



SDGs REPORTS 2020

**Shadow Report SDG 3 on the
implementation of good health and well-
being for persons with disabilities in
Cape Verde**



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DISCLAIMER

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Acronyms and Abbreviations

ACPD	Cape Verdean Association of People with Disabilities
ACS	Cape Verdean Association of the Deaf
ADEF	Association of the Disabled of São Vicente
ADEVIC	Association of the Visually Impaired of Cape Verde
AIDS	Acquired Immunodeficiency Syndrome
APIMUDE	Disabled Women's Association
CCS-AIDS	Committee for Coordination and Combating of Acquired Human Immunodeficiency Syndrome
CENORF	National Centre for Orthopedics and Functional Rehabilitation
CRPD	United Nations Convention on the Rights of Persons with Disabilities
DNAP	National Directorate of Public Administration
FECAD	Federation of Associations of People with Disabilities
HI	Humanity & Inclusion
HIV	Human Immunodeficiency Virus
ICU	Intensive Care Unit
IDSR	Demographic and Reproductive Health Survey
INE	National Institute of Statistics
INSP	National Institute of Public Health
MSSS	Ministry of Health and Social Security
OPD	Organization of Persons with Disabilities
PNDS	National Sanitary Development Plan
PNSR	National Program for Reproductive Health
SDG	Sustainable Development Goal
SDSP	Sustainable Development Strategic Plan
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
WBU	World Blind Union





Executive Summary

The new corona virus pandemic required the government of Cape Verde to test the quality of its mechanisms, especially in its capacity to respond to new demands in an articulated and integrated way. But this implies the need for responses to accumulated and pre-existing problems for persons with disabilities, which Covid-19 has exacerbated, and which will impact even more severely the goals of SDG 3.

The absence of statistical data and monitoring mechanisms concerning persons with disabilities in the National Statistical System does not enable a statistical analysis of national performance in relation to persons with disabilities. Among the factors that most hinder the development of SDG 3 in the country is the low participation of Organizations of Persons with Disabilities in health policy decision-making and monitoring.

Key conclusions:

Target 3.1 - The primary obstacle preventing achievement of the target of reducing maternal mortality is the failure to reduce poverty levels in the population with disabilities and the failure to improve the quality of prenatal care in primary health care for pregnant women with disabilities.

Target 3.2 - The absence of improvements that cater to children of mothers with disabilities in the lack of health care for women with disabilities in existing maternal and child health programs in the country.

Target 3.3 In order to end epidemics of communicable diseases, it is important to increase the coverage of sanitation by reducing poverty and by providing access to universal primary health care coverage for persons with disabilities.

Target 3.4 - The obstacles to achieving target 3.4 are policies that are not related to measures to identify and reduce the different manifestations of violence towards persons with disabilities, and the failure to promote the health and lifestyle of these persons. It is also reported that the mental health care network does not consider persons with disabilities.

Target 3.5 - The prevention and treatment of problems caused by substance abuse, including narcotic drug abuse and harmful use of alcohol among persons with disabilities should be intensified.



Target 3.7 - There is a need for increased professional skills; reorganization of facilities to ensure confidentiality and privacy of services are important factors; also, direct involvement of youth and adolescents with disabilities, review of data on SRH among persons with disabilities, and innovative mobilization activities led by youth and adolescents are key to achieving results under this target.

Target 3.8 - The report also identified a complex organizational barrier. There exists an insufficiency of professionals to attend to the needs of persons with disabilities. There are also not enough vacancies for the recruitment of social workers. This jointed predicament leaves many vulnerable to the lack of the help that they need. It also emphasizes the imbalance between demand and supply, even though the CRPD has established an expansion of services and qualification level for care for this population.

As for the recommendations for implementing the SDG 3 goals for persons with disabilities, policies were listed for each goal that should be evaluated regarding their importance for achieving the goal:

Target 1.3 - Poverty reduction and the expansion and qualification of prenatal care in primary care.

Target 3.2 - Poverty reduction and the expansion and qualification of prenatal care in primary care for persons with disabilities.

Target 3.3 - Poverty reduction along with the expansion of sanitation coverage and access to drinking water.

Target 3.4 - Government actions for reduction of various manifestations of violence against persons with disabilities, as well as, and especially, policies for the promotion of health and lifestyle of persons with disabilities.

Target 3.5 - Involves campaigns in accessible formats to prevent alcohol abuse, especially the distilled spirits that are most consumed in the country.

Target 3.7 - Implementation of specific policies for adolescents and youth with disabilities linked to sports and culture, incorporating sexual and reproductive health education.

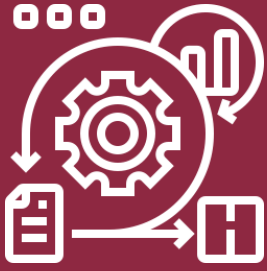
Target 3.8 - Achieving universal coverage of primary care for persons with disabilities, and especially improving mechanisms for regulating access to hospital services and services of high complexity in the public and private sphere, which give access to persons with disabilities.

Introduction

The Covid 19 pandemic in early 2020 gradually carried Cape Verde society on a wave of uncertainty, plunging the country into a multifaceted crisis of historic proportions with as yet no end date. The result? There have been 36,891 infections and 327 corona virus-related deaths recorded in the country since the start of the pandemic. At the same time, the health care system was not prepared to care simultaneously for so many seriously ill patients. There was a lack of beds, protective equipment, and professionals. And the consequence could not have been different: inequality became even more evident, especially for persons with disabilities.

It is worth pointing out that this health crisis occurred just ten years before the deadline for achieving the Sustainable Development Goals (SDG) 3. Unfortunately, however, this goal, which was already far from being reached before the start of the pandemic of COVID-19, has become even more distant since January 2020.

In September 2015, the country made a commitment to implement the goals and has been working with national and international partners, in a joint and coordinated manner, to identify responses to national priorities of sustainable development challenges. One visible spectrum is the presence of the Sustainable Development Goals (SDGs) that have visibly permeated the Government Program of the 9th Legislature and, consequently, the Strategic Sustainable Development Plan (SDSP) 2017-2021, which are fully aligned. In view of this immense challenge, this report analyzes through consultations with persons with disabilities and representatives of Organizations of Persons with Disabilities, goal 3 of the SDGs (Good health and well-being) in Cape Verde.



Methodology

A survey was organized with a panel of persons with disabilities, where we sought to identify their opinions and perceptions about the challenges involved in implementing SDG 3 dedicated to health, which proposes to "Ensure healthy lives and promote well-being for one and all at all ages" in the period of the Covid-19 pandemic.

It is assumed that persons with disabilities would have qualified opinions and recommendations about the object of the survey. The survey was conducted during a workshop carried out between 1 and 3 March 2021 in Praia, Cape Verde, and a questionnaire (Annex 1) containing closed questions about the targets of SDG 3, collected by telephone between 20 August and 10 September 2021.

The consultation via the workshop was done through a qualitative approach, consisting of focus group discussions with persons with disabilities and organizations, in order to make them aware of the Sustainable Development Goals (SDGs), specifically SDG 3, and then develop a constructive discussion about its implementation in Cape Verde.

The workshop participants consisted of 15 persons with the disabilities from different groups, including a person with cerebral palsy, three Deaf people, three blind people, a person with multiple disabilities, a Deafblind person, a person with low vision, and four people with physical impairment.

