



European  
Social  
Charter

Charte  
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COUNCIL  
OF EUROPE

CONSEIL  
DE L'EUROPE

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## **EUROPEAN SOCIAL CHARTER**

10<sup>th</sup> National Report on the implementation  
of the Revised European Social Charter  
submitted by

### **THE GOVERNMENT OF CYPRUS**

(Articles 3, 11, 12, 13 and  
14 for the period of  
01/01/2008 – 31/12/2011)

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Report registered by the Secretariat on  
27 May 2013

**CYCLE 2013**



**GOVERNMENT OF THE REPUBLIC OF CYPRUS**

**Report on Article 3  
THE RIGHT TO SAFE AND HEALTHY WORKING CONDITIONS  
(Paragraphs 1, 2 and 3)**

**of the Revised European Social Charter**

**(Reference Period: 01.01.2008 – 31.12.2011)**

**Article 3§1**

**1) Please describe the national policy on occupational health and safety and the consultation with employers' and workers' organisations. Please specify the nature of, reasons for and extend of any reforms.**

There have been no significant changes in the situation described in our previous reports, which the Committee found to be in conformity with Article 3§1.

The legislative framework is fully harmonised with the corresponding Acquis Communautaire, but it is in constant update whenever a new European legislation on safety and health at work is put into force or when gaps or/ and particularities are identified with respect to the situation in Cyprus.

The safety and health at work legislation which was enacted during the reference period is shown in **Appendix I**.

**2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the national policy in consultation with employers' and workers' organisations.**

**Health Surveillance System for Workers**

In our previous report, it was stated that the Department of Labour Inspection was pushing forward the establishment of a Health Surveillance System for the Workers, which will be applied through the implementation of an Action Plan. The Department is currently in the process of preparing the said Action Plan for the establishment and operation of an Employee Health Surveillance System. The Action Plan includes, as a first step, the collection of data in occupational diseases through the various campaigns/ inspections, the provision of information and raising of medical world's awareness on issues related to occupational health through the activities of the

Cyprus Medical Association, the publishing and distribution of information material and the introduction of new legislation.

### **Promotion of Prevention**

During the reference period, the following activities were taken to promote the prevention of work accidents and occupational diseases:

- The Productivity Centre, in cooperation with the Department of Labour Inspection (DLI) has prepared digital educational material on occupational safety and health issues. This material was posted on the website of the DLI ([www.mlsi.gov.cy/dli](http://www.mlsi.gov.cy/dli)) and it can be used free of charge for training purposes by interested parties.
- During the years 2007-2008, with funding from the European Union, through the Transition Facility Programme, about 2000 people in the public and private sectors of construction and in mining and port industries, were trained in safety and health at work issues and guidance standards on risk assessment and good practice guides were prepared for each of the above sectors. This material which is promoted by Labour Inspectors, is also listed on the website of DLI and it is freely accessible by interested parties.
- In 2008, a Practical Guide was prepared for the organisation of an occupational safety and health management system for small-medium enterprises in Cyprus, for the following economic sectors: Food and Beverage, Wood Industry and construction of wood products, Construction of furniture, Construction of non-Metallic Mineral Products (e.g. bricks), Construction of Metallic Products, Constructions, Car and Motorcycle Repair, Hairdressers, Hotels and Restaurants, Financial Intermediaries (Banks, Insurance Companies and Cooperative Credit Institutions), Offices, Shops and Hospitals. This guide is listed on the website of DLI.
- During the years 2008-2009, a campaign was carried out in collaboration with Social Partners to promote the institution of Safety Committees in the workplace. The aim of this campaign was the provision of incentives to employees with a view to participate in Safety Committees. For this reason, a Special Identity Card was issued and provided to each member of the Safety Committee, to honour them for their contribution to health and safety issues at their workplace.
- In 2011, the Department of Labour Inspection in collaboration with Employers' Organisations and Trade Unions, organised a competition for the establishment and operation of Safety Committees in industrial and construction sector. The purpose of this competition was to encourage

employers to establish Safety Committees and employees to actively participate in these Committees.

- During 2011, a Code of Practice on Work at Height was prepared. This Code of Practice is the adaptation of the non-binding Guide to Good Practice for implementing Directive 2001/45/EC (Work at a Height) of the European Union to Cyprus legislation. With this Code of Practice, the Department of Labour Inspection aims to help the employers, the self-employed persons, people involved in the construction industry and mainly the small-medium enterprises to choose and use correctly the equipment for work at height, based on risk assessment so as to improve the safety and health at work. Additionally, this Code is a tool to help safety and health professionals to apply effectively the provisions of the Legislation for the safety and health issues at work and to comply with their legal obligations.
- The Department of Labour Inspection, in cooperation with the Cyprus Productivity Centre and the Human Resources Development Authority carried out a one day induction course for new comers in employment, on issues of safety and health at work. The course included a general part on subjects such as prevention principles, obligations of employers and rights and obligations of employees, workplace Safety Committees and a special part on safety at the construction sites, work accidents and occupational diseases.
- Finally, Cyprus has undertaken the initiative to develop on a pilot basis the new online tool for risk assessment, which was prepared by the European Agency for Safety and Health at Work, aiming to help small and medium enterprises in preparing risk assessments for specific economic sectors.

### **Incorporation into other Policy Sectors**

Regarding the integration of the aspects of health and safety in other policy areas, the following actions were taken:

- Upon decision of the Council of Ministers, issues on safety and health were introduced in the analytical programmes of study of:
  - Public schools in all the stages of education, i.e. the Pre-elementary, Elementary, Gymnasium, Secondary and Technical Education.
  - Training Institutions of Cyprus.
  - Training Schools of Public Organisations, so that the pupils and students of today, as tomorrow's employers and workers, will develop through the years a safety conscience.

- Training Schools for Public Administration (Police College, Forestry College, Nursing School, Higher Hotel Institute, etc.)
- In the area of employment, there is cooperation between the Public Employment Services and the DLI with regard to the imposition of conditions aimed at improving the working conditions and environment, as part of the examination process for granting licenses to employ non-EU nationals.
- In cooperation with the Ministry of Commerce, Industry and Tourism, for the approval of subsidies to undertakings, as part of the Projects managed by the said Ministry, it is required to obtain a Certificate from the DLI stating that the Minimum Safety and Health Conditions are met in their workplace.
- The DLI participates in the Road Safety Council of Cyprus, which operates under the Ministry of Communications and Works. In addition, through inspections conducted by the Drivers and Vehicles Control Unit of the DLI, as part of implementing the relevant legislation, there is an effort to reduce road accidents during work and to improve working conditions of drivers involved in land transport.
- The DLI also participates in various committees to promote safety and health aspects, such as the Advisory Committee for child accident prevention.
- In the area of Construction, special conditions are imposed by the DLI as part of the procedure for obtaining Planning Permits and Building Permits for industrial buildings carried out by the Local Authorities (Municipalities and District Authorities). Also, specific conditions relating to safety and health have already been included in the contract for the award of a design and the execution of construction projects in the public sector. A guide for Contracts in Constructions was prepared and is available through the website of the DLI.
- In addition, in September 2009, the Minister of Labour and Social Insurance, the Minister of Interior, the Minister of Communications and Works and representatives of Agencies and Organisations involved in the construction sector, expressed their willingness to cooperate jointly and with defined common objectives with a view to drastically improve the levels of safety and health in construction, by signing a Joint Policy Statement in this area. As part of this Policy, Working Groups have been established and are engaged in the promotion of measures to achieve its objectives.

**3) Please provide pertinent figures, statistics or any other relevant information, if appropriate.**

Please refer to the Annual Report in English language of the Department of Labour Inspection for 2011 in the website of the Department ([www.mlsi.gov.cy/dli](http://www.mlsi.gov.cy/dli)).

### **Response to the comments of ECSR in its Conclusions of 2009**

#### **Activities of the Labour Inspectorate**

- ***“The Committee asks that, if this data is available, the next report provides the proportion of inspection visits dealing specifically with safety and health matters.”***

The number of inspection visits given in the report for the period 2008-2011 refers to inspection visits dealing only with safety and health at work.

- ***“As regards enforcement measures, the report indicates that the number of contraventions rose from 39 in 2005 to 65 in 2006 and 97 in 2007, whilst the amount of fines charged for a completed legal proceedings increased from £26.430 in 2005 to £36.225 in 2006 and £141.208 in 2007. The Committee asks for explanations for such a marked increase in these fines in 2007.”***

The reason for the substantial increase of number of contraventions and fines charged for completed legal proceedings in 2007 compared to previous years is due to the appointment by the Attorney General of a specific prosecutor at the Ministry of Labour and Social Insurance to deal with the cases of the Department of Labour Inspection and the Department of Labour Relations.

- ***“The Committee asks that the next report gives information on the staff resources of the Labour Inspectorate.”***

The staff resources of the Labour Inspectorate for health and safety issues are shown in the Table below:

<b>Year</b>	<b>Staff assigned to OSH</b>	<b>No. of Field Inspectors</b>	<b>Full time equivalent Field Inspectors</b>
2008	51	28	25.5
2009	54	30	22.75
2010	57	31	22
2011	57	24	22.5

#### **Article 3§2**

1) Please describe the general legal framework. Please specify the nature of, reasons for and extend of any reforms.

The National Legislation on safety and health at work is available in Greek, on the website of the Department of Labour Inspection ([www.mlsi.gov.cy/dli](http://www.mlsi.gov.cy/dli)). Please refer to **Appendix I** for a list of safety and health at work legislation enacted during the reference period.

**2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework in consultation with employers' and workers' organisations.**

There have been no significant changes in the situation described in our previous reports, which the Committee found to be in conformity with Article 3§2.

### **Response to the comments of ECSR in its Conclusions of 2009**

#### **Protection of workers against asbestos**

- ***“The Committee asks whether the authorities have considered drawing up an inventory of all contaminated buildings and materials. Bearing in mind the importance of this question in the light of the right to health of the population (Article 11), it asks for the next report to provide specific information on steps taken to this effect.”***

The Department of Town Planning and Housing under the Ministry of Interior, is in the process of drawing an inventory of all governmental buildings containing asbestos. The Department of Labour Inspection keeps information in the Information System about all inspections that are conducted in premises in order to investigate the protection of workers from the risks related to asbestos exposure.

#### **Personal scope of the regulations**

- ***“The Committee previously found that self-employed workers were adequately protected by safety and health regulations. It noted however that safety and health regulations did not cover domestic workers. The report stated that a draft law is under preparation to amend the Safety and Health at Work legislation to extend its scope to such workers. However the Committee reiterates that the situation will not be in conformity with the Charter until the amendment in issue enters into force. It therefore asks to be kept informed on the formal adoption of this amendment in the next report.”***

In March 2011, the Safety and Health at Work (Amending) Law of 2011 (Law 33(I)/2011) was published. This amendment extended the scope of the Safety and Health at Work Law to include domestic premises and domestic installations. Therefore, the provisions of this legislation as well as the provisions of all Safety and Health at Work Regulations issued under this legislation are also applied to domestic workers.

In order to inform the employers of domestic workers about their legal obligation to have a written risk assessment, the Department of Labour Inspection has issued a specific leaflet.

### **Article 3§3**

**1) Please describe the enforcement of safety and health regulations. Please specify the nature of, reasons for and extend of any reforms.**

There have been no significant changes in the situation described in our previous reports, which the Committee found to be in conformity with Article 3§3.

**2) Please provide pertinent figures, statistics (for example Eurostat data) or any other relevant information on the number of accidents at work, including fatal accidents, in absolute figures as well as in terms of standardised accident rates per 100,000 workers; on the number of health and safety inspection visits by the labour inspectorate and the proportion of workers and companies covered by the inspections; and on the number of breaches to health and safety regulations and the nature and type of sanctions imposed.**

The number of undertakings that were registered into the Information System of the Department of Labour Inspection during the reference period is shown in the Table below:

<b>Year</b>	<b>No. of registered undertakings into the Information System</b>
2008	23.544
2009	24.736
2010	27.276
2011	27.285

The workplaces inspected by the Inspectors of the Department of Labour Inspection and the number of inspections carried out during the reference period are shown in the Table below:

Year	No. of inspection visits during the reference period	Cumulative no. of workers employed in the undertakings inspected	Total no. of workers employed in all sectors of economic activity
2008	5.805	109.427	306.488
2009	5.231	111.448	304.964
2010	6.023	105.582	312.736
2011	7.198	117.137	306.715

\_\_\_\_\_ For further information with regard to accidents, please refer to **Appendix II**.

