In Cabo Verde the progress in health status has been consistent and stable over the past 40 years of independence. The achievements in health have favored the overall socio economic performance which is reflected in the Competitiveness Index and Human Development Index. Health status indicators are among the best in the African Region, for example: life expectancy, under-5 mortality (USM), maternal mortality and adult mortality, as well as age-standardized death rates due to communicable diseases, non-communicable diseases, injuries and violence. The country has not registered any outbreak of vaccine preventable diseases in the last sixteen years either.

The Millennium Development Goals (MDGs) 4 - reduce child mortality, from 56 in 1990 to 17.5 per 1,000 in 2015, and 5- improve maternal health, from 79.4 in 1990 to 42 per 100,000 in 2015, were both achieved. Concerning MDG 6, the HIV prevalence rate in 2005 was 0.8 per cent (INE 2005). Recent studies on specific risk behavior populations have shown high prevalence rates indicating that the country is facing a concentrated HIV epidemic. The incidence of tuberculosis has decreased and the cure rate is above 90 per cent. The reported cases of malaria are under 1 per 100,000 and a national strategy for pre-elimination is being implemented.

The country is moving towards an epidemiological transition and is facing the double burden of communicable (41%) and non-communicable diseases (46%), and injuries (13%). The leading causes of premature death in 2010 (years of life lost -YLLs) were: cerebrovascular disease, HIV/AIDS, and ischemic heart disease. Three risk factors accounted mostly for the disease burden such as: high blood pressure, dietary risks, and iron deficiency. The leading risk factors for children under 5 and for adults aged 15-49 years were respectively suboptimal breastfeeding and occupational risks (source: Global Burden of Disease Study 2010). Additionally, the country is struggling to fight alcoholism, a complex social and public health problem.

In 2009-2010, Cabo Verde faced for the first time, a dengue epidemic, and in October 2015, a Zika virus outbreak was declared. The vulnerability of the country concerning vector-borne diseases is a major public health concern and challenge for health security. By the end of 2015, the assessment of the core capacities for the IHR 2005 was carried out and the main priorities and action plan formulated. There are major investments to be done in the national institutions responsible for the IHR 2005 application and enforcement.

HEALTH POLICIES AND SYSTEMS

The Government of Cabo Verde is committed to reform the health sector in the horizon of 2020 (National Health Policy published in 2007). The overall goal is to increase the commitment of the Cape Verdens with Health. The National Health Development Plan (NHDP 2012-2016) is the main planning and coordination framework for the implementation of health sector reforms, and is aligned with the National Growth and Poverty Reduction Strategy (2012-2016) and the respective Medium-term Expenditure Framework. The public investment for health is over 3.5% of the GDP. The reform aims to improve the quality of health services and equity in access to effective care for all citizens. The main policies being implemented so far are:

- Strengthening of the primary health care
- Reorganization of regional services delivery
- Health financing towards universal coverage
- Pharmaceutical policy and essential drugs
- NCD multi-sectoral national strategy
- Hospital reforms
- Health partnership aligned with IHP+

In 2014, a National Health Compact was signed by over 40 entities, representing national and international partners from the public and private sectors and civil society, with the purpose to align with the NHDP and to harmonize health cooperation. The Government of Cabo Verde is dedicated to implement its international commitments concerning health. A national taskforce under the leadership of the Minister of Finance and Planning was designed to accelerate progress towards the MDGs. Moreover, the global polio eradication strategy is being implemented, and a multi-sectoral health plan to fight priorities diseases such as HIV/AIDS, Malaria and TB is being implemented with the support of GFTAM. WHO plays its role of leading technical partner supporting the health sector reform and encouraging the country to further contribute towards international health strategies.

COORDINATION AND COOPERATION

Cooperation for health has been mobilized to address and strengthen the provision of public health services including water and sanitation, and involving different stakeholders from: the United Nations System, bilateral cooperation, multilateral regional organizations, international development banks, global funds and other international funding platforms. The Government coordinates this cooperation through national policies and plans, including the National Health Policy, the National Health Development Plan and the Strategy for Growth and Poverty Reduction. The UN system is implementing the Delivery as One strategy, and the UNDAF/UNDP 2012-2016 integrates the UN vision and cooperation with country, including health. WHO maintains a good relationship and dialogue with all stakeholders and works closely with other UN agencies.

Sources of data:
Global Health Observatory May 2016
http://apps.who.int/gho/data/node.co
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<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| **STRATEGIC PRIORITY 1:** Support the country to mainstream SDG 3 and other health related goals in the national plans | • Support SDG mainstreaming in the planning and monitoring of the National Health Development Plan  
• Technical support to develop strategies to reduce maternal mortality, newborn and child preventable deaths  
• Technical support to implement and monitor the action plan for malaria pre-elimination and develop and implement the HIV/AIDS, Malaria and TB surveillance frameworks, integrated in the national diseases surveillance system |
| **STRATEGIC PRIORITY 2:** Promote healthy lifestyles and effective interventions to prevent and control NCDs, injuries, mental health and major risk factors | • Technical support to coordinate and monitor the implementation of the multi-sectorial action plan  
• Technical support to implement the health promotion and risk communication plans  
• Develop and implement protocols to address the major health risks factors and conditions including alcoholism, diabetes, hypertension, cardiovascular diseases and cancers |
| **STRATEGIC PRIORITY 3:** Build capacity to undertake early detection, assessment and response to major epidemic and pandemic-prone diseases | • Support national capacity building to fulfill the required competencies for IHR 2005  
• Technical support to implement the national integrated surveillance system and response  
• Technical support and follow up on the poliomyelitis eradication action plan  
• Support implementation of the national preparedness, response and recovery for ZIKA virus and other arbovirus outbreaks |
| **STRATEGIC PRIORITY 4:** Strengthen health system capabilities to adopt improved people-centered approaches and universal health coverage strategies | • Technical support to develop and implement regional health systems  
• Continuing to support the development of human resources for health, health financing systems, health information systems and research |
| **STRATEGIC PRIORITY 5:** Enhance the national capacity to define and implement a global health technology policy and action plan | • Technical support to revise, coordinate and monitor the implementation of the national pharmaceutical policy and action plan  
• Technical support in undertaking surveys to monitor the availability and affordability of essential medicines and health technologies  
• Support strengthening of the drug management and regulatory system |