

RESULTS OF TECHNICAL COOPERATION

WHO IN CABO VERDE 2024-2025



World Health
Organization

Cabo Verde

CREDITS

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Representative	Ann Lindstrand
Elaboration and coordination	Luciana Chagas
Technical review	Carlota Pacheco Vieira Carolina Gomes Edith Pereira Flávia Semedo Luciana Chagas Emanuel Santos
Editorial review	Luciana Chagas
Design and pagination	Joemídia

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Acronym

AFRO	WHO Regional Office for Africa
AMR	Antimicrobial Resistance
APHEF	African Public Health Emergency Fund
BFCI	Baby-Friendly Hospitals Initiative
BOS	Business Operations Strategy
CCOM	Core Country Office Model
CDC	Centers for Disease Control and Prevention (U.S.)
CFE	Contingency Fund for Emergencies
ICD11	International Classification of Diseases – 11th Revision
CNOE	National Center for Emergency Operations
CNFTS	National Health Workforce Accounts
CNS	National Health Accounts
COP26	26th Conference of the Parties to the United Nations Framework Convention on Climate Change
CUS	Universal Health Coverage
DHIS2	District Health Information System 2
DFC	Direct Financial Cooperation
NCD(s)	Noncommunicable Diseases
DTP3	Diphtheria, Tetanus, and Pertussis Vaccine (3rd dose)
ECP 23-27	WHO Cooperation Strategy with Cabo Verde 2023–2027
EIOS	Epidemic Intelligence from Open Sources
ERIS	Independent Health Regulatory Authority
ESP / SPAR / eSPAR	States Parties SelfAssessment Annual Report
GYTS	Global Youth Tobacco Survey
HEARTS	WHO Protocol for the Prevention and Control of Cardiovascular Diseases
HPV	Human Papillomavirus
ICOPE	Integrated Care for Older People
LTA	Long-Term Agreements
MERL	Monitoring, Evaluation, Reporting and Learning

MS	Ministry of Health
OMS	World Health Organisation
OIE	World Organisation for Animal Health
UN	United Nations
PFA	Psychological First Aid
SIDS	Small Island Developing States
PIP	Pandemic Influenza Preparedness
PSEA	Prevention of Sexual Exploitation and Abuse
PVS	Performance of Veterinary Services
RAM	Antimicrobial Resistance
IHR	International Health Regulations
SIS	Health Information System
STAR	Strategic Toolkit for Assessing Risks
UNSDCF 23-27	United Nations Sustainable Development Framework 2023-2027
UNGHRWG	UN Gender and Human Rights Working Group

Message from the WHO Representative

WORKING TOGETHER FOR HEALTH IN CABO VERDE, 2024–2025

Healthcare advances in Cabo Verde reflect the country's longstanding commitment to the well-being of its people since gaining independence 50 years ago. Strong national leadership, sustained public investment, and close collaboration between the Government of Cabo Verde, health institutions, development partners, and communities continued to yield tangible health gains during the 2024–2025 biennium.

Two major milestones marked this period: the certification of Cabo Verde as a malaria-free country and the elimination of measles and rubella. These achievements are the result of decades of consistent policies, high vaccination coverage, robust surveillance systems, and the dedication of health professionals across the country. Progress was also made in addressing noncommunicable diseases, mental health, and the needs of an aging population, supported by multisectoral collaboration and a strong focus on prevention, equity, and universal access to quality health care. At the regional level, cooperation with other Small African Small Island Developing States have strengthened collective approaches to access to essential medicines, adaptation to climate change, and the resilience of health systems.

Efforts to strengthen surveillance, laboratory capacity, and emergency preparedness and response plans have bolstered national resilience. Inclusive national dialogue has helped build cohesion and define shared priorities for the coming years. In the face of emergencies, including the dengue outbreak and Storm Erin and the associated flooding, strong national leadership and multisectoral collaboration were critical to protecting health, restoring essential services, and supporting recovery.

We are living in uncertain times. Globally, support for multilateralism is being called into question, while climate change and the shifting geopolitical landscape are redefining how countries collaborate on health issues. The WHO has adapted its global presence, reinforcing its core mandate: to provide strategic leadership, set norms and standards, promote cooperation among countries, and support national capacities for preparedness, surveillance, and response through technical assistance and public policy advice.

I took up my post as WHO Representative in June 2025 and was immediately struck by the warm Cabo Verdean hospitality and the collective spirit of resilience, adaptability, and innovation. I would like to express my sincere appreciation to the Government of Cabo Verde, our partners, and, above all, the health professionals on all the islands—the true heroes whose dedication and daily service make these achievements possible. Together, we can ensure that all children and all families have access to quality health care, today and in the future.



Ann Lindstrand
WHO Representative, Cabo Verde



Executive Summary

This report presents the main activities carried out by the World Health Organization (WHO) Country Office in Cabo Verde during the 2024–2025 biennium—a period marked by significant operational challenges and institutional transitions. Despite financial constraints, the Office supported the country in priority technical areas, maintained essential operations, and contributed to the advancement of national, regional, and global health goals. WHO in Cabo Verde remained a trusted technical partner, adapting to local needs and reinforcing country-led efforts to strengthen the national health system.

PILLAR 1



UNIVERSAL HEALTH COVERAGE

Expanding Access to Essential Services

PILLAR 2



HEALTH EMERGENCIES

Protection of the Population

PILLAR 3



HEALTHIER POPULATIONS

Lifelong Health Promotion

PILLAR 4



INTEGRATED ACTION

Leadership, Innovation, and Resilience

Based on the four strategic pillars of the WHO’s 13th General Programme of Work—universal health coverage, emergency response, promoting healthier populations, and informing and leading to deliver better results—the report highlights the outcomes with the greatest impact on the health of the Cabo Verdean population, grounded in concrete evidence and their direct contribution to achieving the Sustainable Development Goals (SDGs), with an emphasis on SDG 3, which is dedicated to promoting health and well-being. In this challenging context, WHO’s work was guided by institutional resilience, the strengthening of strategic partnerships, the team’s technical excellence, and a continuous commitment to supporting the national health system. These factors were crucial in driving progress toward improving health indicators and promoting Universal Health Coverage.

