

**PLANO ESTRATÉGICO DE COOPERAÇÃO EM SAÚDE
DA CPLP
(PECS-CPLP)**

**STRATEGIC PLAN IN HEALTH COOPERATION OF THE
COMMUNITY OF PORTUGUESE-SPEAKING
COUNTRIES
(PECS-CPLP)**

**PECS 2018-2021
STRATEGIC AXIS, AREAS AND PROJECTS**

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1. INTRODUCTION

The Strategic Plan in Health Cooperation of the CPLP (PECS-CPLP) was approved on 15 May 2009, at the II Ordinary Meeting of the Health Ministers of the CPLP, in Estoril, Portugal.

The initial life span of the Plan was from 2009 through 2012 (PECS-CPLP 2009-2012) and was renewed to continue until 2016 at the III Meeting of Ministers of Health of the CPLP in Maputo, Mozambique, on 12 February 2014, and on that occasion changed its name to "PECS/CPLP 2009-2016".

The PECS-CPLP represents a collective commitment of horizontal and structuring cooperation among the Member States of the CPLP in the health sector. It is an innovative, comprehensive and integrative mechanism of synergies in the health sector of the CPLP.

Given the challenges facing the Member States in developing concerted actions to promote and implement their national health plans and their commitment to the full implementation of Agenda 2030 for Sustainable Development and for Sustainable Development Goals (SDG), the IV Meeting of Ministers of Health of the CPLP, held in Brasília on 26 October 2017, identified the need for improving and restructuring the PECS-CPLP, and assigned its advisory Committee (FIOCRUZ and IHMT) to, in collaboration with the Executive Secretariat of the CPLP, submit to the Technical Health Group (GTS-CPLP), within 90 days, a revised proposal plan for the period from 2018 to 2021.

Among others, this exercise should take into account the PECS-CPLP governing instruments, especially the strengthening of the dialogue and leadership capacity of the PECS-CPLP operating structures, including the issue of mobilizing financial resources, in line with SDG as well as the need for ensuring the efficiency and effectiveness of the national health systems of the Member States.

Therefore, the new phase of the PECS-CPLP, to be implemented in the period 2018-2021, will mainly focus on the performance of the SDG targets and, as a key strategy, serve as cross-cutting role of health in reaching these targets.

On the other hand, given the alignment and intersectoral approach within all SDGs, there is a need for structured dialogue with the other SDGs, especially those that most influence health, in order to fully achieve SDG # 3 statement: "Achieving health and *welfare* to all age groups".

Within this framework, based on the guidelines set by the Ministers of Health of the CPLP member states and on the information shared during work meetings and consultations with the countries, six strategic axis for the definition of priority projects and the targets of the PECS-CPLP have been identified, as follows:

1. Training and Development of the Health Workforce
2. Health Systems
3. Health Information and Communication
4. Health Research
5. Monitoring and Analysis of health situation and compliance with SDG
6. Emergencies and Natural Disasters

2. AXIS, PROJECTS AND ACTIVITIES

2.1 AXIS 1: Training and Development of the Health Workforce (HWF)

This Axis is justified by the key role of the HWF in the implementation of quality health systems and by the relative lack of skilled health workers in most health systems at the Member States of the CPLP.

Goals for Axis 1:

- 2.1.1. Promoting and strengthening the National Plans for Health Human Resources Development (NPHHRD)
- 2.1.2. Strengthening the capacity of training human resources for the national health systems at the Member States

The following **projects/activities** are established to achieve these goals:

- 2.1.1.1 To cooperate bilaterally and/or multilaterally for the development, implementation and evaluation of the National Plans for Health Human Resources Development (NPHHRD)

Implementation structure: CPLP Health Planning Network (to be created)

Indicators and Targets:

- a) Technical Cooperation (participating countries)
- b) CPLP Health Planning Network created
- c) Number of Member States with NPHHRD established and/or evaluated

- 2.1.2.1. To support the structuring of Public Health Schools in all member states and boost the Network of Schools of Public Health (RENSP-CPLP)

Implementation structure: specific Working Group to boost the sustainability of the Network of Schools of Public Health RENSPP-CPLP

