



World Health  
Organization

REGIONAL OFFICE FOR  
Africa

# CONTRIBUTIONS OF THE WORLD HEALTH ORGANIZATION IN CABO VERDE 2016-2019

*Preserving health security,  
improving health and serving  
vulnerable populations*



Universal Health Coverage



Health Emergencies



Promotion of health and well-being

## CONTRIBUTIONS FROM THE WORLD HEALTH ORGANIZATION IN CABO VERDE, 2016-2019

### *Preserving health security, improving health and serving vulnerable populations*

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Print: Praia, June 2019



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# CONTRIBUTIONS OF THE WORLD HEALTH ORGANIZATION IN CABO VERDE 2016-2019 ●

*Preserving health security,  
improving health and serving  
vulnerable populations*

*The WHO office in Cabo Verde dedicates this publication to the people of Cabo Verde for the results achieved over the years in the field of health and expresses its recognition for the courage and determination with which Cabo Verde has always faced health challenges at all stages of its development.*

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*This report is also dedicated to Dr Richard Valery Mouzoko Kiboung, WHO epidemiologist, who died in an attack during his mission to support the response to the Ebola epidemic in the Democratic Republic of Congo. Dr Kiboung represents two of the maximum values that are intrinsically linked to universal health coverage: commitment and service spirit. Honour and glory to Dr Mouzoko Kiboung!*

# ACRONYMS

<b>AAR</b>	After Action Review	<b>LIC</b>	Low Income Country
<b>AfDB</b>	African Development Bank	<b>LMIC</b>	Lower-Middle Income Country
<b>AFP</b>	Acute Flaccid Paralysis	<b>MAVP</b>	Multi-Annual Vaccination Plan
<b>AIDS</b>	Acquired Immunodeficiency Syndrome	<b>MMR</b>	Measles-Mumps-Rubella
<b>ART</b>	Antiretroviral Therapy	<b>MSM</b>	Men who have Sex with other Men
<b>BFH</b>	Baby-Friendly Hospital	<b>MSSS</b>	Ministry of Health and Social Security
<b>DALY</b>	Disability-Adjusted Life Years	<b>MTCT</b>	Mother-to-Child Transmission
<b>DRHS</b>	Demographic and Reproductive Health Survey	<b>NGOs</b>	Non-governmental Organizations
<b>DU</b>	Drug Users	<b>NHD</b>	National Health Directorate
<b>ECOWAS</b>	Economic Community of West African States	<b>NHP</b>	National Health Policy
<b>EPI</b>	Expanded Program on Immunization	<b>NMCP</b>	National Malaria Control Program
<b>ERIS</b>	Independent Health Regulatory Entity	<b>PEDS</b>	Strategic Plan for Sustainable Development
<b>FCTC</b>	Framework Convention on Tobacco Control	<b>PHEIC</b>	Public Health Emergency of International Concern
<b>GIEA</b>	General Inspection of Economic Activities	<b>PSW</b>	Professional Sex Workers
<b>GVAP</b>	Global Vaccine Action Plan	<b>RSPI</b>	Regional Strategic Plan for Immunization
<b>HAN</b>	Dr Agostinho Neto Hospital	<b>SDG</b>	Sustainable Development Goals
<b>HiAP</b>	Health in All Policies	<b>SIDS</b>	Small Island Developing States
<b>HIC</b>	High Income Country	<b>TDV</b>	Tetanus-Diphtheria Vaccine
<b>HIV</b>	Human Immunodeficiency Virus	<b>TV</b>	Tetanus Vaccine
<b>ICD</b>	International Classification of Diseases	<b>UHC</b>	Universal Health Coverage
<b>ICE</b>	Special Tax	<b>UMIC</b>	Upper-Middle Income Country
<b>IDSR</b>	Integrated Disease Surveillance and Response	<b>VL</b>	Viral Load
<b>INE</b>	National Institute of Statistics	<b>WHO</b>	World Health Organization
<b>IPV</b>	Inactivated Polio Vaccine		



# INDEX

- 7 Foreword
- 9 Executive summary
- 12 Who team in Cabo Verde
- 13 Health status in Cabo Verde

## CONTRIBUTIONS OF THE WORLD HEALTH ORGANIZATION

### I. Universal Health Coverage

- 18 Health partnership
- 19 Health financing and protection against financial risks
- 21 Vaccination coverage and elimination of vaccine preventable diseases
- 21 Elimination of HIV transmission from mother to child
- 22 Maternal coverage of ART
- 22 Reinforcement of logistics capacity
- 23 Key challenges

### II. Health Emergencies

- 26 Emergency response
- 27 ZIKA response
- 30 Malaria elimination

### III. Promotion of Health and Well-being

- 34 Multi-sectoral partnerships
- 35 Health promotion throughout the life cycle
- 36 Non-communicable diseases and mental health
- 38 Promotion of Healthy Environments
- 41 Looking to the future









## FOREWORD



It is with great pleasure that, as representative of the World Health Organization in Cabo Verde, we recognize the excellent partnership relations and cooperation based on common values and in great harmony regarding the objectives of Cabo Verde in the construction of a health system for all.

Equal thanks to all WHO staff in Cabo Verde, for the level of attention and response they gave which allows us to feel that everyone, those of our Organization and everyone in the Ministry of Health, are all part of a large and dedicated team.

The World Health Organization, through its Praia Office, has been consolidating an enriching relationship of partnership and complementarity with the Ministry of Health, and with other public institutions, aiming to materialize the objective of Universal Health Coverage in Cabo Verde.

In fact, over the years of intense labour and cooperation, the WHO has had the enormous privilege of supporting Cabo Verde in the various development sectors of its national health system, namely:

- The leadership and strategic governance of the health sector through the establishment of the Independent Health Regulatory Entity (ERIS).
- Political dialogue in health and multi-sectoral collaboration for health in all policy strategy.
- Technical and financial assistance in various topics, with emphasis on fighting Zika.

- The Essential Package of Health Services in 2016 and the protocols and technical guides, national programs of public health, plans for the elderly, cancer control, vaccination and the health of women and children;
- Access to quality medicines and vaccines.
- Health financing and protection against financial risks in access to healthcare.
- The reinforcement of the logistical capacity of the laboratory of virology and entomology.
- Training and education of human resources from the most specialised levels to the closest to people's needs.

All this, and much more, is the work of a joint effort in which the WHO in Cabo Verde cannot fail to feel rewarded and satisfied by the results and the enormous positive impacts on Universal Health Coverage, centred on people, not leaving anyone out.