Pillar 1: Universal Health Coverage – Expanding Access to Essential Services

In 2024 and 2025, Cabo Verde consolidated structural advances in the health sector, reaffirming its commitment to Universal Health Coverage and to meeting the targets of the Sustainable Development Goals. From the certification of the declaring the

country malaria-free by 2024 and eliminating rubella and measles by 2025—historic milestones aligned with SDG 3—as well as strengthening healthcare for the elderly, improving the quality of care delivery, and digitizing and strengthening health systems

through the use of information, the country has driven transformations that expand access, improve quality, and strengthen equity in service delivery.

Strategic investments in vaccination, antimicrobial resistance, vital statistics, technical expertise in health service quality and patient safety, as well as the initiation of the process to update the National Health Policy, supported by the evaluation of the 2007–2020 National Health Policy, the publication of the National Digital Health Strategy, the updating of the National Health Workforce Accounts, and strengthening of national technical capacity for the production,

The analysis and use of the National Health Accounts and the Health Financing Progress Matrix have strengthened the country's capacity to monitor health financing, support evidence-based decision-making, and promote the sustainability of the health system.

These results, supported by national and international partnerships, demonstrate not only technical progress but also institutional maturity and regional leadership capacity, and position Cabo Verde as a leader in aligning public health policies with global sustainable development goals.

Pillar 2: Health Emergencies – Protection of the Population

Cabo Verde has made significant progress in the area of public health emergencies during this period, measurably strengthening its preparedness, surveillance, and response capabilities. The country has reinforced its International Health Regulations (IHR) capacities through, timely submission of the States Parties Self-Assessment Annual Report (eSPAR), and improved epidemiological intelligence, while expanding event monitoring through capacity building of 25 professionals in the use of the Epidemic Intelligence from Open Sources (EIOS) initiative. The update of the national risk map and the development of the first Multi-Risk Plan, combined with the National Bridging Workshop between RSI and Performance of Veterinary Services (PVS), expanded the integration

of the One Health approach and resulted in a joint “One Health” roadmap.

The emergency response was strengthened through the mobilization of resources for the dengue epidemic and for the floSDG following Storm Erin, which primarily affected the islands of São Vicente, Santo Antão, and São Nicolau in August 2025. In that same year, the National Assessment of Riscos (STAR) produced a prioritized matrix of 20 hazards, identified critical capacity gaps, and mapped vulnerable populations across islands and municipalities, generating clear operational recommendations for 2025–2026. These results demonstrate solid progress in protecting the population and strengthening the country's health resilience.

Pillar 3: Healthier Populations – Lifelong Health Promotiona

The national release of the results of the Second Global Youth Tobacco Survey (GYTS) marked a turning point in health promotion efforts in Cabo Verde during 2024–2025, providing up-to-date and essential evidence to guide prevention policies. Building on this milestone, the country intensified interventions aimed at reducing risk factors, training more than five hundred young people and strengthening enforcement of the new tobacco law.

These advances were complemented by the integrated strengthening of the response to noncommunicable diseases, with the adoption of the HEARTS strategy, the revision of the

Multisectoral Plan for Chronic Noncommunicable Diseases (NCDs) and the strengthening of primary health care. At the same time, mental health has gained new structural foundations, including national protocols, training and the Suicide Prevention Strategy. The country has also expanded healthy policies and environments — from updated food safety laws to the adoption of Healthy Cities initiatives in all municipalities — and has made progress in enhancing the sector’s climate resilience by assessing hospital CO₂ emissions. These advances reflect Cabo Verde’s ongoing commitment to promoting health, equity, and the achievement of SDG 3.

Pillar 4: Integrated Action – Leadership, Innovation, and Resilience

During the 2024–2025 period, the WHO Office in Cabo Verde strengthened its strategic positioning through initiatives such as “Café com Saúde” with United Nations (UN) agencies and meetings coordinated with the Ministry of Health, as well as active engagement with embassies and international partners, particularly during the response to the dengue outbreak and the natural disaster in São Vicente, in September 2025.

The arrival of the new WHO Representative in June 2025 has led to more effective leadership structures and alignment with the priorities of the new Minister of Health. WHO has led the following groups: inter-agency groups for Strategic Priority

1 – Strengthening human talent and social capital - the United Nations Sustainable Development Framework 2023–2027 in Cabo Verde (UNSDCF 23–27), the Monitoring, Evaluation, Learning, and Reporting (MERL), and the UN Working Group on Gender and Human Rights (UNGHRWG), reinforcing the centrality of health in development agendas, in addition to actively participate in the UN’s Prevention of Sexual Exploitation and Abuse (PSEA) and Business Operations Strategy (BOS) groups. Strategic communication was expanded through multimedia campaigns and impact stories, while the planning and monitoring included reviewing the implementation of activities for

the biennium, holding technical team retreats for assessment and planning, and producing monthly executive reports on budgetary and administrative implementation (please correct if incorrect), with a view to supporting management decision-making. Financial management maintained a high standard of internal control, with the transition and confirmation full compliance in reporting. In the human resources department, internal adjustments

ensured efficiency without increasing costs, and all performance evaluations were completed on time. Infrastructure was reorganized with a focus on ergonomics and asset traceability, and the organizational culture was strengthened through mandatory training and the promotion of a safe and transparent work environment.



Source: United Nations CV | Caption: Visits to entities and communities affected by Storm Erin on the island of São Vicente, 2025



Source: WHO | Caption: WHO team in Cabo Verde, 2025

Institutional Strengthening of the WHO Office in Cabo Verde

Cabo Verde has a health system with a proven track record, but it faces the challenge of expanding coverage and ensuring more equitable access to new initiatives, especially among vulnerable populations. The WHO has played a key role in this process, providing technical support to the country in implementing policies and strategies aimed at consolidating the gains already made and addressing new emerging challenges based on the latest evidence.

