

MINISTÉRIO DA  
SAÚDE E DA  
SEGURANÇA SOCIAL

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

**COORDINATION COMMISSION FOR ALCOHOL AND OTHER DRUGS**  
NATIONAL COMMISSION FOR THE IMPLEMENTATION  
OF THE FRAMEWORK CONVENTION

**NATIONAL STRATEGIC PLAN FOR TOBACCO CONTROL**  
(2019 – 2023)

REPUBLIC OF CABO VERDE





**PROJECT FCTC 2030 - CABO VERDE (2017 -2021)**

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## TECHNICAL FILE

### Consultant responsible for drawing up the plan

José Maria Dias Teixeira WHO – FCTC- Cabo Verde Office

### National Team

Members of the National Commission for the Implementation of the Framework Convention (CICQ):

Members of the National Commission for the Implementation of the FCTC	Institutions Represented	
<b>Silvania Sanches Mendes</b>	Presidency of the Republic	✓
<b>Dulce Silva</b>	National Assembly	✓
<b>Jose R. Livramento</b>	Ministry of Justice and Labour	✓
<b>Ricardo Antonio M. Estrela</b>	Ministry of Finance- Directorate General for Customs and Excise (DGA)	✓
<b>Gustavo Moreira</b>	Ministry of Finance	✓
<b>Shimura Pires</b>	Ministry of Finance - Directorate General for Customs and Excise (DGA)	✓
<b>Samira Chantre Fortes</b>	Ministry of Tourism and Transport	✓
<b>Filomena Victória Fialho</b>	Ministry of Industry, Commerce and Energy	✓
<b>Isabel C. Varela Semedo (IGS)</b>	ERIS – Independent Health Regulation Authority	✓
<b>Bruno Jorge D. dos Santos (ARFA)</b>	ERIS – Independent Health Regulation Authority	✓
<b>Emilia C. de Castro Monteiro</b>	National Directorate of Health – NDC Program	✓
<b>Celso Monteiro</b>	Ministry of Health and Social Security	✓
<b>Jacinto José Araújo Estrela</b>	ARC- regulatory Authority of social communication	✓
<b>Ariano F. da Costa</b>	Ministry of Interior	✓
<b>Melany Ferreira Ramos</b>	Presidency of the Council of Ministers	✓
<b>Maria Goretti Santos Lima</b>	Ministry of Foreign Affairs and Communities	✓
<b>Dircelena da Silva Melo</b>	Ministry of Education	✓
<b>Sara Celestina Garcia Pereira</b>	IGAE- Inspectorate-General for Economic Activities	✓
<b>Antonieta Martins</b>	UNICV- University of Cabo Verde	✓
<b>José Maria Dias Teixeira</b>	WHO- World Health Organization	✓
<b>Elsa Maria Lopes Almeida Fontes</b>	UNESCO – NCU Education, Science and Culture	✓
<b>Elisabete Mendes</b>	UNDP– UN Development Program	✓
<b>Luis Landim Barbosa</b>	ANMCV- National Association of Municipalities- CV	✓
<b>José de Fátima Semedo da Rosa</b>	ACLCC- Cape Verdean Association Against Cancer	✓
<b>Amália Hermem Freire Correia</b>	ADECO- Association for Consumer Protection	✓
<b>Paulo Ferreira</b>	QUERCUS Association – Cabo Verde	✓
<b>Valdir Rodrigues Miranda</b>	IASD-CV Association of Adventist churches	✓

Celso Monteiro Technical Focal Point of the Ministry of Health and Social Security for Tobacco Control  
 Edith Pereira Responsible for WHO Health Promotion

### International team:

Sidi Mohamed WHO– FCTC, AFRO Region  
 Cristina Perez INCA, Brasil  
 Rodrigo Feijó WHO- FCTC, Geneva

## ACRONYMS

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<b>ADECO</b>	Association for Consumer Protection
<b>AN</b>	National Assembly
<b>ANMCV</b>	National Association of Municipalities- CV
<b>ACLCC</b>	Cape Verdean Association Against Cancer
<b>ANMCV</b>	Cape Verdean Association Against Cancer
<b>ARC</b>	Regulatory Authority of communication
<b>ARS</b>	Action /Activities of Social Responsibility
<b>CCAD</b>	Coordinating Commission of Alcohol and other Drugs
<b>CCCD</b>	Coordinating Commission against Drugs
<b>ECOWAS</b>	Economic Community of West African States
<b>CICQ</b>	National Commission for the Implementation of Framework Convention
<b>CM</b>	City Council
<b>COP</b>	Conference of the Parties
<b>FCTC</b>	WHO Framework Convention on tobacco control
<b>DGA</b>	Directorate-General for the Environment
<b>DNS</b>	National Directorate for the Health
<b>NCD</b>	Non communicable Diseases
<b>ERIS</b>	Health Regulation Authority
<b>FCTC</b>	Framework Convention on Tobacco Control
<b>GYTS</b>	Global Youth Tobacco Survey
<b>IASD</b>	IASD-CV Association of Adventist churches
<b>ICE</b>	Excise Duty
<b>IGAE</b>	Inspectorate-General for Economic Activities
<b>IGT</b>	General Labour Inspection
<b>INE</b>	National Institute of Statistics
<b>INCA</b>	National Institute of Cancer
<b>INSP</b>	National Institute of Public Health
<b>IDRF</b>	Survey on Family Incomes and Expenditure

## ACRONYMS

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<b>IDSR</b>	Population and Public Health Survey
<b>IT</b>	Tabaco Industry
<b>MAA</b>	Ministry of Agriculture and Environment
<b>MAI</b>	Ministry of the Interior
<b>ME</b>	Ministry of Education
<b>MICE</b>	Ministry of Industry, Commerce, and Energy
<b>MJT</b>	Ministry of Justice and Labour
<b>MF</b>	Ministry of Finance
<b>MNEC</b>	Ministry of Foreign Affairs and Communities
<b>NCM</b>	National Coordination Mechanism of the FCTC
<b>MSSS</b>	Ministry of Health and Social Solidarity
<b>SDGs</b>	Sustainable Development Goals
<b>WHO</b>	World Health Organization
<b>NGOs</b>	Non-Governmental Organizations
<b>PEDS</b>	Strategic Plan for Sustainable Development
<b>PECI</b>	Protocol to Eliminate Illicit Trade
<b>PENCT</b>	National Strategic Plan for Tobacco Control
<b>PN</b>	National Police
<b>PNDS</b>	National Health Development Plan
<b>UNDP</b>	United Nations Development Program
<b>QUERCUS</b>	QUERCUS Association – Cabo Verde
<b>SCT</b>	Cape Verdean Society of Tobacco
<b>STEPwise</b>	Approach to Surveillance of Non Communicable Diseases
<b>UNESCO</b>	United Nations Unit for Science and Culture
<b>UNDAF</b>	United Nations Development Assistance Framework
<b>UNICV</b>	University of Cabo Verde
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>HIV</b>	Human Immunodeficiency Virus

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## PREAMBLE

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Since 2016, Cabo Verde started a new path in the history of its Tobacco Control Program. More consistent, systematic and aligned with the Global and Regional Strategy of the Framework Convention on Tobacco Control of the World Health Organization and the Strategic Plan for Sustainable Development (PEDS 2016-2021), of the Government of Cabo Verde IX Legislature.

The country achieved results of major impact in recent years regarding Tobacco Control. It is worth noting the adequacy of the national tax policy on tobacco products, in accordance with the guidelines of Article 6 of the Framework Convention and the recommendations of the ECOWAS Council of Ministers of December 2017. Also, Cabo Verde started its accession process to the Protocol to Eliminate the Illicit Trade in Tobacco Products which entered in force in October 2018 as an international treaty supplementing and expanding Article 15 of the Framework Convention. Complying with the General Obligations of Article 5 of the Convention (establishing the National Multisectoral Coordination Mechanism for the Implementation of the Convention, developing the Legislative project which regulates the implementation of the Framework Convention and developing the first National Strategic Plan for Tobacco Control), the country has made a qualitative leap, towards the materialization of the vision of this Strategic Plan, which envisages the elimination of the tobacco epidemic in the medium term, according to WHO criteria. These results show the Cape Verdean Government's vigorous engagement in tobacco control since Cabo Verde is now a reference country at the African Region level in the implementation of the Framework Convention.

Cabo Verde, was selected by the WHO Secretariat for Tobacco Control as one of the 15 partner countries of Project FCTC 2030 (five in the WHO African Region), was the recognition of Government motivation and commitment; but it is also a great opportunity for the country to consolidate its Tobacco Control Program and its essential tools for the implementation of the

Convention. Despite the results already achieved, the country remains heavily dependent on international assistance, both technically and financially.

Therefore the country, its actors and those responsible will need to strive to improve their surveillance system, mobilize and empower civil society, strengthen partnerships and mobilize internal and external resources, control tobacco industry activity, namely advertising and social responsibility activities and other forms of interference, support those who wish to quit tobacco, protect the populations from the second-hand smoking and minors from contacting with tobacco products and finally, implement the Legislative project developed and the multisectoral Strategic Plan at hand.

The National Commission for Implementation of the Framework Convention thus has, in the current framework, the necessary conditions to guide the process to implement this plan, so that it can fulfill its mission, "to establish a national dynamic of intervention based on multidisciplinary, multisectoral and transversality, able to leverage the mobilization and participation of the actors, sectors, and communities at all levels, in order to control the Tabaco consumption and its devastating consequences on people's health, environment and economy. " This way, the implementation of the WHO Framework Convention on Tobacco Control will be effective and will contribute for the achievement of the goals established in national and global agendas.



## INTRODUCTION

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In Cabo Verde, successive Governments have sought to comply with the Constitution of the Republic, the article 71 recognizes the right of all Cape Verdeans to protect their health and entrusts the public authorities to manage the protection of public health through preventive measures.

For the first time, Cabo Verde has a National Strategic Plan specifically focused on Tobacco Control, which should enable the country to mobilize in order to overcome significant gaps and continue to reinforce the implementation of the Framework Convention of the World Health Organization for Tobacco Control (FCTC). In this regard, the National Commission for the Implementation of the Framework Convention (CICQ, the body responsible for coordinating and monitoring the implementation of national policies for the Tobacco Control- has recently been set up; while continuing efforts to revise the national legislative framework, adjust tobacco tax rates, and mobilize partners and communities for action.

Cabo Verde had the privilege of being selected by the WHO Framework Convention on Tobacco Control as one of the 15 partner countries of the Project (FCTC-2030)<sup>1</sup> around the world- one of five in the African Region of the WHO, meeting the proposed Goal 3a of the Sustainable Development Goals (SDGs),<sup>2</sup> which seeks to reinforce the full implementation of the WHO Framework Convention on Tobacco Control. It is the first time that a specific goal for tobacco control has been included in the Global Development Agenda matrix, placing the implementation of the WHO FCTC as a key component for sustainable development and a big ally to achieve the goal 3.4 that envisages to reduce up to one third (1/3), by 2030, the premature mortality rate due to Non Communicable Diseases (NCD).

It is an important step since together Objectives 3a and 3.4 have the potential to raise awareness of the responses of the FCTC and attention to NCDs as determinants keys of the sustainable development. In the case of Cabo Verde, the SDGs were aligned with the Government Strategic Plan for

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<sup>1</sup> <https://www.who.int/fctc/implementation/fctc2030/en/>

<sup>2</sup> <https://nacoesunidas.org/pos2015/agenda2030/>

<sup>3</sup> <https://peds.gov.cv/>

Sustainable Development (PEDS 2016-2021), <sup>3</sup> which demonstrates the Government's will and commitment to enhance and harmonize the efforts for people's health and well-being in the next few years.

This framework is intended to develop the response tools- most suitable and modern, in order to implement, by 2030, the vision of this Strategic Plan, to make Cabo Verde a tobacco-free country.

## I. CABO VERDE OVERALL PROFILE

Cabo Verde archipelago is made of 10 Islands, of which 9 are inhabited, with about 538 thousand inhabitants, according to the National Institute of Statistics (INE) data. Inter-island connections are made by sea to all islands, and by air to most of the islands, with the exception of Santo Antão and Brava islands which are only accessible by sea.

From 2015 to 2019, according to the Demographic Projections of National Institute of Statistics (INE)-2010-2030<sup>4</sup>, the resident population in Cabo Verde increased from about 525 thousand inhabitants to just over 550 thousand, representing a growth of about 5% of the resident population; and will reach 576 thousand by 2023.

The population living in Cabo Verde, according to the

demographic projections, tend to increase, a growth of about 18% by 2030 is estimated, reaching about 620 thousand inhabitants. And the percentage of the population up to 24 years old will decrease substantially, from 47% to 38% by 2030, while the percentage of the population with 65 years or more will increase from 6% to 8% of the total. As for the population aged 60 or over, is expected to increase even more significantly, from around 8% of the population to around 12% by 2030.

