Country Cooperation Strategy 2024-2028

Cabo Verde





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Strategy
2024–2028
Cabo Verde



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Message from the Minister of Health of Cabo Verde

The health of Cape Verdeans has seen significant advances over the last few decades, reflecting our commitment and dedication to building a robust and inclusive healthcare system. The evidence-based valorization of primary care has resulted in longer and healthier lives for our population.

However, there remain significant public health challenges that we need to overcome in order to meet our citizens' expectations. These challenges are duly identified and addressed in our National Strategic Plan for Sustainable Development 2022-2026. Overcoming them will require close and coordinated collaboration between all sectors of our government, as well as the continued support of committed partners.

The Ministry of Health enthusiastically welcomes this Country Cooperation Strategy 2024-2028 as a demonstration of a renewed commitment to our ongoing partnership with the World Health Organization (WHO). We welcome the approach of this strategy, which focuses on solving the most pressing

health challenges we face and the areas where WHO's contributions can have the greatest impact.

As we strengthen our health system over the coming years, the role of WHO and other partners in Cabo Verde will evolve. We appreciate the WHO's commitment to adapt its approach and adjust its support during the period from 2024 to 2028, taking into account our country's capacities and needs. We are certain that, together, we will reach 2028 with a stronger health system and a healthier population.



Filomena Gonçalves
Minister of Health, Cabo Verde

Foreword by the WHO Regional Director for Africa

The WHO's fourth-generation Country Cooperation Strategy (CCS) crystallizes the major reform agenda adopted by the World Health Assembly to strengthen WHO's capacity and ensure that its delivery better meets the needs of countries. It reflects both the Transformation Agenda of the African Region and the key principles of the Thirteenth General Programme of Work (GPW 13) at the country level. It aims to increase the relevance of WHO's technical cooperation with Member States and focuses on identifying priorities and the effectiveness of measures in the implementation of WHO's programme budget. The role of different partners, including non-State actors, in supporting governments and communities is highlighted. The CCS builds on lessons learnt from the implementation of the earlier iterations of the CCS. Its implementation will be measured using the regional key performance indicators, which reflect the country focus policy.

Critical analysis of health systems challenges and the prevailing socioeconomic and environmental determinants of health, as well as the current epidemiological trends, yielded lessons and recommendations

to improve the fourth CCS 2024–2028. I commend the Government of Cabo Verde and its partners for the significant achievements in improving the health and well-being of its citizens. The huge investment made by the country over time to build a strong primary health care system is producing the desired result, as evidenced by the increased lifespan, high rates of childhood immunization, low maternal and child mortality and widespread access to affordable primary health services.

The unique challenges posed by the high prevalence of risk factors for noncommunicable diseases, vulnerability to the effects of climate change and territorial dispersion will require innovative approaches to consolidate the gains made and make further progress towards achieving the health-related Sustainable Development Goals by 2030. WHO is committed to collaborating closely with the Government of Cabo Verde and key stakeholders in health to surmount these challenges and amplify achievements before 2030.

Progress towards universal health coverage requires an approach that improves the quality of services,

ensures integration of interventions, is people-centred and inclusive and provides affordable health services. Aligned with the priorities of the Second Transitional National Development Plan (2023-2025), this strategy emphasizes the importance of a multisectoral and holistic approach to addressing health issues. The CCS must also align with the global, continental and regional health context and facilitate the acceleration of investments in UHC.

I call on all WHO staff to intensify their efforts to ensure the effective implementation of the programmes described in this document to improve the health and well-being of the people of Cabo Verde, which are essential elements for Africa's economic development. For my part, I can assure you of the full commitment of the WHO Regional Office for Africa and WHO

headquarters to provide the necessary technical and strategic support for the achievement of CCS 4 objectives with a view to achieving the "triple billion" targets and the SDGs.



Dr Matshidiso Moeti WHO Regional Director for Africa

Preface by the WHO Country Representative in Cabo Verde

With its second National Strategic Plan for Sustainable Development 2022-2026 (PEDS II), the Government of Cabo Verde created a bold vision for its future - and an opportunity for partners to participate in realizing it. The health sector has made, and continues to make, an important contribution to the country's national ambitions. After years of progress in building solid primary health care, the country is now poised to move further forward to tackle specific challenges to extending UHC and providing quality health for all Cabo Verdeans. WHO at all levels recognizes the need to focus on solving those challenges which will result in the greatest impact. Accordingly, the WHO Country Office (WCO) has developed a five-year CCS with six specific priorities, each a response to specific health challenges identified in discussions with the Government and other partners.

The CCS outlines what the WCO will do and how it will work. We are determined, working with the Government and other partners, to improve the health of the population through our focus on common priorities. This will bring all stakeholders closer to realizing the vision of the PEDS II.



Daniel Kertesz
WHO Country Representative
in Cabo Verde

Abbreviations

AMR	Antimicrobial Resistance
ccs	Country Cooperation Strategy
CDs	Communicable Diseases
ERIS	National Independent Regulatory Agency for Health
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
GDP	Gross Domestic Product
GLASS	Global Antimicrobial Resistance and use Surveillance System
HIS	Health Information Systems
HR	Human Resources
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
INPS	National Institute of Social Welfare
INSP	National Institute for Public Health
МСТ	Mother-to-Child Transmission
МоН	Ministry of Health
NCD	Noncommunicable Disease
OECD	Organisation for Economic Co-Operation and Development
PHC	Primary Health Care
SDGs	Sustainable Development Goals
SIDS	Small Island Developing State
SOP	Standard Operating Procedures
UHC	Universal Health Coverage
UN	United Nations
UNSDCF	United Nations Sustainable Development Cooperation Framework
UNDP	United Nations Development Programme

UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WB	World Bank
wco	WHO Country Office
WHO	Word Health Organization
WHO FCTC	WHO Framework Convention on Tobacco Control



Cabo Verde is a democratic, politically stable, middle-income, small island developing state (SIDS). The country recently published its National Strategic Plan for Sustainable Development 2022–2026 (PEDS II), presenting a clear vision for its development in the context of ongoing global crises.

Since 1970, the country has built a strong primary health care (PHC) system that has contributed to increased lifespan, high rates of childhood immunization, low maternal and child mortality and widespread access to affordable primary health services. In 2024, Cabo Verde faces specific health challenges, including widespread prevalence of risk factors for noncommunicable diseases (NCDs), providing suitable mental health services, improving the numbers and quality of the health workforce, improving the quality of health services at all levels, integrating the private health sector into the health system, improving the health system's abilities to respond to all-hazard emergencies and improving its health information systems (HIS) through the application of digital technologies.

