RESEARCH ARTICLE

The belated implementation of a long-awaited health system in Cyprus and the role of interest groups

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Abstract

It is really a paradox that 60 years were required to establish a modern health system in Cyprus, despite the expressed positive attitude of all political parties and most governments. This article investigates the planning and implementation of the National Health System (NHS) and its delay determinants, by employing qualitative research of published sources, audio material and 33 interviews with elite key informants. A major anti-reform alliance, consisting of private doctors, private hospitals and health insurance companies was identified, further supported by doctors of the "old" public system, whose benefits were threatened. Delay contributions additionally arose from media and patient groups, whilst the pharmaceutical sector imposed insignificant influence. The prevailing political, economic and social environment, along with aspects of the proposed reform, fueled this anti-reform movement. However, climate in favour of the NHS implementation gradually developed, attributed to the power balance shift supportingthe Minister of Health and the government, mobilization of important actors/stakeholders, including the Federation of Patients' Organizations of Cyprus and the Media, and significant decrease in the influence of reform-resistant groups. The new dynamics created a supportive environment leading to the NHS launch on June 1st, 2019; thus Cyprus has ceased to be the last state of the European Union (EU) without a universal health coverage system. The process of introducing this new system in Cyprus is a prime example of resource and power redistribution amongst different interest groups and of the catalysts required to exit the orbit of an extremely "path-dependent" system, potentially inspiring future reformers.

Keywords: Cyprus' NHS; interest groups; health care system reform;health policy;qualitative research.

Introduction

The importance of research in the context of health policy and especially in policy-makingis increasingly recognized in the quest to understand the real factors and mechanisms involved in planning and evolution of health systems.[1]In addition, the research and the exchange of experiences in the area of health systems reform can facilitate policy-makers to better understand the complexity of the health environment with the highly influential interest groups and the conflicting interests which can affect the course of any small or larger change in health policy. In this general context, this article examines the evolution of the healthcare sector in Cyprus and the role of interest groups and stakeholders that had their own share of responsibility for the long delay in the introduction of a modern and integrated health system on the island.

The first attempts to introduce a public health system in Cyprus go far back to the distant 1957, during the last years of the colonial rule, when a Beveridge-type health system was established by the British.[2]This system was later adopted by the first government of the newly established Republic of Cyprus in 1960. The major weakness of this hybrid system was the coverage of only civil servants and low-income people, thus excluding the majority of the population. Despite several changes and reforms since its introduction, the core of the system had remained the same. The entitlement to the system was based on income criteriawhich were adjusted from time to time, according to which only about three-quarters of the population were beneficiaries, while the rest were forced to turn to the private sector and bear the full cost of the care they received. This old-fashioned system was centrally controlled and financed by taxes, operating in parallel with a strong andunregulated private sector that was financed by out of pocketpayments. There was very poor coordination between the two sectors and thisfragmentation created serious problems, including an imbalance of resources between public and private providers, high out-of-pocket payments, extensive inequalities in access and service availability, long waiting lists and inefficiency of the health system overall.

The search for proposals and solutions for a comprehensive health system has been on the political agenda of Cyprus for many years. It is worth mentioning that between 1966 and 1982, at least five studies and proposals have been conducted on behalf of the Government for the introduction of an integrated public health coverage system, but none led to any tangible result.[3-7]The most serious effort towards a major health reform began a decade later, in 1991, driven by high-level government discussions calling for universal coverage. The Ministry of Health (MoH)invited a team of experts from the universities, of Leeds, York and Harvard, to study the existing system and make proposals. In September 1992, they submitted their final proposal for a comprehensive new system (Proposals for a national health insurance scheme, 1992). This major reform would lead to changes in financing, coverage, provider payments, administration, auditing and data collection, which is expected to improve the quality, accessibility and efficiency of care, and enhance the financial protection of beneficiaries, fundamental elements which were largely missing in the old system.

After a ten-year debate and consultation among the government, the political parties, the stakeholders and the interest groups, the House of Representatives voted in 2001 the General Health System Law (No. 89 (I) / 2001) based on the recommendations made by the foreign experts. In 2003, in accordance with this law provisions, the Health Insurance

Organisation (HIO) was created asa public entity organization responsible for the implementation of the NHS, and then the organization, monitoring and management of the new system.But yet again this time there were insignificant outcomes. The lack of solid political will and the influential interest groups prevented further steps toward the implementation. The severe economic crisis that followed (2012-2016), served as aconvenient "excuse" or argument for the furtherdelay of the venture, despite the Council Recommendation made by the European Commission that Cyprus should "*complete and implement the national healthcare system without delay…*".[8]Finally, 16 years after the founding law of the new system, the House of Representatives in 2017 unanimously passed two more pieces of legislation,necessary for the implementation of the new system. The first bill, which is complementary and amends the 2001 founding law, paved the way for the implementation of the new system, as it set, among other things, the dates for the implementation of the two phases of the NHS, while the second(The creation of the State Health Services Organisation Law of 2017)regulates the administrative and financial autonomy of state hospitals encouraging competition in an quasi-market environment.Even then the difficulties did not go away, as doctors and hospitals in the private sector withdrew from the dialogue with the MoH, as their demands for "*higher compensation fees per service*" and the "*right to practice private medicine within the new system*" were rejected.[9]Despite private doctors'opposition, the first phase of the new system began as scheduled by law, on June 1st 2019, with the provision of ambulatory care services (GPs and specialists, laboratory, diagnostic services and pharmaceuticals) and gradually the majority of private doctors joined the system. The results from the first months of its operation are very satisfactory.[10]Almost the same scenario has been repeated in the second phase of the NHS implementation, on June 1st, 2020, with the incorporation of the hospital care. After lengthy discussions of the Health Insurance Organization (HIO), with the Cyprus Association of Private Hospitals (PASIN) an agreement was reached effected by the signing a memorandum of understanding. Thus, the second phase of the NHS started on the 1st of June 2020, with all public hospitals and the majority of private hospitals and clinicswithin the new system. Thus, after almost 60 years of efforts and continuous delays, Cyprus now has a new, modern andcomprehensive health system.

