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# State of Health in the EU

# Cyprus

Country Health Profile 2019

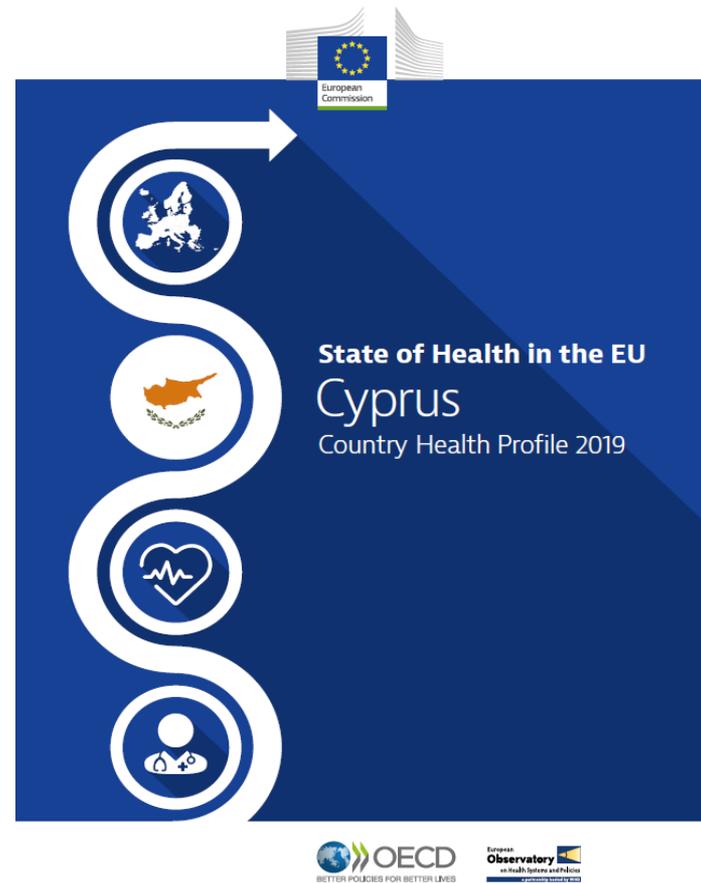
#SoHEU



@Obshealth @OECD\_social @EU\_health

# Profile outline

- 1 Highlights
- 2 Health status
- 3 Risk factors
- 4 The health system
- 5 Health system performance
- 6 Key findings





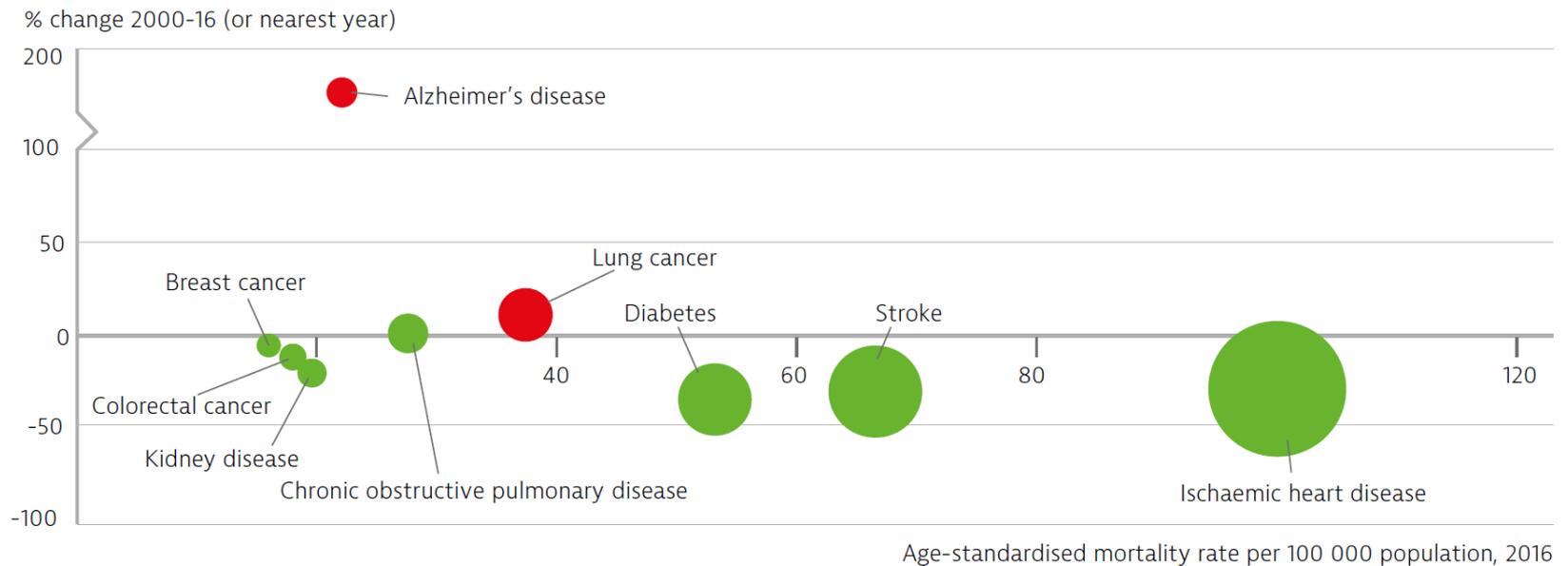
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## 2: Health status in Cyprus

