic respiratory diseases</th>
<th>Diabetes</th>
<th>Other NCDs</th>
<th>Communicable, maternal, perinatal and nutritional conditions</th>
<th>Injuries</th>
</tr>
</thead>
<tbody>
<tr>
<td>4%</td>
<td>16%</td>
<td>38%</td>
<td>7%</td>
<td>5%</td>
<td>7%</td>
<td>24%</td>
</tr>
</tbody>
</table>

*Source: World Health Organization (WHO) - Noncommunicable Diseases (NCDs) Country Profiles*

**Table 1.1**
Mortality and health indicators, selected years

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth, male (years)</td>
<td>75.3</td>
<td>76.1</td>
<td>77.0</td>
<td>77.9</td>
<td>79.0</td>
</tr>
<tr>
<td>Life expectancy at birth, female (years)</td>
<td>79.8</td>
<td>81.0</td>
<td>81.7</td>
<td>82.4</td>
<td>82.9</td>
</tr>
<tr>
<td>Total mortality rate per 1 000 population, adult, male</td>
<td>8.1</td>
<td>8.0</td>
<td>7.6</td>
<td>7.0</td>
<td>6.8</td>
</tr>
<tr>
<td>Total mortality rate per 1 000 population, adult, female</td>
<td>7.1</td>
<td>7.1</td>
<td>6.7</td>
<td>6.0</td>
<td>6.1</td>
</tr>
</tbody>
</table>

*Source: Statistical Service*
Prostate cancer is the most common cancer in men, whereas breast cancer is the most frequent cancer among women. Data derived from the National Cancer Registry, reveals an average incidence of 400 female breast cancer cases per year (18), which corresponds to an age-standardized occurrence rate of 73 per 100,000 population (19). Although cancer death rates in Cyprus are among the lowest in the European Region (18), recent epidemiological data has revealed an increasing rate of cancer mortality; indicating an increase in overall cancer death rates (19%) and a decline in cardiovascular disease mortality rates (5.3%) (20). This incidence stresses the necessity of further promoting comprehensive, tailored and targeted national cancer campaigns and programs aimed at prevention and early diagnosis of cancer. Currently, the only national cancer-screening program implemented is for breast cancer for women aged 50–69, while prostate cancer screening is performed on an individual basis.

Cyprus has been almost free of many common infectious and parasitic diseases and has achieved significant progress in communicable disease control compared to the average rate of EU27 (21). The recent establishment of a surveillance system to monitor the occurrence of communicable diseases was an important step in achieving an overall long-term reduction in communicable disease. The MoH assigns a high priority to infectious disease preventive measures through intensified international cooperation with EU agencies (e.g., ECDC) along with collaboration that takes place under the direction of WHO (e.g. IHR, cross border threats and preparedness and response) principles.

The high immunization coverage in Cyprus has led to the eradication of neonatal tetanus and diphtheria; the immunization coverage for DTP (diphtheria, tetanus, pertussis), OPV/IPV (oral polio/inactivated polio) and HBV (hepatitis B) vaccines is almost 100% (22). Cyprus sustains its polio-free status not only because of the high levels of immunization coverage, but also due to the active surveillance system, which has been in operation since the early 1990’s. Further, the coverage for MMR (measles, mumps, rubella) is around 86.2%, which is comparatively lower than the WHO’s targeted percentage of at least 95%, and therefore cases of measles and rubella appear very rarely (22).

Tuberculosis (TB) case notification rates continues to decline at EU/EEA level and in a large majority of Member States. However, in Cyprus long-term decreasing trends seemed to be showing a slight increase, from a reported 4.4 incidences per 100,000 population in 1990 to 5.4 per 100,000 population in 2012 (23). Cyprus is a low-incidence country, with higher proportions of TB and greater notification rates among TB cases of foreign origin (75% of notified TB cases in 2012 were of foreign origin) (24). This incidence necessitates the adoption of a national TB elimination plan to introduce and implement new tools for TB control, with a focus on highly vulnerable to infection and poor health-care access populations, such as illegal migrants. Such actions will be essential in adapting, implementing and endorsing the objectives of the WHO’s new Global Strategy and Targets for Tuberculosis (TB) Prevention, Care and Control After 2015.
The HIV epidemic in Cyprus remains at a low and stable level, with an estimated prevalence rate of 0.1% of the general population aged 20 to 64 (22). Despite low infection rates of HIV, there has been a slight increase in cases of Cypriots being diagnosed with the virus. In 2012, 58 new HIV cases were reported, of which 52 were residents of Cyprus and 6 were non-residents; a rate of 6.7 per 100 000 population. Among cases newly diagnosed in 2012, the most affected age group was 20–39 year-olds with 66% of cases (22, 25).

HIV/AIDS has constituted a public health priority for the Government of Cyprus since 1986, when the first National AIDS Programme was prepared in cooperation with WHO. Whereas intersectoral collaboration between governmental and non-governmental national stakeholders along with the introduction of relevant health promotion and educational programs to high-risk groups, facilitated in maintaining the HIV prevalence rates low. A multisectoral National AIDS Committee is responsible for the materialization of the National HIV Strategy 2011-2015.

Cyprus demonstrates the demographic characteristics of an ageing country with a declining rate of population growth. In 2012, Cyprus' total population was 956 500, exhibiting an increase of 0.5% from the previous census in 2011 (16). Of the total population, 81.4% are Cypriot citizens, with the remaining population comprising Europeans and third-country nationals (18.6%) (16). The total fertility rate in Cyprus indicates a sustained declining fertility trend during the past decades. Since the mid-1980s, the total fertility rate has for the most part declined considerably, from a peak of 2.46 children per woman in the period 1982 – 1985 to 1.51 in the period 2001 – 2004 and has further decreased to 1.43 in the period 2005 – 2008 (16). In 2012 the total fertility rate was 1.39. Since 1995 the total fertility rate remains below the replacement level of 2.1 (16). The decrease in the population continues to be a major public health concern and efforts are being made to enhance reproductive and maternal health through the provision of family planning services, involving counseling and educational initiatives and screening and laboratory tests to improve women’s health and pregnancy outcomes through preconception health promotion and care.

Although the age composition of the population portrays a somewhat younger age-structure than the European average, there has been a steady increase in the over-65 population (0.3% growth from 1995 to 2005, compared to 0.9% growth from 2005 to 2009) (26). This has prompted the government to introduce policies targeted at older people such as the development of primary care centres, chronic disease management programmes and other community services to address the future burdens of an ageing population. Further, the MoH has already proceeded with the elaboration and implementation of a 10-year Action Plan for the development of Health Care Services for the elderly in 2004, while a pilot programme for colorectal cancer screening was also initiated in 2013.

---

20 The proportion of old aged persons 65 and over is among the lowest, while at the same time the proportion of children below 15 is among the highest.
Cyprus has also implemented a number of successful disease prevention and health promotion programmes, including the screening programme for detection of chromosomal abnormalities in pregnant women, the monitoring and surveillance programme for pandemic influenza (H1N1), and the national thalassaemia screening programme. Particularly, by increasing public awareness, screening carriers and providing genetic counseling and prenatal diagnoses, new cases of children suffering from thalassaemia have almost been eliminated in Cyprus (5, 22).

