



COMMUNITY OF PORTUGUESE SPEAKING COUNTRIES

STRATEGIC PLAN IN HEALTH COOPERATION OF THE CPLP
(PECS/CPLP)

2009-2012

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INDEX

1. CONTEXTUALIZATION	3
2. OBJECTIVES	4
3. ORIENTING DIRECTIVES	5
4. STRATEGIC AXES	5
5. PRIORITY PROJECTS	6
6. OPERATIONAL STRUCTURES OF THE PECS/CPLP	13
7. STRUCTURING, PRESENTATION, FINANCING AND PROJECT IMPLEMENTATION	14
8. LIST OF ANNEXES	17



1. CONTEXTUALIZATION

With the goal of fulfilling the commitments assumed at the 1st Meeting of the Health Ministers of the CPLP, which took place in Praia, on 11 and 12 of April 2008, this document sets forth the Strategic Plan in Health Cooperation (PECS) of the CPLP for the 2009-2012 period, and represents a collective commitment of strategic cooperation between the Member States of the CPLP in the field of health.

The proposals presented in this document follow the principles and directives listed in the Praia Declaration (April 2008), of the Final Communiqué of Rio de Janeiro (September 2008) and the established dialog between the Member States of the CPLP at the level of the Technical Group responsible for the elaboration of the PECS.¹

To consolidate the proposals contained in this document, the following phases were covered:

- a) Meeting between the Executive Secretariat of the CPLP and the Advisory Committee for the elaboration of the PECS, consisting of the Oswaldo Cruz Foundation - Fiocruz (Brazil) and the Institute of Hygiene and Tropical Medicine – IHTM (Portugal), on 17 June 2008, in Lisbon, agreeing to the Framework for the Elaboration of the PECS.
- b) Meeting of the Advisory Committee for the Elaboration of the PECS, held in Lisbon, on 15 July 2008, with the presence of the Focal Points of the PECS or its representatives, save for Angola and Timor-Leste. At the meeting, a strategy to

¹ The Technical Group responsible for the Elaboration of the PECS - integrated by experts assigned by the Health Department under the coordination of the Executive Secretariat of the CPLP and with the technical support of the Oswaldo Cruz Foundation and of the Institute of Hygiene and Tropical Medicine - established by a deliberation of the 1st Meeting of the Health Ministers of the CPLP (Praia, April 2008)



accomplish missions to the Member States was defined by the Advisory Committee, with the objective of identifying priorities for the multilateral cooperation in health within the scope of the CPLP.

c) Within the scope of the 17th Meeting of the Focal Points of Cooperation of the CPLP, held on 17-18 July 2008, the Executive Secretariat of the CPLP provided information on the elaboration of the PECS/CPLP, as well as on the schedule of the site missions, established to identify the cooperation priorities.

d) Missions of the Advisory Committee, carried out in the PALOP² (Portuguese-Speaking African Nations) during August and September of 2008, to identify the cooperation priorities. To accomplish this activity, Fiocruz became responsible for consulting Mozambique, São Tomé and Príncipe and Timor-Leste, and the IHTM became responsible for consulting Angola, Cape Verde and Guinea-Bissau. The accomplishment of these missions was preceded by contacts carried out by the Executive Secretariat of the CPLP and the Points Focal of Cooperation of the respective countries, which were asked to support and articulate with the referred missions.

e) Workshop of the Technical Group with the support of the Advisory Committee, held in Rio de Janeiro, on 17-19 September 2008, to discuss and systematize the priorities identified during the missions carried out by the Member States to provide elements for a Base Document to be approved by the Health Ministers.

f) Within the scope of 18th Meeting of the Focal Points of Cooperation of the CPLP, held on 3-4 March 2009, the Executive Secretariat of the CPLP provided new points of information on the works of elaboration of the PECS/CPLP.

g) Workshop of the Technical Group with the support of the Advisory Committee, held at Recife, on 11-12 March 2009, to present and discuss the documents of on-going

² Because operational problems, Timor-Leste was not visited. However, e-mail contact was established in order to define priorities, in accordance to the perspectives of each country.



projects of priority 1 from the Base Document approved in Rio de Janeiro.

2. OBJECTIVES

The main purpose of the PECS is to contribute for the reinforcement of the health systems of the Member States of CPLP, in order to guarantee the universal access to quality health care.

PECS' objectives are: (i) the establishment of multilateral health cooperation actions within the scope of CPLP based on the identified strategic axes and priority projects, as well as (ii) defining the operational structures of the PECS/CPLP and the procedures for the structuring, presentation, financing and implementation of projects.

