



State of Health in the EU

# CYPRUS

Country Health Profile 2025

## The Country Health Profiles series

The *State of Health in the EU's* Country Health Profiles provide a concise and policy-relevant overview of health and health systems in the EU/European Economic Area. They emphasise the particular characteristics and challenges in each country against a backdrop of cross-country comparisons. The aim is to support policy makers and influencers with a means for mutual learning and knowledge transfer. The 2025 edition of the Country Health Profiles includes a special section dedicated to pharmaceutical policy.

The profiles are the joint work of the OECD and the European Observatory on Health Systems and Policies, in co-operation with the European Commission. The team is grateful for the valuable comments and suggestions provided by the Observatory's Health Systems and Policy Monitor network, the OECD Health Committee and the EU Expert Group on Health Systems Performance Assessment (HSPA).

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## Data and information sources

The data and information in the Country Health Profiles are based mainly on national official statistics provided to Eurostat and the OECD, which were validated to ensure the highest standards of data comparability. The sources and methods underlying these data are available in the Eurostat Database and the OECD Health Database. Some additional data also come from the Institute for Health Metrics and Evaluation (IHME), the European Centre for Disease Prevention and Control (ECDC), the Health Behaviour in School-Aged Children (HBSC) surveys, the Survey of Health, Ageing and Retirement in

Europe (SHARE), the European Cancer Information System (ECIS), and the World Health Organization (WHO), as well as other national sources.

The calculated EU averages are weighted averages of the 27 Member States unless otherwise noted. These EU averages do not include Iceland and Norway.

This profile was finalised in September 2025, based on data that were accessible as of the first half of September 2025.

## Demographic and socioeconomic context in CYPRUS, 2024

Demographic factors	Cyprus	EU
Population size	966 365	449 306 184
Share of population over age 65	18 %	22 %
Fertility rate 2023 <sup>1</sup>	1.4	1.4
Socioeconomic factors		
GDP per capita (EUR PPP) <sup>2</sup>	37 768	39 675
At risk of poverty or social exclusion rate <sup>3</sup>	17.1 %	20.9 %

1. Number of children born per woman aged 15-49.
2. Purchasing power parity (PPP) is defined as the rate of currency conversion that equalises the purchasing power of different currencies by eliminating the differences in price levels between countries.
3. At risk of poverty or social exclusion (AROPE) is the percentage of people who are either at risk of poverty, severely materially and socially deprived, or living in a household with very low work intensity.

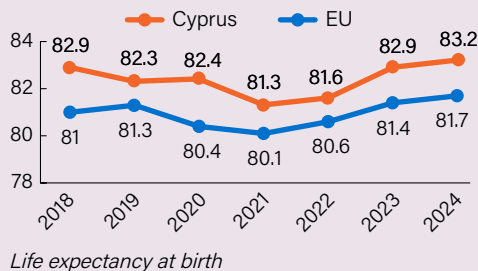
Source: Eurostat Database.

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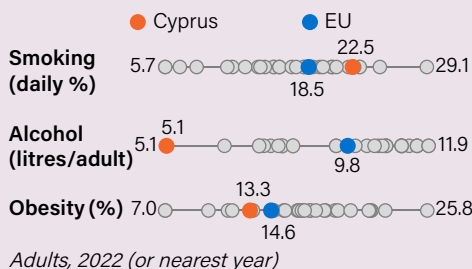
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# 1 Highlights



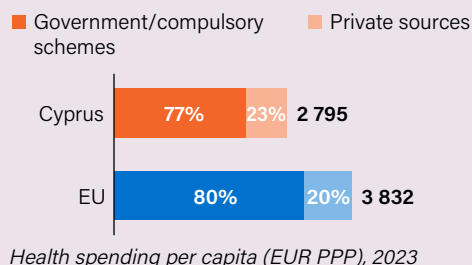
## Health Status

At 83.2 years, life expectancy in Cyprus was above the EU average in 2024, even though overall life expectancy dropped temporarily by a full year between 2019 and 2021 due to the COVID-19 pandemic. In 2024, 75 % of the Cypriot population reported being in good health – a higher proportion than the EU average (68 %) – but inequalities by income level are significant.



## Risk Factors

The proportion of adults smoking daily in 2019 was higher in Cyprus than in most EU countries – particularly among men. Smoking rates were also higher among those with higher education levels in Cyprus than across the EU. However, alcohol consumption in particular, and obesity rates, are below the EU averages.

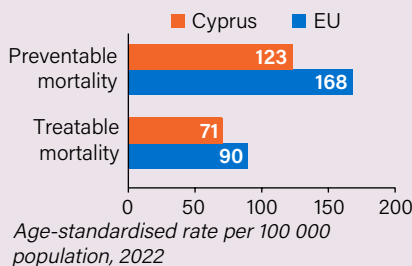


## The Health System

Current health expenditure per capita in Cyprus was below the EU average in 2023, but the share of public expenditure has increased dramatically with the introduction of the General Healthcare System. Out-of-pocket spending has decreased significantly, falling to 18 % of health spending in 2023 – only slightly above the EU average (16 %).

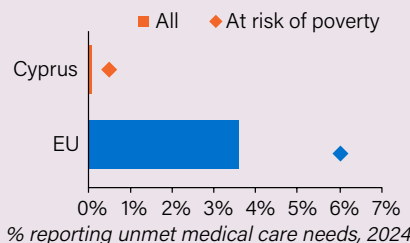
## Health System Performance

### Effectiveness



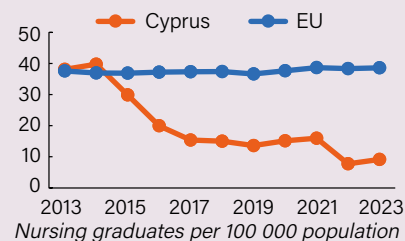
Both preventable and treatable mortality were lower in Cyprus than the EU averages in 2022. Lung cancer is the leading cause of preventable mortality in Cyprus; this is linked to high smoking rates. Data limitations mean that attributing low treatable mortality rates to the performance of specific parts of the health system is not possible.

### Accessibility



For all income levels, unmet medical care needs were very low in Cyprus. Fewer than 1 % of people needing care reported being unable to access it for reasons of cost, waiting times or distance to travel in 2024. Reported unmet needs for dental care were higher in 2024 – especially among those at risk of poverty.

### Resilience



Ensuring the sustainability of the health workforce is a key challenge in building resilience. While Cyprus has managed to increase the supply of doctors – especially general practitioners – the country has among the lowest densities of nurses in the EU, and recent trends show a further decline in nursing graduates. The ratio of nurses to doctors was nearly 1:1 in 2023.

## Spotlight: pharmaceuticals

In 2023, Cyprus spent EUR 467 per capita on retail pharmaceuticals, which is comparatively low; but the public financing share of expenditure on pharmaceuticals reached 71 %, which is comparatively high. The introduction of the General Healthcare System has brought expanded coverage of pharmaceuticals, including inpatient drugs and new treatments. However, access to novel medicines remains a challenge due to the “small market” problem; this limits Cyprus’ attractiveness as a market for pharmaceutical companies and the country’s bargaining power, resulting in inelastic pricing.

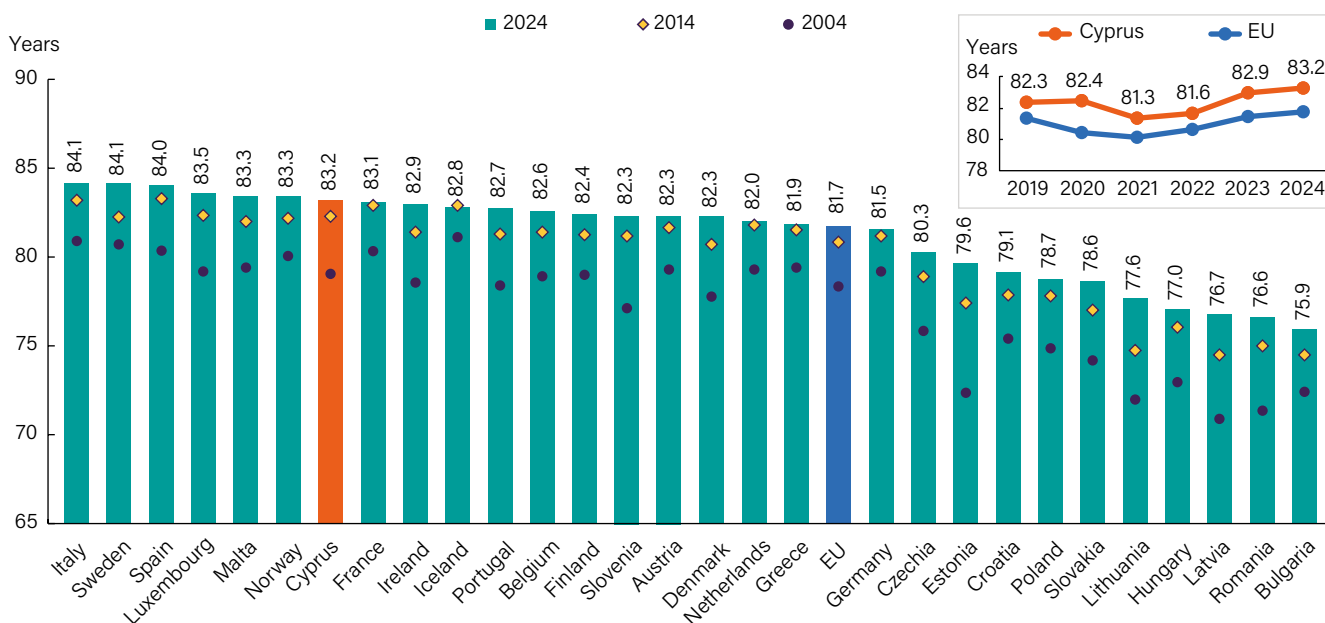
## 2 Health in Cyprus

### Life expectancy in Cyprus is one and a half years above the EU average

In 2024, life expectancy at birth in Cyprus stood at 83.2 years – 1.6 years higher than the EU average (Figure 1). Following the reduction in life expectancy in 2021 during the COVID-19 pandemic, life expectancy rebounded in 2023 to

surpass its 2019 pre-pandemic level. As in other European countries, in Cyprus women tend to live longer than men. In 2024, Cypriot women could expect to live 85.5 years, more than 4 years longer than men (81.1 years). This gender gap is more than one year smaller than the EU average gap (5.2 years).

**Figure 1. Life expectancy in Cyprus is higher than the EU average**



Notes: The EU average is weighted. 2024 data for Ireland refer to 2023.  
Source: Eurostat (demo\_mlexpec).

### Cardiovascular diseases and cancer were the main causes of death, followed by respiratory diseases

In 2023, the leading causes of death in Cyprus were cardiovascular diseases (including ischaemic heart disease and stroke) and cancer (particularly lung, breast and colorectal cancer), which together accounted for 46 % of all deaths (Figure 2). Respiratory diseases accounted for 10.3 % of all deaths in 2023. COVID-19 still caused 4 % of all Cypriot deaths in 2023, down from a high of 9.3 % in 2022.

### Three quarters of adults report being in good health, but sizeable disparities exist across income groups

In 2024, 75 % of the Cypriot population reported being in good health, which is a higher proportion than the EU average (68 %). However, as in other EU countries, there was a large gap in how people rate their health by income level: only 57 % of women in the lowest income quintile reported being in good health compared to 86 % of those in the highest quintile. The gap between men was similar and also larger than the EU average gap (Figure 3).

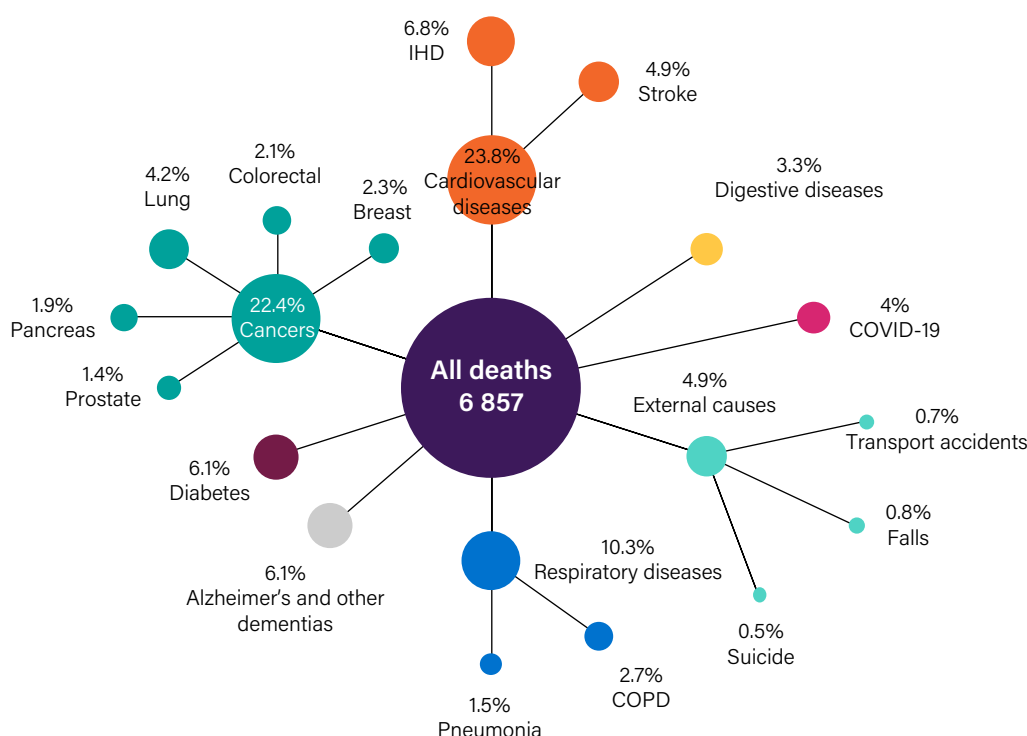
### Women live a greater proportion of their lives after age 65 with health issues and disabilities

As in other EU countries, the share of people aged 65 and over is increasing in Cyprus: it grew from 11 % in 2000 to 18 % in 2024 because of higher life expectancy and lower fertility rates. This share is projected to increase to 22 % by 2050 in Cyprus.