The WHO Country Office in Cabo Verde (WCO) consulted over 50 stakeholders from Government, the academic sector, civil society and bilateral cooperation agencies and embassies on ways to address these challenges and on what WHO should be doing to help the country respond to them over the next five years. Based on these consultations, the WCO selected six priorities for its CCS 2024–2028.



Improve specific health system dimensions, focusing on health workforce and quality of care;



Improve health system governance to integrate the private health sector;



Mitigate risk factors for and control of non-communicable diseases (NCD), including mental health;



Build health system resilience to address emergencies and climate change;



Eliminate specific communicable diseases (CDs); and



Strengthen digital health and modernize the HIS.

WHO will commit 80% of its technical and financial resources to advancing these priorities. The WCO will provide strategic advocacy, policy support and training, develop strategic plans, create, update, or adapt normative guidelines and standard operating procedures (SOPs), convene stakeholders and support consensus where required. The focus on these six priorities is designed to optimize WHO's contribution to resolving Cabo Verde's most important health challenges.



Cabo Verde is an archipelago of 10 islands (nine inhabited) located 550 km off the coast of north-west Africa. It achieved independence from Portugal in 1975 and today is considered a well-established multi-party democracy with strong institutions¹ and free and fair elections. The two main political parties regularly alternate control of Government and the President and the Prime Minister both currently represent different parties. In Africa, Cabo Verde ranks fourth for good governance² and third for press freedom.³ The official language is Portuguese.

In 2021, the population of Cabo Verde was 491 233.4 Population growth, at 1.2% annually, is below the African average of 2.7%.5 The country is divided into 22 municipalities, with 45% of its population concentrated on two islands: Praia, the capital, and São Vicente. The rest of the population is distributed across the remaining eight islands, with 17 municipalities each having less than 5% of the total population. Cabo Verde has more citizens in the diaspora than it does in the country, with 700 000 nationals living mostly in the United States and Europe. Each municipality has a locally elected Government. Recently, efforts have been made to decentralize authority to these municipalities.

Cabo Verde's economy and its development progress and challenges have been well described.⁷⁸ The country has been considered lower middle-

income for 14 years. Between 2016 and 2019, Cabo Verde experienced consistent economic growth (3.5% per annum) and in 2019 the gross domestic product (GDP) per capita was \$ 3435. The economy is dependent on tourism, which contributes 25% of GDP. In 2023, Cabo Verde's economy was recovering after a significant downturn (contraction of 19% in 2020) linked to the COVID-19 pandemic.⁹ This improvement has been driven by a swift recovery in tourism, which is expected to return GDP per capita to pre-pandemic levels.

The country's structural constraints however – small size and isolation, shallow domestic market, territorial dispersion, high cost of inter-island transportation, among others – are challenges to much-needed economic transformation and diversification. As a Small Island Developing State, Cabo Verde is also vulnerable to the effects of climate change in the health and other sectors.

Cabo Verde's dependence on imports is a major vulnerability. It imports over 80% of its food, lately at a much higher price. Only 10% of the country's land is arable, limiting potential for domestic food production. Recent droughts have increased food insecurity (9% of the population in food crisis in 2022, versus 2% in 2021). Food insecurity and malnutrition are persistent risks although, fortunately, rates of acute malnutrition have been low in recent years.

Cabo Verde's medium-term economic outlook is uncertain owing to the lingering impacts of the COVID-19 pandemic, the war in Ukraine, inflation and its impact on private consumption, slow global growth, particularly in Europe, delayed structural reforms to manage fiscal risks and climatic shocks.

These challenges prompted the Government to introduce price-stabilizing measures for critical commodities and provide fiscal support to the disadvantaged segments of the population. The debt-to-GDP ratio has increased and is considered unsustainable. Limited fiscal space in this context may mean fewer domestic resources available for health and other social sectors.

The country has developed a National Strategic Plan for Sustainable Development 2022–2026 (PEDS II), ¹⁰ which presents a comprehensive response to current challenges and a vision for its future. PEDS II lays out the requirements for generating economic opportunities and improving social services. Priorities relevant for the health sector include the following:



eradicating extreme poverty by 2026;



resuming economic growth through dynamism of the private sector;



climate action through aligning with international principles and agreements; and



digital transformation and digital economy to improve the quality of services to citizens.

Health challenges outlined in PEDS II are reflected in the section of this document entitled *Specific health sector challenges informing CCS strategic priorities.* WHO selected its strategic priorities for this CCS to align with those for the health sector detailed in PEDS II.

In summary, the stable political environment, with a coherent consensus on how Cabo Verde should respond to its important economic and development challenges, have created favourable conditions for ongoing improvements in the health sector and for WHO's work to achieve better health and well-being for all Cabo Verdeans.



The right to health is protected by the Constitution of Cabo Verde, which obliges the State to create conditions for universal access to health care for its citizens. The Cabo Verde Basic Health Law, Law No. 41/VI/2004 and its subsequent amendments, describes the country's health system and defines its functions.11

At the central level, the Ministry of Health (MoH) has two main structures: (i) the National Directorate of Health, responsible for organizing, coordinating, and supervising all health activities and the institutions that provide health services; and (ii) the General Directorate of Planning, Budget and Management. In addition, there are three specialized advisory bodies (National Health Council, National Drug Council and Ministry Council), five cross-cutting offices (Minister's Office; Legal Office; Internal Audit Office; Pharmaceutical Affairs Office; Health Technology, Communication and Information Office), three entities under indirect management (National Institute of Public Health and two tertiary care hospitals), and two special structures, the Coordinating Committee to Combat HIV/AIDS and the Commission for Coordination of Alcohol and other Drugs.

The National Directorate of Health has 17 health programmes which oversee action in the principal areas of public health, including specific communicable diseases (CDs) and noncommunicable diseases (NCDs).

Some tertiary health services are provided at two national hospitals

located in Praia and on the island of São Vicente – with around 370 beds between them. All Cabo Verdeans are eligible to receive in Portugal tertiary health services that are not available in Cabo Verde. The governments of Portugal and Cabo Verde share the costs for these health services: Portugal covers the costs of the medical services and Cabo Verde supports patients and their families while they are abroad. In 2020, 1063 persons were evacuated overseas for medical care, principally for treating cancer (29%) and cardiac conditions (27%).12 Costs for evacuations, both within the country (to national hospitals) and externally, consume about 13% of the country's health budget.13 In the periphery, four regional hospitals offer secondary-level inpatient services.

The national health service is based on PHC and is supported by a network of 160 health centres providing PHC services. All Cabo Verdeans live within 30 minutes of a health centre.