During the biennium, the human resources prioritization exercise was successfully carried out to meet the needs of the WHO office, resulting in an organizational structure aligned with regional and global guidelines based on the Core Country Office Model (CCOM)¹. This process ensured the presence of the technical and administrative team and promoted clarity regarding roles and responsibilities for the successful completion of the current biennium, as well as greater sustainability, efficiency, and quality of the cooperation to be delivered in the next one.

1. Updated from the Core Predictable Country Presence (CPCP).

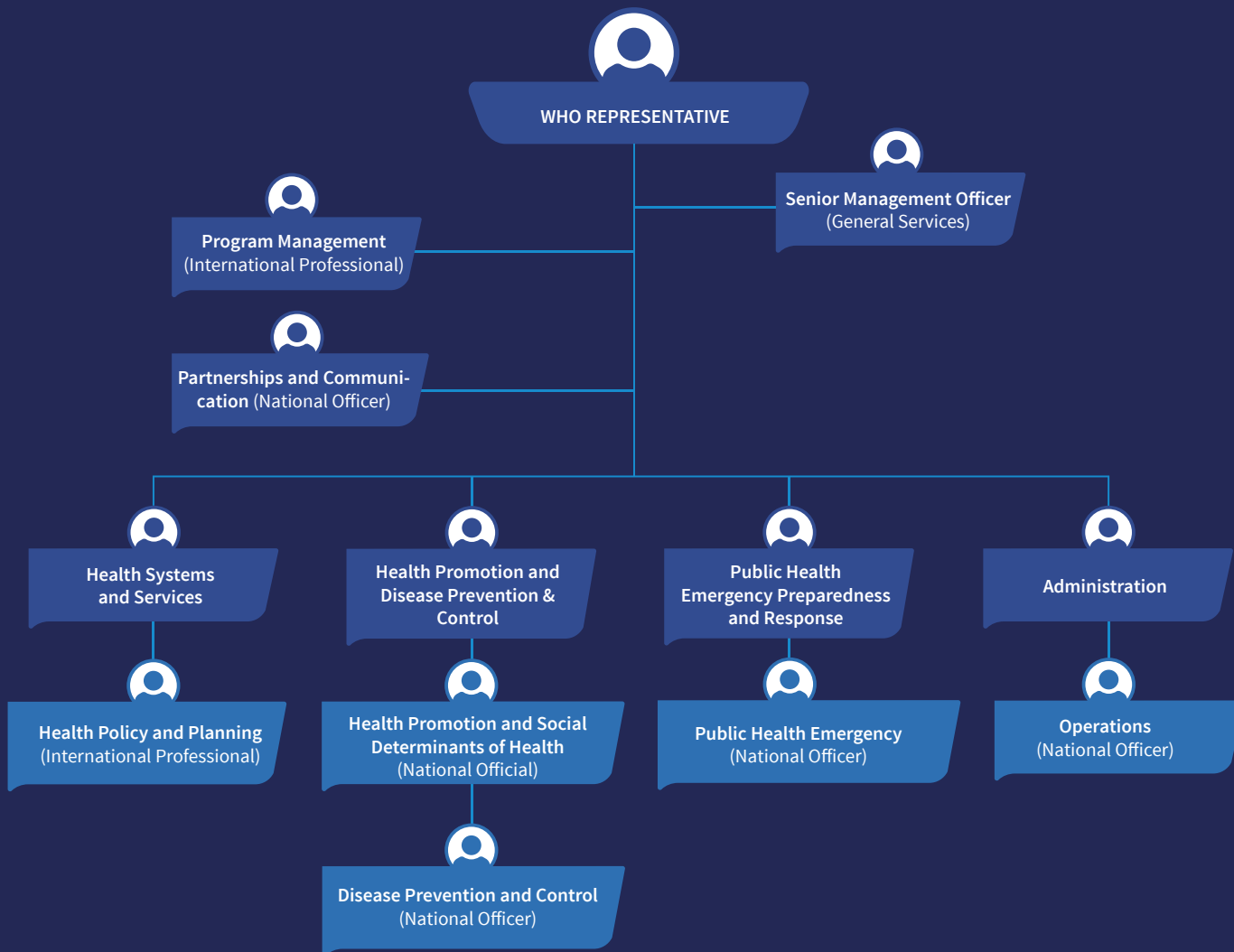


Figure 1: WHO Cabo Verde Structure for 2026–2027

The office’s organizational structure for 2026–2027 reflects WHO’s commitment to institutional excellence and the delivery of concrete results, contributing to the creation of a more collaborative work environment that is guided by clear goals and aligned with the priorities of the WHO Cooperation Strategy with Cabo Verde 2023–2027 (ECP – 23-27).

Our key results for 2024–2025



Malaria-free country (2024)

Zero incidence of malaria and consolidation of surveillance.

SDG 3 • Target 3.3 • Target 3.3.3



Country eliminated rubella and measles (2025)

Sustainable interruption of endemic transmission since 2010.

SDG 3 • Target 3.3 • Target 3.3.4



98% vaccination coverage (DTP3 and HPV)

Supports universal immunization and prevents diseases.

SDG 3 • Target 3.b.1 • Target 3.8



modernized and reliable system for death certification and reporting of causes of death in Cabo Verde, and the establishment of a Commission for the Surveillance and Response to Maternal, Neonatal, and Child Deaths

Informed decisions; improved mortality monitoring; comparable data; equitable policies. Internationally comparable, more equitable and evidence-based policies.

Strengthens governance and response to maternal and child mortality.

SDG 3 • Targetes 3.1, 3.2, 3.4, 3.8, 3.d, SDG 16 • Target 16.9, SDG 17 • Target 17.19



ICOPE (Integrated Care for Older People) has been implemented, promoting healthy aging (+270 trained professionals)

Expands universal health coverage, reduces hospitalizations, and strengthens equity

SDG 3, 5, 10 • Target 3.4 e 3.8



Technical capacity strengthened in the area of Quality and Patient Safety, including in the quality of maternal care with a focus on implementing the partogram

Reduces risks, strengthens care delivery

SDG 3 • Target 3.1. e 3.8



The process of updating the National Health Policy began with an evaluation of the 2007–2020 National Health Policy

Guides priorities, investments, and governance for a sustainable health system

SDG 3 • Target 3.8 e SDG 16 (instituições eficazes)



Updated National Health Workforce Accounts

Supports decision-making and needs assessment

SDG 3 • Target 3.c



Strengthened national technical capacity in the context of National Health Accounts and the Health Financing Progress Matrix

Strengthens financial monitoring, financial protection, knowledge generation, and evidence-based decision-making.