Congratulations on the achievements made to date with the Presidency of the Republic, the Government of Cabo Verde, the Ministry of Health and Social Security, and the partners in the development of health.

Health workers and citizens who have courageously exercised their right to health deserve a special mention

Together, we will continue to promote health, preserving global security and serving vulnerable populations, leaving no one behind as an essential part of Cabo Verde's sustainable development.

Thank you very much.

**Dr. Mariano Salazar Castellon**

WHO Representative  
in Cabo Verde



## EXECUTIVE SUMMARY

The WHO has worked to support Cabo Verde in its ambition to establish the highest standards of health care delivery by means of several joint initiatives guided by the WHO African region transformation agenda to achieve the sustainable development goals. These are grouped into three key areas, in line with the 13th General Programme of Work:

- Universal Health Coverage
- Protection from health emergencies
- Promotion of health and well-being of people

In relation to universal access to healthcare, the WHO's contribution has provided important achievements in organizing, training and activating management tools, with practical consequences in the provision of infrastructures, equipment, as well as in the training and specialization of frameworks and well-structured actions of people's care.

Through the support of the WHO, Cabo Verde has strategic documents to guide the health development of each municipality and sanitary region, and the two hospitals of national reference, with an individual and systemic view, as well as the National Health Development Plan with a multi-sectoral approach. These plans are part of the Sustainable Development Goals in health.

However, the country has developed strategic plans that also reflect, in other areas, this multi-sectoral approach with a strong emphasis on promotional and preventive actions for health.

This is the case of the National Strategic Plan for the control of Cancer 2018-2022, of the National Strategic Plan for Active and Healthy Ageing 2017 - 2021, the Presidential Initiative "More Life, Less Alcohol", the National Campaign for the Prevention of Road Accidents, the National Program of Physical Activity 2018-2022, the National Strategic Plan for Tobacco Control 2019-2023 and the National Action Plan to Combat Antimicrobial Resistance, 2018 - 2022.

In the area of health emergencies, the use of the multisectoral approach is also present. The country is working to consolidate the approach of "Single Health" and in 2018 established a national coordination, which brings together representatives of Agriculture, Livestock, Environment, Water and Sanitation, Meteorology and Public Health.

The WHO supported the country particularly in response to the Dengue epidemic in 2009 - 2010, Zika in 2015 - 2016 and Malaria in 2017. In 2019, it successfully concluded the implementation of the Tripartite Agreement between the African Development Bank, the Government of Cabo Verde and the World Health Organization, entitled "Emergency assistance to support Cabo Verde in the preparedness and response plan to combat the Zika virus outbreak." In addition, Cabo Verde is working on a proposal for "pre-hospital emergencies" which aims to review the national system of emergency care and health emergencies.

In relation to health promotion, the WHO in Cabo Verde, together with the Ministry of Health and Social Security and local partners, has contributed to actions to promote health and well-being for the development of healthy environments and lifestyles in the areas of prevention of abusive alcohol use, healthy eating, practicing physical activity, promotion of mental health, prevention of tobacco use and road safety.



The **WHO and its partners** have developed different forms of alliances and technical and financial cooperation, supporting a variety of national actors committed to health development:

- The Presidency of the Republic, the National Assembly, the Ministry of Health and Social Security and more than half of the government ministries promote healthy lifestyles by implementing different initiatives to reduce the specific risk factors associated with climate change, inadequate nutrition, sedentary lifestyle, unsafe sex, arterial hypertension, tobacco and alcohol consumption, inadequate water for human consumption, sanitation and hygiene, teenage pregnancy and road safety.
- The National Association of Municipalities and the main public and private universities in the country promote healthy environments under the paradigms **Healthy Islands and Cities**, and **Healthy Universities**.
- The Ministry of Health and Social Security leads the aspects of prevention, elimination and eradication of diseases in the area of vaccine-preventable diseases, the HIV/AIDS epidemic and malaria. With an average vaccination coverage of about 95%, there were no significant outbreaks of preventable diseases due to vaccination in the country in the last 15 years. The country was declared polio-free in 2016 and is on its way to being certified as the first country in Africa to interrupt the vertical transmission of HIV and congenital syphilis, as well as the elimination of malaria, measles and rubella in 2020.
- Non-governmental organizations dealing with specific issues and requiring a multi-sectoral approach due to their intrinsic nature.

Continuing and deepening the lines of cooperation and action within the framework of the universal access to health care policy, Cabo Verde has all the conditions to improve, in the coming years, all the most important health indicators with people at the centre of attention.









## WHO TEAM IN CABO VERDE



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*Driver*



# HEALTH STATUS IN CABO VERDE



## Health and Well-being Situation

Country	Equivalent value in the African Region					
	Value	Average	HIC	UMIC	LMIC	LIC
Healthy life expectancy	64,2	53,8	65,5	58,6	52,9	52,5
Gross mortality rate per 1000 population	5,2	9,7	6,7	8,2	10,1	10,0
DALY lost per 1000 population - Total	253,2	592,2	309,3	441,4	618,4	630,6
Due to communicable diseases	73,2	352,9	43,9	207,1	374,8	393,0
Due to noncommunicable diseases	151,0	177,6	234,9	190,6	180,3	170,6
Due to trauma	28,2	61,2	30,3	43,2	62,7	66,5

### Comments

- ▶ It is a small, lower-middle-income island state, with the sixth lowest total GDP in the WHO African Region (representing 0.09% of total GDP), but with the 11th largest per capita GDP (US\$ 2954 current prices), based on the 2015 estimates.
- ▶ It has the third smallest population in the region (0.05% of the total population), and the fifth smallest territorial area (0.02% of the Region), but the 12th largest population density (132.24 inhabitants / km<sup>2</sup>).
- ▶ Its health situation is comparable to that of a high-income country.
- ▶ Overall, healthy life expectancy and morbidity and mortality rates are better than regional averages.