## 2

## Deaths from many diseases have decreased, with the stark exceptions of Alzheimer's disease and lung cancer



*Note: The size of the bubbles is proportional to the mortality rates in 2016. The increase in mortality rates from Alzheimer's disease only covers the period 2006-16. It is largely due to changes in diagnostic and death registration practices.*

*Source: Eurostat Database.*

## Just over half of people in Cyprus report having at least one chronic disease after the age of 65

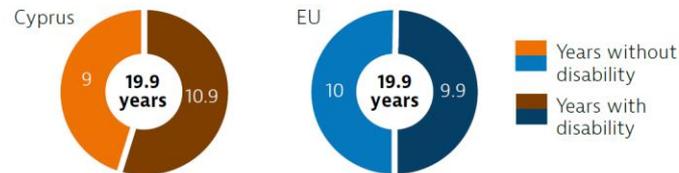


The share of people aged 65 and over has increased steadily; in 2017 one in six Cypriots were over 65 and this is expected to reach **one in four by 2050**.

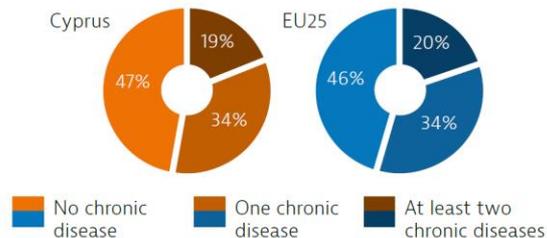


Fewer Cypriots over 65 years report that they experience limitations with basic activities of daily living (**12% compared with an EU average of 18%**).

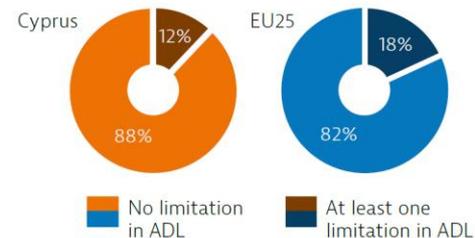
Life expectancy at age 65



% of people aged 65+ reporting chronic diseases<sup>1</sup>



% of people aged 65+ reporting limitations in activities of daily living (ADL)<sup>2</sup>



Notes: 1. Chronic diseases include heart attack, stroke, diabetes, Parkinson's disease, Alzheimer's disease and rheumatoid arthritis or osteoarthritis. 2. Basic activities of daily living include dressing, walking across a room, bathing or showering, eating, getting in or out of bed and using the toilet.  
Source: Eurostat Database for life expectancy and healthy life years (data refer to 2017); SHARE survey for other indicators (data refer to 2017).