The health system at the peripheral level is administered by appointed delegates who report directly to the National Director of Health. Health delegates are responsible for public health services in their respective municipalities.

The National Independent Regulatory Agency for Health (ERIS) and the National Institute for Public Health (INSP) are particularly important for WHO's work. ERIS operates independently from the Ministry of Health (MoH) and supervises health professional practice, licensing of private health facilities and laboratories,

vaccine and drug approval and pharmacovigilance. The INSP focuses on health research, disease surveillance, managing the national laboratory network, investigating disease outbreaks and promoting health. WCO works closely with both entities.

Health financing

The Cabo Verdean health system is based on a universal model of public financing. According to the national health accounts 2017-2018 report,14 the Government of Cabo Verde is the main funder of the national health system, mobilizing money by generating domestic revenue and through external aid. In 2020, Government funding accounted for 59% of revenues generated for health.15 Household contributions accounted for 38% of health expenditures; 15% of these contributions are provided to the National Institute of Social Welfare (INPS), an organization that collects and pools resources for the social protection of its participants. Household expenditures at the point of service provision accounted for 23% of health spending. Private insurance schemes account for less than 3% of funds pooled for the health system.

Of the funds available for health 70% are pooled by the MoH and the INPS. The INPS procures health services from the MoH to offset costs for its contributors. Data from 2014 show that the MoH is the major provider of health services, receiving 54% of funds. Forty-five per cent of health funding goes to providing services at national/regional hospitals and at health centres. Private clinics and

private pharmacies receive 10% and 17% of health service funding respectively.

In Cabo Verde, childhood immunization, antenatal care and family planning services are free of charge. Children under five years of age receive all health services at no charge. Moreover, all PHC services are provided without charge to people who can demonstrate incapacity to pay through formal mechanisms.¹⁶

From 2017 to 2018, an average of 32% of total health expenditures was for controlling and managing infectious diseases, followed by 28% for reproductive health services and 25% for NCDs. In 2018, curative and rehabilitative care accounted for 41% and 1% of expenditures respectively, while preventive care accounted for only 4% of expenditures.

In 2020, health spending in Cabo Verde was \$ 176 per capita, compared to an African average of \$ 120 (\$ 4040 for the Organization for Economic Cooperation and Development (OECD)). The ratio of total health expenditure to GDP was 6% in 2020 (African average 5%, OECD average 10%). The Although in 2024, spending on health will represent 11% of Cabo Verde's global budget, it is also a 2% decrease from 2023. The Although in 2023.

Status of public health in Cabo Verde

Progress in health has been consistent since Cabo Verde's independence. Life expectancy is now 80.7 years for women and 73.4 years for men,19 an increase of 25 and 19 years respectively since 1970.20 This is comparable to OECD averages.²¹ Performance on important indicators reflects Cabo Verde's strong PHC system. Cabo Verde has a Universal Health Coverage (UHC) index of 71% (2021), placing it third in the Community of Portuguese Language Countries, behind Portugal (88%) and Brazil (80%).

Maternal mortality ratios have fallen since 1990, with an average of 54/100 000 live births from 2015 to 2020.22 This is lower than the ratio of 390/100 000 live births projected for the African Region in 2030²³ and may be explained in part by universal access to prenatal consultations (98%) and institutional deliveries by qualified personnel (97%).24

Infant mortality (11.6/1000 live births) and under-5 mortality rates (13 deaths/1000 live births) are low compared to the African average of 41.6 deaths per 1.000 live births. Consistently high childhood routine immunization rates help: in 2019, 98% of children under one year old were fully vaccinated. In 2022, 5401 girls between the ages of 10 and 14 years were vaccinated against human papillomavirus.

Sexual and reproductive health and rights have improved consistently; however, access to and use of effective means to prevent unwanted pregnancies

is still limited. Adolescent pregnancy is a persistent challenge, even though comprehensive sexual education is available. Among girls under 19 years of age, 18% have at least one child.

Between 2015 and 2020, tuberculosis incidence decreased by 23%, with 208 cases reported in 2020. HIV prevalence is low compared to regional and global indicators, with an overall prevalence of 0.6% (0.7% in women and 0.4% in men); 2.3% in people with disabilities; 3.1% in drug users; 4.6% among sex workers; and 6.1% among men who have sex with men.25 Indigenous transmission of malaria has not been reported in Cabo Verde in four years and the country certified malaria elimination in January 2024.

Cabo Verde initially responded to COVID-19 with comprehensive public health and social measures and later with widespread vaccination. As of January 2023, 87% of the eligible population had been vaccinated with two doses of vaccine against COVID-19, 40% of adults had received a third dose and 19% of children from 5-11 years of age had been vaccinated with two doses. From the beginning of the pandemic to April 2023, Cabo Verde registered 63.370 confirmed cases of COVID-19. High vaccination rates and population immunity have provided broad protection against serious illness; only one death was reported in 2023. Although there were challenges in providing beds, personal

protective equipment and health care workers at the beginning of the outbreak, population compliance with public health and social measures and vaccination was strong, diplomatic

efforts to quickly secure a sufficient supply of the vaccine were effective and vaccination campaigns throughout the archipelago were well planned and executed.

Gender

Cabo Verde is a signatory to human rights and gender-related regional and international conventions. Many gender equality goals have been achieved in health through the National Sexual and Reproductive Health Programme and the Adolescent Health Programme.

Women and girls still have low participation in scientific and technological training, studies and

professions. Women have less access to land, technology, irrigation and modern agricultural and livestock practices – as well as to more productive and profitable, creative industries and interfaces with tourism. This has led the Cabo Verdean Government to set specific targets for women on gender and employment to advance the 2030 Agenda for Sustainable Development.



Despite strong overall performance, the health sector in Cabo Verde faces important, specific challenges. The CCS 2024-2028 addresses the most important of these challenges – where the WCO believes that WHO action will have a significant impact on population health over the next five years.

Challenge: Shortage of qualified, motivated health care workers

Qualified, motivated, human resources for health in sufficient numbers and equitably distributed will help Cabo Verde extend UHC and achieve the SDGs.

Since 2019, the number of health care workers has increased from 59/10 000 population to 68/10 000 in 2021. This increase can be seen across different categories (Table 1). For instance,

between 2019 and 2020, there was a 22% increase in pharmacists, with a current ratio of 1.7 per 10 000 population. At 7.7/10 000 population, the number of doctors exceeds the African average (2.9/10 000) but is still below the WHO recommended density (10/10 000). Effectively distributing health professionals across the nine islands has been a challenge.