Having as background the Millennium Development Goals (MDG), the PECS also has the mission to support Member States achieve the goals related to improving health conditions of its populations, aimed at providing a contribution to reduce infant mortality rate, improvement of mother and child health and combat HIV/AIDS, malaria and other illnesses.

Because of the importance it has in health-illness-care process, the PECS/CPLP will seek the cooperation to tackle the social and health determinants through inter-sectorial policies and actions.

On the other hand, the cooperation projects that make up the PECS must take into consideration the fact that the health asymmetries and inequalities reflect the socio-cultural and economic inequalities and discrimination between men and women. Knowing that this fact is often responsible for the reduced access to services and health care, including sexual and reproductive health of girls and women, promoting gender equality is also an important goal to reach.

3. GUIDING DIRECTIVES

The guiding directives of the cooperation projects included in the PECS result from the



conclusions of the First Meeting of the Health Ministers, held at Cidade da Praia, and include:

- a) To adopt the MDG, respect and defend the principles of appropriation, harmonization, alignment and management by results and accountability³
- b) To take into consideration the National Health Plans as privileged instruments for the definition of cooperation priorities
- c) To contribute to an improved awareness of the health conditions of the population, through mechanisms of observation, monitoring and vigilance, including social and health determinants
- d) To compete to improve total access to quality universal health care
- e) To take into account the health determinants within the framework of the development policies of the Member States of the CPLP
- f) To propose solutions to resolve the serious problems of quantitative and qualitative deficit of health human resources (HHR) in the Member States of the CPLP
- g) To cooperate in the development of a communitarian productive complex that contributes for a larger access to strategic health supplies and for a larger control of the quality of health supplies
- h) To promote the transference and ample access to information on health issues in Portuguese
- i) To prioritize the most vulnerable populations in the development axis and areas

³

The Accra Declaration of September of 2008, returns these concepts on the following manner:

- Partners must exert an effective leadership on its policies and development strategies (appropriation).
- Donors should base their cooperation in the Development strategies of partners and their local systems (alignment).
- Donors should coordinate their activities and minimize the costs related with providing aid (harmonization).
- Partners and donors should guide their activities in order to reach the desired results (management by results).
- Partners and donors countries are committed to being accountable to the results of a better management of development cooperation (mutual accountability)



of action

j) To respect and make the activities of the PECS compatible with pertinent regional initiatives and develop concerted international actions.

4. STRATEGIC AXES

Based on the directives established above, the information shared during the meetings of the Technical Group and the information collected after consultations with the Member States of the CPLP, the seven strategic axes identified for both the definition of priority projects and the goals to reach by PECS, are listed as follows:

- 1) Creation and Development of the Health Work Force
- 2) Health Information and Communication
- 3) Health Inquiry
- 4) Development of the Productive Health Complex
- 5) Epidemiologic Vigilance and Monitoring of Health Conditions
- 6) Natural Emergencies and Disasters
- 7) Health Promotion and Protection

5. PROJECTS WITH PRIORITY

PECS/CPLP projects were identified, using as a basis of implementation, the competent structures of the Health Ministries of the Member States of CPLP. Within this scope, the following projects were considered with priority:

Axis 1:

- Project 1.1 – Establishment of an Observing Network of Health Human Resources of the CPLP
- Project 1.5 – Structuring the Network of Technical Health Schools of the CPLP



- Project 1.6 - Structuring the Network of Technical Public Health Schools of the CPLP
- Project 1.7 - Specialized Medical training in the Portuguese speaking Countries

Axis 2:

- Project 2.1 - Creation of the CPLP/Health Website

Axis 3:

- Project 3.1 – Strengthening of the Scientific Research in Public Health in the CPLP

Axis 4:

- Project 4.2 – Technical Centres for Equipment Installation and Maintenance (TCEIM)

Axis 5:

- Project 5.1 – Monitoring and Evaluation of the Millennium Development Goals (MDG) of the CPLP

Axis 7:

- Project 7.1 – Healthy Communities: Establishment of pilot-projects in the CPLP countries



