Organização Mundial da Saúde
São Tomé e Príncipe

# BIENNIAL REPORT
## 2024 ▸ 2025

ACKNOWLEDGMENTS

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São Tomé and Príncipe
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# BIENNIAL REPORTL

## 2024 ▸ 2025

Organização Mundial da Saúde
São Tomé e Príncipe

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# Acronyms

**AFR** African Region of the World Health Organization
**CCOM** Community Communication and Mobilization
**CCS** National Cooperation Strategy
**COESP** Public Health Emergency Operations Center
**PHC** Primary Health Care
**UHC /CUS** Universal Health Coverage
**DDC** Diarrheal Diseases
**DNT** Noncommunicable Diseases
**DTP** Diphtheria, Tetanus, and whooping cough
**EIOS** Epidemiological Information from Open Sources
**EMTCT** Elimination of Mother-to-Child (e.g., HIV, syphilis)
**EOA** Referral for Emergency Surgery
**ESPEN** Special Program for the Elimination of Neglected Tropical Diseases
**FL** Lymphatic filariasis
**GAVI** Global Alliance for Vaccines and Immunization
**GIZ** German Agency for International Cooperation
**HFPM** Health Financing Progress Matrix
**HIV** Human Immunodeficiency Virus
**HPV** Human Papillomavirus
**IDSR** Integrated Surveillance and Response to HIV
**MICS** Multiple Indicator Cluster Survey
**MPTF** Multistakeholder Trust Fund
**NHA** National Health Accounts
**SDGs** Sustainable Development Goals
**WHO** World Health Organization
**OOP** Direct Payments
**PEV** Expanded Program on Immunization
**PHC** Primary Health Care
**GDP** Gross Domestic Product
**IP** Implementation Plan Programmatic
**PRSEAH** Prevention and Response to Sexual Exploitation, Abuse, and Harassment
**RAP** Rapid Assessment of Preparedness
**HR** Human Resources
**IHR** International Health Regulations (2005)
**SCI** CUS Service Coverage Index
**SDC** Swiss Development Cooperation
**SIDS** Small Island Developing States
**SPAR** Annual Self-Assessment Report of the States Parties (SII)
**STP** São Tomé and Príncipe
**TB** Tuberculosis
**TV** Neonatal tetanus (tetanus of the newborn)
**UHC** Universal Health Coverage
**UNICEF** United Nations Children's Fund Childhood
**US** Health Units
**VPD** Vaccine-Preventable Diseases
**WASH** Water, Sanitation, and Hygiene
**WCO** Country Office

# Message from the Representative

The 2024–2025 biennium will be remembered as a period of resilience, focused on results and collective commitment. It was a challenging period, marked by significant financial constraints, but also a period of overcoming adversity, during which the World Health Organization Office in São Tomé and Príncipe reaffirmed its ability to produce meaningful results aligned with national priorities and the Organization's mandate.

The emphasis on high-impact priority interventions and the continued provision of strategic technical support to the country enabled the WCO to overcome financial difficulties. Rigorous resource management, strengthened partnerships, and the adoption of innovative solutions not only made it possible to navigate this challenging period but also to do so responsibly, transparently, and with a sense of mission. This collective effort demonstrated that, even in adverse contexts, progress is possible when there is clarity of objectives, institutional cohesion, and determination. The progress achieved in 2024 and 2025 reflects that determination.

The implementation of the district health approach to strengthen primary health care, progress in vaccination coverage, the strengthening of the country's emergency preparedness, response, and surveillance capabilities, advances in the noncommunicable diseases agenda, and improved use of data for decision-making are concrete results of consistent work, ongoing dialogue with the government and partners, and strong alignment with national priorities. These results are not merely numbers or indicators; they represent better-protected lives, more resilient systems, and greater trust in health institutions.

None of these advances would have been possible without the commitment of our staff—our greatest asset—nor without improvements in WCO's leadership and management. Amid uncertainty and financial pressure, preserving the office's human resources was a strategic and conscious choice by leadership. The dedication, professionalism, flexibility, and team spirit demonstrated over these two years have confirmed that investing in people is a direct investment in results. All team members—whether technical, administrative, or support staff—have made an essential contribution to the results achieved.

I would like to express my deep gratitude to my team, the national authorities, and our partners for the trust they have placed in us, for our collaboration, and for the commitment demonstrated throughout the 2024–2025 period. The lessons learned during this two-year period strengthen our ability to adapt, innovate, and look toward a better future as we continue our journey to better protect the health of the people of São Tomé and Príncipe. The path ahead requires ambition, collaboration, and courage to continue making strategic choices. Let us move forward in the same spirit, proud of what we have already achieved and convinced that, together, we can achieve more and go even further.

**Abdoulaye Diarra**

*WHO Representative in São Tomé and Príncipe*

# Summary

Universal Health Coverage (UHC) is one of the central pillars of the 2030 Agenda for Sustainable Development, reflecting the global commitment to ensuring that all people have access to quality health care without facing financial hardship. During the 2024–2025 biennium, São Tomé and Príncipe made significant progress toward this goal, strengthening the resilience and operational capacity of its health system.

Working closely with the Ministry of Health, national and international partners, and other levels of the World Health Organization (WHO), the WHO office in São Tomé and Príncipe supported a series of structural reforms that strengthened sector governance, expanded access to essential services, and improved preparedness and response to public health emergencies. Despite the challenging financial context, the technical expertise, institutional resilience, and strong commitment of the national teams made it possible to consolidate progress and lay a solid foundation for the future.

Key results achieved include:

- **Improvements in leadership and management:** strengthening of the senior management team and leadership meeting routines; improved strategic coordination with national authorities and UN partners; streamlining of budget planning, resource utilization and cost-mitigation measures; institutionalization of management mechanisms (executive reports, regular reviews, risk oversight and procurement committees); improvement of program planning through the Midterm Review and the updated Biennial Work Plan; strengthening of the PRSEAH governance and ensuring accountability; modernization of ICT and workplace infrastructure; and increasing institutional visibility through newsletters, digital communication materials, and human-interest stories.
- **The Health Charter was revised, validated, and adopted,** guiding the organization of national health services in the country; implementation of the Health Financing Progress Matrix, followed by the development, adoption, and launch of the National Health Financing Strategy 2025–2032—the first of its kind in the country.
- **The National Health Accounts (NHA)** were institutionalized and strengthened through specific capacity-building initiatives, and NHA reports were produced for the periods 2018–2021 and 2022–2023.
- **Significant improvements in vaccination coverage** and district immunization planning.
- **Strengthening of District Health Management through the training of district coordination teams,** as well as the development and adoption of innovative models for District Health Action Plans.
- **Significant progress** toward the elimination of lymphatic filariasis.
- **Completion of a comprehensive Joint External Assessment of the country's capacity to implement the IHR.** Although gaps remain, the assessment highlights significant progress and a renewed commitment to strengthening national public health security.
- **São Tomé and Príncipe now has the national capacity** to conduct influenza testing at the local level.