In 2022, at age 65, Cypriot women could expect to live another 20.7 years, while men could expect to live another 18.3 years, but much of this is with activity limitations (Figure 4). Healthy life expectancy between men and women in Cyprus is relatively equal, but women are living longer with activity limitations – 12.1 years for women compared to 9.5 years for men.

Over 40 % of Cypriot women and men aged 65 and over reported multiple chronic conditions in 2022, which is comparable to the EU average. There is a large gender gap in people reporting limitations in daily activities: more than one in four women (26 %) aged 65 and over reported limitations in daily activities compared to one in nine men (11 %). However, both of these rates are below the EU averages of 31 % of women and 21 % of men aged 65 and over.

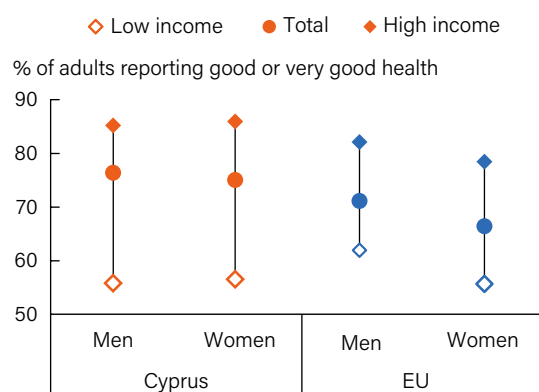
**Figure 2. Cardiovascular diseases and cancer accounted for just under half of all deaths in Cyprus**



Note: IHD = ischaemic heart diseases; COPD = chronic obstructive pulmonary disease.

Source: Eurostat (hlth\_cd\_aro); Data refer to 2023.

**Figure 3. Inequalities in self-reported health by income level in Cyprus were larger than the EU average**



Note: Low income refers to adults in the bottom 20 % (lowest quintile) of the national equivalised disposable income distribution, while high income refers to adults in the top 20 % (highest quintile).

Source: Eurostat based on EU-SILC (hlth\_silc\_10); data refer to 2024.

### Prevalence and incidence of cardiovascular diseases are low in Cyprus

Cardiovascular diseases (CVDs) are not only the leading causes of death in Cyprus but also leading causes of morbidity and disability, mirroring patterns observed across the EU. According to estimates from the Institute for Health Metrics and Evaluation (IHME), approximately 6 800 new cases of CVD occurred in Cyprus, and more than 71 000 people were living with a CVD in 2021. This is equivalent to an age-standardised rate of 955 per 100 000 population, which was 17 % lower than the EU average, while the estimated prevalence rate was 26 % below

the EU average. The combination of both incidence and prevalence of CVD being below average indicates a relatively low overall CVD burden (Figure 5).

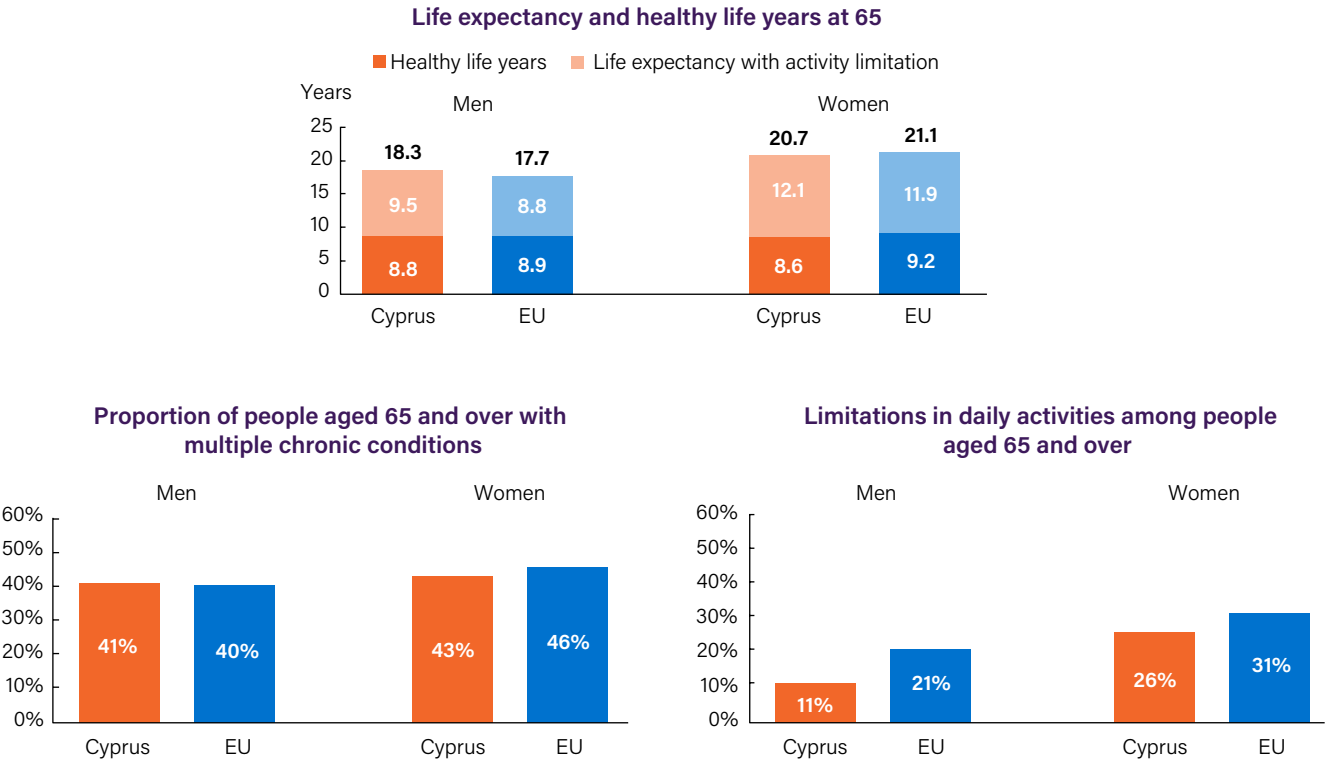
As in other EU countries, the estimated incidence and prevalence rates of CVDs in Cyprus were higher among men than among women, but the gender gap was significantly narrower than the EU average gap. Ischaemic heart disease is one of the most frequent types of CVD, representing one quarter of all CVDs.

### The cancer incidence rate in Cyprus is slightly above the EU average

Over 4 600 new cases of cancer were estimated for the year 2022 for Cyprus, and more than 36 000 people were estimated to be living after a cancer diagnosis in 2020 according to the European Cancer Information System (ECIS). Compared to the EU average, the 2022 age-standardised incidence rate of cancer in Cyprus is almost 2 % higher while the estimated 2020 prevalence rate is 3 % lower (Figure 6). Cancer prevalence has increased over the past decade in Cyprus, highlighting the importance of focusing on the quality of life of cancer patients as people are living longer with cancer, and more people have a history of the disease (OECD/European Commission, 2025).

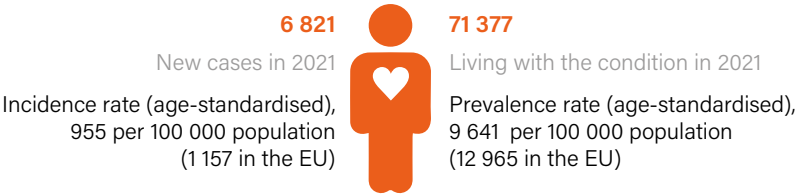
In 2022, men were estimated to have a cancer incidence rate that is 7 % higher than women, which is much smaller than the EU average gender gap of 20 %. The leading newly diagnosed cancer sites for men in 2022 are prostate, lung and colorectum, while among women the leading cancer sites are breast, thyroid and lung. The number of new cancer cases is projected to increase by 30 % by 2040 due to population ageing alone.

Figure 4. As in other EU countries, over half of life expectancy of people at age 65 in Cyprus is lived with some disabilities



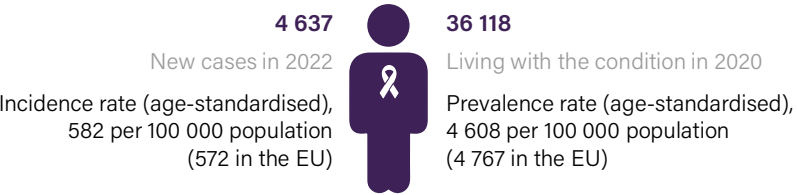
Source: Eurostat for healthy life years (tespm120, tespm130) and SHARE survey (for chronic conditions and limitations in daily activities); data refer to 2022 and 2021–22, respectively.

Figure 5. About one in ten people were living with a cardiovascular disease in Cyprus in 2021



Note: Cardiovascular disease prevalence and incidence estimates from IHME were rescaled to reflect the population of the government-controlled areas of the Republic of Cyprus, ensuring consistency with other national statistics presented in this profile.  
Source: IHME, Global Health Data Exchange; estimates refer to 2021.

Figure 6. About one in twenty-five people were estimated to be living with cancer in Cyprus in 2020



Notes: These are estimates that may differ from national data. Cancer incidence includes all cancer sites except non-melanoma skin cancer.  
Source: European Cancer Information System; estimates refer to 2022 for incidence and 2020 for prevalence.

### 3 Risk factors

#### Over a quarter of all deaths are attributable to behavioural risk factors in Cyprus

Around 27 % of all deaths in Cyprus in 2021 could be attributed to behavioural risk factors such as tobacco smoking, dietary risks, alcohol consumption and low physical activity. Tobacco smoking alone was estimated to account for nearly half of these deaths (13 % of all deaths). Air pollution in the form of fine particulate matter (PM<sub>2.5</sub>) and ozone exposure alone accounted for an estimated 6 % of all deaths in 2021.

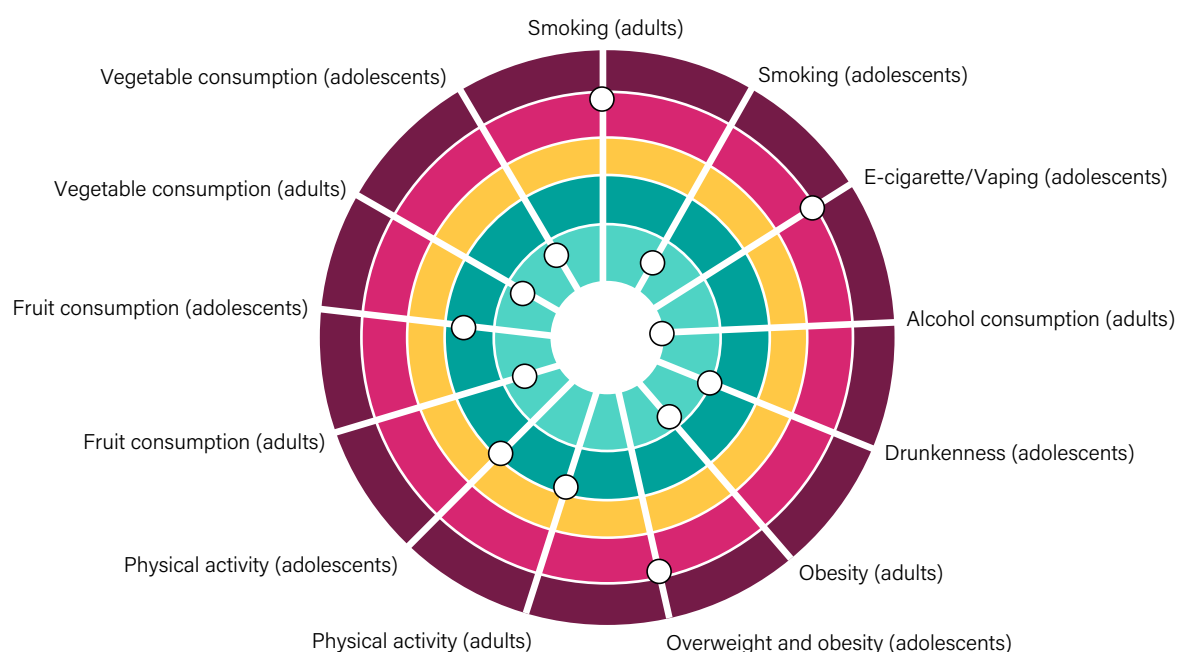
#### Smoking remains a major public health issue, especially for men

Tobacco consumption remains a major public health concern in Cyprus (Figure 7). The proportion of adults reporting

that they smoked every day was 22.5 % in 2019 (latest year available), which was above the EU average (18.5 % in 2022). This is mainly due to a high smoking rate among men (32 %), which is more than double the rate among women (13 %). While many tobacco control policies are in place, they are relatively weak and poorly enforced (see Section 5.1).

Tobacco consumption patterns among adolescents are changing. The proportion of 15-year-olds reporting smoking cigarettes (11 %) was lower in Cyprus than in most EU countries in 2022, but e-cigarettes have become more popular, and more than one quarter (27 %) of 15-year-olds in Cyprus reported smoking e-cigarettes in the last 30 days in 2022. This rate is among the highest in Europe.

**Figure 7. Smoking among adults and vaping among adolescents are important public health issues in Cyprus**



*Note:* The closer the dot is to the centre, the better the country performs compared to other EU countries. No country reaches the white target area, indicating that all countries have room for improvement in all areas.