The aim of this study was to identify the entities (physical or legal) that contributed to the delay of the much needed and anticipated reform and their motives. The research questions driving this study were:

RQ1: Why has such an important and necessary health reform been delayed so much?

RQ2: What was the role of interest groups in delaying the implementation of this reform?

RQ3: Who finally acted as catalysts for its implementation?

The theoretical framework used to support the rationale of this paper relates to power-dominance-influence theories. In particular, Pluralism, Marxism and Alford's theory of structural interests are the three main theories that have been used extensively in various studies in an attempt to address the issue of power distribution within the health policy field.[11, 12]Pluralist studies of medical care focus on the diffusion of power across a multitude of different groups (administrators, health professionals, politicians and patients) without a permanent bias in the balance of political forces.[13]Marxism emphasizes on the political power in the capitalist economic system[14] while Alford's theory central position is that one of the key obstacles to reform are the 'structural interests' embedded

in the health system, that is, the interests that gain or lose based on the form organization of the health service.[15]Furthermore, Neo-Institutional approaches to Health Care Reform can provide a different perspective.[16]In the context of this paper, all three theoretical approaches are considered important, since they provide completely different perspectives regarding both the institutions' nature and their evolvement process as well as the relation between institutions and behavior. [17]

Table 1 Profiles of interviewees

Category	Interviewee code	Interviewee status	Order of interviews	Date of interview
Former Presidents of the Republic (RP)	**FRP 1**	Former President of the Republic	5	24/11/16
	FRP 2	Former President of the Republic	22	10/03/17
Leaders of Parliamentary Parties (LPP)	**LPP 1**	Leader of the Parliamentary Party	3	17/11/16
	LPP 2	Leader of the Parliamentary Party	13	02/12/16
	LPP 3	Leader of the Parliamentary Party	19	31/01/17
	LPP 4	Leader of the Parliamentary Party	20	09/02/17
	LPP 5	Leader of the Parliamentary Party	25	03/04/17
Ministers of Health (HM)	**MH 1**	Minister of Health	10	02/12/16
	MH 2	Minister of Health	16	20/12/16 & 21/12/16
	MH 3	Minister of Health	18	20/01/17
	MH 4	Minister of Health	26	20/04/17
	MH 5	Minister of Health	30	20/06/18

(Continues)

Trade Union Representatives (TUR)	**TUR 1**	Deputy Secretary-General of the Trade Union. Member of the Board of Directors HIO	7	29/11/16
	TUR 2	Secretary-General of the Trade Union. Member of the Board of Directors HIO	8	30/11/16
	TUR 3	Deputy Secretary-General of the Trade Union	14	12/12/16
	TUR 4	Secretary-General of the Nursing Trade Union	27	4/05/17
Representatives PIS (PIS)	**PIS 1**	President of Pancyprian Medical Association	1	2/11/16
	PIS 2	President of Pancyprian Medical Association	29	12/06/17
	PIS 3	President of Pancyprian Medical Association	33	26/01/19
	PIS 4	Spokesman of Pancyprian Medical Association	31	18/12/18
Other Health Service Providers (OHSP)	**PASIN1**	President of the Pancyprian Association of Private Hospitals	21	1/03/17
	OHSP 2	President of the Association of Directors of Clinical Laboratories	28	5/05/17
Representatives HIO (HIO)	**HIO1**	Chairman of the Board of Health Insurance Organization	15	12/12/16
	HIO2	Chairman of the Board of Health Insurance Organization	24	28/03/17
	HIO3	Representative of the Federation of Employers & Manufacturers (OEB) on the Board of HIO	9	29/11/16
Representatives of Insurance Companies (RIC)	**RIC 1**	President of the Association of Insurance Companies	17	12/01/17
	RIC 2	Manager of Insurance Company. Member of the Board of Directors of the Board of	23	06/12/16

(Continues)

		Directors of the Federation of Employers and Industrialists		
(ROP)	**ROP 1**	President of the Federation of CyprusPatients' Association	2	05/11/16
	ROP 2	President of the Federation of CyprusPatients' Association	4	22/11/16
	ROP 3	President of the Federation of Cyprus Patients'Association	6	25/11/16
	ROP 4	General Manager of the Federation of Patients' Association	12	8/12/16
Media Representatives / Journalists (J)	**J 1**	Journalist	11	6/12/16
	J 2	Journalist. Health editor in a newspaper.	32	21/12/18

Methods

The study employed a qualitative research design, using a case study approach.This approach allows in-depth multi-level explorations of complex issues in their real-life context[18,19]in order to investigate a contemporary phenomenon using multiple sources of evidence.[20]The main sources of data collection were published documents on health system reform and interviews with elite key informants, who were selected either because of their involvement in the reform process or because of their expertise and knowledge on the issue of health reform. [21]Audio excerpts from public statements and speeches in Parliament made by various keypersons, official documents such as government reports, laws and regulations, parliamentary reports and announcements, press releases from key organisations such as the Cyprus Medical Association (CMA) and the Health Insurance Organization, (HIO) newspaper articles and academic publications.

Semi-structured face-to-face interviews with average duration of 75 minutes were conducted with33key elite informants(seeTable 1) from November 2016 (one year before the enactment of the NHS legislation) until January 2019 (3 months prior to the implementation of the first phase of the NHS).The first 29 interviews were conducted within the first six months. The last four interviews were carried out during the data analysis period to fill information gaps identified and in order to improve the representation of certain key informants within the sample of participants interviewed. The interviews stopped when data saturation was reached.[22]

The recruitmentof participants was made through a combination of purposive and snowball sampling. The chronological order of the interviews was determined following a stakeholder analysis. The process of purposive sampling started with the construction of a preliminary list of potential expert key-informant interviewees, followed

by analysis of their level of expertise and involvement in the NHSplanning and implementation process. For the formation of the final list of participants criteria were taken into account such as their position and status as well as their responsibilities and period of service.