The population of Cabo Verde is mostly young. Individuals up to 24 years represent about 47% and those aged 65 or more represent only 6% of the total population. The male population, on its turn, represents about 50% of Cabo Verde's total population

and it is estimated to increase to 52% by 2030, according to the population projections. According to the National Institute of Statistics INE projections, a significant increase in population aging is expected by 2030.

Cabo Verde is a country with a strong tourist dynamic, it received more than 700 thousand tourists in 2017, which represents an entry number higher than the number of its resident population. To emphasize that, in recent years, tourism growth has been more pronounced; the islands of Sal and Boavista are those where was registered greater tourist activity, representing in 2017 about 65% of the entries and about 75% of the total overnight stays of the country.

<sup>4</sup> <http://ine.cv/publicacoes/projeccoes-demograficas-de-cabo-verde-2010-2030/>

## II. CONTEXTUALIZATION OF TOBACCO CONTROL

### 2.1 WORLD SITUATION

According to the Global Progress Report-WHO-FCTC 2016<sup>5</sup>, only 5% of the world population live in countries that fully protect their population by implementing key measures to reduce tobacco consumption. Tobacco consumption is responsible for about 7.2 million annual deaths worldwide, of which, according to the WHO, about 1 million are due to secondhand smoke. It is also associated with more than 40 different health problems, ranging from heart disease, diabetes and 13 types of cancer. According to the WHO, tobacco is responsible for the death of half of its consumers, and if the trend does not change, it will be the cause of about 1 billion deaths in the 21st century compared to 100 million in the 20th century.

Tobacco consumption strongly contributes to increasing of Non Communicable Diseases (NCDs). These are already the main causes of death in the world and have caused a high number of premature deaths, loss of quality of life with a high degree of limitation on work and leisure activities; as well as the economic impacts on families, communities and society in general, aggravating inequity and increasing poverty.

Tobacco consumption also hampers efforts to eliminate some communicable diseases. For example, it maintains goals to reduce mortality from non-feasible tuberculosis. According to the WHO, tobacco kills more than HIV/AIDS, tuberculosis and malaria together. Tobacco consumption, in addition to leading to loss of the sig-

nificant ones, also deprives families of income, as well as rising health care costs and hampering the country's economic development.

Policy changes in recent decades have led to moderated declines in the prevalence of tobacco consumption in developed countries. That is why the tobacco industry has turned its attention to developing markets, and there is a trend towards increasing prevalence, especially in developing countries. Almost 80% of the more than 1 billion smokers in the world live in low-or middle-income countries, where the burden of morbidity and mortality associated with smoking are higher. In these countries, young people represent new markets and ensure the viability of the tobacco business for years to

<sup>5</sup> [https://www.who.int/fctc/reporting/2016\\_global\\_progress\\_report.pdf](https://www.who.int/fctc/reporting/2016_global_progress_report.pdf)

come.

## 2.2 REGIONAL SITUATION

At the level of the WHO African Region, it faces a triple challenge. Poor regulation of the Convention, which makes it an attractive market for industries, the continuous exposure of minors to tobacco and the availability of new tobacco products. In 2012, according to the WHO Report on the State of Health in the WHO<sup>6</sup> African Region, 48.2% of young people were exposed to tobacco smoke in public places, 68.9% of young people who bought cigarettes in stores were not prohibited from doing so despite their age and 11.6% of young people consume tobacco products other than cigarettes compared to the 6.5% who smoke cigarettes.

In the African region, the prevalence of tobacco consumption in the population  $\geq 15$  years is 24.2% for boys and 2.4% for girls, rates that are lower than the other regions.

However, according to the African Region's SDGs Progress Report for 2017, tobacco consumption in Africa

would double, in 12 years, if the current trend continues. And young Africans younger than 20 would represent the majority of the African population who smoke.

In addition, there is evidence collected from WHO phased surveillance surveys (STEPWise) in the countries of the Region that tobacco consumption is increasing disproportionately more among women than men, especially among adolescents. These findings suggest the need for strategies focused on different genders and age groups.

Statistics show that in Africa, despite the crude mortality rate of the 10 leading causes of death falling from 87.7 to 51.3 per 100,000 inhabitants between 2000 and 2015, there is no significant reduction in Non Communicable Diseases (NCDs). Thus, in addition to reducing morbidity/mortality, the continent still has the lowest levels of health and well-being in the world. And the burden of risk factors and NCDs should continue to increase over the next few years, making overall gains that are eroded by

Table 1- Prevalence of Tabaco in the Afro region

WHO REGIONS		África	Américas	Sudeste Asiático	Europeia	Mediterrâneo Oriental	Pacífico Oriental	Mundial
Prevalence of consumption of any tobacco product among persons aged 15 years, by gender	Female	24.2	22.8	32.1	39	36.2	48.5	36.1
	Male	2.4	13.3	2.6	19.3	2.9	3.4	6.8

Source: worldwide health statistics 2017, monitor health for SDGs

<sup>6</sup><https://www.afro.who.int/sites/default/files/2018-08/O%20Estado%20da%20Saude%20na%20Regiao%20Africana%20da%20OMS.pdf>

the loss of health and well-being due to NCDs. Tobacco contributes heavily to increase this burden, fueling poverty and increasing health care costs.

### **2.3 NATIONAL SITUATION**

Cabo Verde approved its first legislation and created its special framework for the restriction and deterrence of tobacco consumption, 10 years before the FCTC. Law no. 119/IV/95 of March 13, 1995, published in Official Bulletin No. 8- Series I of March 13. Likewise, tobacco advertising was regulated by Decree-Law 46/2007 of December 10, which expressly prohibits- Article 20- any form of advertising, promotion, and sponsorship of tobacco. However, the Cape Verdean legislative framework remains inadequate and lacks refinements, which favor interpretations in favor of the commercial interests of tobacco companies.

Despite its low prevalence, Cabo Verde remains vulnerable considering the global context of the search for new markets in poor and developing countries by the tobacco industries. The country must remain vigilant, given the uncertainties that may result in the opening of the national market to competition by multinational companies from 2021 onwards. It should be noted that Resolution No.2/2013 of January 21 extending for a period of eight (8)

years, design contract established on May of 1997 with the Cape Verdean Society of Tobacco (SCT), which granted Cape Verdean Society of Tobacco (SCT) a monopoly over the production and import of tobacco and its derivatives throughout the national territory. Its annual report has been showing evidence of sales growth at around 4% per year.

By 2018, fiscal policy remained fragile, with a low level of tax (excise duty -30%) applied on tobacco products in Cabo Verde. This level of taxation is considered low. However, the Government of Cabo Verde, through Law 44/IX/2018- approving the State Budget for 2019- published on December 31, 2018, changed taxes on tobacco products in Cabo Verde. So the excise tax went from 30% to 50%. In accordance with the ECOWAS Council of Ministers' decision of December 2017, a specific rate of 20 CVE was established in each packet imported or produced at national level. Though, WHO still recommends gradual increases to at least 70%. The illicit trade is relevant, according to the Ministry of Finance, considering the new tobacco products, particularly. In the region, illicit trade is around 12 percent.

In order to overcome these fragilities, the Secretariat of the WHO Framework Convention has supported the country in modeling tobacco

taxation, in coordination with WHO and UNDP, the case study of investment in the FCTC in Cabo Verde was conducted. The study suggests, first, creating a consistent framework of fiscal policy implementation in Cabo Verde, second, production of evidence that supports regulatory measures of tobacco control in the country.

The revision project of the current legislation, guided by the directives for the implementation of the FCTC, is following the necessary procedural for its approval by the competent national authorities.

#### **2.4. INSTITUTIONAL FRAMEWORK**

Regarding the planning, by 2016, the tobacco issue had been approached integrated with the Programs of promotion and prevention to the factors of risk of the Non Communicable Diseases (NCDs), in the National Health Council, as can be seen in the most recent Multisectoral Plan for Prevention and Control of NCDs in Cabo Verde- 2014.

In 2016, through Decree-Law No.6/2017 of February 14, the Coordinating Commission of Alcohol and Other Drugs (CCAD) was created; and tobacco control was integrated into a strategy of joint approach with alcohol and other drugs, therefore it remains in the NCDs as an issue of joint approach with the Mental

Health Program at the Commission of Priority Diseases Service.

Coordinating Commission of Alcohol and Other Drugs' (CCAD) mission is to promote and guarantee the coordination of actions and the implementation of policies and strategies to reduce the consumption of alcohol and other drugs, as well as prevention and treatment of the addiction. The Coordinating Commission of Alcohol and Other Drugs (CCAD) has three management bodies: The Permanent Secretariat, the Intersectoral Council and the specialized Technical Commissions; and has four support services for the implementation of the actions: Integrated Response Areas, Drug-Free sections and Psychosocial Support Spaces, Therapeutic Communities and Municipal Centers for Prevention at the decentralized level.

Recently, in the efforts to strengthen the implementation of the FCTC, it was created by the dispatch No. 14/18 by the honorable Minister of Health, on August 21, Working Group for the Implementation of the Convention; and its members were sworn in on September 6, 2018. Yet, it must be institutionalized under the tobacco legislation (in the preparation phase) and will be designated by the National Commission for the Implementation of the Convention (CICQ). The National Commission for

the Implementation of the Convention (CICQ) is therefore composed by representatives of the Estate sectors relevant for the tobacco control, representatives of the National Parliament, the Republic Presidency, as well as representatives of the United Nations (WHO, UNDP and the Cabo Verde: National Commission: UNESCO) by non-governmental organizations and National Universities.

## **2.5 HEALTH SYSTEM**

In Cabo Verde, the sanitation system coverage is approximately 95%.

The decentralization is done through the Health centers and Sanitary Regions. The hierarchy of structure of public health networking is based on three levels of care: primary care, organized in Health centers and composed in three typologies of care units: Health Centers, sanitary outposts and Basic health facilities. In addition, there are some health care delivery structures in specific areas such as the Reproductive-Health Centers and the Occupational Therapy Center; the secondary care provided at the hospital level, in regional hospitals and also in central hospitals, and the tertiary care provided exclusively in the two central hospitals of the country, the Agostinho Neto Hospital, and the Baptista de Sousa Hospital.

The participation of the private sector as well as of civil society has gained visibility and recognition for its actions in promoting health and in the prevention and treatment of diseases, both at the social and at Governmental level, through PEDS (2017-2022) seeks to consolidate the principle of complementarity with the private sector and values the role of civil society as a way of materializing the policy of "governing with the people", in line with the SDGs principle of "leaving no one behind" .

## **2.6 PREVALENCE OF TOBACCO IN CABO VERDE**

Tobacco is the second most consumed licit substance in the country. The national tobacco prevalence among adults aged from 25 to 64 according to STEPWise in 2007 was 9.9%; among men, the prevalence was of 15.9% and among women 4.0%. The prevalence among daily smoker adults was 8.1%, and the prevalence of daily smokers was 13.0% and 3.2% for men and women respectively. Another study conducted in 2013 by the Ministry of Justice, in partnership with the United Nations Office on Drugs and Crime (UNODC), shows a lifetime prevalence of 17.4% and a current prevalence of 8.1 %.

In Cabo Verde, according to the above-mentioned study, the tobacco

initiation- about 7% occurs in children aged 6 to 12 years and 53% in young people of less than or equal to 18 years old; and 6% at 14 years old, 8% at 15 years old, 9% at 17 and at 18 years old.

Although these data are not updated, the actual rate is assumed to be lower than the average of regional African and the world.

In the African region, the prevalence of tobacco consumption in the population  $\geq 15$  years old is 24.2% for boys and 2.4% for girls. They are also below the world average of 36.1% and 6.8% for men and women respectively, according to data reported in the WHO Regional Office for Africa's SDGs 2017 Report.

At the region level, young people are the main target of the tobacco industry. According to GYTS data for some countries in 2008, tobacco consumption among 13- to 15-year-olds was 14.3% in Botswana, 10.1% in Lesotho, 2.7% in Mozambique, Mauritius 13.7%, Seychelles 21.5% (20) and Comoros 28% (8).

The epidemiological profile of Cabo Verde is characterized by the growing burden of Non Communicable Diseases, which represent about 60% of the causes of death, and are the first three causes of mortality in the last five years, namely: Cardiovascular Diseases, Cancers and the

Respiratory Affections (Statistical Report of Health Ministry- 2016).

### III. THE SITUATION OF TOBACCO CONTROL IN CABO VERDE

The analysis of the tobacco control situation in Cabo Verde was carried out during a Mission of needs assessment the need to implement the FCTC in Cabo Verde. This mission enables to analyze the context and observe the progress and gaps of the various articles of the Treaty. Essentially, based on the report, it was possible to highlight a number of recommendations in order to overcome the gaps and strengthen the opportunities for its implementation. The table below summarizes the main gaps and recommendations regarding relevant areas of the FCTC to be implemented by Cabo Verde.