*Sources:* OECD calculations based on HBSC survey 2022 for adolescents indicators; and Eurostat based on EU-SILC and OECD Data Explorer for adult indicators (2022 or nearest available year), except smoking (EHIS 2019).

#### Overweight and obesity rates among adolescents are higher than the EU average

Almost a quarter of 15-year-olds in Cyprus (24 %) were overweight or obese in 2022 – a higher rate than the EU average of 21 %. A much higher proportion of 15-year-old boys were defined as overweight or obese (30 %) than girls (17 %) in 2022. An earlier WHO survey in the period 2018-20 showed even higher overweight and obesity rates among younger children aged 9, with 39 % of girls and 48 % of boys at that age defined as overweight or obese – among the highest rates in the EU (WHO Regional Office for Europe, 2022).

#### Most adolescents and adults do not perform sufficient physical activity

Physical activity is an important contributor to the health of people at all ages. In 2022, only 16 % of 15-year-olds performed at least moderate physical activity for 60 minutes each day, which was close to the EU average (15 %). Among adults, about 41 % reported performing physical activity outside work more than three times per week, which is above the EU average (31 %) but substantially lower than in some Nordic countries where the majority of adults (60 % or more) report exercising more than three times per week.



Fruit and vegetable consumption among adolescents and adults is higher than the EU average, but there is still room for improvement

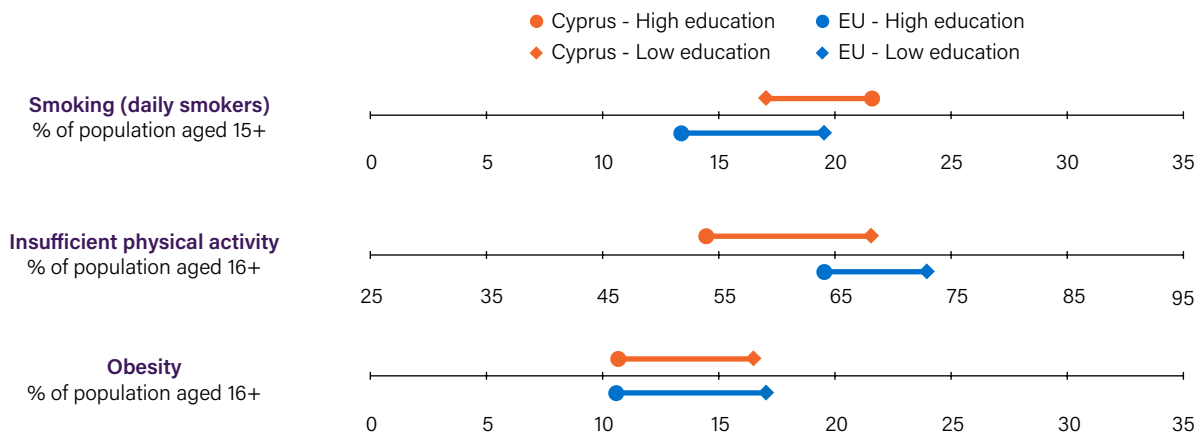
While the proportion of 15-year-old adolescents in Cyprus who report eating at least one portion of fruit or vegetables per day was slightly higher than the EU average, only 33 % reported eating fruit daily and a slightly higher proportion (38 %) reported eating vegetables daily in 2022.

Daily consumption of fruit and vegetables is higher among adults: 68 % of adults reported daily intake of fruit (compared to a 61 % EU average), while 65 % reported daily vegetable intake (also higher than the 60 % EU average).

Socioeconomic inequalities in risk factors contribute to inequalities in health status

As in other countries, many risk factors in Cyprus are more common among people from disadvantaged socioeconomic backgrounds. For example, people with lower education levels are more likely to be physically inactive and obese than those with higher education levels (Figure 8). However, in Cyprus this is not the case for smoking, as people with higher education levels smoke more than people with lower levels. This pattern is also seen in a few other EU countries (Croatia, Greece, Romania and Slovenia).

Figure 8. People with lower education levels are more likely to be obese and exercise less than those with higher education levels



Notes: Low education is defined as people who have not completed secondary education (ISCED 0-2), whereas high education is defined as people who have completed tertiary education (ISCED 5-8). Low physical activity is defined as people doing physical activity three times or fewer per week. Sources: Eurostat based on EHIS 2019 for smoking (hlth\_ehis\_sk1e), and EU-SILC 2022 for physical activity and obesity (ilc\_hch07b, ilc\_hch10).

4 The health system

The health system in Cyprus was reorganised in 2019, guaranteeing near-universal population coverage

The General Healthcare System – *Geniko Systima Ygeias* (GeSY) – was introduced in Cyprus in 2019, and provides near-universal population coverage through a blend of public and private provision. It mixes the traditional social health insurance and national health service schemes, relying on financing from state revenues and contributions levied on wages, incomes and pensions. Previously, only about three quarters of the population had statutory coverage, leaving many reliant on either out-of-pocket (OOP) payments or private insurance, whereas GeSY offers coverage to all legal residents.

The Health Insurance Organisation is responsible for administration of GeSY. Providers come from both the public and private sectors in a competitive provider landscape (primary care centres and hospitals in the public sector; and clinics, diagnostic centres, laboratories, pharmacies, hospitals,

physiotherapy and other healthcare providers in the private sector). Another key actor is the State Healthcare Services Organisation, which oversees the management, control, supervision and development of public healthcare providers, while the Ministry of Health has a more strategic role in its oversight of the health system.

Per capita health spending in Cyprus has grown considerably since the GeSY reform

Current health expenditure stood at EUR 2 795 per capita (adjusted for differences in purchasing power) in 2023 – this was roughly one fourth below the EU average of EUR 3 832 (Figure 9). Spending on health accounted for 8.1 % of GDP, which was also lower than the EU average of 10.0 %. While rates in Cyprus remain below the EU averages on both these indicators, they are markedly higher since the implementation of the GeSY reforms. For example, compared to the last pre-

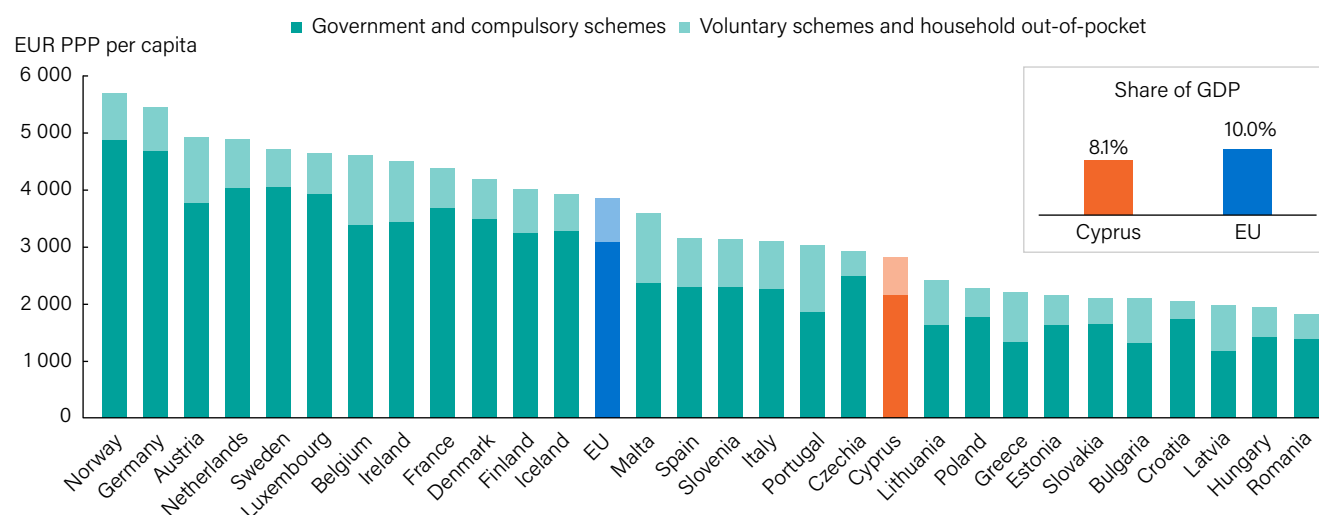


GeSY year of 2018, per capita spending in Cyprus had risen by 56 % by 2023.

There has been a large shift in the balance of health financing since GeSY came into force, with public expenditure reaching 77 % of health expenditure in 2023, whereas it stood at just 42 % in 2018 (and had hovered around this level going all the way back to 2005). Although this is slightly below the EU average of 80 %, the large increase in public spending in the new system has drastically reduced OOP payments: while the share of OOP payments in 2023 in Cyprus (18 %) was

above the EU average (16 %), it had come down from 44 % in 2018 and from 50 % in 2005. Voluntary health insurance accounted for 5 % of health spending in 2023 – slightly above the EU average, and down from a peak of 14 % in 2018 – illustrating that GeSY's broad benefits package and service coverage has reduced the need for supplementary insurance plans. Coverage of services for those who had previously lacked access has been a major factor in reducing household spending on health.

**Figure 9. The share of public funding for health in Cyprus now covers over three quarters of health expenditure**



Notes: PPP = purchasing power parity. The EU average is weighted (calculated by the OECD).

Sources: OECD Data Explorer (DF\_SHA); Eurostat (demo\_gind); data refer to 2023.

### Inpatient and outpatient care make up nearly three quarters of health expenditure in Cyprus, while spending on long-term care is very low

In terms of spending by function, Cyprus spends most on inpatient care, at 41 % of health expenditure in 2023, while outpatient care received 32 %; these shares were far above the EU average of 28 % in both categories (Figure 10). Spending on long-term care in Cyprus accounted for only 5 % of health spending – far below the EU average of 18 %, illustrating that formal long-term care is still underdeveloped. Spending on outpatient pharmaceuticals and medical goods made up 18 % of health spending in Cyprus in 2023, just below the EU average, while spending on prevention (at 2 %) was also much lower than the EU average of 4 %.

### There are fewer hospital beds in Cyprus than in many other EU countries, and bed occupancy rates are lower

Healthcare infrastructure in Cyprus features a comparatively low number of hospital beds – at 3.1 per 1 000 population in 2023 – compared to an EU average of 5.1 per 1 000. The total number of beds has decreased slightly over the past 10 years, but hospital occupancy rates have decreased substantially – from 91 % in 2011 to 55 % in 2023 (well below the EU average

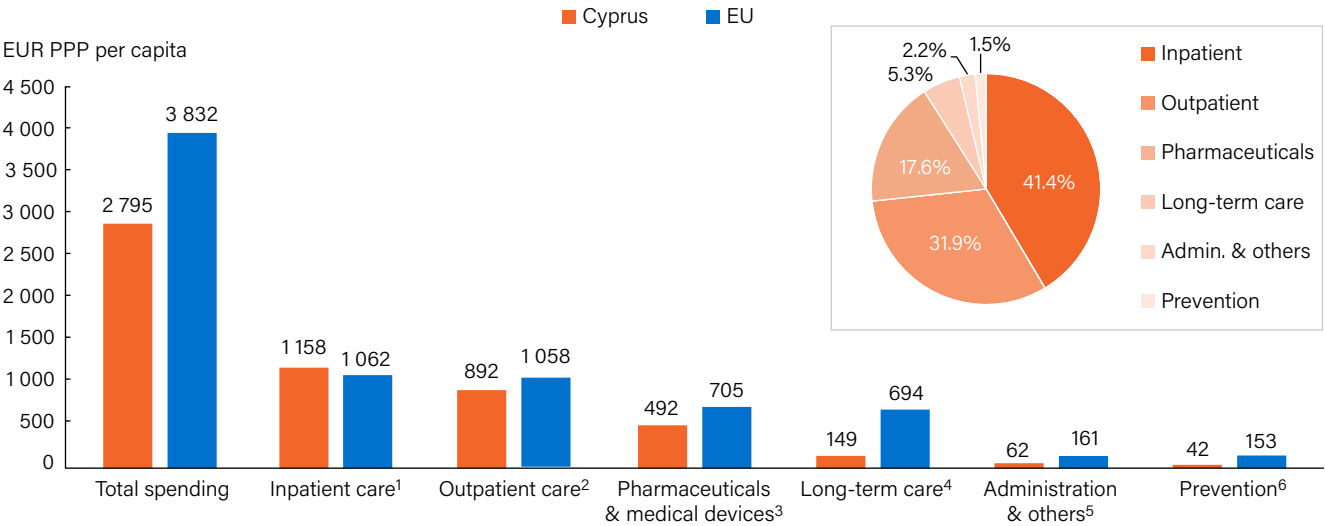
of 68 %). Even during the COVID-19 pandemic, bed occupancy rates in Cyprus hovered just over 50 %.

### Health workforce challenges include shortages of nurses, and doctors gravitating towards the private sector

In 2023, Cyprus had 5.2 practising doctors per 1 000 population – well above the EU average of 4.3 per 1 000 – while nurse density was 5.3 per 1 000 population, which is far lower than the EU average of 8.5 per 1 000 (Figure 11). Although the number of nurses has risen, it has not kept pace with the rapid growth in the number of doctors in Cyprus (increasing from 2.6 per 1 000 population in 2005). This nearly 1:1 ratio between nurses and doctors is only otherwise seen in Bulgaria among EU countries, whereas the average ratio across the EU is 2 nurses per doctor.

