





Public Health Situation Analysis (PHSA)

Typologies of emergency	Main health threats	WHO grade	UNDSS Security level ¹	INFORM (2025) ²
 Floods  Food security  Displacement  Epidemics	Trauma, Injury and Rehabilitation Acute Watery Diarrhoea (AWD) Gastroenteritis/Foodborne disease Vector-Borne Diseases, including Dengue Fever Cholera Acute Respiratory Infections (ARI) including COVID-19	TBC	Cabo Verde: Low (2)	INFORM Risk 2.2/ 10 (Low) Global Risk Ranking 161 out of 191 countries

SUMMARY OF CRISIS AND KEY FINDINGS

Hurricane Erin, born as a tropical wave off West Africa on 9 August, became the first Atlantic hurricane of the year a week later as it tracked west, undergoing very rapid intensification into a Category 5 – “one of the fastest on record.”³ On 10–11 August 2025, Hurricane Erin brought torrential rains that triggered flash floods and landslides across Cabo Verde, with São Vicente and Santo Antão the worst affected and partial impacts in São Nicolau.⁴

In just a few hours, rainfall exceeded annual averages, overwhelming drainage systems and destroying infrastructure. At least nine people lost their lives, two remain missing,⁵ and more than 27 500 people were directly affected (nearly 23% of the population), including 1500 displaced in São Vicente.⁶ At least 20 000 people have been injured.⁷

Over 2500 buildings were damaged, five bridges collapsed, and more than 60 km of roads were cut off, isolating entire communities.⁸ Mindelo’s central hospital and several health centres were inundated. The Bela Vista Health Centre, which directly serves a population of 5099 was completely destroyed, resulting in the total loss of vaccine stocks.⁹ Water and sanitation networks collapsed, forcing reliance on emergency water trucking from Santo Antão.¹⁰

The scale of destruction has prompted the government to declare a state of emergency and two days of national mourning.¹¹ Thousands of homes have been destroyed or severely damaged, leaving many to seek refuge with relatives, neighbours, or in temporary shelters. Livelihoods have also been decimated, plunging already vulnerable households into deeper crisis.¹²

An emergency assessment highlights major health risks: diseases linked to contaminated water, vector-borne diseases due to stagnant water, and mental health issues related to the losses suffered.¹³ A major and growing concern is the collapse of the central water supply system, leaving thousands without access to safe drinking water. In a nation already struggling with prolonged drought and food insecurity, the disruption poses a severe threat of waterborne disease outbreaks.¹⁴

More broadly, since 2017, Cape Verde is facing one of the worst droughts' crises ever since the 1990s. Rains are scarce, and agricultural production is recording a decline never seen before.¹⁵ Agricultural production no longer covers 1% of the country's food needs, while a significant portion of the Cape Verdean population lives from agriculture. This situation has resulted in 24.2% of the population living in poverty and 9.2% in extreme poverty.¹⁶