### Implications in achieving SDGs\*

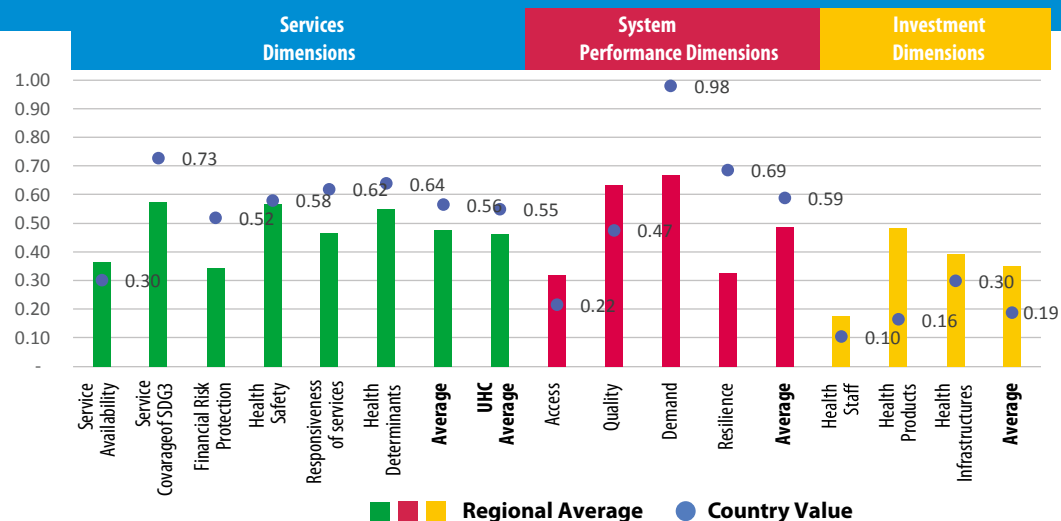
- ▶ The health situation is on the right track to that needed to achieve the SDGs.
- ▶ Focus on identifying remaining isolated population groups, sharing best practices and exploring alternative service delivery models that improve the sustainability of health and well-being.

\*The ability to reach the SDGs is related to how far the healthy life expectancy in the country is from the group of countries with superior incomes (high-income countries – 65.5 years)

The data is from the World Bank's database of Health, Nutrition and Population for the year closest to 2015, for which there is data available.

Source: <http://databank.worldbank.org/data/source/health-nutrition-and-population-statistics>

## Situation of health system and services



Source: The State of Health in the WHO African Region: An analysis of the health situation, health services and health systems in the context of the sustainable development goals where we are where we need to go. Brazzaville: World Health Organization, WHO Regional Office for Africa; 2018.

The health situation in Cabo Verde is distinguished by a process of demographic and epidemiological transition and a favourable global evolution and its determining principles. The demographic transition is characterized by the existence of a "demographic dividend" that places various aspects associated with the quality of life and social integration of young people, including health in a holistic perspective, as a priority for government. In the epidemiological transition, the emergence of noncommunicable diseases and injuries, as well as the decrease in communicable diseases, stand out from the perspective of the distribution of years of life lost due to global causes. The threat of epidemics is present mainly in mosquito-borne diseases, especially those related to the plasmodium and arbovirus families, and others that, due to their geographical position, could be imported mainly from Brazil, Europe and the African continent. The presence of various risks that increase the likelihood of disease or injury development influences the country's morbidity and mortality profile and challenges the development of health-promoting lifestyles and environments.

### Results of the services

#### Comments

- ▶ Overall, the use of health and health-related services needed to achieve the SDGs is 56% of what is achievable in the region and is higher than the regional average (48%).
- ▶ In-country utilization is higher than the regional average in all outcome areas assessed.
- ▶ Compared to other lower-middle-income countries, in-country utilization is higher in all outcome areas assessed.

### Performance of the system and investments

- ▶ It is the best performing country in the region in terms of system performance dimensions relative to effective demand for essential services and system resilience (together with Eswatini).
- ▶ It is a lower-middle-income country and a small island state with a system performance similar to an upper-middle income country.
- ▶ In all domains of system performance monitoring, relative performance is higher for effective service demand and system resilience, and lower for access.
- ▶ Tangible investments in the system are very low compared to the regional average, especially in terms of health products and labour force.
- ▶ The information suggests that there are some effective processes in the system (service delivery, financing, governance and information), with a high overall performance rating in relation to consolidated ratings of tangible investments.

#### Implications in the SDGs

- ▶ To share lessons with other countries in the coverage of services under SDG 3;
- ▶ Accelerate ongoing interventions to improve utilization in all outcome areas, focusing on isolated populations.
- ▶ Explore areas where it is possible to share lessons on creating effective system processes, and increasing demand for services and system resilience;
- ▶ Accelerate strategies that increase system resilience specifically targeting isolated populations;
- ▶ Introduce innovative strategies to improve access and the quality of care for the entire population, focusing on increased investment in the health labour force, health products and health infrastructure.





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# CONTRIBUTIONS OF THE WORLD HEALTH ORGANIZATION



Together  
for Health

MINISTÉRIO DA  
SAÚDE E DA  
SEGURANÇA SOCIAL

GOVERNO DE  
**CABO  
VERDE**  
A TRABALHAR PARA TODOS.



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Africa

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Mexê**  
PROGRAMA NACIONAL  
DE ATIVIDADE FÍSICA E SAÚDE

**Tog**

**#HealthForAll**



# I UNIVERSAL HEALTH COVERAGE





## Health partnership

**Cabo Verde has made great progress** in improving access to healthcare at both primary and hospital levels. This is in various fields such as health promotion, disease prevention, curative care and the extension of the health infrastructure network. The current WHO universal health coverage index for Cabo Verde is 62.