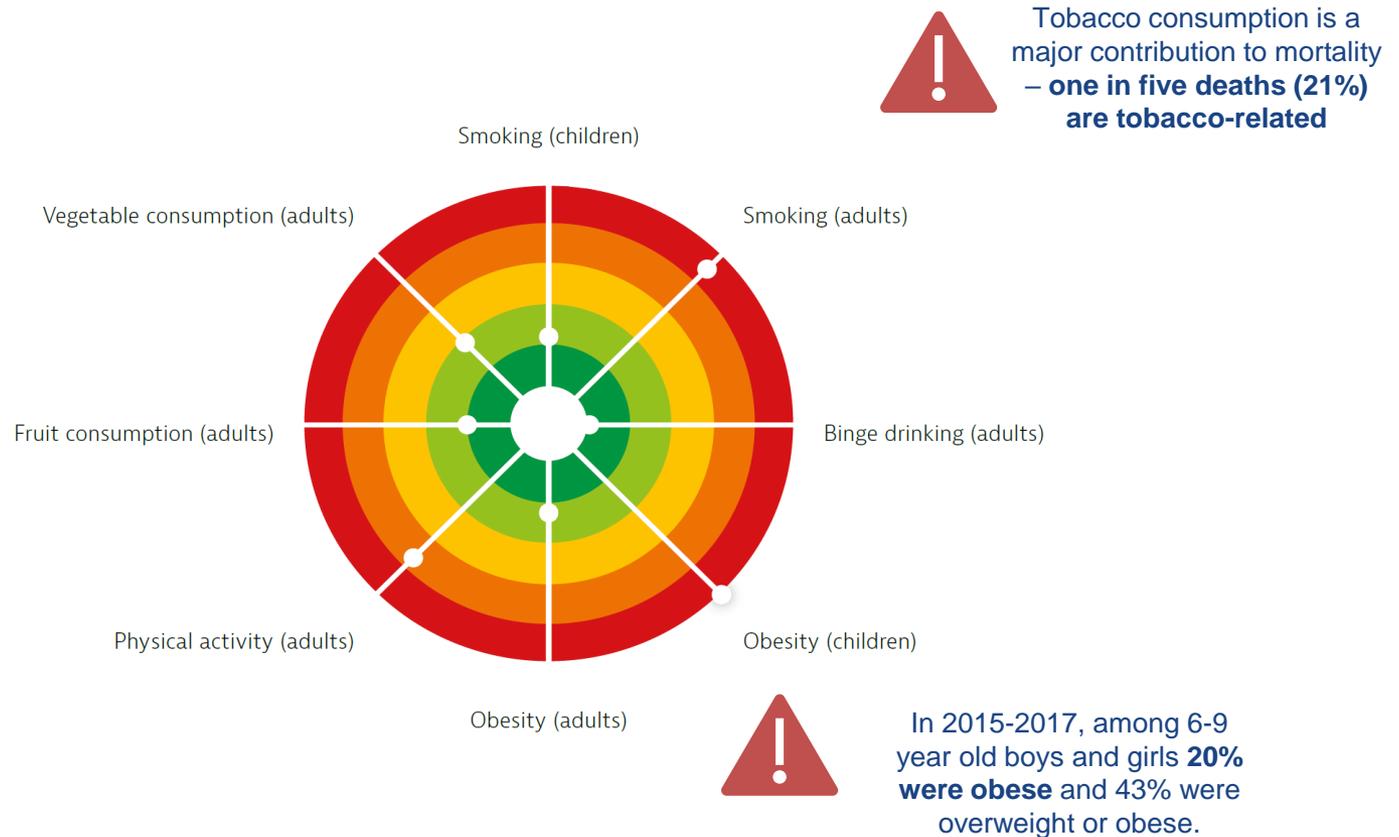


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# 3: Risk factors in Cyprus

## Cyprus compares well with the EU on some risk factors, but smoking remains a major public health problem



*Note: The closer the dot is to the centre, the better the country performs compared to other EU countries. No country is in the white 'target area' as there is room for progress in all countries in all areas.*

*Sources: OECD calculations based on ESPAD survey 2015 and HBSC survey 2013–14 for children indicators; and EU-SILC 2017, EHIS 2014 and OECD Health Statistics 2019 for adults indicators.*



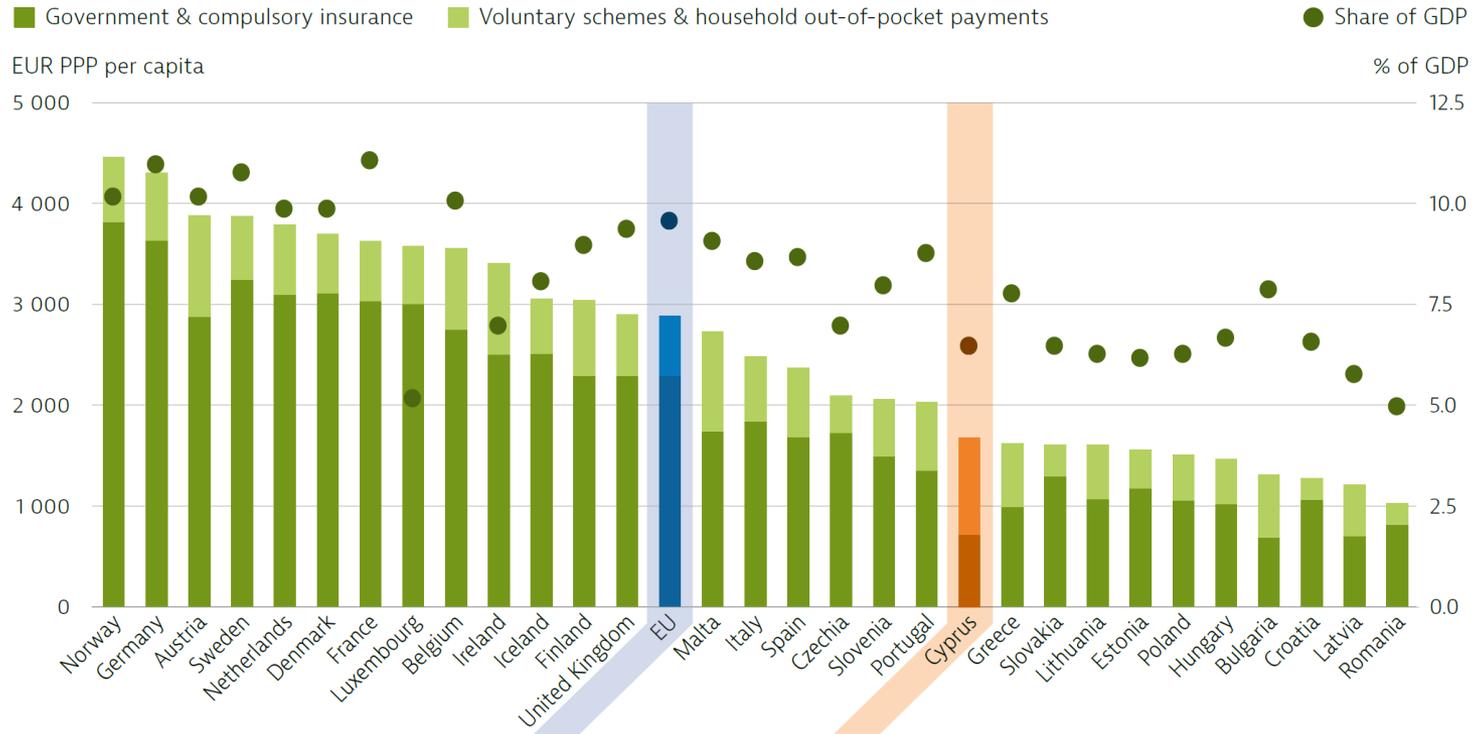
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# The health system in Cyprus