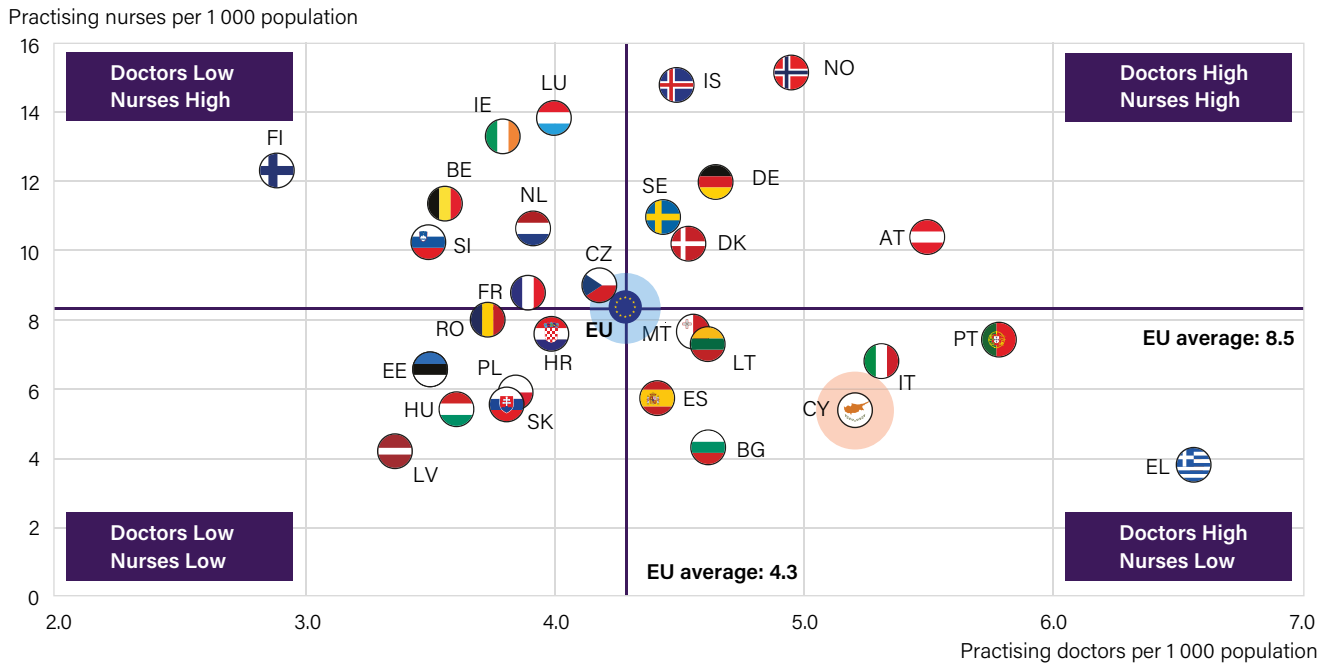
The distribution of human resources is another concern, as doctors are primarily employed in the private sector and nurses in the public sector. Before the implementation of GeSY, many doctors left the public system to work privately. The ongoing capacity master plan project has been designed to strengthen human resources planning in healthcare by enabling the Ministry of Health to define current capacities in the system and develop workforce planning models to meet future need.

Figure 10. Hospital care accounts for just over 40 % of health spending in Cyprus, while outpatient care accounts for nearly one third



Notes: 1. Includes curative-rehabilitative care in hospital and other settings; 2. Includes home care and ancillary services (e.g. patient transportation); 3. Includes only the outpatient market; 4. Includes only the health component; 5. Includes health system governance and administration and other spending. 6. Includes only spending for organised prevention programmes; The EU average is weighted (calculated by the OECD).  
Sources: OECD Data Explorer (DF\_SHA); data refer to 2023.

Figure 11. Cyprus has a higher density of practising doctors per 1 000 population than nearly all EU countries, but the density of nurses is far below the EU average



Note: The EU average is unweighted. The data on nurses include all categories of nurses (not only those meeting the EU Directive on the Recognition of Professional Qualifications). In Portugal and Greece, data refer to all doctors licensed to practise, resulting in a large overestimation of the number of practising doctors. In Greece, the number of nurses is underestimated as it only includes those working in hospitals.  
Source: OECD Data Explorer (DF\_PHYS, DF\_NURSE); data refer to 2023 or nearest available year.

## 5 Performance of the health system

### 5.1 Effectiveness

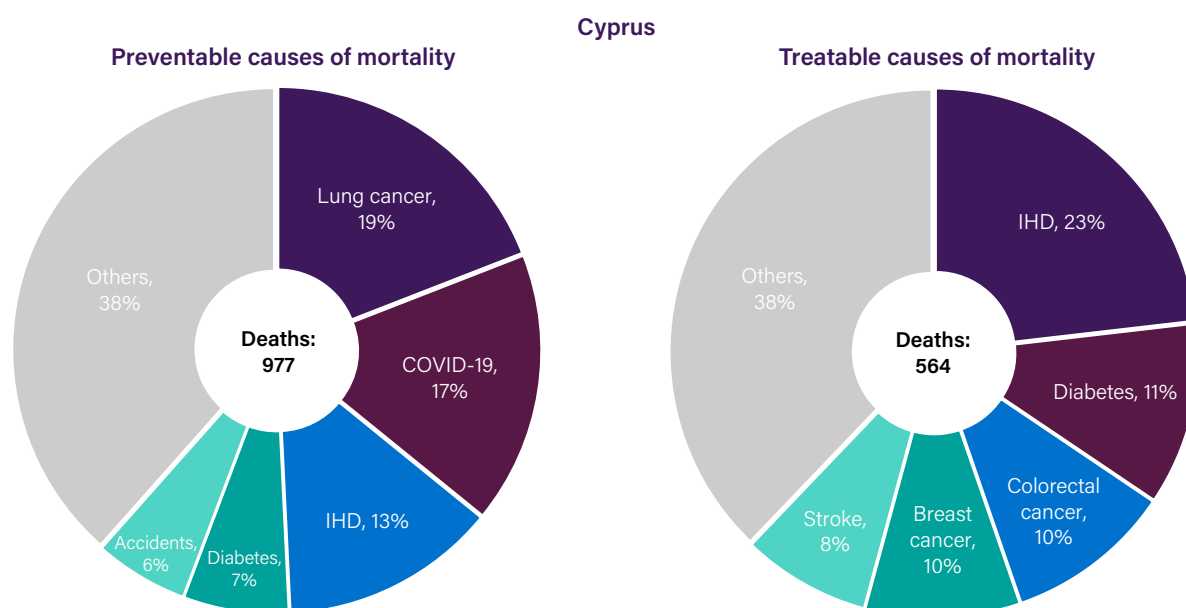
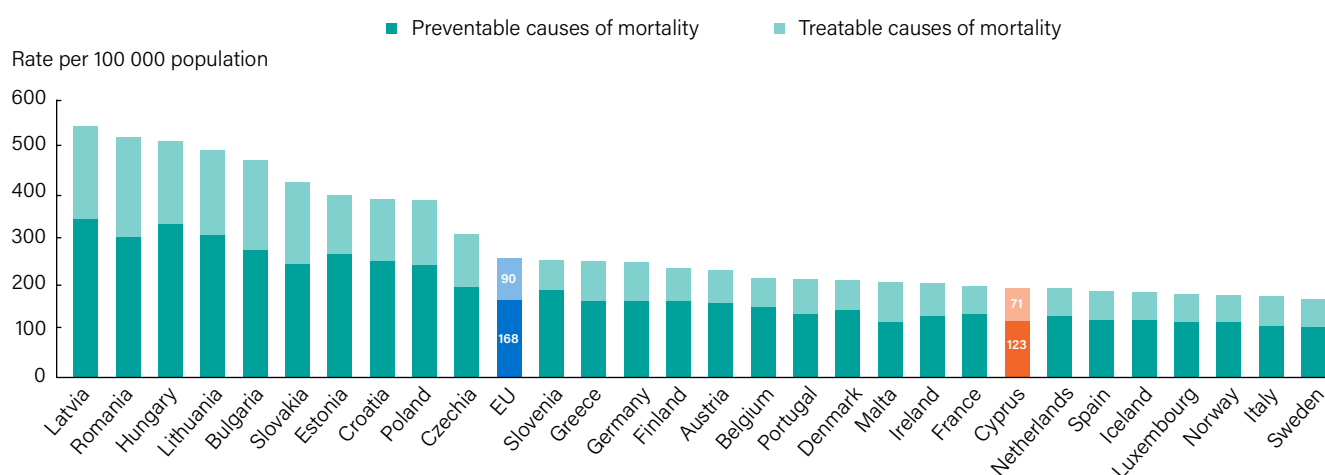
**The preventable mortality rate in Cyprus remains below the EU average, but high smoking rates make lung cancer a leading cause of preventable deaths**

The preventable mortality rate in people under age 75 in Cyprus was 123 per 100 000 population in 2022 – well below the EU average of 168 per 100 000 (Figure 12). Lung cancer remains the leading cause of preventable mortality in Cyprus, responsible for nearly one in five preventable deaths. This is related to high smoking rates in the country – particularly

among Cypriot men (see Section 3). Despite banning smoking and vaping in enclosed and some outdoor public places, there are loopholes and a lack of enforcement, which leave scope for the introduction of stronger tobacco control policies. Tobacco use remains a major public health concern.

COVID-19 deaths were the second leading cause of preventable mortality in Cyprus in 2022, playing a role in the spike in overall preventable mortality (up from 99.8 deaths per 100 000 population in 2019). Ischaemic heart disease was the third major cause of preventable mortality, at 16.4 deaths per 100 000 population in 2022.

**Figure 12. Cyprus has among the lowest preventable and treatable mortality rates in the EU**



Notes: Preventable mortality is defined as death that can be mainly avoided through public health and primary prevention interventions. Treatable (or amenable) mortality is defined as death that can be mainly avoided through healthcare interventions, including screening and treatment. Both indicators refer to premature mortality (under age 75). The lists attribute half of all deaths from some diseases (e.g. ischaemic heart disease (IHD), stroke, diabetes and hypertension) to the preventable mortality list and the other half to treatable causes, so there is no double-counting of the same death.

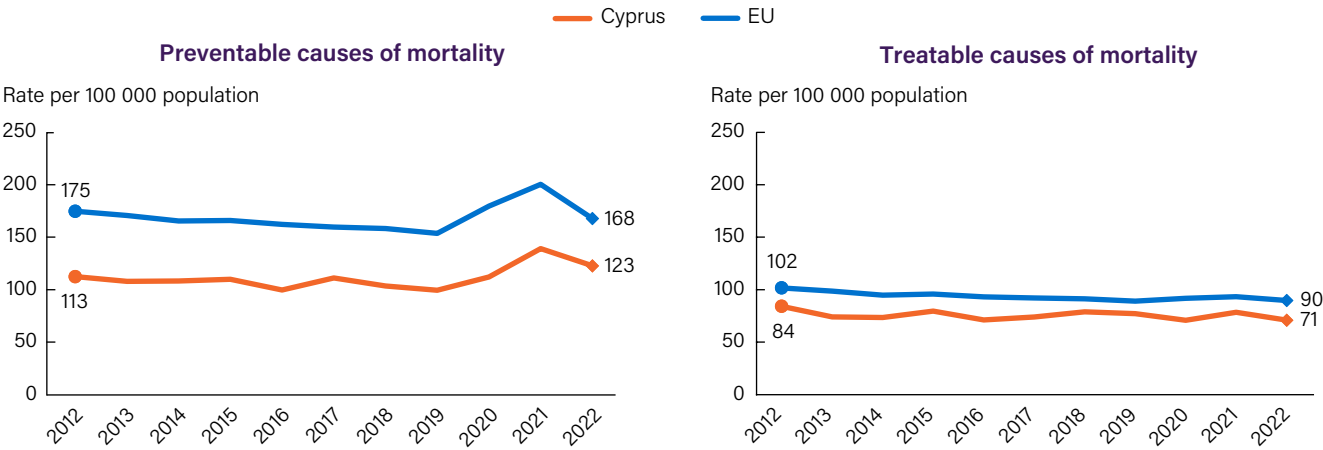
Source: Eurostat (hlth\_cd\_apr); data refer to 2022.

Mortality from treatable causes is also lower in Cyprus than the EU average

Like other Mediterranean countries in Europe, Cyprus has a relatively low rate of mortality from treatable causes, at 71 deaths per 100 000 in 2022, which was below the EU average of 90 per 100 000 (Figure 13). The main causes of

treatable mortality include ischaemic heart disease, diabetes, colorectal and breast cancer, and stroke. The mortality rate in Cyprus from treatable causes has reduced from 84 deaths per 100 000 in 2012 – a 15 % decrease over a decade compared to the 12 % decrease in the EU average over the same period.

Figure 13. Mortality from treatable causes in Cyprus has remained consistently below the EU average



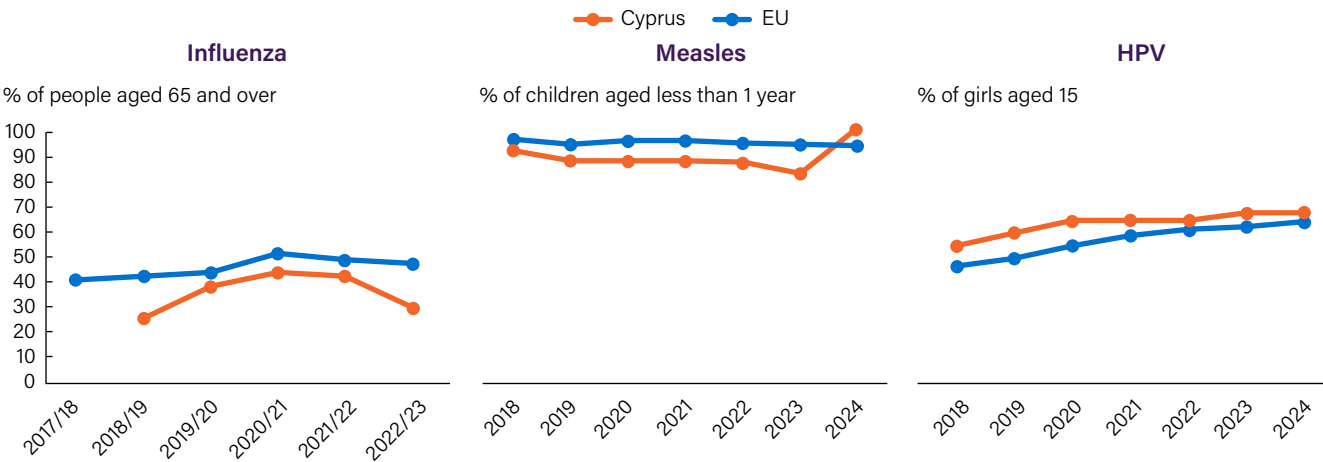
Note: Preventable causes of mortality increased during the pandemic because COVID-19 deaths were classified as preventable.  
Source: Eurostat (hlth\_cd\_apr).