*These results reflect a coordinated, multisectoral approach grounded in the principles of equity, gender, and human rights. The 2024–2025 biennium demonstrated that, even with limited resources, structural advances can be achieved when there is leadership, evidence-based approaches, collaboration, and institutional commitment. The path taken establishes a positive and sustainable trajectory for the continued strengthening of São Tomé and Príncipe's health system*

# Shaping the Office We Want

In recent years, WHO has faced considerable challenges, including a global financial crisis that has placed significant pressure on resources and operational capacity. These constraints have highlighted the urgent need for organizational renewal and adaptation within the country office.

In response, the WHO Office in São Tomé and Príncipe, with the active support of the WHO Regional Office for Africa, conducted a comprehensive situational analysis aimed at realigning the office's structure and human resources. The goal was to strengthen the capacity to respond to emerging needs of the health sector in São Tomé and Príncipe, while ensuring alignment with global and regional guidelines, notably the Core Country Office Model (CCOM)1 . As a result, the office updated its organizational chart, identifying the roles and competencies needed to address the priorities set out in the Country Cooperation Strategy (CCS) 2023–2027 and to ensure a more agile, responsive, and technically robust team.

The ongoing implementation of this updated structure is already yielding positive results, promoting innovation, maintaining high standards of technical support, and enabling the office to effectively fulfill its mandate despite financial and operational pressures. This transformation is not merely a response to the crisis but also a proactive measure to build a more resilient and future-ready WHO presence in the country. It positions the office to continue working closely with the government and partners, ensuring and measurable progress in the coming biennium, in full alignment with national priorities and global health strategies.

