

**General data**

POPULATION, 2023  
**1,344,976**

PHYSICIANS / 1,000 INH, 2021  
**3.55**

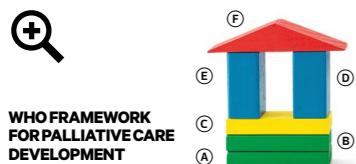
**Socioeconomic data**

COUNTRY INCOME LEVEL, 2022  
**High income**

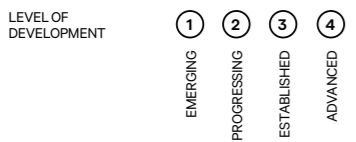
GDP PER CAPITA (US\$), 2023  
**36,551**

HEALTH EXPENDITURE (%GDP), 2021  
**9.42**

UNIVERSAL HEALTH COVERAGE, 2021  
**81**



- Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- Ⓑ POLICIES
- Ⓒ RESEARCH
- Ⓓ USE OF ESSENTIAL MEDICINES
- Ⓔ EDUCATION AND TRAINING
- Ⓕ PROVISION OF PC



Consultants: Sophia Nestoros and Kyriakos Stylianides.  
National Association: -  
Data collected: October 2024–March 2025  
Report validated by consultants: Yes (Sophia Nestoros).  
Endorsed by National PC Association: -  
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

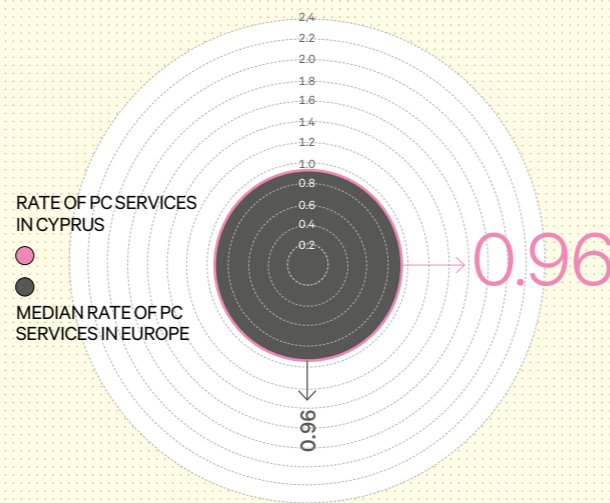
# Cyprus

**F Provision of PC (Specialised Services)**

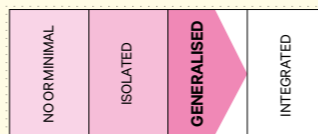
Total number of Specialised PC services **13**

Rate of PC services per 100,000 inhabitants **0.96**

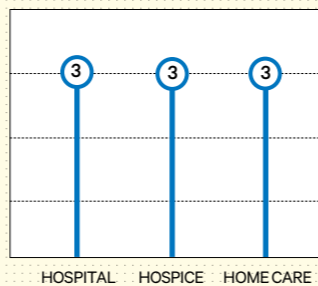
**Cyprus in the context of European region**



**Geographic distribution and integration of PC services**



**Level of development of different types of PC services**



**Paediatric PC Services**

GEOGRAPHIC DISTRIBUTION AND INTEGRATION **1**

TOTAL NUMBER **0**

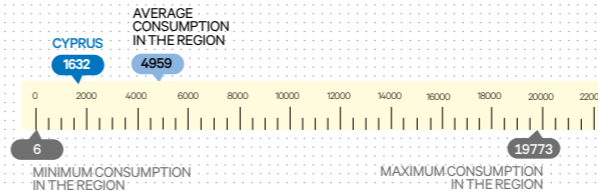


# Cyprus

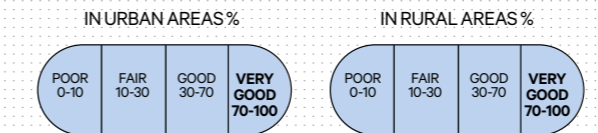
**D Use of essential medicines**

Opioids consumption (excluding methadone) **1,632** S-DDD/MILL INHABITANTS/DAY

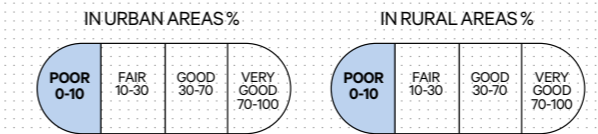
**Cyprus in the context of European region**