Table 2- Gaps and Recommendations

DOMAINS / ARTICLES OF THE FCTC	GAP/WEAKNESS	RECOMMENDATIONS
<b>Article 2: RELATIONSHIP BETWEEN THE CONVENTION AND OTHER INSTRUMENTS AND LEGAL AGREEMENTS</b>		
<b>Article 2.1:</b> Implement measures that go beyond those required by the present Convention and its protocols.	Currently, there are no measures that go beyond those required by the Convention.	It is recommended that the Government seek to identify those areas where measures that go beyond the minimum requirements of the Convention can be implemented.
<b>Article 2.2:</b> Ensure that other bilateral or multilateral agreements, including regional or sub- regional agreements, are compatible with the Convention and its protocols	All commercial agreements in force in Cabo Verde may not have been located.  Cigarettes imported from ECOWAS are exempt from the payment of Import Duty (ID) by the regional agreement in force between member states.	Ministry of Foreign Affairs and relevant government departments should review agreements under their jurisdiction that may be within the scope of Article 2.2 of the Con-
<b>Article 4 Guiding Principles</b>		
<b>Article 4.7:</b> Recognizes that civil society participation is essential to achieve the objectives of the Convention and its protocols.	-There are a number of relevant non-governmental organizations in Cabo Verde that are involved in the prevention of alcohol and other drugs. These say they act in the control of tobacco, in a generalist way, since for the most part, the main focus at the moment is still on alcoholism.	It is recommended that the Government mobilize more civil society organizations to actively support the implementation of the Convention, particularly at the local and community level to improve the reach of the general public.  It is recommended that the Ministry of Health and Social Security strengthen its alliances with civil

However, they are available for a more intense involvement tobacco issue and are open to broadening their field of action for the prevention of smoking.

Emphasize the need for capacity building.

Refer to the lack of materials.

society to support the implementation of the FCTC (in line with Article 4.7).

It is also recommended that civil society organizations develop a medium- or long-term strategic plan for Tobacco Control in order to support the Government in tobacco control.

It is further recommended that the Government support civil society organizations in mobilizing more resources to strengthen existing organizations as well as engaging new civil society organizations to support the implementation of the Convention.

## ARTICLE 5 GENERAL OBLIGATIONS

**Article 5.1:** Calls Parties to formulate, implement and periodically update and revise strategies, plans, and comprehensive national tobacco control multisectoral programs in accordance with the provisions of this Convention.

- Cabo Verde has neither National Strategy nor Action Plan for tobacco control.

- The National Health Pact does not address tobacco control as a challenge to be addressed by Cabo Verde in the health sector.

It is recommended that Cabo Verde highlight the implementation of the WHO FCTC in Cabo Verde's National Health Policy as an effective tool for prevention and control of Non Communicable Diseases in order to achieve its public health objectives and insert the topic of tobacco control in the National Pact of Health.

It is also recommended that the National Program or Coordination together with all relevant stakeholders urgently develop the National Tobacco Control Strategy and the multisectoral Plan of Action for the implementation of the Convention.

It is further recommended that the Coordination organize a high-level workshop with relevant stakeholders, including representatives of municipalities, in order to launch and disseminate the needs assessment report and the National Tobacco Control Strategy and Plan of Action, once they have been officially finalized and approved.

**Article 5.2 (a):** Establish or strengthen and finance a national coordination mechanism or focal points for tobacco control.

Up to now, Cabo Verde has neither established nor even secured funding for the multi-sectoral coordination mechanism (NMC) with a clear mandate to implement the Convention.

It is recommended that the NCB be established with a clear mandate and funding to meet the obligations under the Convention.

While the Ministry of Health should take the lead in implementing the Convention, other relevant ministries should also designate focal points and allocate team time and budget to support the implementation of the Convention.

**Article 5.2 (b):** adopt and implement legislative, executive, administrative and /or other measures and cooperate, when needed, with other Parties in developing appropriate policies to prevent and reduce tobacco consumption, nicotine dependence and exposure to second-hand smoke.

Cabo Verde had its first legislative initiative for tobacco control in 1995 and the second most relevant approach in 2007.

However, existing legislation still allows smoking in closed public settings and current regulations do not prohibit point-of-sale advertising.

It is recommended that Coordination and other law enforcement agencies strengthen compliance with current legislation.

It is further recommended that the Government review existing legislation and amend or introduce administrative measures to reduce the gaps. Such a review must inevitably result in the total ban on smoking in enclosed and semi-enclosed public spaces. A total ban on the advertising of tobacco products at points of sale, including a ban on the display of packaging of tobacco products for sale, The prohibition of cross-border promotion and sponsorship.

A ban on the sale to minors and minors of any tobacco product;

Prohibition of the sale of cigarettes per unit;

Prohibition of cigarette wallets with less than 20 cigarettes; prohibition of cigarette vending machines or any other type of tobacco product throughout Cabo Verde,

**Article 5.3:** stipulates that in establishing public health policies regarding tobacco control, the Parties shall act to protect such policies from the commercial interests and other interests of the tobacco industry.

The Code of Ethics and Conduct of the Public Employee of Cabo Verde was published in 2015, however, it does not mention anything regarding the need to protect the public health policy of the interests of the tobacco industry.

There is no specific law or policy that explicitly requires a public employee to comply with the requirements of Article 5.3 and its guidelines.

There is no regulation to prohibit activities described as "socially responsible" by the tobacco industry or importers.

It has not been informed if any government agency has any agreements with the tobacco industry.

It is recommended that Cabo Verde increase awareness of the protection of public health policy of the interests of the tobacco industry and importers among all government agencies and public officials.

It is also recommended that Cabo Verde includes the obligations under Article 5.3 and the guidelines of Article 5.3 in the tobacco control legislation.

There is a need for greater awareness of Article 5.3 of the Convention and its guidelines among public officials, as well as the establishment of a Code of Conduct or Ethical Guidelines when government agents conduct negotiations with the tobacco industry.

## Article 6 MEASURES REGARDING THE PRICE AND TAXES

**Article 6.2:** Each Party shall adopt or maintain measures such as the application of tobacco tax policies and, where applicable, price policies to contribute to the attainment of the health objectives of reducing tobacco consumption.

Currently, in Cabo Verde, the level of taxation of tobacco products is still low.

The current tax policy does not take into account increases in family incomes, and because it is only based on percentages of the price, which allows the tobacco industry to manipulate prices freely.

There is no resolution expressed by law regarding the minimum quantity of cigarettes per packaging for commercialization.

The excise duty for tobacco products is not applied to all products, as in the case of Shisha.

It is recommended that the Government increase cigarette taxation on a regular and progressive basis, taking into account inflation and increases in household income, in order to ensure real price increases in order to reduce tobacco consumption. This taxation should be extended to all tobacco products to avoid the replacement between these products.

It is also recommended that the minimum quantity of cigarettes per marketing package be established in order to reduce the accessibility of these products mainly by young people.

It is therefore recommended that the Ministry of Health work together with the Ministry of Finance to review the structure of taxation of tobacco products.

## Article 8 PROTECTION AGAINST SECOND-HAND SMOKING

**Article 8.2:** adopt and implement in areas of their existing national jurisdiction, and as required by national legislation, legislative, executive, administrative and /or other effective measures to protect against second-hand smoking in indoor workplaces, public transportation, closed public places and, if needed in other public places, and actively promote the adoption and application of such measures at other jurisdictional levels

The legislation allows the use of tobacco in areas specifically designated for smokers, not meeting what is required by Article 8 and its guidelines.

The fines for breach is not stipulated

It is recommended that Cabo Verde increase awareness of the harm of second-hand smoke and implement measures to ensure that current laws and regulations been complied with.

It is recommended that Cabo Verde amend the Law 119/IV/95 of March 13, 1995, in line with the guidelines of Article 8, explicitly stating that any smoking area must be external and implement a policy of 100% smoke-free environments in all closed workplaces, closed public places and, when needed, other public places.

It is also recommended that Cabo Verde consider expanding the range of penalties for violations, including imprisonment or suspension of the license or revocation, and increase penalties for repeating the violation, as well as speculating and updating values of the fine, and hold the establishments accountable for the law enforcement.

In addition, it is recommended that Cabo Verde implement and strengthen

the monitoring of compliance with measures concerning the smoke-free environment policies.

The Ministry of Health and Social Security together with the Research Institutes are encouraged to collaborate in measuring the content of second-hand tobacco smoke in workplaces and public places to assess the impact of interventions that promote the smoke-free environment.

## Article 9 REGULATION OF THE CONTENTS OF TOBACCO GOODS

### Article 10 REGULATION OF DISCLOSURE OF INFORMATION ON TOBACCO GOODS

**Article 9:** requires Parties to "adopt" and implement legislative, executive and administrative measures or other measures" for the testing, analysis, and measurement of the contents and emissions of tobacco products.

**Article 10:** requires each Party to adopt and implement effective measures to require manufacturers and importers of tobacco products to disclose to government authorities information on the content and emissions of tobacco products.

The partial guidelines for the implementation of Articles 9 and 10 adopted by the Conference of the Parties have not been used in the development of national regulation and standards regarding the content, emissions, and dissemination of information on tobacco products, including banning additives as an important measure of public health.

The national rules on tobacco products do not regulate the content and emissions of tobacco products produced or packaged in, the same applies imported ones.

The competent authority does not have an exclusive laboratory for tobacco products testing.

The Regulation does not require the information of any constituent of tobacco products.

The competent authority has not designated a laboratory for the testing of tobacco products.

Testing, submission of reports and disclosure of con-

It is recommended that the Coordination work with the competent authority for the adoption of standards related to the content, emissions and dissemination of information on tobacco products to be established in accordance with the guidelines for implementation of Articles 9 and 10 adopted by the Conference of the Parties and amend them according to the best implementation of the Convention.

Relevant legislation and regulation should be developed to include testing and measurement of tobacco product content and emissions.

It is recommended that Cabo Verde work to require the tobacco industry to inform the authorities of the contents and emissions of tobacco products. It is also recommended that Cabo Verde require submission of periodic reports. In addition, it is recommended that Cabo Verde provide public access to information submitted by the tobacco industry.

stituents and emissions have not yet entered into force.

There are no measures requiring public disclosure of the information on the toxic constituents of tobacco products and the emissions they may produce.

## Article 11 PACKAGING AND LABELING OF TOBACCO PRODUCTS

**Article 11:** requires each Party to adopt and implement effective measures on the packaging and labeling of tobacco products.

There is no prohibition of descriptors that promote, in a false, misleading or distorted manner, such as light, mild or low content in all tobacco products.

There is no regulation regarding the information of constituents and emissions in the packaging and labeling of tobacco products.

Cabo Verde sanitary warning is composed of text, without images and does not even occupy the minimum space of 30% determined by the FCTC.

The sanitary warning images have no image or pictogram, nor have they been previously tested.

There is a requirement for the amount of nicotine to be printed on the packaging, which is not in line with the guidelines.

It is recommended that the Ministry of Health establish warnings with an image or pictogram, as well as a chronogram of rotation of the sanitary warning images, occupying an area of 50% of the packaging and later increasing its size.

It is also recommended to ban quantitative and qualitative information on the relevant components and emissions of tobacco products that may create the false impression that one brand is less harmful than the other. It is recommended that Cabo Verde develop the pre-testing and evaluation of the most effective warning images.

The Government of Cabo Verde is strongly recommended to introduce standard packaging in order to prohibit the use of logos, colors, brand images or promotional information on packaging other than the brand name in standardized color and style.

since in Cabo Verde already has the SOS DRUG LINE: 8002525, It is recommended that it provides information on all drugs, including tobacco, it is important that their number be included in the packaging of tobacco products.

Another recommendation is to remove the requirement that the amount of nicotine that is printed on the packaging, as well as to prohibit the use of descriptors such as light, soft or low tar in all tobacco products.

## Article 12 EDUCATION, COMMUNICATION, TRAINING AND PUBLIC AWARENESS

**Article 12:** Implement measures to promote education, communi-

No action plans have been established for the implementation of education, communica-

It is recommended that a national action plan on education, communication, and training be developed, with-

cation, training and public awareness on the consequences of consumption and exposure to tobacco smoke for health, economy, and environment, the benefits of quitting smoking and tobacco-free lifestyle, as well as training for all professionals.

tion and training activities within a comprehensive multi-sectoral tobacco control program and the mandates of relevant ministries, government agencies and other stakeholders in the implementation of Article 12 have not yet been clearly defined.

There is no training, awareness-raising and conscientization program in the media on tobacco control among the general population and especially in key groups such as health educators and media professionals.

There is a lack of systematic evaluation of the effectiveness of the activities carried out in the areas of education, communication and training aimed at raising awareness about tobacco control issues.

in the national overall action plan and with the resources must be allocated to its implementation.

It is also recommended that the Coordination and all relevant organizations make efforts to pre-test, rigorously research and evaluate the impact of these activities in order to achieve better results.