Indicators and Targets:

- a) Number of Member States with RENSPP established
- b) RENSPP-CPLP created

- c) Number of Member States represented at the RENSP-CPLP
- d) Technical Cooperation carried out (participating countries)

2.1.2.2. To support structuring and boost Schools of Health Technicians in all member states and sustainability and revitalization of the RETS

Implementation structure: Network of Schools of Health Technicians (RETS-CPLP)

Indicators and Target:

- a) Number of Member States with national RETS established and represented in RETS-CPLP
- b) Technical Cooperation (participating countries)

2.2. AXIS 2: National Health System (NHS)

This Axis is based on the need for each Member State to have well-structured and strengthened health systems as a prerequisite for achieving the proposed health targets.

The (specific) goals of the Axis, as described below, are complemented by the projects and activities of other axes, since all of them are characterized by their structuring nature of the national health systems:

- 2.2.1. Strengthening of National Health Systems guided by universality, integrality, equity and quality
- 2.2.2. Reinforcement of adequate governance that responds to emerging realities
- 2.2.3. Improvement of access to technologies and inputs for diagnosis, prevention and therapeutics
- 2.2.4. Support and qualification of the organization of services for the maintenance of health equipment

The following **projects/activities** are established to achieve these goals:

- 2.2.1.1. Reviewing the CPLP member states national health systems using a common framework of reference, including proposals for strengthening their universality, integrality, equity and quality

Project staff: Public Health Institutes Network of the CPLP (RINSP-CPLP)

Indicators and Target:

- a) Definition of a shared analytical framework
- b) Review paper per country
- c) Annual update of the review
- d) Debate of the results

2.2.1.2. To bilaterally and/or multilaterally cooperate to strengthen the models of primary health care to ensure universal access

Implementation structure: to be defined in due course during a dialogue between the central structures of the Ministries of Health, the CPLP Civil Society Forum and the Thematic Committee for Health and Food Safety of the CPLP Consultative Observers.

Indicators and Targets:

- a) Technical Cooperation undertaken (participating countries)
- b) Percentage of primary care coverage in each of the Member States
- c) Existence of guides/guidelines/standards of integrative and complementary practices, including traditional medicine

2.2.1.3. To support the establishment and development of Public Health Institutes as scientific and technical foundations of the national health systems

Implementation structure: Public Health Institutes Network of the CPLP (RINSP-CPLP)

Indicators and Targets:

- a) Creation of NIPH in each of the Member States where they do not exist
- b) Bilateral or multilateral Technical Cooperation for the strengthening of the NIPHS members of RINSP/CPLP
- c) Implement all projects identified within the PECS-CPLP as under the responsibility of the RINSP-CPLP

2.2.2.1. To bilaterally and/or multilaterally cooperate to strengthen the national capacity for health sector regulation and supervision

Implementation Network: Network of Public Institutions for the Regulation and Supervision at the Health Sector (to be created)

Indicators and Targets:

- a) Technical or multilateral cooperation to strengthen the regulation and supervision of health sector completed
- b) Standards/guides/procedures/structures created, reviewed or evaluated
- c) Number of Member States holding health systems for the regulation and supervision of the health sector which have been evaluated and reviewed

2.2.2.2. To cooperate bilaterally and/or multilaterally to strengthen the capacity of strategic planning and evaluation

Implementation structure: CPLP Health Planning Network (to be created)

Indicators and Targets:

- a) Technical Cooperation undertaken (participating countries)
- b) Number of Member States with national health plans drafted and updated

- c) Number of Member States with regular evaluation reports of their national health plans

2.2.2.3. Training the Ministries of Health in Health Diplomacy actions in order to work in health international forums and in international cooperation

Implementation structure: the Ministries of Health's International Advisories Network in conjunction with the Ministries of Foreign Affairs and the Executive Secretariat of the CPLP (to be created)

Indicators and Targets:

- a) Common positions taken by CPLP member states in international forums
- b) Number of references / citations of CPLP and its Member States in international health reports
- c) Technical Cooperation undertaken (participating countries)
- d) Presence of observers from international organizations at CPLP organized health fora