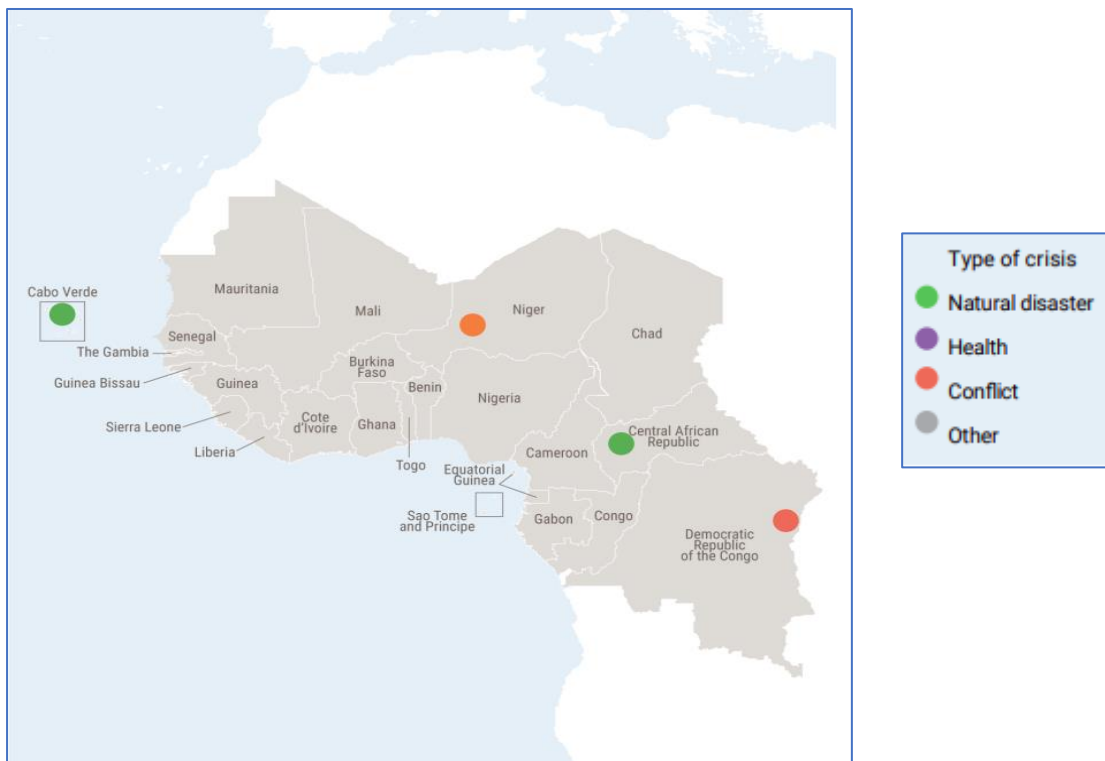


Figure 1- West Africa, including Cabo Verde¹⁷

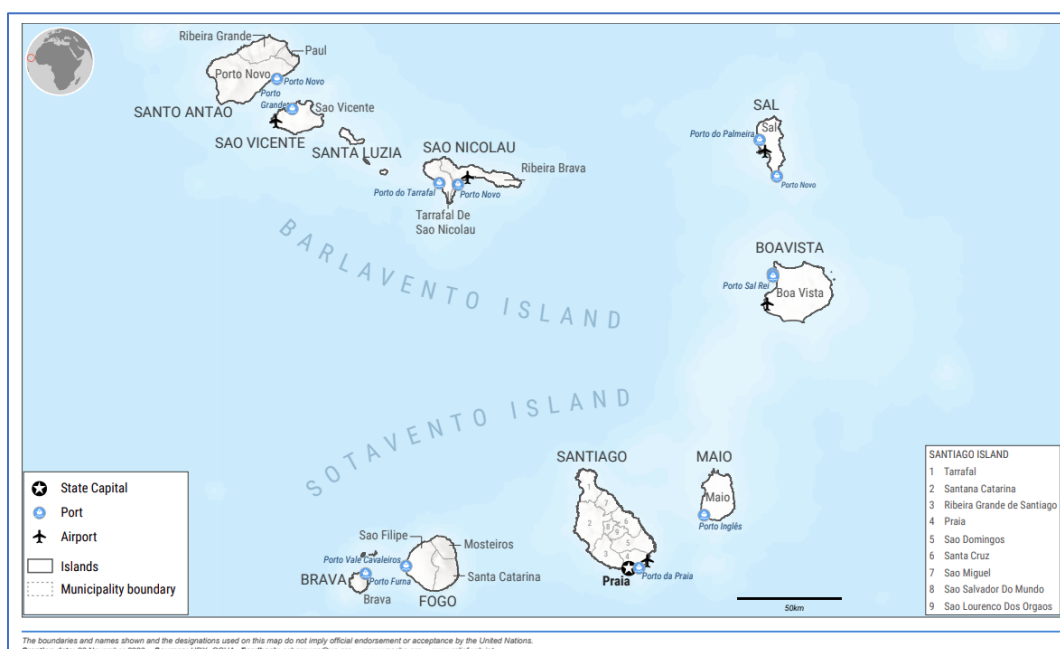


Figure 2 - Cabo Verde Reference Map (OCHA)¹⁸

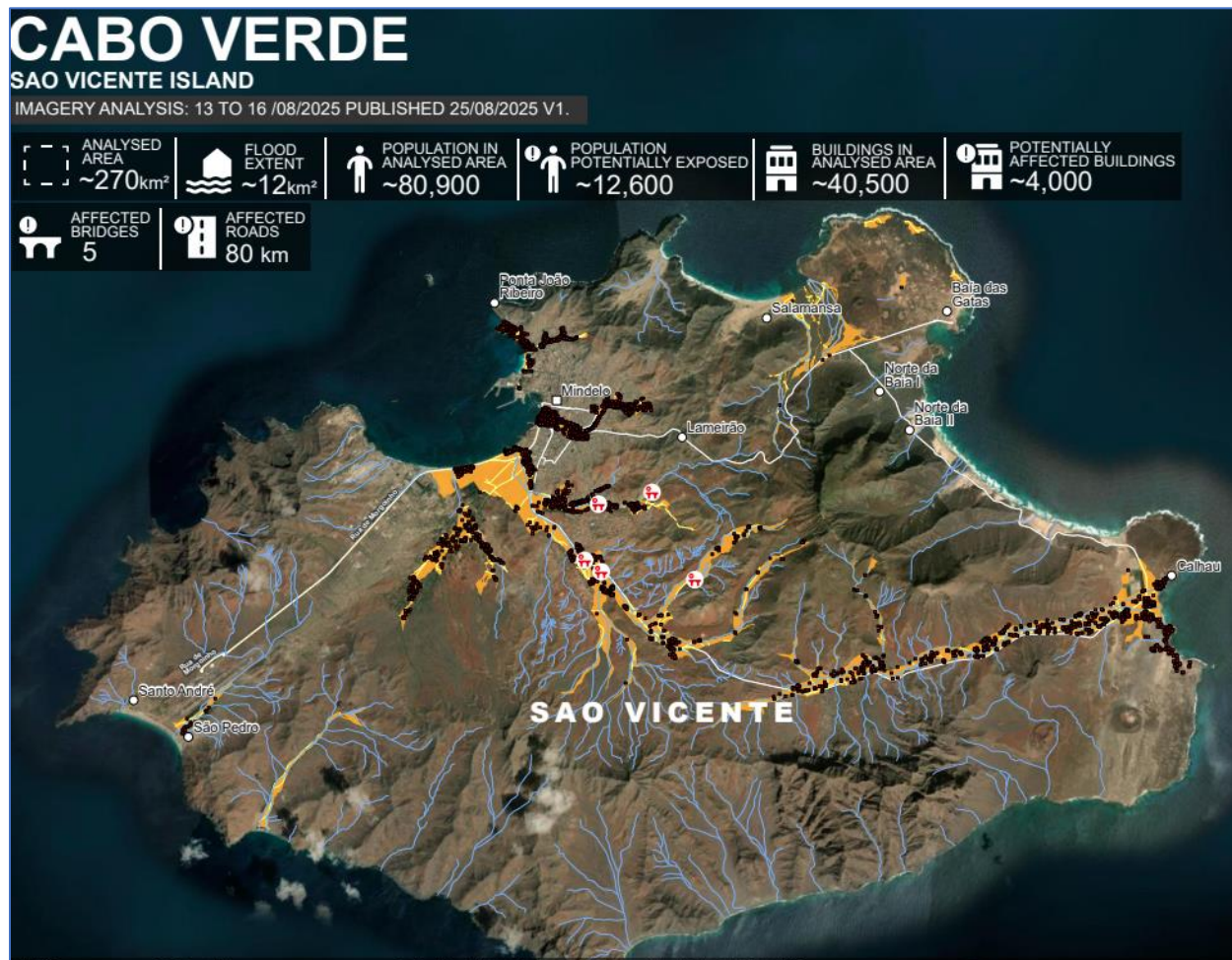
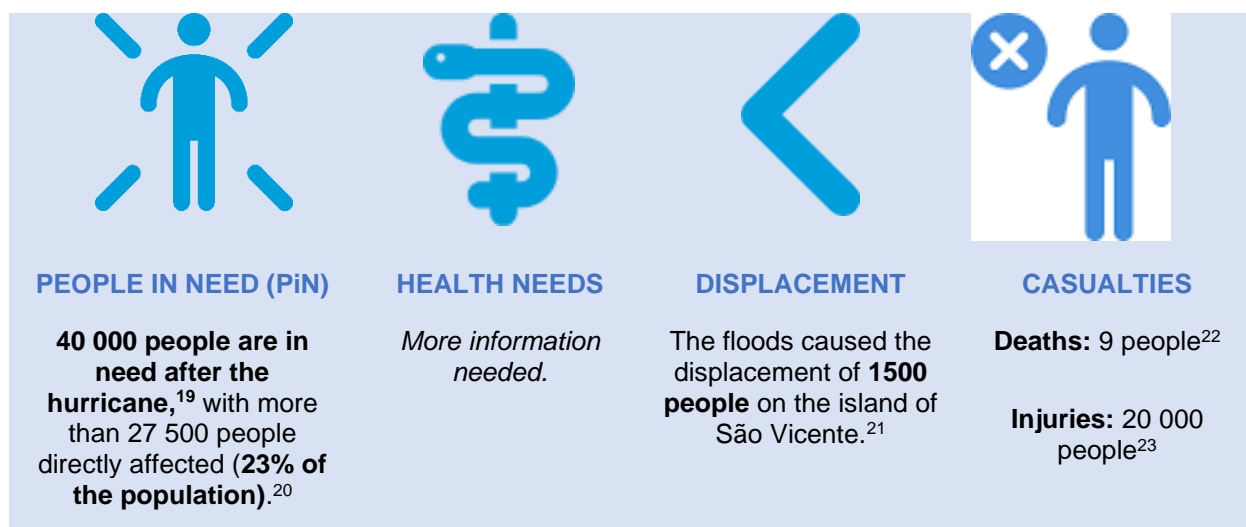


Figure 3- UNOSAT- Sao Vicente Island, Cabo Verde (25 August 2025)

HUMANITARIAN PROFILE



Humanitarian Response to Date

The Government declared a state of emergency and requested international support, while the Red Cross of Cape Verde (CVCV) was immediately mobilized to provide life-saving assistance.²⁴ A Crisis Cabinet was established in São Vicente, bringing together representatives from the sectors of Infrastructure, Social Inclusion and Protection, and Health, with the aim of coordinating the intersectoral response.