They consisted of 7 men and 8 women, representing the following associations:

- Cape Verdean Association of Disabled (ACD)
- Association of Disabled of São Vicente (ADEF)
- Disabled Women Association, (APIMUDE)
- Cape Verdean Association of the Deaf (ACS)
- Cape Verdean Association of Disabled (ACD)
- Cape Verdean Paralympic Committee (COPAC)

The workshop had the following structure and methodology:

- 1) Introductory presentation on Sustainable Development Goal (SDG) 3 in relation to 3 articles of the CRPD,
- 2) General debate, moderated by a member of the Organizing Committee,
- 3) A group work to identifying the significance for persons with disabilities and the progress (or not) in Cape Verde, allowing them to reflect and prepare their contributions and interventions (see questions in annex).

The facilitators used inclusive methodologies for meaningful participation and set the rules to create a brainstorming atmosphere that was stimulating.

The consultation via questionnaire, carried out between 20 August and 13 September 2021, covered 45 persons, being 15 blind people and 30 people with physical impairment.

In terms of media coverage, the workshop and consultation were mentioned in several media with national coverage, including television, radio, newspapers, and online media: TV broadcast: TCV Evening News, 01.03.2021¹ Radio Program: The hour of the Blind, Praia 1, 07.07.14 as well as through news produced by ADEVIC that was posted through their Facebook page².

¹ <https://rtc.cv/tcv/video-details?id=17732&fbclid=IwAR0EP0Xqzj3HC3jRvRqnyAgGuzVx8Q7m96FP0CUWVQEP6IRwq5mFrq0Xkdk>

² www.facebook.com/adevic.cv

Health and Well-being

SDG-3 - "Ensure a healthy life and promote well-being for all at all ages" - is more directly related to the performance of the Ministry of Health, although, given the competencies of the various agencies and entities linked to it, other goals are also considered, such as: clean water and sanitation, industry and innovation, reduction of inequalities, and sustainable cities and communities.

08 - The goals established in SDG-3 refer to:

- Target 3.1 - By 2030 - to reduce the global maternal mortality ratio to less than 70 deaths per 100,000 live births.
- Target 3.2 - By 2030 - to end preventable deaths of newborns and children under 5 years of age.
- Target 3.3 - By 2030 - to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and to fight hepatitis, waterborne and other communicable diseases.
- Target 3.4 - By 2030 - to reduce premature mortality from non-infectious diseases by one-third, through prevention and treatment, and to promote mental health and well-being.
- Target 3.5 - To strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
- Target 3.6 - By 2020 - to reduce road traffic deaths and injuries by half.
- Target 3.7 - By 2030 - to ensure universal access to sexual and reproductive health services, including family planning, information and education, and the integration of reproductive health into national strategies and programs.

- Target 3.8 - To achieve universal health coverage, including financial risk protection, access to quality essential health services and access to essential, safe, effective and quality medicines and vaccines at prices affordable for everyone and the last one,
- Target 3.9 - By 2030 - to substantially reduce the number of deaths and illnesses from hazardous chemicals, air and groundwater contamination and pollution.

Target 3.1

By 2030 - reduce the global maternal mortality ratio to less than 70 deaths per 100,000 live births

The first goal for Axis 3 of the 2030 Agenda (Ensure healthy lives and promote well-being for all, at all ages) is: "to reduce the global maternal mortality ratio to less than 70 deaths per 100,000 live births by the year 2030".

Health situation according to indicators

Women's health, particularly maternal health, is established as a priority intervention area in the National Health Policy 2020³. As a result, today more than 99% of pregnant women are regularly monitored by the health services, and most deliveries (95.6%) are performed mainly in hospital facilities, namely in Central and Regional Hospitals.

However, the maternal mortality rate, in the period under review, experienced a major oscillation, as in 2018, the rate was 37.9 per 100,000 live births⁴, this was higher than in 2016, which was 18.8 per 100,000 live births and lower than in 2015 and 2017⁵. The most frequent causes of maternal mortality are infections, anemia, hypertension, and diabetes. According to IDSR II data, about 43.2% of pregnant women and 36% of breastfeeding women have anemia⁶. The main causes of maternal death are eclampsia, hemorrhage, and sepsis.

Abortion in Health facilities has been legalized in Cape Verde since 1997, through the law on Voluntary Interruption of Pregnancy - VIP (Law No. 7/87 of February 14). However, there are factors related to difficulties of physical, economic, and cultural access that consist of obstacles to its effective implementation among the vulnerable layer of persons with disabilities.

In the Survey, conducted among persons with disabilities, it was evident that disabled women with low economic standard had a greater probability of maternal mortality. For 41% there is a socioeconomic disproportion between persons with and without disabilities. For 60%, the difficulty of access to health services and the quality of the care provided are the factors that contributed to the deaths evaluated in the survey.

³ NATIONAL HEALTH POLICY. www.minsaude.gov.cv/index.php/documentosite/90-politica-nacional-de-saude-2020/file

⁴ Maternal mortality rate in Cape Verde - 2018 Source: Ministry of Health and Social Security, 2018 Statistic Report: https://ine.cv/wp-content/uploads/2021/05/relatorio20302063_2019-3.pdf.

⁵ Idem

⁶ Demographic and Reproductive Health Survey (IDSR II) - INE 2005

In the consultation process some of them stressed the importance of the media to spread the message, as well as the relevance of education for development and the relevance of making these issues better known and more common to persons with disabilities. However, most of the respondents to the questionnaire (question 16), identified financial aspects (68.14%), structural factors (64.60%), and institutional factors (53.10%) as the main sources of difficulty in implementing the Agenda.

In the workshop, according to the participants, the obstacles that condition women with disabilities to a healthy life and well-being, linked to the reduction of the maternal mortality rate, are the lack of knowledge about disability and maternity on the part of health professionals, and the little or no educational information on the subject for the population. It is important to note the change in understanding with a view to the inclusion of women with disabilities.

The prejudice to women with disabilities in motherhood, to the extent that they inhabit a body that is out of line with prevailing aesthetic standards and face society's disbelief that they can live up to gender expectations, such as assuming the roles of caregiver, wife, and mother. Given the lack of knowledge about aspects of sexual and reproductive rights and multiple and cross-sector discrimination faced by women with disabilities.

The absence of accessible, informative campaigns about proper care during pregnancy, for example, leads to a lack of knowledge about how to prevent complications in the postpartum period and how to identify the risk for childbirth, resulting in lack of proper care for baby and mother.

Recommendations

- a) For Women's Health it is also necessary to address some recommendations: making accessible information in different formats and education about reproductive health available to women with disabilities, regardless of their age, sex, health status, or marital status; universal access to reproductive health care, especially for women and men with disabilities; the use of appropriate technology in the provision of care for persons with disabilities, by trained staff, and with equipment and materials suited to their needs;
- b) Accelerate the provision of methods and the training of units to provide the necessary attention to all users of the Health System, prioritizing family planning as an indispensable tool to prevent maternal death and abortion.
- c) Support the training of obstetric nurses and expand their work in the Health System.
- d) Distribute the technical manuals and standards for prenatal, delivery, and puerperium care, including the risks of diabetes and gestational hypertension in women with disabilities, to all teams of health professionals.
- e) Promote a broad strategy to orient the target audience with disabilities, such as: radio and television campaigns on prenatal care, its importance and parameters to assess quality, detailing the essential actions, such as assessing blood pressure, weight, oedema, among others.
- f) Promote the importance of recognizing risk factors such as sickle cell anemia, malaria, short intrapartum interval, anemia, and malnutrition, among others, to pregnant women.
- g) Promote the right to family planning services, democratize access to them and to the most appropriate methods for each couple, and likewise, ensure that family planning services are accessible to women with disabilities.
- h) Implement and promote ways and places for submitting complaints, including in the health units.



Target 3.2

By 2030 - end preventable deaths of newborns and children under 5 years of age, with all countries committed to reducing neonatal mortality to at least as low as 12 per 1,000 live births and mortality of children under 5 years of age to at least as low as 25 per 1,000 live births.