### **Response to the comments of ECSR in its Conclusions of 2009**

#### **Occupational accidents and diseases**

- ***“The Committee asks that the next report provides figures on occupational diseases.”.***

From the investigations of the working conditions and the working environment and through information obtained from various Government Departments and other Organisations, which maintain data regarding occupational diseases, the following data are given:

Year	Cases of mesothelioma	Cases of musculoskeletal disorder	Cases of noise induced hearing loss
2008	15	1	0
2009	2	4	2
2010	8	0	0
2011	14	2	0

Most of the above cases were codified and send to EUROSTAT in the framework of the program for recording occupational diseases, names EODS.

**Report on Article 11  
THE RIGHT TO PROTECTION OF HEALTH  
(Paragraphs 1, 2 and 3)**

**of the Revised European Social Charter**

**(Reference Period: 01.01.2008 – 31.12.2011)**

**Article 11§1**

**1) Please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extend of any reforms.**

Cyprus Constitution was established in 1960. The promotion and protection of Public Health represents one of the legal targets. An introduction of several legislations came into force with main aim to improve people's health. The Council of Ministers is responsible for supervising and coordinating the social protection system in Cyprus. Each of the ministries is involved and has the responsibility to contribute to people's well-being.

The Ministry of Health is responsible mainly for the organisation of the health care system in Cyprus and the provision of public health care services and health promoting programs.

The Ministry of Health formulates national health policies, coordinates the activities of both of private and the public sector, regulates health care standards and promotes the enactment of relevant legislation. It is organised into various departments and manpower development institutes including:

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

Following the recommendations made in the review of Nuffield Institute for Health, 1994, 1998, a reform of the Ministry of Health is under way. New departments are being established and the administration of public hospitals is decentralised on the basis of modern systems of management and medical audit.

Every person will be registered with a private doctor (a general practitioner) of their choice. In each case the doctor will provide any health service deemed necessary. A patient's choice of specialist and hospital is possible but limited by the required

treatment. As long as the patient complies with the system parameters there should be no-out-of-pocket cost.

## **Government Health Services**

The provision of health care services by the Government Medical Services is governed by the Government Medical Institutions and Services General Regulations of 2000 to 2007.

### **Coverage**

#### **Persons to whom services are provided free of charge**

- (a) Single persons whose annual income does not exceed €15.377,41 and members of families whose annual income does not exceed €30.754,83 increased by €1.708,60 for each dependent child.
- (b) Families with three or more children
- (c) Persons suffering from certain chronic diseases.
- (d) State officials, Civil Servants, Members of the Police and Army Forces, and their dependents, University/College students, and some other specific categories of citizens.

#### **Persons to whom services are provided at reduced fees**

Single persons whose annual income is between €15.377,41 and €20.503, and members of families whose annual income is between €30.754,83 and €37.589,23 increased by €1.708,60 for each dependent child.

#### **Paying Patients**

Persons not entitled for healthcare benefits can make use of the Government medical services against payment of the fees prescribed from time to time. Paying patients may have the fees for costly in-patient treatment reduced, taking into account the level of their income and the composition of their family.

### **Fees**

Paying patients pay €20,50 for a visit to a specialist and €14,50 for a visit to a general practitioner. In addition they pay the fees prescribed for laboratory, radiology and all examinations and tests.

In-patient fees for paying patients are as follows:

- (a) For accommodation and nursing: €123,03, €102,52 and €71,76 for 1<sup>st</sup> class, 2<sup>nd</sup> class and 3<sup>rd</sup> class ward respectively, and €205,23 for intensive care.
- (b) For medical attendance: €71,76 daily.
- (c) For drugs, curative material, laboratory and radiology tests and any other services: the fees prescribed.

Persons to whom services are provided at reduced fees pay €8,50 for a visit to a specialist and €6,50 for a visit to a general practitioner. In addition, they pay 50% of the fees prescribed for laboratory, radiology and all examinations and tests.

### **Co-payments by persons entitled to free medical care**

Persons entitled to free medical care pay €2,00 per out-patient visit.

Recipients of Public Assistance benefit, invalidity pensioners and war prisoners, military personnel, medical personnel and persons over 65 years old, are exempted from any co-payment.

### **Special Scheme for Sponsoring Patients treatment abroad**

The Cyprus Government has a sponsoring scheme for sponsoring patients' treatments abroad upon preauthorisation by the Special Medical Board. The regulations of this scheme have been approved by the Council of Ministers. The patients sponsored abroad are subject to means testing and have to contribute towards the expenses according to their level of income.

### **Private Health Sector**

Private medicine is dominated by a large number of physicians in individual practice. A number of polyclinics have also been established in urban areas with a number of physicians offering a range of medical services.

Private hospitals and clinics are operated in the private sector and provide services to the patients who afford to pay for their treatment.

The establishment and operation of private hospitals is governed by the Private Hospitals Law of 2001 to 2011.

According to the aforesaid Law, private hospitals are divided into:

(a) Clinics of day hospitalization operating from 07.00 until 19.00, in which patients are not allowed to stay overnight and which have at least two beds per each housed medical specialty.

(b) Clinics, which accommodate up to two medical specialties and have at least three beds in each medical specialty.

(c) Polyclinics, which accommodate from three to five medical specialties and have at least three beds in each specialty.

(d) Private hospitals, which house more than five medical specialties and have a total of at least thirty beds.

In the event that the responsible physician in a clinic of day hospitalization considers that further hospitalisation of a patient is necessary due to complications, the patient may be transferred to another clinic or private hospital where hospitalisation at night is permitted.

### **The New General Health System**

The implementation of the new National Health System in Cyprus was assigned to the Health Insurance Organisation (HIO), which was set up under Law N.89 (I)/2001 as a public legal entity. It is governed by a Board of Directors with trilateral representation (Government, Employers' and Employees' Unions).

The General Health Care Scheme Law is the legal framework that governs the HIO and the implementation of the new General Health Scheme. Law 89(I)/2001 was amended with Laws 134(I)/2002, 101(I)/2004 and 62(I)/2005.

According to Law 89(I)/2001, eligible for medical care under the new National Health System will be the following:

- All Cypriot and European Union citizens, permanently residing in Cyprus and their dependents.
- Every person who is a contributor permanently residing in Cyprus and or a contributor lawfully working in Cyprus and their dependents (provided that they have been permanently residing in Cyprus for a specific period of time, which can be defined through Regulations).

**2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.**

### **Cyprus Health System**

Health care is provided by the Government Medical Services and the private medical sector.

The Government Medical Services can be used by any person who chooses to be treated at a Government Medical Institution.

Free of charge or at reduced fees care is provided by the Government of Medical Services to certain groups of the population as described below. Patients not belonging to these groups pay the fees prescribed from time to time.

The government medical institutions are administered by the Ministry of Health through the Department of Medical and Public Health Services and are financed by general taxation through the budget.

Persons making use of the private medical sector pay the fees out-of-pocket. Certain groups are covered by medical funds, operated by trade unions or employers. These funds provide part or full coverage of medical expenses incurred by their members.

### **Government Health Services**

The provision of health care services by the Government Medical Services is governed by the Government Medical Institutions and Services General Regulations of 2000 to 2007.

The Public Health Sector System consists of eight hospitals and a number of Primary Health Care Centres around the country. The hospitals offer services for primary, secondary and tertiary care. One of the hospitals in Nicosia, the capital of Cyprus, is specialised in services for mother and child, whereas the other hospital in Nicosia is being used as a referral hospital for very serious health care problems.

Services that are not offered by the public hospitals may be bought by the private sector through procurement procedures and contract agreements.

### **Health Services Provided**

The Health Services provided include:

- (i) Out-patient care by general practitioners and specialists care to both out-patients and in-patients.
- (ii) The necessary drugs and pharmaceutical material.
- (iii) Diagnostic and paramedical examinations.
- (iv) Hospitalisation.
- (v) Dental care, except for dentures which are provided to certain low income groups.
- (vi) Medical rehabilitation and provision of prosthetic and orthopaedic appliances.
- (vii) Domiciliary visiting in exceptional cases (for saving life or averting serious disability).
- (viii) Transport of the patient as his/ her condition requires.

### **Health care provision at Accident and Emergency Department of the State Hospitals**

Health care provided at Accident and Emergency Department of the State Hospitals is offered free of charge to everybody seeking medical care, irrespective of their citizenship and income criteria. However, if they need hospitalisation, subsequent care fees have to be paid.

### **The New General Health System**

The Organisation's main responsibilities are to:

- Administer the Fund established by the General Health Scheme Law for the financing of the National Health System.
- Make the required arrangements to obtain affordable healthcare to all beneficiaries by contracting with Healthcare providers satisfying all relevant conditions and specifications.
- Coordinate and ensure the provision of high quality healthcare services by the contracted Healthcare providers.
- Collect, analyse and report data relating to the provision of healthcare services.

Today's technological advancements, along with an aging population and high healthcare service costs dictate a fundamental reform in the existing System, through the implementation of the General Health System. The General Health System will be anthropocentric and the contributions to the System, as well as the coverage offered by the System, will be based on the principles of solidarity, justice and universality.

The Implementation Strategy Plan describes in detail all steps necessary for the implementation of the National Health System as well as the transition from the existing Health System already in place to the new system. It also outlines the strategic design and architecture of an Information Technology solution to support the National Health System, the principles and conditions necessary for the establishment of the Family and Specialist Doctor concept as well as the clinical and diagnostic examinations, the provision of medication and other healthcare services, the reimbursement mechanisms for service providers, the set-up of the Global Budgeting mechanism, the communication strategy and the Health Insurance Organisation's structure. As a result of drafting the Implementation Strategy Plan, a detailed road map with clearly defined and specific tasks has been drawn, including all necessary reforms required in the Health sector in general.

The proposed National Health System's main characteristics are:

- Financing resources originating in contributions from the Employers, Employees, Self-Employed, Pensioners, Income-earners and the Government
- Procurement of healthcare services from both the public and private sectors
- Patient freedom of choosing healthcare service provider
- Implementation of the Family Doctor concept
- Financial self-sustainability through the establishment of the Health Insurance Fund
- Global Budgeting (expenses will not exceed contributions) and providers pricing readjustment mechanism
- Universal Coverage.

Upon approval of the Strategic Plan in December 2006, the HIO formed eight (8) thematic working teams which work methodically and intensively for the design and preparation of the strategic documents of the following concepts of the New Health System:

- Family Doctor
- Specialist Doctor
- Clinical Laboratories
- Pharmaceutical Services
- Accident and Emergency Departments
- Allied Health Professions
- Inpatient care and
- System Financing and Global Budgeting

The working teams have accomplished a very important task in drafting the policy papers that describe the basic principles of the System's operation. In particular, the policy papers describe the current situation and the challenges in migrating from the existing system to the new Health System, the operating guidelines of Healthcare Providers and the minimum requirements they must satisfy in order to be contracted by HIO and joined the National Health System, the prerequisites for contract renewal, the reimbursement scheme etc. These documents will form the basis of discussions/negotiations with the Healthcare Providers before they are made final.

The Organisation is negotiating with all stakeholders involved and is working on the regulatory framework which needs to be prepared according to legislation. At the same time staff is being recruited and the Organisation is preparing the strategy and the communication plan for the public and other stakeholders. Moreover, an actuarial study has been concluded for estimating the cost of the NHIS, while the competitive dialogue process for the selection of a vendor to build, operate and support a complete IT solution for the NHIS is expected to proceed soon. Troika has requested an update of the said actuarial study, considering the new economic situation in Cyprus.