SDG 3 • Target 3.8.2 +



Publication of the 2019–2021 National Health Accounts and a policy brief on reproductive health expenditures in Cabo Verde for 2019–2021 produced

Supports policy decisions for equitable and efficient financing of reproductive health

SDG 3 • Target 3.8.2



National Digital Health Strategy 2024–2034 published

Establishes a strategic framework for the modernization of the Health Information System and digital transformation.

SDG 3 • Target 3.8.1



Integration of the National Health Observatory with the Regional Health Observatory completed

Strengthens data production, analysis, and use for evidence-based policies

SDG 3 • Target 3.8.1 e SDG 17 (statistical capacity)



Strengthening of International Health Regulations (IHR) capacities (22 trained focal points; mentoring of CNOESP and Surveillance)

It ensures compliance with the IHR, enhances national preparedness, and improves the ability to quickly identify emerging threats, thereby strengthening public health security.

SDG 3 • Target 3.d



Response to flooding following Storm Erin

Reduces health risks following extreme weather events, strengthens surveillance and vector control, and protects vulnerable communities.

SDG 3 • Target 3.d, SDG 13 • Target 13.1



Reduction of risk factors among young people – Tobacco use (II Global Youth Tobacco Survey - GYTS)

Provides national evidence for effective prevention policies; reduces tobacco initiation among adolescents; strengthens enforcement and protects young people at higher risk.

SDG 3 • Target 3.a.1, SDG 10



HEARTS Protocol adopted; Multisectoral Plan for NCDs revised.

Improves diagnosis and management of hypertension; strengthens primary health care; establishes integrated national policies for the prevention and control of NCDs.

SDG 3 • Target 3.4 e 3.8



National mental health protocol implemented and National Suicide Prevention Strategy launched

Establishes national mental health care pathways; expands technical expertise; improves access to psychosocial support; establishes national measures to prevent suicide.

SDG 3 • Target 3.4 e 3.8



Revised national legislation to reduce salt, sugar, and fat intake

Promotes healthy eating policies; improves the quality of neonatal care.

SDG 3 • Target 3.4 e 3.8



“Healthy Cities” strategy adopted by all municipalities in the country

Transforms municipalities into environments that promote health and well-being.

SDG 11 – Sustainable Cities



Climate resilience in the healthcare sector – COP26 (CO₂ study in 6 hospitals + recommendations developed)

Supports climate adaptation in the healthcare system; reduces the environmental footprint; strengthens hospital resilience to climate risks

SDG 3 • Target 3.d, SDG 13 • Target 13.1



PILLAR 1

**UNIVERSAL HEALTH COVERAGE
– EXPANDING ACCESS TO
ESSENTIAL SERVICES**

Pillar 1 Results

Evidence



Maintenance of surveillance and protocols



Certification (2024)



Compliance with WHO Standard

Cabo Verde livre do paludismo, com vigilância ativa

What has changed: The country has consolidated malaria elimination, certified by the WHO in January 2024, while maintaining active surveillance and treatment in accordance with national protocols.

Why it matters: It reduces the burden of communicable disease, prevents reintroduction, and frees up resources for other public health priorities.



Source: WHO | Caption: WHO presents the country with its malaria elimination certification, January 2024

Elimination of measles and rubella in Cabo Verde, with interrupted endemic transmission and active surveillance

What has changed: The country achieved the elimination of measles and rubella, certified by the WHO in 2025, demonstrating the sustained interruption of endemic transmission of these diseases. This milestone reflects decades of investment in immunization and surveillance sensitive epidemiological surveillance and laboratory capacity for the rapid identification and ruling out of suspected cases.

Why it matters: The simultaneous elimination of measles and rubella protects children, pregnant women, and the entire population by preventing outbreaks of highly contagious diseases with significant public health impact. It reduces hospitalizations, serious complications, and preventable deaths, while freeing up health system resources for other strategic priorities. It also strengthens public confidence in vaccines and demonstrates the country's ability to maintain equitable and sustained coverage in all municipalities.



Source: WHO | Caption: Measles and rubella immunization campaign in the country.

Evidence



Formal certification by the WHO (2025);



No confirmed cases of measles since 1999;



No confirmed cases of rubella since 2010;



Vaccination coverage consistently above 90% for over 20 years, ensuring herd immunity;



Strengthened case-based surveillance, with timely investigation and ruling out of all suspected cases;



Strengthened laboratory capacity for differential diagnosis and confirmation according to WHO standards.

Evidence



98% coverage;
strategy completed.

Evidence



~70% of the country has a trained professional, thereby improving the standardization and quality of vital statistics;



To accelerate digitization, computers were delivered to all police stations (at the municipal level) to ensure timely registration;



Start of the use of ICD-11 support tools and DHIS2.

Sustained vaccination and 2025–2029 strategy completed

What has changed: National Vaccination Strategy 2025–2029 completed; 98% coverage for DTP3 and HPV.

Why it matters: Maintains population immunity and prevents outbreaks; HPV prevents cervical cancer.

Quality vital statistics

What has changed: There have been significant improvements in death certification and the reporting of causes of death, including strategic recommendations and an implementation roadmap for modernizing the system. This initiative was only possible thanks to a partnership with Portugal.

Why it matters: It improves the quality of information and evidence for effective decision-making and contributes to timely access to data.



Source: WHO | Caption: WHO supports quality vital statistics in the country, 2025

Governance and Planning: National Health Policy

What has changed: The review of the National Health Policy has begun, and collaboration on updating the Health Charter (territorial planning of services) has been strengthened.

Why it matters: It aligns priorities with new challenges and optimizes planning and resource allocation across the country.