STRATEGIC AXIS 1 – ESTABLISHMENT AND DEVELOPMENT OF HUMAN RESOURCES

OBJECTIVES	AREAS / STRUCTURING PROJECTS	PRIORITY	BENEFICIARY COUNTRIES	INSTITUTIONS / INVOLVED STRUCTURING NETWORK	RESPONSIBLE FOR ARTICULATION
Provide ample access to information and analyses on health human resources in the CPLP; facilitate the best formulation, follow-up and evaluation of policies and sectorial programs.	1.1 Establishment of an Observing Network of Health Human Resources of the CPLP	In execution	All	National Office of Health HR; National Institute of Health; National Network of Health Schools; Network of Technical Schools of Health; Executive secretariat of the CPLP	OMS-Geneva (PIR-PALOP)
Ensure the quality of medical training and other health professions in the Member States of the CPLP.	1.2 Establishment of a Network of Schools / Medical Universities and others. 1.3 Development of an evaluation of the capacities and abilities of the egresses of the schools in Member States. 1.4 Development of a Teaching and Institutional Qualification Program	3	All	Network of Medical Universities; Nursing Schools; etc.	IHMT/Portugal
Strengthening the quality of technical training for the health system and the increase of health professionals	1.5 Structuring of the Network of Technical Health Schools of CPLP – training for teachers and advisors for the creation of politico-pedagogic projects, curricular organisation and organizational structuring	1	All	Networks of Technical Health Schools	Fiocruz/Brazil



OBJECTIVES	AREAS / STRUCTURING PROJECTS	PRIORITY	BENEFICIARY COUNTRIES	INSTITUTIONS / INVOLVED STRUCTURING NETWORK	RESPONSIBLE FOR ARTICULATION
Strengthening the training capacity at the post-graduate level in health and increase the number of post-graduates in the health field.	1.6 Structuring of the Network of National Public Health Schools of the CPLP, focusing on the qualification of directors and managers of the national health systems	1	All	Network of national Health Schools	Fiocruz/Brazil
	1.7 Medical formation Specialized in the Countries of Portuguese Language	In Execution	All	Medical Community of the Portuguese Speaking Countries	IHMT /Portugal

STRATEGIC AXIS II - HEALTH INFORMATION AND COMMUNICATION

OBJECTIVES	AREAS / STRUCTURING PROJECTS	PRIORITY	BENEFICIARY COUNTRIES	INSTITUTIONS / INVOLVED STRUCTURING NETWORK	RESPONSIBLE FOR ARTICULATION
Sharing health information and strengthening the establishment of collective technologic and scientific practices	2.1 Creation of the CPLP/Health Website	1	All	Executive Secretariat of the CPLP, E Portuguese	SE / CPLP
Increase diffusion and access to technical and scientific information in the area of health	2.2 Creation of Network of Virtual Health Libraries of CPLP	3	All	E Portuguese	Fiocruz / Brasil



OBJECTIVES	AREAS / STRUCTURING PROJECTS	PRIORITY	BENEFICIARY COUNTRIES	INSTITUTIONS / INVOLVED STRUCTURING NETWORK	RESPONSIBLE FOR ARTICULATION
Increase diffusion and access to technical and scientific information in the area of health	2.3 Structuring of Health Libraries or Documentation Centres in Portuguese in the Health Ministries and in the training institutions for health professionals	2	PALOP and Timor-Leste	E Portuguese	Fiocruz / Brasil
	2.4 Creation of a Scientific Health Journal of CPLP, also published online	4	All	Network of National Health Institutes	IHMT / Portugal



STRATEGIC AXIS III - HEALTH RESEARCH

OBJECTIVES	AREAS / STRUCTURING PROJECTS	PRIORITY	BENEFICIARY COUNTRIES	INSTITUTIONS / INVOLVED STRUCTURING NETWORK	RESPONSIBLE FOR ARTICULATION
<p>To increase cooperation activities in the areas of science, technology and innovation in the health field between CPLP researchers which contribute to the scientific and technological development of the involved countries, by means of the creation and appropriation of knowledge and increase the technological capacity of the countries, aiming to improve the quality of life of its citizens</p>	<p>3.1 Strengthening the Scientific Research in Public Health in the CPLP - prioritizing the areas of health vigilance; health management systems; bio-medic research</p>	<p align="center">1</p>	<p align="center">All</p>	<p align="center">National Institutes of Health</p>	<p align="center">Fiocruz / Brasil</p>