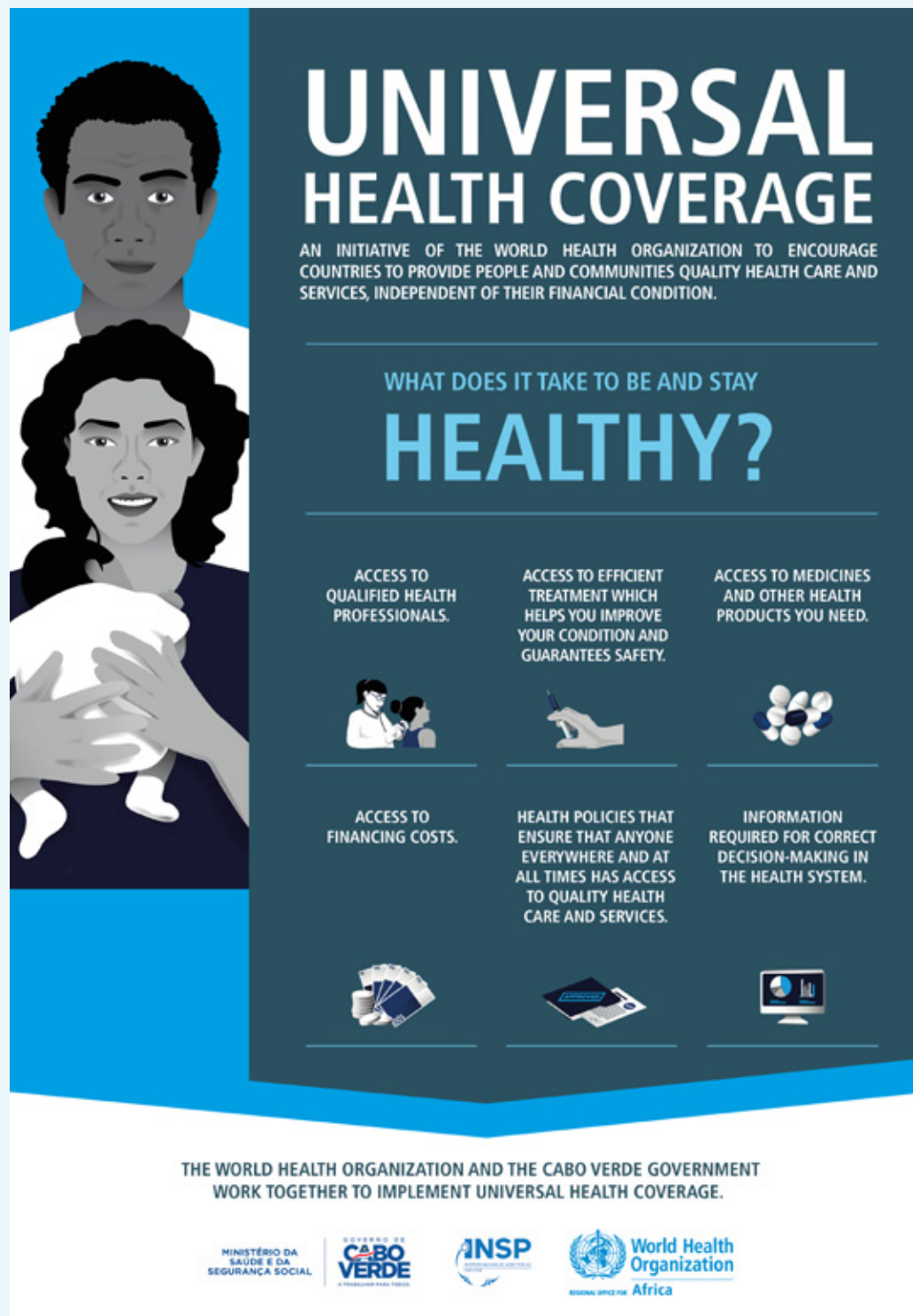
WHO's contribution to Universal Health Coverage has been made in several areas of intervention and partnerships.

In the **leadership and strategic governance of the health sector**, through the support and technical assistance for the elaboration of a set of important strategic documents, such as the National Health Development Plan 2017-2021, the National Health Promotion Plan 2018-2021, and the Strategic Plans for the development of Health Regions and the Development Plans for Central Hospitals, among many others.

These strategic documents have strongly supported more effective and efficient management of the health sector as they provide a comprehensive and articulated view of the management and development tools of the Health Sector in Cabo Verde.

In the **creation of the Independent Health Regulatory Entity (ERIS)**, a crucial instrument for strengthening the regulatory capacity of this sector.

In the **Political Health Dialogue and multisectoral collaboration** through the promotion of partnerships and cooperative actions with government structures.



# UNIVERSAL HEALTH COVERAGE

AN INITIATIVE OF THE WORLD HEALTH ORGANIZATION TO ENCOURAGE COUNTRIES TO PROVIDE PEOPLE AND COMMUNITIES QUALITY HEALTH CARE AND SERVICES, INDEPENDENT OF THEIR FINANCIAL CONDITION.

## WHAT DOES IT TAKE TO BE AND STAY HEALTHY?

- ACCESS TO QUALIFIED HEALTH PROFESSIONALS.
- ACCESS TO EFFICIENT TREATMENT WHICH HELPS YOU IMPROVE YOUR CONDITION AND GUARANTEES SAFETY.
- ACCESS TO MEDICINES AND OTHER HEALTH PRODUCTS YOU NEED.
- ACCESS TO FINANCING COSTS.
- HEALTH POLICIES THAT ENSURE THAT ANYONE EVERYWHERE AND AT ALL TIMES HAS ACCESS TO QUALITY HEALTH CARE AND SERVICES.
- INFORMATION REQUIRED FOR CORRECT DECISION-MAKING IN THE HEALTH SYSTEM.

THE WORLD HEALTH ORGANIZATION AND THE CABO VERDE GOVERNMENT WORK TOGETHER TO IMPLEMENT UNIVERSAL HEALTH COVERAGE.

MINISTÉRIO DA SAÚDE E DA SEGURANÇA SOCIAL | GOVERNO DE CABO VERDE | INSP | World Health Organization REGIONAL OFFICE FOR Africa

## Health financing and protection against financial risks

In **health financing and protection against financial risks in access to health care**, the WHO has been providing international technical assistance in developing a set of instruments:

- Implementation of the Health Financing Study, with development of strategies and objectives.
- Elaboration of the study on Prescription Charges and their impact on access to health care will be available for publication by the end of the first half of 2019 completing the WHO / Cabo Verde cooperation framework on this key item.

- Publication of the 2014 National Health Accounts and preparation of the 2015 and 2016 National Health Accounts, scheduled for publication by the end of the second half of 2019.

The National Health Accounts prepared by INE and the Ministry of Health constitute an important contribution to the knowledge and analysis of the structure of health expenditures, both public and individual and household expenditures, thereby supporting government policies and actions.





In the **training and qualification of human resources for health**, a crucial area of quality care, the gains are evidenced by the increasing level of responsiveness of the National Health System which resulted from several actions:

- Implementation of the National Strategic Plan for the Development of Human Resources in Health (2015-2020).
- Training and specialization of technical staff through short courses, various workshops, forums, technical meetings, seminars and conferences which constituted a variety of training options as part of this training package.
- Training activities developed by the Ministry of Health, both at the central level of services, as well as decentralized services, in the Health Regions and Municipalities of the Country.
- Short training courses abroad, as well as participation in International Seminars and Conferences.

**Providing people- and community-centred health care** through national and international technical assistance for the generation of modern tools with technical guidance for strengthening health service skills and capacities, such as:

- 2016 Essential Package of Health Services and Protocols and Technical Guides to manage various thematic areas - Diabetes; Cancer Care and Diagnosis; Care of cases of malaria, Zika, HIV / AIDS, among others.
- Strategic Plans specific to National Public Health Programs - Plan for the Elderly; the Cancer Control Plan.
- Complete Multiannual Vaccination Plan.
- Women's and Children's Health Plan.
- Support in improving immunization coverage in the country, including campaigns and WHO National Vaccination Days, the last held in late 2018.