## 4

## Health care funding in Cyprus is characterised by low public spending and high out-of-pocket payments



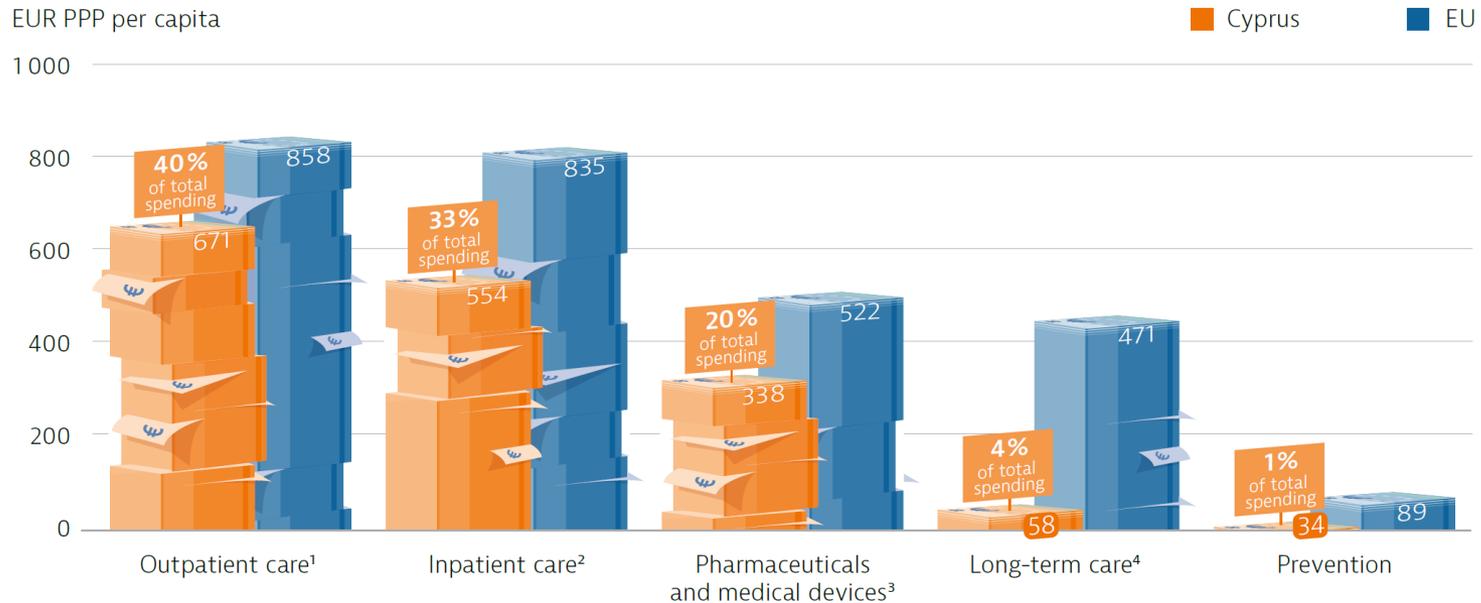
Source: OECD Health Statistics 2019 (data refer to 2017).



- Private as a share of total spending is very high – 56.2% in 2017 (45% OOP, 11.6% VHI)
- Despite increases, the share of government spending (6.7% GDP) is still far below the EU average (9.8% GDP)

## 4

## Cyprus has been spending less per person on inpatient, outpatient and long-term care compared to the EU



Notes: Administration costs are not included. 1. Includes home care; 2. Includes curative–rehabilitative care in hospital and other settings; 3. Includes only the outpatient market; 4. Includes only the health component.

Sources: OECD Health Statistics 2019, Eurostat Database (data refer to 2017).