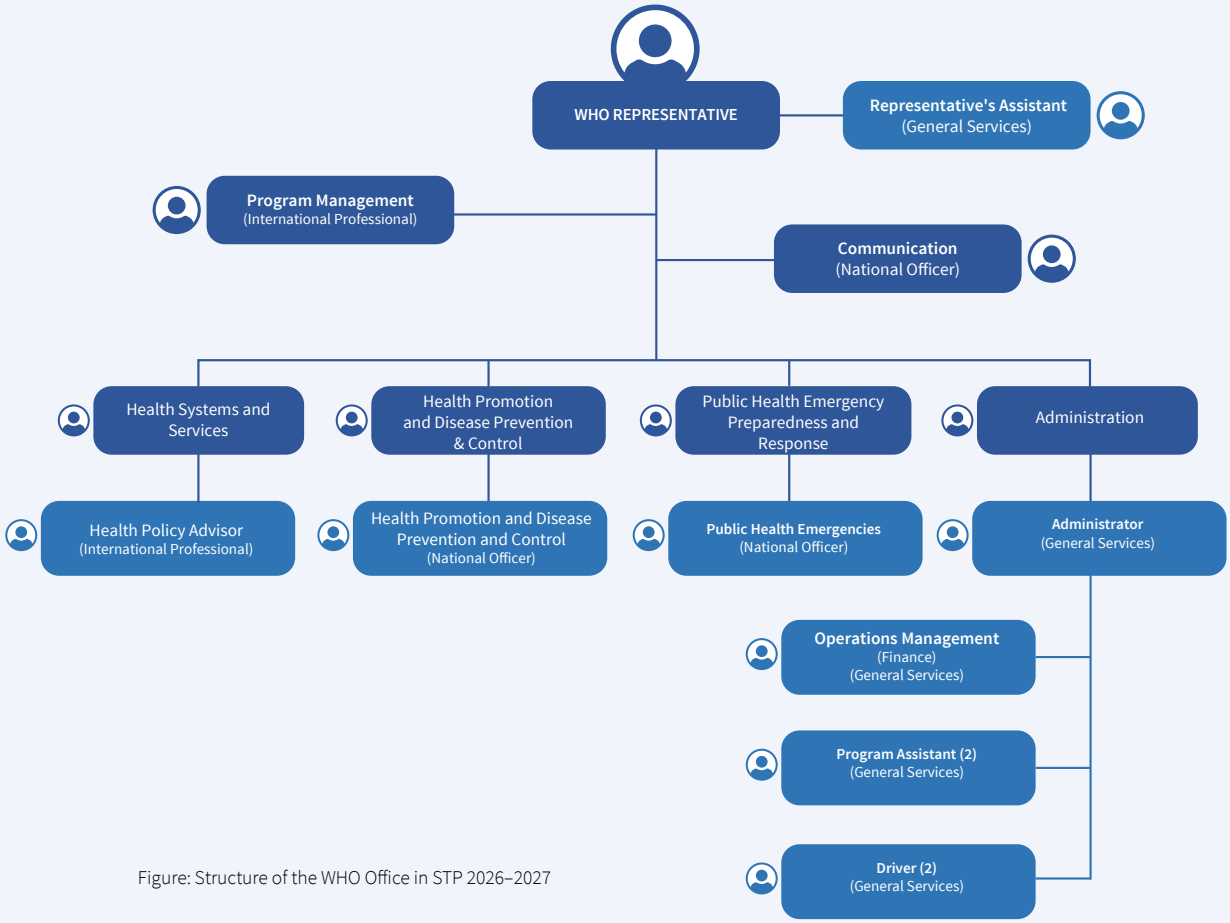


Figure: Structure of the WHO Office in STP 2026–2027

# São Tomé and Príncipe - Health Overview - At a Glance

**1**
Universal Health Coverage Service Coverage Index (UHC SCI)
(2019 Baseline)
**60.2**

**2**
Life Expectancy at Birth
(2022 estimate)
**68.8 years**

**3**
SPAR - average of all capacities
(2022)
**38%**

**4**
Number of SII capacities at level ≥3
(2021)
**1**

**5**
Out-of-pocket (OOP) expenditures as a % of current health expenditures current
(2020)
**20.3%**

**6**
% of the population with catastrophic health expenditures
(2017)
**14.3%**

**7**
Public health expenditure, % of total budget (country)
(2021)
**11.6%**

**8**
Current health expenditures (% of GDP)
(Banco Mundial, 2023)
**5.77%**

**9**
Doctors per 1,000 inhabitants
(2025)
**0.7**

**10**
Nurses and midwives per 1,000 inhabitants
(2025)
**2.1**

**11**
Births at the main hospital
**95%**
Births attended by a qualified professional
**96.8%**

**12**
Neonatal mortality
(2019)
**7**
per 1,000 live births

**13**
Under-5 mortality
(MICS, 2019)
**14**
per 1,000 live births

**14**
HPV (10-year-old girls)
Administrative coverage:
(2024)
**>95%**

**15**
Routine immunization
Administrative coverage:
**>95%**

**16**
TB - Case reporting rate and treatment success rate
**82.3%** (2025)
**≈75%** (2024)

**17**
HIV - ART coverage
(2025)
**98%**

Viral suppression
(2025)
**78.2%**

HIV mortality rate
(2025)
**2.4%**

# Our Key Results for 2024–2025

### 1. Strategic reform of health financing

Development and Adoption of the First National Strategy for Health Financing Strategy 2025–2032. Preparation of the National Health Accounts for 2018–2021 and 2022–2023.

The national health financing strategy lays the groundwork for improving the mobilization and allocation of resources in the health sector, strengthening the system's sustainability and reducing dependence on external financing. By strengthening mechanisms for financing and monitoring health expenditures, the country is making progress in providing financial protection for households and reducing the risk of catastrophic health expenditures, thereby contributing directly to achieving universal health coverage.

**SDG 3 - Indicator 3.8.2 and SDG 17 - Indicator 17.1.2: mobilization of domestic resources**

### 2. Strengthening the governance and management of the health system

Revised and validated Health Map, defining the organizational model for health service delivery in the country. Training in district health management provided to all district coordination teams Annual integrated Health Action Plans developed and adopted for all districts in the country.

Strengthening the governance and management of the health system through capacity building improves institutional planning, implementation, and monitoring of public health policies.

The decentralization of management and the development of district plans strengthen service delivery at the local level, contributing to increased equitable access to essential health services and improved health system performance.

**SDG 3 - Indicator 3.8.1 and SDG 16 - Indicator 16.6.2: Effective and accountable institutions**

### 3. Strengthening coverage of essential health services

Mass treatment campaign for neglected tropical diseases with 76.6% treatment coverage.

Campaigns to combat neglected tropical diseases increase access to preventive treatments and reduce the risk of disease transmission, helping to improve coverage of essential services and reduce inequalities in access to health care.

**SDG 3 - Indicators 3.8.1 and 3.3**

### 4. Significant progress in immunization

National coverage for DTP3 and RR2 exceeds 95%.

7 district-level vaccination microplans developed.

Increased vaccination coverage strengthens the population's protection against vaccine-preventable diseases and helps reduce child mortality and improve health outcomes throughout the. The development of district microplans enables targeted strategies to reach vulnerable populations, including children who have not received any doses and those who are under-vaccinated, promoting greater equity in vaccination coverage.

**SDG 3 - Indicators 3.b.1, 3.2.1, and 3.2.2**

### 5. Strengthening epidemiological surveillance and emergency preparedness

Development of the national plan to strengthen surveillance of vaccine-preventable diseases (2025–2026).

Strengthened surveillance, laboratory, and emergency response capacities.

Strengthening surveillance and emergency response systems improves the country's ability to detect outbreaks early and respond quickly to public health threats. These capabilities are essential for protecting the population, sustain and improve health gains, and strengthen the resilience of the health system.

**SDG 3 - Target 3.d.1 and SDG 13: Climate Action**

***Source:*** *WHO* | ***Caption:*** *WHO support for the study to assess the impact of interventions to control geohelminthiasis and schistosomiasis.*

# 01

## Health Outcomes 2024–2025

Toward greater health coverage, protection, and well-being for the population of São Tomé and Príncipe

***Source:*** *WHO* | ***Caption:*** *: Improvements in neonatal care*

During the 2024–2025 biennium, São Tomé and Príncipe made significant progress in strengthening its health system, in line with the priorities of the WHO's 13th General Work Program (GPW13). These advances directly contribute to the WHO's global "Three Billion" goals, which aim to ensure that more people benefit from universal health coverage, are better protected against health emergencies, and enjoy better levels of health and well-being.

In the national context, these advances are closely linked to the transition toward Universal Health Coverage (UHC), which seeks to ensure that all people have access to quality health services without facing financial hardship. Strengthening Primary Health Care (PHC) is a central element of this agenda, making it possible to expand access to essential services, strengthen prevention, and promote a person-centered approach throughout the entire life cycle.

To support this objective, the actions carried out during the period in question focused on strengthening the main pillars of the health system: governance and leadership, health financing, human resources for health, service delivery, access to essential medicines and technologies, information systems, and public health emergencies. These elements represent the structural pillars necessary to expand service coverage, strengthen protection for the population, and improve health outcomes.

***Source:*** *WHO* | ***Caption:*** *WHO supports strengthening vaccination efforts to protect every child and ensure that no one is left behind.*

The table below shows the relationship between the pillars of the national health system and the results of PGT13.

**National Health System**
**WHO's 13th General Work Program**

| | **Pillar 1**<br>**Universal health coverage / essential services** | **Pillar 2**<br>**Emergencies** | **Pillar 3**<br>**Healthier Populations** | **Pillar 4**<br>**Data, leadership, and enablers** |
|---|---|---|---|---|
| **1. 1. Governance and Leadership** | **1.1.4** Strengthening health system governance (policies, strategies, social dialogue, accountability) | **2.1.2** Governance of emergency preparedness; **2.1.3** Readiness Operational and Risk Management | **3.1.1** Addressing social determinants through policies (Health in All Policies) | **4.2.1 - 4.2.6** Leadership, health diplomacy, governance, equity, gender, and human rights |
| **2. Health Financing** | **1.2.1** Equitable financing strategies and reforms for Universal Health Coverage | Cross-cutting contribution through preparedness and response in the area of financing (link to **2.1** and **2.3**) | **3.2.2** Fiscal instruments and economic policies for health promotion | **4.2.3 - 4.2.4** Resource mobilization, allocation, and planning, and cost-effectiveness |