The initial interviews were exploratory and facilitated snowball sampling. The persons interviewed during this stage recommended other key-informants acting as "seeds" for the creation of the final list of participants.[23, 24]This particular sampling strategy did not only contribute to identify information-rich sources but also to obtain, through the relevant recommendations, access to extremely hard-to-reach eminent people. [25, 26]The interview acceptance rate was 97% with only one potential intervieweerefusing to participate due to lack of time. The final 33-member sample included 2 former Presidents of the Republic of Cyprus, 5leaders of Parliamentary Parties, 5 Ministers of Health,4 executives from trade unions, 4 representativesof the CMA, the President of the PASIN, the President of the Association of Directors of Clinical Laboratories, 3 representatives of the Health Insurance Organisation, 2 representatives of private Insurance companies, 4 representatives of patient associations and 2 journalists in health issues.

Prior to each interview a written informed consent was obtained from each participant. The latter was ensured by not providing detailed descriptions of the status, position and term of service period of the participants. An interview guide was prepared with a list of questions or thematic areas and keywords based on the thematic axes relevant to the research questions of the study. [27]Following interviewee consent, all interviews were recorded and transcribed. The transcribed interviews were forwarded to the interviewees prior to any analysis, for review and approval regarding their factual accuracy.[28]Data collected wereprocessedby thematic analysis using the QSR Nvivo11 software. The validity and reliability of the results was evaluated using data triangulation by comparing the findings across the multiple data sources and the different respondentsand a series of other techniquessuch as purposeful sampling, member checking,dense and delaited description and expert review.

Results

The rationale of presenting the findings was based on the theoretical framework of Walt andGilson of health policy analysis.[29]In this way the impact of the actors involved, the context of their actions, the content of the reform and the aspects related to its designand the mode and procedures for implementing the NHS were assessed.

Data analysis revealed a number of contributors to the postponement of the reform, who can be classified into the broader categories of Politicians and Interest groups. The group of politicians(including several executives), with the responsibility to decide on the course of the reform, to pass the necessary bills and to implement them,and the latter consisting of various groups, often with conflicting interests, who could influence the decision-making process which was the responsibility of the former group.

Politicians

All participants attributed to politicians the greatest share of the responsibility for the failure or the delay of the implementation of the reform.The lack of solid political will has emerged from the interviews as a major factor in its procrastination. The majority of the participants claimed that the implementation of the NHS was never a real priority, and that following the enactment of the NHSfounding law in 2001, politicians had removed thisparticular reform from the agenda. It was apparent that the

implementation of the NHS was simply used as a pre-election slogan only to attract voters. ‘‘*Don't you know that the two main social topics that are always repeated in pre-election slogans are education and health*?”(Representative of CMA_PIS4).

It was a shared view of many participants that the lack of competent politicians was one of the reasons for the delay in implementing the NHS for so many years.

“*All political parties say they agree on the NHS, but no one implements it. This, in my view, clearly demonstrates that there is a serious lack of political leadership to implement, to reform”*.(Media Representative/Journalist, J1).

“Cyprus never had real leaders. That is the answer. It never had political leadership”. (Representative of Insurance Companies_RIC2).

A third reason for the lack of political will identified, was the politicians’ ignorance of the purpose and contentof the reform as well as its potential benefits for the society.

“Far too many people, in the executive branch of the Ministry of Health, did not understand what the NHS is”.(Representative of CMA_PIS1).

The majority of participants however stated that the ultimate responsibility for the NHS implementation lied with the Presidents of the Republic and therefore they were held responsible for the postponement observed.

“At the end of the day the President of the Republic has the last word […] The car may be new but it’s the driver that matters most”. (Former President of the Republic_FPR1).

However, it would be completely arbitraryto attribute the overall responsibility for the stagnation and procrastinationsolely on one side. Both political parties and citizens, as well as interest groups and other stakeholders have their own share of responsibility. The deep financial crisis of 2013, the persisting political issue created by the Turkish invasion of 1974, the serious concerns about the cost of the reform, and the need for additional cost estimation studies,were some of the reasons cited by politicians to delay the NHS.Most of the participants believed that these reasons were not real but rather constructed and served as a cover for the absence of political will for the implementation of the reform.

Interest Groups

Powerful private doctors and private hospitals

The findings showed that the most powerful and influential interest groups were those of private doctors and private hospitals and clinics. Their motives were mostly financial. Operating in a completely unregulated environmentthey had reasons to oppose the introduction of the new system. Maintaining the existing *status quo* meant they maintainedtheir clientele, the high fee for service remuneration, the continuation of tax evasion and the uncontrolled provider-induced demand. The following two quotations are highly enlighteningon the issue of private doctors’ tax evasion.

“It's all black! The doctors who have an income tax file, can be counted on the fingers of one hand”. (Representativeof Organized Patients_ROP1).

“I visit my doctor, whom I've known for years. Will I ask him to give me a payment receipt? If the doctor does not feel obliged to do so, he will not […]”.(Former President of the Republic_FPR1).

The powerful and influential group of private sector doctors, in full cooperation with private hospitals and clinics had long sought to influence politicians and parties, undermining the effort and discrediting the new system, stressing that such a system will not be financially sustainable, it will provide low quality services, and will significantly restrict the patient freedom of choice. They also tried to influence the media, to control those doctors who were in favour of the new

system and to work closely with private insurance companies, setting up an alliance against the reform.

One ex-president of the Patients Association, in order to highlight the political influence of these interest groups arguedthat:*"These are the governors! The powerful doctors are the ones in the lounges and the banquets. They handshake with ministers. They handshake with the President. [...] Presidents and all members of the Parliament reach to them and benefit from them. I don't think doctors charge them any money*". (Representative of Organized Patients_ROP1).

The allegation of influencing the media can be supported by the following quotation made by a journalist: "*I have been under pressure from both insurance companies and private doctors;coordinated pressure. Through my employer […] and on a personal level"*. (Media Representative/Journalist_J2).