Table 1 Progress in human resources for health, Cabo Verde 2017–2022

	2017		2018		2019		2020		2021		2022	
	Number	Rate/ 10 000										
All health care workers	2826	57.5	3235	65.8	3407	69.3	3521	71.6	3296	67.1	3670	74.7
Operational support	1075	21.9	1604	32.6	1597	32.5	1600	32.5	1600	32.6	1656	33.7
Doctors	338	6.9	430	8.8	380	7.7	358	7.3	378	7.7	369	7.5
Medical specialists	182	3.7	198	4.0	259	5.3	155	3.2	160	3.3	160	3.3
General practitioners	156	3.2	167	3.4	123	2.5	198	4.0	218	4.4	209	4.3
Nurses	754	15.3	770	15.7	764	15.5	887	18.0	928	18.9	935	19.0
Technicians	321	6.5	363	7.4	334	6.8	323	6.6	390	7.9	342	7.0

Source: Ministry of Health

The Government's draft Strategic Plan for Development of Human Resources for Health 2022–2026 has identified the following specific medium-term challenges:



training and attracting enough replacement health professionals;



retaining health professionals owing to limited opportunities for professional development, and the financial and professional incentives for health workers to work outside of Cabo Verde;



limited specialists or access to specialist care in all parts of the archipelago;



limited capacity of information systems for health care workers; and



maintaining professional competency.

Challenge: Improving the quality of health services

Adequate numbers of trained, appropriately distributed human resources alone will not improve health outcomes in Cabo Verde. This will require improving the quality of health services.²⁶ Some priority gaps in this area include:



Weak pre-hospital emergency care with services mainly available to some of the population on the two biggest islands. There is no regulatory framework or SOP for this type of care. Many health providers lack adequate training.



There is a great need for improvements inpatient safety, specifically in hospitaland health centre-based infection prevention and control and managing biomedical waste.



Health services do not fully meet the needs of Cabo Verde's considerable migrant population.

Currently, Cabo Verde does not have a national strategy to improve health service quality or patient safety.

Challenge: Health governance and integration of the private health sector

The effective participation of the private sector in health is critical to achieving health outcomes; in sub-Saharan Africa, 35% of outpatient care is provided by the for-profit private sector and 17% is provided by informal private providers.

In Cabo Verde, the activity of the private health sector, which includes health professionals, laboratories, clinics and pharmacies, has not been systematically quantified. The private and public health systems share resources, especially health professionals. Reports have described the incipient nature of the private health sector, its lack of formal organization and the absence of a formal policy dialogue or legal framework to effectively integrate it into the health

system, thereby limiting its ability to contribute positively to health outcomes in Cabo Verde.

In PEDS II, the Government of Cabo Verde is eager to encourage the private sector as an engine of general economic and social development. Authorities are exploring the possibility of constructing a new tertiary care hospital in Praia using a public private partnership which would significantly alter the health system architecture by creating more specialty services. Feasibility studies are underway, but important questions remain about the sustainability, financing and impact of such a project on the public health system.

Challenge: Rising burden of NCDs

NCDs cause more than 57% of deaths in Cabo Verde and are the leading cause of overseas evacuations. In 2020, diseases of the circulatory system (33%), respiratory disorders (13%), tumours or neoplasms (11.4%) were the most frequent causes of death in Cabo Verde.

The 2020 NCD risk factors survey report²⁷ showed the following:



17.5%

of the population had engaged in harmful alcohol consumption and 45% had consumed alcohol in the past 30 days.



The population consumes almost twice the recommended daily amount of salt (9.2 g).



9.6% of the population uses tobacco and 15% of the population is exposed to passive smoke in closed areas of their workspaces.



The median time spent on some physical activity is **54.6** minutes and sedentary activity is 194 minutes.



27% of the population had three or more NCD risk factors.



The consumption of fruits and/or vegetables was also below the recommended average of **3.4** servings/day and 44% of the population is overweight.

The country benefited from the Framework Convention on Tobacco Control (FCTC) 2030 project which updated tobacco taxation, resulting in increased consumer prices for tobacco products. The Tobacco Law (Law No. 8/X/2022) was updated according to the FCTC guidelines. Multiple sectors jointly drafted a new law on alcohol, which was passed in 2019 (Law No. 51/IX/2019). The country has adopted and adapted the new WHO recommendations for the promotion of physical activity. A law on reducing salt, sugar and fat consumption is being drafted. A new National Health Promotion Plan is being prepared, with a special focus on strengthening

health literacy. To incorporate all these initiatives, the Multisectoral Strategic Plan for the Prevention and Control of NCD 2015–2020, is being updated with a vision to integrate the different existing plans and care services.

In addition, the current National Strategic Plan for the Promotion of Mental Health 2021–2025 aims to expand mental health care and strengthen community services. Suicide accounts for 41% of deaths from external causes. In response, Cabo Verde has drafted its first National Suicide Prevention Strategy based on the WHO guidelines.

Challenge: Preventing, detecting and controlling emergencies and epidemic-prone diseases

Over the past 15 years, Cabo Verde has had several CD outbreaks affecting the socioeconomic development of the country. These have not only resulted in illness and deaths but also in difficulties with maintaining essential

health services. COVID-19 led to a sharp reduction in tourism flows, worsening public accounts, increasing job loss and poverty, reducing demand for health services and increasing inadequate disposal of increased hospital waste.³⁰

Successive annual International Health Regulations (IHR) capacity selfassessment reports, the Joint External Evaluation 2019 and the Zika virus and Malaria After-Action Reviews (2019 and 2018 respectively) have identified gaps in event-based surveillance, human resources, field epidemiology, zoonoses surveillance, application of the One Health approach, laboratory certification, antimicrobial resistance (AMR) surveillance, biosafety systems and coordination of emergency response. Significant delays in responding to and containing Zika and malaria outbreaks may have led to increased morbidity and mortality.31

Cabo Verde's National Action Plan for Health Security 2022–2026 proposes objectives and activities aimed at overcoming the gaps identified in these assessments and strengthening the health system to withstand future public health emergencies. The plan is guided by the One Health approach, which Cabo Verde executes and monitors through a multisectoral committee.

The third edition of the generic Integrated Disease Surveillance and Response (IDSR) guide was adapted in late 2021 with a revised list of diseases, conditions and events and managers at all levels of the health system were

trained appropriately. The guide should be fully implemented.

AMR is emerging as a public health threat. Studies show an increase in the resistance profile of S. aureus and E. coli isolated in central hospitals³² Cabo Verde recently began to report data on AMR to the Global Antimicrobial Resistance and Use Surveillance System (GLASS). The National Action Plan Against Antimicrobial Resistance 2018-2022 has not been fully implemented.