While infant, neonatal and maternal mortality have improved over the last decade (27), a good deal of concern has been expressed recently about the continuous rise in caesarean sections at national level. The high rates of caesarean sections regarding total births appeared to be steady for the periods 2008-20012, around 53%. Caesarian sections are more prevalent in the private sector than in the public sector, with percentages of 64% and 36%, respectively in the year 2012 (28). According to the European Perinatal Health Report 2010, Cyprus had the highest overall caesarean rate, at 52.2% (30), exceeding over three times the percentage set by WHO, which ought to only account for 15 percent of the total births (29). In an attempt to reverse the increasing number of caesarian sections, a national campaign has recently been implemented to promote, support and increase the natural birth rates among low-risk childbearing women.

Road traffic injuries are the leading cause of death among young people, aged 15–24 years in Cyprus; accounting for 64% of all deaths among this population group (31). A lot of people involved in road traffic crashes suffer from non-fatal injuries, with many incurring a disability as a result of their injury (32). Road traffic injuries cause considerable economic losses to victims, their families, and to the nation as a whole. The Ministry of Communications and Works takes action to address road safety in a holistic manner through the implementation of the National Strategic Road Safety Plan 2012-2020. Current interventions within this strategic plan focus on setting and enforcing laws relating to key risk factors, advancing the safety features of vehicles, improving post-crash care for victims and promoting road safety practices among the most vulnerable road users.
Major risk factors such as smoking, alcohol consumption and unhealthy diets might have a detrimental impact on the health status of the Cypriot population in the future. More than 30% of the population aged over 15 years smokes, 34.4% is overweight and 14.8% is obese (30).

Smoking indoors in public places is prohibited in Cyprus since 2010, while a National Tobacco Control Strategy has been implemented to complement the nation’s efforts in generating a combination of tobacco-control action plans, including tobacco-prevention educational programmes among youths and the establishment of smoking cessation clinics in all public hospitals.

Obesity is a significant health problem in Cyprus; on average across EU countries, 15.6% of the adult population is obese (3). Particularly alarming are data on childhood obesity; indicating a pediatric obesity prevalence of 10.3% for males and 9.1% for females (33). There are several examples of intersectoral collaboration in the planning and implementation of programmes for the prevention of childhood obesity as well as programmes geared towards promoting healthy diets. However, a multifaceted public health policy approach is required for reversing the current obesity epidemic.

Although average alcohol consumption in Cyprus remains relatively low compared to other European countries, alcohol consumption per capita rose by a quarter or more since 1980 (3). To thwart the anticipated health burden related to excessive alcohol consumption, both in terms of morbidity and mortality, a new alcohol strategy for 2013-2016 has been developed and will be integrated into the rehabilitated National Drugs Strategy 2013-2020. The National Strategy for encountering dependence from illicit substances and the harmful use of alcohol, comprises the basic policy document for substance dependence, and provides guidance for the government’s actions and initiatives for the next eight years.

Rates of suicide are low in Cyprus; the suicide rate for males was 3.2 per 100,000 population, whereas for females was 1.8 per 100,000 population in 2008 (34). Nevertheless, the burden of depression and other mental health conditions is anticipated to be on the rise given the current economic crisis (e.g. absenteeism and withdrawal from the labour market). In an attempt to ease the burden of stress, anxiety and depression-related disorders, a free, confidential, 24/7 emotional support and crisis response helpline service is provided by the Mental Health Services of the Ministry of Health on an immediate and ongoing basis. Free access to psychological therapies services is also offered to assist the vulnerable and low-income population groups who are dealing with depression or are in distress.

Strengthening the public health infrastructure is imperative to ensure that the appropriate health care services are available to meet the population’s health care needs and to respond to both acute and chronic threats to the nation’s health. In recent years, there has been a continual improvement of the public health infrastructures including: advancements in hospital care, such as the development of a new and upgraded General Hospital, the formation of new Primary Health Care Centers, the development of a new Blood Center, the upgrading of Intensive Care Units, Ambulance Services and Clinical Laboratories, the restructuring of the A&E departments, the establishment of an
Interventional Cardiology Department and the creation of a National Transplant Centre. The continuous modernization of the health care infrastructure is a key priority for health development in coming years.

The MoH of Cyprus also recognizes the potential of e-Health to strengthen the health system’s capacity in improving the quality of health care and patient outcomes across health care settings. The national e-Health strategic plan aims to build up a unified national health information system through the promotion and strengthening of the use of information and communication technologies in health development. Numerous actions in the field of e-Health have already been undertaken, including the installation and operation of the Integrated Health Information System (IHIS)\(^{21}\), the e-Prescription System (EPS)\(^{22}\) and the Picture Archiving and Communication System (PACS)\(^{23}\) in numerous hospitals and health centers within the country.

While actions have already undertaken within the field of telemedicine, including the pilot application of cardio-respiratory rehabilitation services designed for patients after Intensive Care Unit (ICU) discharge, the adoption and use of telemedicine is projected to increase dramatically in the near future. The continuous implementation of the e-Health strategy will contribute to laying a foundation for future progress in the structured use of science and technology

\(^{21}\) The main areas recorded within the IHIS are inpatient and outpatient administration, electronic medical records (EMRs), clinical laboratories and radiology, electronic orders and prescriptions, financial billing, accounting and costing, human resource management and stock control.

\(^{22}\) EPS enables prescribers to send prescriptions electronically to a dispenser of the patient’s choice by making the prescribing and dispensing process more efficient and convenient for patients and health personnel.

\(^{23}\) PACS enables x-ray and scan images to be stored electronically and viewed on screens to improve diagnosis methods.
Section 3
Cyprus’ contribution to global health

This section highlights Cyprus’ contribution to global health in view of the country’s engagement with international actors and multilateral organizations active in global health. It also addresses development cooperation and partnerships established on a bilateral level.

3.1 Interaction with international actors and multilateral organizations active in global health

Cyprus is an active member of a broad range of key health development partners involved in global health, including United Nations (UN) agencies, development banks, international financial institutions, joint global health partnerships and programmes, NGOs, affiliated and federal agencies, private foundations, civil society organizations and other international and multilateral global health organizations.

Cyprus has been a Member State of WHO since 1961. Cyprus belonged to WHO Eastern Mediterranean Regional Office (EMRO) in Cairo till the beginning of 2004 and then was transferred to the European Regional Office in Geneva. Cyprus supports WHO reform to strengthen the organization’s crucial role as the directing and coordinating authority in endorsing and shaping the global health agenda, promoting evidence-based health policies, providing technical assistance to countries and monitoring and assessing health trends. Cyprus has also became a member of the Council of Europe since 1961 and has continuously contributed to the execution of the Council’s values and principles in the area of promoting and safeguarding public health initiatives. National experts actively participate in the majority of the Council’s specialized committees, including the Pompidou Group’s Permanent Correspondent and Mediterranean Network and the Council Working Groups on Foodstuffs, where their productive contribution in pursuing global health dialogues has been extensively recognized.