2.2.2.4. Promote and support the participative management of the national health systems at all levels

Implementation structure: to be defined in due course during a dialogue among the central structures of the Ministries of Health, the CPLP Civil Society Forum and the Thematic Committee for Health and Food Safety of the CPLP Consultative Observers

Indicators and Targets:

- e) Technical Cooperation undertaken (participating countries)
- f) Number of Member States with Health Councils that include community participation

2.2.3.1. To analyze alternatives for the expansion and improvement of the population's access to means and technologies for diagnosis, prevention and quality based therapy

Implementation structure: specific Working Group

Indicators and Targets:

- a) Creation of Working Group
- b) Drafting of a guide-document with alternatives

2.2.4.1. To establish the Network of Technical Centers for Equipment Installation and Maintenance (CTIME)

Implementation structure: Network of Technical Centers for Equipment Installation and Maintenance – CTIME (to be created)

Indicators and Targets:

- a) Effective constitution of CTIME

2.3. AXIS 3: Health Information and Communication (ICS)

Although this area is a basic constituent of the National Health Systems, its inclusion as a strategic axis is justified, among other reasons, because it incorporates the e-Portuguese program, a large transversal program of information, training and communication, which has been coordinated and managed by WHO until recently. The IV Meeting of Ministers of Health approved and emphasized its inclusion as a strategic component of the PECS-CPLP.

The goals of this Axis are:

- 2.3.1. Expanding the access to technical and scientific health information by health workers and researchers in general
- 2.3.2. Extensive disclosure of policies, strategies and activities of the national health systems and technical cooperation within the scope of the CPLP

The following **projects/activities** are established to achieve these objectives:

2.3.1.1. To structure e-Portuguese Program within the scope of PECS-CPLP

Implementation structure: Network of e-Portuguese Program Focal Points (to be created)

Indicators and Targets:

- a) Network of e-Portuguese Program Focal Points established and operational
- b) Action Plan Drafted
- c) Program functioning with designated officials and activities being implemented
- d) Number of the national libraries/Member States within the Network of e-Portuguese Program Focal Points

2.3.1.2. To establish Network of Health Libraries the CPLP

Implementation structure: Network of e-Portuguese Program Focal Points (to be created)

Indicators and Targets:

- a) Number of national libraries and / or Member States belonging to the CPLP's Health Libraries Network

2.3.1.3. To establish CPLP Permanent Working Group on Telemedicine and Telehealth

Implementation structure: CPLP Permanent Working Group on Telemedicine and Telehealth

Indicators and Targets:

- a) Working Group established and operational

2.3.2.1. To update the format and content, strengthen and stimulate the use of the CPLP-Health Portal by the Member States

Implementation structure: Network of e-Portuguese Program Focal Points (to be created)

Indicators and Targets:

- a) New CPLP-Health Portal, with links to the portals of the Member States implemented
- b) Number of entries/consultation to the Portal
- c) Number of institutions/States routinely incorporating information/contents into the Portal

2.3.2.2. To cooperate in the preparation/improvement of institutional portals/reports, newsletter and other publications of the Member States national health systems

Implementation structure: Network of e-Portuguese Program Focal Points

Indicators and Targets:

- a) Technical Cooperation undertaken (participating countries)
- b) Number of existing institutional portals/reports, newsletter and other publications, as per Member State

2.4. AXIS 4: Health Research

Health research, which is essential for the establishment of autonomous, updated health policies and strategies that are adapted to different national, subregional and community realities, has little development in most of the Member States.

Therefore, there is a need for a strategic Axis that reinforces research activity in the countries, as well as mutual cooperation between several national health institutions within the community.

The goals of the Axis are:

2.4.1. To generate health and health determinants related knowledge

For this purpose, the following **Projects and Activities** are set:

2.4.1.1. To expand cooperation aiming at strengthening health research centers - with priorities for the areas of health determinants and surveillance, health systems management and biomedical research

Implementation structure: Public Health Institutes Network of the CPLP (RINSP-CPLP)

Indicators and Targets:

- a) Technical Cooperation undertaken (participating countries)
- b) Creation or improvement of the capacities of Health Research Centers
- c) Number of established bilateral or multilateral research projects
 - a. With institutions of CPLP Member States
 - b. With other countries
- d) Number of research papers published by country/institution

2.4.1.2. To strengthen the interaction between the thematic research networks (HIV/AIDS RIDES, Malaria, Tuberculosis, etc.) and the structuring networks, namely the RINSP.