| | | | | |
|---|---|---|---|---|
| **3. Human Resources in the health care** | **1.1.5** Reforço dos profissionais de saúde e de cuidados (planeamento, competências, distribuição) | **2.1.2 - 2.3.2** Capacidades da força de trabalho para a preparação e resposta a emergências | Contribuição indireta através da promoção da saúde e dos serviços comunitários | **4.3.2** Gestão, mobilidade, formação e retenção de recursos humanos |
| **4. Service Delivery/Primary Health Car** | **1.1.1** Essential, people-centered services and primary health care;<br>**1.1.2** Service coverage by condition/disease;<br>**1.1.3** Equity across the life cycle | **2.3.3** Maintenance of essential services in fragile contexts and emergencies | **3.2.1** Interventions targeting risk factors;<br>**3.3.2** healthy environments and settings | Contribution through planning, integration of standards and monitoring |
| **5. Medications, Vaccines, and Technologies** | **1.3.1 - 1.3.5** Standards, equitable access, regulation, R&D, and antimicrobial resistance | **2.2.1 - 2.2.3** Medical countermeasures, vaccines, diagnostics, and biosafety | **3.1.2** Food security (One Health) | **4.1.3** Standards, Innovation, Digital Health, and Sustainable Adoption |
| **6. Information and Data** | **1.1.1 - 1.1.2** Monitoring of service coverage services and diseases | **2.3.1** Early detection, epidemiological intelligence, and risk assessment | **3.1.1** Data on inequalities and social determinants | **4.1.1 - 4.1.3** Information systems, CRVS, DHIS2, innovation, and evidence |
| **7. Emergency preparedness and response** | Structural contribution through system resilience and primary health care | **2.1.1–2.1.3** Preparedness, readiness, and risk management;<br>**2.3.1–2.3.3** detection, response, and continuity of services | **3.3.1** Climate, environment, and health risks | **4.3.3 - 4.3.4** Digital platforms, logistics, security, and operations |

Based on this approach, the following sections of this report have been organized around the foundations of the health system as a guiding thread, highlighting how progress made in each of these areas contributes to expanding coverage of essential services, strengthening protection against health risks, and promoting better health and well-being for the population of São Tomé and Príncipe.

## 1.1. Governance and Leadership

**39 trained professionals**

7 chief physicians
7 head nurses and
7 district administrators

- **Validated Health Charter:** Validated Health Charter: The Health Charter was revised and validated, establishing a model for the organization and delivery of integrated, people-centered health services focused on a primary health care approach. This framework supports the integration of vertical programs and public health emergency plans at the district level and strengthens multisectoral coordination.
- **District Health Management:** 39 professionals trained and certified in district health management, covering 100% of the district health coordination teams in the 6 districts of the island of São Tomé and the Autonomous Region of Príncipe. Key positions included: 7 chief physicians (health delegates), 7 chief nurses, and 7 district administrators. As a result, the Ministry of Health adopted a new administrative model for the management of health districts, as well as the recently developed integrated district health action plans for all 6 districts on the island of São Tomé and the Autonomous Region of Príncipe, prepared with technical support from the WHO. A new package of standardized essential services is currently being developed, which will further strengthen the district-level integration of clinical and public health functions.

***Source:*** *WHO* | ***Caption:*** *WHO support for training professionals in the construction of Montfort incinerators and the improvement of WASH conditions.*

## 1.2. Health Financing

**Health Financing**

First Portuguese-speaking country in Africa to use HFPM

- **Health Financing Strategy:** The Health Financing Progress Matrix (HFPM)—the WHO's standard diagnostic tool — has been successfully implemented, making the country the first Portuguese-speaking country in Africa to apply this framework. The assessment served as the direct basis for the development and adoption of the country's first National Health Financing Strategy (2025–2032). As a result, the country now has a clear, evidence-based roadmap to strengthen health financing health, improve resource allocation, and increase financial protection. The strategy is actively supporting the implementation of the National Health Development Plan and accelerating system-wide reforms toward Universal Health Coverage (UHC).
- **National Health Accounts:** The institutionalization of the National Health Accounts (NHA) was reinforced through capacity-building and technical support provided by WHO, which enabled the preparation of NHA reports for the periods 2018–2021 and 2022–2023.

***Source:*** *WHO* | ***Caption:*** *Health Minister Celso Matos and WHO Representative Abdoulaye Diarra mark World Health Day.*

## 1.3. Human Resources

**Human Resources**

Technical capacities of health professionals strengthened

- During the biennium, WHO supported several initiatives aimed at strengthening the technical capacities of health professionals: training programs in district management, field epidemiology, epidemiological surveillance, and public health emergency response; capacity building; the creation and launch of the national working group for the implementation of the National Health Workforce Accounts (NHWA); and support for human resources accounting and planning.
- Work is underway to clarify profiles, competencies, and geographic distribution, with a view to adapting the workforce to the expansion of primary health care services.

### 1.4. Service delivery and primary health care

- During the biennium, WHO supported several initiatives aimed at strengthening the technical capacities of health professionals: training programs in district management, field epidemiology, epidemiological surveillance, and public health emergency response; capacity building; the establishment and launch of the national working group for the implementation of the National Health Workforce Accounts (NHWA); and support for accounting and human resources planning.
- Work is underway to clarify profiles, competencies, and geographic distribution, with a view to adapting the workforce to the expansion of primary health care services.
- The incidence of malaria decreased from 34 to 22 cases per 1,000 inhabitants between 2024 and 2025, demonstrating progress in controlling the disease.
- Therapeutic efficacy studies confirmed the absence of resistance to the artemisinin-based combination therapies (ACTs) used in the country.
- The update to the national entomological profile provided evidence that enabled the strengthening and adaptation of vector control strategies.
- Development of the National Immunization Strategy 2025–2029, with technical support from WHO and in alignment with data from the 2024 Census and Gavi's transition through 2030.
- 7 out of 7 districts (100%) have microplans in place, including specific strategies to identify and vaccinate children who have not yet received any doses and those who are under-vaccinated

**Primary Health Care**

Malaria cases decreased from 34 to 22 per 1,000 inhabitants

- The incidence of malaria decreased from 34 to 22 cases per 1,000 inhabitants between 2024 and 2025, demonstrating progress in controlling the disease.
- Therapeutic efficacy studies confirmed the absence of resistance to artemisinin-based combination therapies (ACTs) used in the country.
- The update to the national entomological profile provided evidence that enabled the strengthening and adaptation of vector control strategies.
- Development of the National Immunization Strategy 2025–2029, with technical support from the WHO and in alignment with data from the 2024 Census and Gavi's transition through 2030.
- A survey on missed vaccination opportunities (MVOs) identified operational challenges and guided actions to reduce inequities in coverage and maintain vaccination rates above 95%.
- The Multisectoral Strategic Plan for Noncommunicable Diseases (NCDs) 2026–2030 was finalized with technical support from WHO and aligned with the WHO Global Action Plan on NCDs, the Sustainable Development Goals, and the national Universal Health Coverage agenda.
- The National Community Health Strategy was developed, strengthening health promotion and the multisectoral approach to reduce risk factors and support the national response to NCDs.
- The WHO PEN HEARTS Protocol has been implemented in 100% of São Tomé and Príncipe's health districts, including the training of 30 health professionals from all six districts on the island of São Tomé and the Autonomous Region of Príncipe in the prevention and control of cardiovascular diseases.