Insurance companies

The findings highlighted also the significant influence of the insurance companies on the delay of the NHS implementation. Although the private insurance sector was not openly and actively involved in the planning of the new system, it had a significant influence on the political parties and the government. Participants argued that insurance companies would not be interested in introducing a new public health system. In this context, the President of the Republic at the time had promised them that he would promote the idea of a system with multiple competing purchasing agencies in which insurance companies along with the Health Insurance Organization will provide health coverage and services,within a competitive environment. This idea was eventually rejected due to the negative reaction of almost all political parties. Since the system would start with a single market agent and provider, the HIO, it would create serious problems for insurance companies, whose healthcare activity was expected to shrink significantly with the implementation of the new system.

"Y*es, of course we want to keep working. There are thirty people in my department. What will I do with them?"*(Representative of Insurance Companies_RIC2).

"*Insurance companies tried to become part of asystem with multiple*competing purchasing agencies. *Members of the parliament were even bribed to make that happen. It is said that even a political party leader has been bribed for this". (*Representative of Organized Patients_ROP1).

Insurance companies have argued that their participation in the new system would guarantee transparency and reduce the corruption that is commonly observed in monopoly systems. Insurance companies viewed the new NHS and the HIO as an "unacceptable monopoly".

"*For some political parties, the private sector is anathema. Why; Because other criteria work there. They cannot intervene in the private sector. […] They are more comfortable with the larger state, because they can intervene more easily*". (Representative of Insurance Companies_RIC2).

Representatives of the private hospitals, expressing their solidarity with insurance companies, clearly supported the idea of a system with multiple competing purchasing agencies, arguing that the health of the population and the professional activity of private doctors were maintained during the difficult period of the financial crisis because of the insurance companies According to them, the adoption of *a single purchasing and insurance agency* is a sign of poor management and a proof of the state's intention to promote a monopoly in the healthcare sector.

*"We are neither in favour of monopolies nor of oligopolies in health. Without insurance companies, half of Cyprus' hospitals would close. […] Every year we get from insurance companies 120 to 140 million […] No, it is my duty to support insurance companies". (*Other Health Service Provider_*OHSP1).*

A number of participants attributed the delay of the NHS to President Anastasiades' government[elected in-office for two consecutive terms (2013-2018 and 2018-2023)] which, as they argued, had made pre-election pledges for a *system with multiple competing purchasing agencies, giving space and role* to the insurance companies. This pledge took time and discussion until it was withdrawn, further delaying the implementation of the NHS. Despite the private insurance representative's denial to accept responsibility for the delay of the NHS implementation, the findings from the interviews show thatthis particular group was closely linked with the NHS delay.

"It's no secret. President Anastasiades' program has been circulated to all voters. It was the position of President Anastasiades thata system with multiple competing purchasing agencies will better serve the interests of the people". (Minister of Health_MH**3)**.

"…was that after 2012, and we were talking for three years about a*system with multiple competing purchasing agencies*". (Representative of Organized Patients_ROP3).

"It seems that the insurance companies managed to convince the ruling party for asystem with multiple competing purchasers. And that delayed the implementation of the new system. We lost 3 years". (Representative of Organized Patients_ROP3).

The resistance of the insurance companies lobby was significantly weakened after the appointment of a new Minister of Health during whose term in office (2015-2018)two important bills, necessary for the NHS implementation were prepared andpassed by the Parliament.

Health Professionals of the Public Sector and Trade Unions

The third group, which according to the participants was responsible for delaying health reform, was that of public sector health workers, through their trade unions.As civil servants, they would lose the right to free access to health care and at the same time they would have to pay contributions to finance a new system before it was even implemented.

"Today civil servants are entitled to free medical care, but with the new system they will be required to pay". (Representative of CMA_PIS3*).*

In addition, employees in the public health sector were reluctant to accept the idea of a reform that would lead public hospitals to financial and administrative autonomy. They doubted that public hospitals could be financially sustainable, beingin a competitive environment with private hospitals, as envisaged by the new system. In addition, the productivity and quality of services provided would be for the first time under constant monitoring and assessment, elements which still do not fit tothe culture and organisational behaviour of the public sector in Cyprus. They were also concerned about their status as employees since there was a possibility for some of them being converted from permanent to contractual employees.

"[…] What doctors and civil servants are most concerned about is that because the law provides for public hospitals' autonomy, in the long run this may have a negative impact on their employment status, their interests or their or benefits". (Trade Union Representative_TUR1).

Another issue of concern was the professional ability of many public sector doctors who opposed the reform, fearing that the new system would not offer them

opportunities for advancement and promotion. Another issue of primary concern was the suitability of many of public sector. One of the leaders of the parliamentary parties stated that:*"Publicdoctors want to ensure their own personal interests.Their professional development is much more important and this is easier in the absence of financial and administrative autonomy of public hospitals […]. Under the current system some of them could be promoted as general directors at the Ministry. With the new system there will be no such thing"*.(Leader of Parliamentary Party_LPP3).

Doctors had one more reason to resist the change, as the expected financial and administrative autonomy of public hospitals would deprive them of a significant part of their power.

While most participants identified civil servants and their trade unions as an important opposing force, some others saw them not as an obstacle but as a pretext for reform inaction. They argued that much stronger players such as the CMA and the Cyprus Employers and Industrialists Federation (OEB) were hidden behind civil servants and were forced to actafter the eventual weakening of the latter.

*"Let me tell you that everyone else has been hiding behind them (civil servants) to this day. However, due to the dynamic involvement of the federation of patients it seems that this link is weakening and you will see that in the next few days everyone will come out of their shell. And specifically I'm talking about the CMA andthe Cyprus Employers and Industrialists Federation. Because they have understood that the position of civil servants is gradually turning in favour of the positions of the patients, who support the implementation of theNHS. And then what will they say? Maybe they'll start talking about the financial sustainability of the new system". (*Representative of Organized Patients_*ROP1).*

The Pharmaceutical sector

The pharmaceutical sector was assessed as a factor opposed to the reform,although with low power and limited influence. Pharmaceutical industry, importersof pharmaceutical products and pharmacists were financially incentivised to maintain the old system which favoured the over-prescribing and the branded drugs to the detriment of generics. They were opposed because they believed that the new system would limit unreasonable prescribing on the one hand, due to the ability of the new IT system to monitor prescribing, but also to limit the prescription of branded medicines, as a cost containment measure.