The implementation of the General Health System is postponed due to the financial crisis in Cyprus and the request for financial bailout. The new feasibility study will be ready soon and it is estimated that the General Health System will commence its operation in 2015.

**3) Please supply any relevant statistics or other information on the main health indicators and on health services and professions.**

### **Public and Private Medical and Paramedical Personnel, 2008-2010**

Year/ Sector		PERSONNEL				
		MEDICAL		NURSING		
		Physicians	Dentists	Nursing Officers	Health Visitors	Paramedical
2008	Total	2.233	743	3.520	95	1.019
	Public	726	43	2.784	95	1.019
	Private	1.507	700	736	---	---
2009	Total	2.313	757	3.708	98	1.032
	Public	758	40	2.920	98	1.032
	Private	1.555	717	788	---	---
2010	Total	2.442	772	3.828	102	1.031
	Public	800	40	3.015	102	1.031
	Private	1.642	732	813	---	---

### **Deaths by Cause of Death and Sex, 2008-2011**

Cause of death	Year			
	2008	2009	2010	2011
Infectious and parasitic diseases	68	71	59	85
Tuberculosis	1	0	1	3
Meningococcal infection	0	0	0	0
AIDS (HIV-disease)	0	0	2	3
Viral Hepatitis	0	3	2	5
Neoplasms	1.139	1.177	1.156	1.194
Malignant Neoplasms	1.104	1.140	1.111	1.151
Malignant neoplasm of lip, oral cavity, pharynx	8	14	11	15
Malignant neoplasm of oesophagus	13	12	4	8
Malignant neoplasm of stomach	61	51	44	48
Malignant neoplasm of colon	73	77	83	71
Malignant neoplasm of rectum/anus	13	15	13	20
Malignant neoplasm of liver and intrahepatic bile ducts	34	36	37	41
Malignant neoplasm of pancreas	56	70	56	53
Malignant neoplasm of larynx and trachea/bronchus/lung	195	224	197	240
Malignant melanoma of skin	14	12	16	13
Malignant neoplasm of breast	106	105	101	114
Malignant neoplasm of cervix uteri	11	6	7	7
Malignant neoplasm of other parts of uterus	22	17	20	23
Malignant neoplasm of ovary	32	21	26	27
Malignant neoplasm of prostate	80	76	83	81
Malignant neoplasm of kidney	11	14	18	18
Malignant neoplasm of bladder	49	27	46	42
Malignant neoplasm of lymph/haematopoietic tissue	115	121	103	110
Diseases of the blood (blood-forming organs,), immomol. disorders	30	37	30	39
Endocrine, nutritional and metabolic diseases	393	359	365	426
Diabetes mellitus	328	308	312	371
Mental and behavioural disorders	64	56	68	81
Alcohol abuse	4	4	2	2

Drug dependence, toxicomania	0	3	1	0
Diseases of the nervous system and the sense organs	146	136	133	164
Meningitis	0	2	1	1
Diseases of the circulatory system	2.015	1.951	1.928	2.119
Ischaemic heart diseases	680	677	620	727
Other heart diseases	581	547	528	616
Cerebrovascular diseases	405	377	384	414
Diseases of the respiratory system	356	395	359	366
Influenza	0	3	0	6
Pneumonia	91	92	70	77
Chronic lower respiratory diseases	107	119	102	110
Asthma	26	17	17	26
Diseases of the digestive system	150	141	176	196
Ulcer of stomach, duodenum and jejunum	4	3	10	8
Chronic liver disease	44	41	52	43
Diseases of the skin and subcutaneous tissue	29	29	26	34
Diseases of the musculoskeletal system/connective tissue	31	22	25	23
Rheumatoid arthritis and osteoarthritis	13	5	7	7
Diseases of the genitourinary system	149	145	179	174
Diseases of kidney and ureter	122	105	136	136
Complications of pregnancy, childbirth and puerperium	1	0	1	0
Certain conditions originating in the perinatal period	19	18	20	16
Congenital malformations and chromosomal abnormalities	10	10	14	22
Congenital malformations of the nervous system	1	1	0	0
Congenital malformations of the circulatory system	5	2	5	4
Symptoms, signs, abnormal findings, ill-defined causes	280	322	263	184
Sudden infant death syndrome	0	0	0	1
Unknown and unspecified causes	115	156	122	38
External causes of injury and poisoning	314	313	293	278
Accidents	249	242	230	224
Transport accidents	100	92	84	83
Accidental falls	24	31	23	28
Accidental poisoning	12	14	10	16
Suicide and intentional self-harm	42	33	38	30
Homicide-assault	9	17	4	10
Events of undetermined intent	3	6	11	4
Not stated	0	0	8	103
<b>Total</b>	<b>5.194</b>	<b>5.182</b>	<b>5.103</b>	<b>5.504</b>

### **Summary Health Indicators 2008 – 2010**

Indicator	2008	2009	2010
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Persons per doctor	352	349	339
Persons per dentist	1.057	1.066	1.072
Persons per nurse (incl. midwives)	223	219	216
Persons per hospital bed	264	266	280
Hospital beds per nurse	0,8	0,8	0,8
Hospital beds per 10.000 persons	37,9	37,7	35,7
Birth rate per 1.000 of population	11,7	11,9	11,8
Infant mortality rate per 1.000 live births	6,6	6,4	6,2
Total fertility rate	3,5	3,3	3,2
Life expectancy at birth:	1,48	1,48	1,44
Males	77,9	77,9	79,0
Females	82,4	82,4	82,9

**Summary Health Data, 2008-2010**

Type of data	2008	2009	2010
Out-patient attendances (Public sector)	1.668.200	1.819.169	1.909.524
Casualty attendances (Public sector - General Hospitals)	392.740	411.951	400.992
Dental attendances (Public sector)	119.905 <sup>(1)</sup>	114.845 <sup>(1)</sup>	126.530
Patients admitted:			
General Hospitals	71.905	72.693	81.462
Athalassa Hospital	415	381	442
Rural Hospitals	902	809	1.046
Health Centres	0	0	0
Surgical Operations (Public sector)	33.810	30.342	30.618
Beds:			
Total	2.977	3.040	2.958
Public <sup>(2)</sup>	1.479	1.516	1.514
Private	1.498	1.524	1.444
Bed occupancy rates %:			
(Public sector)			
General Hospitals	88,2	85,6	85,9
Athalassa Hospital	62,5	62,5	69,7
Rural Hospitals	----	55,7	42,1

Notes: (1) Not available by type

(2) Beds of Dialysis Unit, Casualty, Thalassaemia and Angiographic Depts are excluded

### **Expenditure on Health Services (€ million), 2008-2010**

Analysis	2008	2009	2010 <sup>(1)</sup>
PUBLIC SECTOR <sup>(2)</sup>	511,0	551,1	574,6
(1) Gross capital formation	8,6	10,8	11,3
(2) Compensation of employees	263,4	280,5	295,7
(3) Social benefits	49,7	51,0	53,7
(4) Intermediate consumption	185,6	205,3	208,9
(5) other current transfers	3,7	3,5	5,0
PRIVATE SECTOR <sup>(2)</sup>	632,1	660,5	685,4
Current Expenditure	603,0	631,9	663,1
(1) Medical and pharmaceutical products	142,8	143,3	149,6
(2) Therapeutic appliances and equipment	26,2	21,6	22,6
(3) Physicians, dentists and other medical services	294,8	313,2	327,2
(4) Hospital care	95,1	103,9	108,5
(5) Health insurance	44,1	49,9	55,2
Capital investments	29,1	28,6	22,3
TOTAL EXPENDITURE	1.143,1	1.211,6	1.260,0
GROSS DOMESTIC PRODUCT	17.157,1	16.853,5	17.406,0
PERCENTAGE OF HEALTH EXPENDITURE ON G.D.P. %	6,7%	7,2%	7,2%

Note: (1) Provisional data

(2) Revised data for years 2008-2009

Information regarding Coverage and Fees is provided under the respective subheadings under Question 1 of Article 11 paragraph 1.

### **Response to the comments of ECSR in its Conclusions of 2009**

- ***“A new National Health System will soon be established underpinned by an entirely new legal framework. The Committee asks for precise information in the next report on the functioning of the public health system and the criteria for eligibility. It also asks for clarification on the private system and the legal status of hospitals. The next report should also include a detailed description of the fees charged for medical care and a list of free procedures.”***

See answers under Questions 1 and 2 above.

- ***“The Committee therefore asks for up-to-date information in the next report, including detailed facts and figures, on access to care for the most disadvantaged groups”.***

### **Recipients of Public Assistance**

Recipients of public assistance are entitled to free medical care in public hospitals.

The Ministry of Health is also working closely with the Department of Social Welfare, in order to examine requests from recipients of public assistance to cover the cost of dental treatment (orthodontic and prosthetic real) which are not provided by public hospitals.

#### Care Programmes for drug addicts

On a pancyprian basis there are 7 separate units in operation offering programmes for prevention, timely intervention, treatment and social reintegration of drug users and persons who are dependent on drugs, as well as programmes for the reduction of harm through the use of substitute substances. An Action Plan for the period 2008-2010 was promoted for the development of all the drug-dependency services of the Services of Mental Health. The Action Plan provides for the upgrading of services and the creation of a Therapeutic Continuum of drug-dependency services for the wide coverage of the needs of the population in aspects of geographical and age coverage starting from adolescence, but also for all kinds of dependence and degrees of dependence.

#### Care Programmes in Prisons

The Health Centre of the Department of Prisons is staffed with four Nursing Officers of General Nursing and a Senior Nursing Officer. The role of nurses in prisons is multidimensional and its direct objective is the holistic treatment of people while giving attention to all the needs of service users. At the same time, emphasis is given on improving the healthy behaviour and mental health of prisoners in order to prevent repeated delinquent behaviour.

The objectives of the programme are the following:

- The assessment of health needs and provision of holistic care to patients / prisoners.
- The fast recovery and reduction of diseases' impact.
- Information, education and mentoring of prisoners to adopt healthy life standards, prevention of diseases and accidents.
- The collection and maintenance of the necessary data for statistical purposes.
- Safeguard the privacy of patients
- Information, awareness raising and training of staff of the Department of Prisons mainly on issues related to the prevention of disease and promotion of health.

The key offer areas of the Programme are:

- Health promotion
- Counselling
- Treatment

- Rehabilitation
- Social reintegration of prisoners.

Psychiatric Services, which are an extension of Mental Health Services of the Ministry of Health, are offered in prisons. All prisoners have access and the right to use these services, and in particular those admitted in prisons and have a history of psychiatric problems.

The main problems of the population of the Central Prison are personality disorders, psychotic and affective disorders, which often lead to other problems such as alcoholism and use or misuse of toxic substances.

The population of prisoners in the Central Prison, besides of the problems of physical and mental health, also present multiple social problems which also concern their families. It is a population that requires a multifaceted approach.

During 2010, 792 meetings were conducted to 369 persons. From all the prisoners, 305 were new cases, while during the year 2,541 individuals were examined at their own request. Counselling and systemic therapeutic interventions and actions are also made by all members of the Interprofessional Team.

#### Persons with Chronic Diseases and Severe Disablement

Persons with Chronic Diseases and Severe Disablement are entitled to free health and medical care in public hospitals.

#### Persons with disabilities

The Ministry of Health is responsible for the rehabilitation of the disabled persons immediately after the treatment. The recovery process takes place at Physiotherapy Centre and Paraplegic Wing, depending on the case. The functionality of the individual from health professionals is partially investigated, followed by restoration.

The Mental Health Services provide care for mental health which covers not only the treatment and rehabilitation, but also the fields of prevention of mental disorders and drug addictions, and the field of mental health promotion and healthy interpersonal relationships. The organization of this kind of care is based on the specific needs of the individual and the family, in cooperation with other relevant departments and agencies.