### Article 13 ADVERTISING, PROMOTION AND SPONSORSHIP OF TOBACCO

**Article 13.2:** of the Convention requires that each Party, in accordance with its Constitution or its constitutional principles, to prohibit all forms of tobacco advertising, promotion, and sponsorship.

Tobacco products are still being displayed on open shelves at the sales point.

The tobacco industry has used corporate social responsibility activities.

There are challenges in monitoring and enforcement because of limited resources.

Cabo Verde is strongly encouraged to implement the Article 13 guidelines, particularly in the following areas:

- Prohibit the display of tobacco products on open shelves or displays at sales points;
- Prohibit the tobacco industry from engaging in "socially responsible" activities such as financial or in-kind contributions to organizations such as community, health, welfare or environmental organizations, either directly or through other entities.

### article 14 MEASURES TO DECREASE THE DEMANDS REGARDING TOBACCO DEPENDENCY AND QUITTING

**Article 14.2:** Each Party shall endeavor to implement effective programs of giving up smoking for the promotion of, giving up Tabaco consumption including diagnosis,

Cabo Verde offers support for addiction treatment within its drug treatment program but does not yet have a program specifically aimed at smoking cessation that takes into account the particularities of this dependency, integrated into

It is therefore recommended that:

- (i) national nicotine addiction diagnosis, treatment programs, services, and smoking cessation counseling services should be established and promoted in different contexts (e.g. educational institutions, health care facilities, pri-

<p>treatment of tobacco dependence and giving up tobacco counseling services in national health programs and education, establish in health centers and rehabilitation center programs to diagnose, advise, prevent and treat tobacco dependence and ensure accessibility and availability of treatments for nicotine addiction.</p>	<p>your health system.</p> <p>Healthcare professionals at the primary level of health care do not receive comprehensive and specific training to provide quitting counseling and brief quitting counseling.</p> <p>Pharmaceuticals products for the treatment of nicotine dependence are not available for free at the public health service.</p> <p>Registration in medical history notes on tobacco use is not mandatory.</p> <p>Smoking is addressed through awareness-raising activities, but not as a subject in the curriculum of medical and nursing schools.</p>	<p>mary health care centers, workplaces and sporting environments). Community-based counseling and quitting programs should be a primary approach;</p> <p>(ii) all health professionals should receive comprehensive and specific training to offer brief counseling and encourage attempts to quit smoking;</p> <p>(iii) the Ministry of Health must make registration of smoking status mandatory in medical history notes; and</p> <p>(iv) treatment of nicotine dependence should be included as a subject in the curriculum of medical and nursing schools.</p>
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**Article 15 ILLICIT TRADE OF TOBACCO PRODUCTS**

<p><b>Article 15:</b> Elimination of all forms of illicit trade in tobacco products- such as smuggling, illicit manufacturing, falsification - and the elaboration and implementation of national legislation regarding this</p>	<p>The tracking and tracing system has not been implemented to allow more effective control of illicit trade in tobacco products.</p> <p>Cabo Verde has not ratified the Protocol to Eliminate Illicit Trade in Tobacco Products.</p>	<p>It is further recommended that Cabo Verde become a party of the Protocol to eliminate illicit trade in tobacco products and to promote bilateral and multilateral international cooperation to reduce the illicit trade in tobacco products.</p> <p>It is recommended that Cabo Verde establish an effective tracking and tracing system to secure the distribution system and support the investigation of illegal trade.</p> <p>Cabo Verde s encouraged to strengthen coordination between the Customs Department, the Ministry of Health and other law enforcement agencies to control the illicit trade in tobacco products.</p>
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**Article 16 SALE TO UNDERAGE FOR SALES BY THEM**

<p><b>Article 16.1 (a):</b> all tobacco vendors place an indicator on the prohibition of selling tobacco to minors.</p>	<p>The country has no legislation prohibiting the sale to minors, failing to comply with the obligations of Article 16.</p>	<p>It is recommended that the Coordination, together with the General Inspection of Economic Activities and other relevant ministries, require all tobacco vendors to place a clear and prominent indicator within their point of sale on the ban on tobacco sales to</p>
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**Article 16.1 (b):** prohibit that tobacco products for sale are directly accessible as on the market shelves.

**Article 16.1 (c):** prohibit the manufacture and sale of sweets, edibles, toys or other objects in the shape of tobacco products that may be attractive to minors.

**Article 16.1 (d):** ensure that tobacco vending machines are not accessible to minors and do not promote the sale of tobacco products to minors.

**Article 16.3:** prohibit the single stick sales of cigarettes or sales in small packages that make these products more accessible to minors.

**Article 16.7:** apply measures to prohibit the sale of tobacco products by persons below the age established by national law or by minors under the age of eighteen

There is no provision in national tobacco control legislation that directly prohibits the sale of tobacco products in an accessible manner.

Until now, Cabo Verde has no legislation prohibiting the sale of tobacco products in the form of products aimed at children and young people.

In Cabo Verde, The cigarette vending machines are not banned and it can be easily found in businesses

Off-the-shelf sales of tobacco products such as cigarettes are not prohibited. The Regulation does not clearly prohibit small packages. There is no definition or standards of how many cigarettes can be sold in one package.

Cabo Verde does not have legislation prohibiting the sale and supply of tobacco products by persons under 18 years of age.

minors. It is also recommended that Cabo Verde implement legislation prohibiting the sale of tobacco products to persons under the age of 18.

It is recommended that the Government amend its current tobacco control legislation or introduce new legislation to prohibit the sale of tobacco products in deregulating way, directly accessible.

It is therefore recommended that Cabo Verde enact relevant legislation prohibiting the manufacture and sale of candy, edible, toys or any other object in the shape of tobacco products that may be attractive to minors.

Therefore, it is recommended that Cabo Verde prohibits through national legislation the cigarettes vending machines throughout the national territory.

It is recommended that the Government prohibit the sale by unit or in small packages to reduce the accessibility of these products by minors. It is also recommended that Cabo Verde develop standards for cigarette packets, including the provision that each packet must contain at least 20 cigarettes.

## Article 20 RESEARCH, MONITORING, AND EXCHANGE OF INFORMATION

**Article 20:** develop and promote national research and coordinate regional and international research programs on tobacco control

- There is epidemiological surveillance of tobacco consumption and social, economic and health indicators, however, the surveys are not regular and there is no established system of monitoring the country's tobacco epidemic.

- There is a lack of evaluation studies on the effectiveness of interventions to reduce the prevalence of smoking.

- The country has the structure to conduct research, however, resources need to be mobilized to do so.

- There is a lack of national data on the burden of tobacco-related diseases, the direct costs attributable to tobacco use and exposure to tobacco smoke.

Develop and promote greater coordination and cooperation between national research capacity and relevant international and regional organizations.

Identify a set of standardized tobacco-related issues to be included in all future national household surveys and other relevant surveys so that trends can be monitored.

Conduct research addressing the determinants and consequences of tobacco use and exposure to tobacco smoke, including data on mortality and morbidity attributable to tobacco use.

Ensure that the National Coordination and the National Statistical Office work more closely to strengthen national surveillance and data collection, and to ensure that the data required for submission to the WHO FCTC are included in the collection mechanisms.

Use research results and surveillance results in the development of the national tobacco control program and interventions.

## Article 26 FINANCIAL RESOURCES

**Article 26.2:** provide financial support for its national activities aimed at achieving the objective of the Convention.

The funding allocated by the Ministry of Health is not sufficient to fully implement the Convention and enforce the Law and the Regulation. Other relevant ministries that have obligations in the implementation of the Convention have not provided budget or time for the implementation of the Convention.

It is therefore recommended that the government allocate more staff time and budget for the implementation of the Convention and the application of the Law and Regulation.

It is recommended that the Ministries of Health and Finance create finance specific budget for the implementation of the Convention.

It is also recommended that all other ministries involved in the implementation of the Convention allocate a budget jointly with the Ministry of Finance.

**IV.  
PENCT  
STRATEGIC  
FRAMEWORK**

**4.1 JUSTIFICATION OF THE STRATEGIC FRAMEWORK**

More than six decades ago, the health risks of tobacco smoke were scientifically demonstrated, and evidence of the risks of secondhand smoke was confirmed over three decades ago. Yet for a number of reasons, very few countries have implemented effective tobacco control strategies. Especially developing countries. According to MPOWER- WHO 2017 recently, "In addition to more aggressive marketing, the tobacco industry has targeted specifically the women and the young adults of these countries, as it considers that they have greater potential to increase their sales and benefits. "to the same end, it has been heavily focused on new tobacco products. As emphasized, "in addition, in some countries governments have a direct or indirect

interest in tobacco cultivation and production, which is another factor that restricts the adoption of measures."

The WHO Framework Convention on Tobacco Control (FCTC) was adopted by the World Health Assembly on 21 May 2003 and entered into force on 27 February 2005 with the aim of reducing worldwide the number of deaths and diseases related to tobacco. It was ratified by Cabo Verde through Resolution 142/VI/2005 of August 29 and published in the Official Bulletin No.35- Series I of August 29, 2005. Article 5.1, establishes that each Party shall formulate, apply and periodically update comprehensive national tobacco control strategies, plans, and programs.

Member countries of the Treaty meet

in a regular biennial session, designated the Conference of the Parties (COP), last time in October 2018 in Switzerland, seeking to align local and regional actions and approve the necessary instruments for the overall impacts intended. The Global Strategy to Accelerate Tobacco Control-2019 to 2025, which aims to strengthen the implementation of the WHO FCTC through a strip to guide the work of the Parties, the Convention Secretariat and other partners interested in the fight for control of smoking.

The WHO Secretariat for Tobacco Control has selected Cabo Verde as one of the 15 countries in the world, partners in Project FCTC 2030. This aims to "reinforce the full implementation of the WHO FCTC" as Goals 3a

of the Goals of Sustainable Development (SDGs) and contribute directly to achieving goals 3.4 which consists of "Reducing premature mortality from Non Communicable Diseases by one third by 2030". It is in this regard that one of the platforms of the XIII General Work Program of WHO adopted at the 71st World Health Assembly- held in May 2018, aimed at speeding up actions to reduce Non Communicable Diseases, seeking to ensure that there is "One billion more people in better health and well-being at all stages of the life cycle" aiming at achieving SDGs 3.

As part of the overall efforts to comply with SDGs, it is recognized that the implementation of the WHO FCTC accelerates progress on the social, economic and environmental dimensions of Agenda 2030 and contributes positively to the achievement of most of the 17 SDGs. In this way, it is possible to take advantage of the benefits of tobacco control by saving billions of dollars from the national economies in of health costs and lost productivity.

It should be noted that in Cabo Verde, the Cape Verdean Government's Strategic Plan for Sustainable Development (PEDS) is aligned with the SDGs and stresses the need to strengthen the program to combat drug and alcohol consumption in Cabo Verde.

It was adopted with the Working Group ten strategic intervention areas seeking, in an articulated way, to overcome the gaps and to meet the main recommendations of the "Implementation Needs Assessment of the Convention" held in the country on December 2017, with the support of a team from the FCTC Secretariat. These areas reflect the framework of cooperation between the Government of Cabo Verde and the Secretariat of the WHO Tobacco Control Convention in 2016 establishing the FCTC- 2030 Project for Cabo Verde for the period 2016-2021.

For the first time, Cabo Verde has a National Strategic Plan specifically focused on Tobacco Control, which should enable the country to mobilize in order to overcome significant gaps and to continue to reinforce the implementation of the FCTC. In this regard, the CICQ was recently set up as the body responsible for coordinating and monitoring the implementation of national tobacco control policies. Measure that is reinforced by other important measures, such as the review and adequacy of the legislative framework and the possibility of cooperation between countries at the regional and global level in favor of concerted, assertive and proactive responses. This way, the national strategic framework brings together the wills, making the

political, institutional and social environments favorable to an effective contribution of the FCTC to the achievement of the goals of the SDGs in Cabo Verde.

## **4.2 OVERVIEW OF THE PLAN**

The vision of the National Strategic Plan for Tobacco Control-PENCT is to make Cabo Verde a country free from the tobacco epidemic, within the framework of the implementation of the Sustainable Development Objectives, the Strategic Plan for Sustainable Development of the Government the Legislature and the Project FCTC 2030.

## **4.3 MISSION OF THE PLAN**

PENCT's mission is to establish a national dynamic of intervention based on pluridisciplinarity, multisectoral and transversality, capable of leveraging the mobilization and participation of actors, sectors, and communities at all levels, in order to control smoking and its devastating consequences on people's health, the environment and the economy.

## **4.4 GOAL OF THE PLAN**

Reduce by a quarter the prevalence rate of tobacco in the population in all age groups by 2023.

## **4.5 GENERAL OBJECTIVE**

Protect present and future generations from tobacco by reinforcing the

full implementation of the WHO Framework Convention on Tobacco Control in Cabo Verde.