"The introduction of the new system will be accompanied by the implementation of medical protocols. With this, all intermediaries are abolished. They will lose control of their actions. […] Who are τthey? The Ministries, the Medical Councils, the doctors who refer the patients, all of them…".(MediaRepresentative/Journalist_J1).

The pharmaceutical sector in collaboration with doctors aimed at creating concern and uncertainty among citizens about the quality and effectiveness of generic drugs. These attempts managed to create a wider feeling of distrust and anxiety in the community.

"[…] Let's say that a pharmaceutical company or the CMA *comes out and says that the NHSbeneficiaries will not have the right to choose a drug. This thing creates negative thoughts and feelings in the society for the new system".*(Trade Union Representative_TUR3).

Mass media

As is the case everywhere, the media played its own part in the planning and

implementation of the NHS. Some had adopted a deliberate stance of silence in order to have the favour and financial support of the most powerful interest groups. One of the participants stressed that the expectation of complete objectiveness by the media is simply impossible:*"Is this (a newspaper that supports the government) going to criticize the Minister of Health? Of course not. Regardless of whether the criticism is justified or not. Why; because he is the Minister of the government he supports! On the other hand, is it possible for this (referring to a newspaper that supports the opposition), which supports the opposing party, to praise the same Minister? Obviously not".*(Former President of the Republic_FPR1).

Most of the media prefer political issues, especially the Cyprus problem, over social issues, such as the health reform. Some of the participants have even said that the issue of health reform is complex and requires in depth knowledge that journalists do not have.
*"The media usually do not put social issues first, this is something that has been around for a long time."***(**Trade Union Representative_TUR1).
"*One of the big problems I had in this area is because the health issue is complex, it requires very good knowledge of the subject. And because there are few journalists in Cyprus and they usually cover many different areas, they usually face this problem.In other words, you really have to go deeper to draw a conclusion… It is not a simple matter".* (Media Representative/Journalist_J1).

Patients and the wider public

The data analysis showed that patients and citizens in general did not take an active part in the planning of the NHS and did not exert pressure in the direction of its implementation. Instead, they remained inactive, facilitating the government's inaction.Their "silence" is interpreted as a sign of either indifference or, worse, tolerance and cooperation with the most powerful interest groups. According to the participants, this stance is attributed to four main reasons:

1.Their cooperation with the interest groups, which developed mainly due to the small size of Cyprus and its population.
"[…] and why am I saying this? Because Cyprus is more or less a small society, everyone is involved with everyone. Everyone has a relative who is a doctor in the public sector, everyone has an acquaintance in an insurance company, everyone knows a nurse in the public sector […]".(Representative of Organised Patients_ROP4).
"Sαy I am a Member of the Parliament, my brother is a doctor, my aunt is a nurse, my daughter is studying medicine, I have interests". (Former President of the Republic_FPR1).

2.The financial burden arising from paying health contributions, especially for those beneficiaries of the public sector, who had free of charge services.
"The poorer want to be served, because they are used to this, […] there is also the fact that they are used to have free service from the hospitals. They want better hospitals, better treatment but they don't want to pay". (Former President of the Republic_FPR1).
"The citizens - and I also consider this very important - have never realised that in order to have proper health care you need to be actively involved; paying your price". (leader of Parliamentary Party_LPP2).

Further to the above, the wealthier part of the population, having private insurance, was reluctant to contribute for the coverage of the poorest group.
"Everyone[…] has private health insurance. They have money. In other words, they are not afraid […] in the sense that if they have a health problem, they can even go to England and America to get the best care. But you know how it is; I shout and defend the

interests of patients, but when I get sick I will run to Germany and England! How convenient!"(Representative of Organised Patients_ROP1).

3.The inherent uncertainty embedded in any new system.

"I mean, not going to something else […] that is, to stay in it the current fragile system […] it's like being in a swamp and someone is asking to pull you out to something better? […] no let me be better here in my mud. No thank you!"(Representative of Organised Patients_ROP1).

4.The culture of tolerance of anti-social behaviors or even illegal practices, simply because Cypriots want to have good relations with both politicians and health professionals. Apparently this is not only a matter of perception or culture, but also because of the inefficiency of the state.

"*Clientilism is a product of our culture, which other countries had, let'ssay, in 1900 or 1950. We have expanded this clientilism, the "rousfeti[1]", like it is in Greece. Which is being maintained in an elaborate way".* (MediaRepresentative/Journalist_J1).

"Unfortunately, this is also a mentality. A mentality that is far from let's say the mentality of the Scandinavians. We, the people of the Mediterranean - and that concerns all professions - are trying as hard as they can to avoid income tax. It's a matter of mentality and culture. And unfortunately this is our culture".(Representative of the CMA_PIS3).

"Of course the people tolerate and sometimes seek this kind of interventions,and thus contribute so that the system does not change. Then they protest because this situation does not change…".(Representative of Insurance Company_RIC2).

The context of actions

The socio-economic and political context combined with the content of the health reform created the appropriate conditions for action by those groups who had an interest in maintaining the existing system.The unresolved political problem of Cyprus, the resistance to change,the economic crisis combined with the financing and economic sustainability of the new system, have been the major inhibiting factors to the implementation of the reform.On the contrary, there are those who consider that the Cyprus issue has always been a wonderful excuse for delaying the reform. The following quotations are enlightening.

The Cyprus political issue

According to some participants, the Cyprus problem due to the Turkish invasion and occupation of a significant part of the island,has been a deterrent to health reform for many years. Due to this persisting national problem, several reforms were delayed, postponed or even canceled.The priority of every government was to solve this problem and not implement major reforms, which required significant resources to finance them.

"*We, as the Republic of Cyprus, since its establishmentand later on as a modern European state, would have to deal with the health sector much earlier. Over time, this has ceased to be a priority for any government, perhaps not entirely unjustly, because we had to manage a serious national problem, our own identity, our own survival, especially after the Turkish invasion".*(Representative of Organised Patients_ROP4).