As a result of these interventions supported by the WHO, Cabo Verde is today facing the challenge/perspective of eliminating a set of communicable



diseases, namely malaria, measles, rubella, neonatal tetanus, mother-to-child HIV and congenital syphilis.

For some of these diseases, **Cabo Verde will be the first country in the WHO African Region** to be declared / certified by WHO as a country free of it. For others, Cabo Verde is among a restricted group of countries in the process of elimination.

The partnership between the WHO and the Ministry of Health in capacity building for the pharmaceutical sector has made the following instruments available:

- Action plan for the fight against antimicrobial resistance.
- Curricular plan for the degree of pharmacists and training of pharmacy technicians.
- National list of medicines.



## Vaccination coverage and elimination of vaccine preventable diseases

Cabo Verde has made great strides in improving and maintaining a high rate of immunization coverage, with a real impact on achieving the goals set:

- High national immunization coverage rate, greater than 90% for over 10 years (95-98%).
- Zero cases and zero deaths from vaccine-preventable diseases since the Rubella epidemic in 2008.
- Last measles epidemic in 1997 and polio in 2000.
- Preparation of the Multiannual Plan of the 2018-2022 EPI, and respective annual plans.

- Introduction of new vaccines: Hepatitis B at birth; Pentavalent (Diphtheria-Tetanus-Pertussis-Hib-Hep.B); MMR (Measles-Mumps-Rubella).
- Replacement of tetanus vaccine by tetanus-diphtheria vaccine in 2016, expanding the vaccination to risk groups.
- IPV campaign in April 2017.
- Introduction of Yellow Fever Vaccine in routine immunization program in June 2018.

**Cabo Verde is eligible and able to declare Neonatal Tetanus elimination, with implementation of new WHO guidelines on tetanus vaccination**

## Elimination of HIV transmission from mother to child



Cabo Verde was the first country in the West African region to begin the validation process of the joint elimination of mother-to-child transmission (MTCT) of HIV and Syphilis.

In 2018, Cabo Verde received a joint technical assistance mission from the WHO and its partners to form the National Validation Committee for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis to advise on global criteria and processes for validation and the way forward towards elimination of MTCT from HIV and congenital syphilis.

## Maternal coverage of ART

- In 2017, of the total of 68 pregnant women (52 in Leeward Islands and 16 in Windward Islands) 63 initiated or continued ART, i.e. coverage rate of 92.6%.
- In 2018 this rate went to 93%, i.e., of the 60 pregnant women in this situation 56 initiated or continued ART.



## Reinforcement of logistics capacity

In recent years Cabo Verde has dealt with the Dengue, Zika and Malaria epidemics, and the country has relied on the WHO's contribution to strengthen its logistical capacity to respond to these health emergencies.

Our partnership has resulted in the following:

- Support in the creation and development of the Virology Laboratory and the Entomology Laboratory, including the acquisition of laboratory equipment and the hiring of technical personnel.
- Supply of 7 vehicles and 18 motorcycles within the framework of the Zika WHO-AfDB project, which has considerably strengthened the operating and response capacity of Cabo Verde's Health Stations and Health Posts.
- Extension of the cold chain and the medicine warehouse.
- Purchase of medicines, vaccines, equipment and consumables.







*Health is a human right. No one should get sick or die just because they are poor or cannot access the services they need.*

*Dr Tedros Adhanom Ghebreyesus, WHO director-general*



## Key challenges

**To consolidate and develop its health system for all, Cabo Verde has some crucial challenges:**

- Funding for the implementation of the multi-annual plan for the introduction of new vaccines.
- Strengthening of human resources and their continuing training.
- Improved management and data quality through computerization of the system.
- Maintaining the Polio Free Country title achieved in 2016.
- Certification of elimination of various communicable diseases: Malaria, Measles, Rubella, Neonatal Tetanus, Mother-to-Child HIV, Congenital Syphilis.



A person is seen from behind, wearing a red cap and a dark blue jacket. The jacket has the text "LUTA ANTIVETORIAL" printed in white on the back. They are walking on a dirt path in a rural, hilly area. Other people are visible in the distance.

LUTA  
ANTIVETORIAL





# HEALTH EMERGENCIES

## Emergency response

Cabo Verde, as a Small Island Developing State (SIDS) of volcanic origin, is particularly vulnerable to outbreaks and public health epidemics caused by climate change and other weather and environmental factors.

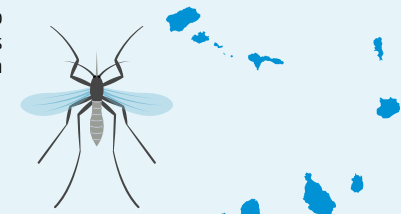
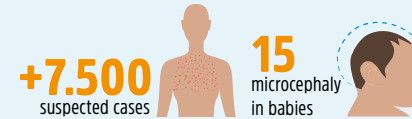
The WHO's support for the gradual creation of technical and material conditions, notably for the **National Centre for Emergency Operations in Public Health**, will provide important results to reinforce the national preparedness and response capacity, strengthening the health system to combat outbreaks and epidemics in the country.

In the most recent period, Cabo Verde has experienced an **outbreak of Zika (2015-2016)** and one of **Malaria (2017)**, which received strong support from the WHO to implement a control and combat response at a national level.



## FIGHTING ZIKA IN CABO VERDE

Cabo Verde experienced a Zika epidemics from late 2015 to mid-2016. Over seven thousand and five hundred suspected cases were reported, as well as over a dozen of cases of microcephaly in newborns related to the Zika Virus infection.