Evidence



Formal review and update processes underway

National Health Workforce Accounts (CNFTS): accounts and labor market

What has changed: Specialized training in National Health Workforce Accounts and Health Labor Market Analysis; 10 national experts trained; in 2025, a regional webinar in Portuguese led to an approximately 30% increase in the completeness of 2024 data reporting compared to previous years.

Why it matters: It improves the evidence base for HR planning, hiring, and training.

Evidence



10 experts trained



Approximately 30% increase in reporting completeness



Source: WHO | Caption: Specialized training on National Health Workforce Accounts and Health Labor Market Analysis, 2025.

Evidence



Publication:
National Health Accounts 2019–2021



Information 2022–2023 collected



Thematic policy brief produced



Capacity building in NHA



Health Financing Progress Matrix



SDG 3.8.2 achieved

Evidence



Recomendações específicas para o alcance do nível de maturidade 3



Envolvimento contínuo no acordo de compra conjunta de medicamentos entre os PEIDS



Recomendações da 1ª avaliação do processo de pré-qualificação do laboratório nacional de controlo de qualidade de medicamentos.

Health Financing: National Accounts and Financial Protection

What has changed: National Health Accounts (NHA) 2019–2021 published; 2022–2023 data collection secured; policy brief on reproductive health expenditures produced; participation in regional training on NHA and the Health Financing Progress Matrix; SDG 3.8.2 (financial protection) training.

Why it matters: It enhances transparency and provides a basis for funding allocation decisions, as well as monitoring Universal Health Coverage and the SDGs.

Pharmaceutical Regulation and Access to Medicines

What has changed: Consolidation of the first pharmaceutical regulation process to advance to maturity level 3, with a focus on human resources, the legal framework, the quality system, and reliability mechanisms; active participation in the joint drug procurement agreement among PEIDS (WHO-AFRO); and support for the prequalification of the national drug quality control laboratory.

Why it matters: More robust regulatory capacity and economies of scale in drug procurement; qualified domestic production with a quality control system.



Source: WHO | Caption: WHO support for the pharmaceutical regulatory process in the country, 2025

Quality and Patient Safety: ongoing national agenda

What has changed: Deep Dive on healthcare quality and patient safety in Cabo Verde (Feb 2025) with Portuguese-speaking countries; launch of the development of the national strategy for healthcare quality and patient safety; training for focal points and leaders.

Why it matters: Institutionalizes quality and safety, promoting a culture of continuous improvement.

Evidence



National study completed



Strategy work initiated



Training plan outlined

Integrated Care for Older Adults (ICOPE) and the National Strategic Plan for Older Adults 2024–2028

What has changed: Launch of the Strategic Plan for Older Adults (2024–2028) and nationwide implementation of ICOPE with a focus on primary health care.

Why it matters: It enhances the network’s capacity for frailty prevention, management of multimorbidity, and continuity of care.

Evidence



70 technicians trained (geriatrics/gerontology), 150 for ICOPE implementation, 50 trained social care workers (MS + MFIDS);



Actions in ≥10 municipalities (Santa Cruz, Santa Catarina de Santiago, Praia, Órgãos, Calheta, Porto Novo, Ribeira Grande de Santo Antão, Santa Catarina do Fogo, Tarrafal);



Practical guide to vaccination for the elderly released;



Best practices shared in a regional webinar.



Source: WHO | Caption: WHO working on integrated care for older adults, 2025

Evidence



Training/refresher
courses (23)



Instruments
Validated



Commission in
operation

Quality of maternal and child care and patient safety

What has changed: 23 health workers across the network (central and regional hospitals and health centers) are now better prepared to provide maternal health services: they have received refresher training on the partogram; a validated safe delivery checklist has been implemented; and the National Commission for the Surveillance and Response to Maternal and Perinatal Deaths has been established.

Why it matters: It reduces obstetric risks and strengthens safety governance.



Source: WHO | Caption: Visit by the WHO Director-General to Cabo Verde, 2024

Evidence



Health Information System at 55% maturity;



National Digital Health Strategy 2024–2034 published;



National Health Observatory operational.

Digital health: from paper to decision

What has changed: The assessment of the Health Information System (SIS) found it to be 55% mature, establishing a baseline for further progress. The National Digital Health Strategy 2024–2034 was finalized, and interoperability between the Regional Health Observatory and the National Health Observatory was achieved—steps that create the conditions for more complete, timely, and interoperable data, supporting evidence-based decisions.

Why it matters: It integrates systems, makes information available, and supports evidence-based decisions.

Antimicrobial Resistance (AMR) – One Health approach

What has changed: ~50 professionals (doctors, veterinarians, nurses, pharmacists, laboratory staff) trained in antimicrobial resistance (AMR) surveillance, diagnosis, and Infection Prevention and Control (IPC); AMR data collected at two central hospitals; National AMR Plan updated for 2026–2030 in line with the One Health approach.

Why it matters: Foundation for the rational use of antimicrobials, surveillance, and response to AMR threats.

Evidence



~50 trained



2024 data collected



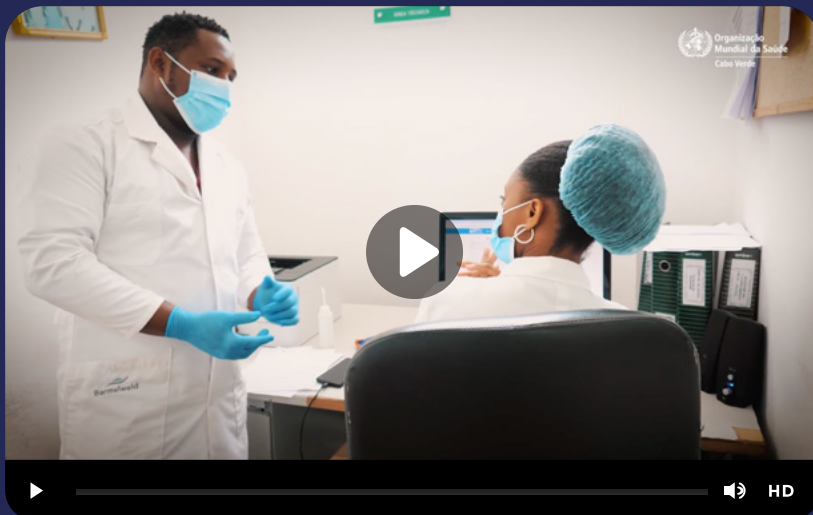
Plan 2026–2030 updated



Source: WHO | Caption: Strengthening laboratory capacity in Cabo Verde

Pillar 1 Video

Click on the image or scan the QR code to watch the video on Rubella/
Measles and Death Certification





PILLAR 2

**PUBLIC HEALTH EMERGENCIES
– PROTECTION OF THE
POPULATION**

Pillar 2 Results

P2

Evidence



22 focal points
mobilized



e-SPAR 2024
submitted on time



Annual report to AMS completed.