On the other hand, there are also those participants who did not see the Cyprus issue as a real cause but as a government pretext for delaying health reform. In the same way that

[1]Rousfeti in Greek society refers to the practice of favouring some people against others, with criteria other than those of meritocracy

the NHS functioned as a resounding and tempting slogan in all election campaigns, similarly did the Cyprus issue functioned as a pretext for delaying health reform.

"*I forgot to tell you that the Cyprus issue is the best excuse to suspend reforms in Cyprus. Most unreliable politicians justify the absence of reforms, invoking the Cyprus problem in a patriotic way. Because in this way they cover their weaknesses on the real problems"*.(Media Representative/Journalist_J1).

"I am a government. I have elections in a year. I have two "flags". Solution of the Cyprus problem, and implementation of the NHS. In one of the two I have to show results, at all costs. If I see that things are going wrong in the Cyprus issue, I will give more attention on the other".(Representative of Insurance Companies_RIC2).

The economic crisis

The international financial crisis in 2008 proved to have the most devastating consequences for the Cypriot economy, which experienced the deepest financial crisis since its independence in 1960. Cyprus entered a bail-out agreement in 2013,signing a memorandum of understanding (MoU)with the International Monetary Fund, the European Commission and the European Central Bank (known as the Troika) which averted Cyprus bankruptcy.The MoU provided the adoption for austerity measures and reforms including the implementation of the NHS.Nevertheless, the expiration of the memorandum in 2015, found Cyprus once again without any progress on the issue of health reform. For this postponement, the government invoked the need to update the operating costs of the new system and its impact on the economy. Some of the participants perceived the financial crisis as a serious obstacle to the implementation of the NHS, while some others as a window of opportunity that was not exploited.

For the first group of participants, the reform required extra funding for the administrative and financial autonomy of public hospitals, at a time of significant economic problems, while the citizens are unable to bear the burden of an additional tax, in the form of health contributions, for the financing the new system, amid the economic crisis. According to this group of participants, the government's decision for the postponement was partially justified.

"During President Christofias term (2008-2013), I recall a press conference, in which a journalist asked what will happen to the plan for the NHS, and President Christofias said: 'We don't have the money to implement theNHS. For now, forget it".(Media Representative/Journalist_J2).

"Of course it was (the economic crisis), because if you can't afford it, in a collapsing economy, importing new taxes […] because we're talking about introducing a tax across the population,this is not a choice. […] So burdening the labour market with a new tax is a negative development. When employers struggle to keep the jobs, you can't burden them even more with labour costs".(Health Minister_MH3).

For the second group, the economic crisis could be used as a golden opportunity to accelerate the NHS implementation, since it exposed all the weaknesses of the existing system and demonstrated the necessity of reforming it. They believed that the financial crisis was a pretext for inaction and for concealing the government's reluctance to give up powerful organised interests. Their basic argument was the non-implementation of this reform, even in periods of economic prosperity.

"The economic crisis may have helped, yes. To see more cuts, difficulties in care provision, so they joined forces for a better future for the interests of those who represent […] I believe that the economic crisis could

help accelerate the introduction of the NHS".(Health Minister_MH1).

"The economic crisis has forced government agencies to think of how to cope with this increased workload. And one of the ways they could cope is the introduction of the NHS". (Representative ofCyprusMedical Association_PIS1).

The Culture

The attitude of the Cypriot citizens contributed also to the standstill of the reform. Cypriots, and particularly civil servants tend to oppose any reform mainly out of fear of losing their established rights and benefits emanating from their status as civil servants. The opposition of civil servants to public hospital autonomy found many allies in the closed Cypriot society:"*…because the Cypriot society is small, you meet the people being affected, […].That is, if the changes affect the interests of nurses, you know about a dozen of them. You may also have friends and relatives. And that is what affects small societies the most".* (Leader of Parliamentary Party_LPP3).

There is a sense of distrust in Cypriot society which depends largely on citizens' relations with politicians, influential people and groups that allow citizens to influence political decisions in their favor. The main reason for this distrustis due to the fact that the employment status of many employees would be reviewed in the context of health care reform.

"*No matter what you say or who you are, you have to be politically active to achieve your goals. It doesn't matter if you are rich or poor. What matters is who you know in the House of Parliament because your influence passes through the political parties"*.(President of the Cyprus Association of Private Hospitals_PASIN1).

The political parties have also a share of responsibility for maintaining this kind of relations with citizens. Theirmain incentive was to maintain or even increase their "clientele" for the next elections, from which they also expect to participate and contribute totheir campaign. Both society and political parties in harmonious cooperation have contributed to maintaining this unacceptable relations of parties and voters. Perhaps for this reason, the majority of citizens do not consider health services as a fundamental human right, which must be provided under the responsibility of the state.

"*In Cyprus, over the years,a mentality has been established that when I want to achieve something I have to find my own doctor, my own friend, my own member of the Parliament. What I mean is that a clientilism relationship was built, which exists and remainsfor years".* (Representative of Federation of Patient Societies_ROP3).

Ignorance combined with individual behaviours that serve only the personal interest, lead citizens to a passive role, accepting a system that afflicts them, without satisfying their basic health needs.Most are completely unaware of their rights, so they ask the party or a politician to help them.Some even see this as an obligation of political parties.

"[…] we grew up in a society where the vision for many was to find a job in the public sector. And to enter the public sector, you need to have a good relationship with this or that political party, so when you need it, it will come to support you. This thing doesn't let you think freely". (Trade Union Representative_TUR1).

Finally, most of the participants emphasized the reluctance of those who benefited from the system to support the reform. Proponents of the old system are those who benefit from the loose management, lack of control and accountability and the potential for tax evasion.

"Look, if I can think ofan area without any control, and no one accountable on what

theyare doing, that would be health, […] they feel protected by their unions […]. If that is the mentality and you don't want to understand that 'Sir, you are here, you are performing a function and you are accountable to the patients and the society of what you are doing […]'". (Other Health Service Provider_OHSP2).

"Because the NHS will put things in order. And when the time comes, a public doctor will be told that what they are doing today, should cost €200, it should be done in 20 minutes and with that equipment.In the new system there will be control". (Representativeof Health Insurance Organisation_HIO3).