## 1.5. Medicamentos e Tecnologias

**Medicines**

National capacity strengthened in supply chain management

- **Strengthening the supply chain:** A partnership was established with Fiocruz (WHO Collaborating Center in Brazil) to strengthen national capacity in supply chain management, regulatory oversight and distribution of medicines. Support is currently being provided for the creation of a national pharmaceutical regulatory authority, the first of its kind in the country. The national list of medicines has been revised and submitted for joint procurement by the SIDS of West Africa.

***Source:*** *WHO* | ***Caption:*** *Strengthening laboratory capacities in São Tomé and Príncipe.*

## 1.6. Information and Surveillance Systems

- The surveillance system for vaccine-preventable diseases (VPDs) was strengthened through a national review of the system and the development of the 2025–2026 National Surveillance Strengthening Plan, which includes defined activities, costs, and performance indicators.
- Between March and April 2025, a national workshop was held that brought together 34 participants (national authorities, surveillance, immunization, and laboratory experts, and WHO representatives) to evaluate and strengthen the surveillance system in accordance with the guidelines of the 3rd edition of the IDSR.
- The sensitivity of epidemiological surveillance was improved through the strengthening of laboratory capacities and the sample transport system for diagnostic confirmation.
- Digital tools were introduced, including a monitoring dashboard to track the plan's implementation and key surveillance indicators.
- National capacities for early detection and rapid response to outbreaks were strengthened, supporting the maintenance of polio and measles elimination in the country.
- Data quality and utilization were strengthened, enabling more informed programmatic decisions and better monitoring of immunization performance.
- The actions implemented strengthen the health system's resilience and preparedness for epidemics, helping to protect immunization gains and ensure the sustainability of epidemiological surveillance.
- DHIS2 was implemented in all districts, strengthening the national health information system and enabling better data collection, analysis, and use for health services management.
- District health managers received training on using the platform, including specific training to improve data quality, report generation, and the use of information in program decision-making.
- The implementation of the platform helped improve the quality, availability, and use of health data, supporting planning, performance monitoring, and evidence-based management at the district level.

**Strengthening the surveillance system for vaccine-preventable diseases**

National Surveillance Strengthening Plan 2025–2026 developed

## 1.7. Emergency Preparedness and Response

- **Compliance with the International Health Regulations (IHR):** The annual IHR report was submitted on time, with significant improvements in the assessment of national capacities. In the most recent self-assessment, 6 of the 15 essential capacity domains achieved scores of 60% or higher, compared to just 1 domain in 2024, demonstrating progress in strengthening public health security.
- **Simulation exercises for public health emergencies**: Simulation exercises were conducted at the district level and at the international airport, which made it possible to test and validate emergency response plans and strengthen multisectoral coordination and preparedness.
- **Strengthening epidemiological surveillance:** The epidemic threshold monitoring system was updated, and event-based surveillance was expanded—including the introduction of social media surveillance through the "Epidemic Intelligence from Open Sources" (EIOS) initiative—thereby improving the early detection of potential threats to public health.

**International Health Regulations (IHR)**

6 of the 15 essential capacity domains achieved scores of 60%

- Concrete progress has been made in strengthening the resilience of its national health system. A Joint External Assessment of its capacity to implement the IHR was conducted. Although gaps remain, the assessment highlights significant progress and a renewed commitment to strengthening public health security at the national level. These gains are reflected in stronger epidemiological surveillance, improved emergency preparedness and response capabilities, and more robust strategic planning.
- More structured emergency management mechanisms have been put in place, including a comprehensive review and prioritization of activities under the National Health Security Plan.
- With WHO support, the Public Health Emergency Operations Center (COESP) was strengthened: manuals and standard operating procedures (SOPs) were provided, a standardized risk assessment tool was introduced, and multidisciplinary professionals across all One Health sectors were trained to systematically assess potential threats to public health.
- The National Protocol for the Management of Incidents Involving Mass Casualties was developed, and emergency medical teams were trained on the island of São Tomé and Príncipe, strengthening the country's capacity to respond rapidly and in a coordinated manner in the event of large-scale emergencies.
- More than 350 professionals, including community health workers, laboratory technicians, epidemiologists, doctors, and nurses, received specialized training in biosafety, outbreak investigation, data analysis, rapid risk assessment, IHR, IDSR, sentinel influenza surveillance, and emergency preparedness and response.
- National laboratory capabilities continued to be strengthened, building on existing infrastructure, through the adoption of 11 Standard Operating Procedures (SOPs) out of the 16 required for the diagnosis of identified priority diseases and zoonoses. This has provided the country with the human and technological capacity to diagnose influenza and related diseases related diseases within the country, marking an important milestone for national public health security.

- The National Strategic Plan for Risk Communication and Community Engagement (2025–2030) was developed through a deeply participatory and inclusive process. This plan establishes a structured framework for strengthening public communication and community engagement in public health emergencies.
- Investments have been completed to improve water, sanitation, and hygiene (WASH) services, with the goal of enhancing drinking water supply systems and waste management infrastructure in six of the country's seven district health centers, thereby contributing to better infection prevention and control, as well as the creation of more resilient healthcare environments.

***Source:*** *WHO* | ***Caption:*** *Improved WASH conditions*

## Country Highlights

***2024***

### Strengthening Health Systems in São Tomé and Príncipe: A Path to Universal Coverage

São Tomé and Príncipe is embarking on a path of transformation to strengthen its health system, with a focus on primary and community-based care, with the goal of achieving universal health coverage by 2032. A comprehensive assessment of the operational capacity of six health districts and the RAP Hospital identified strengths and weaknesses, with the management of emergency patients at the Príncipe Island Hospital emerging as a critical issue. In response, the WHO conducted a technical support mission to the hospital. This work had a significant impact on the more than 9,000 residents of Príncipe Island and the 97 health workers employed at the hospital, including improved working conditions and increased motivation. The functional assessment of the health district led to the development of customized district health action plans tailored to the district, with the goal of improving service delivery, optimizing resources, and enhancing management efficiency. With an emphasis on preventive health, these action plans were designed to address local health priorities and, ultimately, benefit the community. The commitment to strengthening local capacity will ensure that health services are resilient, equitable, and accessible, especially for vulnerable populations. This initiative aims not only to reduce mortality from preventable diseases but also to promote the long-term sustainability of the health system, ensuring that no one is left behind. However, many challenges remain, including the need for up-to-date data and the active involvement of district teams.