Cyprus officially joined the European Union (EU) as a full member on 1 May 2004. Before accession to the EU, Cyprus underwent significant health system reforms during the harmonization process to the acquis communautaire, while accession to the EU led to additional health system reforms, mainly in terms of regulation, policy and the provision of healthcare services. Examples are the adoption of the European Council Directive 89/105/EEC for the transparency of national provisions regulating the pricing and reimbursement of medicinal products and the implementation of the EU regulations 883/04 and 987/09 to facilitate cross-border healthcare amongst member states within the EU.
During its presidency of the Council of the EU in 2012, Cyprus has promoted a number of global health priorities relating to Healthy Ageing across the Lifecycle, Cross Border Health Threats, Innovative Approaches in Healthcare and Organ Donation and Transplantation, by stressing the magnitude of ‘better health for all’ principles in advancing the Union’s collaboration with emerging international players through global solidarity and joint responsibility.

Within this context, Cyprus has hosted a number of high-level conferences and meetings, including the expert level conference on cross-border health threats in the EU and its bordering countries, in July 2012, with a focus on communicable diseases. In collaboration with the European Commission, the European Centre for Disease Prevention and Control (ECDC), the WHO Regional Office for Europe, and the WHO Regional Office for the Eastern Mediterranean, the conference welcomed specialists from the EU27, concentrating on ways of improving countries’ preparedness through capacity building, as well as stressing the significance of strong cooperation and communication mechanisms and epidemiological training of healthcare experts within the field of prevention, early warning and effectual control of communicable diseases in the broader European Region.

Additionally, a call for action was initiated at the summit conference on Hepatitis B and C in Mediterranean and Balkan Countries that took place in Cyprus in December 2012. The event united a variety of intercontinental stakeholders to urge the implementation and formation of effectual policies and highlighted projected joint actions involving national governments, civil society and healthcare providers in combating the epidemic. WHO/Europe actively contributed to the planning and completion of the conference through its membership in the advisory board.

The Advisory Committee for the Prevention of Childhood Injuries and Poisonings, organized a two-day workshop in November 2004 that was jointly coordinated by leading experts in the field of injury prevention in the European Region. Along with the active involvement of regional stakeholders, the committee proceeded with developing a five-year Strategic Plan for the Prevention of Childhood Injuries and Poisonings in Cyprus.

Soon after independence in 1960, the Republic of Cyprus has also been a member of the United Nations and the Commonwealth of Nations. Cyprus firmly deems the primacy of the United Nations and its Charter and contributes to the promotion of its purposes and principles. Cyprus is an official member of numerous United Nations specialized agencies and programmes including the International Labour Organisation (ILO), the Food and Agricultural Organisation (FAO), the International Monetary Fund (IMF), the UN Education, Scientific and Culture Organisation (UNESCO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Development Programme (UNDP), the United Nations Environment Programme (UNEP), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the United Nations Population Fund (UNFPA), the United Nations Children’s Fund (UNICEF), and lastly the United Nations Office on Drugs and Crime (UNODC).
Cyprus participates in a range of global health programmes, partnerships and commissions:

- **Global health programmes**
  - Codex Alimentarius, the Food Standards Programme established by FAO and WHO
  - UNECE Protocol of Water and Health, jointly carried out by the United Nations Economic Commission for Europe (UNECE) and WHO Regional Office for Europe

- **Global health partnerships**
  - Global Fund to Fight AIDS, Tuberculosis and Malaria

- **Global health commissions**
  - Commission on Narcotic Drugs (CND)

Additionally, the State General Laboratory (SGL) of Cyprus is actively involved in numerous global and European networks, including active participation in the Official Medicines Control Laboratories (OMCLs) of the European Directorate of Quality of Medicines and Health of the Council of Europe, the European Food Safety Authority (EFSA), the European Network of Forensic Institutes (ENFSI), the Laboratories for Control of Radioactivity of International Atomic Energy Agency (IAEA), and the WHO for Environment and Health network.

Cyprus belongs to a number of additional international organizations not exclusively focusing on health related matters, but are considered leading institutions for establishing an environment that stimulates health innovation, thus, play a critical role in addressing global health needs and shaping global health policy. The World Bank, the World Trade Organization (WTO), the International Organization for Migration (IOM), the International Monetary Fund (IMF), the World Intellectual Property Organization (WIPO), and the Organization for Security and Cooperation in Europe (OSCE) are but a few of international organizations that Cyprus works in close partnership.

### 3.2 Bilateral cooperation in health development

Over the years, Cyprus has signed numerous Bilateral Agreements and Memorandums of Understanding (MoU) with various partnering countries, establishing a solid framework for substantive cooperation in the fields of public health and medical science. Cyprus’ strategic geographical location at the crossroads of Europe, Asia and Africa has considerably contributed in developing very strong affiliations with both developed and developing countries, situated on an equivalent and reciprocal basis and in compliance with their bilateral interests and benefits.

Bilateral cooperation normally covers a broad variety of areas of mutual interest, including thalassemia, medical tourism, genetics and pharmaceutical industries, in which Cyprus has a strong expertise. Through bilateral collaborations, involved parties are engaged in joint health development activities to foster and enhance:

- exchange of experts from various medical science institutions and health professional bodies, facilitating training, education and enrichment of health personnel skills and consultancy,
- joint research activities in the healthcare field,
- exchange of information concerning hospital administration,
- exchange of information regarding the registration, pricing and monitoring of pharmaceutical products,
- study visits by specialists and health professionals,
- mutual assistance in improving the quality of healthcare and delivery of medical services, and
- exchange of epidemiological data.

3.3 Chief national actors in global health

While the central government plays a critical role in reference to the establishment and coordination of synergies established with global health entities, a broad variety of other national health actors are also actively involved in a wide range of health-related areas to strengthen Cyprus’ contribution to the global health arena. Such actors include professional associations, academia, research institutions, hospitals, foundations, NGOs, and the private sector.

For instance the Cyprus Institute of Neurology and Genetics (CING), is considered an international centre of excellence and a regional referral centre in the fields of genetics, neurology, medical, biomedical and related sciences in developing and providing high level medical and clinical laboratory services and pursuing pioneer and advanced research. The CING maintains productive collaborations with numerous national and international bodies and has established various international research partnerships with universities and research institutes abroad.

The Cyprus International Institute (CII) for the Environment and Public Health is another regional academic and research center of excellence in the field of environmental and public health. The institute, in collaboration with the Harvard School of Public Health (HSPH), aims to enhance the overall capacity and expertise of local and regional scientists to address key environmental issues in Cyprus and the Mediterranean region through joint research activities. The institute's mission is to provide high-quality education and research opportunities to bordering students and scholars, as well as to disseminate applicable information to policy makers and the public through outreach activities focusing on issues related to occupational hazards, air pollution, tobacco control, electromagnetic fields, and risk communication.