STRATEGIC AXIS IV – DEVELOPMENT OF PRODUCTIVE HEALTH COMPLEX

OBJECTIVES	AREAS / STRUCTURING PROJECTS	PRIORITY	BENEFICIARY COUNTRIES	INSTITUTIONS / INVOLVED STRUCTURING NETWORK	RESPONSIBLE FOR ARTICULATION
Develop the pharmaceutical industry. Reduce external dependence of raw materials for health, revitalize the health dynamism	4.1 Access the current situation, identification of opportunities activities and financing	2	All		Fiocruz / Brasil
Support and qualify the establishment of health equipment maintenance services	4.2 Technical Centres for Equipment Installation and Maintenance (TCEIM)	1	All	TCEIM Network	IHMT / Portugal



STRATEGIC AXIS V – EPIDEMIOLOGIST VIGILANCE AND MONITORING THE HEALTH SITUATION

OBJECTIVES	AREAS / STRUCTURING PROJECTS	PRIORITY	BENEFICIARY COUNTRIES	INSTITUTIONS / INVOLVED STRUCTURING NETWORK	RESPONSIBLE FOR ARTICULATION
Guarantee an adequate follow-up of the results attained by the member-States of the CPLP regarding the Millennium Development Goals (MDG)	5.1 Monitoring and Evaluation of the Millennium Development Goals (MDG) of the CPLP	1	All	National Institutes of Health Thematic Networks: HIV/AIDS; Tuberculoses; Malaria; Maternal-Infant	Health Ministry of Angola
Establishment of laboratories facilities capable of guaranteeing a reliable and timely diagnostic of the most common diseases	5.2 Establishment of National Laboratories of Reference in Public Health (see Project 3.1)	2	PALOP and Timor-Leste	National Institutes of Health	Fiocruz / Brazil



STRATEGIC AXIS VI – EMERGENCIES AND NATURAL DISASTERS

OBJECTIVES	AREAS / STRUCTURING PROJECTS	PRIORITY	BENEFICIARY COUNTRIES	INSTITUTIONS / INVOLVED STRUCTURING NETWORK	RESPONSIBLE FOR ARTICULATION
Increase coordination actions the speed of combined response of answers of solidarity to emergency situations in the Member States of the CPLP, especially in the PALOP countries and Timor-Leste.	6.1 Access the current situation and proposals to establish a national centres of fast and coordinated response.	3	All	Health Ministry / Civil Protection	IHMT / Portugal
	6.2 Elaboration of a communitarian plan of mutual support for sanitary emergency situations in the Member-States (including sanitary crises after natural emergencies; acute scarcity of medicine; epidemic outbreaks; acute lack of HR, etc.)	4	All	Health Ministries	Fiocruz / Brazil



STRATEGIC AXIS VII – PROMOTION AND HEALTH PROTECTION

OBJECTIVES	AREAS / STRUCTURING PROJECTS	PRIORITY	BENEFICIARY COUNTRIES	INSTITUTIONS / INVOLVED STRUCTURING NETWORK	RESPONSIBLE FOR ARTICULATION
Promoting the interchange of innovative experiences in the health promotion field	7.1 Healthy Communities: Establishment of pilot projects in CPLP countries - development of inter-sectorial actions directed at improving health and quality of life (healthy schools; familiar sanitation methods; experiences of the Bandim Health Project, Guinea Bissau etc.)	1	All	All	Fiocruz / Brazil
	7.2 Establishment of a Program of awareness for healers, sorcerers and other “traditional doctors and midwives” to recognise and derive a system of health of specific pathologies	2	PALOP and Timor-Leste	Network of National Schools of Health Network of Technical Health Schools	Fiocruz / Brazil
	7.3 Development of studies to implement inter-sectorial actions to tackle of social determinants of health	2	All	Specific Work Groups	Fiocruz / Brazil



6. OPERACIONAL STRUCTURES OF THE PECS/CPLP

There are the four operational structures foreseen for the PECS, which may be adaptable according to the dynamic of each Member-State of the CPLP:

6.1. Executive Secretariat of the CPLP

It is the responsibility of the Executive Secretariat of the CPLP, through a Management Unit of the PECS/CPLP, supported by the Advisory Committee of the IHMT and Fiocruz to:

- a) Inform the Meeting of the Focal Points of Cooperation of CPLP about the PECS after the approval by the Health Ministers;
- b) Manage administratively and financially the PECS/CPLP, through a financial mechanism created to that effect;
- c) Follow-up and evaluate the Development Plan, elaborating regular reports for consideration at the Meeting of the Health Ministers;
- d) Develop recognition and articulation mechanisms for bilateral and multilateral actions of cooperation to accomplish the PECS objectives.