### **4.5.1 Specific objectives**

1. Ensure an annually reduction of 0.5% in the rate of smoking initiation among children and young people (E7),
2. Ensure a 0.5% reduction in the prevalence rate of tobacco consumption in the adult population each year (E8)
3. Reduce exposure to secondhand smoke by 5% each year (E1, E2, and E5)
4. Reduce the supply of tobacco products by taking into account new tobacco products at 3% each year (E3, 4 and 6)
5. Allocate 15% of the value collected from tobacco taxes to the Tobacco Control Program (E9 and 10)

### **4.5.2 Expected Results**

- Prevalence of tobacco consumption reduced by 0.5%, across all age groups, annually;
- Increase in smoke-free environments by 5% annually (exposure to second-hand tobacco smoke reduced by 5% each year- closed and semi-enclosed public places, residences and workplaces);
- Sales volume of tobacco products

reduced by 3% each year;

- Tax on domestic and imported tobacco products increased by over 70%, including the Specific Rate of 40 CVE;;

- Tobacco control program receives 15% of the value collected from taxes on tobacco products for its operation.

#### **4.6 STRATEGIC AXES**

To achieve the stated objectives, the following strategies will be adopted.

1. Reinforcement of the National Multisectoral Coordination Mechanism for Tobacco Control (Article 5.2a);

2. Improvement and implementation of the legal, regulatory and institutional framework for response to tobacco control (Article 5.2b, 8, 9, 10 and 15);

3. Protection of Public Health Policies against the commercial interests of the tobacco industry (Article 5.3);

4. Development and implementation of innovative initiatives to make the tobacco control program sustainable (Article. 5.2a, 6 and 17);

5. Protection the population from second-hand smoke populations (Article 8);

6. Strengthening of warnings in the packaging of tobacco products, as

recommended by WHO (Article 11).

7 Reinforcement of social mobilization, information, education, communication, sensitization and training of the population (Article 12 and 4);

8. Integration of responses to cessation and nicotine addiction in primary health care (Article 14);

9. Implementation of a research and surveillance system (Article 20);

10. Multilateral cooperation to reinforce the sustainability of the tobacco control program in Cabo Verde (Article 22 and 26).

#### **4.6.1 General orientation of the Strategic Axes**

Keeping the holistic, systemic and complementary perspective of the different domains and articles of the FCTC, the Strategic Axes of intervention gather the potential lines of action, directing them towards the fulfillment of the previously defined goals. The combined efforts of all sectors, actors and partners can be decisive in achieving the desired impact- of reducing the prevalence by 0.5% annually. So, in the horizon of 5 to 10 years, Cabo Verde can place its prevalence at around 5%, the level about which it is considered by WHO to be elimination. This goal should motivate stakeholders to place Cabo Verde in a list of countries that can

achieve goal 3.4 of the SDG since it is a common risk factor for all NCDs. According to WHO sources, smoking is associated with more than 40 different negative health outcomes, ranging from heart disease to diabetes to 13 types of cancer.

#### **4.6.2 Description of the Axes**

##### **1. REINFORCEMENT OF THE MULTI-SECTORAL NATIONAL COORDINATION MECHANISM FOR TOBACCO CONTROL (ARTICLE 5.2a)**

The National Coordination Mechanism for the implementation of the Convention (NCM) is a strategic component for the effective implementation of the Convention. Article-5 (2)-of the FCTC requires Parties to establish and fund their National Coordination Mechanism (NCM). For their part, the parties decided at COP5 to strengthen their Cs by requesting support from the Convention, WHO and UNDP Secretariat for the development of tools to support its implementation. In Cabo Verde, the MNC was recently created by the dispatch No. 14/18 of the Minister of Health, dated August 21; and its members were sworn in on September 6 as Working Group. This, however, should be institutionalized under the tobacco legislation and will be known as the National Commission for the Implementation of the Convention (CICQ).

CICQ is made up of representatives of the sectors of the State relevant to tobacco control, representatives of the National Parliament and the Presidency of the Republic, as well as representatives of non-governmental organizations, the United Nations and national universities.

This Axes will essentially deal with:

- Elaboration of Strategic Plans and Annual Tobacco Control Plans;
- Institutionalization of the CICQ in the organics of the Government with the approval of its Internal Regulation, the Code of Conduct of its members, its subdivision into working groups;
- Regular training of CICQ members on the different strategic themes of the Convention; and
- Establishment of FCTC Focal Points in the Municipalities and Regions of the Country;

##### **2. IMPROVING AND APPLYING THE LEGAL, REGULATORY AND INSTITUTIONAL FRAMEWORK OF RESPONSE TO TOBACCO CONTROL (ARTICLE 5.2b, 8, 9, 10 AND 15)**

The national regulatory legal framework is at its finalization stage. The project should be soon submitted to the discussion by the competent national authorities, after CICQ consensus. Some measures represent a rad-

ical change from the current state of tobacco control, which may cause some resistance.

The draft law is comprehensive and integrated, defining the general legal regime for the prevention and control of smoking, establishing norms concerning, the prohibition of smoking in closed and semi-enclosed spaces; protection of second-hand tobacco smoke exposure; regulation of the contents of tobacco products; packaging, labeling and health warnings; prohibition of single stick sale to minors and/or by minors; the total prohibition of advertising, including indirect advertising on the point-of-sale, as well as indirect promotion and sponsorship of tobacco, among others.

This axes also brings together measures to control illicit trade, starting with adherence to the Protocol on the Elimination of Illicit Trade (PECI) adopted unanimously at the fifth session of the Conference of the Parties (COP5) held in Seoul, South Korea, from 12 to 17 November 2012. The Protocol's main objective is to eliminate all forms of illicit trade in tobacco products. More effective tobacco control strategies also require effective and consequential measures, as the increase in illicit tobacco be used not only as arguments but also as tactics to destabilize tobacco control economic policies.

It was ratified to date by 47 countries, it has entered into force; and the first session of the parties to the Protocol took place in Geneva from 8 to 10 of October 2018. In Cabo Verde, the process was launched in July 2018 by the Honorable Minister of Health and is being monitored at the level of the Ministry of Foreign Affairs and Communities.

The Axes seeks to mobilize synergies between actors and sectors for the regulation and implementation of the FCTC, as well as adherence to the Protocol on the Elimination of Illicit Trade in Tobacco Products.

- Elaboration of a project Law for the implementation of the WHO Framework Convention on Cabo Verde;
- Raising awareness among the public and other actors at a high level to support the adoption of the legislative project;
- Dissemination of the new Tobacco Law adopted at national and local levels;
- Development of a plan to implement the new national tobacco law;
- Elaboration of projects (draft decrees) to regulate the Tobacco Law and the Protocol on illegal trade, using four consultancies;
- Organize 3 workshops for the validation of the instruments regulating

the Tobacco Law;

- Control of ingredients and emissions of tobacco products through regular laboratory tests, as required by law;

- Definition of the national entity responsible for the monitoring and control of tobacco product content and emissions;

- Elaborating of a draft regulation on the Elimination of Illicit Trade in Tobacco Products and its Application;

- Conduct regular consultations between the authorities responsible for reinforcing surveillance;

- Implementation of a system for screening tobacco products, within the framework of a regional and global strategy; and

- Definition and implementation of environmentally friendly rules and procedures for the destruction of illegal tobacco products.

### **3. PROTECTION OF PUBLIC HEALTH POLICIES AGAINST THE COMMERCIAL INTERESTS OF THE TOBACCO INDUSTRY (ARTICLE 5.3)**

A country where the industry has a monopoly on the production, importation, and marketing of tobacco products and which has in its history the participation of the State in its social capital requires a more careful approach, particularly in the fight against the positive image of the

company, denormalizing relations of support and patronage to the state institutions in particular. In this sense, a brochure with the principles and recommendations of article 5.3 of the Convention was disseminated to state officials, and the project law also assumes a ban on social responsibility activities (ARS) by the tobacco industry. The main focus will be on raising awareness of the compliance with the principles set out in article 5.3, and in the same way, be alert for the opportunity to approach the code of ethics of public employees, the need for protection of Public Health from commercial interests of the tobacco industry.

The priorities are:

- Elaboration of an action plan by the Commission- CICQ, for the implementation of Article 5.3, to prevent interference of industry with the institutions and their leaders;

- Development of a code of conduct for state leaders to prevent tobacco industry interference;

- Sharing experience with other countries on the tobacco industry modus operandi;

- Training civil society and universities on their roles to counter Tobacco Industry tactics;

- Control of the Advertising, Promotion and Sponsorship activities, as

well as the Social Responsibility Activities- ARS of the Tobacco Industries;

- Revision of the Protocol between the Tobacco Industry and the Government in the light of the Convention.

#### **4. DEVELOPMENT AND IMPLEMENTATION OF INNOVATIVE INITIATIVES TO MAKE THE TOBACCO CONTROL PROGRAM SUSTAINABLE (ART. 5.2a, 6 AND 17)**

Human costs of tobacco consumption represent significant financial losses. Every year, tobacco consumption costs the global economy more than \$ 1 trillion in health care costs and lost productivity. In addition, paid medical expenses often lead families to poverty, or force people to give up their care entirely.

In response, on the one hand, the assumption of smoking as an important and transversal risk factor for NCDs will imply a better framework of its indicators within the framework of Cabo Verde's cooperation strategy with the United Nations, the UNDAF , and fiscal measures are most effective in reducing tobacco consumption, Cabo Verde has recently, with support from the WHO and UNDP Secretariat, did the tax modeling for tobacco products and the conduction of the case of investment in the FCTC "in Cabo Verde.

These studies, at the outset, have made it possible to highlight arguments and strategies that are available to the Ministries of Health and Finance in order to support the most immediate measures.

The initial impacts are already expected in the 2019 State Budget. With the increase in the price of tobacco, with the increase of rates according to WHO recommendations and with the implementation of envisaged normative measures, the prevalence of tobacco consumption in Cabo Verde will be drastically reduced.

Based on the finding that in some of the more rural islands where tobacco cultivation is practiced for traditional use, consumption prevalence rates are above the national average (MJ- CCCD- 2013), this axes also seek to further study the scenarios of these islands, to understand the reasons and to evaluate the measures that, among others, pass through the adoption of more profitable alternatives for growing tobacco leaves.

This axes, essentially main at:

- Definition and implementation of national tax policy on tobacco products, in accordance with Article 6 and its directives;
- Conducting an analysis regarding the investment in the FCTC, in the context of Cabo Verde;
- Allocation of tax revenues to the tobacco control program;

- Presentation of the Strategic Plan to government officials, bilateral cooperation partners, and UN agencies;
- The inclusion of priority areas for implementation of the Convention as part of UNDAF programming activities in the year 2022;
- Mapping of areas of tobacco cultivation in the islands of Santo Antão, São Nicolau, Santiago, Maio, and Fogo;
- The incentive to replace tobacco cultivation with others that are economically more profitable.

## **5. PROTECTION OF THE POPULATIONS OF SECOND-HAND SMOKE (ARTICLE 8)**

Technical studies recommended by the COP concluded that there are no safe levels of exposure to tobacco smoke. According to WHO sources, of the approximately 7.2 million annual deaths worldwide due to tobacco consumption, about 1 million are due to second-hand smoke.

In Cabo Verde, there are insufficient measures to restrict tobacco consumption. Not including all closed public spaces, such as restaurants, bars, and cafes, workplaces and prisons especially, where it is practice to smoke inside the cells, among others. Therefore, current legislation should focus on the total ban on smoking in all enclosed and semi-en-

closed public spaces.

This Axes seeks to encourage all actors to all at once take a front for awareness, prevention, and enforcement so as to guarantee the achievement of the envisaged goal of smoke-free closed public spaces as well as the reduction of environmental pollution.

The attention of this axes is focused on the:

- Development of a plan to implement legislation on smoke-free environments in Cabo Verde;
- Qualification of the teams (inspection authorities) for the inspection of smoke-free environments;
- Public awareness of the effects of second-hand smoke and law enforcement;
- Integration of the policy of smoke-free environments within the framework of the Healthy Cities and Health-Promoting Universities project;

## **6. REINFORCEMENT OF WARNINGS ON THE PACKAGING OF TOBACCO PRODUCTS, AS RECOMMENDED BY WHO (ARTICLE 11)**

Article 11 of the FCTC requires parties to take effective measures on the packaging and labeling of tobacco products. Warnings on tobacco packaging in Cabo Verde have been

established by free industrial interest, and the evaluation shows that they are not effective.

Packaging has become the main vehicle of communication between industry and potential consumers, especially children, and teenagers, as countries have stepped up banning tobacco advertising and promotion in the media. Technical studies demonstrate that text-related illustrations, when tested and occupy large areas, allied with the rotation, it ensures greater effectiveness of the warning by increasing visibility, reducing attractiveness and confusion, and weakening tobacco marketing packaging.