Implementation structure: Public Health Institutes Network of the CPLP (RINSP-CPLP)

Indicators and Targets:

- a) Joint working plans

2.5. AXIS 5: Monitoring and Analysis of the health situation and compliance with SDGs

This Axis gives particular importance to the current stage of the PECS-CPLP, since the theme chosen by the Brazilian *Pro Tempore* Presidency of the Organization for the biennium 2016-2018 is "CPLP and the Agenda 2030 for Sustainable Development".

This subject encompasses the most diverse challenges, namely the integration of the three dimensions of sustainable development (economic, social and environmental), the fight against inequalities and the promotion of Human Rights.

In this context, the transversality of SDG 3 (Ensuring access to quality health and promoting welfare to all age groups) is essential for the improvement of health and quality of life of the global population and of each one of the Member States and its impact on poverty reduction, as well as the cross-cutting nature of other SDGs and their impact on health conditions.

The main goals of the Axis are:

- 2.5.1. Contributing to the attainment the Agenda 2030' targets in each of the Member States, with special emphasis on SDG 3 and its reciprocal impacts on the other SDGs
- 2.5.2. Strengthening the role of the RINSP-CPLP and its member institutes in the monitoring and evaluation of the SDGs and the Agenda 2030, in close collaboration with other instances of their ministries of health
- 2.5.3. Strengthening the capacity for implementing SDG 3

The following **projects/activities** are established to achieve these objectives:

- 2.5.1.1. To establish and boost a permanent consultation process of the RINSP/CPLP with the Focal Points for the SDG within the CPLP and other Sectorial Focal Points of the CPLP potentially in charge of the implementation of other SDGs.

Implementation structure: Working Group on Health in the context of Agenda 2030, under RINSP/CPLP

Indicators and Targets:

- a) Creation of Working Group
- b) Technical cooperation proposal for the implementation of SDG and the intersectoral health contribution to achieve SDG and vice versa
- c) Achievement of the technical cooperation targets approved by the Ministers
- d) Implementation of a permanent consultation process of the RINSP working group with the CPLP Focal Points for the SDG

- 2.5.2.1. To develop methodology and technical cooperation for the creation and implementation of the National Health Observatories (NHO), with a focus on social determination and health inequities

Implementation structure: Public Health Institutes Network of the CPLP (RINSP-CPLP)

Indicators and Targets:

- a) NHO created and operating in the Member States

- 2.5.2.2. To implement a Monitoring System for Health Indicators in all Policies that allow the evaluation of SDG within the scope of the CPLP

Implementation structure: Public Health Institutes Network of the CPLP (RINSP-CPLP)

Indicators and Targets:

- a) Monitoring and evaluation reports on the SDG and Agenda 2030 indicators issued, according to member state and NIPH

- 2.5.3.1. To establish GARD-CPLP

Implementation structure: specific Group of CPLP Member States integrating the GARD International (Angola, Brazil, Cape Verde, Mozambique and Portugal)

Indicators and Targets:

- a) Collaborative activities to support the training of CPLP health staff in chronic respiratory diseases

2.5.3.2. To create a Network of Human Milk Banks of the CPLP

Implementation structure: Network of Human Milk Banks of the CPLP (to be created)

Indicators and Targets:

- a) Creation of the Network
- b) Proposal for technical cooperation to implement the Network

2.6. AXIS 6 – Surveillance and Response to Public Health Emergencies

The Ministers of Health, at their IV ordinary meeting, acknowledged Public Health and Public Health Emergencies issues to be of global concern and that they may jeopardize national and international security, as demonstrated recently by the need for providing joint responses to pandemics caused by Ebola and Zika viruses, for instance.

Specifically, the Axis is designed to meet demands from highest ministerial authorities to enable all Member States to fully comply with the International Health Regulations and other requirements for the prevention and control of health emergencies.