Health situation according to indicators

Looking at the domestic data on childhood mortality (under 5 years of age), it can be seen that between 2007 and 2018, a total of 2,743 deaths of children under 5 years of age were recorded, with 2,384 infant deaths, i.e., deaths during the first year of life, and 359 juvenile deaths (1-4 years).

INE's data, on mortality in children under 5 years of age and the infant mortality rate, show that in 2018 there is the lowest number of deaths in children under 5 years of age (corresponding to 153), with 136 in children under one year of age⁷. An analysis by gender also shows that throughout the period under analysis, there were more deaths among male children under 5 years old (1,545, representing 56.3%) than female children (1,199 deaths, representing 44.7%).

In the proportion of births (live births) attended by skilled health personnel over the years under review, it is found that over 90% of births occurred in health facilities and were attended by skilled health personnel. In 2018, the recorded figure was 92.9%.⁸

As also the under-5 mortality rate has decreased over the past four years and is below the 2030 target (of at most 25 per 1,000 live births). In 2015, the mortality rate was 17.5 per 1,000 live births and 14.6 per 1,000 in 2018⁹.

Regarding the data concerning children with disabilities, the 2010 Census points out that among 0–4-year-olds the population with disabilities is 20.5%, 20.4% for males and 20.6% for females. From age 5 and up, the prevalence of disability increases the older the age group. In the 5 to 9 age group, 10.6% of the population has some form of disability, 11.1% male and 10.0% female.

National Protocols on Obstetric Emergency Care and the National Protocols on Neonatal Emergency Care for physicians and nurses and other health professionals working in the Obstetric, Neonatology and Pediatric Emergency Departments of Central and Regional hospitals have been developed.

Protection against vaccine-preventable diseases is an important axis of the National Health Policy for 2020 and the PNDS 2012-2016. The vaccination of children under 1 year of age, offered free of charge, currently includes 10 vaccines, compared to 6 vaccines in 2000. Concerning the proportion of children under 1 year of age vaccinated, in 2018 all vaccines had a coverage rate of over 90%. Specifically, the figures were 94% for BCG, 93.2% for Polio, 93.1% for Pentavalent, and 90.7% for Measles. These data indicate the great effort the country has made to achieve universal coverage in terms of vaccinated children.

⁷ https://ine.cv/wp-content/uploads/2021/02/estatisticas_vitais_2006_2018_final.pdf

⁸ Proportion of births (live births) attended by skilled health personnel - doctors and nurses. In: Ministry of Health and Social Security, 2018 Statistic Report

⁹ Mortality in children under 5 years of age and infant and child mortality rate https://ine.cv/wp-content/uploads/2021/02/estatisticas_vitais_2006_2018_final.pdf

For 35%, improvement in access to healthcare professionals specialized in the care of mothers with disabilities before, during and after pregnancy followed by vital interventions such as immunization, breastfeeding and low-cost medications is still needed in the country.

For 20%, access to water and sanitation, which are currently out of reach for many families of persons with disabilities, can contribute equally to the reduction of preventable child deaths.

They also note that the mortality rate in children has been falling, quality care requires concrete actions that ensure the availability of essential medicines and products, especially in this period of pandemic COVID 19 with the system overloaded.

The limited number of beds mainly on the islands for pediatric and neonatal Intensive Care Units; in addition to the non-accessibility to health services for persons with disabilities does not allow these persons to use all the available services according to their needs, in all levels of care; the geographical dimension regarding the distance and travel time of users to reach the health services, including travel costs for residents in the interior of the islands.

The absence of the inclusion of the reason for neonatal mortality of children and mothers with disabilities; the absence of improvements that cater to children of mothers with disabilities in the health care that is already provided for in the existing maternal and child health programs in the country are still impediments so that health and well-being specifically in reducing child deaths, can also reach persons with disabilities.

The medical model of disability and the abstract regime of disability are open doors to obstetric violence, especially to forced or non-consensual medical procedures (including sterilization), lack of confidentiality, and failure to obtain informed consent before procedures are performed, especially on deaf and women with cerebral palsy; The medical-scientific knowledge of health professionals imposes on and hinders the individual freedoms of pregnant women and leads to the harmful practice of obstetric violence against pregnant women with disabilities.

Recommendations

- a) Identify and risk-stratify 100% of children with disabilities under one year in all islands and councils. Analyze the home visit and childcare consultation in the first week of life for 100% of newborns.
- b) Perform investigation of 100% of infant deaths that occur.
- c) Train 100% of health professionals in the islands and councils for comprehensive growth and development monitoring and comprehensive care of children.
- d) Train the municipal health professionals in risk stratification and clinical treatment of all children under five, especially those classified as high-risk, Underreporting of infant deaths:
- e) Strengthen the epidemiological surveillance of infant deaths in the country.



Target 3.3

By 2030 - to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and to fight hepatitis, waterborne and other infectious diseases.

Health situation according to indicators

There is a National Coordination Body for the Fight against HIV/AIDS in the country, which brings together public and private institutions and representatives of civil society that elaborate and coordinate the implementation of the Strategic Plan for the Fight against HIV/AIDS and intervene in the actions of prevention, fight, and inclusion of persons affected and living with HIV/AIDS. As part of the commitments made to achieve MDG VI, the fight against HIV - AIDS is included in the National Health Policy 2020 and the PNDS 2012-2016 and has as a reference the 2011 Political Declaration on HIV/AIDS, of the United Nations General Assembly.

However, the number of new cases has been increasing¹⁰ and the indices in the Statistical Report show that in 2019, there were 435 new HIV cases (222 in men and 213 in women) in the country, which represents a rate of 0.81 new HIV cases per 1,000 population. It is also noted that since 2015 the number of new cases has been increasing¹¹.

Concerning persons with disabilities, vulnerability is confirmed by the strong HIV prevalence rate recorded in this specific population (2.3%) compared to that of the general population, at the national level¹².

Paludism, or malaria, is of low endemicity, of unstable character with a seasonal transmission, occurring predominantly on the island of Santiago. The malaria-specific mortality rate in 2018 was 1.5 per 100,000 population, decreasing in 2015 to 0.2 per 100,000.

There has been a reduction in the incidence rate of tuberculosis per 100,000 population. There was also an incidence rate of 33 new cases per 100,000 population, lower than in the last three years (2015 to 2017). Hepatitis B incidence rate per 100,000 population - The Hepatitis B incidence rate increased from 5.4 in 2015 to 7.0 per 100,000 population in 2016. In 2017 and 2018 there were lower rates, 3.5 and 1.7, respectively.

Particularly in relation to HIV/AIDS, in 2007 two laws were adopted, namely Law No. 18/VII/2007 from November 26 that regulates blood transfusion, including, among others, information to the donor about the potential risks associated with donation, and Law No. 19/VII/2007 from November 26 that regulates aspects related to the prevention, treatment, and control of HIV.

¹⁰ www.minsaude.gov.cv/index.php/documentosite/-/1/496-relatorio-estatistico-de-2017-mss-spsa-03-05-2019/file

¹¹ www.minsaude.gov.cv/index.php/documentosite/-/1/496-relatorio-estatistico-de-2017-mss-spsa-03-05-2019/file

¹² Bio Behavioral Study on the Vulnerability of People with Disability Facing HIV/AIDS In Cape Verde

In the latter case, the law clearly contemplates the need to inform and educate people to change their behavior regarding HIV/AIDS, the promotion of training for people working in the field on HIV/AIDS, the prohibition of the demand for testing, protection and assistance measures, confidentiality, psychosocial support for the infected person, the prohibition of discrimination based on HIV status, among others.