***Source:*** *WHO* | ***Caption:*** *World Health Day celebration.*

## Fortalecimento dos sistemas de saúde em São Tomé e Príncipe: uma abordagem colaborativa

A cobertura universal de saúde (CUS) em São Tomé e Príncipe (STP) continua a ser um desafio devido a lacunas significativas no sistema nacional de saúde, incluindo a ausência de estratégias robustas de financiamento da saúde e de recursos humanos, bem como o acesso a medicamentos essenciais. Para abordar estas questões, a Organização Mundial da Saúde (WHO) está a aproveitar a colaboração Sul-Sul, particularmente entre países de língua portuguesa e Pequenos Estados Insulares em Desenvolvimento (PEID). As ações-chave incluem a adoção de uma estratégia nacional sustentável de financiamento da saúde e a realização de uma análise da Matriz de Progresso do Financiamento da Saúde (HFPM), bem como o estabelecimento de uma Estratégia Nacional para os Recursos Humanos na Saúde, a primeira de sempre no país. A HFPM conduziu a uma compreensão abrangente dos pontos fortes e fracos do financiamento da saúde em STP, com compromissos para adotar estratégias de financiamento baseadas em evidências recomendadas até 2025. A WHO tem apoiado a institucionalização das Contas Nacionais de Saúde desde 2022, e o país dispõe agora da capacidade para as elaborar anualmente. O estabelecimento bem-sucedido de um acordo de longo prazo para a aquisição de medicamentos sublinha o potencial dos esforços de colaboração para superar barreiras sistémicas. A atenção contínua ao reforço de capacidades e às parcerias estratégicas é vital para alcançar melhorias sustentáveis na saúde e garantir o acesso equitativo a serviços de saúde de qualidade.

***Source:*** *WHO* | ***Caption:*** *Participação do Ministro da Saúde, Dr. Celso Matos, nas atividades da Feira da Saúde.*

## Strengthening Health Systems in São Tomé and Príncipe: A Collaborative Approach

São Tomé and Príncipe continues to face significant challenges in eliminating three major endemic diseases: malaria, tuberculosis, and HIV. A rapid assessment revealed gaps in malaria surveillance, underreporting of tuberculosis cases, and low treatment success rates, as well as low coverage of people living with HIV with viral undetectable viral load. The country's strategic plans for 2023–2027 are designed to accelerate the elimination of these diseases by updating treatment guidelines, strengthening case detection, and improving health services. Key actions, such as developing consolidated guidelines and training health care professionals, are crucial. The implementation of these guidelines has led to increased detection rates, improved treatment outcomes, and the provision of PrEP services to key HIV populations. With regard to vaccine-preventable diseases, a national strategy for 2025–2029 has been developed, focusing on unvaccinated and under-vaccinated children, to improve vaccination coverage without leaving anyone behind. However, challenges remain, notably the lack of sufficient human resources and the lack of ownership of strategic documents by ministry teams, which hinders their effective implementation. Lessons learned highlight the need for greater organizational commitment and support for health care workers to improve service delivery and effective disease management.

***Source:*** *WHO* | ***Caption:*** *WHO field mission to support the strengthening of health systems and the implementation of community-based interventions.*

### Strengthening the response to public health emergencies through targeted capacity building

In 2024, with technical support from the World Health Organization (WHO), São Tomé and Príncipe took decisive steps to strengthen its national preparedness for public health emergencies and outbreaks. The Ministry of Health trained 25 contact tracers across all districts to improve the capacity to respond to outbreaks and interrupt chains of transmission. A two-day workshop brought together 18 National Focal Points for the International Health Regulations (IHR) with the aim of improving multisectoral coordination and for the detection and notification of emergencies. In addition, a table-top simulation exercise (TTx) at São Tomé International Airport tested the effectiveness of the National Emergency Preparedness and Response Plan, involving 35 professionals from the health, civil protection, air transport, and media sectors. Collectively, these initiatives strengthened the country's to respond quickly and effectively to health emergencies, ensuring a more resilient public health system.

***Source:*** *WHO* | ***Caption:*** *WHO support for the ongoing training of health professionals.*

***2025***

**From Progress to Transformation: Boosting Immunization and Equity in São Tomé and Príncipe**

During the 2024–2025 biennium, São Tomé and Príncipe made substantial progress in strengthening its national immunization program, achieving vaccination coverage of over 95%. Administrative data indicated coverage of 97% for DPT1, 96% for DTC3, and 96.4% for RR2, reflecting consistent improvements in the system's performance. The country strengthened the identification of unvaccinated and under-vaccinated children, including the 4.3% who had received any doses, and deepened its analysis of geographic inequalities and barriers to access. With technical support from WHO, strategic assessments—including an analysis of missed vaccination opportunities at 38 health facilities and the 2023 vaccination coverage survey—guided the development of more targeted catch-up strategies, culminating in a national initiative to achieve at least 90% coverage of final doses for all antigens. The implementation mobilized six civil society organizations, strengthened district-level micro-planning, and bolstered the capacities of health professionals, positioning the country for sustained progress toward more equitable immunization.

***Source:*** *WHO* | ***Caption:*** *Community-based vaccination efforts to ensure that no child is left behind.*

### Transforming Health Financing in São Tomé and Príncipe

São Tomé and Príncipe (STP), a small developing island nation, has made significant progress toward Universal Health Coverage (UHC), with a coverage rate of 60.2%, despite persistent challenges in health financing, equity, and financial protection. Heavy reliance on external financing, high out-of-pocket expenditures by households—especially for medicines — and the rise in noncommunicable diseases amid an aging population have highlighted the need for a structured reform of health financing. Until 2024, the country did not have a National Strategy Health Financing Strategy. Technical and policy support from WHO was crucial in addressing this gap, enabling the implementation of the Health Financing Progress Matrix (HFPM), the institutionalization of National Health Accounts, and the strengthening of multisectoral governance. As a key outcome, STP developed and officially launched, in July 2025, the National Strategic Plan for Sustainable Health Financing 2025–2032, focused on greater efficiency, mobilization of domestic resources, and financial protection, laying a solid foundation for a more sustainable and equitable health system, aligned with the WHO's vision.