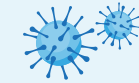
To fight the epidemics, African Development Bank (AfDB) donated Cabo Verde 1 million dollars through the Tripartite AfDB, Government of Cabo Verde and World Health Organization (WHO) **"Emergency Assistance to Support the Preparedness and Response Plan to fight Zika Virus Outbreak"**. This project was implemented through a interinstitutional committee coordinated by the Ministry of Finance with a strong engagement from the Ministry of Health and Social Security and technical assistance from WHO, thus improving the country's responsiveness in three areas:



Legislation, coordination and social capacity-building



Prevention, preparedness for a timely detection



Response to Zika virus and other Arbovirus outbreaks

### Main results

Capacity building

**802**

Health professionals  
Journalists  
NGOs  
Civil society  
Others partners

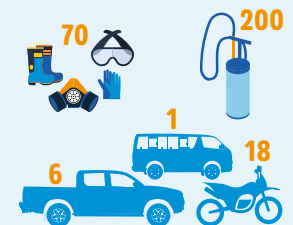


Legislation on transport of human biological samples

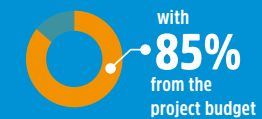


Creation of the **National Center for Public Health Emergency Operations**

Consolidating the use of **One Health** concept



Procurement of Personal Protection Equipment (PPE), Huston pumps, motorcycles, pick up collective vehicles





## Other results



### PREPARING AND SHARING MATERIALS FOR THE COMMUNICATION OF RISK AND VECTOR CONTROL

Production of more than 125,000 Information, Education and Communication materials and broadcast of 5 spots on the country's radios and televisions



### REPLENISHMENT OF THE NATIONAL STOCKS OF EMERGENCY FOR THE VECTOR CONTROL, ESSENTIAL MEDICINES AND REPRODUCTIVE HEALTH

Procurement of 4,500 kg of Abate Temephos, 4,800 condom units, reagents and materials for the virology laboratory



### NATIONAL CENTER FOR PUBLIC HEALTH EMERGENCY OPERATIONS

Procurement and installation of equipment for operating the Center



### ZIKA SCREENING

Preparing the screening manual for the selection of blood donors and introducing the Zika screening test in the Blood Bank services



### THE OPERATIONS MANUAL

Reviewing and updating the national operations manual for vector control, including messages on community mobilization



### STUDY ON VECTORS

Preparing the study on the sensitiveness of *Aedes Aegypti* mosquito to insecticides



*The government evaluates positively the impact of this project ... we are looking at a It was a great project, which served the country and one we want to keep developing.*

**Olavo Correia**  
Minister of Finance



*It was a great project, which served the country and one we want to keep developing.*

**Arlindo do Rosário**  
Minister of Health and Social Security



*Physiotherapy got my son a lot better because in the beginning he was very nervous and the massages they did in the arms and feet helped him a lot.*

**Suely Ramos**  
Mother

*I will be ready to serve the community in case of a new outbreak. But how? I am going to spread the information the best way to the population about the risks Zika can pose to the community.*

**Ernestina Lopes**  
Journalist



## ZIKA response

In November 2015, the Cabo Verdean Ministry of Health officially declared the Zika virus epidemic, becoming the first African country to report a Zika virus epidemic.

7,613 confirmed and suspected cases were reported, with transmission reported on the islands of Santiago, Fogo, Maio and Boa Vista.

In February 2016 the WHO declared Zika virus microcephaly as a Public Health Emergency of International Importance.

On March 14, 2016 the first child with microcephaly was born, probably related to the Zika virus. Another 15 other cases were recorded during the epidemic.

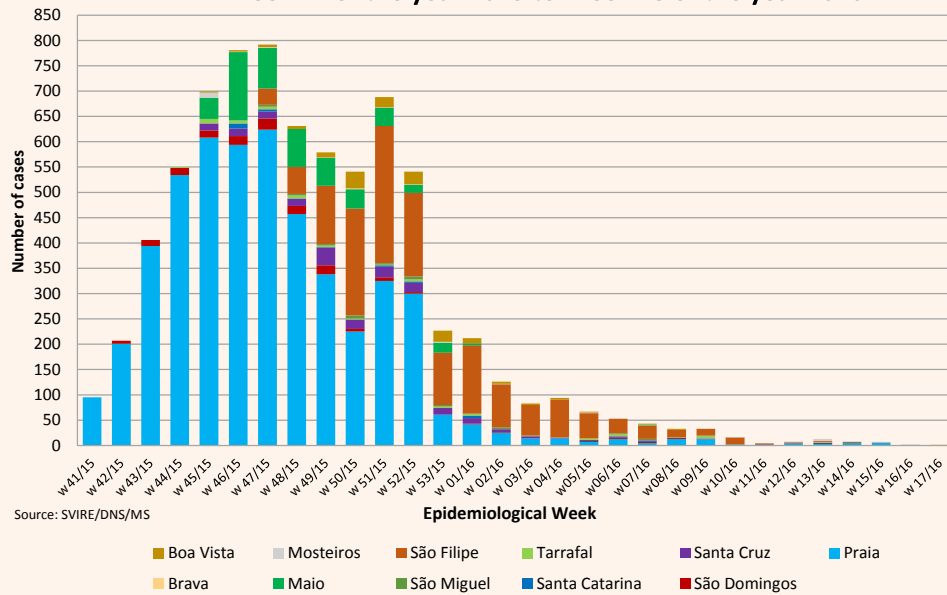
This epidemic triggered a series of response activities:

- Elaboration of epidemiological surveillance standards.
- Reactivation and reinforcement of the virology laboratory of the Ministry of Health.
- Organization of reproductive health services for the diagnosis and follow-up of microcephaly cases.
- Reinforcement of the anti-vector fight.

As a result of the responses, suspicious case reporting decreased significantly from epidemiological week 53 of the year 2015, maintaining this trend until week 10 of the year 2016, followed by a sporadic case reporting period.

The end of the epidemic was declared in October 2016, after two weeks without any suspected Zika cases reported.

### Zika virus infection by health stations. Week 41 of the year 2015 to Week 28 of the year 2016







DIA MUNDIAL  
DE LUTA CONTRA  
O PALUDISMO  
25 DE ABRIL

DIA MUNDIAL  
DE LUTA CONTRA  
O PALUDISMO  
25 DE ABRIL

Dia Mundial de Luta  
Contra o Paludismo  
25 de Abril



## Malaria elimination

Cabo Verde is in the process of eliminating malaria by 2020, with WHO support. **The WHO recognizes the good results achieved in the fight against malaria**, a priority defined in the government program of this legislature.