RSI capacities strengthened and transparency consolidated

What has changed: The country has strengthened the assessment and reporting of its IHR capabilities, culminating in the timely submission of the SPAR 2024 and compliance with annual reporting to the World Health Assembly. A multisectoral workshop brought together 22 focal points to identify capabilities, gaps, and priorities.

Why it matters: Compliance with the IHR and transparency in reporting are prerequisites for early warning, risk management, and international trust.

Evidence



Mentoring conducted
(National Center for Emergency Operations and Surveillance)



25 professionals trained in EIOS (One Health approach)

Expanded early detection and epidemic intelligence

What has changed: On-the-job mentoring was provided to teams at the National Emergency Operations Center (EOC) and the central-level Surveillance Service, with a focus on epidemic intelligence. At the same time, 25 professionals from the human health, animal health, environmental, and civil protection/firefighting sectors were trained to monitor events from open sources using the Epidemic Intelligence from Open Sources (EIOS/WHO) platform.

Why it matters: Increasing the system's sensitivity and ability to detect early signals reduces the time between alert, detection, and response, thereby limiting transmission, deaths, and the duration of outbreaks associated with economic costs.

One Health and risk governance: gaps identified, priorities defined

What has changed: Regarding risk management, a multisectoral team updated the national hazard map using the WHO's Strategic Toolkit for Assessing Risks (STAR) methodology, prioritizing risks and laying the groundwork for the development of the country's first Multi-Risk Plan. In partnership with WHO/AFRO and the World Organisation for Animal Health (OIE), the National Bridging Workshop was held, linking IHR and VSP (veterinary service performance), with gaps identified and a joint 5-year roadmap to address them.

Why it matters: Coordination between human and animal health, combined with clear hazard prioritization, guides investments, operational plans, and training, thereby increasing the system's resilience.

Response to the dengue epidemic: expanded operational capacity across all islands

What has changed: During the dengue epidemic that affected all islands, following a rapid risk assessment, WHO mobilized approximately \$496,000 (African Public Health Emergency Fund (APHEF), Contingency Fund for Emergencies (CFE), and funds from the WHO country office), enabling additional staff, clinical training, and expanded diagnostic capabilities: recruitment of specialists in epidemiology and entomology, 63 professionals for vector control, and 8 technicians for data management; ≈150 healthcare professionals trained in case management; 3,000 Dengue DUO tests and 4,000 reagent kits for PCR/serotyping tests provided; support for the procurement of insecticides.

Why it matters: The combination of resources, personnel, and diagnostic tools has enhanced surveillance capacity, laboratory confirmation, and clinical management, thereby mitigating transmission and disease severity

Evidence



Bridging RSI-PVS
completed



5-Year Roadmap



STAR Cartography
updated



1st Multi-Hazard Plan developed

Evidence



≈\$496,000 mobilized



63 vector control agents



8 data technicians



≈150 clinicians trained



3,000 DUO tests



4,000 PCR/serotyping reagents and insecticides supported.

Evidence



≈50.000 USD
mobilized



Actions focused on surveillance, vector control, health promotion, and mental health on the 3 affected islands

Response to flooding following Storm Erin (2025): health risks mitigated

What has changed: For São Vicente, São Nicolau, and Santo Antão, following the Public Health Situation Analysis (PHSA), the WHO has allocated approximately \$50,000 to strengthen the acute response planning, human resources and surveillance of high-risk diseases in the aftermath of the floods, mosquito control, and health and mental health promotion in affected communities.

Why it matters: Hydrometeorological disasters increase the risk of outbreaks (e.g., waterborne/vector-borne diseases). In this situation, active surveillance, health promotion, and community engagement are essential to prevent and control outbreaks and protect vulnerable populations.



Source: WHO | Caption: WHO in action during the response to the flooding following Storm Erin, 2025



Pillar 2 Video

Click on the image or scan the QR code to watch the video on the WHO's response during Storm Erin on the island of São Vicente.





PILLAR 3

**HEALTHIER POPULATIONS
– HEALTH PROMOTION
THROUGHOUT LIFE**

Pillar 3 Results

Evidence



11 GYTS released nationally



Action plan implemented through peer training and awareness-raising



>500 young people reached in different municipalities



Enforcement strengthened in North and South Santiago

Evidence-based tobacco prevention among youth and enhanced enforcement

What has changed: Cabo Verde implemented a tobacco prevention initiative targeting adolescents by officially releasing the data from the Second Global Youth Tobacco Survey (GYTS), turning evidence into action through an intervention plan that combined awareness-raising and peer education in multiple municipalities, reaching more than 500 young people. At the same time, enforcement capabilities under the new tobacco law were strengthened in the regions of North and South Santiago, increasing compliance with the regulations.

Why it matters: Tobacco is one of the leading risk factors for NCDs. Early intervention during adolescence reduces initiation and lifelong dependence, with a direct impact on cardiovascular diseases, cancers, and chronic obstructive pulmonary disease. Effective enforcement protects.



Source: WHO | Caption: WHO team in Cabo Verde, 2025

Noncommunicable Diseases (NCDs): standardization of cardiovascular care in primary health care through the donation of HEARTS packages and reinforcement of equipment

What has changed: The revision of the Integrated Multisectoral Plan for the Prevention and Control of NCDs 2025–2029 has been completed, and progress has been made in implementing the HEARTS Strategy Action Plan, including the adoption and adaptation of the protocol for managing hypertension in primary health care. To facilitate diagnosis and follow-up, 12 primary care units received sphygmomanometers.