***Source:*** *WHO* | ***Caption:*** *Health professionals complete training in District Health Management, supported by WHO.*

## Strengthening Primary Health Care in São Tomé and Príncipe

São Tomé and Príncipe is implementing structural reforms in its health system, with a strong focus on strengthening primary health care (PHC) and community services, with the goal of achieving universal health coverage (UHC) by 2032. In this context, WHO led a national assessment of the functional capacity of health districts, complemented by extensive consultations with stakeholders, which identified critical gaps in governance, management, decentralized planning, and the use of data for decision-making. In response, WHO's technical and policy support was instrumental in strengthening district governance, including the delivery of the first for District Health Management Teams, training 39 professionals in leadership, integrated planning, resource management, and evidence-based decision-making.

As a key outcome, the country developed and implemented the 2025–2026 District Health Action Plan, establishing standardized, equity-oriented planning cycles aligned with WHO standards. These reforms strengthened coordination between the national and district levels, improved the response to the needs of vulnerable populations, and laid a sustainable foundation for the consolidation of Universal Health Coverage (UHC).

***Source:*** *WHO* | ***Caption:*** *Prevention as a strategy to protect children's health and strengthen communities.*

### Establishment of a Multisectoral Strategic Plan for NCDs in São Tomé and Príncipe

São Tomé and Príncipe is facing a rapid epidemiological transition, with noncommunicable diseases (NCDs) accounting for about 60% of deaths, posing the main challenge to the sustainability of the health system. Epidemiological analyses, needs assessments, and situation studies supported by the WHO have highlighted critical structural gaps, including fragmented responses to NCDs, the absence of a multisectoral framework, unstable funding, and weak prevention and detection capacity, with disproportionate impacts on vulnerable populations. In response, was decisive in the development and validation of the first Multisectoral Strategic Plan for NCDs 2026–2030, aligned with the WHO Global Action Plan, the SDGs, and the Universal Health Coverage agenda.

As a key outcome, the country now has an integrated strategic framework, based on the "Health in All Policies" approach, with national targets, monitoring mechanisms, and a focus on equity, gender, and strengthening primary health care, laying a solid foundation for sustainably reducing premature mortality from NCDs.

***Source:*** *WHO* | ***Caption:*** *Screening and health education initiatives in communities.*

## Sustained Progress Toward a Historic Milestone: São Tomé and Príncipe's Path to Eliminating Lymphatic Filariasis by 2027

Neglected tropical diseases continue to pose a major public health challenge in São Tomé and Príncipe, particularly lymphatic filariasis (LF), which is associated with disability, stigma, and socioeconomic impact. With technical and policy support from the WHO, the country has implemented a comprehensive strategy to eliminate LF as a public health problem, combining mass drug administration medications, morbidity management, disability prevention, and vector control measures. Following the last mass treatment in 2020, the positive results of the first Transmission Assessment Survey (TAS1) in 2022 allowed for the suspension of preventive chemotherapy and the transition to the surveillance phase. In accordance with WHO guidelines, TAS2 was conducted between December 2024 and January 2025, covering 14,654 people. The results confirmed the sustained interruption of transmission, with only 0.05% testing positive for the antigen and no microfilaremia detected. This milestone, achieved with strong support from the WHO, positions the country favorably to move toward TAS3 and achieve international certification of LF elimination by 2027.

***Source:*** *WHO* | ***Caption:*** *Healthcare professionals strengthened their skills in managing cases of lymphatic filariasis.*

# 02

# Leadership, Governance, and Communication

***Source:*** *WHO* | ***Caption:*** *Strategic planning meeting between the WHO and the Ministry of Health.*

## 2.1. Strategic coordination and partnerships

- Strengthened institutional coordination with national authorities and international partners through regular strategic meetings and technical support, reinforcing the alignment of health interventions and the implementation of national priorities.
- Greater integration of WHO into the United Nations system, with active participation in inter-agency coordination mechanisms and the exercise of leadership roles in joint initiatives.
- Resource mobilization and expansion of strategic partnerships, with greater involvement of bilateral and multilateral partners and collaboration with the private sector to support investments in health infrastructure and programs.
- Strengthened programmatic planning and management, through the Midterm Review and the adaptation of the Biennial Work Plan to national realities, enabling greater strategic alignment and a more efficient use of resources.
- Synergies among key health projects identified and operationalized, contributing to the optimization of financial and technical resources.
- Strengthened institutional management mechanisms, including the institutionalization of executive reports, regular management meetings, and the approval of joint work plans with UN agencies.
- Cost-mitigation and strategic prioritization measures implemented, ensuring greater operational sustainability.
- Institutionalized ethics and risk management mechanisms, reinforcing transparency and institutional accountability.
- A strategic communication plan was developed and implemented, increasing WHO's institutional visibility and reinforcing its role as a technical leader in the health sector.
- In 2024, the Country Office produced and disseminated an annual newsletter, which highlighted key programmatic achievements and provided partners with a comprehensive overview of WHO's technical support in the country. Building on this, in 2025, the office increased the frequency and visibility of its communication outputs by producing four quarterly newsletters. These publications ensured a consistent flow of information to government counterparts, donors, and partners, increasing transparency and strengthening WHO's engagement. The inclusion of a story on malaria in one of the newsletters further expanded internal visibility, sparking the Regional Office's interest in additional dissemination.
- Three human-interest stories were produced and disseminated, highlighting WHO-supported interventions in leprosy, malaria elimination, and immunization. Both stories were published on the WHO AFRO regional portal and on the official WHO YouTube channel, amplifying the voices of the community and showcasing the operational impact. The report on malaria attracted additional attention from the Regional Office's communications team and was subsequently featured on the WHO intranet, reflecting the high relevance and quality of the content generated.
- Regular updates shared on digital platforms (Facebook, X, Instagram, and the website) about events, field missions, and program milestones.

**Strengthened institutional coordination**

Alignment of health interventions and implementation of national priorities

## 2.2. Equity, Gender, and Human Rights

**Human Rights**

Prevention of Sexual Abuse and Harassment (PRSEAH)

- Systematic integration of equity, gender, and human rights dimensions into health programs, supported by awareness-raising sessions and institutional capacity-building.
- Strengthening mechanisms for the Prevention and Response to Sexual Exploitation, Abuse, and Harassment (PRSEAH), with the national plan updated in accordance with WHO global standards.
- Appointment of PRSEAH focal points within the Ministry of Health to institutionalize prevention, response, and accountability mechanisms.
- Implementation of community engagement initiatives and regular reporting systems, enhancing transparency and institutional accountability.