The Unit of Occupational Rehabilitation (M.ER.A.) is a new service under the Mental Health Services, which has been up and running since January 2002, working closely with the voluntary organization Association for Protection of Mental Health. The mission of the Unit of Occupational Rehabilitation is the reintegration of people with mental health problems through an employment which promotes the multidisciplinary autonomy of the individual (economic and psychosocial) and provides meaning in relation to the needs, interests and his / her abilities. The Unit can help both individuals seeking a job, and people who are already employed and are facing some difficulties in the professional environment.

- ***“The Committee asks for information on the management of waiting lists and waiting times in health care...”***

The Minister of Health has recently announced the implementation of an electronic system for the management of waiting lists in public hospitals. Waiting lists will be monitored daily by the Ministry of Health and no one will be able to edit or remove a patient's priority in the waiting lists. The system will contain basic settings for the priority that will be given to patients, always based on the severity of their condition. The aim is that the most urgent cases will be scheduled within a week and the less urgent within 2-3 weeks, etc.

The above measure is expected to address the problem of long waiting lists and long waiting times in hospitals, at least until the General Health System commences its operation, which will provide the means for the better management of waiting lists and waiting times.

## **Article 11§2**

**1) For states that have not accepted paragraph 1, please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extend of any reforms.**

The importance of Public health and specifically prevention and health promotion has long been recognised by the Ministry of Health as a cost effective way to improve population health. The Department of Medical and Public Health Services within the Ministry of Health is responsible for organising and delivering a wide range spectrum of preventive and health promotion activities, including:

### **Primary prevention/ Health prevention**

- Epidemiological monitoring
- Control of sexually transmitted diseases
- Services for expectant parent, pregnant women and children
- School health services
- Immunisation services
- Control of environmental and communicable diseases
- Occupational health
- Health education and promotion

To accomplish these objectives, various programs are implemented by the Medical and Public Health Service, the Health Visitors as well as one of the Mother and Child Health Centres of the Nursing Services in the Ministry of Health, in cooperation with local authorities, NGOs and the Ministry of Agriculture, Natural Resources and Environment, the Ministry of Labour and Social Insurance and the Ministry of Education and Culture.

Public health services are mainly delivered by health professionals in public sector health centres and hospitals. The Public Health Services, in close cooperation with the State General Laboratory monitor and control food and water safety. Furthermore, the State General Laboratory monitors and controls pharmaceuticals and illegal drugs, cosmetics, children toys and other industrial supplies and environmental pollutants. To a lesser degree, public health is delivered by the private sector, local authorities, non-profit organisations and other Ministries.

### **Immunisation Services**

The Ministry of Health specifies the children immunisation policy in line with WHO guidelines. Immunisations in the public sector are provided free of charge and performed by health visitors under the guidance of doctors/ paediatricians and in the private sector by paediatricians. The Ministry of Health estimates that 58% of immunisations are performed by paediatricians in the private sector. The immunisation coverage in Cyprus for DTP, OVP/IPV and HBV vaccines is almost 100%, leading to the eradication of neonatal tetanus, diphtheria and poliomyelitis and the coverage with MMR is 87% therefore cases of measles and rubella appear very rarely. Data on immunisation coverage among children aged 17-24 months are presented in the table below:

Survey Year	Coverage									
	DTP1	DTP2	DTP3	OPV1	OPV2	OPV3	MMR	HBV1	HBV2	HBV3
2009 (n=419)	100	100	98.6	99.8	99.8	98.6	86.9	99.5	99.5	96.4
2006 (n=370)	99.5	98.4	96.8	99.5	98.4	96.5	87.0	98.6	97.8	93.2
2003 (n=320)	100	99.4	97.8	100	99.4	97.5	86.3	97.5	95.3	88.4
2000 (n=236)	99.6	99.2	97.5	99.2	98.7	97.5	84.7	94.9	93.6	89.0

*Notes:* DTP: Diphtheria-tetanus-petussis vaccine, OPV: oral polio vaccine, MMR: measles, mumps and rubella vaccine, HBV: hepatitis B vaccine

In order to assess the programs performance, every three years the Ministry of Health conducts a survey in order to measure immunisation coverage among children aged 18-29 months.

### **School Health Services**

The Department of Medical and Public Health Services of the Ministry of Health is also responsible, in cooperation with the health visitors and the Ministry of Education and Culture, for the planning and provision of preventive services in schools. Paediatricians, General Practitioners and Health Visitors play a role in delivering school health services. The main school health activities include medical and dental examinations, screening tests for vision, hearing, examination for spine deformities, provision of vaccinations and prevention and control of epidemics. Emphasis is given

in maintaining and promoting a healthy school environment. Health professionals have a student centred approach and promote children's physical and psychosocial health by preventing and facing problems such as violence in the family, drug addiction and school bullying. These measures are taken in cooperation with other departments/ services such as psychiatric and social services and the Ministry of Education and Culture.

### **Nutrition programs**

In November 1992, the Council of Ministers established the National Committee for Nutrition. Its main task is to promote healthy life style and to educate the population on nutritional matters and to monitor the compliance with state legislation on food safety and quality. The Ministry of Health, in the frame of School Care Services, offers nutrition education programs and published in 2012 guidelines for healthy diet during the adolescence.

### **Services for expectant parents, pregnant women and children**

Health promotion for infants, children and pregnant women is also the responsibility of the Department of Medical and Public Health. Health visitors in cooperation with other professionals, carry out health education programs in addition to specialised services such as screening tests, assessment of children's growth and counselling and support to parents. Maternal and child health services are offered free of charge to all Cypriots through a network of maternal and child health centres which operate via primary health centres and hospital out-patient departments.

The Ministry of Health has recently developed a breast feeding promoting strategy and has formed a central committee responsible for educating new mothers and promoting breast feeding.

### **Control of sexually transmitted diseases**

Another responsibility of the Department of Medical and Public Health Services is the control of sexually transmitted diseases, with special emphasis on HIV/AIDS. Cyprus has low-prevalence of HIV/AIDS, with an estimated prevalence rate of 0,1%. According to data from the Ministry of Health, 681 people have been infected between 1986 and 2010, 410 Cyprus residents and 271 non-residents. In 2010 there were 41 new cases. Prevention of the sexual transition of the virus is one of the main objectives of the National AIDS Program through intersectoral collaboration and introduction of relevant educational programs to high risk groups. Regarding patient treatment, clinical care and antiretroviral drug therapy, counselling, diagnosis and follow-up tests are provided free of charge. Additionally, there are programs for psychological and financial support as well as programs to combat prejudice and stigma. The Ministry of Health has developed a strategic plan.

Various preventive programs are offered in cooperation with NGOs, such as pilot peer education programmes developed together with the Girl Guides Association,

Scout Association of Cyprus, Cyprus Workers Confederation (SEK), two secondary schools, Cyprus Family Planning Association, Youth Secretariat, youth centres and the Cyprus Broadcasting Corporation. In addition, the AIDS Educational Programme was implemented in 10 high schools by 176 trainers who addressed 2853 students.

### **Surveillance and control of infectious diseases**

Since 2004 a special unit has been established under the Department of Medical and Public Health which is responsible for surveillance of all infectious and communicable diseases, early detection and control of epidemics, and the monitoring and evaluation of control programmes. This surveillance system has five components:

- The obligatory reporting of communicable disease incident to WHO
- The voluntary reporting system of infectious diseases for which diagnosis is via lab tests
- The reporting system of diseases and syndromes for which diagnosis is only clinical
- The reporting system of sexually transmitted diseases
- The reporting system of food born infectious diseases.

### **Health Monitoring Unit**

The Health Monitoring Unit in the Ministry of Health is a relatively new unit, mainly responsible for setting up mechanisms for the collection, analysis and dissemination of data related to current trends and determinants of population health, indicators cover causes of death, cancer incidence, perinatal statistics, injury data and diabetes. The Health Monitoring Unit is also responsible for the introduction of clinical coding in public hospitals in order to prepare for the introduction of a system of remuneration based on DGRs. It follows closely health indicator development by the European Commission, the European Regional Office of the WHO, and the OECD.

### **Other activities related to public health**

Other public health programs include the national screening programs for the early detection of the breast cancer for women aged 50-61, the screening programme for detection of chromosomal abnormalities in pregnant women, the national thalassaemia screening programme, an organised screening locally implemented for Friedreich Ataxia etc., the monitoring and surveillance programme for the pandemic influenza (H1N1), the nutrition programme in elementary schools, the participation of Cyprus in the European network of health promoting schools, the research for the assessment of the oral health status of children 7-12 years old and the studies conducted for particular issues and problems of occupational and environmental health.

### **Intersectoral programmes:**

There are several examples of intersectoral cooperation in planning and implementation of programmes for the prevention of family violence and child abuse, childhood obesity, illegal drug use, and sexually transmitted diseases, as well as programmes gearing towards food safety, and promoting healthy diets.

**2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.**

See answer under Question 1 above.

**3) Please supply any relevant statistics or other information, including on consultation and screening services in schools and for the rest of the population.**

Information and data regarding Immunisation services and the Control of sexually transmitted diseases is provided under the respective headings, under Question 1 above.

### **Response to the comments of ECSR in its Conclusions of 2009**

#### **Counselling and screening**

##### Rest of the population

- ***“The Committee asks to receive information on all screening programmes in place, such as screening for breast cancer etc.”.***

See answer under “Other activities related to public health” under paragraph 2 of Article 11.

#### **Article 11§3**

**1) For states that have accepted neither paragraph 1 nor paragraph 2, please describe the general public health policy and legal framework. Please specify the nature of, reasons for and extend of any reforms.**

##### Reduction of environmental risks

###### Air Pollution

Cyprus recognising at an early stage the adverse impacts of air pollution on human health as well as on the sensitive ecosystems, has developed a coordinated and sustainable approach to reduce these effects of air pollution. After joining the EU in

2004, great effort was devoted in formulating a comprehensive strategy to implement effectively the Acquis Communautaire and to reduce drastically air emissions.

The Department of Labour Inspection of the Ministry of Labour and Social Insurance is the competent authority for air pollution control (emission permitting, enforcement, emission inventories, air quality monitoring) in Cyprus.

The policy of the Department of Labour Inspection in the sector of Industrial Pollution Control has, as main objective, the prevention, reduction and control of pollution, which arises from industrial installations, so that the best possible protection of the health and welfare of the citizens and the protection of the environment of the Republic is safeguarded.

The achievement of this objective is materialised through the effective implementation of specific legislation for the control of industrial pollution, on the basis of which an integrated system of prevention and control has been established that includes the licencing of industrial installations and the systematic monitoring of their operation and the monitoring of air quality.

Priority is given to the monitoring, on a systematic basis, of those industrial installations, which by the nature of their processes and location, are likely to cause higher adverse impact to the health of the public and to the environment. Already the large industrial installations have proceeded to the installation of systems for pollution reduction at the emission sources and as a result the adverse implications on the environment from their operation have been considerably reduced.

Within the framework of the process of harmonising the Cyprus legislation to the European Union Acquis, the Department of Labour Inspection concluded the transposition into the Cyprus legislation of all relevant European Directives on issues related to the control of atmospheric pollution and monitoring of air quality. The legislation enacted during the reference period is shown in **Appendix I**.

Furthermore, Cyprus ratified in 1991 the 1979 Geneva Convention on Long-range Transboundary Air Pollution (CLRTAP). The Department of Labour Inspection, acting as the National Focal Point (NFP) for the Convention, has been actively involved in the activities of the Convention and its Protocols.

### Ionising Radiation

The Protection from ionising Radiation Law of 2002 and the Regulations issued under this Law are fully implemented by the Radiation Inspection and Control Service of the Department of Labour Inspection and Control Service of the Department of Labour Inspection of the Ministry of Labour and Social Insurance, which acts as the Regulatory Authority for Radiation Protection and Nuclear Safety in Cyprus. This legislation is fully in line with EURATOM and IAEA Basic Safety Standards (BSS) and applied for occupational, medical and public exposure, for the protection of the environment, for the shipment and illicit trafficking of radioactive materials, for radiological and nuclear emergency preparedness and response and for the security of radioactive sources.

