

Cyprus



<http://www.who.int/countries/en/>

WHO region	Europe
World Bank income group	High-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (1)	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	97
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	80.5 (Both sexes) 82.7 (Female) 78.3 (Male)
Population (in thousands) total (2015)	1165.3
% Population under 15 (2015)	16.6
% Population over 60 (2015)	18
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (1)	
Literacy rate among adults aged >= 15 years (%) (2007-2012)	99
Gender Inequality Index rank (2014)	22
Human Development Index rank (2014)	32
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	7.37
Private expenditure on health as a percentage of total expenditure on health (2014)	54.77
General government expenditure on health as a percentage of total government expenditure (2014)	7.58
Physicians density (per 1000 population) (2014)	2.496
Nursing and midwifery personnel density (per 1000 population) (2014)	4.117
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	1.4 [1.1-1.9]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	2.6 [2.1-3.2]
Maternal mortality ratio (per 100 000 live births) (2015)	7 [4 - 12]
Births attended by skilled health personnel (%) (2014)	97.4
Public health and environment	
Population using safely managed sanitation services (%) (2015)	76 (Total) 86 (Urban)
Population using safely managed drinking water services (%) (2015)	100 (Total)

Sources of data:
Global Health Observatory May 2017
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

Life expectancy at birth is close to the average in European Union (EU) countries: for men 78.3 and for women 82.7 (2015). The leading causes of death in 2004-2015 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.

Cyprus has achieved significant progress in communicable disease control compared to the average rate of EU27 and the new surveillance system was an important step in this. The high immunization coverage has led to the eradication of neonatal tetanus and diphtheria, however MMR vaccination coverage is below WHO's targeted 95%.

TB case notification rates continues to decline but with greater rates among persons of foreign origin, therefore a focused national TB elimination plan is planned. The HIV rate remains at a low level. 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.

Cyprus has a declining population growth rate with a total fertility rate of 1.32 (2015). The government is introducing policies to address the future burden of an ageing population.

With regards to NCDs, road traffic injuries are the leading cause of death among people aged 15-29. More than 30% of the population over 15 years of age smokes; 34.4% is overweight and 14.8% obese.

HEALTH POLICIES AND SYSTEMS

This CCS has sought out to align Cyprus' national health plans with the WHO European Health 2020 policy framework. Cyprus has signed and ratified the WHO/FCTC and also signed the Protocol to Eliminate Illicit Trade in Tobacco Products. Cyprus has been involved in the development of the European Mental Health Strategy and the Global Mental Health Action Plan. Numerous actions in the field of e-Health have also been undertaken

The MoH is the principal executive authority of the health sector and is organized into the following departments: Medical and Public Health Services; Mental Health Services; Dental Services; Pharmaceutical Services; and State General Laboratory. This system is comprised of two delivery systems of comparable size: public (highly centralized and exclusively financed by state budget) and the private (practically completely separate from the public health system) and largely unregulated by the MoH. The private sector is still financed by out-of-pocket payments as well as to some extent by voluntary health insurance sector.

The current health system does not ensure universal coverage and entitlement is based on citizenship and income level. The fragmentation within the health system, combined with an inadequate continuity of care, poor communication and coordination between public and private health care providers, is a major weakness of the Cypriot health sector. Therefore a new National Health System (NHS) funded by taxes and social insurance contributions has been proposed. A collaborative agreement was signed between the MoH and WHO in July 2014, to establish a WHO-led Implementation Support Team aimed at accelerating the implementation of the Health Reform Programme. The Cyprus National Reform Programme 2016 envisages a comprehensive reform of the healthcare sector, including the introduction of a National Health System.

COOPERATION FOR HEALTH

Cyprus officially joined the European Union (EU) as a full member on 1 May 2004. 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. Cyprus participates in, among others: Global health programmes: Codex Alimentarius; UNECE Protocol of Water and Health; Global health partnerships; Global Fund; Global health commissions; Commission on Narcotic Drugs. The State General Laboratory is involved in global and European networks, including the Official Medicines Control Laboratories of the European Directorate of Quality of Medicines and Health of the Council of Europe, the European Food Safety Authority, the European Network of Forensic Institutes, the Laboratories for Control of Radioactivity of International Atomic Energy Agency, and the WHO for Environment and Health network. Cyprus belongs to a number of additional international organizations, playing a critical role in addressing global health needs and shaping global health policy.

It is in close partnership with the World Bank, WTO, IOM, IMF, WIPO and OSCE and some other international organizations.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2014–2020)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1: Collaborate with the MoH in promoting the Health 2020 policy framework</p>	<ul style="list-style-type: none"> • Support and facilitate the development of Cyprus National Health 2020 policy framework. • Work with the MoH of Cyprus to 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 to support action for health and well-being within the country.
<p>STRATEGIC PRIORITY 2: Exchange of information and expertise in endorsing a life-course approach to healthy ageing</p>	<ul style="list-style-type: none"> • Exchange of information and expertise in endorsing a life-course approach to healthy ageing by addressing the needs of patients with Chronic diseases: Develop and approach to the challenges mental health patients; Support the promotion of a life-course approach to favor Healthy ageing; Promote Children and adolescents health. • In order to obtain these objectives WHO/Europe and the MoH of Cyprus will exchange information and expertise in areas aiming at reducing the growing burden of chronic diseases (such as 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.
<p>STRATEGIC PRIORITY 3: Strengthen cooperation on national health systems sustainability</p>	<ul style="list-style-type: none"> • 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 (N.89(I)/2001) and its subsequent, 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.
<p>STRATEGIC PRIORITY 4: Promote cross-border collaboration in health</p>	<ul style="list-style-type: none"> • Communicable diseases (i.e. TB). • Promoting international collaboration with local scientific institute. • 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. • Crisis management and response: 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.