As a result, as of January 2019, antiretroviral therapy (ART) was indicated to all people living with HIV regardless of criteria, thus following the "Treat all" WHO strategy¹³ (Antiretroviral Therapy Protocol, 2019).

In order to Reduce the Spread of HIV, Ensure Universal Access to the Means of Prevention, Improve the Quality of Life of People Infected and Affected by HIV/AIDS, a National Plan has been developed that targets the groups most vulnerable to the disease, among which are isolated and single-parent women¹⁴. (IV National Strategic Plan - AIDS (2020)

Regarding communicable diseases, the indices in the Statistical Report show that in 2019, there were 435 new cases of HIV (222 in men and 213 in women) in the country, which represents a rate of 0.81 new HIV cases per 1,000 population. It is also noted that since 2015 the number of new cases has been increasing. The vast majority of new cases reported in 2018 were in the 25-49 age group¹⁵.

With regard to persons with disabilities, the Bio-behavioral Study on the vulnerability of Persons with Disabilities to HIV conducted in Cape Verde, carried out by Humanity and Inclusion (HI) in partnership with the Coordination Committee for the Fight against AIDS (CCS-SIDA) in the year 2018, reveals that persons with disabilities represent a group that is particularly vulnerable to the risk of infection of HIV/AIDS in Cape Verde. It is noted that this vulnerability is confirmed by the strong HIV prevalence rate recorded in this specific population (2.3%) compared to the general national population¹⁶.

It is worth mentioning that even without statistical data from government agencies about the prevalence of HIV/AIDS infection in persons with disabilities, the country in 2020 developed awareness campaigns with the use of leaflets and posters in Braille including a guide in Braille with information about Covid-19, aimed at children and adolescents with visual impairment through a collaboration involving CCS-SIDA and INSP.

According to participants, the obstacles and challenges to implementation of this target lie in the lack of training of medical personnel in the care of persons with disabilities affected by epidemics, AIDS, tuberculosis, malaria, hepatitis, water-borne diseases, and other infectious diseases, which continue to face stigmatization in the health care system. They also highlight concerns about lack of confidentiality regarding their health status.

However, further obstacles are present when it comes to information regarding HIV/AIDS and sexual health for persons with disabilities. Deaf persons, for example, do not have an interpreter at their disposal to talk to a doctor or social worker during consultations.

¹³ www.minsaude.gov.cv/index.php/documentosite/direcao-nacional-de-saude/498-protocolo-actualizado-tarv-2019-versao-atualizada-100719/file

¹⁴ www.minsaude.gov.cv/index.php/documentosite/direcao-nacional-de-saude/sida/486-iv-plano-estrategico-nacional-vih-sida-2020/file

¹⁵ www.minsaude.gov.cv/index.php/documentosite/-/1/496-relatorio-estatistico-de-2017-mss-spsa-03-05-2019/file

¹⁶ Bio behavioral study on the vulnerability of people with disability facing HIV/AIDS in Cape Verde

For 75% of the respondents their vulnerability is complicated by the poverty in which they live, their low income, low level of education and poorly adapted information and awareness about the risks of HIV/AIDS.

It is perceived that combating epidemics of other diseases is not being prioritized, for reasons of survival in the fight against the coronavirus, given that the existing resources in the health systems are focused on the pandemic. Also, preventive actions like prophylaxis therapies are not reaching persons with disabilities; young people persons disabilities cannot access confidential information because their parents or guardians are always with them. Persons with learning disabilities rarely receive sex education because they are mistakenly perceived as children without sexual impulses; Universal coverage of Primary Care does not reach persons with disabilities, especially in the islands and interior.

At the same time, those consulted and surveyed identify a number of important barriers to ending the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases, and combating hepatitis, waterborne diseases, and other infectious diseases, particularly for groups in vulnerable situations, such as persons with disabilities. The prevention and care campaigns do not seem to address the need for accessibility suited to persons with disabilities, mainly in communication and lack of basic sanitation in urban outskirts, areas where a large proportion of persons with disabilities are found.

Recommendations

- a) In the field of health information, insert persons with disabilities in the system for producing health studies and statistics, which will contribute to increasing their importance in the formulation of health policies.
- b) In the studies and statistics that have been mostly produced by the Ministry of Health, Organizations of Persons with Disabilities should also be included in the study of the country's health situation.
- c) In the field of medicines, public investment must be increased, and more effective management and distribution of essential medicines must be developed for public pharmacies for persons with disabilities.
- d) Find solutions for shortages in the stock of public pharmacies which is an obstacle for persons with disabilities considering that the same medicines in private pharmacies have an unaffordable cost for many people.
- e) Provide incentives to health care providers to promote access for persons with disabilities.
- f) Reducing or eliminating payments for persons with disabilities can increase the use of health care services for them.
- g) Address disability issues in HIV/AIDS education programs and improve access to specialized health services through the essential primary care teams supporting specialized services to provide a wide range of care for persons with disabilities.
- h) Increasing the capacity of medical care services through the use of information and communication technology can improve service delivery and enable persons with disabilities to better control their health.

Target 3.4

By 2030 - Reduce premature mortality from noncommunicable diseases by one-third, through prevention and treatment, and to promote mental health and well-being.

In Cape Verde premature mortality from noncommunicable diseases accounts for 57% of all causes of death¹⁷, and of the NCDs that contribute most to morbidity in the country are cardiovascular diseases (25%), cancers (10%), chronic respiratory diseases (CRD) (6%), and diabetes mellitus (5%).¹⁸

The country has begun to introduce information on these conditions in the annual statistical report - cardiovascular diseases (CVD), cancer, diabetes, and chronic respiratory diseases - as well as on their four common risk factors, namely: tobacco use, unhealthy diet, sedentary lifestyle, and harmful use of alcohol; and the related biological risk factors: high blood pressure and high blood glucose levels.

The statistical report showed that in Cape Verde 385 (76.1/100,000) individuals of both sexes and all ages died due to cancer, while in 2010 there were 303 (61.6/100,000). The most affected were men (80/100,000). The first overall cause of cancer death was Stomach Cancer (52/385) with 13.5%. Analyzing the frequency of deaths by gender, we saw that for females, the most frequent cause of death was cervical cancer (32/183) with 17.5%, followed by stomach cancer (20/183) with 10.9% and liver and biliary tract (18/183) with 9.8%. For males, the most frequent cause of death was prostate cancer (46/202) with 22.8%, followed by stomach (32/202) with 15.8%, esophageal cancer (28/202) with 13.8% and lung (19/202) with 9.4%¹⁹

Mental and behavioral disorders are within the top 20 causes of NCD mortality, with the leading cause of death from mental illness being suicide. The phenomenon of suicide is worrying and deserves a multi-sector and specialized approach, as are behavioral disorders related to the abuse of alcohol and other psychoactive substances (drugs).

Health situation according to indicators

Regarding this target, participants listed the non-existence of measures to reduce the different manifestations of violence against persons with disabilities, the mental health care network that does not reach persons with disabilities, and especially that the campaigns and policies to promote health related to lifestyle do not reach persons with disabilities.

About 76% point to poverty as a factor in the development of chronic non-communicable diseases in persons with disabilities due to the lack of a healthy food supply that has caused the growth of obesity in the adult population. Also, taking into consideration the impact of disability on people's lives, due to the growth of the elderly population and chronic diseases in the country, population-based research is needed to ascertain the

¹⁷ Source : SVEI/DNS/MS, 2012

¹⁸ www.minsaude.gov.cv/index.php/documentosite/-/1496-relatorio-estatistico-de-2017-mss-spsa-03-05-2019/file

¹⁹ Frequency of cancer deaths, male sex, Cape Verde, 2012. Source: Statistical report 2012, MS

burden of disability and the magnitude of disability problems associated with lifestyle and chronic non-communicable diseases among these individuals.

