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General data

POPULATION, 2023
598,682

PHYSICIANS/1000 INH, 2020-2022
-

NURSES/1000 INH, 2020-2022
1.59

LIFE EXPECTANCY, 2022
76.40

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower middle income

HUMAN DEVELOPMENT INDEX RANKING, 2023
135

GDP PER CAPITA (US\$), 2023
4,850.98

HEALTH EXPENDITURE, 2021
247.91

UNIVERSAL HEALTH COVERAGE, 2021
71



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- ① EMPOWERMENT OF PEOPLE AND COMMUNITIES
- ② POLICIES
- ③ RESEARCH
- ④ USE OF ESSENTIAL MEDICINES
- ⑤ EDUCATION AND TRAINING
- ⑥ PROVISION OF PC

LEVEL OF DEVELOPMENT

① EMERGING
② PROGRESSING
③ ESTABLISHED
④ ADVANCED

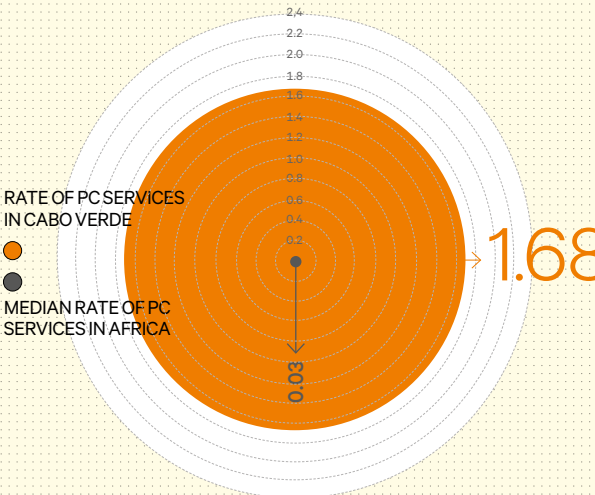
Cabo Verde

F Provision of PC (Specialised Services)

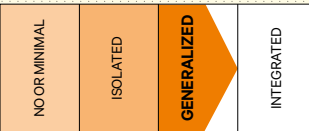
Total number of Specialised PC services
10

Rate of PC services per 100,000 inhabitants
1.68

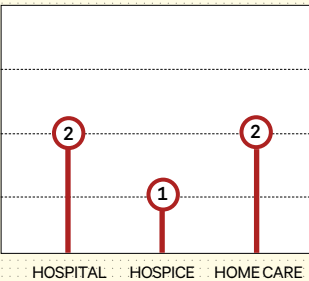
Cabo Verde in the context of African continent



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION
1

TOTAL NUMBER
0

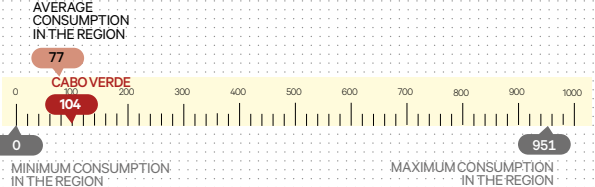
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D Use of essential medicines

Opiods consumption (excluding methadone)
104
S-DDD/MILL INHABITANTS/DAY

Cabo Verde in the context of African continent



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles
1

Existence of PC congresses or scientific meetings
2



National Association: No.
Consultants: Carla Barbosa; Valéria Semedo.

Data collected: From December 2023 to March 2024.
Date validated by consultants: Yes
Endorsed by National PC Association: N/A
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

E Education & Training

Medical schools with mandatory PC teaching
0/1

Nursing schools with mandatory PC teaching
0/4

Recognition of PC specialty
1

B Policies

National PC plan or strategy
2

Responsible authority for PC in the Ministry of Health
3

Inclusion of PC in the basic health package at the primary care level
2

A Empowerment of people and communities





Groups promoting the rights of PC patients
2

Advanced care planning-related policies
3

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Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.	 Pioneers, champions, or advocates of palliative care can be identified, but without a formal organization constituted.	In Cabo Verde, there is no formal patient or caregiver association specifically dedicated to advocating for palliative care. However, individual and institutional actors have contributed to raising awareness. On World Hospice and Palliative Care Day, a meeting was held at Praia Hospital to promote reflection on palliative care. At the national level, the Technical Support Unit for Palliative Care (NAT), under the Directorate of Health, plays a coordinating role in the development of palliative care. Composed of a multidisciplinary team and institutional partners, the NAT is part of the National Palliative Care Plan and supports advocacy, awareness, and quality-of-life efforts, although it does not function as a civil society organisation.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is/are national policies or guidelines on living wills and/or on advanced directives.	Cabo Verde's Carta de Direitos e Deveres dos Utentes, issued by the Ministry of Health, includes provisions that support key elements associated with advance care planning. Article 8 guarantees the right to receive information about one's health condition, prognosis, and treatment options. Article 11 recognises the right to refuse care or treatment, and Article 14 affirms the right not to suffer unnecessary pain or distress. These principles provide a foundation for recognising patients' autonomy and the possibility of expressing advance preferences regarding care.
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Developed over 5 years ago.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	In Cabo Verde, palliative care is integrated into several national health strategies and plans. Since 2014, the Multisectoral Plan for the Prevention and Control of Non-Communicable Diseases has included palliative care among its key strategies, focusing on access, infrastructure, and patient satisfaction. The National Health Development Plan (2017–2021) and the Strategic Plan for Sustainable Development (2017–2022) also incorporate palliative care as part of universal health coverage. The National Cancer Control Plan (2018–2022) designates a dedicated section to palliative care, outlining actions such as the creation of multidisciplinary teams, development of clinical guidelines, and availability of essential medicines. This plan includes specific indicators to monitor and evaluate progress. However, there is no stand-alone national strategy exclusively dedicated to palliative care.