There is low uptake of influenza vaccination among older people

All those aged 65 and over are covered for influenza vaccination, even if they are not GeSY beneficiaries. However, just 30 % of adults in this cohort received an influenza vaccination in 2022/2023, which was down notably from over 40 % the previous two years; this was also well below the EU average of 48 % (Figure 14).

For children, vaccination is provided free of charge, and uptake is monitored by school health visitors. In 2024, vaccination rates for measles among children aged less than 1 year in Cyprus was almost universal for the first dose (99 %) and was above the EU average (92 %). Additionally, human papillomavirus (HPV) vaccine coverage among girls aged 15 stood at 67 % in 2024 (up from 54 % in 2018) – above the EU average of 63 %. However, this is lower than in some other southern European countries such as Malta (80 %), Spain (85 %) and Portugal (96 %).

Figure 14. Measles and HPV vaccination coverage in Cyprus are above the EU averages



Notes: The EU average is weighted for influenza (calculated by Eurostat) and unweighted for measles and HPV.  
Sources: OECD Data Explorer (DF\_KEY\_INDIC), Eurostat (hlth\_ps\_immu) and WHO/UNICEF.

## Population survey data show fairly high screening rates for cervical and breast cancers, but programme data are incomplete

Before the introduction of GeSY, there were no country-wide, population-based screening programmes. Chances of early detection relied on opportunistic screening, and were affected by inequalities in access. In Cyprus, problems with waiting lists for cancer care mainly pertain to availability of appointments for screening in public facilities (OECD/European Commission, 2025). Cyprus now runs breast cancer screening programmes with a target range of women aged 45-74.

Patchy programme data show fairly low coverage of breast cancer screening, at 29 % in Cyprus compared to an EU average of 81 % in 2022. This, however, could be due to programme data not capturing people who attend cancer screening privately. EHIS population survey data from 2019 show higher participation rates of 66 % of women aged 50-69 accessing breast cancer screening in the previous two years, which is above the EU average of 56 %. Similarly, 69 % of women aged 20-69 were screened for cervical cancer in 2019, compared to 71 % across the EU (see also Box 1).

### Box 1. New initiatives for cervical cancer screening are underway

Plans are being developed for a national population-based screening programme for cervical cancer in Cyprus, which mainly relies on opportunistic screening, with doctors recommending screening to their patients. A series of information activities are also mandated in the National Cancer Strategy from 2019 to promote participation, with a target of covering 80 % of eligible women. Cytology/pap tests are covered by GeSY for women aged 18-64 every two years, as is the HPV vaccine for boys and girls aged 11-13. HPV vaccination was introduced into the National Immunisation Programme in 2016.

For colorectal cancer, coverage (based on EHIS data from 2019) was still low – at 3.3 %, compared to a 33.4 % EU average. A new national screening programme for colorectal cancer is based on personalised invitations sent with screening kits and instructions, with samples tested by designated laboratories. From May 2025, men and women aged 50-74 who are registered with GeSY are invited to participate via a faecal immunochemical test. If the results are negative, participants will be asked to repeat the test in two years; if the results are positive, they will be referred to a gastroenterologist (GeSY, 2025).

## Comparable data on quality of healthcare services are very limited

Internationally comparable data on quality of care have not been systematically collected in Cyprus. For example, data on avoidable hospital admissions (a proxy indicator for the quality of primary care) and 30-day mortality hospital fatality rates (a quality indicator for hospital care) are not publicly available. As part of the introduction of GeSY, the process of integrating data on quality into the health information system is ongoing, so that the information can be used to assess and improve the quality of services provided. In the meantime, Cyprus has high rates of treatable mortality from diabetes (the second highest rate in the EU; the rate was falling until 2019 but has since been increasing). This suggests that there are gaps in care for common chronic conditions.

In order to raise the quality of care in the future, plans are in place in Cyprus to create a National Cancer Institute (with funding announced in 2023), which will oversee the organisation, evaluation and accreditation of all oncology services and help enhance earlier detection, and a Cancer Research Institute (OECD/European Commission, 2025). Furthermore, there are ambitions to develop multidisciplinary team practices for cancer care.

## 5.2 Accessibility

### Unmet needs for medical and dental care are very low in Cyprus, but higher for primary care and mental healthcare

According to the EU-SILC survey, unmet needs for medical care in Cyprus were very low in 2024 (Figure 15). Only 0.1 % of all respondents who reported needing medical care said that they could not access it due to costs, distance to travel or waiting times. Those at risk of poverty who reported needing medical care have higher unmet needs than the overall population, reaching 0.5 %, but this was the lowest level in the EU. Unmet needs for dental care among those who reported needing it were also low (2.4 % of all respondents, but reaching 7.9 % among those at risk of poverty); both values were well below the EU averages of 6.3 % and 13.6 % respectively.

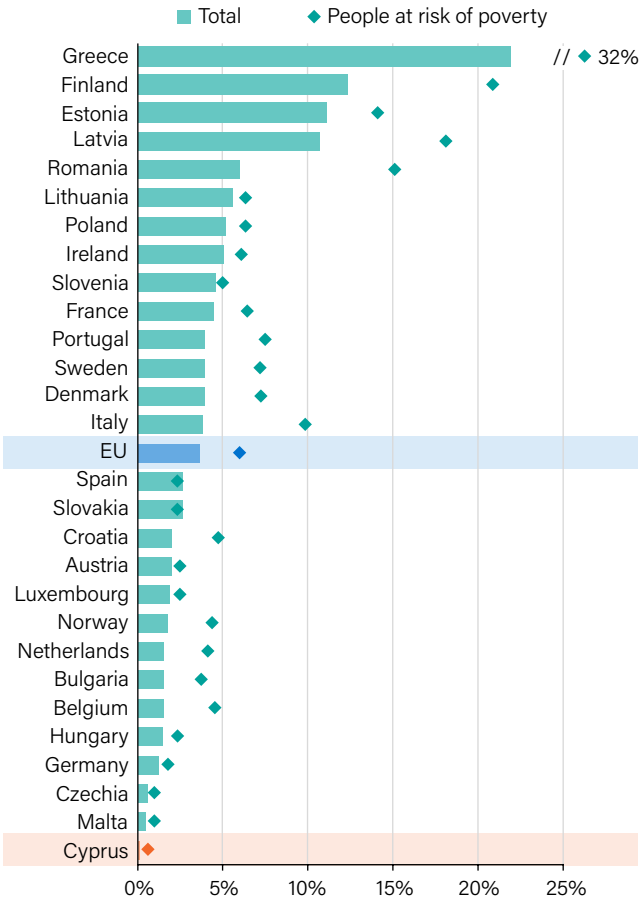
Similarly, further survey data from Eurofound on access to primary and mental healthcare show relatively low levels of unmet needs.<sup>1</sup> In 2024, 3 % of surveyed Cypriots reported unmet needs for mental healthcare, while 1 % reported unmet needs for primary care (Figure 16).

### Population coverage in Cyprus is universal, and all legal residents are entitled to healthcare

Since the full implementation of GeSY, the Cypriot health system has offered universal coverage to the entire resident population. Those classified as legal residents include citizens; EU nationals; third-country nationals with permanent residency (and dependents), regardless of income or payment

<sup>1</sup> The data from the Eurofound survey are not comparable to those from the EU-SILC survey because of differences in methodologies.

Figure 15. Self-reported unmet needs for medical care in Cyprus are the lowest in the EU



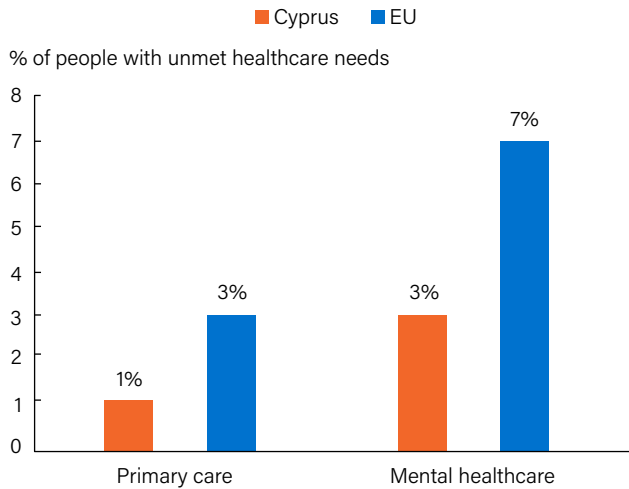
Notes: The EU average is weighted. Data refer only to individuals who reported having medical care needs. People at risk of poverty are defined as those with an equivalised disposable income below 60 % of the national median disposable income.  
Source: Eurostat (hlth\_silc\_08b); data refer to 2024.

of contributions; and refugees. Those seeking asylum receive coverage for care from public providers, as was the case prior to GeSY. However, they are not covered under GeSY, complicating access to primary and elective care. Undocumented migrants and students from outside the EU are entitled to healthcare for the treatment and prevention of infectious diseases. Prior to the introduction of near-universal population coverage, entitlements were linked to citizenship, income or contributions, and only around 83 % of the population was covered free of charge.

### GeSY's comprehensive benefits package covers primary, specialist outpatient and inpatient care

Since the switch to GeSY, public funding of all types of health services has increased substantially. In 2023, 93 % of all spending on hospital care was public (compared to an EU average of 91 %), as was 71 % of spending on pharmaceuticals (EU average: 59 %) and 75 % of outpatient medical care (EU average: 77 %) (Figure 17). However, public funding of dental care in Cyprus is low (15 % of all dental care spending, compared to 35 % across the EU).

Figure 16. Self-reported unmet needs for primary care and mental healthcare in Cyprus are below EU averages



Note: Primary care includes access to a general practitioner/family doctor or a health centre.  
Source: Eurofound's Living and working in the EU survey (2025) (data refer to 2024).

### Affordability is not a major barrier to accessing healthcare in Cyprus

The share of OOP payments in health expenditure has fallen greatly with the extension of coverage and increased availability of healthcare providers under GeSY (see Section 4). In 2023, OOP spending in Cyprus (18 %) was slightly above the EU average (16 %), with shares of outpatient medical care and dental care within OOP spending notably larger in Cyprus than the EU averages (Figure 18). The large historical burden of OOP spending<sup>2</sup> in Cyprus was one of the major reasons to create GeSY and move away from the previous system, but data on catastrophic spending have not been updated since 2015. Informal payments have not been described as a large problem in Cyprus, partly because providers' remuneration is considered to be sufficient. Furthermore, any complaint upheld against a provider for informal payments serves as grounds for termination of their GeSY contract.

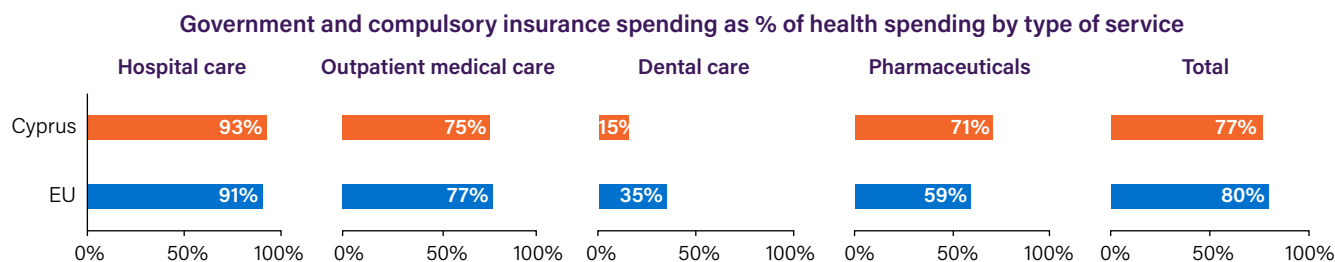
### Overall, availability of services in Cyprus has increased with the implementation of GeSY, but specific gaps remain

While the change from the previous system to GeSY has resulted in a more comprehensive benefits package, there is still a lack of availability of providers or facilities for some services that prevents people in Cyprus from accessing their full entitlements. This is especially the case for long-term care and rehabilitation services, which have been partially covered under GeSY since 2020, as well as physiotherapy, speech therapy and home care – particularly for patients with chronic conditions. As Cyprus is an ageing society (see Section 2), there is a growing need for a comprehensive and integrated

<sup>2</sup> Catastrophic health spending occurs when OOP health payments exceed 40 % of a household's capacity to pay, potentially forcing households into financial hardship.