Recommendations

- a) Carry out communication and education campaigns for the promotion of health through bodily practices/physical activity in persons with disabilities, considering that the regular practice of exercises and the maintenance of a healthy diet are extremely necessary.
- b) Implement the Health Communication Plan to disseminate information about health promotion and NCD prevention practices, diversifying and adjusting the media and target audiences for persons with disabilities.
- c) Mobilize and raise awareness in social circles and the media about the importance of active aging and the social inclusion of the elderly with disabilities in these mobilization activities.

Target 3.5

Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

In Cape Verde, the legal framework for the fight against drugs has Law No. 78/IV/93 of 12 July, which regulates the mechanisms for combating and producing illicit substances under control, and the legal terms of possession and use of drugs, in criminal and procedural aspects. Also, Regulatory Decree No. 2/95, of January 18 created the Commission for the Coordination of the Fight Against Drugs CCCD, as the entity responsible for coordinating interventions related to the demand and supply of drugs, under the Ministry of Justice and Internal Administration.

In terms of legislation, the country has improved control over the consumption of alcoholic beverages at points of sale and on public roads through the New Alcohol Law, Law No. 51/IX/2019 that establishes regulations for the availability, sale and consumption of alcoholic beverages in public places, places open to the public and workplaces of the services and bodies of the central and local public administration and private entities. It was adopted by parliament in March 2019.

There has been a redefinition of policies in the field of alcohol and other drugs, through the Alcohol and Other Drugs Coordination Commission - CCAD under the Ministry of Health and Social Security. There have been actions and execution of policies and strategies to reduce the consumption of alcohol and other drugs, and the prevention and treatment of addiction.

Awareness campaigns have also been developed, such as the "Less Alcohol, More Life" Campaign developed by the Presidency of the Republic from 2015 in order to draw attention to alcohol-induced imbalances and raise awareness among government officials, partner companies and the general population of the need for urgent, assertive

and decisive attitudes in the face of abusive consumption²⁰. Depending on the patient's need and the seriousness of the problem, interventions can also take place in the following services: Integrated Response Spaces for Addictions - ERID, Therapeutic Community Granja São Filipe (CTGSF), Tendas do El Shaddai (NGO), Remar (NGO), A Quinta da Esperança (NGO), Psychiatric Services aimed at short term hospitalization for physical withdrawal symptoms, but also providing individual care and therapeutic groups on an outpatient basis; Psychosocial Support Space and Drug Free Unit; The Drug Free Unit that operates in the Praia Prison as well as the self-help groups - Narcotics Anonymous (NA) and Alcoholics Anonymous (AA)²¹

However, the excessive use of alcohol and the abuse of other drugs have been problematic and highly complex in society. There is evidence that the consumption of these psychoactive substances is prevalent among persons with disabilities. Data indicate that about 58.8% of persons with disabilities use alcohol and 7.8% use drugs, according to a bio-behavioral study on the vulnerability of persons with disabilities in Cape Verde²². This situation appears to be a public health problem, with alcohol being the most consumed drug in Cape Verde, with a prevalence rate of 63.5%.²³

Although Cape Verde currently has national policies that address the use of alcohol and other drugs in the context of health, it is also known that there is no straight line between the formulation and implementation of these policies specifically targeting persons with disabilities.

Health situation according to indicators

60% of respondents say that the inaccessible form of Information, Awareness, Training, Communication and Education on prevention of alcohol and other drug abuse to persons with mainly hearing and visual impairments is a factor that urgently needs to be reviewed.

For 20% of the persons with disabilities who participated in the survey, while there are interventions and institutions to support and treat the use of drugs and alcohol, the difficulty in accessing the services available in these institutions is the factor that makes persons with disabilities give up on treatment.

In the consultation process the OPDS and persons with disabilities stressed in the workshop the importance of the media of communication to address persons with disabilities and the issue of alcohol and other drug abuse as well as the relevance of education to the prevention process.

There is also a need for access to non-punitive therapies, given that the treatment model for alcohol dependents is based on hospitalization and pretty much comes down to

²⁰ Campaign Less Alcohol More Life. Please see <http://presidencia.cv/arquivo/category/menos-alcool-mais-vida>.

²¹ Services of addiction treatment available in Cape Verde. Please see www.ccad.cv/site/index.php/9-ccad/12-servicos-respostas-de-tratamento-das-dependencias-disponiveis-em-cabo-verde.

²² Humanity & Inclusion "Bio Behavioral Study on the Vulnerability of People with Disability facing HIV/AIDS in Cape Verde."

²³ www.minsaude.gov.cv/index.php/documentosite/424-plano-estrategico-multissetorial-de-combate-aos-problemas-ligados-ao-alcool-2016-2020/file



detoxification, since after discharge only a few continue to be followed up, which is why the relapse rate is high²⁴.

These measures were considered: training of health professionals in care, counseling, treatment and follow-up of problematic alcohol consumers with disabilities; raising awareness of partners to include addressing alcohol consumption for persons with disabilities in their programs: ICCA, Churches, Youth Centers, NGOs, communication professionals, DGVSR; Define appropriate interventions to alcohol related problems emphasizing also persons with disabilities in multi-sector action; carry out surveys and studies aimed at providing a better knowledge of the situation of narcotic drug consumption and harmful use of alcohol, bearing in mind that the onset of alcohol consumption has been occurring at increasingly earlier ages. This fact was confirmed by studies already carried out in Cape Verde, at different times, both by the National Institute of Statistics (INE), by the Zé-Moniz Association (AZM) by the Coordination Commission for the Fight Against Drugs (CCCD) and by Humanity & Inclusion (HI).

Recommendations

- a) Improve the quality and increase the comprehensiveness and effectiveness of programs and interventions related to the abuse of alcohol and other narcotic drugs.
- b) Improve the level of knowledge about the problems caused by harmful alcohol consumption among persons with disabilities.
- c) The dissemination of information and communication to be carried out by professionally trained persons with competence in the field to ensure accessible, flexible, coherent, and easy-to-understand language for persons with disabilities.
- d) Create and implement a National Alcohol Information System for the collection and proper data management of problems related to alcohol consumption.

Target 3.6


By 2030 - reduce road traffic deaths and injuries by half

Target 6 of SDG 3 is to reduce global deaths and injuries from road accidents by half (2020). In Cape Verde for this indicator, data is only available for 2015, where the death rate from road accidents was 1.3%.

Most of the official data on trauma caused by traffic accidents is collected by the police, and yet not all accidents are reported to or recorded by the police. In addition, accurate assessment of the severity of trauma requires specialized training.

For respondents, the right to transport and mobility of persons with disabilities or reduced mobility is not ensured on an equal basis with others by identifying and eliminating all obstacles and barriers to their access.

²⁴ Therapeutic protocol for the treatment of psychoactive substance dependencies in Cape Verde. Please see www.ccad.cv/site/index.php/publicacao/send/4-estudos/51-protocolo-terapeutico-para-tratamento-das-dependencias-de-substancias-psicoativas-em-cabo-verde.



These indicate, that for the purposes of accessibility to land, maritime and air public transport services, in all jurisdictions, the vehicles, stops, airport terminals and ports that are considered to be integral to these services, must be accessible so as to guarantee their use by persons with disabilities, making available an accessible communication system.