24 The high incidence of inherited disorders among Cypriots places a heavy burden not only on patients and their families but also on government. CING provides specialized services and conducts research focusing on the early detection and prevention of disease and the provision of high-quality healthcare services. CING is devoted to lessening patients’ suffering and preventing diseases through patient-centered care, research and educational programs concentrating on numerous neurological and genetically based conditions, such as multiple sclerosis, muscular dystrophy, and chromosomal abnormalities and all other aspects of molecular biology and genetics including thalassaemia, intellectual disability, molecular virology, stroke, cardiovascular disease, cystic fibrosis and neurogenetics.
Section 4
Review of current cooperation

This section provides a concise review of the cooperation between WHO and the MoH of Cyprus over the past ten years and captures the outcomes of the dialogue generated by the CCS process. The review is based on gathered information derived through various forms of extensive consultations, including interviews with key informants or questionnaires sent to selected national counterparts at the MoH of Cyprus, with an aim to capture the past, current and prospective cooperation levels between WHO and the MoH of Cyprus. The review of WHO’s cooperation with national key stakeholders aims to determine WHO’s support to and influence on the development, implementation, monitoring and assessment of the National Health Policies, Strategies or Plans (NHPSPs) based on a selection of key performance indicators related to the areas of health development goals, including response to and achievement of the Millennium Development Goals (MDGs) and beyond.

4.1 Cooperation on the Cyprus health system

The cooperation between WHO and Cyprus embodies opportunities for developing national capacities and targeting national health needs and priorities. The current review of collaboration between Cyprus and WHO is structured in compliance with the main categories of work established in WHO’s 12th General Programme of Work (GPW), for the period 2014–2019, aiming to provide a high-level strategic vision for the work of WHO. The cooperation occurs in a variety of forms, including technical assistance and financial support, systematic exchange of information, expertise and best practices, the provision of standardized tools, training, laboratory quality assurance, analysis of results and recommendations for public health action, as well as monitoring the health situation and assessing health trends.

Innovative agreements for collaboration between Cyprus and WHO have also been established, including a Memorandum of Understanding (MoU) between the WHO/Europe and the Thalassemia Center of Cyprus. These agreements strengthen the technical expertise of WHO, sustain and support more efficient and coordinated collaborative alliances, and enhances Cyprus emerging role as an increasingly prominent player in global health.

---

25 The review of current cooperation between MoH of Cyprus and WHO was exclusively prepared during the CCS development process. The dissemination and updating of its content is a vital instrument to the implementation and monitoring of the CCS, resulting in the maximization of complementarities and synergies with partners throughout the CCS process.

NCDs have been a fundamental part of collaboration between WHO and the MoH of Cyprus for the past 10 years. Actions of collaboration in this area are based on a wide spectrum of NCD preventive and health promotion measures, including efforts to reduce the prevalence of tobacco use and alcohol abuse and to promote healthy eating and physical activity, to foster and strengthen intersectoral action to combat the common risk factors of NCDs.

Within this context, Cyprus participated in the joint WHO/European Commission project to monitor progress in improving nutrition and physical activity and preventing obesity in the European Union. This project aimed to establish an information system that would facilitate the reporting of policies and data on physical activity, nutrition and obesity, and demonstrate good practices in Europe. Additionally, Cyprus is an active member of the European Salt Action Network (ESAN), which was established under the auspices of WHO along with the support of the United Kingdom Food Standards Agency (FSA) to endorse the coordination of salt intake reduction programs in EU countries.

Furthermore, Cyprus has been involved in the European Network of Health Promoting Schools project, which was launched by the European Commission (EC), the WHO/Europe and the Council of Europe (CE), and is implemented in collaboration with the Ministry of Education and Culture of Cyprus since 1995. This ongoing collaboration seeks to develop and sustain school-based health promotion initiatives in establishing school environments conducive to health, including the development of school-based nutrition education curriculums.

Cyprus has been participating in the WHO European Childhood Obesity Surveillance Initiative (COSI) since 2007, which aims to measure overweight and obesity trends in primary school children (aged 6-9 years), on a routine basis. The scope of the COSI is to monitor the progress of the epidemic and permit inter-country comparisons within the European Region. Cyprus has also participated in numerous consultations, such as the International Conference on Nutrition (ICN2) and the International Conference on Nutrition 21 years later (ICN+21), which were jointly organized by the Food and Agriculture Organization (FAO) and WHO. Both consultations aimed at improving diets and raising nutrition levels through policies that more efficiently address contemporary nutritional challenges.

Cyprus is also an active member of the WHO European Network on reducing marketing pressure on children. This network was established in 2008 and consists of countries in the WHO European Region that shares a mutual interest in identifying approaches to reduce the exposure of children to advertising practices relating to energy-dense, micronutrient-poor, and high in salt foods and beverages. This has prompted the development of the second

27The NCDs category as proposed in the WHO GPW incorporates the reduction of the burden of noncommunicable diseases, including heart disease, cancer, lung disease, diabetes, and mental disorders as well as disability, and injuries, through health promotion and risk reduction, prevention, treatment and monitoring of noncommunicable diseases and their risk factors.
National Nutrition Action Plan, involving actions to address marketing pressure on children in an attempt to protect children from the negative impact of marketing on dietary behavior.

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first international legal instrument designed to endorse multilateral collaboration and national action to combat the tobacco epidemic. Cyprus signed the Convention in May 2004 and ratified it in June 2005. Cyprus has also signed the Protocol to Eliminate Illicit Trade in Tobacco Products in October 2013, which is the first protocol to the WHO Framework Convention on Tobacco Control (WHO FCTC) that was adopted in Seoul, Republic of Korea in 2012.

Within the field of mental health, Cyprus has been actively involved in WHO's consultation on the European Mental Health Strategy and the Global Mental Health Action Plan in 2012. The consultation resulted in a collective commitment made by the participating nations in producing a series of concrete actions to address the social, economic and health burden of mental disorders. Further, the Mental Health Services (MHS) of the MoH of Cyprus took part in the Mental Health ATLAS project, which was convened by WHO and was intended to gather, assemble and disseminate relevant information concerning mental health resources in different countries. The MHS also participated in WHO’s European Region call for submission of initiatives towards the coordination/integration of health services delivery (CIHSD) in 2013. The purpose of this project was to enable the formulation of knowledge development and exchange of experiences amongst Member States, with the common aim to diminish fragmentation in the delivery of services and strengthen the quality of care to optimize health outcomes.

4.1.2 Health systems

There is extensive collaboration in the area of health systems, particularly on health system reform initiatives. A collaborative agreement was signed between the MoH of Cyprus and WHO in July 2014, to establish a WHO-led Implementation Support Team. The WHO team will be offering support and guidance to the MoH through hands-on advice, technical expertise, coaching and troubleshooting practices aimed at accelerating the implementation of the Health Reform Programme of Cyprus Government as well as reinforcing national capacities for health sector stewardship. This collaboration is anticipated to occur within the framework of what has been agreed between the Government of Cyprus and Troika and will be coherent with the policies of WHO as directed by its Member States.

The Reform Program will modernize, reorganize and substantially improve the quality of Cyprus’ health care delivery, by creating the conditions for equitable access to healthcare through the sustainability of its financing and renovation of its governance. The required structural reforms will address the entire health sector, including both its public and private components, while meeting the Troika MOU requirements for timely and effective implementation. The specific objectives of the reform program are:

(i) to establish a sustainable and equitable financing health system that offers universal social health protection,
to ensure universal access to both public and private healthcare services of high quality, including hospital care, specialized ambulatory care and people-centered primary care; with special attention focused on the utilization of cutting-edge information technology in health care and the renovation of the management of the healthcare delivery institutions, and

(iii) to re-structure and modernize the governance of the health sector, with the Ministry of Health no longer being the major provider and financier for health services but rather to be limited to a strategic role in planning health policy and controlling and regulating both the public and private health sectors.