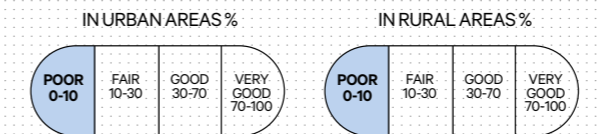
**Overall availability of essential medicines for pain and PC at the primary level**



**General availability of immediate-release oral morphine at the primary level**



**General availability of different opioids and in different formulations at the primary level**



**C Research**

PC-related research articles **1**

Inclusion of PC topics in National Research Calls **1**

Existence of PC congresses or scientific meetings **3**

**E Education & Training**

Medical schools with mandatory PC teaching **1/3**

Nursing schools with mandatory PC teaching **1/4**

PC Full Professors **1**

Recognition of PC specialty **2**

**B Policies**

National PC plan or strategy **1**





Responsible authority for PC in the Ministry of Health **1**





Inclusion of PC in the basic health package at the primary care level **2**

**A Empowerment of people and communities**

Groups promoting the rights of PC patients **3**



Advanced care planning-related policies **1**

<p><b>Ind1</b></p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.</p>	<p></p> <p>Existence of group(s) that cover palliative care in a more integrated way or over a wider range of disease/ programme areas.</p>	<p>There are two organisations: PASKYAF (<a href="https://pasykaf.org/en/supportive-home-palliative-care/">https://pasykaf.org/en/supportive-home-palliative-care/</a>), and the Cyprus Anti-cancer Society (<a href="https://www.anticancersociety.org.cy/en/palliative-care-centres">https://www.anticancersociety.org.cy/en/palliative-care-centres</a>).</p>
<p><b>Ind2</b></p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	<p></p> <p>There is no national policy or guideline on advance care planning.</p>	<p>No legislation for palliative care end of life care and advance care planning. Cyprus is still in the process of establishing legislation for palliative care.</p>
<p><b>Ind3</b></p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p> <p>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</p>	<p> Not known or does not exist.</p> <p> A national palliative care plan is in preparation.</p>	<p>Legislation for palliative care is in the process and has to go through the parliament. Palliative care is offered through non-governmental organisations, and it is only for adults. After legislation goes through parliament, there will be a strategy for implementation.</p>

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	<p></p> <p>Not known or does not exist.</p>	
<p><b>Ind4</b></p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	<p></p> <p>Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.</p>	<p>There is some support by the government for their non-governmental organisations that offer palliative care, but not fully supported.</p>
<p><b>Ind5</b></p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	<p> There is no authority defined.</p> <p> Does not have concrete functions or resources (budget, staff, etc.)</p>	<p>There is no authority defined nor concrete functions or resources (budget, staff, etc.); however, this is expected to be defined together with legislation.</p>

<p><b>Ind6</b></p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	<p>●●●3●</p> <p>At least one non-palliative care congress or conference (cancer, HIV, chronic diseases, etc.) that regularly has a track or section on palliative care, each 1-2 years.</p>	<p>Every two years, there is a national conference for 2-3 days and one of the sessions is dedicated on palliative care. Recently we had on the 28-29 of October, the conference: Making progress in Cancer CARE, at the first day we had a workshop and a session in palliative care.</p>										
<p><b>Ind7:1</b></p> <p>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</p>	<p>1●●●●</p> <p>Minimal or non-existent number of articles published on the subject.</p>											
<p><b>Ind7:2</b></p> <p>Inclusion of PC topics in national research calls.</p>	<p>1●●●●</p> <p>There are no national research calls at all.</p>	<p>No evidence found.</p>										
<p><b>Ind8</b></p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>	<p><b>1,632</b> S-DDD PER MILLION INHAB /DAY</p> <p>Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes 2020–2022.</p> <p>COUNTRY VS REGION</p> <table border="1"> <caption>Average consumption of opioids in defined daily doses (S-DDD) per million inhabitants per day</caption> <thead> <tr> <th>Country/Region</th> <th>S-DDD per million inhabitants per day</th> </tr> </thead> <tbody> <tr> <td>Cyprus</td> <td>1632</td> </tr> <tr> <td>Average consumption in the region</td> <td>4959</td> </tr> <tr> <td>Minimum consumption in the region</td> <td>6</td> </tr> <tr> <td>Maximum consumption in the region</td> <td>19773</td> </tr> </tbody> </table>		Country/Region	S-DDD per million inhabitants per day	Cyprus	1632	Average consumption in the region	4959	Minimum consumption in the region	6	Maximum consumption in the region	19773
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<p><b>Ind9</b></p> <p>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</p>	<p>●●●●4</p>	<p>Cyprus General Health System, at the present time, provides all the medication for pain management and palliative care.</p>
<p>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and PC medications as defined in the WHO Model List of Essential Medicines.</p>	<p>●●●●4</p>	
<p><b>Ind10.1</b></p> <p>10.1.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p>	<p>1●●●●</p>	<p>There is no general availability of immediate-release oral morphine, at the primary level, availability only in Hospitals and oncology centres. Very few private pharmacies in the country have very short amount of stock, and it is available with a doctor's prescription and the patients should pay for it.</p>
<p>10.1.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p>	<p>1●●●●</p>	
<p><b>Ind10.2</b></p> <p>10.2.1. Percentage of health facilities at the primary care level in urban areas that have different opioids and in different formulations.</p>	<p>1●●●●</p>	<p>No availability of different opioids and in different formulations at the primary level. Very few private pharmacies provide these formulations and the patients need a medical prescription and they should pay.</p>
<p>10.2.2 Percentage of health facilities at the primary care level in rural areas that have different opioids and in different formulations.</p>	<p>1●●●●</p>	

