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Healthcare Systems in Cyprus

Cyprus is the third largest Mediterranean island after Sicily and Sardinia, situated 60 km south of Turkey and 300 km north of Egypt. Cyprus is a divided island. In general, access to information concerning the northern part of the island is limited. Thus, this article refers to the Republic of Cyprus.

Population

Cyprus' estimated population is 730,000 of which 87.5 percent belongs to the Greek Cypriot community and 12.5 percent to the Turkish Cypriot community. Greek and Turkish are the official languages of the Republic but English is widely spoken and understood.

Mortality Rates

In 2001, Cyprus had a life expectancy at birth approximately equal to the EU-15 average for both males (76.1) and females (81) (WHO, 2001). Infant mortality has declined gradually and is now approximately equal to the EU-15 average of 4.94.

Health Trends

Traditional Mediterranean eating habits are being abandoned gradually in favour of fast-food based dietary habits that have contributed to the 44.3 percent male and 29.7 percent female obesity rate among Cypriots in 2001. Furthermore, 24.6 percent of men and 19 percent of women are overweight. There are significantly higher rates of obesity among male Cypriots. A study showed a paediatric obesity prevalence of 10.3 percent for males and 9.1 percent for females, with approximately 15 percent of both sexes defined as overweight. Tobacco consumption is extremely high though adult alcohol consumption is 8.96 litres per capita, lower than the EU-15 average of 11.69 litres.

Health system

The Council of Ministers has overall responsibility for the state's role in the social protection and healthcare system in Cyprus. It exercises this authority through the Ministry of Health and the Ministry of Labour and Social Insurance and, to a smaller extent, the Ministry of Finance. The Ministry of Health is responsible mainly for the organisation of the healthcare system in Cyprus and the provision of state-financed healthcare services. The Ministry of Health formulates national health policies, coordinates the activities of both the private and the public sector, regulates healthcare standards and promotes the enactment of relevant legislation. It is organised into various departments and manpower development institutes including:

1. General Laboratory, which provides laboratory analysis services including inspection of food, water, medicine, police evidence and drugs investigations (but not services for clinical purposes);
2. Pharmaceutical Services, responsible for the testing, supply and pricing of pharmaceuticals, inspection of pharmacies, etc;
3. Medical and Public Health Services, responsible for services in the fields of prevention, primary, secondary and tertiary care;
4. Dental Services, and
5. Mental Health Services

Cyprus is a small country with a highly centralised public administration system. Public health services are provided through a network of hospitals, health centres, sub-centres and dispensaries. Most of the system's organisational, administrative and regulatory functions take place at state level; the lower administration levels cooperate with the central administration primarily for the implementation of public health and health promotion initiatives. Yet, following recommendations, a reform of the Ministry of Health is under way. New departments are being established and the administration of public hospitals decentralised on the basis of modern systems of management and medical audit.

Financing & Health Coverage

There are five types of coverage:

1. Public health provision;
2. Private health provision;
3. Funds for medical care by employers and trade unions;
4. Schemes for sponsored patients abroad, and
5. Private health insurance schemes.

Presently, government provision of healthcare services is funded by general taxation, with the exception of a small part financed from charges imposed on some services. The financing scheme is expected to change with the implementation of the comprehensive National Health Insurance Scheme (NHIS), when financing healthcare services will be based largely on compulsory health insurance contributions. Social protection schemes, other than health, are financed by a mixture of income related contributions and general taxation. The social insurance scheme is financed by earnings-related contributions (16.6 percent of gross salary for employees, 15.6 percent for self-employed persons and 13.5 percent for the voluntary insured). The social pension scheme is paid out of general taxation and reviewed each year to take account of increases in wages and the cost of living.

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