WHO also provides support to the MoH in developing health policies in accordance to the health for all (HFA) strategic framework. WHO promotes the exchange of knowledge and collaboration between Cyprus and other Member States within its HFA framework. HFA represents an important aspect of health policy in Cyprus and reforms are developed consistent with it.

WHO collaboration in the field of pharmaceuticals is also valuable for the Cyprus’ health system. Prior to the accession of Cyprus to the European Union in 2004, there was a very active and close cooperation of the Pharmaceutical Services of the MoH of Cyprus with WHO in terms of provision of scholarships, purchasing of equipment and the setting up of a pharmaceutical laboratory.

After the accession of Cyprus to the European Union, the focus shifted towards the harmonization and practices with the European Acquis. Recently though, as part of Cyprus’ efforts towards the implementation of the NHS, WHO was active in providing technical support on matters relating to the pricing and reimbursement of medicinal products, and this cooperation is currently ongoing.

Moreover, recognizing the need for developing migrant-sensitive health systems, Cyprus along with Greece, Italy, Malta, Portugal and Spain, has been collaborating with WHO on health and migration policies. Through the WHO Public Health Aspects of Migration in Europe (PHAME) project initiated in 2011, WHO/Europe has recently started to work closely with Cyprus in developing a systematic response to the public health needs of migrants by identifying potential gaps in health-service delivery and by building up its expertise and capacity on migration health via a cross-national political dialogue.

### 4.1.3 Communicable diseases

There is long-established collaboration between Cyprus and WHO in the field of communicable diseases. The MoH of Cyprus values this mutually beneficial and well-defined cooperation in the field, with WHO’s leadership regarded crucial. Collaboration primarily revolves around a wide range of jointly activities in areas concerning vaccination and disease surveillance, as well as prevention and treatment of tuberculosis and HIV/AIDS.
Within this context, the National Child and Adult Immunization Programme, which is determined by the Ministry of Health, is in line with WHO guidelines in terms of the Expanded Programme on Immunization (EPI), which is customized to the specific epidemiological situation of the country, the degree of sanitation and the socioeconomic level of the population. Furthermore, the National AIDS Programme (NAP), which has been implemented since 1986, it was developed through a series of strategic plans that have been prepared by the MoH with the technical assistance of WHO. Following the recommendations of WHO, changes have been introduced in various fields in order to conform to internationally accepted standards for AIDS prevention and health promotion.

Additionally, the National Strategy to Combat AMR, is harmonized with the guidelines proposed in the WHO European strategic action plan on antibiotic resistance 2011–2016. This plan involves a range of actions to strengthen the surveillance and monitoring of the antibiotic resistance and consumption at national level while establishing multisectoral and comprehensive coordination mechanisms at the same time. The utilization of the WHONET database software has also been an imperative tool in managing and analyzing data on antibiotic/antimicrobial resistance and drug susceptibility derived from the National Antimicrobial Resistance Surveillance System.

4.1.4 Life course

Significant collaboration within the life-course domain also occurs in programs geared toward food safety and sanitation, environmental health, violence and injuries prevention, reproductive health, and maternal, newborn and children health.

Within the framework of WHO Children’s Environment and Health Action Plan for Europe (CEHAPE), Cyprus in close cooperation with WHO/Europe has developed and is implementing since 2004 the National Action Plan on Environment and Children’s Health (Cy-CEHAP), which is revised every four years. The multisectoral National Committee on the Environment and Children’s Health (NaCCEH), appointed by the Council of Ministers in 2004, is developing, promoting and coordinating its implementation. The existing cooperation between WHO and the NaCCEH is highly appreciated by the NaCCEH and has provided essential support to the Cy-CEHAP.

Moreover, in order to assess EPI’s performance and breast-feeding practices at country level and improve their effectiveness, every three years the MoH conducts a survey, which is carried out in accordance with WHO guideline recommendations, aimed at measuring immunization coverage and breast-feeding status among children aged 18–29 months.

In the area of violence and injuries, WHO provided technical expertise to Cyprus in 2003 in developing a five-year Unintentional Childhood Injuries Prevention Action Plan. The plan set out actions for injury prevention in three different age groups (0–4 years, 5–14 years and 15–18 years) and outlined monitoring needs and introduced a set of indicators to be applied for evaluating progress.
In 2012, the MoH of Cyprus hosted a two-day national workshop on the prevention of interpersonal violence, with technical support from the violence and injury prevention teams of the WHO/Europe and WHO Headquarters. The workshop incorporated lectures and group work sessions focusing on the role of the health sector in lessening the burden of interpersonal violence in Cyprus and the European Region, by emphasizing a public health approach to interpersonal violence prevention in the areas of youth violence, child maltreatment, elder maltreatment and intimate partner and sexual violence.

4.1.5 Preparedness, surveillance and response

In an attempt to respond rapidly and efficiently to public health events of global significance, collaboration to attain and distribute accurate information and implement suitable measures to restrain the spread of major epidemic-prone diseases and other public health emergencies among the population is crucial.

The significance of implementing the International Health Regulations (IHR) (2005) in response to the exponential increase in international travel and trade and in controlling the spread of emergence and re-emergence of international diseases and other public health threats, has been recognized by Cyprus and serves as a good example for successful collaboration with WHO. Through the IHR (2005), Cyprus has established the appropriate mechanisms and measures to be taken at the points of entry for preventing the transmission of a dangerous pathogen. Further, the active participation of Cyprus in the regional EuroFlu-network (WHO/Europe–EU) represents another flourishing collaborative platform established between WHO and Cyprus.

4.2 Opportunities and challenges

Close collaboration between WHO and the MoH of Cyprus over the course of the decade has enabled a productive course of joint action in reaching many of the objectives for improving and maintaining the health of the population at national level. WHO’s strong convening power to mobilize and coordinate international action on global health matters, its impartial advocacy role in setting norms and standards and promoting and monitoring their implementation, its directing role in articulating evidence-based policy initiatives, and its technical support in monitoring and assessing health trends is recognized as imperative support for the MoH of Cyprus.

However, to respond efficiently to the increasingly complex national health challenges of the new century, a more comprehensive strategic approach will be necessitated. WHO’s impartial role in advocacy could be further utilized to prompt a national dialogue in strengthening and facilitating multisectoral action for the prevention and control of NCDs, to maintain a strong routine surveillance and response capacity and to sustain high national vaccination rates.

Considering the rapidly growing burden of NCDs on health, collaboration with WHO can contribute to improving country-level surveillance and monitoring in the fight against NCDs and their risk factors. Prioritizing the national research agenda and strengthening research capacity
through cooperation with foreign and regional research institutes to promote high-quality research, development and innovation, are some other collaborative activities that can be initiated among the parties.