In the reference period the following two legislative pieces were enacted:

1. The Protection from Ionising Radiation (Amendment Law) of 2009
2. The Protection from Ionising Radiation (Supervision and Control of Shipments of Radioactive Waste and Spent Fuel) Regulations of 2009.

**2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.**

See answer under Question 1 above.

**3) Please supply any relevant statistics or other information on the percentage of smokers in the general population, trends in alcohol consumption and the rates of vaccination cover for infectious and epidemic diseases.**

#### Smoking

According to a pan-cyprian epidemiological research which was conducted by the Statistical Service in 2008, 26,5% of the population over the age of 15 in Cyprus are regular smokers (24,1% in 2003). 39,2% of regular smokers are men (38,1% in 2003) and 14,3% are women (14,3% in 2003).

#### Trends in alcohol consumption

Some of the main conclusions drawn from the monitoring of the phenomenon of alcohol abuse by the National Centre for Documentation and Information on Drugs, which will be discussed in detail in the respective chapters of the annual report which will be published soon, are the following:

- 1 in 5 young people aged 15 -24 reported that got drunk in the last year
- the trend for the first intoxication is most pronounced at ages 15-22
- 1 in 5 Cypriots consumed 6 or more drinks on a single occasion
- In Cyprus, access of young persons to alcohol is above the average of other European countries
- It is estimated that 3% of the population is addicted to alcohol
- During 2004 – 2010, about 2% of all deaths in Cyprus was due to alcohol abuse.

#### **Response to the comments of ECSR in its Conclusions of 2009**

#### **Reduction of environmental risks**

##### Air Quality

- ***“According to the report priority has been given to monitoring pollution from industrial installations and seeking to reduce emissions from industrial sources. However the Committee asks the next report to provide information on the monitoring of ambient air.”***

The Department of Labour Inspection, more specifically the Air Quality Section, as the responsible authority for the monitoring, assessment and the management of air quality in Cyprus, continuously monitors the ambient air with a network of 13 stations. The results, together with other useful information on air quality, are given to the public online through the dedicated website [www.airquality.gov.cy](http://www.airquality.gov.cy) and through indoor/ outdoor information panels. In addition, air quality results are given to the public through three Cyprus-wide TV stations after their evening news.

During the frequent Sahara dust storm events, announcements are issued through the Public Information Office as well as the mass media, to warn the population, especially the vulnerable groups with recommendations on how to limit exposure to the dust (i.e. school children to avoid outdoor exercising). In such cases officers of the Air Quality Section are actively involved in TV and radio programmes.

The assessment of Air Quality in Cyprus has showed that the concentrations of most pollutants are below the relevant limits with the exceptions of Ozone and PM10, which is the fraction of the suspended particulate matter which smaller than 10µm.

In the case of Ozone, the limit exceedances are mainly due to the prevailing climate conditions in Cyprus (high temperatures and high solar radiation), which contribute to ozone formation as well as the transboundary pollution and the transport of ozone and its precursor substances from the Eastern Mediterranean region and neighbouring countries.

The exceedances of PM10 are mainly due to natural events, such as transboundary pollution and sea salt, as well as to emissions from vehicles, central heating, industrial plants, dust transport from agricultural areas, dust resuspension from the roads and open areas in the cities. In order to quantify the contribution of natural sources to the PM10 concentrations, chemical analysis of the collected filter samples was carried out. This procedure assists to identify the contribution of natural sources to the observed PM10 exceedances which, according to the relevant legislation are allowed to be deducted.

For the management of Air Quality in Cyprus a National Action Plan was prepared by the Department of Labour Inspection in cooperation with other Ministries and Local Authorities, which was approved by the Council of Ministers in 2008 and was submitted to the European Union.

The progress of implementing the measures of the Action Plan is monitored by the Department of Labour Inspection, as the responsible authority through a Technical Committee, which is prescribed in the relevant legislation. This Technical Committee comprises representatives of five Ministries prescribed in the legislation, as well as the representatives of Local Authorities and other stakeholders.

## Water/ Noise

- ***“The Committee asks again what measures have been adopted to prevent and address water and noise pollution.”***

## Water Pollution

The Department of Pollution Control, Department of the Environment of the Ministry of Agriculture, Natural Resources and Environment, is responsible for the protection, control and prevention of pollution of water and soil from the operation of industrial and farming activities as well as any other human activity that may or tends to pollute the waters and the soil. The main legislative instrument, under which regulates the matters of control of water and soil pollution are regulated, are the Control of Water Pollution Laws of 2002 to 2009.

The protection of water and soil, according on the above Laws, is ensured through the grant of Waste Disposal Permits to the various facilities, by the Minister of Agriculture, Natural Resources and Environment. In the referred Permits, environmental conditions are defined, depending on the type of each facility, aiming at the rational management of liquid and solid wastes and their disposal in a controlled environment. Inspectors of the Department of Environment carry out inspections to control the degree of compliance with the environmental conditions. In the cases where breaches are found, appropriate measures are taken such as warning letters for compliance, fines and preparation of reports to the Attorney General in order to proceed with penal measures.

In addition to the aforementioned Laws, for certain categories of installations with significant potential 'polluting' activities, the Integrated Prevention and Pollution Control Laws of 2003 – 2008 are implemented. These laws aim to prevent emissions to air and discharges to water and soil, based on predictions and necessary measures and mainly through the application of Best Available Techniques (BAT), in order to achieve a high level of environmental protection in whole.

The protection of water and soil, based on the above Laws is ensured with Waste Disposal at the plant by the Minister of Agriculture, Natural Resources and Environment. Permits down on environmental conditions, depending on the type of each facility, the rational management of liquid and solid wastes and their disposal in a controlled environment. Department of Environmental Inspectors carry out For certain categories of installations with significant potential 'polluting' activities implemented additional "on the Integrated Prevention and Pollution Control Laws of 2003 - 2008" (Law 56 (I) / 2003, Law 15 (I) / 2006 and Law 12 (I) / 2008). These laws aim to prevent emissions to air and discharges to water and land-based weather and taking the necessary measures, in particular the application of Best Available Techniques (BAT) to achieve a high level of environmental protection in whole.

For the best protection of water, protected areas / water bodies (e.g. water sources and drinking water wells, water bathing areas, protection areas of aquatic ecosystems or rare aquatic species) are defined. The Department also defines the Vulnerable to Nitro Pollution areas and sensitive areas due to urban wastewater,

based on the levels of nitrogen and / or phosphorus in water bodies (eutrophication). In these areas, more stringent measures are taken to protect waters.

The Department of Environment has also the overall responsibility for the implementation of the Law on the Management of the Quality of Bathing Water (L. 57 (I) / 2008). In collaboration with the Ministry of Health monitors on a monthly basis, the quality of bathing waters and where appropriate, they take adequate measures. Besides their monitoring and quality management, key provisions of the law provide for the compilation of a list of bathing water sites, sorted into 4 levels of quality and establish identities for each region. Particular attention is also given to information and public participation, especially during the compilation of the list of bathing areas. Public is informed through informational material posted on the website of the Department of Environment and announcements in the press and through signs which are placed before the beginning of the bathing season.

### Noise Pollution

The Department of Environment of the Ministry of Agriculture, Natural Resources and Environment is the responsible Department for the management of environmental noise and the implementation of the Law on the Assessment and Management of Environmental Noise (Law No. 224 (I) / 2004). The aforementioned Law is the result of the obligations of Cyprus to the European Union, according to Directive 2002/49/EK. The Law affects primarily the areas near roads, airports and industrial zones, where it certain limits on noise levels must be met, so as to ensure the health of citizens.

The basic provisions of the Law are:

- (a) The definition of common indicators and assessment methods for environmental noise for day, evening and night, in all EU countries
- (b) the mandatory preparation of strategic noise maps and action plans to manage noise issues and effects.

Additionally, the Law sets deadlines for application-specific requirements, summarized as follows:

- Setting noise limits
- Determination quiet areas in agglomerations
- Defining rural quiet areas
- Determination of major roads
- Determination airports
- Strategic noise maps for major roads, (over 6 million vehicle passages a year) and airports (30 June 2007)
- Determination conurbations (31 December 2008)
- Action plan for managing noise at places near major roads, airports and agglomerations (18 July 2008)
- Notification of major EU air routes and airports (30 June 2010)

- Strategic noise maps on roads (more than 3 million vehicle passages a year) and urban areas (30 June 2012)
- Action plan for managing noise at places near roads and conurbations (18 July 2013)

Regarding the above obligations, initially, and in accordance with the provisions of the Law, the Department of Environment in cooperation with special advisors prepared the strategic noise maps for major roads which have more than 6 million vehicle passages a year.

It should also be noted that under the Law on Assessment and Management of Environmental Noise (Law No. 224 (I) / 2004) and its subsequent amendments until 2007, the measurement volume (Mapping) is required for airports where annual traffic is over 50,000. Cyprus' airports have not yet observed these numbers of aircraft movement. However the Department of Health, Safety and Environment of Hermes airports has already prepared strategic noise maps for the international airports of Larnaca and Paphos.

The processing of the proposed Strategic Maps and Action Plans for mitigating noise at the 2 airports in Cyprus has been finalised and it should be noted that these maps show the expected noise levels in the long term of 10 years from the date of their development (until 2018 for Larnaca airport and by 2020 for Paphos airport). After investigating the original strategic noise maps for Larnaca airport, there was a need for additional investigations, which may be useful in case of future full development of the airport. Therefore, two more scenarios on Noise conditions for air traffic conditions for Larnaca airport: scenario A which considers the possible extension of the existing runway by 500m, and scenario B which provides full future development of two routes if and when circumstances of maximum annual air traffic arise.

### Asbestos

- ***“The Committee asks the next report to provide information on the rules governing the use, sale and production of asbestos.”***

The Department of Labour Inspection is the competent authority for the enforcement of the European Regulation 1907/2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH). According to this Regulation restrictions are applied for the following asbestos fibres:

- (a) Crocidolite CAS No 12001-28-4
- (b) Amosite CAS No 12172-73-5
- (c) Anthophyllite CAS No 77536-67-5
- (d) Actinolite CAS No 77536-66-4
- (e) Tremolite CAS No 77536-68-6
- (f) Chrysotile CAS No 12001-29-5 No 132207-32-0

In particular, according to point 6 of Annex XVII of Reach Regulation, “The Manufacture, placing on the market and use of the above fibres, and of articles containing these fibres added intentionally is prohibited.”.

### Food Safety

➤ ***“The Committee repeats its request for information on the monitoring of food products.”***

The Public Health Services of the Ministry of Health is charged with the implementation of the Community and National (harmonised) legislation for foodstuff and drinking water in cooperation with the other Departments of the Ministry of Health, the Public Health Services of the Municipalities and also with the Ministry of Agriculture (Veterinary Services and Department of Agriculture), has developed a uniform and integrated policy for food safety in Cyprus. 94 Health Officers/Inspectors spread all over Cyprus are responsible for taking samples of foodstuffs from food business, restaurants, hotels, etc., of drinking water in order to ensure food safety and water sanitation.

In 2010, they undertook 15,348 official controls inspections collecting 3,279 samples of foodstuffs and 6,981 samples of drinking water which were sent to the General Laboratory for further examination (MoH, 2011). If samples do not meet the relevant legislation, the Public Health Services takes the necessary corrective and enforcement measures. In addition to food safety and drinking water quality control, Health Officers/ Inspectors are also responsible for guaranteeing the water used in public swimming pools and beaches, campaigns against rats, mosquito and other pests, as well as the audit and control of smoking products and implementation of smoking related legislation.

The Food Safety Board is responsible for proposing food safety policies, defining priorities and co-ordinating activities between the above mentioned institutions. All competent authorities are represented on the board which is chaired by the Permanent Secretary of the Ministry of Health.

Legislation has been adopted transposing all relevant EU Directives on issues related to food safety.

### **Measures to combat smoking, alcoholism and drug addiction**

#### Smoking

➤ ***The Committee “asks whether the sale of tobacco to young persons is prohibited and whether smoking is banned in public places.”***

On 1st January 2010, the Protection of Health (Control of Smoking) (Amending) Law was enacted. The amending Law provides for a complete prohibition of smoking in enclosed public places, including restaurants, bars, nightclubs and workplaces. Under the new law, smoking is allowed only in external and open areas, including courtyards and covered outside areas.

