



## Cyprus

This country assessment is based on (1) the responses to a WHO Regional Office for Europe questionnaire designed to gather information on key elements of WHO Regional Committee for Europe resolution EUR/RC55/R9 and of the European Council Recommendation on the prevention of injury and promotion of safety and (2) Regional Office data and information.

### Summary of country assessment

Cyprus reports implementing 66% of effective interventions reported as implemented of a total of 99 interventions to prevent a range of injuries, versus a European Region median score of 73% and a first quartile of 64%.

The country feedback was positive on some of the key areas identified, such as national policy development, multisectoral collaboration and evidence-based emergency care and in most areas of unintentional injury prevention.

#### National policies

- There are two overall national policies for preventing violence and injuries. There are also specific national policies for road safety, for preventing fires, poisoning, drowning, falls and intimate partner violence.

#### Implementation of effective interventions

- Cyprus reported overall implementation of 72% of selected effective interventions for injury prevention and 81% for violence prevention. These scores are on line with the median regional scores. Table 2 shows the details of percentages per injury type. The list of interventions implemented for each injury type is available separately from the country questionnaire. The proportion of reported implementation was lower than the median regional score for poisoning and youth violence.
- Cyprus reported overall implementation of 35% of selected effective interventions on alcohol, versus a median regional score of 76%. Only 43% of legal and fiscal interventions on alcohol access have been implemented (versus a median regional score of 71%); greater attention must be given to health system-based programmes to reduce alcohol-related harm (Table 2).

#### Impact of resolution EUR/RC55/R9 and of the European Council Recommendation

- Cyprus acknowledged that the adoption of resolution EUR/RC55/R9 and of the European Council Recommendation helped to raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. A national plan for childhood injuries prevention (2005–2010) was developed and is currently being implemented. A national plan for intimate partner violence prevention (2008–2013) was developed in 2008 and it is due for implementation after the approval of the Ministerial Council. Many of the key steps considered necessary for policy development are in place. There has been positive progress in the past 12 months in national policy development, multisectoral collaboration and evidence-based emergency care. Many of the elements of resolution EUR/RC55/R9 were successfully achieved: multisectoral collaboration, capacity building, exchange of best practice and evidence-based emergency care.

#### Next steps

- Greater attention needs to be given to surveillance as there is no system in place which could be used for prevention. Evidence-based interventions for preventing poisoning, youth violence, alcohol misuse and to reduce socioeconomic inequalities should be implemented. Several interventions (falls, youth violence, child and elder abuse, self-directed violence) were implemented in selected regions rather than nationally, and this could be an area for future activity.

## Country profile

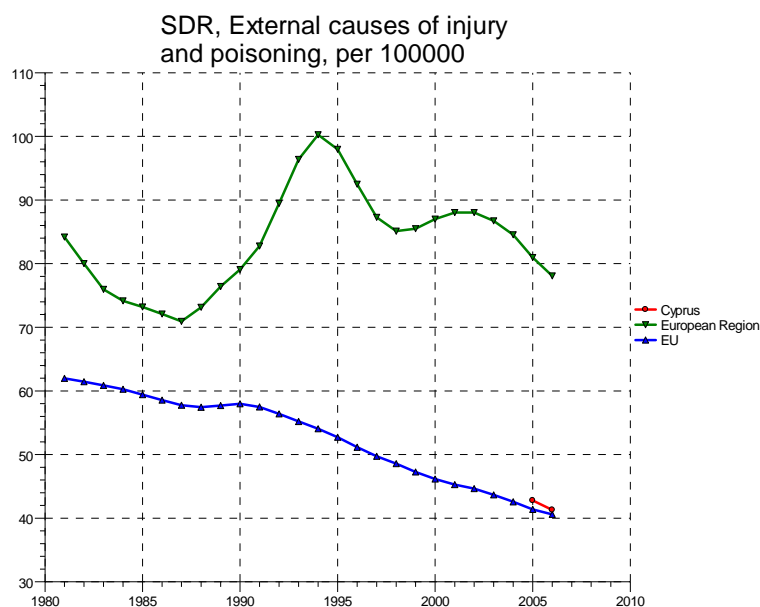
**Table 1. Demographics**

- Cyprus has a population of 0.9 million. Both the percentage of children 0–14 years and of people 65+ years old are lower than the European Region average.
- Life expectancy at birth is higher than the European Region and the European Union (EU) average, both for males and for females.

Indicator (last available year)	Cyprus	WHO European Region	European Union (EU27)
Mid-year population	0.9 million	890.9 million	493.8 million
% of population aged 0–14 years	15.9	17.5	15.7
% of population aged 65+ years	11.3	14.0	16.8
Males, life expectancy at birth, in years	78.2	71.4	76.0
Females, life expectancy at birth, in years	82.5	79.1	82.2

- Injuries are the fourth leading cause of death. The rates for unintentional injuries and violence injuries are lower than the European Region averages. The only exception is the rate for drowning, which is slightly higher than the regional value.
- Injury mortality rates are declining and they are slightly higher than EU average, but the historical series of data is limited (Fig. 1).
- The leading causes of unintentional injury-related death are road traffic injuries followed by drowning, falls, poisoning and fires.
- The leading causes of intentional injury-related death are suicide.
- The WHO Regional Office for Europe has been supporting focal people. Cyprus took part in the project on a global status report on road safety.