WHO’s technical guidance and expertise could also be valuable in further enhancing collaboration in the field of violence and injuries prevention. Particularly in developing a national action plan and strategy for violence prevention with a focus on child maltreatment prevention, which is a key area for action. Additionally, there is an increasing demand for collaboration with WHO in facilitating capacity building activities for violence prevention and the exchange and dissemination of evidence-based practices to strengthen the national health system’s capability to respond to the prevention of violence through coordinated multisectoral action.

Collaboration with WHO/Europe in the field of cancer control, especially on palliative care initiatives, can also be used to foster national action in strengthening palliative care policies and services for people suffering from malignant conditions, with a focus on pediatric palliative care. WHO’s expertise and leadership in palliative care approaches can also be valuable in further endorsing an educational agenda focusing on palliative care principles and practices for health professionals.

Chronic diseases are another promising field for cooperation with WHO. WHO’s support in preventing premature deaths and avoiding disability due to chronic diseases through joint action in addressing the risk factors and health determinants and by placing emphasis on targeted chronic disease prevention, health promotion and chronic disease management initiatives, would be regarded advantageous.

Another opportunity for increased collaboration lies within the field of pharmaceuticals. WHO’s technical guidance can be beneficial in the development of the Health Technology Assessment (HTA) Unit at the Pharmaceutical Services of the MoH of Cyprus. The Unit will be serving the NHS in providing a systematic evaluation of health technology as well as disseminating information and prompting dialogue in regards to the formulation of technology-related policy-making in health care.

There is also a potential for increased cooperation in the area of mental health. Cooperation on the development and implementation of action plans and strategies targeting depression and suicide prevention as well as the exchange of knowledge and best practices on mental health promotion in prisons, are some other areas where WHO/Europe’s technical assistance would be valuable.

The MoH of Cyprus could further develop collaborative alliances with WHO/Europe on the Implementation of the national action plan on dementia. This can be achieved through the sharing of best practices in adopting a holistic public health approach to improve the care and quality of life of people with dementia and their family caregivers in order to ensure that their needs are addressed in an effective and sustainable manner.

The collaborative agreement signed between the MoH and WHO in the field of building robust health systems to move towards universal health coverage, by ensuring the equal access to promotive, preventive, curative and rehabilitative health services of sufficient quality, can also be used to enhance mutual learning
partnerships. Cyprus can share its health system reform experiences with other Member States on issues of transcontinental interest to actively contribute to the fostering of cross-country learning and cooperation.

Partner coordination and information exchange at national level is essential in providing WHO and associates with up-to-date national policies, strategies and action plans. WHO could further expand cooperation with Cyprus in the areas of information sharing and partner coordination in certain areas of thematic proficiency to enhance WHO’s vision as a knowledge-based Organization and to improve the quality of WHO’s work through improved access to information.

In general, the review of current and prospective levels of cooperation demonstrates that extensive collaboration already exists between WHO and Cyprus in a variety of health-related areas. Yet, there is still much room to further strengthen and increase productive collaboration and synergy with WHO through a formal and systematic planning of collaboration.
Section 5
A strategic agenda for cooperation

Within the context of the CCS development, a strategic agenda for cooperation has been jointly elaborated between Cyprus and WHO to serve as a framework for biennial operational planning and resource allocation. Four strategic priorities for intensified collaboration were determined throughout a prioritization process that took into consideration the objectives of Cyprus and WHO health-related policy documents, including the WHO/Europe “Health 2020” policy framework, the GPW and the EU Health Strategy "Together for Health: A Strategic Approach for the EU".

5.1 Prioritization process

A multi-stage prioritization exercise was conducted to define the strategic agenda for cooperation, starting with a national health situation analysis to address the current health priorities and health development needs of the country. Then, a broad set of strategic priorities was assessed through a participatory dialogue involving key health stakeholders. Finally, the CCS operational team reviewed the conclusions reached as a result of comprehensive consultations and identified four strategic priorities for cooperation between the MoH of Cyprus and WHO. The presented strategic priorities are in line with the objectives of national policy frameworks and with the priorities set by WHO headquarters and the Regional office for Europe.

5.2 Strategic priorities

The following four strategic priorities were mutually identified by both WHO and the MoH of Cyprus:

1. Collaborate in promoting the Health 2020 policy framework
2. Exchange of information and expertise in endorsing a life-course approach to healthy ageing
3. Strengthen cooperation on national health systems sustainability
4. Promote cross-border collaboration in health

These high-level, medium-term strategic priorities emphasize the WHO’s and Cyprus’ contribution to the global health agenda to foster a two-way process collaboration, while at the same time underline the Cyprus’ capacity and political commitment to the national and regional health agenda.

---

28 As part of the strategic formulation process, the MoH held a stakeholder meeting/focus group to encourage the active involvement of selected national stakeholders in defining the Strategic Agenda. The focus group was used as a channel of communication in capturing the inputs from and perceptions of key stakeholders in Cyprus in regards to a set of proposed strategic priorities for cooperation between Cyprus and WHO. The stakeholders’ perceptions were collected and integrated when relevant in the present strategic agenda for collaboration.

29 Delegates of all levels of the Organization, high officials and directors of Ministries and governmental departments, scientific institutions, professional associations, foundations and academia.
The MoH of Cyprus and WHO will work in partnership to accomplish a manageable set of strategic priorities under the following circumstances, considering that both actors:

- encompass the specific and required expertise and available resources to 1) respond competently to national health needs and to 2) strengthen WHO corporate performance at country level,

- will develop collaborative partnerships through the implementation of a wide range of activities that will be executed in a rewarding and productive manner at global, regional and national levels, and

- will ensure that each identified priority will make a specific contribution to achieving a national health priority by producing added value to each other’s capacities and core functions.

Based on available resources, a manageable number of strategic priorities have been chosen. The identified strategic priorities do not capture ongoing routine interactions between WHO/Europe and the MoH of Cyprus, including submission of IHR (2005) public health event reports and dissemination of epidemiological and statistical data for global databases. Yet, if the need arises, due to other public-health emergencies, cooperation between the MoH of Cyprus and WHO in other significant areas of global health, stated in Section 4, could be envisaged using the CCS collaborative platform.
Strategic Priority 1 – Collaborate in promoting the Health 2020 policy framework

The Health 2020 policy framework that was adopted by the WHO Regional Committee for Europe in September 2012, aims to maximize opportunities for promoting population health and well-being, reducing health inequities and strengthening public health through an equitable, sustainable and of high quality people-centered health system. The policy framework is evidence-based and peer-reviewed and it provides policy-makers a vision, a strategic path and a set of priorities to optimize and ensure the overall health of future generations\(^{30}\).

Within this strategic priority the following elements for collaboration were identified:
- **Support the development of Cyprus National Health 2020 policy framework**
- **Promote the strategic objectives of Health 2020**

WHO will support and facilitate the development of Cyprus National Health 2020 policy framework and the MoH of Cyprus will actively participate in WHO European Region activities in endorsing the implementation of Health 2020 at the regional level as an active member of the Small Countries Project. WHO and the MoH of Cyprus will work in partnership to promote the strategic objectives of Health 2020\(^{31}\) to support action for health and well-being within the country.