The aim is to follow the guidance of WHO that highlights the role of standardized packaging as part of a comprehensive and multi-sectoral approach to tobacco control, allowed under the current Tobacco Decree-Law, that the Ministry of Health to regulate the standard packaging of tobacco products.

In this sense, axes 6 seeks to act in:

- Analysis of the experience of other countries in the modeling of packaging and health warnings on tobacco products marketed in the Country
- Regulation and implementation of the packaging model for Cabo Verde, with adapted images, pictograms

and with the inclusion of a telephone line.

- Development of a guide for the implementation of health warnings,
- Implementation of the guidelines, evaluation and regular update of the sanitary warnings packaging model adopted

## **7. REINFORCEMENT OF SOCIAL MOBILIZATION, INFORMATION, EDUCATION, COMMUNICATION, AWARENESS-RAISING AND TRAINING OF THE POPULATION (ARTICLE 12 AND 4);**

The WHO FCTC recognizes that some of the greatest gains in tobacco control can be made through the direct involvement of other sectors beyond health. There is a broad spectrum of civil society organizations in Cabo Verde that, regarding tobacco control, need more training and work materials. For its part, the NMC, which involves all sectors of the State (Presidency of the Republic, Parliament and various sectors of Government, Universities and Civil Society), its members demonstrate sufficient understanding of the impact and scope of the problem, which the answer must be complementary and also operational at the multi-sectoral level.

The approach to axis 7 will focus on communication and intersectoral coordination of actions, highlighting:

- Reinforcing the mobilization of actors (particularly civil society) for a

greater dynamism of actions at national and Community level;

- Development of a Multisectoral Communication Plan with actors and partners (national and community);
- Implementation of the Multisectoral Communication Plan with all actors and partners (at the national and community level);
- Follow-up and evaluation of the Communication Plan.

## **8. INTEGRATION OF RESPONSES TO CESSATION AND NICOTINE DEPENDENCE IN PRIMARY HEALTH CARE (ARTICLE 14)**

In Cabo Verde, the specific response in support of cessation for tobacco users is not effective, it is a priority to empower health professionals, introduce appropriate drugs and program responses, essentially at the primary care level. The WHO has issued warnings about the need to help users quit smoking, highlighting how tobacco kills about half of its users and how tobacco products are made from extremely toxic materials. In 2017, it was launched a guide for oral disease patients to quit tobacco consumption, in order to provide advice and information to improve users' readiness for the cessation, and recalls that tobacco smoke contains more than 7000 chemicals, at least 250 are harmful and at least 69 are known to cause cancer.

It is in this sense that Article 14 of the Convention states that each party

shall endeavor to implement effective programs for cessation of tobacco consumption, including screening, diagnosis counseling, and treatment programs. And the strategic axes under consideration seeks to structure and implement a model of response adjusted to the demand of the country, consisting essentially of:

- Elaboration of an Action Plan for the integration of Cessation in primary health care;
- Training of professionals for the management and operationalization of the cessation program (trainers to administer the program, and professionals responsible for implementing the cessation program throughout the primary care network on methods of screening and brief counseling);
- Development of a Protocol for the Integration of counseling and treatment services into the primary care network, including specific tuberculosis and HIV care programs, maternal and child health care and non-communicable disease control programs;
- Guidance and support for those affected by smoking through the free phone service 8002525;
- Introduction of registration of the smoking status in medical history models;
- The inclusion of the treatment of nicotine dependence as a discipline in the curriculum of nursing schools

and as a module in other university courses in the health area;

- Availability to the national public of medicines necessary for treatment in the network of national pharmacies;
- Implementation of M-Cessation under the Cessation Program.

## **9. IMPLEMENTATION OF A RESEARCH AND SURVEILLANCE SYSTEM (ARTICLE 20)**

In Cabo Verde, the data on tobacco are outdated and do not reflect the entire demand for information because, for various reasons, the surveys are irregular. However, Article 20 requires Parties to commit themselves to develop and promote national research and coordinating regional and international research programs on tobacco control. Therefore, in this plan, Cabo Verde seeks to create and maintain a system for the production and management of tobacco information.

This axes will, therefore, focus on:

- Implementation of an observatory (information management platform) for tobacco;
- Definition and implementation of a sustainable surveillance plan for monitoring the epidemic;
- Establishment of protocols with INE (National Institute the Statistics) and with other partners to produce and share information on tobacco
- Establishment of a multisectoral team to collect data on smoking, its

treatment, and dissemination;

- The inclusion of tobacco questions in national surveys;
- Production and submission of biennial FCTC implementation reports to the FCTC Secretariat;
- Encourage universities to use and produce data on smoking and control policies, such as the Monitoring System;
- Support for the regular conduct of prevalence studies, qualitative and behavioral studies (STEPWise, GYTS, so on.);
- Regular studies to know the level of exposure to smoke;
- Conduct impact studies of interventions and measures on people, the environment and the economy

## **10. MULTILATERAL COOPERATION FOR STRENGTHENING THE SUSTAINABILITY OF THE TOBACCO CONTROL PROGRAM IN CABO VERDE (ARTICLES 22 AND 26)**

Parties to the World Health Organization's Framework Convention on Tobacco Control (WHO FCTC) have sought to align their local and regional actions with the overall impacts pursued; the last platform for concertation and alignment of positions was held in October 2018 in Switzerland during COP8.

Cabo Verde is a country with scarce resources. But it has not yet fully taken advantage of the bilat-

eral, regional, subregional and other multilateral channels available to finance the development and strengthening of comprehensive multisectoral programs.

It is, therefore, a pressing challenge to develop bilateral, multilateral and south-south cooperation strategies in order to overcome the financial and technical shortcomings in strengthening and sustaining the tobacco control program. The Axis is then focused on:

- Definition of a South-South and Triangular cooperation plan for the enhancement of national capacity for the implementation of the FCTC in scientific, financial, technical and legal aspects;
- Active pursuit of opportunities for cooperation with other Parties, competent international organizations and development partners of the Country;
- Definition of an internal reinforcement plan key partnerships for the implementation of the FCTC.
- Awareness-raising to make the Country available for regional/global events/ associations, related to tobacco control

## V. PRIORITY INTERVENTIONS

Table 3- PRIORITY INTERVENTIONS

ACTIVITIES	RESULTS	MANAGERS	RESOURCES	
<b>STRATEGIC AXES 1 - Strengthening the National Multisectoral Coordination Mechanism for tobacco control (Article 5.2a)</b>				
<b>1.1</b> Develop Strategic and Annual Tobacco Control Plans	Strategic Plan Developed	CICQ – CCAD MSSS – CCAD	National Consulting Workshop Reproduction and Printing	
	CICQ work plan approved annually			1t
	Coordination meetings held regularly			3t
<b>1.2</b> Institutionalize the CICQ. FCTC in the organics of the Government with the approval of its Internal Regulations, the Code of Conduct of its members; its subdivision into working groups;	Legal and institutional framework established and officialized	MSSS – CCAD (CICQ)	National Consulting <sup>1</sup> Workshop Reproduction and Printing	
	Code of Conduct approved			4t
	Internal Regulation approved			1t
	Working groups created		2t	
<b>1.3</b> Regular training of members of the CICQ on the different strategic themes of the Convention	Regular training	MSSS – CCAD (CICQ)	Training and Capacity Building Travel, Subsistence Allowance Reproduction and printing.	
<b>1.4</b> Establish CICQ focal points in the municipalities and regions of the Country	22 Municipalities with Focal Points established	MSSS – CCAD (CICQ)	Training Communication	
<b>STRATEGIC AXE 1 - Improvement and implementation of the legal, regulatory and institutional framework of response to tobacco control (Art. 5.2b, 8, 9, 10 and 15);</b>				
<b>2.1</b> Prepare a legislative preliminary draft for the implementation of the WHO Framework Convention on Cabo Verde	Project law approved	MSSS – CCAD (CICQ) Presidency of the Council of Ministries and Ministry Parliament CV	National Consulting Workshop Reproduction and Printing	
	Project law published			1t

ACTIVITIES	RESULTS	MANAGERS						RESOURCES
<b>2.1</b> Raise awareness among the public and other high-level actors to support the adoption of the legislative project;	Communication programs released on Media and social networks. Bilateral meetings held	MSSS WHO- FCTC	1t					Workshop Plaidoyer Communication
<b>2.2</b> Disseminate the new tobacco law adopted at national and local levels;	National law is known throughout the country	CICQ CCAD WHO- FCTC ANMCV						Workshop Multimedia diffusion
<b>2.3</b> Develop an implementation plan for the new national tobacco law;	Plan Developed	MSS- CICQ CCAD						Workshop Reproduction and Printing
<b>2.4</b> project law (draft decrees) for the regulation of the Tobacco Law and the Protocol on illegal trade, with the use of 4 consultancies	Project decrees Developed	MSSS- CCAD CCAD Parliament CV Presidency of the Council of Ministers						National Consulting Workshop Reproduction and Printing
<b>2.6</b> Organize 3 workshops for the validation of the regulatory instruments of the Tobacco Law	Law enforcement instruments Approved	MSS- CCAD CICQ						Workshop International Consulting
<b>2.7</b> Control ingredients and emissions of tobacco products through regular laboratory testing as required by law. Tests performed annually	Tests performed annually	WHO- FCTC MSSS – CICQ CCAD						Protocol Transportation of products Cost with laboratory analysis
<b>2.8</b> Protocol <b>2.9</b> Transportation of products <b>2.10</b> Cost with laboratory analysis	Competent National Authority defined	MSSS –Minister's Office ERIS						National Consulting Workshop

ACTIVITIES	RESULTS	MANAGERS	PERÍODO DE EXECUÇÃO	19	20	21	22	23	RESOURCES
<b>2.11</b> Elaborate a draft regulation on the elimination of illicit trade in tobacco products and its application	Regulated Protocol	MSSS- CCAD WHO- FCTC Government - PCM Parliament Parliament Presidency of Republic							Reproduction and Printing Plaidoyer National Consulting Workshop Edition, Publication
	Protocol implemented								
<b>2.12</b> Carry out regular consultations between the authorities responsible for strengthening enforcement	One meeting per semester	IGAE MAI- PN MSSS- CCAD (CICQ)							Workshop, Training and Capacity Building. Reproduction and Printing
	An annual training session								
<b>2.13</b> Implement a system for screening tobacco products, within the framework of a regional and global strategy	System created	MF- DGA MNEC IGAE							International Consulting Screening Platform Equipment Training and capacity building
	Destruction procedure and mechanism established								
<b>2.14</b> Define environmentally friendly procedures and mechanisms for the process of destruction of illegal tobacco products	Destruction procedure and mechanism established	MF- DGA CICQ WHO- FCTC PN, IGAE							Destruction procedure and mechanism established
<b>STRATEGIC AXE 3 - Protection of Public Health Policies against the Commercial Interests of the Tobacco Industries, (Article 5.3)</b>									
<b>3.1</b> Prepare a plan of action by the Commission- CICQ, for the implementation of Article 5.3, to prevent interference of industry with the institutions and its leaders;	Action plan developed and implemented;	MSSS- CICQ CCAD WHO- FCTC							National Consulting Workshop Training and capacity building
	Trained leaders;								
<b>3.2</b> Develop a Code of Conduct for State Officials to Prevent IT Interference	Code of conduct drawn up	MSSS- CCAD CICQ							National Consulting Edition and Publishing

ACTIVITIES	RESULTS	MANAGERS							RESOURCES
<b>3.3</b> Share the experience with other countries on the modus operandi of the Tobacco Industry.	An annual experience	WHO–FCTC MSSS AN Min. PCM NGOs and Associations							National Consulting International Consulting Workshop
<b>3.4</b> Empower civil society and universities on their roles to counteract tobacco industry tactics	Annual training sessions	WHO–FCTC CICQ ME; UNICV NGOs and Associations							Workshop Training and Awareness
<b>3.5</b> control the advertising, Promotion and Sponsorship activities, as well as the Social Responsibility Activities- ARS of the Tobacco Industries.	acts of interference Disclosed, Documented and reported	ARC IGAE, MIT CICQ NGOs and Associations							Logistics Plaidoyer Playback and Printing
<b>3.6</b> Review the Protocol between the Tobacco Industry and the Government considering the convention	Revised IT Protocol	MICE MSSS – CCAD; MF							Plaidoyer Communication
<b>STRATEGIC AXE 4 - Development and implementation of innovative initiatives to make the tobacco control program sustainable (Article 5.2a, 6 and 17)</b>									
<b>4.1</b> Define and implement a national tax policy on tobacco products, as stated in Article 6 and its directives;	Tobacco Tax Model Adopted by the Ministry of Finance.	MF WHO–FCTC UNDP					4t		International Consulting Workshop Communication
	Annual training for follow-up of fiscal measures carried out	MF WHO–FCTC UNDP					3t		
<b>4.2</b> Conduct an analysis of the investment case in the FCTC, in the Cabo Verde context;	The outcome of the study conducted within government and sensitive sectors and partners	WHO–FCTC UNDP MF							International Consulting Workshop MultiMedia diffusion