For this purpose, the central goal of the Axis is:

- 2.6.1. To increase coordination of actions and the speed of joint and solidarity responses to emergency situations

The following **projects/activities** are established:

- 2.6.1.1. To cooperate bilaterally and/or multilaterally in Strengthening Capacities in Surveillance and Response to Public Health Emergencies

Implementation structure: Working Group on Training in Response to Public Health Emergency composed of representatives of the General Directorate of Health/Public Health Directorate of the Ministries of Health of the Member States.

Indicators and Targets:

- a) Working Group established
- b) Cooperation proposal prepared within 120 days
- c) Technical Cooperation Visits undertaken (participating countries)
- d) Number of Member States with Rapid and Coordinated Response Centers, established and trained

3. ACTIONS SUPPORTING THE MANAGEMENT OF THE PLAN

In order to promote and facilitate the management of the PECS-CPLP, the following governance model and activities are established; in addition to actions to mobilize financial resources and the articulation of the PECS with other activities of the CPLP:

3.1. PECS-CPLP governance model

The Member State holding the Presidency *pro tempore* and the Executive Secretariat of the CPLP (SE/CPLP) will be coordinated the Plan, counting on the technical and scientific support from the Institute of Hygiene and Tropical Medicine (IHMT) and the Oswaldo Cruz Foundation (FIOCRUZ). The Coordination is to

- a) Ensure that, by December 2019, the structures needed to implement the projects/activities are created where no formal networks are present
- b) Stimulate the projects/activities of PECS-CPLP 2018-2021 according to the table below until the full creation and operation of these networks
- c) Recommend the criteria and conditions for the emergence of future networks and project teams for the planning and coordination of the projects/activities identified below
- d) Develop mechanisms to strengthen the articulation among implementation structures with other relevant structures of the Member States
- e) Follow-up the implementation of the networks by reviewing their statute (recommending a standard template) and their action plans and activity reports.

Axis	Activity	Implementation structure (s)	Technical advice
1	Bilateral and multilateral cooperation for developing, implementing and evaluating the National Health Human Resources Development Plans (NHHRDP)	CPLP's Health Planning Network	IHMT
	Support for the structuring of National Schools of Public Health in all countries and fostering of the Network of National Schools of Public Health (RENSP-CPLP)	Specific Working Group	FIOCRUZ
	Support for the structuring and strengthening of Schools of Health Technicians in all countries and the support and revitalization of RETS	Network of Schools of Health Technical (RETS-CPLP)	FIOCRUZ
2	Analysis of the national health systems in CPLP member states using a common frame of reference, including proposals to strengthen their universality, integrity, equity and quality	Network of Public Institutions for Regulation and Inspection of the Health	FIOCRUZ IHMT