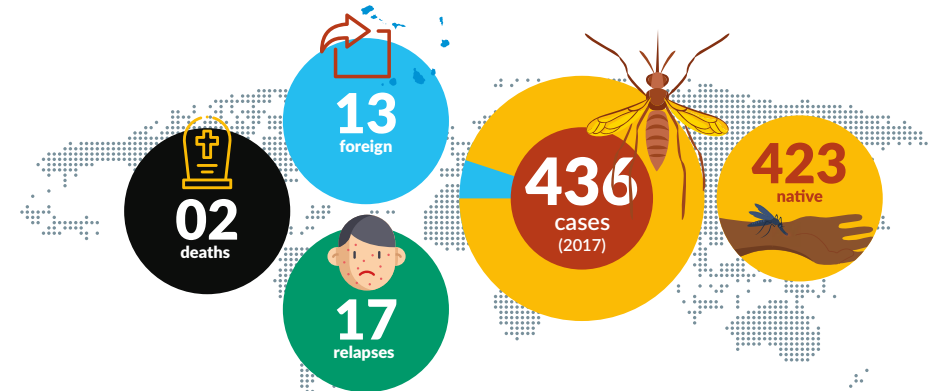
For the malaria elimination process, several favourable factors are identified:

- Strong political engagement.
- Willingness for multisectoral collaboration.
- Existence of a regulated health system with good infrastructure.
- Equitable and universal access to and opportunity for national and international financial resources.
- Strong WHO encouragement for elimination in low transmission areas and countries.

The last malaria outbreak was recorded in 2017 in the city of Praia. At that time, a WHO Epidemic Preparedness and Response Plan was implemented, which enabled the following actions:



- Strengthening surveillance in Praia and investigations and laboratory tests for all suspected cases.
- Community-based surveillance through home visits, followed by a visit to the area of any confirmed case.
- Strengthening border control measures, especially at airports.
- Periodic visits and control of mosquito breeding grounds.
- Weekly Situation Reporting (SITREP) by the WHO and the Ministry of Health and Social Security, shared with all partners.







*Cabo Verde is helping to make history in the fight against epidemics in Africa.*

Dr Matshidiso R. Moeti, Regional Director of the WHO Regional Office for Africa



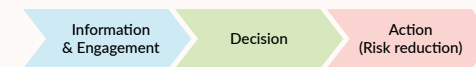
## RISK COMMUNICATION IN HEALTH EMERGENCIES



Risk communication(s) refers the **realtime exchange** of information, advice and opinions between experts or officials and people who face a threat (hazard) to their survival, health, or economic or social well-being.



Its ultimate purpose is that everyone at risk is able to take **informed decisions** to **mitigate** the effects of the threat (hazard), such as a disease outbreak, and take protective and preventive action.



### A MULTI-DISCIPLINARY APPROACH

Risk communication uses a mix of communication and engagement strategies and tactics, including, but not limited to, media communications, social media, mass awareness campaigns, health promotion, stakeholder engagement, social mobilization and community engagement.



### AN INTEGRATED MODEL FOR EMERGENCY RISK COMMUNICATION



### RISK COMMUNICATION BUILDING BLOCKS



### GUIDING PRINCIPLES FOR RISK COMMUNICATION BEST PRACTICES

- 1 Create and maintain trust
- 2 Acknowledge and communicate even in uncertainty
- 3 Coordinate
- 4 Be transparent and fast with the first and all communications
- 5 Be proactive in public communication
- 6 Involve and engage those affected
- 7 Use integrated approaches
- 8 Build national capacity, support national ownership







# PROMOTION OF HEALTH AND WELL-BEING





## Multi-sectoral partnerships

The WHO has developed partnerships with the health sector and also with other sectors namely:

- Ministry of Education – Healthy Schools.
- Ministry of Sport - Promotion of Physical Activity and Health.
- Ministry of Internal Administration - Road Safety.
- NGOs - Healthcare for people with disabilities.
- President of the Republic - Prevention of abusive use of alcohol.
- Professional unions, civil society - Prevention of the use of alcohol, tobacco.
- Universities – Healthy Universities.
- National Association of Municipalities - Healthy Cities Initiative.

**Health Promotion provides the integration of activities through various sectors encouraging multi-sectoral collaboration.**





# HEALTH PROMOTION INTERVENTION AREAS

Promotion of  
physical activity



Healthy environments:  
cities, universities  
and schools



Preventing  
alcohol abuse



Health throughout  
the life cycle



Promotion of  
mental health



Road safety



Healthy Food



WHO Framework  
Convention on  
Tobacco Control



## Health promotion throughout the life cycle

Our main contributions were:

- Technical support to the Adolescent Pregnancy Prevention Campaign, in the North Santiago Sanitary Region.



- National Strategic Plan for Active Aging and Elderly Health 2017-2021.
- Training of 20 health professionals in the implementation of the Integrated Health Care Protocol for the Elderly in health structures.
- Technical support in the preparation of the National Strategic Plan for Sexual and Reproductive Health 2017-2021.

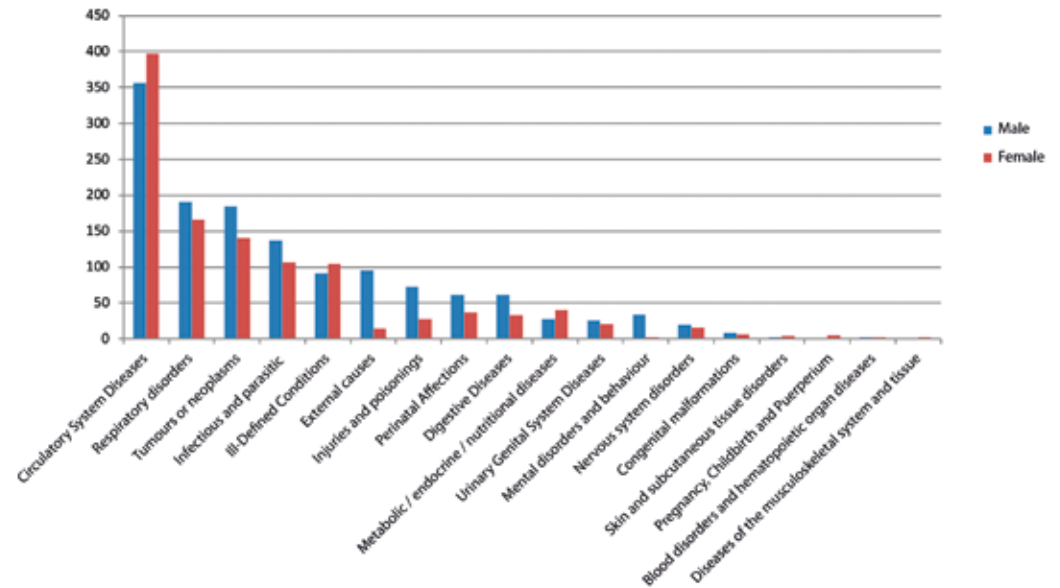




## Non-communicable diseases and mental health

Non-communicable diseases account for about 60% of the causes of death in Cabo Verde.