Recommendations

- a) Promote the dissemination and demand the implementation of the Accessibility Standards Law, including in public transport.
- b) Legally enforce the determination that new purchases in public transport must contain a quota of vehicles adapted for persons with disabilities (state co-funding).
- c) Promote a legal incentive for the acquisition/import of taxis adapted for persons with disabilities.
- d) Promote the acquisition for the health services of transport adapted to persons with disabilities, at least those destined for Rehabilitation Centers.
- e) Ensure free public transport for persons with disabilities, since a number of health treatments are no longer carried out because patients cannot afford to pay for transport. It is worth pointing out that streets with holes, destroyed or unfinished ramps, sidewalks with no space for persons in wheelchairs on busy roads, bus stops with no structure at all, make this part of the population in need of help of workers or other people to perform common activities, taking longer than it would be normal if things were adapted for them.
- f) The government should create tax incentives to enable the accessibility of vehicles adapted for use by persons with motor disabilities, whose disability is proven by a medical document and by a technical opinion from the General Directorate of Road Transport.

Target 3.7

By 2030 - ensure universal access to sexual and reproductive health services, including family planning, information and education, and the integration of reproductive health into national strategies and programs.


The National Program for Reproductive Health (PNSR, 2008-2012) has a wide reproductive health offer through various structures, namely hospitals, health centers, health stations and basic health units, vaccination of pregnant women, prenatal and postpartum consultations, delivery and abortion care, cervical and breast cancer prevention and treatment, family planning/infertility consultations, STI/HIV/AIDS prevention and treatment. In this case, "particular attention is given to the prevention of mother-to-child transmission (PMTCT)", having created "an organized structure for counseling, screening, and treatment", as well as the "introduction of antiretrovirals in 2005 with widespread access, the implementation of preventive actions, and epidemiological surveillance are progress made" (pg.30), among other measures, namely health promotion/communication for behavioral change, through various means of broadcasting, namely radio, television, and theatre, among others. It also aims at gender mainstreaming and the sharing of responsibilities between men and women in all aspects (family, sexual and reproductive aspects, family planning, etc.

Despite some gains through the implementation of the National Program for Reproductive Health (PNSR) participants, point out challenges to be fought so that this target can also be felt among persons with disabilities, namely: fighting teenage pregnancy, timely diagnosis and treatment of sexually transmitted infections, breast and cervical cancer, and strengthening comprehensive sex education for adolescents and young persons with disabilities in the communities.

Law N° 9/III/86 approves the Voluntary Interruption of Pregnancy in Cape Verde according to the Supplement to the BO N° 52 of 31 December 1986, which determines the decriminalization of the interruption of pregnancy in the first weeks of gestation - up to twelve weeks. This legal basis is based on the adoption of measures that promote social inclusion and the observance of the rights of persons with disabilities, without discrimination, as presented below. A hospital establishment duly accredited and under medical care (article 2 of Law N° 9/III/86). After the first 12 weeks of pregnancy, the law also allows for the termination of pregnancy for reasons of preservation of the physical and psychological health of the woman and the fetus, namely serious injury, risk of death, possibility of contagion of disease, or serious physical or mental defects (article 3).

Health situation according to indicators

According to participants there is a need for increased professional skills; reorganization of facilities to ensure confidentiality and privacy of services is an important factor; direct involvement of adolescents with disabilities, review of data on SRH among persons with disabilities, and innovative mobilization activities led by adolescents are key to achieving results under this target.



These highlight that there is no data on the sexual and reproductive health of women with disabilities in the SDG 3 indicators in Cape Verde, which reinforces the conditions of vulnerability of persons with disabilities in the absence of information and research on safe sex among this group. There is also difficulty in accessing services adapted to their demands and characteristics.

The lack of studies that can analyze the vulnerability of persons with disabilities to universal access, to sexual and reproductive health services and expenses, including reproductive planning, to information and education, as well as the integration of reproductive health in national strategies and programs, are demands that hinder access to prevention services for citizens with disabilities.

The prejudice that persons with disabilities are asexual, or that they should have their sexuality and fertility controlled, is widespread due to lack of access to sex education and not promoting sexual health or positive experiences of these people in relation to sex and relationships.

Forced sterilization of women with disabilities and lack of reporting and enforcement mechanisms to ensure that, in any case where sterilization is requested, the rights of women with disabilities are always respected, above any other interests.

Cape Verde lacks comprehensive data and statistics on sexual and reproductive health indicators, STDs, contraception and voluntary termination of pregnancy rates, unmet needs in the field of contraception and teenage pregnancy among women with disabilities.

Women with disabilities also face the problem of unintended pregnancy for multiple reasons: contraceptive failure, improper or inconsistent use of contraceptive methods, sexual partners who oppose the use of contraception, forced intercourse, rape, or for health reasons.

There is a lack of implementation of specific policies for adolescents with disabilities linked to sports, education, culture. Non-existence of discussion about gender, sexuality, machismo and prejudice towards persons with disabilities, and the difficulty of universal coverage of Primary Care in reaching persons with disabilities in sexual and reproductive health components.

Recommendations

- a) Promote the provision of care in the area of sexual and reproductive health care for persons with disabilities, through actions that establish a network of care.
- b) Carry out educational campaigns to promote architectural, attitudinal, and other accessibility conditions in the healthcare network.
- c) Guarantee prenatal, delivery, and puerperium care to women with different types of disability, in accordance with the risk classification.
- d) Provide guidance and information on sexual and reproductive health for persons with disabilities in basic health units.
- e) Make available professional support from the Family Health Support Centers (NASF) to the Family Health teams, in assisting the sexual and reproductive health of persons with disabilities.
- f) To carry out Health Education activities for children, young people and adolescents with disabilities, aiming at their emotional and sexual development.
- g) Promote access to breast reconstruction surgery.

- h) Perform inter-sector activities in the area of sexual and reproductive health, involving the school and the family.
- i) Produce and broadcast accessible, informative campaigns on the prevention of violence and abuse against persons with disabilities.
- j) Carry out epidemiological research in the area, in partnership with related institutions.
- k) Involve Rights Councils, Health Councils, and Ombudsman's Offices, aiming to establish partnerships and optimize activities.

Target 3.8

Achieve universal health coverage, including financial risk protection, access to quality essential health services and access to essential, safe, effective and quality medicines and vaccines at prices affordable for all.

The Basic Law on Health (Law No. 41/VI/2004, B.O. No. 10, 05/04/2004) reinforces the guarantee of universal access to health care provided in its article 5, where all citizens have the right to health and the duty to preserve and promote it, regardless of their social and economic status and their political or religious beliefs.

Persons with disabilities have their social rights guaranteed in the Constitution of the Republic. However, in order to strengthen and ensure their inclusion and participation in social life and in the labor market, through a set of compensatory regulations, Decree-Law No. 21/2019 of May 24 was approved, defining the General Bases of the Legal Regime of Prevention, Qualification, Rehabilitation and Participation of People with Disabilities, which determines that all persons with disabilities, duly proven, are exempt from fees for consultations, complementary diagnostic tests, hospitalization, and medical interventions.

With regard to social protection programs, Cape Verde has a scheme of periodic cash benefits for persons with disabilities in order to assist them, where Decree-Law No. 18/2010 established the social pension of the non-contributory social security regime called the Social Pension, in which 22,365 people currently benefit from the social pension throughout the country, with an additional 761 new beneficiaries²⁵ being integrated in 2019.

Aiming to **protect persons with disabilities from financial risk, the government makes available** a monthly amount of approximately (6,000) six thousand escudos, paid to persons with disabilities who suffer from permanent incapacity to exercise any income-generating activity.

The Ministry of Family and Social Inclusion, aiming to address the difficulties faced by pensioners in accessing medication assistance, makes available, through the Mutual Fund for social pensioners managed by the CNPS - National Center for Social Pensions

²⁵ General list of Social Pension beneficiaries - July 2021

- the attribution of an annual support for the purchase of medication in private pharmacies, with at most 3,750 escudos annually²⁶.