Furthermore, according to the new Law, the sale of tobacco to any person under the age of 18 is prohibited and is punishable by a fine and/ or imprisonment. Additionally, smoking in motor vehicles of private use is banned when any person under the age of 16 is on board. Smoking is also prohibited in all vehicles of public transport.

The law provides for a fine not exceeding 1.000 euro to any person who fails to place the appropriate signs in the non-smoking areas, as well as a fine not exceeding

2.000 euro to any person who violates the provisions of the law and smokes in an area where smoking is banned.

### Alcohol

- ***“The Committee asks for details of the regulations on the sale and distribution of alcohol. The Committee concludes that the situation in Cyprus is not in conformity with Article 11§3 on the grounds that it has not been demonstrated that the sale and distribution of alcohol is sufficiently regulated ”***

The sale and distribution of alcohol in Cyprus is regulated by the Law on the Sale of Alcoholic Beverages (Chapter 144). The law provides for the issuance of a license for the retail sale of alcoholic beverages and the conditions for its issuance. Article 5A(1) of the said Law provides that the sale, supply or distribution of alcoholic beverage to any person and for any purpose, is prohibited, unless an identification document which proves that the person is at least 18 years old is provided.

Additionally, the Road Safety Law (L. 174/86), regulates the amount of alcohol consumption with the aim to improve road safety and traffic movement. The Law provides that any person attempts to drive having consumed alcohol, so that the proportions of alcohol in his/her exhale breath or blood exceeds the defined limits, is guilty of an offence. The defined limits are 22 mg of alcohol per 100 ml of exhale breath or 50 mg of alcohol per 100 ml of blood.

### Accidents

- ***“The Committee again asks to receive further information on trends in road accidents, domestic accidents, accidents at school etc, as well as information on any information campaigns taken to prevent certain types of accidents. The Committee concludes that the situation in Cyprus is not in conformity with Article 11§3 on the grounds that it has not been demonstrated that adequate measures have been taken to prevent and reduce accidents. ”***

### Road Accidents

During the period 1.1.2008 - 31.12.2011, 7.560 road traffic collisions took place in, as a result of which 284 deaths, 2.455 serious injuries and 4.546 slight injuries occurred (Table 1), 34% of all fatalities during the four year period were young persons. The number one cause for fatal traffic collisions was driving under the influence of alcohol. In addition, 62% of the persons who lost their lives during this period did not wear a seat belt, while 57% of all motorcyclists who lost their lives did not wear a crash helmet.

**Table 1: Traffic Accidents and Victims, 2008-2011**

Year	ACCIDENTS					VICTIMS			
	FATAL	SERIOUS	SLIGHT	DAMAGE	TOTAL	DEAD	INJURIES		
							SERIOUS	SLIGHT	TOTAL
2008	79	563	750	739	2.131	82	661	1.302	2.045
2009	64	539	594	659	1.856	71	647	1.076	1.794
2010	56	489	652	686	1.883	60	586	1.176	1.822
2011	67	467	524	632	1.690	71	561	992	1.624
TOTAL	266	2.058	2.520	2.716	6.039	284	2.455	4.346	7.285

The Police have placed Road Safety among the main objectives of their Strategic Plan for the above period, defining specific targeted actions for preventing road traffic collisions, based on the main problems identified and the conclusions drawn from the analysis of statistical data. The actions for the period in question are mainly in the areas of Policing and Raising Public Awareness through information and Enlightenment.

Policing efforts are focused on the four main “road killers”, which are driving under the influence of alcohol, over speeding, not wearing a crash helmet and not wearing a seat belt.

These offences are subject of daily controls and checks by the Police. In parallel, intensive fifteen-day policing operations are carried out in cooperation with the European Traffic Police Network TISPOL during times and in places where there is an increased risk of road traffic collisions.

Priority has been given to the “black spots” in the road network, which are revised every year, through systematic checks, based on the causes for road traffic collisions, which have been recorded for each spot.

In the area of Raising Public Awareness, the Police have formed special teams, consist of members who give lectures in schools, army camps, professional and other organisations.

A Road Safety Park is operational next to Police Headquarters in Nicosia, which is visited every day mainly by primary school students, who, apart from acquiring theoretical knowledge, are given the opportunity to implement what they learn in practice.

As far as Traffic Legislation is concerned, during the period in question, various Regulations have been amended and put in force, which contribute positively for the prevention of road traffic collisions. A very important development has been the amendment of the basic Regulations of Motor Vehicles and Traffic (Reg. 66/184) with the inclusion of new regulations. It is worthwhile noting that the age limit for acquiring a learner’s driving license for a saloon motor vehicle has been reduced from 18 to 17,5, which targets at increasing the supervision and practice period for young drivers. This became possible through the amendment of the Driving Licence Law (L. 94(I)/2001) with Law 34(I)/2010, which introduced new strict requirements for learning drivers.

Another important legislative amendment has been the authority given to competent Authorities (Police and Officials empowered by the Registrar of Motor Vehicles) to confiscate any vehicles using the public road network or found parked at public places, which do not have a registration number plate. At the same time, certain requirements have been set for the manufacture of number plates of motor vehicles, so that the number of cases of forging their identity is reduced.

Additionally, in 2010, the Law on Controlling the Driver's Hours and Rest Periods for Certain Vehicles was amended, which is expected to contribute further to the prevention of collisions involving vehicles transporting goods or persons.

This respective Law gives the Police the authority to check any bus or truck to determine whether a tachograph device has been installed and to require, in case such device has not been installed, the presentation of an exception certificate. An exception to the obligation to install a tachograph is the case of a bus serving regular passenger routes no longer than 50 km, which has the choice, instead of using a tachograph, to be equipped with a board indicating the routes and the bus schedule.

### Domestic Accidents

With regard to domestic accidents the following information is given:

Year	No. of accidents	No. of employed persons	Frequency Index <sup>1</sup>
2008	14	16.789	83.39
2009	14	16.599	84.34
2010	17	20.103	84.56
2011	12	20.308	59.09

*Note 1: Frequency Index = (No of accidents / No of employed persons) x 100.000*

The information campaigns taken to prevent certain types of accidents are based on the campaign of the European Agency for Safety and Health at Work, the campaign of the Committee of Senior Labour Inspectors (SLIC) of the European Union and the statistics of accidents at national level.

In 2008, the SLIC Manual Handling of Loads campaign was carried out aiming to raise the awareness of employers and employees on the special risks arising out of the manual handling of loads. During this campaign, the Labour Inspectors were trained on related issues, brochures and posters prepared by the SLIC Working Group were distributed to the interested parties, professional bodies, employers' organisations and trade unions. Inspections were mainly conducted in construction and trade economic sectors.

In 2009-2010, the SLIC campaign focused on the risks arising from the use of Chemical Substances in different economic sectors. Inspections were mainly conducted at bakeries. During the inspections, the Labour Inspectors informed the employers about the risks related to the use of dangerous substances as well as of their obligations arising from the relevant legislation.

The SLIC campaign 2011-2012 was focused on the psychological risks and the targeted groups were the Health Sector including social care (private and public), the Service Sector (hotels and restaurants) and the Transport Sector.

Additionally, at the Annual Safety and Health at Work Week, TV stations broadcasted relevant short duration films for the prevention of work accidents and the Officers of the Department of Labour Inspection gave interviews and participated in awareness raising programmes of the radio and television mass media.

The Labour Inspectors also carried out inspection campaigns within the framework of the year's inspection plan. These campaigns covered workplaces and activities as follows:

(I) Whole year activities

- a) Management of Safety and Health at Work issues
- b) Safety Committees – Consultation and Participation of Workers
- c) Health Surveillance (protection from noise, musculoskeletal disorders)
- d) Construction (3 Quarterly campaigns: (i) Work at Height (ii) Earth Works – Heat stress (iii) Safety and Health Plan – Coordination during the design and the execution phase)
- e) Enforcement of Employers Liability Legislation
- f) Follow up of procedures implemented by the employers for securing the proper maintenance of premises, installations and equipment.
- g) Control of smoking in the workplace.

(II) Activities on a monthly basis

- a) National and European Good Practice competition
- b) Manufacture of Basic Metal articles and Machinery
- c) Manufacture of Chemicals (pesticides, basic pharmaceutical products, plastics and rubber)
- d) Hospital Activities (hospitals, private clinics, nursing homes)
- e) Recreation Areas (playgrounds, waterparks, kindergartens) – Hotels and Restaurants
- f) Protection against heat stress (mobile construction sites – construction, warehouses and storages, ports, laundries)
- g) Mining, Quarrying and Manufacture of non-metallic mineral products industry.
- h) Extractive industries and non-metallic Mineral Industries (stone cutting and processing, construction marble, bricks, cement and building products).
- i) Woodworking Industry (manufacture of furniture, forestry activities)
- j) Food and Beverage Industry (bakery, pastries, breweries, wineries).

### Accidents at schools

According to the Injury Database of the Accidents and Emergency Departments of Nicosia General Hospital and Ammochostos General Hospital, in 2006-2011 there

were recorded 2.784 non-fatal child injuries, of which 1.185 (43%) occurred in schools and educational areas.

## **GOVERNMENT OF THE REPUBLIC OF CYPRUS**

### **Report on Article 12 THE RIGHT TO SOCIAL SECURITY (Paragraphs 1, 2, 3 and 4)**

**of the Revised European Social Charter**

**(Reference Period: 01.01.2008 – 31.12.2011)**

#### **Article 12§1**

**1) Please describe the general legal framework. Please specify the nature of, reasons for and extend of any reforms.**

During the period under review the following Laws were enacted and the following Regulations were issued:

#### **Laws:**

- The Social Insurance (Amending) Law 22(I) of 2009

In its efforts to ensure the financial sustainability of the Social Insurance Scheme the Social Insurance (Amending) Law 22(I) of 2009 was adopted.

According to the Social Insurance (Amending) Law 22(I) of 2009 the contribution in the case of employees was increased from 16,6% to 17,9%, 6,8% payable by the employee, 6,8% payable by the employer and 4,3% payable by the State. In the case of self-employed persons the contribution was increased from 15,6% to 16,9%, 12,6% payable by the self-employed and 4,3% by the State. The rate of contribution for voluntary insured persons was increased from 13,5% to 14,8%, 11% payable by the insured person and 3,8% by the State. The amendment was part of a package of measures adopted in order to ensure the financial sustainability of the Social Insurance Scheme. The contribution will increase 1,3% every 5 years: from 1/4/2009 (1st increase) until 1/1/2039 (final increase) (see Article 71 Part V)

According to Article 6 of the Law the maximum number of years contributions are credited to an insured person for periods of full time education is 6 instead of unlimited number of years for the purpose of qualifying for old age pension. The amendment was part of the measures taken to ensure the sustainability of the Social Insurance Scheme

According to Article 12, the contribution conditions for old age pension are:

(a) that the insured person's paid insurable earnings in the lower part of insurable earnings are at least equal to:

- (i) two hundred and sixty (260) times the weekly amount of the basic insurable earnings as of the first Monday of 2010
- (ii) three hundred and sixty-four (364) times the weekly amount of the basic insurable earnings as of the first Monday of 2011
- (iii) five hundred and twenty (520) times the weekly amount of the basic insurable earnings as of the first Monday of 2012 and

(b) the weekly average of paid and credited insurable earnings in the lower band of insurable earnings from 5/10/1964 or from 7/1/1957 if this is more favourable for the insured person, or from the contribution year in which he attained the age of 16, to the last contribution week before the week he completed the pensionable age, equal to at least 30% of the weekly amount of the basic insurable earnings.

- The Social Insurance (Amending) Law 93(I) of 2009

The Law allows for the transfer of pension rights between the Social Insurance Fund and the Pension Scheme of the European Commission.

