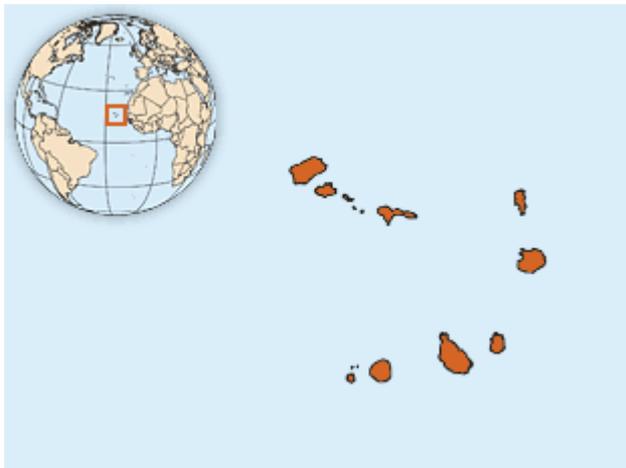


Cabo Verde



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Lower-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2005)	60.0
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	96
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	73.3 (Both sexes) 71.3 (Male) 75.0 (Female)
Population (in thousands) total (2015)	520.5
% Population under 15 (2015)	29.7
% Population over 60 (2015)	6.7
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2015)	35.0
Literacy rate among adults aged >= 15 years (%) (2007-2012)	85
Gender Inequality Index rank (2014)	...
Human Development Index rank (2014)	122
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	4.76
Private expenditure on health as a percentage of total expenditure on health (2014)	25.26
General government expenditure on health as a percentage of total government expenditure (2014)	11.73
Physicians density (per 1000 population) (2015)	0.788
Nursing and midwifery personnel density (per 1000 population) (2015)	1.256
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	10.2 [7.6-13.8]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	21.4 [18.4-25.0]
Maternal mortality ratio (per 100 000 live births) (2015)	42 [20 - 95]
Births attended by skilled health personnel (%) (2013)	92.3
Public health and environment	
Population using safely managed sanitation services (%) (2012)	65
Population using safely managed drinking water services (%) (2012)	89

Sources of data:
Global Health Observatory May 2017
<http://apps.who.int/gho/data/node.coc>

HEALTH SITUATION

The progress in health status in Cabo Verde has been stable over the 40 years of independence and it has favored the overall socio economics performance, reflected in the good levels of Competitiveness Index and Human Development Index. The health status indicators, such as life expectancy, under-5 mortality (U5M), maternal mortality, and age-standardized death rates due to communicable diseases, non-communicable diseases, injuries and violence are among the best in the African Region, for example. The country was declared free of polio in November 2016 and did not register any outbreak of vaccine preventable diseases, in the last seventeen years.

The epidemiological transition is moving on rapidly and the country is facing the double burden of communicable diseases (30%), non-communicable diseases (62%), and injuries (9%). Cardiovascular diseases is the major cause (249.9 per 100 000 inhabitants) of the age-standardized mortality rate, followed by cancer (63.1), chronic respiratory affections (49.3) and diabetes mellitus (22.9). The infection diseases (mainly pneumonia and HIV/AIDS) come as the fourth cause followed by external causes and injuries.

Cabo Verde is one of the small islands developing states in the Africa Region. Its geographic situation in the Atlantic, in the middle of three continents, and the climate changes worsen the existing threats for health. In the last years, the country faced several vector-borne diseases epidemics: dengue in 2009-2010, ZIKA virus disease in 2015-2016 (both for the first time) and malaria epidemic in 2017. The vulnerability of the country in what concerns vector-borne diseases is a major public health issue and challenge for health security. Other emergencies took place: a severe drought in 2017 and volcanic eruptions in recent years.

Three risk factors are particularly responsible for the disease burden such as: high blood pressure, diabetes and dietary risks. Additionally, the country is fighting alcoholism, a complex social and public health problem. It has signed the Framework Convention on Tobacco Control and is making progress in the implementation of the action plan.

The country has adopted strategies for most public health programs, namely, HIV/AIDS, Elimination of Malaria, PPAC, a multisector plan to prevent and control NCD and risk factors, health and ageing. A strategic shift has to be made to focus on the norms, protocols and monitoring of implementation at the service delivery levels. It is facing new challenges, namely, environmental and behavior changes, to promote health through the life cycle, to prevent the major health risk factors, to accelerate the implementation towards UHC, to reinforce the core capacities for IHR 2005 full enforcement and to set up health emergencies preparedness and response.

HEALTH POLICIES AND SYSTEMS

Health system was defined on basis of a State of Social Well-being. The right to health is consecrated by the Constitution (Article 70th) as universal and usually free of charge.

