

**Joint Action on Chronic Diseases
and Promoting Healthy Ageing
Across the Life Cycle**

**Good Practice in the Field of Health
Promotion and Primary Prevention**

Cyprus Country Review

Prepared by the Cyprus Ministry of Health



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This Country Review has been developed based on the questionnaire 'Good practice in the field of Health Promotion and Primary Prevention' developed by EuroHealthNet, as part of Work Package 5, Task 1 of JA-CHRODIS

Background

JA-CHRODIS is a European collaborative initiative that brings together over 60 partners from 26 European Union Member States. The collaborative partners are from areas including the national and regional departments of health and research institutions. They work together to identify, validate, exchange and disseminate good practice approaches for chronic diseases across EU Member States, and facilitate the uptake of these approaches across local, regional and national borders. The focus of JA-CHRODIS is on health promotion and primary prevention, with an additional focus on the management of diabetes and multi-morbid chronic conditions. One of the key deliverables will be a 'Platform for Knowledge Exchange', which will include both an online help-desk for policy makers and an information portal which provides an up-to-date repository of best practices and the best knowledge on chronic care.

Work Package (WP) 5 focuses on these objectives in relation to the package's theme: *Good Practice in the Field of Health Promotion and Primary Prevention*. Furthermore, **the objectives of WP 5 are to promote the exchange, scaling up, and transfer of highly promising, cost-effective and innovative health promotion and primary prevention practices for older populations**. This will involve the identification, review, and validation of health promotion and primary prevention interventions for **cardiovascular diseases, stroke, and type 2 diabetes and their modifiable behavioural and social risk factors**. WP 5 will not only take into account lifestyles and health-related behaviours, but also the wider social and economic determinants that influence them.

The following **Country Review** provides an **overview of the health promotion and primary prevention situation and approaches for cardiovascular disease, stroke and type 2 diabetes in Cyprus**. This review outlines relevant policies; implementation mechanisms; good practices, and whether and how they have been identified; and forecasting and cost-effectiveness studies that have been undertaken on the topic in Cyprus. The authors of this report have also identified current gaps and needs of promotion and primary prevention of chronic diseases. The information in this report will contribute to subsequent WP tasks, namely the identification, exchange and transfer of promising practices to promote health and prevent strokes, cardiovascular disease and type 2 diabetes in Cyprus.

The Health Promotion and Chronic Disease Prevention Landscape

Policy design and implementation

Health policies in Cyprus are developed centrally. The Ministry of Health (MOH) responds to health needs while monitoring the national and global reality, and sets strategic objectives. To develop strategies which provide road maps to fulfil these objectives, different stakeholders are actively involved (including ministry departments, patients' groups, social services, NGOs etc.). During a workshop at the MOH, these stakeholders set specific goals and describe the mechanisms needed to facilitate the implementation of the strategy. An experienced Public Health Team at the MOH level then develops the Strategic Plan based on those strategy frameworks. The same stakeholders who were involved in the procedure of the development of the Strategic Plan are responsible for implementing the strategy as well as the funding of the various activities.

The implementation of the Strategic Plan is also centrally monitored.

The MOH and various stakeholders are also responsible for funding the different actions described in the Strategic Plan.

The policy of the MOH on the main public health-related issues is described in the overall [Health Strategy of the Ministry of Health](#). The revised Strategy of the Ministry of Health 2014-2018 is currently being finalised.

Regarding diabetes, a strategic plan was developed in 2004. This year, a new revised version is on its way to be published. This newly developed strategy includes a focus on health inequalities, the socioeconomic gradient and the gender perspective. All monitoring and surveillance mechanisms are also described in the plan. Unfortunately, a strategic plan on cerebrovascular diseases has not yet been developed.

Primary prevention and health promotion are dealt with as an entity at the MOH level.

All public health services are covered by Public Funds.

Main organisations

The MOH is the general coordinator of health promotion activities. Other ministries, for example, the Ministry of Education, the Ministry of Transport etc., are also actively involved, following the principle of "Health in all policies".

The other main organisations dealing with health promotion are the local authorities, the patients' organisations for cerebrovascular diseases, the Diabetic Association, the scientific Medical Societies, and some private organisations (for example, Esso, which operates mobile units). All these stakeholders offer their potential, in cooperation with the MOH, towards raising awareness for the main chronic diseases.

Gaps and Needs

There are 4 main pillars that need to be improved regarding primary prevention and health promotion in Cyprus.

Firstly, there is an urgent need for forecasting studies that clarify the real needs of the population, and an additional need for cost-effectiveness studies that demonstrate to the decision makers the importance of the preventive approach for public health.

Secondly, there is a need to establish monitoring mechanisms through the introduction of indicators, data collection and quality circles in order to identify weaknesses of the existing programmes and contribute to revise planning.

Thirdly, there is also the need for better coordination among stakeholders (interministerial etc.) in order to invest more effectively in the principle of "Health in all policies" and become more cost-effective by reducing the duplication of measures which are taken.

Fourthly, there is a need to identify the exact needs, regarding prevention, of the vulnerable groups (migrants, foreign works etc.) and develop targeted programmes to cover those needs.

Lastly, there is also a lack of human and financial resources, as prevention is not always a priority for all decisions makers.