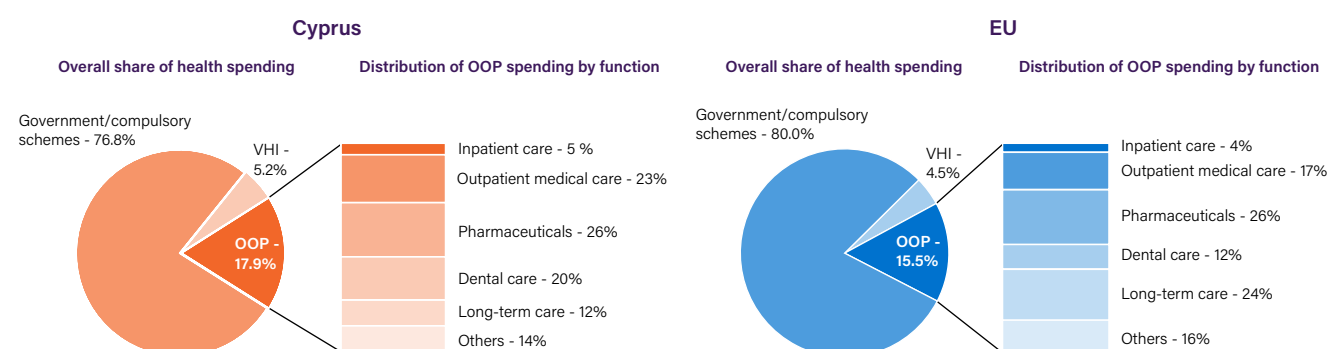
**Figure 17. Public funding for hospital care, outpatient medical care and pharmaceuticals in Cyprus is near or above the EU average**



Notes: Outpatient medical services mainly refer to services provided by generalists and specialists in the outpatient sector. Pharmaceuticals include prescribed and over-the-counter medicines and medical non-durables. Therapeutic appliances refer to vision products, hearing aids, wheelchairs and other medical devices. The EU average is weighted.

Source: OECD Data Explorer (DF\_SHA), data refer to 2023.

**Figure 18. Most OOP spending in Cyprus goes towards pharmaceuticals, outpatient medical care and dental care**



Note: VHI refers to voluntary health insurance, which also includes other voluntary prepayment schemes. The EU average is weighted.

Source: OECD Data Explorer (DF\_SHA); data refer to 2023.

long-term care system with adequate funding: long-term care spending in Cyprus was only 5.3 % of current health expenditure in 2023. In palliative care, one ongoing effort to improve provision is the inclusion of services for end-of-life cancer care (home care, day care and residential care) in the GeSY service package since 2024 (GeSY, 2024)

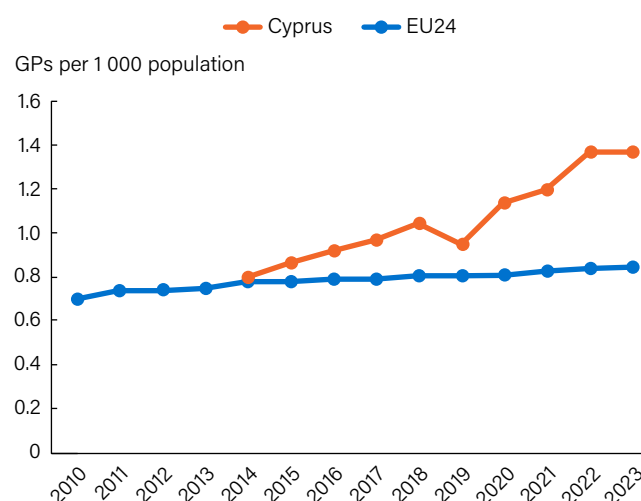
Health workforce shortages – especially of nurses – remain a system-wide concern (see Section 4). However, one positive development in recent years was a substantial increase in the number of general practitioners (GPs) – both per 1 000 population and as a share of doctors. The density of GPs per 1 000 population increased from 1.0 in 2019 to 1.4 in 2023 (Figure 19), while the share of GPs among all doctors increased from 22.3 % to 26.5 %, exceeding the EU average of 20.1 % in 2022.

### Monitoring of patient complaints is also shedding light on accessibility challenges

The Patients' Rights Observatory, run by the Cyprus Federation of Patients' Associations, has become an important mechanism to monitor patient experience and lobby for improvements in healthcare within GeSY. The Observatory recorded a 44.9 % increase in patient complaints in 2023 compared to the previous year. While this increase is not a direct measure of satisfaction, it probably reflects a growing public awareness of patients' rights and greater

confidence in the Observatory's role. Most complaints relate to five key areas: medication shortages and costs (32 %), barriers to accessing services (19 %), poor behaviour or service from healthcare professionals (17 %), unexpected healthcare expenditure (14 %), and concerns about the quality

**Figure 19. The density of general practitioners in Cyprus has increased substantially, far exceeding the EU average**



Note: The EU average is unweighted.

Source: OECD Data Explorer (DF\_PHYS\_CAT).

of care (8 %). A recent and notable trend is the emergence of complaints from GPs within GeSY who report being pressured by patients to issue referrals, while at the same time facing strict monthly referral limits. This tension has led to dissatisfaction on both sides, with patients reporting that they are being denied specialist care and providers expressing concern that their clinical autonomy is being compromised.

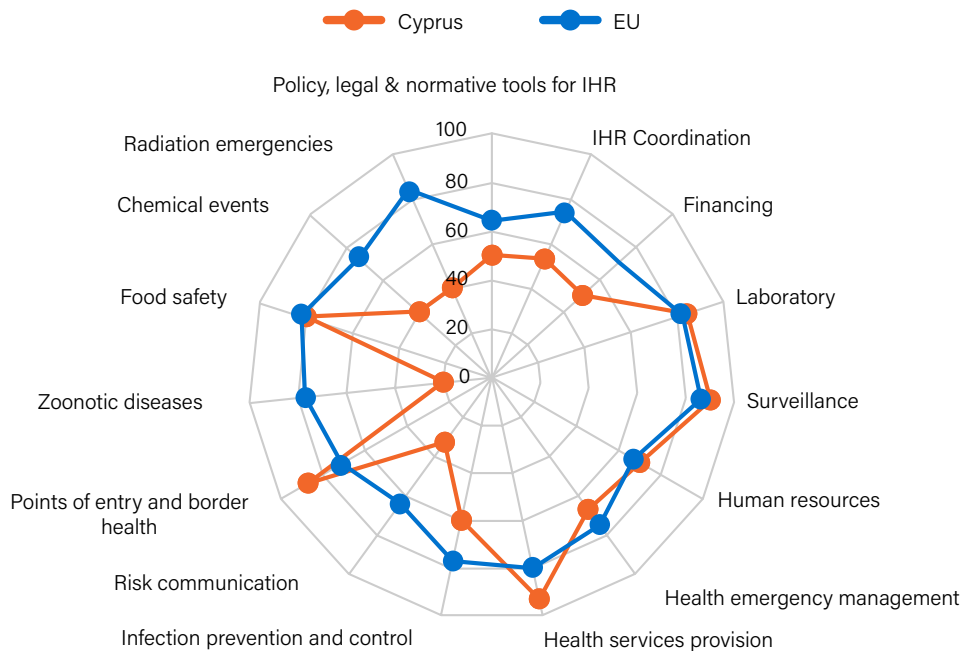
### 5.3 Resilience

Health system resilience – the ability to prepare for, manage (absorb, adapt and transform) and learn from shocks and structural changes – has become central to policy agendas. Key priorities include easing pressures on service delivery, strengthening health infrastructure and workforce capacity, adapting crisis preparedness strategies, supporting digital innovation, and safeguarding long-term sustainability.

### Self-assessed preparedness capacity in Cyprus is the second lowest in the EU, but a new project aims to boost key areas

In 2024, the EU average for countries self-assessing their capacity to handle public health events, presented in the International Health Regulations (IHR) States Parties Self-Assessment Annual Report (SPAR) stood at 75 %, while Cyprus had the second lowest score at 61 %.<sup>3</sup> The largest disparities between Cyprus and the EU average were in the competencies of coordination; financing; risk communication; and preparedness for zoonotic diseases, chemical events and radiation emergencies. However, Cyprus did meet or exceed the EU averages in laboratory, surveillance, human resources, health service provision, and points of entry and border health management (Figure 20).

**Figure 20. Cyprus is far behind the EU averages on several core capacities to manage public health risks and emergencies**



*Notes:* Scores represent a composite index aggregating each country's self-assessment across the 15 core capacities defined under the IHR. Values range from 0 (no capacity) to 100 (full capacity). The EU average is unweighted (calculated by the OECD).  
*Source:* WHO IHR SPAR; data refer to 2024.

To further improve capacity to detect and handle public health events, a new reform is underway to modernise and digitalise the infectious disease surveillance system, with co-funding under the EU4Health Programme of EUR 3.5 million. A collaboration between the Ministry of Health, the University of Cyprus and the Veterinary Services of the Ministry of Agriculture, Rural Development and Environment will work to strengthen abilities to map the spread of infectious diseases and agents, analyse data in real time, communicate quickly and efficiently, and intervene immediately in a coordinated manner to manage outbreaks and future challenges in the face of the rapidly increasing consequences of climate change (Ministry of Health, 2024). Additionally, the Cypriot Ministry of

Health conducted a first strategic risk assessment on potential health hazards and their effects on health security in March 2025, assisted by WHO and supported by the EU (WHO Regional Office for Europe, 2025).

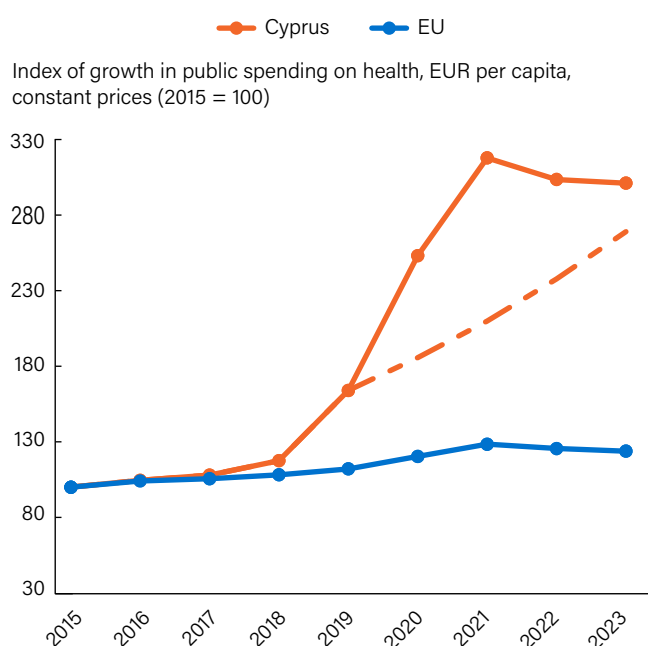
### Public spending on the health system has grown significantly since GeSY was implemented

Public spending on health in Cyprus grew by 17 % between 2015 and 2018 (when adjusted for inflation). However, since the GeSY system came into place, priority has been placed on boosting public funding and drastically shrinking the share of OOP health spending. Particular injections of public funds

<sup>3</sup> The detailed methodology for producing the percentages can be found at <https://www.who.int/publications/i/item/WHO-WHE-CPI-2018.17>.

were evident from 2018, reflecting investments in reform efforts and then COVID-19 pandemic response measures. In 2023, expenditure was approximately 12 % above the projections based on pre-pandemic growth trends (2015-19) (Figure 21). Similarly, the share of government spending on health as a percentage of public spending has more than doubled (from 6.5 % in 2017 to 14.5 % in 2023). Cyprus went from less than half the EU average to just under the EU average over that time span, outpacing projected trends, and with significant jumps seen during the COVID-19 pandemic.

**Figure 21. Public spending on health in Cyprus was already rising considerably before the COVID-19 pandemic**



Notes: The EU average is weighted (calculated by the OECD). The dashed line represents the projected trend based on pre-pandemic (2015-19) data.  
Source: OECD Data Explorer (DF\_SHA).

With support from the Recovery and Resilience Plan (RRP), Cyprus has allocated EUR 101.1 million (8.3 % of total RRP funds of EUR 1.12 billion) to health, focusing on key investments and reforms by 2026.<sup>4</sup> The Cypriot plan includes substantial funding for hospital construction and energy-efficient renovation, while also increasing support for a new blood bank facility. These investments will reinforce the plan's aims to strengthen the healthcare sector's effectiveness and resilience by increasing hospital capacity, modernising equipment, and building new mental health and children's hospitals. The plan also continues reforms to enhance digital health services, improve hospital governance, and provide upskilling for health workers.

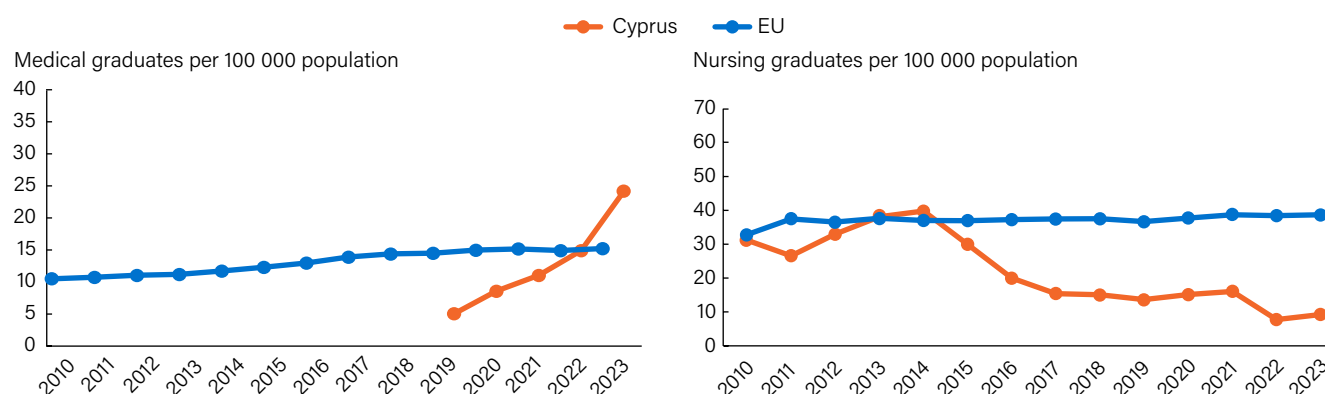
Additionally, Cyprus benefitted from European Commission support to establish a process to strengthen planning and decision making in the health system. The support ran from 2017 to 2023 via the Structural Reform Support Programme and its successor, the Technical Support Instrument. The project's main pillars were development of healthcare regulation, health needs assessment, quality data systems, audit of health facilities, and human resources for health planning.