Why it matters: HEARTS promotes simple, standardized clinical protocols, improving detection, control, and adherence to treatment for hypertension—the leading cardiovascular risk factor. The multisectoral plan aligns stakeholders and resources, reducing fragmentation.

Healthier environments and policies: nutrition, child-friendly care, and health-promoting municipalities

What has changed: The review of the proposed legislation to reduce salt, sugar, and fat intake has been completed, paving the way for comprehensive legal measures for prevention. The three Child-Friendly Hospitals (Baptista de Sousa, Santa Rita Vieira, and João Morais) were re-evaluated according to WHO/UNICEF standards, with recommendations for improvement issued. All municipalities in the country have adopted the Healthy Cities strategy, in accordance with the WHO approach.

Why it matters: Food policies promote the reduction of risk factors for NCDs; the Friends of Children initiative improves best practices in breastfeeding and neonatal care; Healthy Cities institutionalizes local health promotion through community participation.

Evidence



DNTs Plan 2025–2029:
review completed



Hypertension Protocol (HEARTS): adopted and adapted for primary care



12 facilities equipped with sphygmomanometers

Evidence



Legislation on salt, sugar, and fats:
review completed



3 BFHI hospitals:
re-evaluation with recommendations



100% of municipalities:
Healthy Cities adopted

Evidence



National referral/ counter-referral protocol: completed



≈70% completion rate for the Interpersonal Psychotherapy course



115 professionals trained in Psychological First Aid and 6 staff members deployed to assist with the flooding caused by Storm ERIN in August 2025



Suicide Prevention Strategy: launched

Mental health: continuity of care, community capacity, and suicide prevention

What has changed: A mental health referral and counter-referral protocol was developed, defining clear pathways and the central role of primary health care. In terms of capacity building, approximately 70% of registrants completed the online course in Interpersonal Psychotherapy; 115 professionals (school psychologists, community leaders, and health technicians) were trained in Psychological First Aid to provide immediate community response. The National Strategy for Suicide Prevention was launched.

Why it matters: Continuity and coordination prevent loss of follow-up and worsening of conditions; Psychological First Aid expands the frontline response to crises; the suicide prevention strategy guides preventive actions focused on vulnerable groups.



Source: WHO | Caption: Psychological First Aid training session, 2025

Climate resilience in the health sector and risk management/communication

What has changed: In accordance with the recommendations of COP26 and in line with the WHO framework for climate-resilient health systems, a study of CO₂ emissions was conducted at the country's six hospitals, and guidelines were developed with recommendations for mitigation and adaptation. At the same time, the office contributed to the First National Risk Communication Plan and to the update of the National Health Promotion Plan (2023–2027), which were shared with implementation partners.

Why it matters: Hospital infrastructure that is resilient to known carbon emissions helps reduce operational risks and costs. Risk communication and health promotion strengthen public trust and ensure consistency in implementation.

Health Promotion: Updated National Health Promotion Plan (2023–2027)

What has changed: The National Health Promotion Plan (2023–2027) has been updated with revised priorities, the integration of new program areas, and strategic adjustments based on input from implementation partners.

Why it matters: The update strengthens technical consistency across programs, improves cross-sectoral coordination, and ensures that health promotion interventions reflect the current needs of the population, thereby increasing their impact and efficiency.

Evidence



CO₂ in the 6 hospitals: study completed



Guidelines developed



National Risk Communication Plan: technical contribution



National Health Promotion Plan Health (2023–2027): updated and disseminated

Evidence



Updated documents were presented and discussed in formal settings with partners



Contributions were incorporated



The process has been technically validated and ready for implementation

Pillar 3 Video

Click on the image or scan the QR code to watch the video Technicians trained by WHO in Psychological First Aid provide support during emergencies.





PILLAR 4

**INFORMING AND LEADING TO
ACHIEVE BETTER RESULTS**

Pillar 4 Results





Strategic Positioning and Partnerships

-  **The office’s leadership prioritized promoting health among partners**, organizing initiatives such as “Coffee with Health” with United Nations agencies and strategic meetings in coordination with the Ministry of Health.
-  **Active engagement with embassies and international partners**, particularly during the response to the dengue outbreak and Hurricane Erin, strengthening visibility and confidence in WHO’s work.
-  **The arrival of a new WHO Representative** in June 2025 was accompanied by the implementation of structures designed to ensure more effective leadership in support of the Ministry of Health; strategic commitments and partnerships were strengthened, and the office’s priorities were aligned with those of the new Minister of Health.



Interagency Coordination and Advocacy

-  **Leadership of inter-agency groups:** Strategic Priority 1 Group – Strengthening Human Capital and Social Capital – of the United Nations Sustainable Development Framework 2023–2027 (UNSDCF 23–27); UN Monitoring, Evaluation, Learning, and Reporting (MERL), UN Gender and Human Rights Working Group (UNGHRWG), reinforcing the centrality of health in development agendas
-  **Active participation in the UN inter-agency groups on Prevention of Sexual Exploitation and Abuse (PSEA)** and Business Operations Strategy (BOS).



Leadership in the strategic reprioritization process, aligning national priorities with those of WHO and development partners.

Strategic Communication



Planning, production, and distribution of institutional videos and multimedia campaigns to increase the visibility of WHO's initiatives and strengthen its institutional image.



Photographic and video documentation of field activities, strengthening accountability and visibility among donors and partners.



Publication of impact stories (articles/videos) for health advocacy and recognition of partners.



Planning, Monitoring, and Reporting



Mid-term and end-of-biennium review exercises conducted successfully and on time.



Organization of planning retreats with the senior management team to assess performance and project future results.



Preparation of budget scenarios and monthly executive reports to support decision-making.





Financial Management and Internal Control



The office maintained sound financial practices, with an efficient operational control system that allows for real-time monitoring of all financial transactions.



All outstanding Direct Financial Cooperation (DFC) reports have been resolved.