ACTIVITIES	RESULTS	MANAGERS	RESOURCES
<b>4.3</b> Allocate tax revenues to the tobacco control program;	The proposal approved by the Government	MF MSSS- CCAD	
<b>4.4</b> Present the Strategic Plan to government officials, bilateral cooperation partners, UN agencies,	Plan aligned with PEDS and DSG	MF WHO- FCTC UNDP	Workshop Plaidoyer Communication
<b>4.5</b> Include the implementation of the priority areas of the Convention as part of the UNDAF programming activities in the year 2022;	Priority Areas Enrolled at UNDAF	MNEC CCAD UNDP	Workshop Communication Plaidoyer
<b>4.6</b> Map the areas of tobacco cultivation on the islands of Santo Antão, São Nicolau, Santiago, Maio and Fogo	Areas of cultivation identified and known	MAA DGA	National Consulting Training and capacity building
<b>4.7</b> Encourage the replacement of tobacco cultivation by economically more profitable ones	Producers alerted and assisted to change the type of cultivation	MAA ANIMCV	Communication Long-term technical assistance
<b>STRATEGIC AXE 5 - Protection of the Populations from second-hand smoke (Article 8)</b>			
<b>5.1</b> Develop a plan to implement legislation on smoke-free environments in Cabo Verde	Smoke-free environment plan implemented	CICQ MSSS- CCAD	National Consulting
<b>5.2</b> Train the team (enforcement authorities) for the surveillance of smoke-free environments	Training sessions carried out	MSSS-CCAD CICQ UNICV	Training and Capacity Building Workshop
<b>5.3</b> Raising public awareness about the effects of second-hand smoke and law enforcement	communications program released	QUERCUS MSSS- CCAD (CICQ) NGOs and Associations	multimedia diffusion Design and Printing Workshop

ACTIVITIES	RESULTS	MANAGERS	RESOURCES
<b>5.4</b> Integrate the policy of smoke-free environments within the framework of the Healthy Cities and Health-Promoting Universities project	Disseminated the measures regarding open, semi-open and leisure areas in cities smoke-free	Universities ANIMMVC WHO- FCTC NGOs and Associations	Workshop Design and Printing Training and training
<b>STRATEGIC AXE 6 - Strengthening of warnings in the packaging of tobacco products, as recommended by WHO (Article 11)</b>			
<b>6.1</b> Analyze the experience of other countries in the modeling of packaging and health warnings on tobacco products marketed in the country	Study Report presented to CICQ	WHO- FCTC MSSS (CICQ)	Communication Training
<b>6.1</b> Regulate and implement the packaging model for Cabo Verde with adapted images and pictograms and with the inclusion of a telephone line	implementation plan Developed	MSSS – CCAD	Consulting Materials
	Laws on the warnings implemented		
<b>6.2</b> Develop a guide for implementation of health warnings,	High-quality models approved by public testing	UNICV MSSS – CCAD (CICQ) WHO- FCTC	External consultancy Editing and printing. Material Communication
	Guide Distributed		
<b>6.3</b> Implement guidelines, evaluate and update regularly the adopted health warnings packaging model	Sanitary warning template evaluated	MSSS – CCAD (CICQ)	External consultancy Editing and printing. Material
	packaging model approved		
<b>STRATEGIC AXE 7 - Reinforcement of social mobilization, information, education, communication, awareness-raising and training of the population (Art 12 and 4);</b>			
<b>7.1</b> Reinforcing the mobilization of actors, (particularly civil society) for a greater dynamism of actions at national and Community level;	Organized and motivated civil society	ME ANIMMVC NGOs and Associations MSSS – CCAD (CICQ)	Social Mobilization Communication Training/Capacity building

ACTIVITIES	RESULTS	MANAGERS	RESOURCES
<b>7.2</b> Develop a Multisectoral Communication Plan, with actors and partners (at a national and community level)	Communication plan developed	CICQ ME Universities ANMIMCV NGOs and Associations	National Consulting Workshop promotion Training and capacity building Workshops Privacy Policy Editing and Printing
<b>7.3</b> Implement the multisectoral communication plan, with all actors and partners (at the national and community level)	Communication plan implemented		
<b>7.4</b> Follow-up and evaluation of the Communication Plan	Plan annually evaluated	MSSS – CCAD (CICQ)	Workshops Logistics
<b>STRATEGIC AXE 8 - Integration of responses to smoke cessation and nicotine dependence in primary health care (Article 14),</b>			
<b>8.1</b> Elaborate an Action Plan for the Integration of Smoking Cessation in Primary Health Care	National smoke Cessation Plan developed and implemented	MSSS – DNS- PPR (CICQ) WHO- FCTC	International Consulting Travel and Subsistence allowance Workshops Communication
<b>8.2</b> Train professionals for the management and operationalization of the smoke cessation program (trainers to administer the program and professionals responsible for implementing the smoke cessation program throughout the primary health care network on methods of screening and brief counseling)	Training of Trainers in the Cessation of Tobacco Provided	MSSS – DNS- PPR (CICQ) IASD ACLCC NGOs and Associations	International Consulting Training Capacity building International Consulting National Consulting
	Training in brief counseling at all levels of health care		
<b>8.3</b> Develop a Protocol for the Integration of Counseling and Treatment Services in the Primary Health Care Network, including specific care program for tuberculosis and HIV, maternal and child health care and non-communicable disease control programs	Protocol Approved		
	counseling services Integrated	DNS- PPR WHO- FCTC	Training and capacity building International Consulting
	Affordable integrated counselling		

ACTIVITIES	RESULTS	MANAGERS	RESOURCES
<b>8.4</b> Guide and support those affected by Tobacco use through the free-phone line 8002525;	Operational line	ACLCC IASD CCAD NGOs and Associations	Long-term technical assistance
<b>8.5</b> Establish a tobacco use status record on medical history	Model with provision for recording patients' smoking status	DNS- PPF MSSS- CCAD NGOs and Associations	Workshop Protocol Plaidoyer
<b>8.6</b> Include the treatment of nicotine dependence as a subject in the curriculum of nursing schools and as a module in other university courses in the health area;	Subject included in the curriculum	Universities MSSS- CICQ CCAD	Plaidoyer Communication
<b>8.7</b> To make available to the national public medicines necessary for treatment in the network of national pharmacies	Medications available in pharmacies	MSSS – ERIS	Plaidoyer Communication
<b>8.8</b> Implementation of M-Cessation under the smoke Cessation Program.	Inclusion of M-Cessation	DNS- PPF NGOs and Associations	Long-term technical assistance Consulting
<b>STRATEGIC AVE 9 - Implementation of a research and surveillance system (Art. 20)</b>			
<b>9.1</b> Implement an observatory (information management platform) for tobacco	National Observatory established	INSP Universities MSSS- CCAD INE WHO- FCTC	International Consulting Website Workshop Equipment Training
	multisectoral data Collected		National Consulting
<b>9.2</b> Define and implement a sustainable surveillance plan to monitor the epidemic	Data analyzed by a team	INSP Universities MSSS- DNS- SVE INSP WHO- FCTC	National Consulting Workshop
	Data available on the platform		Consultoria Workshop, Training

ACTIVITIES	RESULTS	MANAGERS	RESOURCES
<b>9.3</b> Establish protocols with INE( National Institute of Stratics) and other partners for the production and sharing of tobacco data	Protocol Signed	MSSS- CCAD INE	Communication Protocol
<b>9.4</b> Establish a multisector team to collect data on tobacco consumption, its treatment, and dissemination	Operational team	INSP Universities MSSS- CCAD (CICQ) WHO	Consulting Communication
<b>9.5</b> The inclusion of tobacco questions in national surveys;	Questions on tobacco included in the national surveys	MSS- CCAD INE WHO- FCTC	Communication Plaidoyer
<b>9.6</b> Produce and submit biennial FCTC implementation reports to the FCTC Secretariat	Report submitted to the platform every two years	MSSS- CCAD	Communication
<b>9.7</b> Encourage universities to use and produce data on Tabaco consumption and control policies, combined with the Monitoring System	Data used by Universities Universities carry out research, extension, monographs, and dissertations		Communication Training Research Extension
<b>9.8</b> Support the regular conduct of prevalence studies, qualitative and behavioral studies, (STEPwise, GYTS, etc.)	The reality of tobacco prevalence is known	Universities MSSS- CCAD INE INSP MF WHO- FCTC	Studies and large proportion of inquiries
<b>9.9</b> Carry out regular studies to know the level of exposure to smoke	The reality of exposure to smoke is Known		Specific studies and surveys
<b>9.10</b> Carry out studies on the impact of interventions and measures on people, the environment and the economy	Costs of inaction and the benefits of measures are known		Studies and researches

**STRATEGIC AXE 10 - Multilateral cooperation for strengthening the sustainability of the tobacco control program in Cabo Verde (Articles 22 and 26)**

ACTIVITIES	RESULTS	MANAGERS	RESOURCES
<p><b>10.1</b> Define a South-South and triangular cooperation plan for the strengthening of national capacity for the implementation of the FCTC in scientific, financial, technical and legal aspects</p>	Priority areas defined		
	International partners identified		
<p><b>10.2</b> Actively seek opportunities for cooperation with other Parties, relevant international organizations and development partners of the Country;</p>	International partners identified	MSSS- CCAD WHO- FCTC UNDP MNEC	Consulting Communication Protocol
	National partners Filled		
<p><b>10.3</b> Define an internal plan for the reinforcement key partnerships for the implementation of the FCTC</p>	International events hosted by Cabo Verde	WHO- FCTC Other partners	

## VI. FOLLOW UP AND EVALUATION OF THE PLAN

### 6.1 Impact Assessment

To achieve the objectives established in the Plan, ten intervention axes were defined to guide the implementation of the annual actions. And two levels of evaluation were established. The first level assesses the implementation of the actions and the second evaluates the extent of the achievement of the objectives and targets, to know the impact of actions on the population.

Table 4- Impact Assessment

GENERAL OBJECTIVE	SPECIFIC OBJECTIVES	INDICATORS AND VERIFICATION CRITERIA	BASELINE	RESULTS	MANAGER	
Protect present and future generations from tobacco by reinforcing the full implementation of the WHO Framework Convention on Tobacco Control in Cabo Verde	Ensure a 0.5% annual reduction in the rate of smoking initiation among children and young people (E7)	Percentage of children and young people (up to 34 years old) consuming tobacco	Initiation 53%, up to 18 years old CCCD / UNUDC	Prevalence of tobacco consumption among young people, reduced by 0.5% annually	ME CICC NGOs and Associations	
	Ensure a 0.5% annual reduction in the prevalence rate of tobacco consumption in the adult population (E8)	Percentage of adults who consume tobacco	STEPwise 9,9% in adults from 25 to 64 years old	Prevalence of tobacco consumption in the adult population, reduced by 0.5% annually	MSSS – CCAD Universities CICC NGOs and Associations	
	Reduce the exposure to secondhand smoke by 5% annually (E1, E2, and E5)	Percentage of closed and semi-enclosed smoke-free environments	N/D	Smoke-free environments increased by 5% each annually (exposure to second-hand tobacco smoke reduced by 5% annually-closed and semi-enclosed public places, residences and workplaces)	IGAE CICC; PN, DNAP; ERIS, IGAE, NGOs and Associations	
	Reduce by 5%, annually, the supply of tobacco products (licit and illicit) taking into account new tobacco products (E3, 4 and 6)	Annual sales volume of tobacco illicit supply Available	4% growth trend since 2014 N/D	Sales volume of tobacco products reduced by 3% annually Illicit supply reduced by 5% annually;	MF, CICC IGAE; PN; NGOs and Associations	
	Allocate 15% of the amount collected from taxes on tobacco products to the Tobacco Control Program (E9 and 10)		Budget Value for the TC Program called up	\$ allocation 2017 = 0	\$ Allocation to CTB Program = 15%	MF MSSS-CICC - MSSS – CCAD MF UNDP
			Tax increased on tobacco products	excise duty- 2018 = 50% misdeleanor N/D	Excise duty- national and imported tobacco raised to 70%; Specific tax introduction.	MF MSSS-CICC- MSSS – CCAD MF, UNDP