### Building a sustainable health workforce remains a key challenge in Cyprus

As mentioned in Section 4, Cyprus has among the lowest densities of nurses in the EU, and the trends for nursing graduates do not paint an optimistic picture (Figure 22). Whereas Cyprus had 31.1 nursing graduates per 100 000 population in 2010 (slightly below the EU average at the time), by 2023, there were just 9.2 nursing graduates per 100 000 population (while the EU average was 38.6 per 100 000). This was the second lowest in the EU.

For medical graduates, data are only available for Cyprus for recent years: studying medicine has only been possible in the country since 2013, and previously the system relied on medical graduates who studied abroad returning to practise in Cyprus. In 2023, Cyprus had 24.1 medical graduates per

**Figure 22. Nursing graduates per 100 000 population are the second lowest in the EU**



Note: The EU average is weighted (calculated by the OECD). Data include graduates from all nursing programmes, not limited to those meeting the EU Directive for general nurses.  
Source: OECD Data Explorer (DF\_GRAD).

<sup>4</sup> Recovery and Resilience Fund data are based on the information available as of 20 September 2025; potential future amendments may affect these figures.

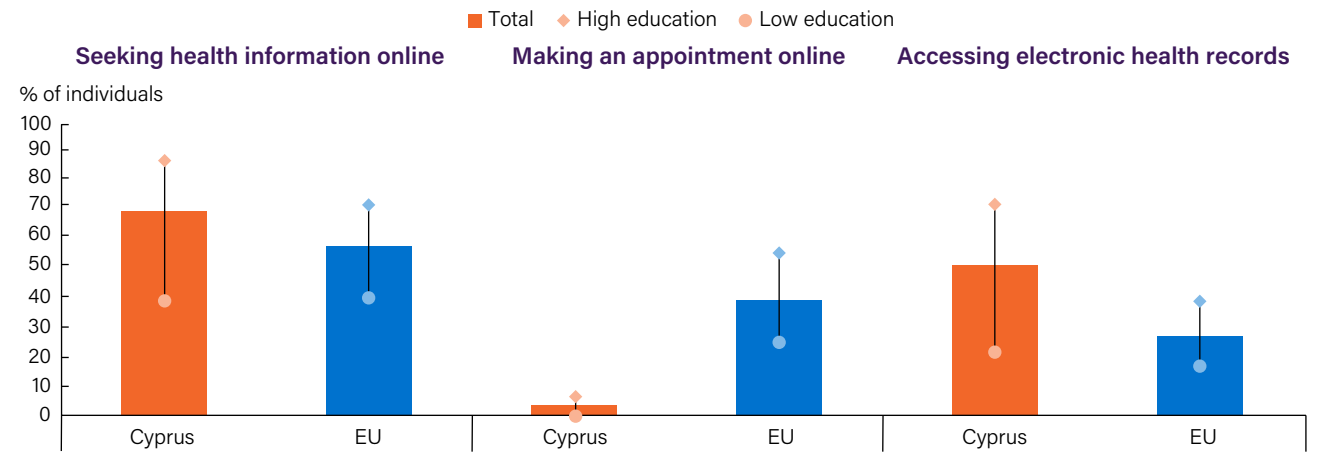
100 000 population, well above the EU average (15.2 per 100 000). Human resources for health planning is a major focus of the capacity master plan supported by the EU, which considers recruitment, retention and reskilling of the health workforce as part of its long-term objective to correct the ongoing imbalances in the health workforce.

**There has been support for digital transformation in the health system, but uptake by users has been uneven**

An integrated information system is the bedrock of GeSY and the basic tool for collecting, reporting, monitoring and analysing activity, with a major aim being the linking of spending to quality indicators and performance monitoring. This was co-financed by EU Cohesion Policy during the 2014-20 programming period, to support the digitalisation

of public service and build a secure and integrated system (European Commission, 2025). The digital health priorities of the GeSY system were also designed to end the paper-based system and thus reduce fragmentation and potential duplication of tests and treatments. While this provides residents with new, convenient opportunities to be more active in managing their experience in the health system, not everyone is taking advantage of this. For example, Eurostat data show that residents with higher education levels are more than twice as likely to seek health information online than those with lower levels (Figure 23). They are also more likely to make appointments online and to access personal health records digitally. Overall, these gaps are more pronounced in Cyprus than the EU averages. In 2023, Cypriot adults aged 25-64 were also more likely to use the internet to find health information (75 %) than those aged 65-74 (52 %).

**Figure 23. Residents with higher education levels are much more likely to take advantage of the internet for health-related activities**



Note: Low education is defined as the population with no more than lower secondary education (ISCED levels 0-2), whereas high education is the population with tertiary education (ISCED levels 5-8). Source: Eurostat (isoc\_ci\_ac\_i).

**The current environmental impact of the health sector in Cyprus is lower than in most EU countries**

Environmental issues such as the effects of climate change and continued air pollution affect population health across Europe in various ways, including through respiratory diseases and heat-related illnesses, with children and older people particularly vulnerable. The estimated heat-related mortality rate in Cyprus increased by 109 % in 2014-23 compared to 1990-99 among people aged 65 and over (Romanello et al., 2024). This impact is expected to increase, as exposure to many climate change-related events – including rising temperatures (in a country that already has hot, dry summers), floods, wildfires and droughts – is projected to rise in the coming decades. Health systems contribute to climate change – notably via their greenhouse gas emissions. In 2018, the health sector in Cyprus contributed to 2.9 % of the country's

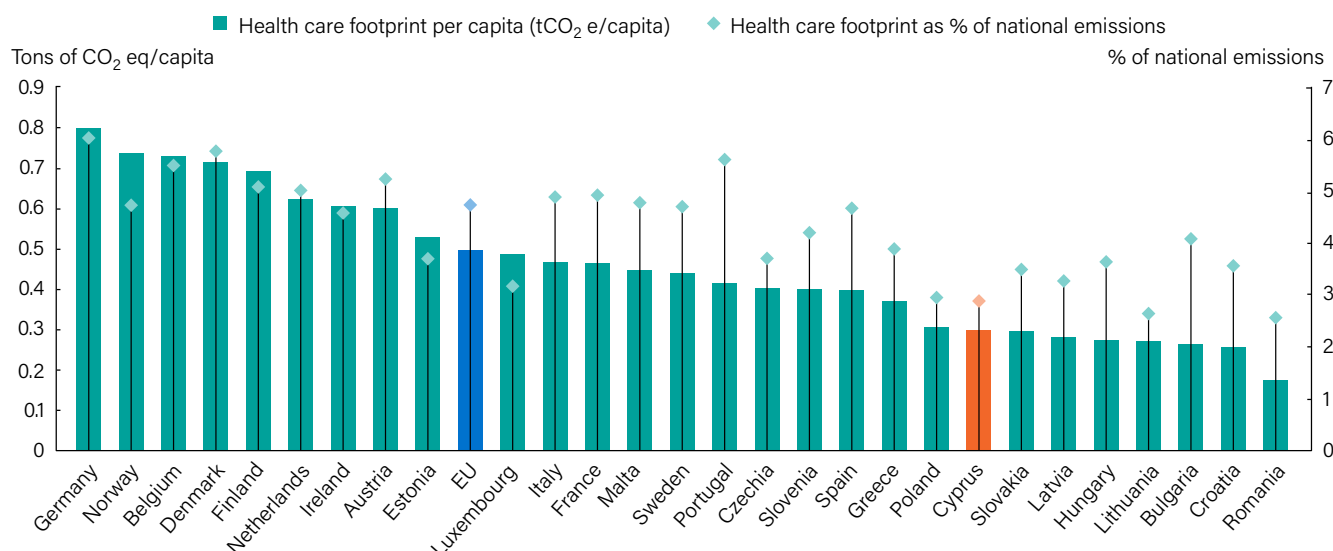
overall greenhouse gas emissions, although the majority of healthcare emissions are indirect, arising from supply chain activities rather than direct operations. This was equivalent to 0.3 tonnes of carbon dioxide per capita, and below the EU average (Figure 24).

**Antimicrobial resistance has the potential to threaten public health without renewed progress towards reduction targets**

Reducing inappropriate antibiotic use is critical to addressing antimicrobial resistance, a priority reinforced by the EU Council's 2030 targets for reducing consumption that were adopted in 2023.<sup>5</sup> While antibiotic consumption in Cyprus declined slightly in 2020-21 – largely driven by lower routine use during the COVID-19 pandemic – this has since rebounded to even higher consumption levels. In 2023, consumption, measured at 33.5 defined daily doses per 1 000 population per day, was the highest in the EU, posing a

<sup>5</sup> Council Recommendation on stepping up EU actions to combat antimicrobial resistance in a One Health approach, 2023/C 220/01.

**Figure 24. The environmental impact of the health sector in Cyprus is among the lowest in the EU**



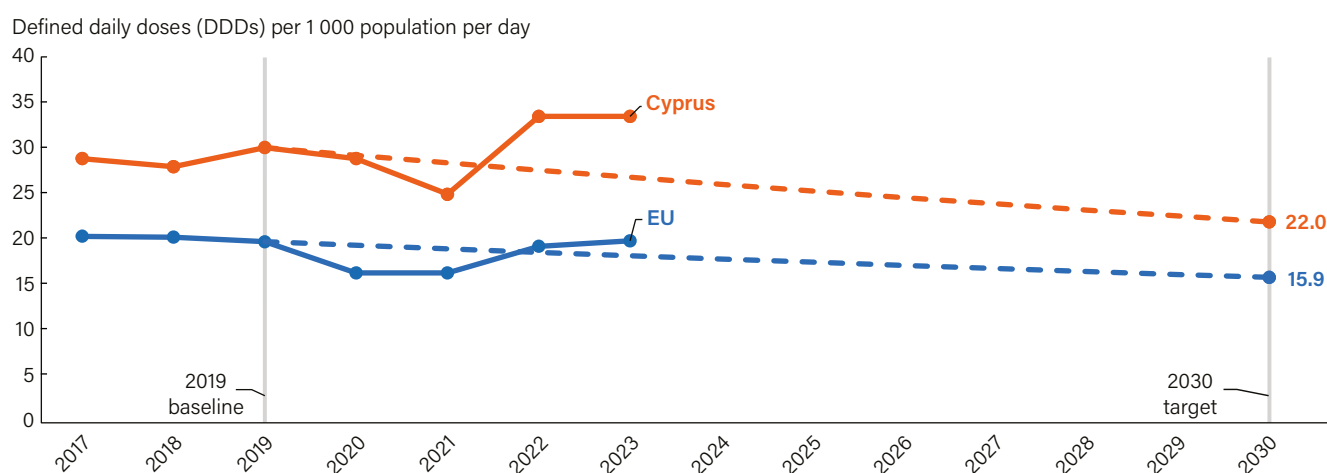
Note: The chart reflects 2018 data.

Source: OECD (2025), Decarbonising Health Systems Across OECD Countries, <https://doi.org/10.1787/5ac2b24b-en>.

significant challenge to meeting the 2030 target (Figure 25). A National Strategy against Antimicrobial Resistance has been in place since 2012, and a new electronic platform

for surveillance of nosocomial antibiotic consumption and healthcare-associated infections is being financed via the RRP.

**Figure 25. Antibiotic consumption in Cyprus has increased since the COVID-19 pandemic and is the highest in the EU – far above the 2030 reduction target**



Notes: The EU average is weighted. The chart shows antibiotic consumption in hospitals and the community. The dashed line illustrates the policy target pathway to meet the 2030 reduction targets.

Source: ECDC ESAC-Net.