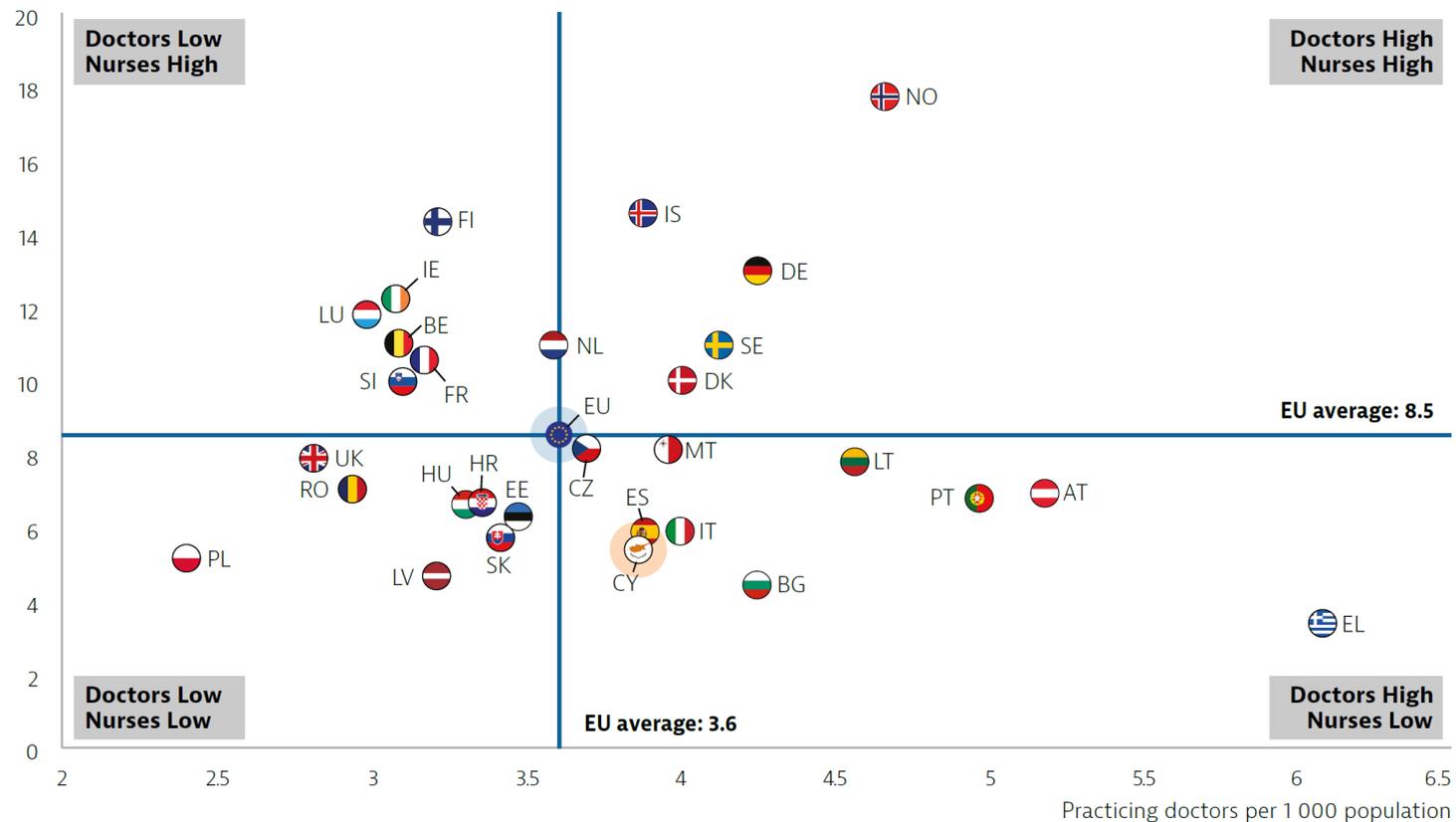


- Cyprus spends less per person on all aspects of healthcare than the EU average
- But 40% of spending goes to outpatient care (EU average is 29.7%), and 1% goes to prevention (EU average is 3.1%)

## 4

## The number of doctors in Cyprus is above the EU average, while the number of nurses is well below

Practicing nurses per 1 000 population



Note: In Portugal and Greece, data refer to all doctors licensed to practise, resulting in a large overestimation (e.g. of around 30 % in Portugal). In Austria and Greece, the number of nurses is underestimated as it only includes those working in hospital.  
Source: Eurostat Database (data refer to 2017 or nearest year).



- Most doctors work in the private sector, while most nurses are in the public sector
- Efforts to recruit additional GPs and paediatricians to work in the public system are underway