Continuous monitoring of the AWARDS system and weekly bank reconciliation, ensuring transparency and rapid detection of discrepancies.



Transition to digital payments via the Ecobank OMNI PLUS platform, streamlining processes and reducing manual errors.



Human Resources Management



Strategic adjustments to internal roles and responsibilities to maximize operational efficiency without increasing personnel costs.



Implementation of non-financial motivational measures to maintain team engagement and performance.



Redistribution of administrative tasks among existing staff, avoiding the need for new hires.

Infrastructure and Workplace Management



Regular preventive and corrective maintenance of facilities.



Reorganization of office spaces, equipped with ergonomic and technological tools.



Improved asset management with updated inventories, traceability, and responsible disposal of obsolete items.



Physical verification of assets conducted within established deadlines.



Organizational Culture and Compliance



All employees have completed the mandatory training on the prevention of abusive conduct (PRSEAH).



Promoting a safe, transparent work environment focused on organizational learning and continuous evaluation.



Source: WHO | Caption: Equipa OMS em Cabo Verde atuando contra a má conduta sexual, 2025









Pillar 4 Video

Click on the image or scan the QR Code to watch the video on PRSEAH



Our results in numbers



	Outcomes and Expected	Indicators Performance	Products and Services	Budget for Activities	Implementation
 Pillar 1 - Universal Health Coverage	11	14	18	US\$ 596 572	
 Pillar 2 - Emergencies	5	5	5	US\$ 737 352	
 Pillar 3 - Health Promotion	2	2	7	US\$ 189 676	
 Pillar 4 - Leadership, Communication, Planning, Management	1	5	1	US\$ 407 914	

Fonte: GSM/WHO 12/01/2026

It is worth noting that **Pillar 2 is implemented in synergy with the EOA** (Emergency Outbreak Appeal) and **Influenza** pillars. During the 2024–2025 biennium, US\$189,676 in WHO own funds; US\$462,096 in EOA (Emergency Outbreak Appeal) funds; and US\$85,580 in PIP (Influenza) funds were mobilized to support emergency actions.

Note: Technical support related to office staff amounted to US\$ 2,062,926.



Lessons Learned and Pathways for the Future

The 2024–2025 biennium brought significant advances for the health sector in Cabo Verde and for the WHO Country Office, while also revealing structural and operational challenges that offer important lessons for the future.

Lessons Learned



01

Strong national leadership is crucial for sustainable progress

Cabo Verde's certification as a country free of malaria, measles, and rubella confirmed that consistent policy decisions and sustained investments over decades produce significant results, while surveillance remains a constant necessity to maintain the results achieved. Leadership and multisectoral coordination are essential for the sustainability of these results.



02

Strategic partnerships amplify results

The achievements attained — from strengthening the RSI to advancing health promotion policies and addressing noncommunicable diseases — demonstrate that joint action by the government, WHO, international partners and communities has made it possible to leverage technical capabilities, resources, and innovation. Experience shows that no critical area evolves in isolation.



03

Quality data is the foundation for better decision-making

Investment in information systems, digitization of vital data, interoperability, risk mapping, and national surveys indicates that reliable evidence accelerates policy, directs investments, and increases the efficiency of interventions. Where there is consistent data, there is better governance.



04

Resilience requires continuous preparation

The response to flooding following Storm Erin and the dengue epidemic revealed that the country needs to maintain permanent capacity for surveillance, early warning, rapid response, and coordination. The updating of risk mapping and the development of the 1st Multi-Hazard Plan reinforce that preparedness is an ongoing process—not a final product.



05

Health must be integrated with other agendas

The One Health approach, climate adaptation, food security, the promotion of healthy environments, and the strengthening of healthy cities demonstrate that public health cannot be addressed solely within the health system: it requires coordinated action with the environment, education, agriculture, finance, local governments, and civil society.



06

Strengthened internal structures improve efficiency

The reorganization of the WHO team, the professionalization of planning, the strengthening of internal controls, the use of digital payments, and the consolidation of organizational culture have shown that technical performance depends directly on a robust institutional structure aligned with regional and global standards.

Pathways to the Future

Based on the lessons learned and the progress made, several strategic priorities have emerged for the coming years:

01

Progress assured,
priorities clear

The National Health Policy 2025–2035 marks a new phase for the health sector; implementing it will consolidate progress and guide strategic choices that strengthen Primary Health Care, improve the quality of care, and ensure sustainability and a lasting impact on the population’s well-being

02

Sustaining and
expanding the gains
achieved

Maintaining the elimination of diseases such as malaria, measles, and rubella requires ongoing investments in surveillance, diagnosis, and response. The country must remain focused on preventing reintroduction, risk communication, and laboratory capacity.

03

Move forward with
determination in
digital health and the
modernization of system

The 55% baseline of the Health Information System and the National Digital Health Strategy create conditions to accelerate interoperability, process simplification, electronic death certification, and the use of real-time data for management.

04

Strengthen preparedness
for climate emergencies

Extreme weather events are likely to intensify. The country should implement, monitor, and update the Multi-Hazard Plan, strengthen municipal capacities, and integrate climate adaptation as a central pillar of public health.

05

**Prioritizing
Noncommunicable
Diseases with a focus
on primary health care**

Expanding the HEARTS strategy, revising the multisectoral plan, and the need to reduce the burden make it essential to consolidate protocols, equip more facilities, improve screening, and strengthen community-based prevention.

06

**Consolidate health-
promoting policies and
environments**

Updates to food legislation, the Healthy Cities strategy, and the National Health Promotion Plan must evolve into larger-scale actions, focusing on schools, municipalities, and sustained behavioral changes.

07

**Advancing mental
health as a national
priority**

The national protocol, the suicide prevention strategy, and training programs create an important foundation, but require continuity, territorial expansion, and deep integration into primary health care and communities.

08

**Strengthen continuously
institutional capacity**

Within the WHO and the national system, the challenge is to maintain motivated teams, aligned leadership, modern management systems, and an organizational culture that supports innovation, transparency, and accountability.

Our Partners





**World Health
Organization**

Cabo Verde