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3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.	
Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.	Law No. 41/VI/2004, which defines the structure of the National Health Service in Cabo Verde, along with its 2020 amendment, does not explicitly include palliative care. However, since the 2014 World Health Assembly resolution, various national efforts have supported its progressive integration. The 2018 Community Health Agent Manual assigns palliative care-related responsibilities to frontline health workers. In 2021, a Palliative Caregiver Manual was developed to guide home-based care delivery. A Technical Support Unit for Palliative Care has also been created to assist in the organisation of services. Despite these developments, palliative care is not yet formally included in the list of services provided at the primary healthcare level under the national Universal Health Coverage framework.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	 There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).  There are concrete functions but do not have a budget or staff.	The Technical Support Center for Palliative Care at the Ministry of Health of Cape Verde was validated on November 16, 2021, with Dr. Valéria Semedo as the focal point and 5 priority axes for the implementation of Palliative Care at the National level.

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Ind6 Existence of congresses or scientific meetings at the national level specifically related to PC.	<div><div></div><div>2</div><div></div><div></div></div> <div>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</div>	<div>Since 2021, the Ministry of Health and the National Institute of Public Health of Cabo Verde have organised scientific meetings and training activities that include palliative care topics. Examples include the World Breast Cancer Day event held on 30 October 2022, and the seminar “Prostate Cancer” held on 21 November 2023. These events incorporate palliative care within broader cancer-related discussions. However, no national scientific congress specifically dedicated to palliative care has been identified.</div>
Ind7 Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.	<div><div>1</div><div></div><div></div><div></div></div> <div>Minimal or non-existent number of articles published on the subject in that country.</div>	<div>A comprehensive scoping review conducted in March 2023, covering publications from 2017 onward, did not identify any peer-reviewed articles on palliative care in Cabo Verde that all met the inclusion criteria for this indicator.</div>
Ind8 Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.		<div><div></div><div>104</div><div>S-DDD PER MILLION INHAB /DAY</div></div> <div><div>COUNTRY VS REGION</div><div><div>AVERAGE CONSUMPTION IN THE REGION</div><div>77</div><div>CABO VERDE</div><div>104</div><div>0</div><div>951</div><div>MINIMUM CONSUMPTION IN THE REGION</div><div>MAXIMUM CONSUMPTION IN THE REGION</div></div></div>



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Ind9 9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines. 9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.	<div><div><div></div><div></div><div>3</div><div></div></div><div>Good: Between 30% to 70%</div></div> <div><div><div></div><div>2</div><div></div><div></div></div><div>Fair: Between 10% to 30%</div></div>	<div>In Cabo Verde, palliative care medicines are included in the National Essential Medicines List (LNME), which is aligned with the World Health Organization’s recommendations. National regulations require public health facilities to ensure the availability of essential medicines appropriate to the level of care, based on sublists defined by the Ministry of Health. The LNME includes pain relief and palliative care medicines, covering basic options. Around 30% of these medicines are restricted to hospital use or require specialist prescription, which may limit access at the primary care level. National guidelines stipulate that essential pain management medicines should be available at primary health facilities.</div>
Ind10 10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet). 10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).	<div><div><div></div><div>2</div><div></div><div></div></div><div>Fair: Between 10% to 30%</div></div> <div><div><div></div><div>2</div><div></div><div></div></div><div>Fair: Between 10% to 30%</div></div>	<div>In Cabo Verde, some palliative care medicines are provided free of charge only at seven health centres with specialised palliative care teams, out of a total of 32 centres. Outside these facilities, public provision is not available. However, the medicine is accessible in all private pharmacies across the country.</div>







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<p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p>	<p>0/1</p> <p>1/1</p> <p>0/4</p> <p>3/4</p>	<p></p> <p>Palliative care is offered as an optional subject in the country's only medical school. Among four nursing schools, three include optional training in palliative care. There are no mandatory components or national requirements for undergraduate education in this area.</p>
<p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>There is no process on specialization for palliative care physicians.</p>	

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<p>Ind13</p> <p>13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p></p> <p>Generalized provision: Exists in many parts of the country but with some gaps.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p> <p></p> <p>Not at all.</p> <p></p> <p>Ad hoc/ in some parts of the country.</p>	<p>A national palliative care programme is currently under development in Cabo Verde. At present, specialist services are delivered by a limited number of hospital and primary care teams. Two dedicated hospital-based palliative care teams operate at the central hospital level (2 out of 2), while one team is available at a regional hospital (1 out of 4). In the primary health care sector, seven community-based teams provide palliative care within health centres, representing 7 out of 32 primary care units nationwide. These services are integrated into existing health system structures and vary in scope and staffing.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION 0.03</p> <p>CABO VERDE 1.68</p> <p>MINIMUM RATE IN THE REGION 0</p> <p>MAXIMUM RATE IN THE REGION 1.68</p> <p>10 ← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p>Ind14</p> <p>14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p></p> <p>No or minimal provision of palliative care specialized services or teams for children exists in country.</p> <p></p> <p>PPC TEAMS</p>	<p>There is no specialist paediatric palliative care team in Cabo Verde. Adult palliative care teams provide services to children when needed.</p>