During the 26th session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (COP 26), Cabo Verde committed to making the health system resilient to climate change and to lowering carbon emissions. A Welcome Trust Fund Project is supporting this effort and the National Climate Change Health Plan is being updated to incorporate country commitments.

Cabo Verde participates actively in initiatives of the African SIDS. It led successful efforts to establish a mechanism to unite African SIDS to maximize their purchasing power by pooling procurement of essential medicines. The MoH has applied to host the secretariat of this mechanism.

Challenge: Fast-track elimination of specific CDs

Cabo Verde has made important progress in preventing, treating and controlling CDs, in accordance with the disease elimination initiative, an effort by governments and communities to eliminate more than 30 CDs and related conditions by 2030 through strengthening health surveillance and information systems.

High internal and external migration flows, in part related to tourism, create a permanent risk of importation of CDs.

Cabo Verde has not registered an indigenous case of malaria since January 2018. The formal process to certify malaria elimination was started in December 2021. As a result, Cabo Verde has established a national malaria reference laboratory, trained microscopists, developed surveillance SOPs and trained clinicians across the country. Significant gaps in integrated vector control and supervision will need to be addressed in the short- and medium-term to sustain elimination.

Cabo Verde plans to formalize the elimination of mother-to-child transmission of HIV and syphilis as a public health problem. In 2018 and 2019,

79 and 87 children respectively were born to mothers with HIV infection and the virus was transmitted to two children in 2018 and to another two in 2019. Stronger health information systems (HIS) and improved follow-up will be necessary to confirm these data prior to certification.

The country has not had outbreaks of, or deaths from, vaccine-preventable diseases in more than 10 years. In 2017, Cabo Verde began to prepare documentation for declaring the elimination of measles, rubella and congenital rubella syndrome; this process was interrupted by the COVID-19 pandemic. Health authorities are targeting leprosy and neonatal tetanus for elimination, beginning in 2024.

Challenge: Accelerating the update of digital health technologies

Digital health platforms connect systems and applications, enabling efficient and reliable information exchange and promoting access to health data across different media.

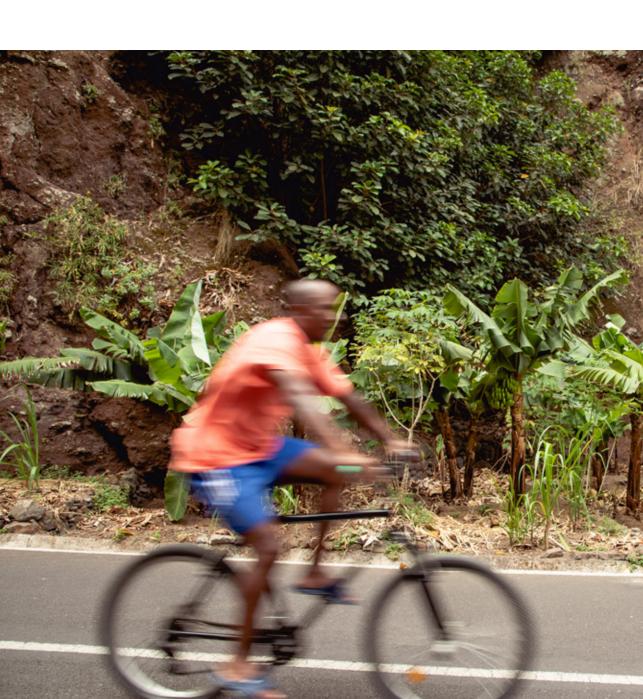
Cabo Verde seeks to use data and information to develop and disseminate knowledge. The country has good Internet coverage. Its HIS was created to improve patient registration and monitoring; to manage human and financial resources, equipment, medicines, and health products; and to ensure reliable and timely data for evidence-based decisions. The country publishes periodic reports with health

information and statistics, though regularity, timeliness and quality need improvement. The final evaluation of the National Health Development Plan 2017–2021 concluded that health care quality was not effectively monitored at the various levels of care.

Currently, there are challenges in developing a national digital health strategy that adequately and sustainably integrates existing and future digital health technologies. Creating a single portal for health information and statistics by strengthening the National Health Observatory, and in turn the HIS, with respective interconnection with the

African Health Observatory, would be an important improvement.

Cabo Verde has a strong and evolving system of telemedicine – a component of digital health, which provides access to medical specialists across the islands. In 2020, there were 786 consultations by telemedicine, most frequently for neurology (24%), orthopaedics (13%) and otorhinolaryngology (8%).





The United Nations in Cabo Verde

The United Nations (UN) system in Cabo Verde includes five resident agencies: the United Nations Development Programme (UNDP), the United Nations Fund for Population Activities UNFPA), the United Nations Children's Fund (UNICEF), the Food and Agriculture Organization (FAO) and WHO, together with 15 non-resident agencies. * UNICEF, UNDP and UNFPA work as a joint office -unique arrangement in which these agencies work under a single representative, using a common set of programme and operations policy guidance.33 All resident UN agencies share premises in the capital city, Praia.

The United Nations Sustainable **Development Cooperation Framework** (UNCF) 2023-202734 describes the UN system's support to Cabo Verde's development priorities, outlined in PEDS II. The UNCF has three strategic priority areas. Strategic priority 1 is about strengthening human talent and social capital and aims to increase equitable access to and use of highquality, modern essential services – this includes strengthening health, education and social protection systems. The UN country team implements, monitors and evaluates their programmes for each strategic priority area through joint workplans.

WHO aligned its priorities in this CCS with those in the UNCF and will chair a coordination group of all UN agencies working on Strategic priority 1.

Many UN agencies work on health issues as part of the UNCF. In the joint office, UNICEF, UNFPA and UNDP prioritize promoting access to sexual and reproductive health, improving quality of services to reduce maternal mortality, providing comprehensive sexuality education and working to guarantee equal access to health services for children and adolescents.35 FAO works to strengthen food security and nutrition and to work with WHO using the One Health approach. These agency objectives correspond to respective agency mandates and their ability to add value. In this CCS, the WCO has not prioritized outputs or activities which are already a focus of work by other UN agencies. The objective of the WCO is to complement the work of other UN agencies in the health sector, intervening where WHO has a specific mandate and can add unique value.

The World Bank (WB) in Cabo Verde has not traditionally supported the health sector, but became an important partner for WHO during the COVID-19 pandemic. In 2020, the WB provided concessional loans to support the emergency response to the pandemic. Unspent funds have been re-programmed to support the construction of five new rural health centres and to support Cabo Verde's National Action Plan for Health Security 2022-2026. The WB will also support feasibility studies for the planned new national hospital.