A UN Emergency Task Force was activated to support rapid assessments including with OCHA satellite images response planning, and mobilization of resources and technical assistance. Initial assessments suggest approximately 95 000 people have been affected across the three islands – São Vicente, Santo Antão and São Nicolau, with urgent needs in WASH, health, food assistance, shelter, and psychosocial support. Affected islands remain vulnerable, with more heavy rains forecast between 21 and 23 August.²⁵

Authorities and humanitarian partners are working to restore essential services, assess damage to infrastructure and livelihoods, and coordinate a response amid logistical challenges, including disrupted water supplies and damaged bridges.²⁶

Flood Risks

In 2019, the World Bank reported that flash flooding posed a threat with over 150 000 people exposed to flash flood hazard.²⁷ In July 2025, according to the Cabo Verde public health risk assessment conducted with STAR, flooding was classified as one of the high-risk hazards. The four most vulnerable islands to flash floods are São Vicente, São Nicolau, Santiago and Fogo. The central parts of these islands have elevations reaching around 1000 meters above Mean Sea Level. Because of the small size of these catchments, the low-lying areas of the islands are mainly susceptible to flash floods, i.e. very quick onset floods during local rainfall events. The greatest flood potential occurs during the months with the highest rainfall: August to October.²⁸

A much smaller number of people are at risk from earthquakes, landslides and volcanoes. Droughts can cause substantial losses to agricultural production, which can impact livelihoods by reducing work opportunities and increased food prices.²⁹

Displacement

The floods caused the displacement of 1500 people in São Vicente.³⁰ Thousands of homes have been destroyed or severely damaged, leaving many to seek refuge with relatives, neighbours, or in temporary shelters.³¹ Approximately 223 individuals are being immediately sheltered at the Mindelo Stadium Centre,

at the Monte Sossego school and school Liceu Augusto Pinto. According to UNOSAT, as of 16 August 2025, the flooding has potentially impacted 4 000 buildings including five bridges were damaged and approximately 80 km of road.³²

Food Security

During the flooding, markets and supermarkets were destroyed, food stocks lost, and local businesses paralyzed. These impacts severely disrupted livelihoods, particularly small farmers and fishing households who also suffered the destruction of crops, irrigation systems, boats, and assets.³³

According to the latest available *Cadre Harmonisé* (CH) analysis, about 35 300 people (7% of the analysed population) are projected to suffer acute food insecurity (CH Phase 3 [Crisis]) during the June to August 2025 lean season period. This represents an improvement compared to the same period in 2024, when about 44 100 people (9% of the analysed population) were estimated to need humanitarian assistance.³⁴

However, the current situation is aggravated by other emergencies in recent years, including drought, the COVID-19 pandemic and its economic impact on tourism, as well as the Ukraine crisis and rainfall deficit.

In 2022, the number of people affected by food insecurity in Cabo Verde spiked to more than 46 000 people – almost 10% of the population.³⁵ This represented a threat to the country's hard-won gains in food security over recent years forcing the Government to declare a social and economic national emergency on 20 June 2022.³⁶

The food security situation in 2022 resulted from a combination of factors including years of drought which have led to significant drops in food production and grazing land losses, and the economic fallout from the COVID-19 pandemic. Due to its heavy dependence on tourism - a sector accounting for more than 60% of its gross domestic product and providing employment to almost 70% of the population - Cabo Verde's economy has been upended by the pandemic. In only two years, the country experienced a 78% drop in tourism revenues - with severe consequences on its national economic performance.³⁷

This has been further exacerbated by the ripple effect of the crisis in Ukraine which is causing an upheaval in global food and energy markets, disrupting food supply chains and sparking sharp food prices rises, which disproportionately affect the poorest.³⁸

With a 34% rainfall deficit in 2021, the country recorded the highest drop in cereal production in the region that year, with a worrisome 93% cut in production.³⁹

Agricultural Production

Key agricultural zones such as Ribeira de Calhau, Tchon d'Holanda, and Ribeira de Vinha suffered extensive damage, with small farmers losing crops and livestock. An estimated 3 650 chickens, 1 162 ducks, 676 goats, 436 pigs, 52 sheep, 262 rabbits, and six cattle were lost, along with destruction of corrals, pigsties, and poultry houses. These losses have severely affected local livelihoods, food supply, and biosecurity. Crop cycles were disrupted, topsoil eroded, and irrigation systems compromised.⁴⁰

Sociave, the leading poultry producer, reported a 15% decline in production, with financial losses estimated between USD 318 500 and USD 530 500. A shrimp farm in Calhau also suffered major damage exceeding USD 530 500. Fishing communities in Mindelo, Salamansa, and Calhau were affected, with damage reported at the Fish Market on Rua da Praia and the Fishing Complex.⁴¹