- The Social Insurance (Amending) Law 112(I) of 2009

According to this Law, the Cypriot citizens employed as local staff in diplomatic missions abroad are insured under the Social Insurance Scheme provided they are not subject to the Social Insurance Legislation of the hosting state.

- \_\_\_\_\_ • The Ratifying the European Code of Social Security (Amending) Law 15(III) of 2009 (copy enclosed in greek)

- \_\_\_\_\_ • The Child Benefit (Amending) Law 55 (I) of 2010 (copy enclosed in greek),

- \_\_\_\_\_ • The Social Insurance Law 59(I) of 2010 - The Law unifies, codifies and replaces the Social Insurance Law 41/80 and all the subsequent amendments (copy enclosed in greek).

- \_\_\_\_\_ • The Social Insurance (Amending) Law 126(I) 2010 (copy enclosed in greek).

Regulations:

- The Social Insurance (Contributions) Regulations of 2008
- The Social Insurance (Contributions) Regulations of 2009
- The Social Insurance (Contributions) Regulations of 2010
- The Social Insurance (Benefits) Regulations of 2010
- The Social Insurance (Occupational diseases) Regulations of 2010
- The Social Insurance (Medical Boards) Regulations of 2010
- The Social Insurance (Occupational Training Expenditure) Regulations of 2010
- The Social Insurance (Schemes Accounts) Regulations of 2010.

**2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework.**

Easter Grant

Income support to pensioners whose income is below the poverty line. Further information is provided under “*Income support to pensioners whose income is below the poverty line*” (paragraph 2 of Article 12).

**3) Please provide pertinent figures, statistics or any other relevant information, if appropriate.**

Coverage

Out of the 420.200 economically active persons<sup>1</sup> in 2011, 378.300<sup>2</sup> were gainfully employed in Cyprus.

The total number of persons covered by the Social Insurance Scheme was 379.385<sup>3</sup>. The percentage of the total number of persons protected in relation to the total number of the economically active population and the total number of gainfully employed persons was 90,27% and 100,28% respectively.

In 2011, the total number of employed persons covered was 354.230, of which 177.912 were males and 176.318 females. The total number of self-employed persons was 25.155 of which 16.466 were males and 8,689 females.

In 2011 the number of old-age pensioners was 93.670 of which 58.889 were males and 34.781 females. The number of female beneficiaries of widow’s pension was 28.962 and that of invalidity pensioners 6.930, of whom 4.394 were males and 2.536 females. The respective numbers for 2010 were 89.354 (56.708 males and 32.646 females), 28.497 and 7.102 (4.527 males and 2.575 females).

In 2011, there were 15.370 beneficiaries of Social Pension (435 males and 14.935 females) while in 2010 the number was 15.189 (419 males and 14.770 females).

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<sup>1</sup> Economically active population is defined as the total number of gainfully employed persons as well as Cypriots working temporarily abroad, the unemployed and members of the National Guard. The figure refers to full time equivalent number of working persons. The data is provided by the Statistical Service of the Ministry of Finance.

<sup>2</sup> The figure refers to full time equivalent number of working persons. The data is provided by the Statistical Service of the Ministry of Finance.

<sup>3</sup> The number of persons covered by the Scheme is the number of full contributors (instead of the number of persons who paid one weekly contributions used in the previous report). A ‘full contributor’ is the equivalent of a unit of 50 weekly contributions.

## Child Benefit

	2008	2009	2010	2011
<b>No. of Beneficiaries</b>	108.875	110.096	111.320	108.613
<b>Total Benefit paid €</b>	158.919.377	166.724.740	164.697.945	167.207.073

## Mother's Allowance

	2008	2009	2010	2011
<b>No. of Beneficiaries</b>	19.749	20.719	21.189	20.833
<b>Total Benefit paid €</b>	16.106.823	17.970.632	18.201.297	18.758.513

## Financing of the Scheme

The maximum amount of insurable earnings of employed persons on which contributions are assessed were increased by the Social Insurance (Contributions) (Amending) Regulations of 2007 to €885 per week or €3.835 per month as from January 2008 and by the Social Insurance (Contributions) (Amending) Regulations of 2008 to €924 per week or €4.004 per month as from January 2009 and by the Social Insurance (Contributions) (Amending) Regulations of 2009 to €973 per week or €4.216 per month as from January 2010 and by the Social Insurance (Contributions) (Amending) Regulations of 2010 to €1.002 per week or €4.342 per month as from January 2011.

The prescribed minimum insurable incomes of the various occupational categories of self-employed persons were increased by the Social Insurance (Contributions) (Amending) Regulations of 2007 by 4,39% as from January 2008 and by the Social Insurance (Contributions) (Amending) Regulations of 2008 by 4.49% as from January 2009 and by the Social Insurance (Contributions) (Amending) Regulations of 2009 by 5,29% as from January 2010 (subject to the ceiling of insurable earnings) and by the Social Insurance (Contributions) (Amending) Regulations of 2010 by 2,98% as from January 2011 (subject to the ceiling of insurable earnings).

## Benefits

There have been no changes in the type of benefits granted under the Scheme.

The amount of the basic insurable earnings on which the basic benefits are assessed was increased from €141.25 (£82,67) to €147.45 (i.e. by 4,39%) as from 2008 and from €147.45 to €154,07 (i.e. by 4.49%) as from 2009 and from €154,07 to €162,22 (i.e. by 5,29%) as from 2010 and from €162,22 to €167,05 (i.e. by 2,98%) as from 2011 (See Regulation 4 of the Social Insurance (Contributions) (Amending) Regulations of 2007 and Regulation 4 of the Social Insurance (Contributions) (Amending) Regulations of 2008, Regulation 4 of the Social Insurance (Contributions) (Amending) Regulations of 2009 and Regulation 4 of the Social Insurance (Contributions) (Amending) Regulations of 2010, respectively).

## Revision of insurable earnings

See Financing of the Scheme above.

#### Revision of benefit rates after award

See paragraph 3 of Article 12 below.

### **Response to the comments of ECSR in its Conclusions of 2009**

#### Risks covered, financing of benefits and personal coverage

- ***“As to health care, the Committee had noted in its Conclusions XVI-1 the existence of a general medical care scheme (the General Health Scheme) covering every citizen of the Republic of Cyprus and foreign citizens, who permanently reside or are legally employed in Cyprus and pay contributions to the scheme. The Committee asks the next report to confirm whether this is still the situation”.***

The implementation of the General Health Scheme is postponed because of the financial situation of Cyprus and the request by the government for a financial bailout. A new feasibility study will be ready soon and based on that, the final decisions will be taken.

Accurate details about the financing, the beneficiaries, the resident status, etc. will be available when the final structure of the scheme will be formed.

#### Adequacy of benefits

- ***“...Such rates are below the poverty threshold even when defined as 40% of median equivalised income and as calculated on the basis of the Eurostat at-risk-of-poverty threshold (€533 in Cyprus in 2007). The Committee recalls that it considers that when the amount of the benefit is below such poverty threshold, its aggregation with means-tested kinds of benefits, including social assistance, does not bring the situation into conformity with Article 12§1 (Conclusions 2006, Estonia). It therefore holds these rates to be manifestly inadequate.”.***

The effects of the financial crisis coupled with the effects of the demographic ageing exert tremendous pressures on the Social Insurance Scheme and on public finances. As a result, on December 2012 the Government has introduced measures to ensure the long term financial sustainability of the Scheme while at the same time taking into consideration the adequacy of benefits. However the request by the Cyprus Government for a financial bailout and the subsequent discussions with Troika has led to necessary reductions to benefits between 75% - 72%. Therefore, the Republic of Cyprus does not currently have the required financial resources to address the concerns of the Council to improve the adequacy of benefits.

It is noted that in respect of pensions the income support to pensioners whose income is below the poverty line, the Scheme mentioned in the report as well as the Easter Grant continue to be in effect and their aim is to improve the adequacy of pensions.

- ***“The Committee solicits the Government to explain what is considered as a “suitable employment offer” and a “reasonable opportunity for suitable employment. The Committee also requests the Government to specify how often decisions to suspend the payment of unemployment benefits are taken, on what grounds and whether they may be appealed. In the affirmative, the report should contain information on any relevant case law.”.***

According to the Social Insurance Legislation employment shall not be considered suitable employment for any person if it is either:

- employment in a vacancy in consequence of a stoppage of work due to a trade dispute
- employment in his/her usual occupation in the area where he/she was last ordinarily employed at a rate of remuneration lower, or on conditions less favorable than those which he might reasonably have expected to obtain having regard to those which he habitually obtained in his/her usual occupation in that area or would have obtained had he/she continued to be so employed,
- employment in his/her usual occupation in any other area at a rate of remuneration lower, or on conditions less favorable, than those generally observed in that area by agreement between associations of employers and of employees, or, failing any such agreement than those generally recognized in that area by good employers.

It is noted that after the lapse of such an interval from the date of which a person becomes unemployed, as in the circumstances of the case is reasonable, employment shall not be deemed to be unsuitable by reason only that it is not in his/her usual occupation, if it is employment at a rate of remuneration not lower; and on conditions not less favorable, than those generally observed by agreement between associations of employers and of employees or failing any such agreement, than those generally recognized by good employers.

It is further noted that in assessing what constitutes reasonable opportunity for suitable employment, the previous skills and experience of the unemployed are taken into consideration.

No statistical data exist on the frequency of decisions to suspend the payment of unemployment benefits. In addition to the reasons for the suspension of benefits already communicated in the Governments' last report, the unemployment benefit

may also be suspended for up to six weeks if the person concerned has lost his/her employment through his/her own fault or has voluntarily left his / her employment without good cause. The unemployment benefit is also suspended for any days the unemployed person has travelled abroad.

All decisions may be appealed and in instances where the unemployed has furnished proof that he/she was forced to resign from employment, the decision for suspension is repealed. In addition according to the Social Insurance Legislation (Article 83) any person aggrieved by a decision given by the Director or a claims examiner may, within 15 days after been notified of such decision, appeal to the Minister of Labour and Social Insurance stating in writing the grounds of the appeal. The Minister before deciding on the appeal may, at his/her discretion, hear the applicant or allow him to present the grounds of his application. Any person aggrieved by the Minister's decision may appeal to the court.

## **Article 12§2**

**1) Please describe the general legal framework. Please specify the nature of, reasons for and extend of any reforms.**

There have been no changes in the situation described in our previous reports, which the Committee found to be in conformity with Article 12§2.

**2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the legal framework**

There have been no changes in the situation described in our previous reports, which the Committee found to be in conformity with Article 12§2.

**3) Please provide pertinent figures, statistics or any other relevant information, in particular on the extent to which the branches of social security in your country fulfils (or goes beyond or falls short of) the requirements of the European Code of Social Security.**

### **Medical Care**

No change except that in 2009 on the basis of a Council of Ministers' decision, free of charge medical care is provided to families with 3 children or more.

### **Sickness benefit**

The weekly amount of sickness benefit payable to the standard beneficiary whose earnings in the previous year are equal to the reference wage (which was €425 in October 2010) is €296.03. This amount constitutes 69,65% of the reference wage as compared with 45% required by the Revised Charter.

### Unemployment benefit

The weekly amount of unemployment benefit payable to the standard beneficiary is the same as the amount of sickness benefit (see paragraph 2 of Article 12).

### Old age pension

The amount of the weekly benefit granted to the standard beneficiary whose earnings in the previous year are equal to the reference wage (€425) and on the basis of an insurance of 47,25 years from 1964 to 31/12/2011 is €250,68 or 59% of the reference wage, as against 40% provided by the Revised Charter.

The following Table gives examples of the amount of pension for insured persons with different years of insurance.