<p><b>Ind11</b></p> <ul style="list-style-type: none"> <li>11.1. The proportion of medical schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching)</li> <li>11.2. The proportion of medical schools with <b>OPTIONAL</b> teaching in PC.</li> <li>11.3. The proportion of nursing schools with <b>COMPULSORY</b> teaching in PC (with or without other optional teaching).</li> <li>11.4. The proportion of nursing schools with <b>OPTIONAL</b> teaching in PC.</li> <li>11.5. PC Full Professors</li> <li>11.6. Legislation/regulations concerning PC education</li> </ul>	<p>1/3</p> <p>0/3</p> <p>1/4</p> <p>1/4</p> <p>1</p> <p>No</p>	 <p>Both the medical and the nursing schools they have compulsory training in palliative care, a few hours and clinical visits at the hospice, oncology centres, hospice at home-visits. Additionally, there is one full professor.</p>
<p><b>Ind12</b></p> <ul style="list-style-type: none"> <li>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</li> </ul>	 <p>There is no process on specialisation for palliative care physicians but exists other type of professional training diplomas without official and national recognition.</p>	<p>The Cyprus Medical Council, recognises the clinical experience of physicians working in the field of palliative care for more than two years. They give a certificate to doctors with this recognition as doctors with 'special interest in palliative care'. This certificate is approved for doctors to work and approved from the GENERAL national health system of the country-GESY.</p>

<p><b>Ind13</b></p> <ul style="list-style-type: none"> <li>13.1. There is a system of specialised PC services or teams in the country that has a <b>GEOGRAPHIC</b> reach and is delivered through different service delivery platforms.</li> <li>13.2. Are available in <b>HOSPITALS</b> (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</li> <li>13.3. Free-standing <b>HOSPICES</b> (including hospices with inpatient beds).</li> <li>13.4. <b>HOME CARE</b> teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</li> <li>13.5. Total number of specialised PC services or teams in the country.</li> </ul>	 <p>Generalised provision: Exists in many parts of the country but with some gaps.</p>  <p>In a growing number of private hospitals.</p>  <p>Found in many parts of the country.</p>  <p>Found in many parts of the country.</p>	<p>Palliative care services are provided only for cancer patients. Two NGOs organisations, The Cyprus Anticancer Society (5 home care teams), and The PASYKAF (5 home care teams) provide home care services and hospice care (inpatient services). They operate in all districts. There are three hospices from the two NGOs providing palliative care at home and at the hospice: ARODAFNOUSA in Nicosia, run by the Cyprus Anticancer Society, with 25 beds, since 1976; and EDEN in Larnaca, since 2022, with 12 beds and run by PASYKAF (like St. Michael hospice, 9 beds, Pafos).</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p>  <p>← <b>13</b> SPECIALISED PALLIATIVE CARE SERVICES</p>
<p><b>Ind14</b></p> <ul style="list-style-type: none"> <li>14.1. There is a system of specialised PC services or teams for <b>children</b> in the country that has <b>geographic</b> reach and is delivered through different service delivery platforms.</li> <li>14.2. Number of pediatric specialised PC services or teams in the country.</li> </ul>	 <p>No or minimal provision of palliative care specialised services or teams for children exists in country.</p> <p><b>0</b> PPC TEAMS</p>	<p>The two existing NGOs provide palliative care services only for adult cancer patients.</p>