***Source:*** *WHO* | ***Caption:*** *Awareness-raising session organized by WHO to strengthen prevention of sexual exploitation, abuse, and harassment (PRSEAH).*

## 2.3. Financial management and internal control

**Financial Management**

Cost-reduction measures implemented

- Strengthened financial management, with regular and timely account reconciliation and improved financial reporting mechanisms.
- Internal cost-reduction measures implemented, along with improvements in budget planning to ensure greater efficiency in the use of resources.
- Establishment of risk management committees and procurement oversight mechanisms to strengthen internal control and compliance with organizational standards.

## 2.4. Human resources management and development

**Gestão de recursos Human Resources Management**

Specialized Consultants

- Recruitment and extension of specialized consultants in priority areas, including WASH and disease control programs, to address the country's programmatic needs.
- A human resources plan that is continuously monitored and adjusted to ensure alignment with national priorities and WHO's operational requirements.
- Strengthening institutional human resources management processes, laying the groundwork for more strategic planning in future program cycles.

## 2.5. Safe Work Environment and Infrastructure

**Ambiente de trabalho**

Modernização da infraestrutura

- Modernization of information and communication technology infrastructure, improving operational efficiency and institutional connectivity.
- Consolidation of institutional participation in common services and security mechanisms at the United Nations House to ensure a safe work environment.
- Measures implemented to improve the work environment, including ergonomic studies and strengthening of institutional asset management systems.
- The appointment and training of the country's first two focal points from the Ministry of Health for the PRSEAH, combined with the Ministry's decision to incorporate PRSEAH provisions into all staff Terms of Reference, strengthened national leadership on protection and promoted the establishment of an accountable, victim-centered health system aligned with the WHO's Zero Tolerance Policy.

***Source:*** *WHO* | ***Caption:*** *WHO team in São Tomé and Príncipe supporting national health priorities.*

# WHO Highlight

**Enhancing WHO's operational efficiency through shared UN services.**

In 2024, the co-location of all United Nations agencies in a single building enabled the implementation of essential shared services—including cleaning, security, landscaping, maintenance, IT support, and medical assistance—under eight contracts signed with LTA Services. These included specialized provisions, such as translation, interpretation, elevator maintenance, and auto insurance. This collaborative model, funded by annual contributions from the agencies, significantly reduced costs and optimized the use of resources. The World Health Organization (WHO) alone achieved substantial savings, contributing 1,622,899.00 STN (71,117.40 USD) to the shared services budget and 225,447.00 STN (9,879.36 USD) for security. At the end of the year, the shared budget totaled 5,292,709 USD, with a utilization rate of 60%—2,234,859 USD for activities and 920,394 USD for salaries. Operational efficiency was further demonstrated by the issuance of 45 identification documents totaling 263,500 USD, the proper reconciliation of 24 accounts, the regular payment of salaries, and the timely submission of financial and technical reports to donors.

***Source:*** *WHO* | ***Caption:*** *Strengthening the health system to promote population-centered care.*

***Source:*** *WHO* | ***Caption:*** *Promoting equitable access to quality health care.*

# 03

## Our Results in Numbers

# Our Results in Numbers

| Total | Programmatic | | | |
|---|---|---|---|---|
| | Pillar 1 Universal Health Coverage | Pillar 2 Emergencies | Pillar 3 Healthier Populations | Pillar 4 Information and Management |
| **18** Expected Results | 10 | 5 | 2 | 1 |
| **26** Indicators | 13 | 5 | 2 | 6 |
| **30** Products and Services | 17 | 5 | 7 | 1 |
| **4 197 633** Budget | US$ 2 058 236 | US$ 1 605 226 | US$ 26 643 | US$ 507 528 |
| Budget as a % 88% | 75% | 75% | 100% | 100% |

Pillar 2 is implemented in synergy with the EOA (Emergency Outbreak Appeal) Pillar + special programs for neglected diseases (ESPEN) + Influenza (PIP). Amount disbursed during the biennium: EOA = $1,162,013.03; ESPEN = $71,328.58; PIP = $157,250.81.

Technical support for administrative staff totaled $1,951,221.

# Outlook for the Future

For the 2026–2027 period, the WHO STP, with the support of its partners and other levels of the Organization, expects to achieve the following:

**Universal Health Coverage and Quality of Services:**

- Expansion and consolidation of high-quality, people-centered health services, with integrated care pathways and essential service packages at the district level;
- Continued strengthening of primary health care and universal health coverage, supported by validated health charters and district management models;
- More robust data systems: health information will be more comprehensive, timely, and utilized in decision-making, thanks to DHIS2 and ongoing capacity building.

**Disease control and health system resilience:**

- Progress in coverage of disease-specific services, including progress toward the elimination of malaria, mother-to-child transmission of HIV, and neglected tropical diseases;
- Improving surveillance systems and research by strengthening national technical capacity, improving data quality, and ensuring the sustainable mobilization of resources to validate elimination targets elimination and support evidence-based decision-making.

**Immunization and equity:**

- Increase vaccination coverage by implementing strategies and operational plans in line with the National Immunization Strategy, focusing on districts and localities with low coverage, taking into account recent population census data and the context of the transition away from Gavi support;
- Strengthen epidemiological surveillance systems for vaccine-preventable diseases (VPDs), with a focus on improving the detection, reporting, and systematic investigation of suspected cases at all levels, thereby ensuring greater system sensitivity and a more effective response to potential VPD outbreaks.

**Health Governance and Financing:**

- Implement and monitor the National Health Financing Strategy, supporting sustainable reforms and resource mobilization.
- Promote greater transparency, accountability, and multisectoral coordination in health governance through strategic partnerships and policy dialogues.

**Emergency preparedness:** Strengthen emergency preparedness and response capacities, including conducting simulation exercises, risk assessments, and developing contingency plans.

**Multisectoral Action:** Promote multisectoral approaches to health promotion, the prevention of noncommunicable diseases, and the reduction of risk factors, with operationalized coordination mechanisms.

**Improved leadership and governance:** Coordination with partners and internal management will be more effective, supported by strategic planning and effective communication.

**Embedded equity and accountability:** The principles of gender, equity, and human rights, as well as PRSEAH practices, will be further institutionalized and monitored.

**Sustainable resource mobilization:** Partnerships and resource mobilization mechanisms will provide more predictable and flexible funding for health priorities.

**Efficient Operations and HR:** Financial management, infrastructure, and human resources will be optimized for greater impact and organizational resilience.

## Partners

NAÇÕES UNIDAS
SÃO TOMÉ E PRÍNCIPE

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para cada criança

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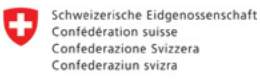
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