The MoH of Cyprus recognizes the importance of cooperation with WHO as a directing and coordinating authority in supporting the adaptation, implementation and development of Health 2020 approaches at national level. WHO is expected to provide technical assistance in increasing the Ministry's capacity to develop national health policies aligned with Health 2020 health priorities for policy action. WHO is also anticipated to build and sustain political and societal support to improve health by encouraging governmental authorities, local communities and decision-makers across the public and private sectors to establish mechanisms for whole-of-government and whole-of-society action for health.

The MoH of Cyprus is expected to collaborate with WHO in achieving intersectoral action for health by encouraging the active participation of all sectors when designing and implementing public policies to improve and promote health equity. The MoH of Cyprus is also expected to endorse the regional Health 2020 policy framework in international health activities within the European Region.


\(^{31}\) 1) Improving health for all and 2) reducing health inequalities
Strategic Priority 2 – Exchange of information and expertise in endorsing a Life Course Approach to Healthy Ageing

This strategic priority addresses coordination and collaboration between WHO and the MoH of Cyprus for the implementation of a multidisciplinary life course approach in the areas of health promotion, disease prevention, early diagnosis and integrated care with an emphasis on patient empowerment. Such approaches can lead to active ageing and independent living to endorse optimal health across the lifespan.

Within this strategic priority the following elements for collaboration were identified:
- Chronic diseases
- Mental health
- Elderly
- Children and adolescents

WHO/Europe and the MoH of Cyprus will exchange information and expertise in areas aiming at reducing the growing burden of chronic diseases. More specifically, it will cover the four major chronic diseases (cardiovascular disease, cancers, chronic respiratory disease and diabetes) and their common modifiable risk factors (tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol) and mental health.

The CING’s expertise in epidemiological studies of chronic diseases and rare genetic and neurological diseases will be valuable to this strategic priority. CING’s experience in prevention programs (e.g. neonatal metabolic screening tests) and healthcare of chronic diseases is also essential for this strategic priority. The investigations of risk factors, genetic and environmental, are crucial at this stage in an effort to reduce the incidence of disease burden and particularly neurological diseases of the third age, including dementia and Parkinson’s.

Additionally, Cyprus’ Thalassemia Center at Archbishop Makarios III Hospital can also provide information and expertise in the field of thalassemia awareness and control. The successful program in Cyprus is characterized by intensive education directed towards healthcare professionals and to the whole population, offering up-to-date information on all aspects of thalassaemia, whereas the national screening program and genetic counselling have proven to be very successful in reducing the number of thalassemia patients. Cyprus can collaborate with other countries to share its experience and knowledge on productively managing haemoglobin disorders, spreading disease awareness and supporting educational activities focused on haemoglobin disorders.
Within the context of WHO CEHAPE, Cyprus can share its long and successful experience in developing and implementing Children Action Plans, training professionals and raising awareness for preventing exposure to toxic chemicals and unhealthy environments. The multisectoral National Committee on the Environment and Children’s Health (NaCCEH) and WHO/Europe are expected to collaborate on a more systematic and formal basis on areas targeting the prevention of emerging threats for children’s health derived from endocrine disruptors\(^\text{32}\), nanomaterials e-waste as well as threats related to climate change risks. Furthermore, WHO/Europe is expected to provide technical support to strengthen technical infrastructure and improve knowledge for preventing, diagnosing and curing environmentally induced diseases through the training of pediatricians, gynecologists and other healthcare providers.

WHO’s technical support could also contribute to facilitating the implementation of the WHO Framework Convention on Tobacco Control (FCTC) at national level.

The growing needs of the elderly population will be tackled as well in areas related to better access to services at all levels (primary, secondary and tertiary), with an emphasis on rehabilitation and palliative/long-term care, to promote an equitable and of high quality people-centred health system.

Finally, as far as children and adolescents are concerned, WHO/Europe will provide technical support to strengthen and review relevant national strategies and action plans based on WHO’s European strategic directions (e.g. European Strategy for Child and Adolescent health and development, Children Environment and Health Action Plans for Europe (CEHAPE) and the relevant declarations in Budapest 2004 and Parma 2010).

In particular, Cyprus seeks technical support from WHO to develop a strategy related to the protection and promotion of the health of children and adolescents in Cyprus. WHO is anticipated to provide guidance to the MoH of Cyprus, in reaching its full potential of adopting and implementing the priority areas for action promoted by the WHO/Europe to support and improve the health and development of children and adolescents in the European context (European Strategy for Child and Adolescent health and development). WHO/Europe is expected to facilitate the integration of a rights-based perspective into the planning and implementation of national interventions and programmes for children and adolescent in collaboration with WHO’s Department of Child and Adolescent Health and Development. Additionally, WHO is expected to provide technical assistance on the assessment and review of existing action plans and strategies, targeting health-promotion and health-prevention measures specifically developed for children and adolescents, by protecting and promoting the rights of children and adolescents as embodied in the United Nations Convention on the Rights of the Child (CRC) and by complementing the global commitment to achieving the Millennium Development Goals (MDGs).

\(^{32}\) WHO/UNEP Endocrine chemicals 2012
Within the area of children’s and adolescents’ health, the MoH of Cyprus will work with WHO’s Department of Child and Adolescent Health and Development to support them in better performing their role in improving the country’s planning and programming for child and adolescent health through an exchange of knowledge on best practices in using CRC and the European Strategy for Child and Adolescent health and development, as tools to improve child and adolescent health in Cyprus. Cyprus will also collaborate with WHO to 1) improve the health, welfare and development of children and adolescents at the national level by fulfilling its obligations under the CRC and by meeting its commitment to achieving the MDGs and 2) to promote multisectoral action to address the main health issues related to child and adolescent health and enhance the successful delivering of services to meet their health needs.
Strategic Priority 3 - Strengthen cooperation on national health systems sustainability

Strategy priority 3 aims to modernize, rationalize and substantially improve the quality of Cyprus’ health care delivery, create the conditions for equitable access and the sustainability of its financing, and modernize its governance. It will address the whole health sector, including both its public and private components, while meeting Troika MOU requirements for timely and effective implementation.

Within this strategic priority the following elements for collaboration were identified:
- Sustainable and equitable financing that offers universal social health protection
- Universal access to high quality health care
- Modernizing the governance of the health sector

The actions within this strategic priority aim at focusing on the implementation of the National Health System (NHS) as the financing instrument for the health sector. The fundamental principles of NHS are governed by the General Health Care Scheme Law of 2001 (Ν.89(Ι)/2001) and its subsequent amendments, but the design and implementation of the NHS, notably the role and mode of operation of the Health Insurance Organisation and the role of Ministry of Health will be reviewed, while the potential of modifications to the current architecture (e.g. open, multi-payer systems) will be examined.

The reform of the financing system has a double goal of cost containment and improved equity, reducing direct out-of-pocket payment and catastrophic expenditure. The implementation of the NHS will thus be focused on moving towards universal social health coverage for a defined package of benefits (and hence on prepayment and pooling of funds), free choice of provider and resource mobilization based on social equity, solidarity and sustainability.

Emphasis will be given on activities aiming to ensure universal access to a mix of high quality public and private care – hospital care, specialized ambulatory care, people-centred primary care and public health; particular attention will be given to the utilization of cutting edge information technology to improve quality of care and modernize the management of the health care delivery institutions.