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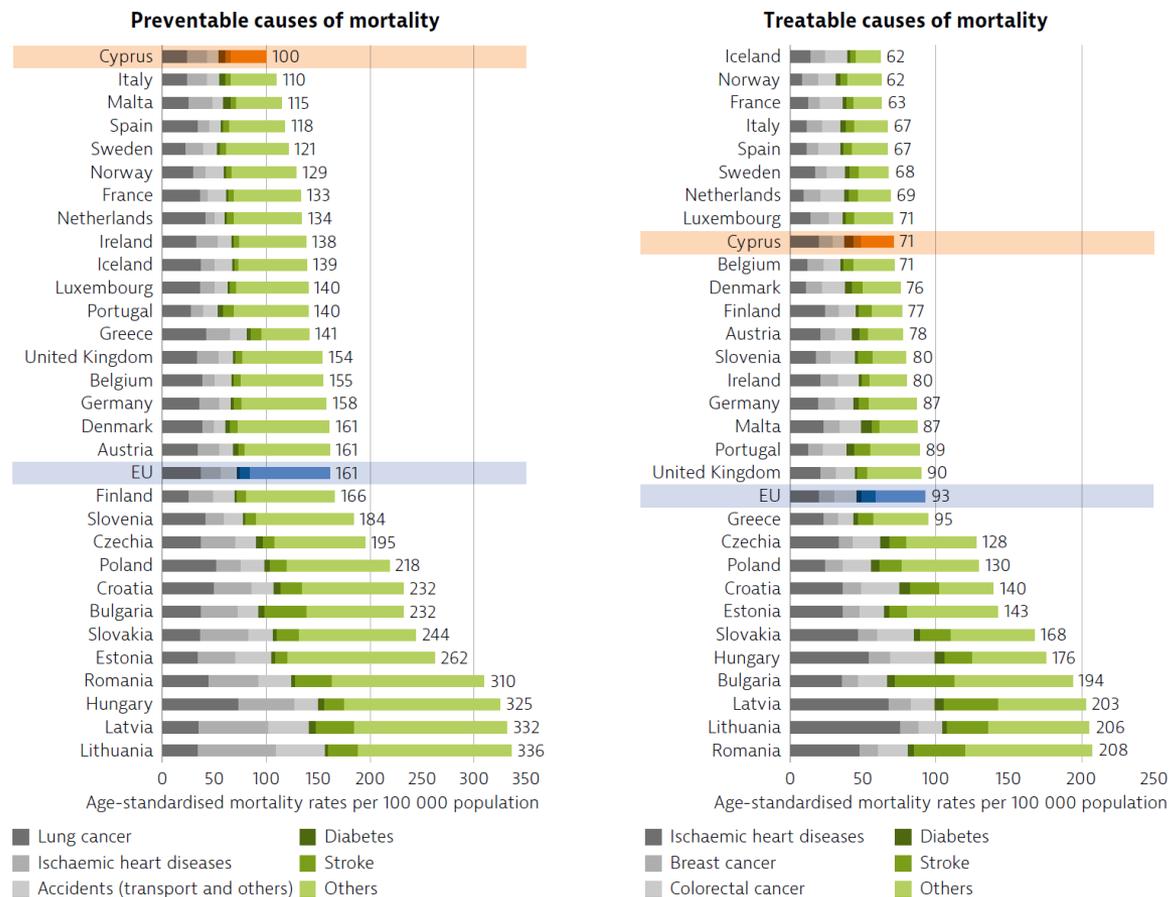


# Health system performance in Cyprus

## Effectiveness: Cyprus records the lowest rate of preventable mortality, while mortality from treatable causes is also comparatively low



Low preventable mortality rates might be explained in part by lower exposure to some risk factors



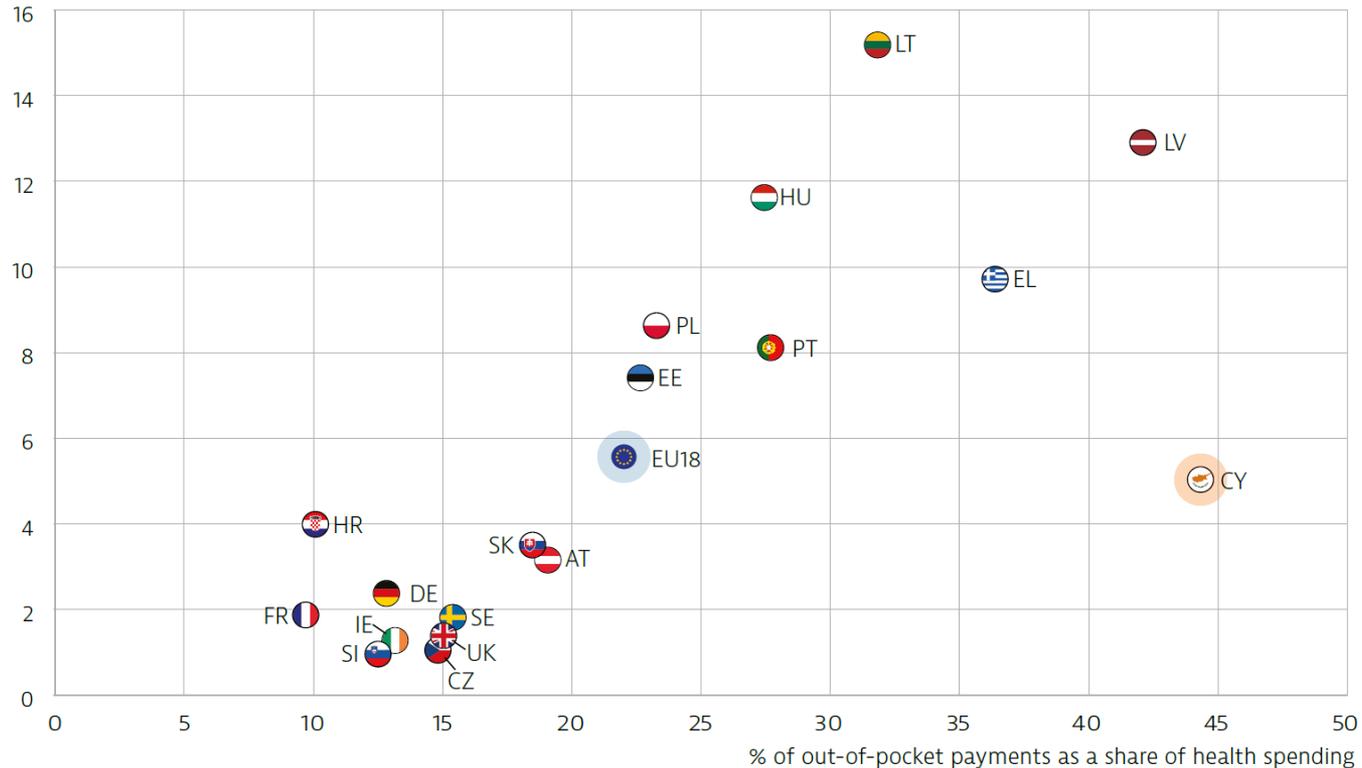
Note: Preventable mortality is defined as death that can be mainly avoided through public health and primary preventive interventions. Mortality from treatable (or amenable) causes is defined as death that can be mainly avoided through health care interventions, including screening and treatment. Both indicators refer to premature mortality (under age 75). The data are based on the revised OECD/Eurostat lists.