Finally, the operational instruments of the PECS shall anticipate and stimulate, whenever possible: a) the interchange of managers, teachers, students and researchers; b) the use of long-distance learning methods (LDL), consulting and other activities; and c) the implementation of the expected courses, at all levels, at the beneficiary countries, in strict articulation with the national teams of the respective Health Departments, preventing dispersed and disarticulated interventions.

6.2. Technical Health Group of the CPLP (GTS/CPLP)

The major responsibility of the members of the Technical Group designated by the Member States within the operational structure of the PECS, is:

- a) To participate in the coordination, formulation, implementation and monitoring of the PECS/CPLP;
- b) To harmonize, communicate and consolidate the networks functions, both



structuring as the thematic investigation, and follow the implementation of the PECS cooperation projects within the scope of the Health Department of each country;

- c) To coordinate with the Focal Points of Cooperation of the CPLP at the respective Ministries of Foreign Affairs and External Relations within the framework of the national structures and through the Executive Secretariat of the CPLP regularly, for mutual exchange of information on the scope of the respective intervention.

The mandate and the competences of the members of the Technical Group shall respect the Regulatory Framework to be approved by the Resolution project on the Constitution of the Technical Health Group of the CPLP during the 2nd Meeting of the Health Ministers of the CPLP.

6.3. Thematic Investigation Networks

The thematic investigation networks provide technical and scientific support to the Health Ministries and to the structuring institutions, congregating available competences of the Member States.

In addition to the already recognised and existing thematic networks within the scope of the CPLP, such as HIV/AIDS and Malaria/RIDES, the constitution of other networks may be proposed, in accordance with the priorities of the Member States (see Project 3.1).

6.4. Networks of Structuring Institutions

The structures that compose these networks constitute the places where the majority of the cooperation actions will be implemented.

The main constructive networks are those (although not the only ones) integrated by (i) the National Institutes of Public Health, (ii) National Schools of Public Health, (iii)



Technical Schools of Health and (iv) Technical Centres of Equipment Installation and Maintenance (in development).

On the other hand, and in this context, state agencies responsible for international cooperation have an important role to play in terms of coordination and support services.

This way, from a matrix viewpoint, the main areas of cooperation will be established, which shall be strengthened in accordance with the PECS, to address the principal necessities of the strategic axis identified above (see point 4.).

7. STRUTURING, PRESENTATION, FINANCING AND PROJECT IMPLEMENTATION

As annexes of the PECS/CPLP 2009-2012, are the project protocols/preparatory assistance projects of priority 1 (see Annex 1), currently being carried out, which shall be developed in accordance with the following structure:

- a) Situation of the countries with regard to the strategic axis/justification of project
- b) Beneficiary countries and other countries/institutions involved
- c) Objectives
- d) Strategies of Implantation
- e) Indicators and Goals
- f) Budget and financing sources
- g) Physical-financial Chronogram
- h) Coordination responsible / project follow-up

The Technical Health Group of the CPLP will assure the coordination of the project elaboration with the objective of presenting it to a Round-Table of Development Partners.



7.1. Presentation and Appreciation of Projects

The project specification proposals with priority 2, 3 and 4 shall respect the structure presented above and shall be presented by the Member States to the Executive Secretariat of the CPLP, which will be responsible to set it in motion if already specified in this PECS.

The presentation of new projects outside the scope of the current PECS (2009-2012), will only be considered with the explicit adherence of at least two Member States, in addition to the proponent country. The projects will be evaluated by the Technical Advisors (Fiocruz and IHMT) which will issue an opinion to be submitted at a later time, to the Technical Health Group of the CPLP.

The process for presentation and appreciation of projects shall be conducted as follows:

- i) The initiative to present a project of cooperation to integrate the PECS/CPLP will fall upon each of the members of the Technical Health Group of the CPLP, respecting the existing national communication mechanisms
- ii) The relevance and the merit of the projects considered shall be evaluated by the Technical Group in accordance with the evaluation criteria established in iii).
- iii) During the process of appreciation of the projects considered for financing by the Fund, the Technical Group shall favour the consideration of the following criteria, in the order in which they are presented below:
 - a. The framework of the project in the scope of the objectives established by the PECS/CPLP;
 - b. The multiplying effect of the project and the expected degree of knowledge and experiences being transferred;
 - c. The priority conferred by the project to the institutional reinforcement of the beneficiary Member States;



- d. The number of Member States participating in the implementation of the project.
 - e. Alignment of the projects with the criteria of cooperation policies for the development of the CPLP, as debated at the Meeting of the Focal Points of Cooperation of the CPLP.
- IV) The decisions of the members of the Technical Health Group of the CPLP regarding the positive appreciation of projects must be taken by consensus.
- V) The decisions of positive project approval shall be duly reasoned by the members of the Technical Health Group of the CPLP and submitted to the Executive Secretariat of the CPLP for the approval of the Meeting of the Health Ministers of the CPLP.