Cause of death due to ICD 10, by gender, year 2016 and 2017



Highlights for key actions:

## Preventing Alcohol Abuse

- Training of 76 primary health care professionals (physicians, nurses, psychologists, community agents, social workers), in the field of attendance, counselling, treatment and follow-up of alcohol dependents and support for families.
- Training of 105 agents in preventive oversight and individual and socio-economic consequences of the excessive use of alcohol, with the collaboration of the general inspection of economic activities.



- WHO participation in the coordination team of the presidential initiative “Less alcohol, More life”, this campaign has more than 70 partners, among them, public and private institutions, and NGOs.
- Technical assistance in drafting the updated Alcohol Control Law, approved and published in April 2019, with WHO technical support.
- Raising awareness at national level of 50 union leaders about the harmful effects of alcohol abuse and its relationship with labour activity.

## Promotion of a healthy diet

- Santa Rita Vieira Regional Hospital and Baptista de Sousa Hospital re-evaluated in relation to the implementation of the Baby-Friendly Hospital Initiative in 2017 and 2018.
- Study on the nutritional profile of 190 processed foods and usually consumed by children, which resulted in the recommendation to ban the advertising of 62% of these foods due to their sugar, salt and fat content.

## Promotion of physical activity

- Participation in two actions to promote physical activity in communities, project “Rua Ativa”, with the involvement of more than 500 people, which was within the framework of the national program to promote physical activity and health of the Ministry of Sport.



## Promotion of mental health

- Training of 19 nurses, with focal points of mental health in primary health care, therapeutic approaches in psychiatric care, including community engagement in the prevention of suicide.
- Raising awareness among 30 media, health and civil society professionals about the determinants of health and the promotion of mental health.

## Promotion of road safety

- Road safety awareness during the Fourth World Road Safety Week under the motto “**No speeding. Preserve life!**”, with children from the integrated elementary schools of the islands of Fogo, Boa Vista, Santiago and Santo Antão.
- Population of Santiago and Fogo Islands sensitized during the Road Safety Fair.



## Reduction of tobacco use

Cabo Verde was selected by the WHO Secretariat for Tobacco Control as one of the 15 FCTC 2030 Project Partner Parties (only five in the WHO African Region) which can be examples in the framework of the overall acceleration strategy for implementation of the WHO Framework Convention for Tobacco Control according to Goal 3.a of SDG 3.

Main contributions:

- Preparation of the draft legislative proposal on prevention and tobacco control, which regulates the implementation of the WHO Framework Convention on Tobacco Control.
- First National Strategic Plan for Tobacco Control (2018-2023).
- Adequacy of the national tax policy on tobacco products (with the increase in the ICE – special tax– from 30% to 50% and with the creation of the specific tobacco rate of 20 ECV on each packet), in accordance with the guidelines of Article 6 of the Framework Convention and the recommendations of the ECOWAS Council of Ministers of December 2017.
- Study of the investment case of the Convention in Cabo Verde, which provides a sustainable basis of information for the key decisions for tobacco control policies in Cabo Verde.
- Technical support in the creation of the National Multisectoral Coordination Mechanism for Implementation of the Convention.

**Cabo Verde has begun its accession process to the Protocol for the Elimination of Illicit Trade in Tobacco Products which entered into force in October 2018 as an International Treaty which complements and expands Article 15 of the Framework Convention.**



## Promotion of Healthy Environments

### Healthy cities & islands initiative

- Training of 60 professionals from the health area, the municipal councils, the Ministry of Education, Universities and NGOs, on the WHO healthy city approach, according to the methodology URBAN HEART.
- Mindelo Declaration signed during the Meeting of the International Movement of Healthy Cities in Cabo Verde.
- Statute for the creation of the elaborated Cabo Verde Network of Healthy Cities and Municipalities.
- Technical protocol signed between the WHO, the National Institute of Health, Dr Ricardo Jorge and the Portuguese Network of Healthy Municipalities.







*In truth, the problem of alcoholism can only be tackled from a global and multisectoral perspective that enables the gathering of energies through measures based on knowledge of reality and the mobilization of broad social sectors.*

*HE Jorge Carlos Fonseca, President of the Republic of Cabo Verde, awarded the United Nations Prize for the Prevention and Control of Noncommunicable Diseases*



## Healthy schools

An average of 91,000 Mebendazole tablets per year were distributed to preschool and integrated primary school children (campaign to reduce the prevalence of helminthiasis) from 2016 to 2018.











## Looking to the future

In a mature health system, as is the case with Cabo Verde, there are undoubtedly outstanding challenges to bring Universal Health Coverage to the next level of development and continue to improve the health status of the Cabo Verdean population, strengthening:

- Health governance from an intersectoral perspective of the national health system, health policies and strategies and the regulatory framework, including the development of public-private partnerships.
- Public policies to combat antimicrobial resistance and the effects of climate change on health.
- The country's preparedness to address the risks and vulnerabilities associated with health emergencies and the full implementation of the International Health Regulations, which cover the necessary standards of capacity for all countries to prevent and respond to acute public health risks.
- The capacities to monitor and assess the national and local health situation, including the reduction of existing inequalities resulting from geographical and financial barriers, the quality and humanization of care and the integration of the various provisions of resolution levels of public and private services.
- The reduction of risk factors associated with climate change, physical inactivity, inadequate nutrition, unsafe sex, high blood pressure, tobacco use, alcohol abuse, inadequate water for human consumption, inadequate sanitation and hygiene and prevention of teenage pregnancy.

- The integration of health in all policies and the development of health promotion environments, focusing on municipal scenarios.
- The production of medicines by the national industry and other medical and non-medical products with the WHO quality label, as well as exploring the possibility of building capacities for national vaccine production.
- The expansion of public and private health insurance, including the possibility of knowing more and having a better understanding of the model of universal health insurance implemented in other countries.
- The production of evidence on the country's morbidity and mortality profile in close collaboration with the National Institute of Statistics and academic institutions, to simultaneously improve the health information system and the use of georeferencing technologies.
- The incorporation of technological innovations that improve the programmatic and managerial aspects of the institutional and social health response.

WHO and its international community partners will be side by side with Cabo Verde to continue to work hand in hand on strategic priorities and interlinked goals that promote healthier living, as well as to **foster the well-being of the entire population at all ages, stimulating policy dialogue, providing strategic support, mobilizing technical cooperation and assisting in the provision of services when necessary.**



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A TRABALHAR PARA TODOS.

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