Source: Eurostat Database (data refer to 2016).

## 5

## Accessibility: Very high out-of-pocket spending does not lead to high catastrophic spending in Cyprus

% of households with catastrophic spending



Sources: WHO Regional Office for Europe 2019; OECD Health Statistics 2019.

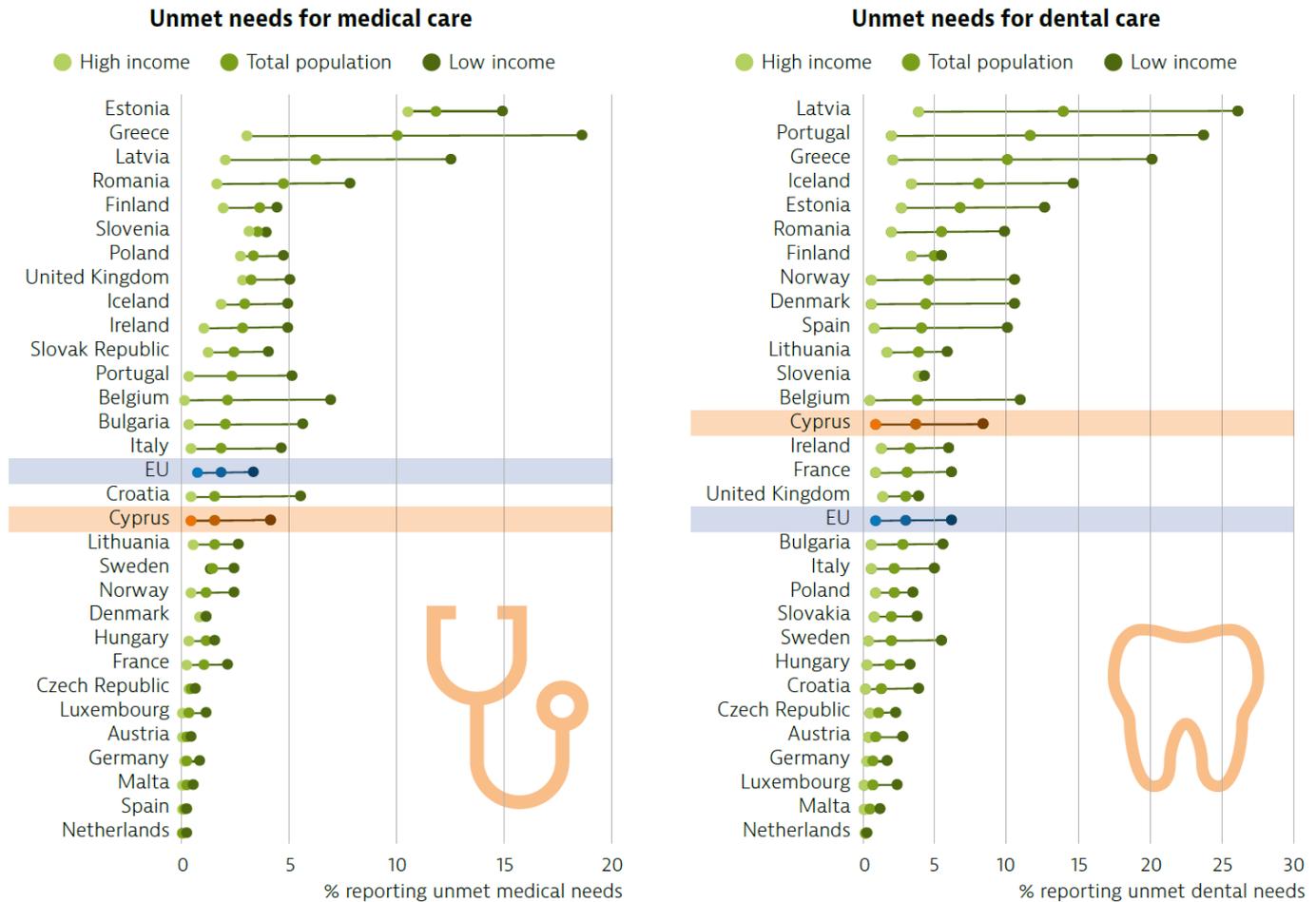


- Catastrophic spending is very low considering how high out-of-pocket spending is, potentially because the public sector services have been able to act as a safety net
- Most OOP spending is on outpatient medical care and pharmaceuticals
- High-cost diagnostics are mostly available in the private sector

## Accessibility: Lower income groups in Cyprus have higher levels of unmet needs for both medical and dental care



Unmet needs for **medical care** are mainly due to long **waiting times** in the public sector. Unmet needs for **dental care** are mainly for **financial reasons**