However, this amount is available to be used during the whole year, i.e., 3,700 escudos must be used for medicine purchase over the whole year, which limits the access of persons with disabilities to medicines in private pharmacies beyond the maximum value of the annual limit.

Health situation according to indicators

Regarding achieving universal health coverage, the participants identified as organizational barriers for the offers of these services, the unavailability of vacancies and the insufficient number of specialized professionals for the care of persons with disabilities. They point out that there is an imbalance between demand and supply, even though the CPCD has established the expansion of services and the qualification for care of this population. In parallel, they understand that the lack of qualified professionals to attend to the specific needs of persons with disabilities is another important gap that negatively impacts the provision of care.

In the COVID 19 pandemic period this goal became more complex with regard to persons with disabilities since the greatest vulnerability is contagion. And the ones that are most subject to contamination are persons with physical disability in contact with chair wheels, persons with visual impairment who need Braille and a cane, and persons with intellectual disability who have difficulty using a mask.

Other obstacles were mentioned, such as the difficulty in maintaining social distance due to additional need for support, for example if they are people who are in health or care facilities, but mainly the difficulty in accessing public health information.

²⁶ www.cnps.cv/index.php/pt/component/phocadownload/category/11-sistema-das-farmacias

Understanding Health and Well-Being

For Persons with Disabilities, Including during Covid-19, in Light of Recent and Future Developments

For participants, health and well-being for persons with disabilities, including in relation to the COVID-19 situation, presents great challenges. Coping with COVID-19 is even more complex for persons with disabilities, since the transmission of the virus and the impact of the pandemic tend to be more severe in a context of great economic and social inequality, which results in poor housing and sanitation conditions, without constant access to clean drinking water, in crowded situations, and with a high prevalence of chronic diseases.

Facing the Covid-19 pandemic, it is necessary to plan actions, considering the possibility of increased demand for attention in some areas, such as mental health, physical therapy, care for elderly persons with disabilities, and others.

It is necessary to prioritize preventive actions, such as vaccination, follow-up of chronic patients and priority groups such as pregnant and lactating women and chronically ill persons in the population with disabilities, who seek attention due to their specific characteristics.

With regard to better living conditions for the disabled population, there is a worrying deficit in terms of housing, since many are homeless or living in poor housing conditions without access to water or sanitation. This situation leads to illness from preventable causes and affects the control of a number of health problems, favoring the spread of diseases such as Covid-19 and many others.

Significant investment in this area is necessary to ensure decent living and health conditions for persons with disabilities, in the cities and in the countryside in this pandemic situation in which the country finds itself.

According to participants, persons with disabilities are often excluded from the decision-making process on issues that directly affect their lives such as health and well-being. Also, according to them, because they are less economically active persons with disabilities have lower employability rates than persons without disabilities, a fact that



increases the financial risk, and consequently the lack of access to quality essential health services and especially access to medicines.

Concerning health, persons with disabilities can be highly vulnerable to secondary conditions and avoidable comorbidities, untreated mental disorders, poor oral hygiene, high rates of HIV/AIDS infection, high rates of obesity and premature mortality. They also highlight that health-promoting interventions, such as physical activities, are beneficial to persons with disabilities. But these activities rarely target persons with disabilities, and many of them encounter multiple obstacles to participating.

General Recommendations

During the consultation, participants felt that to reach SDG 3 for persons with disabilities a positive aspect will be making effective changes by adapting its targets to the realities of persons with disabilities. Therefore, these persons experience less access to the SDG 3 targets than persons without disabilities. This is due to several factors, including lack of participation and inclusion of persons with disabilities in the different stages of the process - planning, implementation, monitoring and evaluation - such as the need for appropriate structures to enable this participation. In other words, persons with disabilities are not actively involved in decision-making processes through the democratic process, as was pointed out throughout the consultation.

To effect and ensure access to quality health care and promote well-being for persons with disabilities, many stakeholders need to play their part, including government, private sector, civil society organizations, and organizations of persons with disabilities. Recommendations in this report for improving access to health and well-being, to ensuring access to quality health care, and to promoting well-being for persons with disabilities are presented here for key stakeholders.

Organizations of Persons with Disabilities can

- Participate in the process of building indicators and producing data related to SDG 3, in order to contribute to its measurement and fulfillment.
- Present the views of their members about the obstacles of SDG 3 to decision makers.
- Mobilize media and people and, in this way, influence the definitions of the State's priorities regarding health and well-being, since the implementation of the SDGs must be one more space for organizations of persons with disabilities to promote changes in the approach of the policies formulated and applied in Cape Verde, respecting the specific characteristics for each island and council;
- Develop their own national reports, which will contribute to debates on implementation challenges at the national level and ensure that all information regarding SDG 3 and its progress is presented and worked on in a format accessible to each specific communication need of persons with disabilities.
- Contribute to the evaluation and monitoring of the targets of SDG 3 and other SDGs and collaborate with researchers on work that can contribute to their development.

- Promote public awareness and understanding of the rights of persons with disabilities, e.g., through campaigning, advocacy groups and training so that persons with disabilities have equal access to health and well-being services.
- Conduct audits on access to services available through the SDGs to promote the removal of obstacles.

The private sector can

- Develop public-private partnerships to improve prevention, treatment, and care of communicable diseases, mainly COVID 19, in persons with disabilities through mobile services, aiming at prevention, treatment, and care.
- A public-private partnership to facilitate access to health services for persons with disabilities who are without income. This partnership could contribute to paying for treatment.
- Improve working conditions for employees with disabilities by providing services and health insurance for employees and their families.
- Develop greater involvement with the government for the development of initiatives and projects that contribute to the achievement of SDG 3 for persons with disabilities.
- In addition to the health sector, various other parties can carry out "disability-friendly" policies to avoid access barriers and enable persons with disabilities to promote their health and actively participate in community life.

The government can

- In the field of sanitary information, insert persons with disabilities in the system for producing health studies and statistics, which will contribute to increasing their importance in the formulation of health policies.
- In the studies and statistics that have been mostly produced by the Ministry of Health, Organizations of Persons with Disabilities should also be included in the study of the country's health situation.
- In the field of medicines, public investment must be increased, and more effective management and distribution of essential medicines must be developed in public pharmacies for persons with disabilities.
- Find solutions for shortages in the stock of public pharmacies, which is an obstacle for persons with disabilities considering that the same medicines in private pharmacies have an unaffordable cost for many people.
- Provide incentives to health care providers to promote access for persons with disabilities.
- Reduce or eliminate out-of-pocket payment for persons with disabilities to increase their use of health care services.
- Address disability issues in HIV/AIDS education programs and improve access to specialized health services through the essential primary care teams supporting specialized services to provide a wide range of care for persons with disabilities.
- Increase the capacity of medical care services through the use of information and communication technology to improve service delivery and enable persons with disabilities to better control their health.

- Persons with disabilities continue to face numerous barriers to their full inclusion and participation in the life of their communities. They reveal the disproportionate levels of poverty, lack of access to inclusive and quality education, accessible health services, employment, and poor representation of persons with disabilities in decision making and political participation. They presented evidence of some of the barriers to accessing the SDGs such as: policies that do not take into account the needs of persons with disabilities, negative attitudes such as beliefs and prejudices of health care workers who cannot see beyond disability, and employers who discriminate against persons with disabilities.