<b>Years of insurance</b>	<b>Amount of benefit for standard beneficiary (€)</b>	<b>Benefit as % of reference wage (€425)</b>
35	218,17	51%
30	203,73	48%

It should be noted that when the wife attains the pensionable age (65) she is entitled to social pension, which increases the total amount of pension for the spouses as shown in the following Table:

<b>Years of insurance</b>	<b>Amount of benefit for standard beneficiary (€)</b>	<b>Benefit as % of reference wage (€425)</b>
35	299,36	70,43
30	284,92	67,04

### Income support to pensioners whose income is below the poverty line

As of 9/12/2009 the Council of Ministers approved a household income support of pensioners with incomes under the limit of poverty. This measure replaces the special allowance given to pensioners whose pension is below a fixed amount. (the special allowance Pensioners who received the Special allowance before 2009 continued to do so until December 2012 when the Special allowance scheme was abolished. It must be noted that the household income taken into consideration for the provision of this benefit refers to the income of all individuals within the household deriving from: pensions from any source (within and outside Cyprus), existing special allowance granted to pensioners, employment or self-employment, rent income, interest, and dividends. The scheme is aimed at households with at least one pensioner regardless of age receiving.

The poverty threshold for 2010 was determined as follows:

- for households with comprised of a one person who is a pensioner at €11.149 per year (€ 858 per month),
- for households of two persons one who is a pensioner €16.724 a year (€ 1.286 per month),
- for households with more than two people, with at least one pensioner, the poverty threshold increases according to the number and age of the dependents.

#### Benefit for one person household

Annual income for 2010	Annual Benefit (€)	Monthly (12 months) (€)
9.359-10.398	650	54,17
8.839-9.358	667	55,58
8.319-8.838	684	57,00
7.799-8.318	701	58,42
7.279-7.798	718	59,83
6.760-7.278	735	61,25
6.240-6.759	752	62,67
5.720-6.239	769	64,08
5.200-5.719	786	65,50
0-5.199	800	66,67

#### Benefit for two person households

Annual income for 2010	Annual Benefit (€)	Monthly (12 months) (€)
14.038-15.597	975	81,25
13.258-14.037	1.001	83,38
12.478-13.257	1.026	85,50
11.698-12.477	1.052	87,63
10.918-11.697	1.077	89,75
10.140-10.917	1.103	91,88
9.360-10.139	1.128	94,00
8.580-9.359	1.154	96,13
7.800-8.579	1.179	98,25
0-7.799	1.200	100,00

As of 2008 an Easter grant benefit is also given to each pensioner with a household income for €13.390 per year for a single household of a pensioner and €20.085 per year, for households with more than two people, with at least one pensioner person. For households of more than two persons with at least one pensioner, the above amounts increased depending on the number and age of dependents.

The Easter Grant for 2011 amounts to €350 for a household with a pensioner and €700 for a household of two pensioners.

Beneficiaries of Easter bonus for 2011 are households that meet the income criteria and with at least one pensioner irrespective of age who receives:

- pension from the Social Insurance Fund and / or
- social pension, and / or
- pension from an occupational pension scheme.

#### Benefits for Industrial Accidents and Occupational Diseases

(i) Employment injury for temporary incapacity for work

The weekly amount of benefit for the standard beneficiary whose earnings in the previous year are equal to the reference wage is €296,02 which represents 69,65% of the reference wage as compared with 45% required by the Revised Charter.

(ii) Disablement benefit

The amount of disablement grant was increased by the same percentage as the increase of the basic insurable earnings in 2011.

In 2011 the amount of the grant was as follows:

Degree of disablement	Amount €
10%	3.648,37
11%	4.013,21
12%	4.378,05
13%	4.742,88
14%	5.107,72
15%	5.472,56
16%	5.837,40
17%	6.202,23
18%	6.567,07
19%	6.931,91

The weekly amount paid for constant help and attendance for disablement assessed at 100% was increased by the same percentage as the increase of the basic insurable earnings. In 2011 the weekly amount of this benefit was €55,13.

The amount of the weekly disablement pension granted to the standard beneficiary whose earnings in the previous year are equal to the reference wage (€425) is €321,82 This amount constitutes 75,72% of the reference wage as against 50% required by the Revised Charter.

(iii) Death benefit

The amount of the weekly pension granted to the standard beneficiary, where the earnings in the previous year of the late breadwinner were equal to the reference wage, is €243,02 or 57,22% of the reference wage as against 40% required by the Revised Charter.

(iv) Orphan's benefit

No change, except that the rates of the benefit were increased as indicated in paragraph 3 of Article 12, below.

(v) Parent's allowance

No change, except that the rates of the allowance were increased as indicated in paragraph 3 of Article 12, below.

### Maternity benefit

The weekly amount of benefit for the standard beneficiary whose earnings are equal to the reference wage is €318,75 which constitutes 75% of the reference wage as compared with 45% required by the Revised Charter.

### Invalidity benefit

The amount of the weekly pension granted to the standard beneficiary with 47 years of actual and prospective insurance after October 1980 and with earnings equal to the reference wage of €425 is €348,09 which constitutes 82,09% of the reference wage as against 40% required by the Revised Charter.

### Survivor's benefit

The weekly amount of the widow's pension payable to a widow whose deceased husband's earnings in the previous year was equal to the reference wage and with 47 years of actual and prospective insurance after October 1980 is €332,19 which constitutes 78,16% of the reference wage as against 40% required by the Revised Charter.

### Family Benefits

No. of children in the family	Basic Annual Benefit (€)			Supplementary Annual Benefit for families with income up to: €17.086,01 (2009-2010) €19.500 (2011)			Supplementary Annual Benefit for families with income more than: €17.086,01 (2009-2010) €19.500 (2011)		
	2009	2010	2011	2009	2010	2011	2009	2010	2011
1 child	409,99	411,30	421,29	102,49	102,82	105,33	51,25	51,41	52,67
2 children	820,00	822,62	842,61	409,98	411,30	421,29	307,49	308,47	315,97
3 children	819,98 per child	822,61 per child	842,60	307,50 per child	308,48 per child	315,97	256,24 per child	257,06 per child	263,30
4 and more children	1352,98 per child	1357,31 per child	1.390,29	450,99 per child	452,43 per child	463,43	281,87 per child	282,77 per child	289,64

### Article 12§3

1) Please describe the general legal framework. Please specify the nature of, reasons for and extend of any reforms.

During the period under review the following Laws were enacted and the following Regulations were issued:

Laws:

- The Social Insurance (Amending) Law 93(I) of 2009<sup>4</sup>
- The Social Insurance (Amending) Law 112(I) of 2009<sup>5</sup>
- The Ratifying the European Code of Social Security (Amending) Law 15(III) of 2009
- The Social Insurance (Amending) Law 126(I) 2010.

Regulations:

See Paragraph 1.

Within the framework of harmonization with European Union aquis, the Social Insurance (Amendment) Law 93(I) of 2009 was adopted which provides for the transfer of pension benefits between the Social Insurance Fund and the Pension schemes of the European Union Bodies.

Also according to the Social Insurance (Amending) Law 112(I) of 2009 Cypriot citizens employed as local staff in diplomatic missions abroad are insured under the Social Insurance Scheme provided they are not subject to the Social Insurance Legislation of the hosting State.

According to the Social Insurance (Amending) Law 126(I) 2010 the period for which an insured must have worked as a miner in order for his pensionable age to be reduced is changed from 5 years to 3 years-

Finally, the Republic of Cyprus ratified Part VII of the European Code of Social Security in respect of Family Benefits with the Ratifying the European Code of Social Security (Amending) Law 15(III) of 2009.

**2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.**

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<sup>4</sup> The law allows for the transfer of pension rights between the Social Insurance Fund and the Pension Scheme of the European Commission.

<sup>5</sup> According to this law the Cypriot citizens employed as local staff in diplomatic missions abroad are insured under the Social Insurance Scheme provided they are not subject to the Social Insurance Legislation of the hosting state.

See Question 3 of Article 12 paragraph 3 for details in respect of the Easter grant and the Income support to pensioners whose income is below the poverty line.

**3) Please provide pertinent figures, statistics or any other relevant information on the improvement of the social security system as well as on any measures taken to restrict the system.**

N/A.

#### **Article 12§4**

**1) Please describe the general legal framework, in particular the complete list of bilateral and multilateral agreements or any other means such as unilateral, legislation proposed or adopted, or administrative measures and indicate how they allow for the various social benefits the implementation of the principles provided in sub-paragraphs a) and b).**

During this period Cyprus concluded a bilateral agreement with Serbia. The provisions of the agreement were identical to the provisions of Regulation 883/04.

**2) Please indicate the measures taken (administrative arrangements, programmes, action plans, projects, etc.) to implement the public health policy and the legal framework.**

N/A.

**3) Please provide pertinent figures or any other relevant information. Please, indicate also the length of residence requirements when applicable.**

N/A.

#### **Response to the comments of ECSR in its Conclusions of 2009**

##### **Right to equal treatment**

- ***“The Committee asks whether and through which means Cyprus secures equal treatment in respect of social security rights to nationals of other state parties, that is Albania, Andorra, Armenia, Azerbaijan, Bosnia and Herzegovina, Croatia, the former Yugoslav Republic of Macedonia, Georgia, Turkey and Ukraine.”***

The Social Insurance legislation affords the same rights and obligations for insured persons regardless of nationality. To this extent the Social Insurance Scheme covers

compulsorily every person gainfully occupied in Cyprus either as an employed person or as a self-employed person. Persons working abroad in the service of Cypriot employers are also covered. In addition, any person who has been insured for at least 52 weeks may continue to be insured voluntarily for the purposes of old age pension. Furthermore all pensions are exported to all countries without any reduction.

In view of the above we are of the opinion that the Social Insurance legislation unilaterally guarantees equal treatment with nationals in respect of Social Security rights.

Additionally, the equality of treatment is guaranteed through the Association Agreements which the EU has concluded with many countries including Croatia, the Former Yugoslav Republic of Macedonia and Turkey.

Furthermore it is noted that as of 1/7/2013 Croatia will be a full member of the European Union and as such the EU coordinating regulations will apply.

➤ ***“In respect of the family benefits....The Committee also asks whether family benefits are generally subject to a length-of residence requirement.”***

No bilateral agreements have been concluded or are foreseen in respect of child benefit. During the period the Report covers, the child benefit was paid to all children residing in Cyprus and the payment was not subject to residence length requirement. As of 1/1/2012 the Child benefit has become a means tested benefit and a minimum period of three years of residence is required.

In respect of the length of residence requirements for Social Pension, although several scenarios were examined at a technical level, all reforms have been postponed as the Memorandum of Understanding negotiated with Troika (as a result of the request by the Republic of Cyprus for a financial bailout) requires further actuarial studies of pension (contributory and non-contributory) and welfare benefits. In this respect, Social Insurance Services we will be able to reconsider these issues once these studies are completed.

➤ ***“In its previous conclusion (Conclusion 2006), the Committee noted that access to health care was granted to foreign nationals residing permanently in Cyprus. It asked how long people had to live in the country to acquire permanent resident status and whether there was a general length-of residence or employment requirement for nationals of other State Parties to be entitled to social security benefits. In the absence of any information in the report, the Committee repeats its question.”***

In respect of the Social Insurance legislation there is no length of employment or residence requirement for nationals of other States Parties to be entitled to Social Security benefits. As already mentioned, all persons covered have the same rights and obligations regardless of nationality and the qualification conditions for all benefits are universal for insured persons.

As already mentioned, a new feasibility study regarding the implementation of the General Health System will be ready soon and accurate details about the financing, the beneficiaries, the resident status, etc. will be available when the final structure of the scheme will be formed.

- ***“Therefore, the Committee considers that accumulation of insurance periods acquired under the legislation of a state party which is not covered by Community regulations or not bound by an agreement with Cyprus is not guaranteed and that the situation is not in conformity with the Charter.”***

In 2011, Cyprus concluded a bilateral agreement with Serbia while at present stage we are waiting for the response of Russia to our proposal for an agreement. As noted before, nationals of State Parties with which Cyprus has not concluded bilateral agreements yet may take advantage of the provision of the Social Insurance legislation which allows an insured person with at least 52 weeks of insurance to continue to contribute on a voluntary basis to the Social Insurance Fund for the purpose of acquiring a right to pension.

Cyprus has also concluded bilateral agreement with Syria and is in the final stages of concluding a bilateral agreement with New Zealand.