



Cyprus

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★☆☆

Cyprus scores 80% of effective interventions reported as implemented out of a total of 69 interventions to prevent a range of injuries, against a regional median of 56% and a third quartile of 80%.

The country feedback was positive on some of the key areas identified, such as national policy development, intersectoral collaboration and capacity building.

National policies

- There is a national policy for child unintentional injury prevention. There are specific national policies for road safety, poisoning, falls, drowning, and fires. There is no overall national policy for violence prevention. Policies are being developed for the prevention of youth violence, child maltreatment, intimate partner violence and elder abuse.

Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Cyprus reported overall implementation of 83% of these for injury prevention and 76% for violence prevention. These are higher than the Regional median scores of 65% for unintentional injury and 55% for violence prevention. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. The proportion of implementation reported for preventive programmes for different types of unintentional injuries were higher than the regional medians. For violence, there was lower proportion of implementation for youth violence.

Impact of WHO Resolution

- Cyprus acknowledged that adoption of the WHO Resolution helped raise the policy profile of the prevention of violence and injuries by the Ministry of Health. Although there is no overall national policy on violence prevention, there is political commitment for this and many of the key steps considered necessary for policy development are in place. There has been positive progress in the in a twelve-month period 2007 to 2008 in the areas of surveillance, capacity building and evidence based emergency care. Many of the elements of the Regional Committee Resolution were successfully achieved: national policy development, intersectoral collaboration and capacity building.

Next steps

- Greater attention needs to be given to an integrated national policy development for violence prevention and implementing youth violence prevention interventions. Policies are currently being developed for the prevention of youth violence, child maltreatment, intimate partner violence and elder abuse. Appropriate bodies need to be tasked with the implementation of evidence based programmes as part of these policies. For a number of interventions, these were implemented in some regions rather than nationally, and this could be an area of future activity. Better access to injury surveillance data is needed.

★ *less than 25% (first quartile: 0-25)*

★★ *25 to 50% (first quartile to median: 26-55)*

★★★ *50 to 75% (median to third quartile: 56-79)*

★★★★ *75 to 100% (over third quartile: 80-100)*

Country profile

Table 1. Demographics

- Cyprus has a population of 0.8 million with a high percentage of children and a lower percentage of elderly than that of the European Region.
- Life expectancy at birth is higher than that of the European Region, both for males and females.

Indicator (Year=2005 or last available)	Cyprus	WHO European Region	European Union*
Mid-year population	757 989	887.5 million	456.9 million
% of population aged 0-14 years	18.7	17.9	15.7
% of population aged 65+ years	11.6	13.8	16.4
Males, life expectancy at birth, in years	77	70	75
Females, life expectancy at birth, in years	82.2	76	82

Table 2. Leading causes of death (expressed as standardized death rates (SDR))

Indicator (Year=2005 or last available year)	Cyprus	WHO European Region	European Union*
SDR, all causes, all ages, per 100 000	636.4	930.2	678.1
SDR, diseases of circulatory system, all ages per 100 000	241.6	457.6	272.7
SDR, malignant neoplasms, all ages per 100 000	123.3	175	184.1
SDR, external cause injury and poison, all ages per 100 000	41.1	83.2	42.3

Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb>

- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region's and European Union's (EU) values.
- There is no trend data available.
- The leading causes of unintentional injury death are transport injuries, followed by drowning, falls, fires and poisoning.
- Suicide rates are much lower than those of the EU. The leading causes of intentional injury death are homicide followed by suicide.
- Injury death rates due to road traffic injury are higher than those of the Region and the EU and drowning rates are higher than the EU.
- The homicide rate is higher than the EU but lower than the regional value.
- WHO/Europe supported the Ministry of Health in developing national policy for injury prevention. Cyprus participated is taking part in the Global Status Report on Road Safety project.

Table 3. Injury burden, policy response and effective prevention measures in place

Legend: ✓ Yes ✗ No ? Not specified/no response N/A Not applicable

CAUSE OF INJURY	MORTALITY (SDR PER 100 000, ALL AGES, 2005 OR LAST AVAILABLE YEAR) +			NATIONAL POLICY?	INTERVENTION EFFECTIVENESS (AS A %)	
	CYPRUS	WHO EUROPEAN REGION	EUROPEAN UNION*		COUNTRY SCORE ⁺⁺	REGIONAL MEDIAN SCORE ⁺⁺⁺
ALL INJURIES	41.1	83.2	42.3	N/A	80	56
UNINTENTIONAL INJURY#	36.7	46.8	27.1	✓	83	65
Road traffic injuries [^]	16.6	13.9	10	✓	80	80
Fires and burns	0.6	2.6	0.8	✓	60	60
Poisoning	0.4	12	2.2	✓	100	80
Drowning or submersion	2.7	3.8	1.4	✓	88	63
Falls	2.6	6.5	6.5	✓	86	71
INTENTIONAL INJURY				✗	76	55
Interpersonal violence ^{**}	1.5	6.3	1.1	N/A	N/A	N/A
Youth violence ^{***}	1.1	6.3	1.1	✗	40	60
Child abuse and neglect ^{****}	0	0.6	0.4	✗	100	100
Intimate partner or domestic violence	N/A	N/A	N/A	✗	50	50
Elder abuse and neglect	N/A	N/A	N/A	✗	67	67
Self-directed violence	0.7	15.1	11.1	✗	88	63

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb> and Health for All Mortality DataBase.

++ 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* (2007) available at http://www.who.int/violence_injury_prevention/publications/en/index.html.

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

Standardized death rates (SDR) from accidents.

[^] SDR from transport accidents.


* 27 countries belonging to the European Union.




















** Proxi for mortality: mortality from homicide and assault, all ages.

*** Proxi for mortality: mortality from homicide and assault 15-29.

**** Proxi for mortality: mortality from homicide and assault 0-14.

Table 4 Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention

Legend:  Yes  No  Not specified/no response

NATIONAL POLICIES	
• Overall national policy on injury prevention	
• Overall national policy on violence prevention	
• Commitment to develop national policy	
POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA	
	
EASY ACCESS TO SURVEILLANCE DATA	
	
INTERSECTORAL COLLABORATION	
• Key stakeholders identified	
• Secretariat to support the intersectoral committee	
• Questionnaire answered in consensus with other sectors/stakeholders	
• Can WHO help achieve intersectoral collaboration in the country?	
CAPACITY BUILDING	
• Process in place	
• Exchange of evidence-based practice as part of this process	
• Promotion of research as part of this process	
EMERGENCY CARE	
• Evidence-based approach	
• Quality assessment programme	
• Process to build capacity identified	
RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA	
	
RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)	
• National policy	
• Surveillance	
• Multisectoral collaboration	
• Capacity building	
• Evidence-based emergency care	