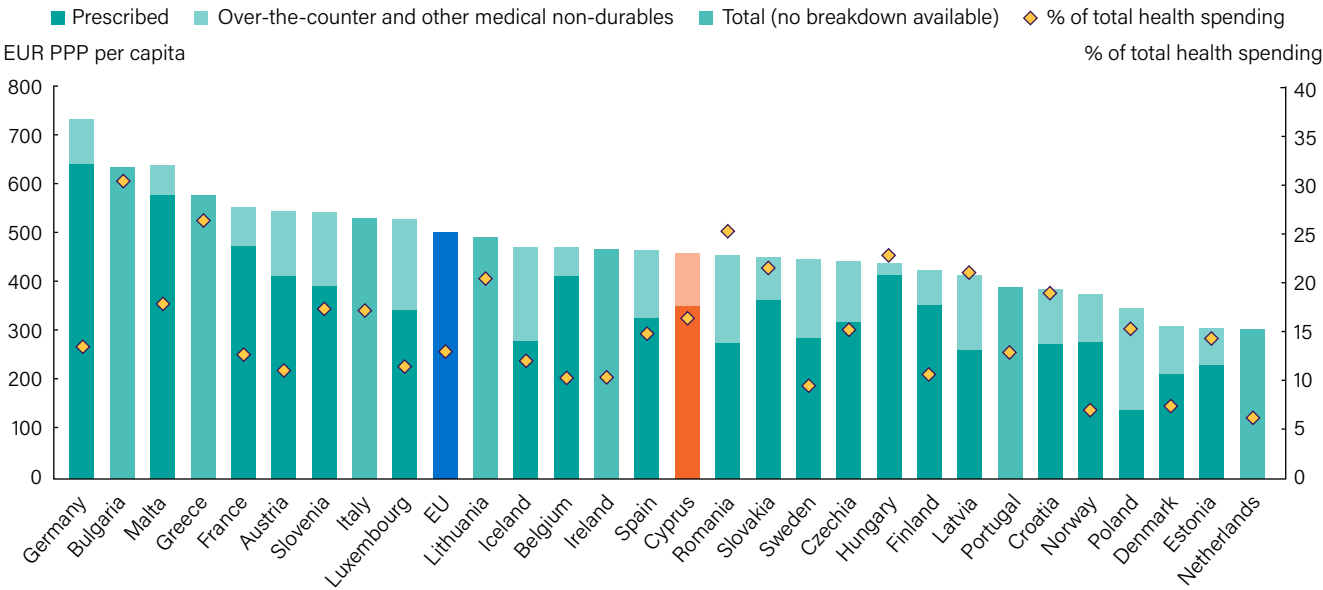
## 6 Spotlight on pharmaceuticals

### Cyprus spends less on retail pharmaceuticals per capita than the EU average

On a per capita basis, Cyprus spent EUR 467 (adjusted for differences in purchasing power) on retail pharmaceuticals in 2023, which was below the EU average of EUR 510. This

represented 17 % of total health expenditure – above the EU average of 13 % (Figure 26). Initially only community pharmacies were included under GeSY, but since September 2020 the system also covers inpatient medicines and those dispensed from hospital pharmacies.

Figure 26. Expenditure on retail pharmaceuticals per capita in Cyprus is below the EU average



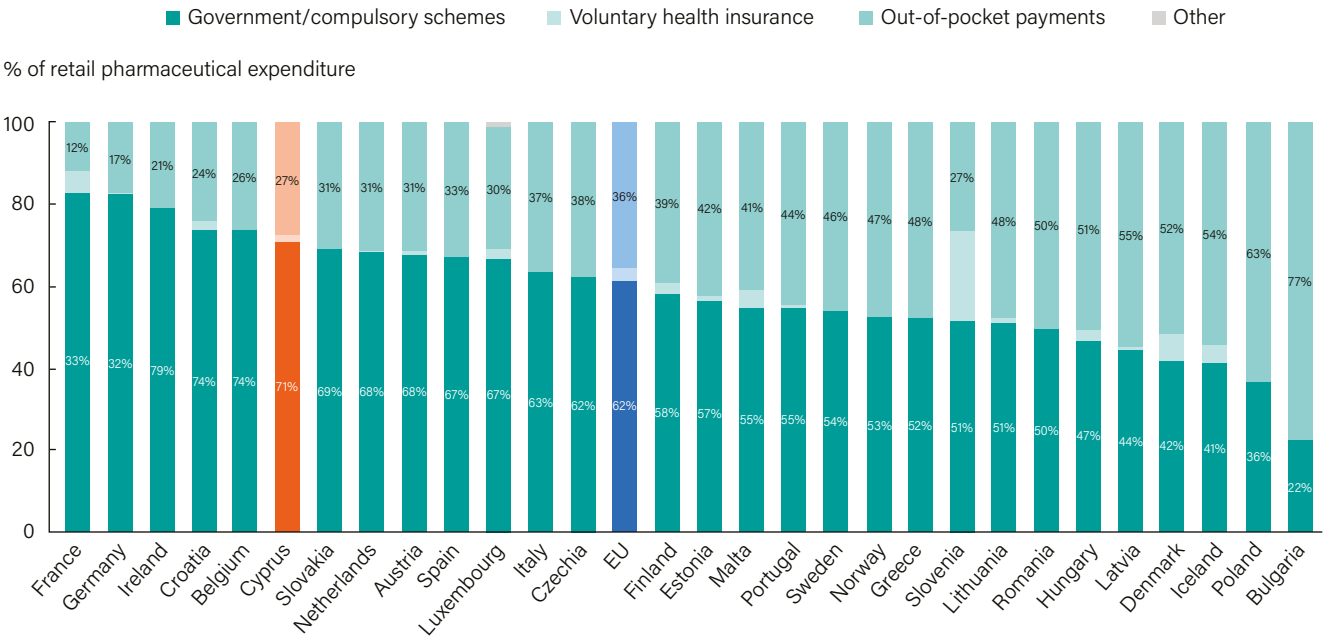
Note: This figure represents expenditure on pharmaceuticals dispensed through retail pharmacies for outpatient use only. It excludes medications administered in hospitals, clinics or physician offices.  
Source: OECD Data Explorer (DF\_SHA); data refer to 2022, except for Norway (2022).

**Public coverage for reimbursed pharmaceuticals is good, and out-of-pocket spending is low, but access to new medicines presents a challenge**

The public system covers 71 % of all retail pharmaceutical expenditure in Cyprus, which is the sixth highest in the EU

and significantly higher than the EU average of 62 %. OOP payments account for an additional 27.4 % of retail spending, while voluntary health insurance makes up just over 1 % (Figure 27).

Figure 27. The Cypriot public system covers a greater share of retail pharmaceutical expenditure than many other EU countries



Note: The EU average is weighted.  
Source: OECD Data Explorer (DF\_SHA); data refer to 2023, except for Norway (2022).



There are two positive lists (one for medicinal products and the other for medical devices and medical supplies), which are set and regularly reviewed by the Health Insurance Organisation. Prices for new medicines are set via external reference pricing (in both outpatient and inpatient care), and can be revised annually (Zimmermann & Haasis, 2021). An internal reference pricing system is in place for medicines with generic competition where substitution is possible (interchangeable medicines). GeSY posts the positive lists on its website, and includes relevant information about for what and when a patient must make a copayment. To ensure financial access to medicines under GeSY, beneficiaries pay a flat copayment of only EUR 1 for the cheapest generic equivalent of a prescribed medicine. If patients wish to obtain the brand-name medicine, they need to pay the price difference between the generic and the branded product. Exemptions from copayments are in place for certain population groups, and annual caps are in place on OOP spending.

### Approval and reimbursement processes are faster in Cyprus than the EU averages

Two of the indicators most commonly used to assess the timelines and breadth of access to new medicines are the average time elapsed between EU marketing authorisation and public reimbursement, and the proportion of centrally-approved medicines available nationally. Both metrics are reported in the European Federation of Pharmaceutical Industries and Associations' Patients WAIT Indicator Survey (Newton et al., 2025). While neither indicator comprehensively measures meaningful patient access to effective treatments, they provide a basis for discussion. In Cyprus, average time-to-reimbursement for medicines approved by the EU between 2020 and 2023 was 531 days – below the EU average of 578 days. Just 36 % of these centrally-approved medicines were available in Cyprus in some form, including limited availability. Access to novel medicines remains a challenge due to the “small market” problem that limits Cyprus' attractiveness as a market for pharmaceutical companies. A network of community and hospital clinic-based pharmacies ensure country-wide dispensing (Box 2).

Despite receiving financial and technical support in 2013-14 to establish health technology assessment (HTA) capacity, implementation stalled, and HTA remains underdeveloped. The small market problem also means fewer products are available on the market, undermining competition and resulting in inelastic pricing. However, implementation of the EU's HTA Regulation in 2025 is expected to provide further impetus for change and development.

### Box 2. Access to medications has become easier under GeSY

With the implementation of GeSY, doctors are able to write ePrescriptions for patients through the Health Insurance Organisation's information technology system, and patients can obtain their medication from the pharmacy most convenient for them. As of 2023, all pharmacies in Cyprus (615 privately owned and another 19 located in health centres or public hospitals) contracted with the Health Insurance Organisation to guarantee access across the country.

### Generic uptake remains a challenge

While internationally comparable data about usage of generic drugs in Cyprus are not available, one recent study estimated that most (57 %) public sector physicians prefer to prescribe the most widely available generics to their patients (Theodorou et al., 2022). The same study, which investigated prescribing behaviours among physicians in Cyprus, found that 73.7 % of surveyed physicians said that they prescribe generics often or very often. Another study found the generic market share was 45.7 % in 2013/2014 (Zimmermann & Haasis, 2021). This lower uptake of generics occurs despite the patient bearing the full cost of the price differences between a branded and a generic medicine.

### Clinical trials for pharmaceuticals are overwhelmingly sponsored by the public sector, while overall comparable data are lacking

Cyprus has a generics manufacturing base mainly geared towards export rather than supplying the domestic market (Theodorou, Charalambous & Williams, 2024). Further development of pharmaceutical research and development is an important part of the country's industrial policy, highlighted in the Cyprus Government's Action Plan, in line with its measures under the EU Recovery and Resilience Facility. Pharmaceutical patent applications serve as a crucial metric for gauging innovation potential within the pharmaceuticals sector. According to OECD Intellectual Property Statistics, there were 2 applications from companies based in Cyprus in 2022, while in 2021 there were 10 (a rate of 11 applications per million people, more than double the EU average of 4.8). Internationally comparable data for pharmaceutical industry research and development investment in Cyprus are not available; but data on clinical trials from the International Clinical Trials Registry Platform show that the number of new clinical trials has been increasing, that few are part of multi-country studies and that most are sponsored by the public sector.

## 7 Key findings

- Life expectancy at birth in Cyprus is high (83.2 years in 2024), and 75 % of Cypriots report being in good health, though there is a gap by income level that is particularly pronounced for women. The share of the population aged 65 and over in Cyprus grew from 11 % in 2000 to 18 % in 2024, and given demographic trends is projected to increase to 22 % by 2050. Among the population aged 65 and over in 2022, more than 40 % of Cypriot women and men reported multiple chronic conditions.
- Roughly 27 % of all deaths in Cyprus in 2021 can be attributed to behavioural risk factors (tobacco consumption, dietary risks, alcohol consumption and low physical activity). Smoking in particular is a public health concern, as rates are among the highest in Europe – especially among men. While younger generations are smoking fewer cigarettes, use of e-cigarettes has become popular.
- Since the implementation of the General Healthcare System in 2019, there has been continued growth in the share of public spending on health. The reforms have improved financial protection and drastically reduced out-of-pocket spending in Cyprus. Out-of-pocket spending as a share of total health spending fell from 44 % in 2018 to 18 % in 2023. This is likely to have reduced levels of catastrophic spending on health significantly.
- Mortality rates for preventable and treatable causes are very low in Cyprus compared to the EU averages. The main cause of preventable mortality is lung cancer, which is consistent with high smoking rates – particularly among Cypriot men. The main causes of treatable mortality in Cyprus are ischaemic heart disease, diabetes, colorectal cancer and breast cancer. This highlights the ongoing challenge of strengthening cancer screening programmes. However, data limitations mean that attributing low treatable mortality rates to the performance of specific parts of the health system is not possible.
- Before the reforms introducing the General Healthcare System in Cyprus, long waiting times were an important barrier to medical care, and patients frequently paid out of pocket in full to access services more quickly. Now most capacity in the private sector has been contracted by the Health Insurance Organisation to provide publicly funded services. There are ongoing health workforce challenges, as doctors are primarily employed in the private sector and nurses in the public sector. Generally, there is a growing need for nurses in Cyprus, and the numbers of new nursing graduates are very low.
- Current priorities for financial and capital investments in the health system focus on modernising infrastructure, digitalisation, promoting evidence-based practices and quality monitoring, and upskilling the workforce. Via its Recovery and Resilience Plan, Cyprus has allocated EUR 101 million for these priorities to make the health system more effective, efficient and informed. EU funding support is also under way for the establishment of a capacity master plan to provide a planning and decision-making framework for the health system.
- Public financing now covers 71 % of retail pharmaceutical spending in Cyprus, which is the sixth highest in the EU and highlights the strength of financial protection in the General Healthcare System. While approval and reimbursement processes are slightly quicker in Cyprus than the EU averages, the country suffers from the “small market” problem - not being a sufficiently attractive market for pharmaceutical manufacturers - meaning that fewer products are available, undermining competition and resulting in inelastic pricing.

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### Country abbreviations

Austria	AT	Czechia	CZ	Germany	DE	Italy	IT	Netherlands	NL	Slovakia	SK
Belgium	BE	Denmark	DK	Greece	EL	Latvia	LV	Norway	NO	Slovenia	SI
Bulgaria	BG	Estonia	EE	Hungary	HU	Lithuania	LT	Poland	PL	Spain	ES
Croatia	HR	Finland	FI	Iceland	IS	Luxembourg	LU	Portugal	PT	Sweden	SE
Cyprus	CY	France	FR	Ireland	IE	Malta	MT	Romania	RO		

# State of Health in the EU

## Country Health Profiles 2025

The *Country Health Profiles* are a key element of the European Commission's *State of Health in the EU* cycle, a knowledge brokering project developed with financial support from the European Union.

These Profiles are the result of a collaborative partnership between the Organisation for Economic Co-operation and Development (OECD) and the European Observatory on Health Systems and Policies, working in tandem with the European Commission. Based on a consistent methodology using both quantitative and qualitative data, the analysis covers the latest health policy challenges and developments in each EU/EEA country.

The 2025 edition of the *Country Health Profiles* provides a synthesis of various critical aspects, including:

- the current state of health within the country;
- health determinants, with a specific focus on behavioural risk factors;
- the structure and organisation of the health system;
- the effectiveness, accessibility and resilience of the health system;
- an account of the pharmaceutical sector and policies within the country.

Complementing the key findings of the Country Health Profiles is the *Synthesis Report*.

For more information, please refer to:  
[https://health.ec.europa.eu/state-health-eu\\_en](https://health.ec.europa.eu/state-health-eu_en)

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