Droughts in Cabo Verde are a well-known hazard. The archipelago has experienced ten periods of droughts in the past century according to historical records. This risk profile assesses the effects of agricultural drought on crop income. Agricultural drought hazard is characterized by estimating precipitation and evapotranspiration from locally observed rainfall and temperature record, combined with climate model data.⁴²

The rising temperatures have made Cabo Verde a home where new pests thrive. Fall armyworm arrived in 2017 and has since wreaked havoc on maize stocks. Fruit flies that attack mango harvests, in particular, and tomato leaf miners, named after their favoured target, are other formidable foes.⁴³

Water, Sanitation and Hygiene (WASH)

More than 119 000 people have been affected in the three islands – São Vicente, Santo Antão and São Nicolau, mainly due to damage to water systems.⁴⁴ A major and growing concern is the collapse of the central water supply system, leaving thousands without access to safe drinking water. In a nation already struggling with prolonged drought and food insecurity, the disruption poses a severe threat of waterborne disease outbreaks.⁴⁵

Dikes in Ribeira do Calhau and Ribeira de Julião failed to retain water due to silt accumulation, and there is an urgent need to repair sewer pumps and re-equip the sewage laboratory.⁴⁶ Although water production capacity has been restored, the distribution system is still not fully functional, and vulnerabilities in the drainage system persist. Additionally, limitations in solid waste and medical waste management have been noted, along with the persistence of animal carcasses in some communities, posing further risks to public health.⁴⁷

Vulnerable Groups

- **Children and Elderly:** The floods have resulted in the loss of homes, property, livelihoods and loved ones, causing physical and psychological injuries, with critical needs identified among separated children and disoriented elderly people.⁴⁸
- **Women and Girls:** Despite positive trends in terms of decreasing violence and improved access to justice, issues remain regarding protection and access to justice for vulnerable individuals, especially women, youth and children. In 2020, Cabo Verde ranked 72 out of 149 countries in the Global Gender Gap Index, up from 89 in 2018. Gender relations in Cabo Verde are more equal in urban settings, where women have more access to jobs and government services, have more of a voice on their needs and better positioning in society.⁴⁹

HEALTH STATUS AND THREATS

Population mortality: In Cabo Verde, the current population is 522 331 as of 2023 with a projected increase of 8.4% to 566 134 by 2050.⁵⁰ Most of the population on this volcanic archipelago is concentrated in the capital Praia. About 65% of the population is living in urban areas. The country falls within the medium human development category.⁵¹ The population of Cabo Verde is young, with a mean age of 29 years, and 45% of the total population under 25.⁵²

In Cabo Verde, life expectancy at birth (years) has improved by 1.46 years from 71.7 [70.9 - 72.6] years in 2000 to 73.2 [72.6 - 73.8] years in 2021.⁵³

In 2021, the top causes of deaths per 100 000 population were ischaemic heart disease, stroke, COVID-19, Lower respiratory infections and diabetes mellitus.⁵⁴ Cabo Verde is now in an epidemiological transition phase, with chronic diseases emerging as the leading causes of death.

MORTALITY INDICATORS	Cabo Verde	Year
Life expectancy at birth ⁵⁵	73.2	2021
Infant mortality rate (deaths < 1 year per 1000 births) ⁵⁶	15	2022
Child mortality rate (deaths < 5 years per 1000 births) ⁵⁷	16.6	2022
Maternal mortality ratio (per 100 000 live births) ⁵⁸	36.8	2022

The health and demographic indicators of São Vicente are broadly aligned with national trends in Cabo Verde. According to the latest data from the National Institute of Statistics (INE), the country's crude

mortality rate was 6.0 per 1 000 inhabitants in 2022, with São Vicente showing a slightly higher rate than the national average, at 7.4 per 1 000 inhabitants. Over recent years, this rate has fluctuated between 4.5 and 6.3, reflecting demographic shifts and the impact of events such as the COVID-19 pandemic.

Vaccination coverage: In 2010, the Cabo Verde Health Ministry introduced the routine pentavalent vaccine programme, which provides protection against five common childhood threats, including hepatitis B. The vaccine is given in three doses: at two months, at four months and at six months.⁵⁹

According to Ministry of Health data, vaccination coverage at birth in the country is around 99%, and coverage of the pentavalent vaccine has been more than 90% for the past decade, reaching 97.3% in 2018.⁶⁰

VACCINATION COVERAGE DATA ⁶¹	Cabo Verde	Year
DTP-containing vaccine, 1st dose	93%	2024
DTP-containing vaccine, 3rd dose	93%	2024
Polio, 3 rd dose	94%	2024
Measles-containing vaccine, 1st dose	95%	2024