## 6.2 Results Assessment

Table 5- Results Assessment

STRATEGIC AXES	RESULTS INDICATORS	VERIFICATION CRITERIA	BASELINE	GOAL	MANAGER
<b>1.</b> Strengthening the National Multisectoral Coordination Mechanism for tobacco control (Article 5.2a)	Annual plans approved	No. of annual plans approved	0	4 annual plans	CICQ
	CICQ institutionalized in the organic of the Government	Publication of the decree in Official Bulletin	GT – operational	1 Decree Publication	CCAD
	Municipalities with functional CICQ focal point	No. of Municipality with FP /CICQ registered	0	22 Municipalities	ANMCV CICQ/CCAD
	Regular CICQ coordination meetings	No. of Coordination Meetings	3 in 2018	Quarterly meetings (4 years)	CCAD
	Code of Conduct (CC) adopted by CICQ	No. of members who know and adopt	draft	All members adopted the CC	CCAD
	Legislation for the tobacco control approved	Publication on the Official Bulletin	draft	1 Decree Publication	MSSS PCM-
	Legislation for tobacco control disseminated at national level	No. dissemination session in the national Radios and TV	0	24 Sessions per year	CICQ/CCAD ONG
	Instruments of law regulation	No. Decrees approved	0	4 Regulatory instruments	CCAD WHO
	Means of inspection and control of ingredients of tobacco products	Level of content and nicotine, CO and Tar tobacco of products consumed in the country	0	An annual assessment	MSSS ERIS
	Investment case used to promote law enforcement	Level of application of evidence generated by Investment cases	0	60% of operational evidence	WHO, CICQ, UNDP
<b>2.</b> Improvement and adequacy of the legal, regulatory and institutional framework of response to tobacco control (Art. 5.2b, 9, 10, 15)	Plan for the elimination of illicit trade in tobacco products implemented	Tobacco products controlled by screening	0	Screening of 100% of tobacco consumed in CV	MF, IGAE, MAI- PN WHO

STRATEGIC AXES	RESULTS INDICATORS	VERIFICATION CRITERIA	BASELINE	GOAL	MANAGER	
3. Protection of Public Health Policies against the Commercial Interests of the Tobacco Industries,	State officials involved in the defense of tobacco control public policy (PR, AN, GOV, and CM)	No. of state bodies with prepared leaders	1 em 2018	4 instances (PR, AN, GOV, and CM) with their engaged leaders	CICQ WHO	
	PPP e ARS banned	No. of PPP e ARS actions identified	0	No PPP and ARS actions	ARC	
4. Development and implementation of innovative initiatives to make the tobacco control program sustainable (Article 5.2.a, 6 and 17)	Excise duty and environmental tax applied on Tabaco increased	Excise duty and specific tax	Excise duty 30% e specific tax N/D	Excise duty > 70% and environmental tax ≥20\$	MF	
	The amount allocated to FOR (Prevention of Risk Factors Fund) increased	% of the taxes allocated to the TC Program	N/D	15% taxes 60% of contraventions	MF MSSS	
	Strategic Plan for Tobacco Control reflected in UNDAF and PND5 (National plan for sustainable development)	Axes planned in the UNDAF Priority axes reflected in PND5 (National plan for sustainable development)	No. of partners	4 partners	MNEC WHO, UNDP,	
	Area of cultivation of tobacco leaves, reduced in the islands ST, SN, SA, and FG	Smoke-free environments increased	Mapped areas	ND	100% mapped	CICQ MAA ANMCV
			No. of Producers and tobacco areas reduced	ND	30% reduced areas 50% of producers adopt other cultures	
5. Protection of populations from second-hand smoke (Article 8)	Coordination between supervising entities	% of the annual increase in closed or semi-enclosed smoke-free spaces	N/D	100% of smoke-free enclosed spaces (public and households)	IGAE, MAI -PN, IGT ADECO QUERCUS	
		% of the annual increase in smoke-free open spaces Beaches, parks, squares, and forests	N/D	100% smoke-free open environments		
		No. of annual meetings held	N/D	2 meetings per year		

STRATEGIC AXES	RESULTS INDICATORS	VERIFICATION CRITERIA	BASELINE	GOAL	MANAGER	
5. Protection of populations from second-hand smoke (Article 8)	smoke content and emissions Monitored	No. of performed counter-proof	0	1 per year	ERIS e CICQ	
	Inspection and misconducts actions carried out	No. of actions carried out	N/D	2 per year	ARC, IGAE, MAI- PN, IGF, IGAE, CICQ, IGT ADECO	
	Supervision and misconduct process completed	% of processes successfully completed	0	100% of the cases decided		
6. Reinforcement of warnings in the packaging of tobacco products, as recommended by WHO (Article 11)	New health warnings developed	Number of new text and image warning options	Free choice of the industry	6 new warnings per 3 rotating images per year	MSSS ERIS e CICQ	
	Guidelines on packaging warnings implemented	Phases (current minimum and full packaging) for the implementation of the directives	25% front –back	Phase 1 - 50% front and 80, back Phase 2 - Full Packaging	ERIS e CICQ	
	Communication Plan elaborated	The existence of the communication plan	N/D	Plano operacional	QUERCUS CIOC ME ANMCV	
7. Reinforcement of social mobilization of information, education, communication, awareness-raising and training of the population (Art 12 and 4))	Level of implementation of the Plan with partners	No. of Partners engaged in the implementation	N/D	5 por municipio		
		No. of Partners engaged in the implementation	N/D	10 annual		
		No. of meetings with partners carried out	N/D	3 per year		QUERCUS CIOC ME ANMCV NGOs and Associations
		No. of followers on communication platforms	N/D	5000 per year		
		No. of pre-state communication materials	N/D	100%		

STRATEGIC AXES	RESULTS INDICATORS	VERIFICATION CRITERIA	BASELINE	GOAL	MANAGER
<p><b>8.</b> Integrating responses to cessation and nicotine dependence in primary health care (Article 14)</p>	No. of municipalities benefiting from local campaigns	N° de municipios beneficiarios de campañas locales	N/D	1 county per year	DNS ACLCC IASD CICQ FCTC/WHO NGOs and Associations
	Ability to manage the established program	Cessation guide available	N/D	1 Guide	
		No. of trainers and training managers	N/D	5 Trainers and managers	
	cessation program Integrated into primary health care	No. of trained health professionals	N/D	26 per year	
		No. of training conducted	N/D	2 years	
		No. of structures offering guidance and counseling service	N/D	+5 per year	
		No. of people assisted in the program	N/D	+20% annual, for 3 years	
	<p><b>9.</b> Implementation of a research and surveillance system (Article 20);</p>	Observatory tobacco control, public service	The existence of the Observatory	N/D	
Prevalence and behavioral surveys with tobacco issues included		No. queries in the platform	N/D	10% monthly growth of the queries	
		No. of new studies containing relevant questions included		STEPwise GYTS IDSR IDRF Survey on psychoactive substances	
Universities and Research Centers developing projects on tobacco		No. Of Project No. Universities	N/D	+ 1 Project with UNICV All Universities studying these topics in monographic projects, dissertations, and theses	

STRATEGIC AXES	RESULTS INDICATORS	VERIFICATION CRITERIA	BASELINE	GOAL	MANAGER
<b>10.</b> Multilateral cooperation for strengthening the sustainability of the tobacco control program in Cabo Verde (Article 22 and 26).	Protocols of international partnerships effectuated	No. of formalized partnership protocols	N/D	2 per year	MSSS WHO UNDP
	Projects Materialized	N ° of projects developed	N/D	2 per year	
	Implemented actions	No. of actions implemented in partnerships	N/D	3 per year	

## VII. COMMUNICATION PLAN

The Communication Plan aims to reinforce the involvement of decision-makers, involve partners, actors, and communities around the objectives and targets of the National Strategic for Tobacco Control Plan 2019-2023, which seeks to operationalize the Convention's guidelines, aligned with the SDG and with the PESDS. However, more than having this working tool available, it will be necessary to create national and international empathy around the Plan, in order to have the basic conditions for its materialization.

Table 6- COMMUNICATION PLAN

COMMUNICATION ACTIVITIES	RESULTS	TARGET AUDIENCE	PERIOD /DATE	MANAGER
Involve the National Multisectoral Coordination Mechanism in the elaboration of the plan	Appropriation of the plan	GT- (CICQ)	July and November 2018	CICQ- CCAD
Involve the United Nations in the Review for suggestions	suggestions proposals incorporated	WHO FCTC UNDP WHO	November 15 to December 15th	CICQ- CCAD WHO CQCT
Editing and printing the official version of the Plan	The official version of the Plan Printed	partners	January 2019	CICQ- CCAD
Carry out the launching of the Strategic Plan	Sector leaders involved in supporting the implementation of the Plan	partners	February 2019	CICQ- CCAD
Present the Strategic Plan with the partners and decision makers	Decision makers involved in the implementation of the plan	Government Presidency Parliament city councils	February 2019	CICQ- CCAD

## VIII BUDGET

Table 7- Budget

STRATEGIC AXES OF THE PLAN	2019	2020	2021	2022	2023	TOTAL CVE	TOTAL USD
Reinforcement of the National Multisectoral Coordination Mechanism for Tobacco Control (Article 5.2a)	2 000 000	1 800 000	1 890 000	1 984 500	2 083 725	9 758 225	102 718
Improvement and application of legal, regulatory and institutional response to tobacco control (Article 5.2b, 8, 9, 10 and 15)	2 200 000	1 980 000	2 079 000	2 182 950	2 292 098	10 734 048	112 990
Protection of Public Health Policies against the Commercial Interests of the Tobacco Industries, (Article 5.3)	2 500 000	2 250 000	2 362 500	2 480 625	2 604 656	12 197 781	128 398
Development and implementation of innovative initiatives to make the tobacco control program sustainable (Article 5.2a, 6 and 17)	2 000 000	1 800 000	1 890 000	1 984 500	2 083 725	9 758 225	102 718
Protection of populations from second-hand smoke (Article 8)	4 000 000	3 600 000	3 780 000	3 969 000	4 167 450	19 516 450	205 436
Reinforcement of warnings in the packaging of tobacco products, as recommended by WHO (Article 11)	3 800 000	3 420 000	3 591 000	3 770 550	3 959 078	18 540 628	195 165
Reinforcement of social mobilization, information, education, communication, awareness raising and training of the population (Article 12 and 4)	5 000 000	4 500 000	4 725 000	4 961 250	5 209 313	24 395 563	256 795
Integrating responses to cessation and nicotine dependence in primary health care (Article 14)	3 000 000	2 700 000	2 835 000	2 976 750	3 125 588	14 637 338	154 077
Implementation of a research and surveillance system (Art.20);	10 000 000	3 000 000	3 150 000	3 307 500	3 472 875	22 930 375	241 372
Multilateral cooperation for reinforcement of the sustainability of the tobacco control program in Cabo Verde (Articles 22 and 26)	1 800 000	1 620 000	1 701 000	1 786 050	1 875 353	8 782 403	92 446
Total	36 300 000	26 670 000	28 003 500	29 403 675	30 873 859	151 251 034	1 592 116

## 8.1 Financing source

The mobilization of the necessary financial resources as well as the establishment of an exclusive budget to finance the activities included in the action plan are decisive factors for the success of the implementation of this Strategic Plan and one of the indispensable conditions for the effective fulfillment of the goal 3a of the SDG 3, which consists of the full implementation of the WHO Framework Convention on Tobacco Control.

This plan will be funded substantially within the framework of the WHO FCTC 2030 Project, of which Cabo Verde is a partner, till 2021, with United Kingdom funds, made available through the WHO Secretariat.

State General Budget, However, it is considered a safe source of funding, similar to other public health programs.

One of the goals of increasing taxes on tobacco products is to be able to finance the Tobacco Control Program in Cabo Verde, especially in the development of essential instruments for the implementation of the Framework Convention, promotion of healthy behaviors, risk prevention and in the treatment and rehabilitation of those affected.

Regular partners of development of Cabo Verde, such as multilateral cooperation through the UNDAF, bilateral partners, as well as South-South and Triangular cooperation, are effective opportunities to raise funds for the Program.

## IX. CONSULTED DOCUMENTS

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WHO Framework Convention on Tobacco Control, Cabo Verde, B.O No. 35, Serie II- 29 August 2005, INCV 2005

Global Progress Report on the implementation of the WHO Framework Convention on Tobacco Control WHO- CFCTC 2016-

[https://www.who.int/fctc/reporting/2016\\_global\\_progress\\_report.pdf](https://www.who.int/fctc/reporting/2016_global_progress_report.pdf)

1st National survey on the prevalence of psychoactive substance use in the general population, MS / MJ- CCCD 2013;

1st National survey on the consumption of psychoactive substances in secondary school students of Cabo Verde, MS / MJ- CCCD 2013;

Demographic Projections 2010-2030, National Institute of Statistics, INE- CV 2013

THE STATE OF HEALTH IN THE WHO AFRICAN REGION: An analysis of the situation of health, health services and health systems in the context of the Sustainable Development Goals, WHO 2018;

WHO Données sur le tabagisme dans la Région africaine. Regional Bureau of WHO for Africa, 2012

Strategic Plan for Sustainable Development, PEDS 2017-2021, Ministry of Finance, MF 2017

Government Program and Trust Motion 2016-2021. The government of Cabo Verde, GOV- CV 2016

Statistical Report of 2016, Ministry of Health, MSSS 2018

WHO REPORT ON THE GLOBAL TOBACCO EPIDEMIC, 2017: Monitoring tobacco consumption and prevention policies, WHO 2017