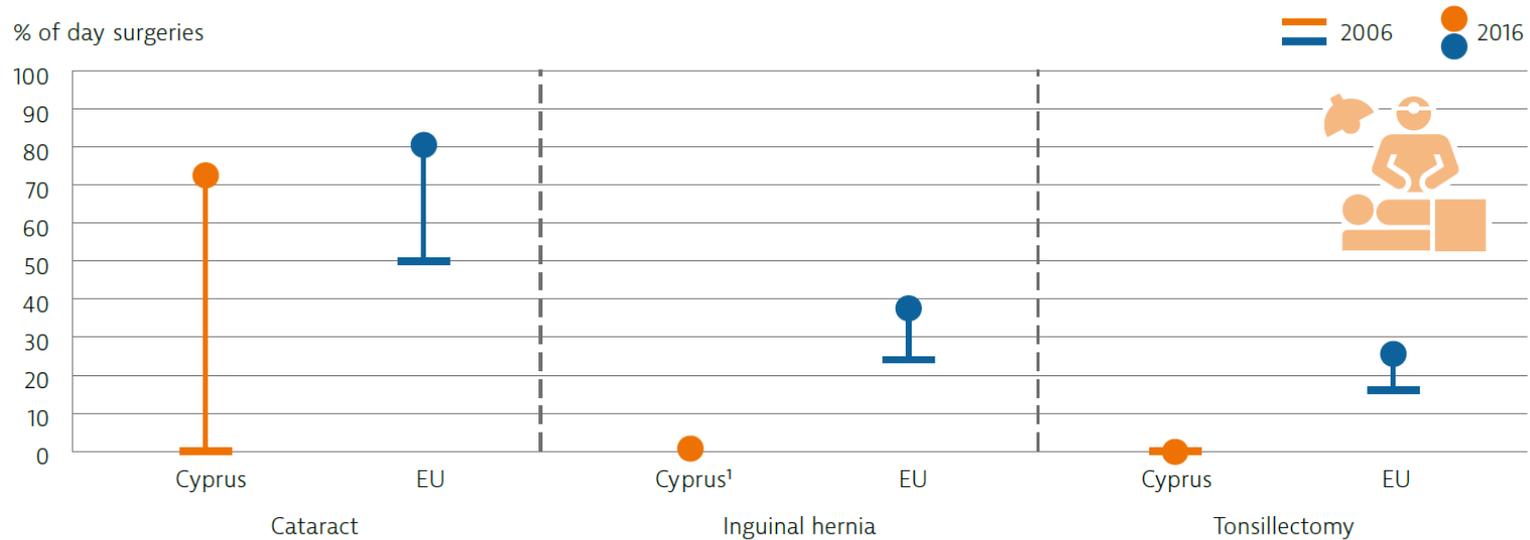


Note: Data refer to unmet needs for a medical and dental examination or treatment due to costs, distance to travel or waiting times. Caution is required in comparing the data across countries as there are some variations in the survey instrument used.

Source: Eurostat Database, based on EU-SILC (data refer to 2017).

## 5

## Resilience: Day surgery rates are an indicator of efficient resource use, and in Cyprus they are underdeveloped except for cataract surgery



Note: 1. No data available for Cyprus for 2006.

Source: OECD Health Statistics 2018; Eurostat Database (data refer to 2006 and 2016, or nearest year).



Saving money by **improving efficiency in hospitals** and **strengthening primary care** to support availability of more services in less costly and more appropriate settings are key to enhance health system resilience



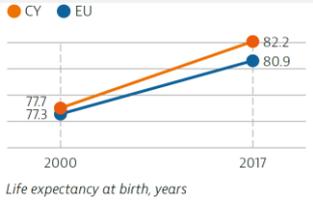
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# Key findings for Cyprus

# 6

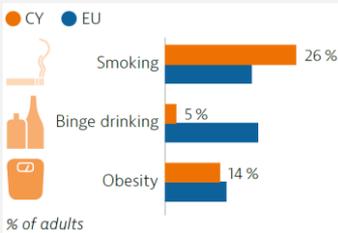
## Summary of the key findings



Cypriot people live long and generally healthy lives. **Mortality rates have fallen by over 20%** but preventable deaths from lung cancer are among the highest in the EU.



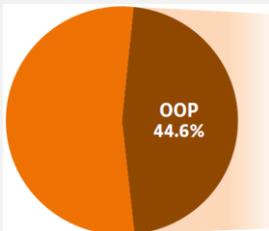
Implementing the **new General Healthcare System** is the greatest challenge Cyprus faces to expand coverage and improve financial equity.



**More than a quarter of adults in Cyprus smoke daily** although binge drinking is lowest in the EU. Obesity and overweight among children it is now extremely high at 43%.



**Primary care is being strengthened** to improve coordination across private and public providers through gatekeeping



**Out-of-pocket spending is highest in the EU.** Although **Unmet needs for medical care are low** they are ten times higher for low-income groups.



Changes to the payment system for inpatient care is designed to rationalise reimbursement and improve resource used to **ensure the sustainability of the system**

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