"Unfortunately, we have doctors who charge a fee of €5,000 euros and they do not declare it in the income tax. In essence the payment ismade under the table. With the NHS, no one will be able to hide their income and evade taxes. So they will lose a lot of money, it will be financially unfavourable for them. That is a serious reason". (Trade Union Representative_TUR4).

The content of the reform

Despite the widespread acceptance of the need for a modern system of universal coverage,the ignorance ofthe content and details of the new system by many stakeholders, the misinformation of the public ontheir benefits and obligations and the concerns mainly by politicians about the cost and its economic sustainability, contributed to the delay in implementing the new system.All the above combined with the lack of solid political will by the government and profound disagreements on key aspects of the reformhad also hadanegative impact in the implementation process ofthe long anticipated new system.

"*There is 'bilingualism' in the government about the health system in relation to the NHS at the moment. The Finance Minister says different things from that of the Health Minister and the President of the Republic says differently from both".*(Leader of Parliamentary Party_LPP5).

"This is what the President and the Minister of Health are saying 'let's go for a single purchasing and insurance agency'. And then another Minister comes out and says'just one minute, let's do a new study to see the cost'. They can't be serious. This cannot be done even at the level of a private business". (Health Minister_MH4).

A series of endless plans and revisions proposed by international consulting firmsafter the adoption of the founding law in 2001, were never used since there was no consent.Key issues regarding the autonomy of public hospitals, which included resolving long-standing organizational and administrative deficiencies in infrastructure, staffing and equipment, instead of being treated as priorities, eventually became future goals, which will be achieved after the implementation of the NHS.

The catalysts of the reform

The findings showed that the main cause of the continuous postponement of the reform was the lobbying exerted by interest groups on many and different levels of power, especially on the government and the decision-making centers. This usually happened in a favourable environment, in the absence of solid political will, and by invoking various reasons or excuses. The NHS ultimately implemented due to a reversal of power balance that resulted from the appointment of a new Minister of Health on July 2015, who strongly believed in the need for health reform.With his presence and his willingness to clash with the powerful interest groups, political power has been strengthened. The fact that he was not a doctor seemed to help him confront the most powerful interest group, that of doctors.After exhausting dialogue without any possibility of reaching an agreement with them, he eventually excluded them from the

consultation process; having received the okay from the President of the Republic and the full support of the Federation of Patient Societies he moved forward with the preparation and voting by the Parliament of the necessary legislation for the implementation of the reform.The way he dealt with interest groups, doctors and insurance companies, and his negotiation with them, was described as cynical.

"*Not even once have we been asked or invited by anyone to discuss about the bills. This is unacceptable [...] I told the Minister of Health that we have made loans and are unable to pay them off. And the Minister answered me: "Why should I care about your debt?".*(Other Health Services Provider_OHSP1).

"We were asking the Minister for months to see us, but he did not accept us. […] He told us that there is no role for insurance companies in the new system, there is no space for a system with multiple competing purchasing agencies and is better to find something else to sell". (Representative of Insurance Companies_RIC2).

"*It was his character that played a vital role. He was not afraid to clash with anybody. He believed in the NHS, he wanted to implement it and he succeeded in convincing the journalists with sound arguments. And he was the only one who managed that and took us by his side".*(MediaRepresentative/Journalist_J2).

It was this Minister's effectiveness and leadership which had forced all parliamentary parties to vote for the two necessary NHS bills. After his tweet in which he more or less characterised whoever intended to voteagainst as "traitor", all members of the parliament unanimously passed the two bills, without amendments.

"*The last attempt to cancel the NHS is in progress. They are looking for a political leader for the role of Judas. They probably found him".* (tweet by the Minister of Health, 8.6.2017).

The second major change that served as a catalyst for the implementation of the NHS, was the intense activation of the Cyprus Patient Federation, on the initiative of which the Social Alliancefor the support of the NHS was established. The Social Allianceconsisted of all trade Unions, the Cyprus Patient Federation, the Consumers Association, the Pancyprian Consumers Union and Quality of Life and the Pensioners Associations. Both Cyprus Patient Federation and Social Alliance, abandoning their passive stance until then, put pressure upon the President of the Republic for the immediate implementation of the NHS.At the same time, the attitude of the media also began to change in favour of NHS implementation, while the unions withdrew their demands they had set as preconditions for the implementation of the NHS. The last obstacle, which concerned disagreements over some aspects of the reform was overcome through a compromise between the ruling party and the main opposition party, and eventually all agreed for a system with a single purchasing and provider agent, with autonomous public hospitals.The climate had clearly changed in favour of the NHS implementation, without further delay.

Discussion

Through the triangulation of data, it became clear that the interest groups had their own role in the implementation process of the reform. As expected, doctors had the dominant role and the greatest influence, in this process. Although a relatively small group, it is very coherent and at the same time efficient, without *"free riders"*.[30] The medical profession, apart from being a vital player in any health reform, can also act as a *"veto player"*.[31]The *"free riders"* are those who do not want to contribute to the common good without personal gain and the "*veto players*"

are those whose consent is necessary to implement a decision. It can be said that in this case the general public took up the role of *"free riders"*by not vigorously demanding the introduction of the NHS,believing that it could be implemented without its own active participation. The medical profession did not have free riders in this case since they all appeared united demanding the maintenanceof the status quo. The doctors turned out to be "*veto players*", as it became apparent that no decision could be made without their consent. They believed that as a professional group they could satisfy all their demands, as they considered themselves very powerful and sufficiently influential. But when they last tried to play the role of "*veto players*" six months before the implementation of the NHS, they failed. A very concise description of the positions and actions of private doctors a few months before the planned introduction of the new system is available in the flash report prepared for the European Commission, entitled "*is the healthcarereform process in uncharted waters?*". [9]