OVERVIEW OF KEY DISEASE RISKS

CABO VERDE: KEY HEALTH RISKS IN COMING MONTHS		
Public health risk	Level of risk	Rationale
Trauma, Injury and Rehabilitation	High	ECHO report that 20 000 people have been injured. ⁶² During the recent floods in São Vicente, nine deaths and two missing persons were reported, alongside multiple cases of minor trauma registered at the hospital.
Acute Watery Diarrhoea (AWD)	High	Health alerts have been issued due to cases of diarrhoea, fever, and headaches—nine cases at the School Centre (including two children), and six adult cases at Mindelo Stadium Centre. ⁶³
Gastroenteritis/Foodborne disease	High	The risk of gastroenteritis outbreaks in São Vicente has significantly increased following the August 2025 floods, due to a combination of environmental damage and systemic vulnerabilities. ⁶⁴
Vector-Borne Diseases, including Dengue Fever	High	The Government of Cabo Verde declared a contingency situation on 1 August 2025, based on the need to prevent and mitigate the potential risk of dengue spread and malaria reintroduction, due to the approaching rainy season and its effects on the proliferation of disease vectors. ⁶⁵
Cholera	Medium	Following the August 2025 floods in São Vicente, the risk of cholera is considered high due to extensive damage to water and sanitation infrastructure, including the collapse of the main water intake station and blockage of sewage systems. ⁶⁶
Acute Respiratory Infections (ARI) including COVID-19	Medium	During the epidemiological week 33 (11 to 17 August) the Delegation of Health in São Vicente reported 101 cases of acute respiratory symptoms. ⁶⁷ Respiratory pathogens with epidemic or pandemic potential represent a high level of risk in Cabo Verde, especially during the colder months (October to February), a period marked by increased circulation of respiratory viruses. ⁶⁸
Tuberculosis (TB)	Medium	In the aftermath of the floods, the worsening of economic, social, and sanitary conditions on the island is expected to contribute to an increase in tuberculosis cases. ⁶⁹ Despite this, the health sector maintains adequate response capacity, with trained personnel and available diagnostic tools.
Mental Health Conditions	Medium	The current flooding has significantly impacted mental health conditions across affected communities. The destruction of homes, displacement of families, loss of livelihoods, and disruption of essential services have contributed to increased levels of psychological distress, anxiety, and trauma. Vulnerable groups—including children, the elderly, and individuals with pre-existing mental health conditions—are particularly at risk. ⁷⁰
Non-communicable Diseases (NCD)	Low	In 2021, the top causes of deaths per 100 000 population were ischaemic heart disease, stroke, COVID-19, Lower respiratory infections and diabetes mellitus. ⁷¹ Cabo Verde is now in an

		epidemiological transition phase, with chronic diseases emerging as the leading causes of death.
Leptospirosis		The current flooding in São Vicente has significantly increased the risk of leptospirosis, a bacterial disease commonly transmitted through contact with water contaminated by the urine of infected animals, particularly rodents. Floodwaters have led to widespread environmental contamination, including soil and stagnant water accumulation in urban and peri-urban areas. ⁷²
Measles		Despite this strong immunization record, the current flooding in São Vicente poses a potential risk to vaccine-preventable disease control due to disruptions in routine immunization services, displacement of families, and limited access to health facilities—particularly following the destruction of the Bela Vista Health Centre.
Polio		Cabo Verde maintains high vaccination coverage against measles and poliomyelitis and has not recorded any cases of either disease for several decades. In 2023, the country established environmental surveillance for poliovirus, and to date, no virus has been detected.
Sexually transmitted infections (STIs), including Human Immunodeficiency Virus (HIV)		The prevalence of HIV in Cabo Verde remains relatively low. Currently, Cabo Verde is estimated to have an HIV prevalence of around 0.6%. ⁷³ Additionally, the destruction of the Bela Vista Health Centre—recognized nationally for its sexual and reproductive health services—has further compromised access to prevention, testing, and treatment, increasing the likelihood of undetected and untreated cases.
Meningitis		Although the prevalence of meningitis in Cabo Verde is generally low, sporadic clusters have been reported, particularly in major urban centres such as São Vicente and Santiago. ⁷⁴ The current flooding in São Vicente has created conditions that may increase the risk of meningitis transmission, especially among vulnerable groups living in overcrowded and poorly ventilated shelters.
Maternal Health Risks		Cabo Verde hasn't recorded contraceptive stock-outs in the last five years. The percentage of women of reproductive age who have used a method on the island is growing, which has contributed to the reduction in the fertility rate from 7.9 children per woman in 1975 to 2.5 children per woman in 2018. ⁷⁵
Malnutrition		São Vicente presents elevated levels of anaemia among children and women of reproductive age, with a prevalence of 59.5% in children (compared to the national average of 43%) and 24.3% in women (national average: 21%). ⁷⁶ The recent floods have significantly increased the risk of malnutrition due to disruptions in access to nutritious food, safe drinking water, and essential health services—particularly in severely affected areas such as Ribeira de Vinha, Salamansa and Ribeira de Calhau. This situation may further deteriorate already concerning nutritional indicators
Hepatitis B		In Cabo Verde, all pregnant women are encouraged to test for hepatitis B and to vaccinate their babies at birth, a practice

		instituted in 2002 that added a fourth point of protection to the regimen of three doses already in place. ⁷⁷
Skin Infections		The recent flooding in São Vicente has significantly increased the risk of skin diseases across affected communities. Prolonged exposure to contaminated water, mud, and debris—combined with poor sanitation and hygiene conditions—creates an environment conducive to bacterial, fungal, and parasitic skin infections.
<p>Red: <i>Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month.</i> Orange: <i>High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months.</i> Yellow: <i>Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months.</i> Green: <i>Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.</i></p>		