Axis	Activity	Implementation structure (s)	Technical advice
		Sector	
	Bilateral or multilateral cooperation to strengthen primary health care models to ensure universal access	To be defined in due course (Thematic Health Group of the Executive Secretariat)	IHMT
	Support for the installation and development of the National Institutes of Public Health as scientific and technical structures of the national health systems	Network of National Institutes of Public Health of CPLP (RINSP-CPLP)	FIOCRUZ
	Bilateral or multilateral cooperation to strengthen national capacity for the regulation and inspection of the health sector	Network of Public Institutions for Regulation and Inspection of the Health Sector	IHMT
	Bilateral or multilateral cooperation for the capacity building in strategic planning and evaluation	CPLP Health Planning Network	IHMT
	Training of Ministries of Health in Health Diplomacy actions to work in international forums and in health international cooperation	Ministries of Health's International Advisories Network in conjunction with the Ministries of Foreign Affairs and the Executive Secretariat of the CPLP	FIOCRUZ IHMT
	Promotion and support to participatory management of the national health systems at all levels	To be defined in due course (Thematic Health Group of the Executive Secretariat)	IHMT FIOCRUZ
	Analysis of alternatives to widen the access to diagnostic and prevention and quality therapeutic goods	Specific Working Group	IHMT FIOCRUZ
	Establishment of the Network of Technical Centers for Equipment Installation and Maintenance (CTIME)	Network of Technical Centers for Equipment Installation and Maintenance – CTIME	FIOCRUZ
3	Structuring of the e-Portuguese Program within the PECS-CPLP	Network of e-Portuguese Program Focal Points	FIOCRUZ IHMT
	Establishment of the CPLP Health Libraries Network	Network of e-Portuguese Program Focal Points	FIOCRUZ IHMT
	Establishment of Permanent Working Group on Telemedicine and Telehealth	Permanent Working Group on Telemedicine and Telehealth	FIOCRUZ IHMT
	Update the format and content and strengthen and stimulate the use of the CPLP-Health Portal by the Member States	Network of e-Portuguese Program Focal Points	SECPLP
	Cooperate in the elaboration/improvement of institutional portals/reports, newsletter and other publications of the Member States national health systems	Network of e-Portuguese Program Focal Points	Network of e-Portuguese Program Focal Points
4	Increase cooperation to strengthen health research centers - with priorities for the areas of determination and surveillance in health, health systems management and biomedical research	Network of the National Institutes of Public Health of the CPLP (RINSP-CPLP)	IHMT FIOCRUZ
	Strengthening the interaction between thematic research networks (HIV/AIDS RIDES, Malaria, Tuberculosis, etc.) and structuring networks, namely RINSP.	Network of the National Institutes of Public Health of the CPLP (RINSP-CPLP)	FIOCRUZ IHMT
5	Promotion of a permanent consultation process of the RINSP Working Group on Health in the Context of Agenda 2030 with the SDG Focal Points at CPLP and other Sectorial Focal Points of the CPLP	Network of the National Institutes of Public Health of the CPLP (RINSP-CPLP)	FIOCRUZ
	Development of methodology and technical cooperation for the creation and implementation of National Health Observatories (NHO), with a focus on social determination and health inequities	Network of the National Institutes of Public Health of the CPLP (RINSP-CPLP)	FIOCRUZ

Axis	Activity	Implementation structure (s)	Technical advice
	Implementation of a Monitoring System for Health Indicators in all Policies that allow the evaluation of SDGs within the scope of the CPLP	Network of the National Institutes of Public Health of the CPLP (RINSP-CPLP)	FIOCRUZ
	GARD-CPLP established	Specific Group of Member States of the CPLP that integrate the GARD International	IHMT
	Creation of the Network of Human Milk Banks of the CPLP	Network of Human Milk Banks of the CPLP	FIOCRUZ
6	Bilateral and/or multilateral technical cooperation for Strengthening Capacities in Surveillance and Response to Public Health Emergencies	Working Group on Training in Response to Public Health Emergency composed of representatives of the General Directorate of Health/Public Health Directorate of the Ministries of Health of the Member States.	RINSP/CPLP

3.2. Mobilization of financial resources for the PECS

The sustainability of resources to finance the activities provided for in the PECS-CPLP is absolutely deciding factor for the implementation of the proposed action program.

The undertaking of the following activities is proposed to address this challenge:

- a) Prospection and dissemination of funding opportunities for the national, bilateral and community projects;
- b) Holding of a Round-table discussion with Development Partners in a timely and regular manner;
- c) Advocacy and financial mobilization of Member States, including the Ministries of Health.

3.3. Articulation of PECS with other activities of CPLP

The broad cross-cutting nature of the CPLP cooperation activities and its alignment with Agenda 2030 for Sustainable Development implies a close and harmonized dialogue within the cooperation sectors in the logic of complementarity, subsidiarity and effectiveness.

Within this framework, it is expected that the PECS-CPLP promotes:

- a) Permanent consultation processes for the common positioning of the Member States in health international forums

- b) Permanent consultation processes with the Focal Points for the SDG in the CPLP and other Sectorial Focal Points of the CPLP, potentially responsible for the implementation of other SDGs within the scope of CPLP
- c) Identification of opportunities of common interest for the establishment of active cooperation activities with CPLP Civil Society Forum and with the Thematic Committee for Health and Food Safety of the CPLP Consultative Observers of the CPLP, based on the strategic vision of the CPLP.