All 15 non-resident agencies are listed in the United Nations Sustainable Development Cooperation Framework.

The small, cohesive, integrated nature of the UN system in Cabo Verde provides an

opportunity for WHO to leverage support for Cabo Verde's health priorities.

Other partners in health

The Global Fund to fight AIDS,
Tuberculosis and Malaria (the Global
Fund) provided a grant for HIV activities
for 2021 and 2023. Cabo Verde is
currently applying for a grant to support
malaria elimination through 2025; this
will be the last grant that Cabo Verde
is eligible to receive for malaria and it
would be aligned with the WHO CCS
priority to certify malaria elimination.

The Grand Duchy of Luxembourg is providing € 6 000 000 in sector budget support to the health sector through to 2025. This modality, unique for Luxembourg, is provided based on Cabo Verde's "solid and advanced public financial management [and]... the existence of a sectoral policy". Luxembourg's objective is to improve quality public health services, and the Grand Duchy has worked with WHO since 2017 in an European Union (EU)-Luxembourg-WHO partnership for UHC, providing WHO with funds to support an International Professional Officer and activities to strengthen health systems. The Government of the Republic of Cuba provides a medical brigade of health professionals working across the country; they are the only specialists in some practice areas. The EU and its Member States contribute indirectly through the Global Fund, of which Cabo Verde is a beneficiary.

Besides supporting evacuations, the Government of Portugal provides training for health workers, including a collaboration with the University of Coimbra to train Cabo Verdean medical students. China provides health workers, based mostly in tertiary hospitals. The EU, Portugal, the United States and others supported Cabo Verde during the COVID-19 pandemic, including for the procurement of vaccines. WHO has provided technical assistance to Luxembourg in the implementation of its sector budget support and has close working relationships with all bilateral entities in the country.

Other important partners that collaborate regularly with WHO include Cabo Verde's two major universities with an interest in health issues and research (University of Cabo Verde and Jean Piaget University), as well as Cabo Verde's professional societies, including the Order of Physicians. Cabo Verde does not have a designated WHO collaborating centre.

WHO will continue to work with selected civil society organizations, particularly in health promotion and in addressing risk factors for NCDs.

Finally, Cabo Verde has an informal, yet important relationship with doctors in

the Cabo Verdean diaspora. Groups of these health professionals have visited Cabo Verde several times and the WCO participated actively in these missions. These groups have the potential to

support Cabo Verde by mobilizing resources and by eventually providing selected health services through telemedicine.



Choosing priorities – the WCO's approach

Cabo Verde is a middle-income country providing increasingly better PHC to its disbursed population. Its specific challenges have been detailed in the previous section. In 2024, WHO will move to a cooperation strategy which focuses on a limited number of country priorities that address these challenges: priorities where (a) intervention can significantly improve population health over the next five years; and (b) WHO is uniquely able to help achieve impact. The WCO recognizes that WHO cannot, nor should it, address every health sector need over the lifespan of the CCS. The CCS will move away from supporting and financing Cabo Verde's immediate gaps or ad hoc requests and instead provide 80% of the WCO's technical and financial resources to the six preselected, pre-agreed priorities, hoping to achieve the greatest impact on health. The CCS also assumes that the value of WHO at country level in Cabo Verde is its intellectual and social capital rather than its limited financial resources.

Based on this approach, WHO consulted over 50 stakeholders in a series of detailed consultations, to identify specific priority areas for its CCS 2024– 2028 that met the following criteria:

- WHO can add value consistent with its mandate, beyond simply financing.
- It is possible to achieve a demonstrable or measurable impact on the health of people in Cabo Verde.
- The agreed priority is to meet the country's most immediate challenges and is reflected in national plans (Table 2).
- The interventions in the area are feasible.

The WCO's priorities respond to challenges discussed in the section entitled *Specific health sector challenges informing CCS strategic priorities*; these were identified and articulated during stakeholder discussions and refined based on the WCO's experience working for many years to support the Cabo Verdean health sector. The priorities are numbered for reference only and not to imply degree of importance or urgency.

Priority 1: Improve specific health system dimensions

- Strengthening the health care workforce: WHO will focus on strengthening capacities in selected areas, developing an information system for managing human resources (HR) across the archipelago and continuing the HR accounts, the National Health Workforce Accounts process, to improve distribution and efficiency of financing for HR. The WCO will help to implement the MoH Strategic Plan for Human Resources Development 2022–2026.
- Ensuring continuous quality improvement in health care: WHO will help to develop and implement a national strategy for health quality and a national plan for patient safety. It will focus on improving pre-hospital care, creating systems for management of hospital and health centre waste and creating better migrant-friendly health services. The WCO will work to improve the quality of specific services in some limited priority areas.
- Investing in dissemination of evidence-based knowledge: WHO will help develop a model for drafting, implementing, monitoring and evaluating standards and guidelines for improving the quality of health services. The WCO will promote normative guidance based on evidence and good practices to improve quality and patient safety, including the development of SOPs and protocols.

Priority 2:
Improve health
system governance
to integrate the
private health
sector

Focus areas

- Integrating the private health sector: WHO will build on work begun in 2022 to create a technical working group to establish a health sector dialogue to resolve important issues and eventually create a legal policy framework and mechanisms for partnering with the private health sector.
- Generating evidence and supporting policy for health financing: WHO will identify and address issues of health financing related to its work in the private sector. The WCO will continue regular completion of the national health accounts and act based on results and will help to update and implement the national health financing strategy.
- Strengthening ERIS: WHO will help to implement the institutional development plan, created for ERIS with WHO support. WCO's objective is to achieve Level 3 maturity of the regulatory agency within three years. It will support the prequalification process of the national quality control laboratory as required.

Priority 3:
Mitigate risk
factors for and
control of NCDs
and mental
health

- Controlling NCD risk factors using innovative approaches: The WCO will work across sectors to encourage specific innovative mechanisms for risk factor control based on evidence and best practices from other countries, including taxes, labelling and industry self-regulation.
- Strengthening disease-specific initiatives:
 The WCO will work to decrease morbidity
 and mortality due to specific conditions
 (hypertension and diabetes) by encouraging
 screening programmes and simplified
 treatment protocols. It will work to eliminate

- trans fats in Cabo Verde. The WCO's work will be guided by national strategic plans for NCDs and for health promotion.
- Access to mental health services: The WCO will work to implement the National Strategic Plan for Mental Health 2021–2025 with a focus on generating evidence for interventions to prevent suicide and on strengthening prevention of use of psychoactive substances.
- Promoting a healthy lifestyle and health literacy: WHO will focus on providing health information and improving health literacy to promote physical activity and healthy diets and to modify other risks for NCDs and mental health.