Trauma, Injury and Rehabilitation

During the recent floods in São Vicente, nine deaths and two missing persons were reported, alongside multiple cases of minor trauma registered at the hospital. ECHO report that 20 000 people have been injured.⁷⁸

The impact on infrastructure and the force of the floodwaters poses an ongoing risk of traumatic injuries. These may result from the collapse of houses and public infrastructure, or direct injuries caused by debris and objects in public spaces and coastal areas. A preliminary assessment of infrastructure was conducted, and families whose homes were at risk were evacuated to temporary shelters. Following the floods, the National Institute of Public Health, warned the public about the risk of injuries and accidents in flooded areas and bathing zones.⁷⁹

Acute Watery Diarrhoea (AWD)

Health alerts have been issued due to cases of diarrhoea, fever, and headaches—nine cases at the School Centre (including two children), and six adult cases at Mindelo Stadium Centre.⁸⁰ During the epidemiological week 33 (11 to 17 August) the Delegation of Health in São Vicente reported 70 cases of diarrhea without dehydration, four cases of diarrhea with dehydration.⁸¹

Acute diarrhoea is part of the list of notifiable diseases in Cabo Verde. In 2021 and 2022, it accounted for approximately 1.1% and 2.7%, respectively, of all deaths caused by infectious diseases.⁸² However, there are gaps in the epidemiological and laboratory characterization of acute diarrhoea in Cabo Verde, which limit the full understand of the transmission dynamics.

More broadly, limited access to WASH is a key risk factor for acute diarrhoea. Flooding following prolonged drought, as seen in Cabo Verde during Tropical Storm Erin, can increase exposure to diarrhoeal pathogens as drought conditions may concentrate pathogens in the environment, which are then flushed into floodwaters, heightening the risk of disease transmission.⁸³

Gastroenteritis/Foodborne Disease

The risk of gastroenteritis outbreaks in São Vicente has significantly increased following the August 2025 floods, due to a combination of environmental damage and systemic vulnerabilities. At the community level, high mobility from diaspora and tourism, low risk perception regarding food safety, poor hygiene and sanitation conditions, and frequent reports of foodborne outbreaks among residents and tourists contribute to elevated exposure.⁸⁴

According to the Cabo Verde Joint External Evaluation (JEE) report of 2019, food safety in the country is governed by a set of intersectoral legal provisions. However, the report highlights that the

surveillance systems for detecting and monitoring foodborne diseases and contamination are very limited, as are the mechanisms for responding to and managing food safety emergencies.⁸⁵

Hotels and restaurants often fail to comply with hygiene and food safety standards.⁸⁶ Additionally, the floods have led to soil contamination, increasing the likelihood of pathogen transmission through crops and food handling.⁸⁷ At the health system level, there is insufficient sanitary control at points of entry, limited analytical capacity for food safety surveillance, and delays in detecting food-related outbreaks due to weak sample transport systems and non-operational rapid response teams.⁸⁸ The national food control system is currently non-functional, and there is a lack of integration between epidemiological and food safety surveillance across human, animal, and environmental health sectors.

Vector-Borne Diseases, including Dengue Fever and Malaria

The risk of vector-borne diseases such as dengue, malaria, and other arboviral infections has significantly increased.⁸⁹ The Ministry of Health and a WHO entomologist were deployed to São Vicente to assess the impact of the floods on the risk of mosquito-borne diseases such as malaria and arboviruses. The assessment report highlights a concerning change in mosquito distribution. *Anopheles* mosquitoes, previously found mainly in agricultural areas far from Mindelo, are now increasingly present within the city and surrounding neighbourhoods. Although the flood might have contributed greatly to this, there is need to rapidly strengthen and scale up mosquito surveillance activities (vector bionomics and insecticide resistance) to generate sufficient data to guide policy decisions on the choice of interventions and deploy of the most appropriate ones that suit the local context.⁹⁰