**Fig. 1. Standardized death rate (SDR) for external causes of injury and poisoning in Cyprus, the WHO European Region and the European Union, 1980–2008**



**Table 2. Injury burden, policy response and effective prevention measures in place**

Legend: Yes No Not specified or no response NA Not applicable - No data

Cause of injury	Mortality <sup>a</sup> (SDR per 100 000 population, all ages, last available year) <sup>b</sup>			National policy?	Intervention effectiveness (%)	
	Cyprus	WHO European Region	European Union <sup>c</sup>		Country score <sup>d</sup>	Regional median score <sup>e</sup>
<b>All injuries</b>	<b>36.6</b>	<b>75.8</b>	<b>40.0</b>	<b>NA</b>	<b>66</b>	<b>73</b>
<b>Unintentional injury<sup>f</sup></b>	<b>31.4</b>	<b>45.9</b>	<b>25.9</b>		<b>72</b>	<b>72</b>
Road traffic injuries	12.7	13.3	9.3		81	81
Fires and burns	0.7	2.4	0.7		60	60
Poisoning	0.9	10.7	2.3		60	80
Drowning or submersion	3.7	3.4	1.3		75	63
Falls	3.3	5.6	5.5		75	75
<b>Intentional injury</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>		<b>81</b>	<b>81</b>
Interpersonal violence <sup>g</sup>	1.3	5.2	1.0		NA	NA
Youth violence <sup>h</sup>	1.0	5.3	1.0		57	86
Child maltreatment <sup>i</sup>	0	0.6	0.3		100	100
Intimate partner violence	-	-	-		100	75
Elder abuse and neglect	-	-	-		67	67
Self-directed violence	2.2	14.0	10.2		100	88
<b>Alcohol<sup>j</sup></b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>35</b>	<b>76</b>
Alcohol-related poisoning	0	2.8	0.9	NA	NA	NA
Alcoholic liver diseases <sup>k</sup>	-	-	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	2.4	18.0	19.2	NA	NA	NA
Fiscal and legal measures <sup>l</sup>	NA	NA	NA	NA	43	71
Health system-based programmes <sup>m</sup>	NA	NA	NA	NA	0	67

<sup>a</sup> Unless otherwise specified.<sup>b</sup> Sources for mortality data: European Health for All database and European Health for All mortality database [online databases]. Copenhagen, WHO Regional Office for Europe, 2010 (<http://www.euro.who.int/hfadb>, accessed 15 January 2010).<sup>c</sup> The 27 European Union countries.<sup>d</sup> Calculated as the proportion of effective interventions in place in the country. This is based on WHO list of effective interventions published in: *Preventing injuries and violence: a guide for ministries of health*. Geneva, World Health Organization, 2007 ([http://www.who.int/violence\\_injury\\_prevention/publications/injury\\_policy\\_planning/prevention\\_moh/en](http://www.who.int/violence_injury_prevention/publications/injury_policy_planning/prevention_moh/en), accessed 15 January 2010). For the full range of interventions and responses, please consult the country questionnaire.<sup>e</sup> Median of the proportion of effective interventions in place in countries in the WHO European Region.<sup>f</sup> Standardized death rates (SDR) from accidents.<sup>g</sup> Proxy for mortality: mortality from homicide and assault, all ages.<sup>h</sup> Proxy for mortality: mortality from homicide and assault, 15–29 years.<sup>i</sup> Proxy for mortality: mortality from homicide and assault 0–14 years.<sup>j</sup> This score was calculated from 17 alcohol-related interventions.<sup>k</sup> The EU average was calculated based on 20 countries. Data retrieved from: European detailed mortality database [online database]. Copenhagen, WHO Regional Office for Europe, 2009 ([http://www.euro.who.int/InformationSources/Data/20070615\\_2](http://www.euro.who.int/InformationSources/Data/20070615_2), accessed 15 January 2010).<sup>l</sup> This score was calculated from 14 interventions on access to alcohol (availability, restrictions and bans).<sup>m</sup> This score was calculated from three interventions on health system-based programmes to reduce alcohol-related harm.

**Table 3. Key elements of policy development in preventing injury and violence**

Legend: ✓ Yes ✗ No ? Not specified or no response

<b>National policies</b>	
• Overall national policy on injury prevention	✓
• Overall national policy on violence prevention	✓
• Commitment to develop national policy	✓
• Alcohol identified as a risk factor for injuries	✓
• Alcohol identified as a risk factor for violence	✓
• Policies targeted to reduce socioeconomic differences in violence and injuries	✗
• National policies highlight socioeconomic inequality as a priority	✓
<b>Political support for the agenda for injury and violence prevention</b>	
	✓
<b>Easy access to surveillance data</b>	
	✗
<b>Intersectoral collaboration</b>	
• Key stakeholders identified	✓
• Secretariat to support the intersectoral committee	✗
• Questionnaire answered in consensus with other sectors and stakeholders	✓
• Can WHO help to achieve intersectoral collaboration in the country?	✗
<b>Capacity-building</b>	
• Process in place	✓
• Exchange of evidence-based practice as part of this process	✓
• Promotion of research as part of this process	✗
<b>Emergency care</b>	
• Evidence-based approach	✓
• Quality assessment programme	✓
• Process to build capacity identified	✓
<b>EUR/RC55/R9 influenced the agenda for injury and violence prevention</b>	
	✓
<b>Recent developments in injury and violence prevention (during the past 12 months)</b>	
• National policy	✓
• Surveillance	✗
• Multisectoral collaboration	✓
• Capacity-building	✗
• Evidence-based emergency care	✓