Priority 4:
Build health
system resilience
to address
emergencies and
climate change

- Preparing for and responding to epidemic and pandemic diseases: The WCO will help execute the National Action Plan for Health Security 2022–2026, focusing on improving surveillance systems, and laboratory and HR capacity. The WCO will establish improved, sentinel surveillance for pandemic influenza and ensure regular monitoring of IHR core capacities, and work on the certification of quality-assured national laboratories. It will implement the recommendations from the 3rd edition of the IDSR guide, promoting improved technologies to collect and analyse date for better public health decisions.
- Mitigating the health impacts of climate change: The WCO will help to ensure the meeting of COP26 health commitments on building climate-resilient and low-carbon health systems through building relevant technical skills and adapting regional

guidelines and priorities. It will support the MoH to participate in high-level political meetings such as the COP and will catalyse a national climate change and research agenda.

Protecting against AMR: The WCO will generate evidence, improve surveillance and support policies to prevent and mitigate the impact of AMR. It will foster better coordination between national infection prevention and control and national AMR programmes and strengthen the One Health approach in Cabo Verde.

Priority 5: Eliminate specific communicable diseases

Focus areas

Certification of malaria elimination: The WCO will continue work begun in 2021-2022 to complete the process of certification. It will build on this to create a strong programme of integrated vector control that will sustain malaria elimination and significantly reduce the risk of dengue and other vector-borne diseases. This is projected to have a strong positive impact on the tourism sector, with overall benefits to the economy.

Elimination of mother-to-child transmission (MCT) of HIV and syphilis and other specific conditions: WHO will support the formal process for certifying elimination of MCT of HIV/syphilis and to achieving the necessary conditions for elimination of leprosy, neonatal tetanus, measles, mumps and rubella.

Priority 6:
Strengthen
digital health and
modernize the HIS

- Developing and leveraging digital health:
 The WCO will help to develop and implement the National Strategic Plan for Digital Health, improving the use of information and communication technologies and bringing citizens closer to the integrated care delivery system.
- Strengthening the HIS: The WCO will work to strengthen the existing HIS and District Health Information System II (DHIS-2), improving access to health information and statistics, to develop better policy- and decision-making. It will support the National Health Observatory to be Cape Verde's health information portal.
- Expanding telemedicine: As part of digital health, the WCO will build on Cabo Verde's considerable progress in this area, as a way of improving access to health service in underserviced areas of the archipelago, including specialist care. The WCO will encourage and participate in dialogue with health professionals in the diaspora with the goal of developing a framework for their contribution to population and individual health outcomes, potentially thorough telemedicine.

Table 2. CCS 2024–2028 alignment of CCS priorities with the GPW 13 and Cabo Verde's National Health Plan

	Priority 1: Improve specific health system dimensions	Priority 2: Improve health system governance to integrate the private health sector	Priority 3: Mitigate risk factors for and control of NCDs	Priority 4: Building health system resilience to address emergencies and climate change	Priority 5: Eliminate specific CDs	Priority 6: Strengthen digital health and modernize the HIS
PW13 rategic iorities	Strategic priorities 1 and 4 Outcome 1.1, 4.1	Strategic priority 1 Outcomes 1.1, 1.2, 1.3	Strategic priority 3 Outcome 3.2, 3.3	Strategic priorities 1, 2 and 3 Outcomes 1.3, 2.1, 3.3	Strategic priorities 1 and 2 Outcomes 1.1, 2.2	Strategic priority 4 Outcome 4.1
ational ealth Plan 022–2026	Strategic area I Leadership and governance Strategic area II Health promotion, prevention and care Strategic area III - HR in health Strategic area IX Health safety	Strategic area I Leadership and governance Strategic area VI Pharmaceutical, laboratory, imaging and rehabilitation sectors response Strategic area VIII Financial sustainability	Strategic area II Health promotion, prevention and care Strategic area X Cooperation and intersectoral action	Strategic area VI Pharmaceutical, laboratory, imaging and rehabilitation sectors response Strategic area IX Health safety Strategic area X Cooperation and intersectoral action	Strategic area II Health promotion, prevention and care Strategic area IX Health safety	Strategic area IV Development of health research Strategic area VII Reinforcement of the digital health system



areas where other UN

agencies or partners

are already working

effectively.

Mobilizing resources

and SOPs; and

supporting

required.

consensus as

and technical Concentrating 80% support for the of its technical and MoH to achieve financial resources its objectives in in the six strategic The WCO's these priority areas. priorities. The Funding need not strategic approach remaining 20% will come through WHO. be used for required for the next five normative work and years for any emerging needs. Supporting activities where WHO adds unique and important value according to its mandate. These include strategic Working on priorities **Providing funding** advocacy; training; that is catalytic, that do not overlap Limiting the WCO's developing strategic with the mandate encouraging work to providing plans and policy; additional investment or programme of normative support creating, updating, for the priorities by other agencies or where Cabo Verde or adapting partners. The WCO Government or other has made progress technical guidelines has not prioritized

Within each of the selected priorities, the three levels of WHO, led by the WCO in Cabo Verde, will concentrate on activities consistent with the Organization's core functions.*

in recent years and

have shown success.

where indicators

partners. Funding

will be provided for

the most likelihood

of contributing to

impact.

activities which have

WHO's six core functions: (1) provide leadership on critical health issues; (2) strengthen the construction of a research agenda and the generation, translation, and dissemination of knowledge; (3) establish norms and standards to be applied; (4) articulate evidence-based ethical policies; (5) provide technical support and sustainable institutional capacity-building; and (6) monitoring the health situation and assessing trends.



Indicators to measure impact of WHO's work in each of the priority areas are presented in Table 3. The WCO's work in each of the strategic priorities and their focus areas will be monitored regularly through several mechanisms.

Three biennial workplans will be created, prioritizing outcomes, outputs and activities that contribute directly to the CCS strategic priorities. In each workplan, 80% of the WCO's technical and financial resources will be concentrated to achieve objectives in these priorities. These workplans will be evaluated and monitored according to WHO's semi-annual and annual monitoring processes.

All CCS strategic priorities are also featured as sub-outputs in the UNCF and its annual workplans. These will be monitored annually and reported to the Government of Cabo Verde through processes adopted by the UN system in the country. Reporting is usually done as part of a formal annual dialogue with the Government. WHO chairs the group that will monitor, evaluate and report on all agency outputs in the UNCF which focus on health.