The medical profession in Cyprus has managed to remain a profession of indisputable autonomy in its three dimensions, the economic, political and clinical.[32]Cyprus' case aligns with Larson's theory[33] suggesting that medical autonomy is associated with the creation of monopolistic markets,mainly due to government tolerance and not to professional expertise, as Freidson argues.[34, 35]The governmental elite which had a personal client-dependent relationship with doctors failed to keep the necessary distance between the state and the monopolies, constituting a hindrance to the implementation of the reform.Virtually all governments since Cyprus independence hadmaintained an inadequate health system that only covered part of the population and at the same time forced the beneficiaries to visit the private sector, thus essentially creating a quasi-monopolistic market for the private sector,which operated without any control and accountability. The institutionsin Cyprus (the government, the trade unions and the professional bodies) functioned as modulators regarding the effects of political conflicts[36]by changing the "*rules of the game"*, offering veto opportunities *("veto points"),*during the decision-making processes, having great impact on political results, as it has been argued by Immergut.[37]

The long course of reform in Cyprus can be interpreted quite well by the historical institutionalismand the "path-dependency" approach.[38, 39]Choices of the past, marked the boundaries of future choices. The institutional inertia can be attributed to the *"lock-in"* institutions [40]and consequently to their resistance in any change or reform.[41]In other words, the longer the time had elapsed since the NHS founding law was enacted, the more difficult it became to enforce it. The long time interval between the birth of the NHS idea and the enactment of the founding law favoured institutional lock-in and reinforced the *phenomenon* of *increasing returns*, making any institutional change difficult, due to increased exit costs.[40]In the case of Cyprus and the introduction of the new health system, the cost of the change includes additional resources for training, new recruitment, new information systems and medical equipment, effective management, quality control systems, medical protocols. The cost is not only financial, since it also includes the difficulty for mentality and behavior change, the non-favourable environmental characteristics for change,the willingness to break the intertwined interests, the abolition of clientistic practices,the successful handling of interest groups, and the reluctance of employees to work together for change.[42]

During this long period, there have been events and situations that could be considered as "windows of opportunity" for the long-

awaited health reform.Such events were the Cyprus' accession to the EU (2004), the rise for the first time to the power of a left-wing party with many promises and expectations for the welfare state (2008-2013), the rapid economic growth in the 80s and 90s, the international economic volatility and the domestic economic crisis (2012-2016), the consent of troika on the implementation of the new system, and the Council recommendation made by the European Commission for the implementation the NHSwithout delay,[8]None of these "opportunities" was used towards a comprehensive system. Cyprus' accession to the EU may has mobilized the then government to seek help in planning a new system, inviting foreign experts for consultation and proposals.A decade later, the NHS founding law was passed, based on their proposals, but nothing more was done. The financial crisis that followed was seen by the government more as a "window of excuses" rather than "window of opportunities".

The rise to power of theDemocratic Rally (2013-2018) and the new government led by President Nikos Anastasiades, changed the situation regarding the NHS and its implementation.The events that acted as catalysts for the unlocking of health reform were:

- The appointment of a new Minister of Health, determined to proceed with the implementation of the NHS, even through conflicts with interest groups.
- The exacerbation of the problems created by the old system, especially during the economic crisis and the gradual shift of citizens in favour of a new system.
- The upgraded institutional role of patient representation via the Cyprus Patient Federation (OSAK).
- The active supportby the Media of the views of the new Minister of Health and the Cyprus Patient Federation, effectively putting pressure on the President of the Republic and the political parties to proceed with the implementation of the NHS.
- The Cyprus' rapid economic recovery and the return to economic growth.
- The apparent failure to resolve the "Cyprus problem" in the near future, forced the President to fulfill his second most important pre-election commitment,that of NHS implementation.

The coexistence of all the above contributed to the creation of the appropriate climate, so that in June 2017 the necessary laws and regulations were voted by the Parliament, which provided not only the details of the reform, but also the start and the end dates of the two phases of its implementation. Despite the tough position taken by the private doctors and hospitals, the first phase of the new system started on June 1, 2019 with the provision of outpatient services consisting personal doctors, outpatient specialists, pharmaceuticals and laboratory tests and the second phase on June 1, 2020 with the provision of hospital care.It is worth mentioning that the "*critical juncture*"for Cyprus was the combination of events that contributed to the unlocking of a long anticipated reform, setting in motion procedures that were hard to reverse. Similar conditions in the creation of a "*critical juncture*"[43]experienced Spain, Italy and Greece in the late 1970s and early 1980s, althoughthey did not experience the same degree of success with the adoption of a National Health System.[44]

The findings of the present study converge with those of similar studies basedon Alford's theoryofstructural interests[15]and the important role of doctors in trying to maintain them. [45]Nikolentzos came up with the same conclusions, exploring the key role of the organised medical profession in the Greek

NHS, which managed to suspend three major reforms.[12]Based onNikolentzos' findings Cyprus and Greece have adopted a common path of reform driven by clientelism, formalism and weak political leadership. In Greece, doctors, while having been considered as "*weak pawns*" in Le Grand's political chessboard[46]during the reformsthe political leadership was forced to treat them as "*strong queens*" thus condemning the reforms to failure. Contrariwise, in the case of Cyprus, doctors were downgraded at the last minute from "*powerful queens*" to "*weak pawns*", resulting in the implementation of the reform.

Conclusions

The healthcare sector in Cyprus has been considered as an unregulated market for decades, since different interest groups, with the dominance of doctors, have had access to and influence decision-making on health policy issues, such the planning and implementation of the NHS.

The continuous postponement of the NHS implementation was a clear indication that each government cooperated with powerful and influential interest groups, that would support them in getting re-elected and in return the interests of these members would be safeguarded. The Republic of Cyprus provided fertile ground for clientilism to flourish, favouring individualism at the expense of common good. In such situations, the greatest share of responsibility lies with the government and the political parties, and less with the interest groups that always seek the best for their members.

To close with, by reversing power balance through displacing the interest groups from the decision-making processes, marked the exit the "*reform swamp"*. The strong commitment of the newly appointed leader/reformer Minister of Health and the coordinated mobilisation of the organised patients, formed the main catalysts that broke the "*path dependency"*, creating the necessary conditions for the system's implementation. Therefore, Cyprus now has its own universal coverage health system, within where approximately 85% of doctors and hospital beds are embedded. The extent of success will largely depend on the participating providers and remains to be seen.

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