Regarding the approval of projects, the following procedures shall be respected:

- i) The integration of the final projects to the PECS/CPLP is the competence of the Meeting of the Health Ministers of the CPLP.
- ii) The decisions of the Meeting of the Health Ministers regarding the approval of projects to integrate the PECS/CPLP must be taken by consensus.
- iii) The projects approved by the Meeting of the Health Ministers to be integrated in the PECS/CPLP will be financed in accordance with mechanisms to be defined.
- iv) The Executive Secretariat shall acknowledge the projects approved by the Meeting of the Health Ministers to the Meeting of the Focal Points of Cooperation of the CPLP.

Once approved by the Health Ministers of the CPLP, all the new projects of cooperation of the CPLP in the area of health shall be integrated in the PECS, in accordance with the directives and procedures established above.



7.2. Financing/Resources Mobilization

The financing of the PECS will be guaranteed by several sources, including resources made available by Member States of the CPLP, through a specific financial mechanism to be established for that effect by international organizations and other development partners, attentive to the harmonious coordination with the National Health Plans of each Member State.

Taking advantage of the External Cooperation framework taking place at the Executive Secretariat of the CPLP – which is governed by strict rules of transparency, good management and the monitoring of public funds - the mobilization of resources at other bilateral and multilateral donors is seen as an important strategy to obtain resources to carry out the PECS.

The joint mobilization of sustainable resources, based on the contributions of the Member States, public-private partnerships and the reliance on innovative financing mechanisms will make more feasible to attain the objectives established by the PECS.

The PECS 2009-2012 presents an Indicative Budget of about 14 M € being 67% of these funds consigned to actions of Axis 1, related to training and the development of a health work force.

7.3. Implementation, Monitoring and Evaluation

The implementation of projects in each of the Member States involved is the responsibility of their respective Health Departments, in accordance with the chronogram defined in the PECS.

The Advisory Committee (IHMT and Fiocruz) shall, until August 2009, propose a system to Monitor and Evaluate PECS's projects now approved, which shall include the following elements:

- a) Indicators of effectiveness, efficiency and impact of the Plan



- b) Instruments to gather and analyse information to monitor the Plan
- c) Persons responsible, flow of information and regularity of information
- d) Criteria and evaluation parameters
- e) Levels/area of analysis and decisions on the evaluations carried out
- f) Monitoring and Evaluation products (partial and final reports; progress reports, etc.)

This Monitoring and Evaluation System shall be approved by the Technical Health Group of the CPLP.

All of the PECS activities, including monitoring reports and evaluations, shall be disclosed through an interactive information system, through the Health Page of the CPLP's website, being developed by the Executive Secretariat of the CPLP in partnership and with the initiative ePortuguese of the WHO (see Project 2.1).

On the other hand, the monitoring and evaluation reports shall also be presented and disclosed separately by gender, in order to analyse the gender effect of this variable in the implemented projects.

8. LIST OF ANNEXES

Annex I: Documents of the Projects being carried out with Priority 1 of PECS/CPLP 2009-2012:

Project 1.1 - Creation of the Observatory Network for Health Human Resources of the CPLP

Project 1.5 – Structure of the Networks of Technical Health Schools of the CPLP

Project 1.6 - Structure of the Networks of National Public Health Schools of the CPLP



Project 1.7 – Specialised Medical Training in the Portuguese-Speaking Countries

Project 2.1 - Creation of the CPLP/Health Website

Project 3.1 – Strengthening of the Scientific Public Health Investigation in the CPLP

Project 4.2 – Technical Centres for Equipment Installation and Maintenance (CTIME)

Project 5.1 – Monitoring and Evaluation of the Millennium Development Goals in the CPLP

Project 7.1 – Healthy Communities: Establishment of pilot projects in the CPLP countries



Annex I to the Strategic Plan in Health Cooperation of the CPLP 2009-2012

Operational Structure of the PECS/CPLP



Annex II to the Strategic Plan in Health Cooperation of the CPLP 2009-2012

Documents of the projects being carried out with priority 1 of PECS/CPLP 2009-2012