Finally, activities dealing with the modern governance of the health sector, with the Ministry of Health assuming a new role of policy-making, audit, control and regulation for the entire health sector, will be also covered.
Strategic priority 4 – Promote cross-border collaboration in health

This strategic priority is aimed at strengthening existing synergies and creating new ones on health-related international collaborations, by highlighting the coordinating role of WHO/Europe in global health and by enhancing the role of Cyprus in sustaining global advocacy for health from an international perspective.

Within this strategic priority the following elements for collaboration were identified:
- **Communicable diseases**
- **Crisis management**
- **Promoting international collaboration with local scientific institutions**

The actions within this strategic priority aim at enhancing intercontinental cooperation on issues related to the detection and monitoring of *communicable diseases* in the light of the increased movement of displaced populations in the Mediterranean countries. These actions also aim at fostering the development of national capacity for *crisis management* in response to urgent public health needs to manage cross-border health threats; given the strategic geographic position of Cyprus in the Southeastern border of WHO/Europe.

To expand or initiate systematic collaboration of **local scientific institutions** or **tertiary medical education centres** with WHO/Europe or other Member States, is another area of collaboration within this strategic priority.

The Cyprus National Strategy to Combat AMR is harmonized with the guidelines proposed in the WHO European strategic action plan on antibiotic resistance 2011–2016. The National AMR Committee was appointed by the Minister of Health in June 2013, with a mission to coordinate the actions necessary to achieve the strategy's goals. The goals that have been achieved so far include the establishment and operation of the National Antimicrobial Resistance Surveillance System. This system provides invaluable input on planned antimicrobial restriction policies, and will in time permit evaluation of the effectiveness of undertaken actions. Cyprus can provide information on how a newly established National AMR Strategy and Surveillance System are performing in a small country. By sharing its experiences, challenges and achievements with other nations, Cyprus could mutually benefit in its efforts to tackle the growing health problem of AMR. In addition, technical expertise and feedback provided by WHO on the application of the WHONET software, could further contribute to refining data analysis and related conclusions.

Moreover, the State General Laboratory of Cyprus (SGL) can also actively contribute to promoting international collaboration. As a Regional Scientific Institution of Excellence and a Regional Training Centre for WHO (in previous years WHO trainees were trained at SGL), the SGL could provide expertise within the fields of its competency. SGL can also share its experience as a Research Centre. The applied research that takes place within the SGL’s domains is accomplished through participation in National and European research projects, which are funded by the Ministry of Health, the National Research Promotion Foundation, the European Food Safety Authority and the European Union.
Section 6
Implementing the CCS

6.1 Implementation of the Strategic Agenda

Under the strategic agenda, the MoH of Cyprus and WHO are expected to work collaboratively to implement the CCS within available resources to achieve shared goals and secure maximum impact.

The identified CCS health priorities will guide the direction of strategic collaboration with WHO throughout the next 6 years. The Ministry of Health, which represents the Republic of Cyprus at the World Health Assembly, will be the core partner for WHO and will play a critical role in fostering the active participation of Cyprus in intercontinental health organizations.

Some of the strategic areas identified, including endorsing a life course approach to healthy ageing, entail the involvement of other key stakeholders at various levels. The MoH of Cyprus is anticipated to encourage, promote and coordinate intersectoral collaboration at national level in order to fully endorse the implementation of the agreed CCS health priorities, using valuable tools such as the Health 2020 policy framework to foster cooperation and support action for health and well-being within the country.

Consecutively, WHO will collaborate with Cyprus at all levels of the Organization, directed by the WHO Health 2020 policy framework, which was endorsed by all 53 WHO European Region Member States to ensure multisectoral and participatory action.

The WHO Regional Office for Europe will foster and harmonize regional partnership and collaboration with the MoH of Cyprus. The Health 2020 framework, which guides health policy development in the European Region, provides the MoH of Cyprus with a significant tool for addressing national health priorities in a more integrated and coherent way, including universal access to health care, strengthening the health system to tackle the NCD epidemic, advancing the primary health care, the social determinants of health and emerging infectious diseases. The Regional Office will continue to develop innovative forms of collaboration to facilitate Cyprus’ contribution to global health agenda, including enhancing the development of national health expertise and training capacity through academic and scientific institutions by setting up a unique platform for joint learning and sharing of proficiency and experience among countries.
6.2 Prerequisites for effectual implementation of the strategic agenda

The MoH of Cyprus and WHO will promote the CCS to the Government and to their relevant technical departments and units to guide the collaborative programmes and activities and to ensure the successful completion of joint targets and common shared goals set within the CCS strategic framework.

The Ministry of Health will widely disseminate the CCS document to the government and other partners working in and with the country on health-related matters, while the WHO/Europe and WHO headquarters will disseminate the CCS document to all WHO departments and divisions, and other relevant partners and stakeholders, to endorse consistency in addressing the identified health priorities and to ensure continuing complementarity with partner contributions.

The MoH of Cyprus will use the CCS health priorities to revise existing work plans and guide future ones and WHO will ensure that technical interactions with the MoH of Cyprus are consistent and based on the CCS priorities.

The CCS will be a valuable tool for advocacy and resource mobilization for health at global, regional and national levels.

6.3 Monitoring and evaluation of the CCS

A CCS core committee is expected to endorse and facilitate the implementation of the strategic agenda. This committee will consist of representatives from both parties, including national authorities within the MoH of Cyprus along with WHO headquarters’ and WHO Regional Office for Europe’s relevant technical units, such as the Country Relations and Corporate Communications Unit, involved in the implementation of the CCS.

The committee is anticipated to arrange gatherings on an annual basis or when deemed necessary by the entities, to assess progress, development and the degree of implementation of the strategic agenda, to highlight strengths, to identify potential gaps and weaknesses hindering implementation and to set priorities for future investment on matters of mutual interest.

The committee is also expected to monitor and follow up the implementation of the CCS strategic agenda to ensure coherence involving the Secretariat’s work plans with CCS strategic priorities and to guarantee consistency between the core capacity of the Ministry of Health in implementing the priorities identified within the Strategic Agenda to promote better performance, accountability and transparency. The core committee shall also serve as the chief entry point to secure proficient dissemination of information between WHO and the Ministry of Health to monitor both parties’ contribution within this partnership platform.
References


19. European Community Health Indicators; Public health. Health Status Indicators: Disease-Specific Mortality; Standardised death rate (per 100,000 inhabitants); Malignant Neoplasms. (http://ec.europa.eu/health/indicators/echi/list/index_en.htm#id2).


34. Mental Health Atlas 2011 - Department of Mental Health and Substance Abuse, World Health Organization.
Additional Reading

• National Strategy for Cancer, which was adopted by the Council of Ministers in 2009 (http://www.moh.gov.cy/MOH/MOH.nsf/All/E534DDEEBC9AC093422579D70039D61E?OpenDocument)


• eHealth Strategies, Country brief: Cyprus (http://ehealthstrategies.eu/database/documents/Cyprus_CountryBrief_eHStrategies.pdf)
Website: www.euro.who.int