For CCS 2024-2028, the WCO will hold brief, informal, quarterly meetings with senior leadership in the MoH to ensure timely technical and financial progress on workplans, and that activities and

requests are consistent with the CCS priority areas. These meetings will be an opportunity to ensure that CCS priorities are still relevant.

In late 2023, the Ministry of Foreign Affairs of Cabo Verde requested the UN to work with partners to optimize their contributions to PEDS II. Subsequently, the UN Resident Coordinator's Office established a regular meeting of all development partners to coordinate their development activities. At the time of writing, the WCO is leading the creation of a similar mechanism in the health sector. The WCO intends to create a working group where the Minister of Health can meet regularly with partners to share strategic information, ensure that work in the sector is focused on Government priorities (including those in this CCS), discuss challenges and propose solutions.

In addition, WHO has created a bimonthly informal meeting of all UN agencies contributing to the health sector to improve its work in the sector.

WHO will conduct a formal mid-term evaluation of this CCS by June 2026, to examine the relevance of its priorities and focus areas, and the appropriateness of its focused strategy. A final evaluation of the CCS 2024-2028 will be completed prior to writing the next version.

Table 3: CCS 2023 results framework: Measuring GPW 13 aligned outcomes and impact targets for the six CCS strategic priorities

CCS strategic priorities 2023–2027	Focus areas	Indicator	2023 Milestone GPW 13	Country baseline	GPW 13 Outcome	SDG World Health Assembly
Priority 1: Improve	Strengthening human resources for health	Health worker density	Increase health workforce and distribution density, with improved distribution	63.96/10 000 inhab (2020) *Relatório Estatístico MS 2020	1.1	3.c.1
specific health system dimensions	Ensuring continuous quality improvement in health care Investing in dissemination of evidence-based knowledge	Coverage of essential services	Increase coverage of essential health services (UHC service coverage index)	79 (2023) *Global Health Observatory projection SDG 3.8.1.	1.1	3.8.1
Priority 2: Improve health system governance to integrate the private health sector	Establishing a multisectoral engagement dialogue	Coverage of essential services	Increase coverage of essential health services (UHC service coverage index)	79 (2023) *GHO projection SDG 3.8.1.	1.1.	3.8.1
	Generating evidence and supporting policy for health financing	Proportion of population with large household expenditure on health as a share of total household expenditure or income	Stop the rise in percentage of people suffering financial hardship in accessing health services	23.23% out-of-pocket expenditure (as % of current health expenditure) (2020) *GHO, 2020	1.2	3.8.2

CCS strategic priorities 2023-2027	Focus areas	Indicator	2023 Milestone GPW 13	Country baseline	GPW 13 Outcome	SDG World Health Assembly
	Strengthening the regulatory agency (ERIS)	Coverage of essential services	Increase coverage of essential health services (UHC service coverage index)	79 (2023) *GHO projection SDG 3.8.1.	1.3	SDG 3.8.1 and 3.b.3
	Controlling risk factors through innovative approaches	Mortality rate attributed to cardiovascular disease, diabetes or chronic respiratory disease	20% relative reduction in premature mortality (age 30-70 years) from NCD through prevention and treatment	57% deaths due to NCD (2020) * <i>Relatório Estatístico</i> MS 2020	3.2	3.4.1
Priority 3: Mitigate risk factors for and control of NCDs	Strengthening specific disease initiatives Mental health	Suicide mortality rate Age-standardized prevalence of current tobacco	Reduce suicide mortality rate by 15%	9.6% tobacco preva- lence (2020) * STEPwise approach to NCD risk factor surveillance (STEPS) survey 2020		3.4.2
	Promoting health and health literacy	use among persons aged 15 years and older	reduction in prevalence of current tobacco use in persons aged 15 years and older	17.5% harmful use of alcohol as per capita consumption (2020) *STEPS survey 2020	3.3	3.a.1

; health literacy	Harmful use of alcohol as per capita consumption for	7% relative reduction in the harmful use of alcohol	27% of the population with three or more risk factors (2020)		3.5.2; World
	a calendar year in litres of pure alcohol	as appropriate, within the national context	*STEPS survey 2020		Health Assembly 66.10
	Percentage of people protected by effective regulation on trans fats	Eliminate industrially produced trans fats (increase percentage of people protected by effective regulation)			
		people protected by effective regulation on trans	Percentage of industrially people protected produced trans by effective fats (increase regulation on trans percentage of fats people protected by effective	Percentage of industrially people protected produced trans by effective fats (increase regulation on trans percentage of fats people protected by effective	Percentage of industrially people protected produced trans by effective fats (increase regulation on trans percentage of fats people protected by effective

CCS strategic priorities 2023–2027	Focus areas	Indicator	2023 Milestone GPW 13	Country baseline	GPW 13 Outcome	SDG World Health Assembly
Priority 4: Build health system resilience to address emergencies and climate change	Preparing for and responding to epidemic/pandemic diseases Mitigating the health impacts of climate change	IHR capacity and health emergency preparedness (percentage of attributes of 13 core capacities that have been attained at a specific point in time)	Increase in the IHR capacity of Cabo Verde	13 IHR core capacities level 3 (2020) *States Parties Self-Assessment Annual Report 0% of health facilities implementing Health National Adaptation Plan (HNAP) (2023) *Health facilities reports on HNAP	2.1 3.3	3.d.1
	Protecting against antimicrobial resistance	Patterns of antibiotic consumption at national level	Access group antibiotics account for >=60% overall antibiotic consumption	29 targeted monitoring centres reporting regularly on AMR (2 central and four regional hospitals and 23 health departments).	1.3	World Health Assembly 68.7

CCS strategic priorities 2023–2027	Focus areas	Indicator	2023 Milestone GPW 13	Country baseline	GPW 13 Outcome	SDG World Health Assembly
Priority 5: Eliminate specific communicable diseases	Certification of malaria elimination Elimination of MCT of HIV and syphilis and other specific condi- tions	Malaria incidence per 1000 population Number of new HIV infections per 1000, by sex, age and key populations	Reduce malaria case incidence by 50% Reduce number of new HIV infections per 1000 uninfected population by sex, age and key populations by 73%	0 malaria indigenous cases (2023) *GHO 80% people living with HIV receiving ART (2023) *Global Fund Annual Report	1.1 2.2	3.3.3
Priority 6: Strengthen digital health and modernize the health information system	Developing digital health Strengthening the health information system Expanding telemedicine	NA	NA	Percentage National Health Observatory updated (2023) Percentage of DHIS2 modules standardized implemented (2023) Percentage of municipalities with telemedicine	4.1	NA

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