For these and other obstructive barriers to the SDGs, those consulted made the following recommendations:

- a) Easier access to health services such as the implementation on public roads of anti-slip ramps and prohibition of parking and stopping on the edge of the road or in front of places reserved strictly for persons with disabilities.
- b) To allow the entities that oversee and generate laws (Government, City Councils, and the Order of Engineers to work simultaneously with Associations that promote the integration of persons with disabilities to eliminate barriers (In other words, not imagining what the needs of a person with disabilities are, but rather themselves indicating what the needs and obstacles are and what aspects need improvement);
- c) Adopt specific measures necessary to ensure the right to employment, work, vocational guidance, training, qualification and rehabilitation, and the adequacy of working conditions for persons with disabilities.
- d) Ease access to the benefits of Law No. 26/VIII/2013 of 21 January, which approves the Code of Fiscal Benefits to facilitate its application to employers so that they can hire employees with disabilities.
- e) Ensure that economic, social, and fiscal policies, including strategic plans, cover issues of persons with disabilities in order to ensure basic health services, information and awareness, with the goal of reducing premature mortality from chronic diseases, communicable diseases, and other illnesses.
- f) Make available exclusive free phone lines for persons with disabilities so that they can contact, ask questions, and make appointments in order to avoid travel. In the case of a hearing-impaired person, enable video calls and with interpreters (in other words, the person indicated for this service station must be qualified to respond to each type of disability).
- g) Information leaflets about health prevention and well-being should be available and accessible to everyone, especially in the area of health and well-being.
- h) Develop policies in order to guarantee access to public transport (air, land and road) to persons with disabilities, at a reduced cost or free of charge, especially when traveling from other islands to health services.
- i) Ratify the optional protocol to allow enforcement of existing laws and the convention treaty that allows members with disabilities to make their reports and submissions to the United Nations.
- j) Encourage and support the use of self-employment and monitor compliance with the employability of persons with disabilities in quotas.
- k) Collect systematized data regarding the number of persons with disabilities in the public administration and disclose the legislation in order to inform persons with disabilities about the benefits and how to get them.



- l) That OPDs develop information programs about the SDGs and persons with disabilities in different media in an inclusive way, (such as radio, television, internet/social networks).
- m) The government should raise awareness about the application of incentives to the public (National Directorate of Public Administration - DNAP) and private institutions regarding the employability of persons with disabilities by improving the process of employability.
- n) All public services should have an interpreter or trained people to respond to the needs of persons with disabilities, namely: banks, hospitals, police, airports, universities, etc.
- o) Promote training or include sign language in the teachers' training curriculum in order to transmit it equally to all students.
- p) The government should create protection mechanisms for persons with disabilities in epidemic periods, namely covid 19, with availability of medicines, travel with special vehicles, etc.
- q) Combat with persons with disabilities or family members the habit of playing poor, begging for food baskets or a one-off amount or depending on the good will of those in charge, but rather help them generate their own jobs or sources of income.

Conclusions

The results revealed that the predominant idea for respondents is that SDG 3 is an important instrument to direct public policies in Cape Verde. But the country's potential to meet this SDG is low. The low level of knowledge about sustainable goals by persons with disabilities was also pointed out. For this reason, the dissemination of the SDGs among persons with disabilities was suggested, in order to facilitate promotion and awareness of them.

Regarding the conditions for the success of SDG 3, the participation and inclusion of persons with disabilities in different stages of the process - planning, implementation, monitoring and evaluation - was given great emphasis, and the need for adequate structures that allow such participation was stated.

The issue of adoption of SDG 3 by persons with disabilities was also an important point and identified as a condition for its success, which requires the intervention of communication channels (radio, TV and social media) that can help create a culture of active participation and shared responsibility.

Despite the general consensus that the successful implementation of SDG 3 depends on everyone's commitment, there are some specific actors whose roles were particularly highlighted:

- Organizations of Persons with Disabilities can follow up and monitor the government's actions and contribute to the implementation of the SDGs for persons with disabilities, as institutions that represent the interests of persons with disabilities and are close to their reality, having the capacity to mobilize people to make a difference.
- The private sector can act to improve working conditions for employees throughout the value chain and provide health services and insurance for employees and their families.
- Academic institutions can guarantee training courses on health and well-being that include suitable information on disability, based on human rights principles.
- The government can address disability issues in HIV/AIDS education programs and improve access to specialized health services through the essential primary care teams supporting specialized services to provide wide range of care for persons with disabilities; and increase the capacity of medical care services



through the use of information and communication technology to improve service delivery and enable persons with disabilities to better control their health.

Regarding Covid 19 initiatives involving combating the pandemic, they need to consider the insertion of persons with disabilities, subject to the restrictive conditions of the general population, to the physical risk and to the psychosocial risk related to the conditions of organization in health systems and services. It is therefore necessary to prioritize the physical and psychosocial protection of persons with disabilities in the actions to fight Covid-19, with a strong emphasis on mechanisms to reduce psychological suffering.

Specifically in the health field, the results support the view that health is strongly determined by other social policies. Those consulted consider that poverty reduction and adaptation of health services to the specific needs of persons with disabilities are the issues that are most significant for the success of SDG3.

Public Consultation with Persons with Disabilities on Sustainable Development Goal (SDG) 3

Name _____ Contact details: _____

01 – Sex: _____ 02 – Age _____

03 – Type of Disability _____

04 - How do you evaluate the level of contribution of Health and Well-being to the development of persons with disabilities?

- High
- Low
- No contribution

05 - What are the mechanisms that can facilitate the reduction of the maternal mortality rate for mothers with disabilities?

- Sexual and reproductive education for persons with disabilities in adjusted formats when needed.
- Qualification of professionals and training of medical staff to work with persons with disabilities.
- Improvement of human resources regarding the humanization of childbirth for persons with disabilities
- Improving access to health services and contraceptive methods for persons with disabilities
- Eradicate poverty among persons with disabilities by building shared prosperity and promoting equality.

Other: _____

06 - In your opinion, select from the list of priorities below which policies are most important to achieve the target of reducing neonatal mortality



- Eradicate poverty among persons with disabilities, build shared prosperity and promote equality.
- Increase the number of beds.
- Health and population dynamics - universal access to health care, including vaccines, family planning and reproductive health.
- Lifelong education and training for all
- Gender equality and the empowerment of women with disabilities
- Water and sanitation for a sustainable world
- Access to sustainable energy at reasonable cost
- Reducing the number of teenage pregnancies with disabilities
- Reducing poverty among persons with disabilities
- Other: _____

07 - In your opinion, what is necessary to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and to fight hepatitis, waterborne and other communicable diseases

- Universal access to health care, including vaccines, family planning and reproductive health.
- Water and sanitation for a sustainable world
- Eradicate poverty, build shared prosperity and promote equality.
- Expand AIDS and tuberculosis prevention actions.
- Achieve universal primary care coverage.
- Other: _____

**08 - To reduce premature mortality from non-communicable diseases by one-third, through prevention and treatment, and to promote mental health and well-being
Tell us how in your opinion this can be ensured:**

- Enlarge the network for mental health care for persons with disabilities.
- Enlarge lifestyle-related health promotion policies for persons with disabilities.
- Develop measures to reduce violence against persons with disabilities.
- Other: _____

09 - How to strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol among persons with disabilities

- Alcohol abuse prevention campaigns adapted to persons with disabilities.
- Expanding non-punitive detoxification therapies
- Other: _____

10 - How can we reduce accidents, deaths and injuries of persons with disabilities on public roads and streets

- Enlarge accessibility law nationwide.

- Develop urban mobility policies targeting persons with disabilities.
- Invest in the quality of public roads, especially near health services.
- Other: _____

11 - To ensure universal access to sexual and reproductive health services, including family planning, information and education, and the integration of reproductive health into national strategies and programs

- Develop basic attention to sexual health and reproductive health components for persons with disabilities.
- Develop education and communication actions adapted to persons with disabilities.
- Other: _____