Investing in health is one top priority and public expenditures in health represent around 3.5% of GDP. The Government has adopted the National Strategy for Sustainable Development, 2017-2021, which includes health as a main sector, contributing for economic development and well-being. The total investment for health was estimated in 190 million USD and the expected results are namely:

- Diseases prevention and control of non-communicable diseases
- Vector-borne diseases control and elimination of malaria
- Health security and diseases surveillance
- Quality of health services
- Human resources development
- Infrastructure and health technologies

The National Health Policy was adopted as a law in 2007, which the main goals are to reform the health sector and to mobilize the society towards the "right to health". This policy is being implemented and monitored through the medium-term National Health Development Plan (2008-2011; 2012-2016), which is the main normative and operational tool for the development of health system and services and the coordination framework for all stakeholders. The third NHDP will be elaborated and adopted in 2018. The priorities of MOH's are to strengthen the local health system and the quality of cares, as well the governance and regulation of the sector, including the private providers. Integrated in the roadmap for the Universal Health Coverage, supported by EU-LUX-WHO, all regions/islands have elaborated and adopted a health development plan; the governance and health regulation systems were reviewed. The Essential Drugs List was also reviewed. The health system made also substantial progress concerning human resource density and service delivery coverage. The challenge will be to set up a performant mechanism to monitor the implementation of these policies and plan at the regional and service delivery levels based on a robust health information system.

COOPERATION FOR HEALTH

The overall Official Development Aid has decreased in the last years (from 31.1% of the GDP in 1990 to 13.7% in 2013). External resources for health as a percentage of total expenditure is variable and the trend for the last years point out for less than 10%. The main partners are WHO, UNICEF, UNFPA, UNODC, GFTAM, EU, AfDB, Arabian Funds and bilateral cooperation, such as with Portugal, Cuba, China, Brazil, and Luxembourg.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2018–2021)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1: Support the country to achieve the Universal Health Coverage and all health related SDG by 2030</p>	<ul style="list-style-type: none"> Strengthen health system capabilities to adopt improved people-centered approaches and to implement the national packages of essential services towards the universal health coverage, prioritizing primary and secondary levels Coordination, implementation and monitoring of National Health Development Plan, of Regional Health Plans and the Hospital Development Plan Reforming and capacity building of the health governance and regulation systems, including the private sector Continuing support to implement the approach “health in all policies” (HiAP), the development of human resources for health, health financing system, pharmaceutical policy, health information system and research Implementing and monitoring the roadmap to address health effects of climate changes in small islands developing States in Africa Region
<p>STRATEGIC PRIORITY 2: Support effective interventions to prevent and control CD, NCDs, injuries and major health risk factors</p>	<ul style="list-style-type: none"> Implementing and monitoring the new ARV guidelines and to review the HIV national strategic plan towards the universal access to prevention and treatment Technical support to review, implement and monitor the action plan for malaria elimination and to reinforce capacities to early detection, prevention, diagnosis and treatment of communicable diseases, namely, the arbovirus diseases Implementing and monitoring the national multi-year complete plan of vaccination (PPAC), including resource mobilization to introduce new vaccines (HPV, rotavirus) Implementing and monitoring the poliomyelitis eradication action plan Implementing and monitoring the national action plan to tackle antimicrobial resistance aligned with the Global Action Plan on AMR, the 2030 SDG Agenda and the Political Declaration of the high-level meeting of the General Assembly on antimicrobial resistance Technical support to coordinate and monitoring the implementation of the Non Communicable Diseases multi-sectorial action plan aligned with the Global NCD Plan, the Political Declaration of the High-level Meeting of General Assembly on NCD and 2030 SDG Agenda Developing and capacity building to implement strategies and protocol including the package of essential interventions at primary health cares (WHO PEN) to address the major health risks factors and conditions (diabetes, hypertension, cardiovascular diseases, cancers...) Conduct a national survey on NCD risk factors
<p>STRATEGIC PRIORITY 3: Promote health to all ages through life course</p>	<ul style="list-style-type: none"> Technical support to implement and monitor integrated plans to promote Sexual, Reproductive, Maternal, Neonatal, Child and Adolescent health Technical support to implement and monitor the multisector action plan to promote health and actively ageing Following up on the national action plan to implement the WHO Framework Convention on Tobacco Control (WHO FCTC) Technical support to implement and monitor the multisector action plan on prevention and control of alcohol use and other substances abuse Conduct a national review on social, economic and environmental health determinants and implement an intersectoral action plan
<p>STRATEGIC PRIORITY 4: Build capacity to undertake assessment, preparedness and response to emergencies and catastrophes</p>	<ul style="list-style-type: none"> Conduct the Joint External Evaluation (JEE) and support the national capacity building to fulfil the required competencies for the 2005 IHR enforcement Technical support to implement the national integrated surveillance system and response