Cabo Verde was certified in 2024 as a malaria-free country. However, both imported and autochthonous malaria cases have been reported by health authorities. Despite ongoing prevention efforts, critical conditions persist in certain neighbourhoods, particularly in densely populated urban areas, that require urgent intervention, especially in the areas of basic sanitation and the elimination of mosquito breeding sites, as well as sources of infection and local transmission patterns.⁹¹ These factors led the Government of Cabo Verde to declare on 1 August 2025, a nationwide contingency situation, based on the need to prevent and mitigate the potential risk of dengue spread and malaria reintroduction, due to the approaching rainy season and its effects on the proliferation of disease vectors.⁹²

Cabo Verde faced its most recent dengue epidemic in 2024, which affected all islands and resulted in a total of 28 492 cases and 8 deaths.⁹³ Following the spread of cases and a significant increase in the number of dengue cases in the country, the government initially decided to declare a civil protection alert on Santiago, Fogo and Brava, the islands with the highest incidence of dengue fever, before declaring the country to be in a nationwide emergency situation in October of the same year. The islands of Santiago and Fogo were the worst affected.⁹⁴

While the country has diagnostic capacity and trained health professionals for early detection and response, the number of personnel available for vector control activities remains insufficient. Additionally, the destruction of the Bela Vista Health Centre has severely limited access to care for individuals presenting with suggestive symptoms, resulting in increased pressure on other health centres and the hospital, which may compromise timely diagnosis and case management.

Cholera

As of September 2025, no confirmed cholera cases have been reported, but the situation remains under close surveillance due to the increased risk and regional outbreaks in neighboring countries. Following the August 2025 floods in São Vicente, the risk of cholera is considered high due to extensive damage to water and sanitation infrastructure, including the collapse of the main water intake station and blockage of sewage systems.⁹⁵

Cabo Verde recorded a cholera epidemic in 1995, which affected nearly all islands and resulted in over a dozen fatalities.⁹⁶ Approximately 10 371 people were affected, increasing exposure to contaminated environments. Surveillance data shows a rise in diarrheal diseases, which could lead to disruption of health services due to system overload in São Vicente.⁹⁷

At the laboratory level, the country currently lacks diagnostic tests for cholera and faces significant limitations in reagents and consumables required for differential diagnosis with other gastrointestinal infections. This gap in diagnostic capacity further complicates timely detection and response efforts, contributing to an increased risk of mortality.⁹⁸ Despite previous experience in responding to cholera epidemics, health professionals require updated training in cholera case management, as well as access to appropriate structures such as field hospitals to ensure effective response in the event of an outbreak

Acute Respiratory Infections (ARI) including COVID-19

During the epidemiological week 33 (11 to 17 August) the Delegation of Health in São Vicente reported 101 cases of acute respiratory symptoms.⁹⁹ Respiratory pathogens with epidemic or pandemic potential represent a high level of risk in Cabo Verde, especially during the colder months (October to February), a period marked by increased circulation of respiratory viruses.¹⁰⁰

Flood-related displacement has led to overcrowding in temporary shelters and households, increasing the likelihood of respiratory disease transmission.¹⁰¹ Exposure to cold and humid conditions, combined with poor ventilation and sanitation in affected areas, creates favourable conditions for respiratory infections. Although Cabo Verde maintains diagnostic capacity and trained health personnel for ARI and COVID-19 response, the increasing number of respiratory disease cases may lead to an overload of health services.¹⁰²

Cabo Verde began COVID-19 vaccination during the pandemic in 2021 and later integrated it into routine immunization.¹⁰³ Although the vaccine is not mandatory, it is recommended, especially for vulnerable groups. Additionally, the destruction of the Bela Vista Health Centre and its current non-functionality limits access to care for symptomatic individuals, further concentrating demand on other health centres and the central hospital, potentially compromising timely diagnosis and case management.¹⁰⁴

Tuberculosis (TB)

In the aftermath of the floods, the worsening of economic, social, and sanitary conditions on the island is expected to contribute to an increase in tuberculosis cases.¹⁰⁵ Tuberculosis prevalence in Cabo Verde has been gradually declining, currently estimated at 32 cases per 100 000 inhabitants. However, São Vicente presents a slightly higher prevalence of 46.1 cases per 100 000. Diagnosis, follow-up, and treatment of tuberculosis patients are centralized at the São Vicente Health Delegation, which also manages the distribution of medications.¹⁰⁶

Mental Health Conditions

The current flooding in São Vicente has significantly impacted mental health conditions across affected communities. The destruction of homes, displacement of families, loss of livelihoods, and disruption of essential services have contributed to increased levels of psychological distress, anxiety, and trauma.¹⁰⁷ Vulnerable groups—including children, the elderly, and individuals with pre-existing mental health conditions—are particularly at risk.¹⁰⁸

Overcrowding in temporary shelters, lack of privacy, and uncertainty about recovery further exacerbate mental health challenges. In addition, the loss of essential goods and income sources—especially among small-scale traders, farmers, and fishers—has intensified economic hardship and psychosocial stress, contributing to a deterioration in mental well-being.

The risk of post-traumatic stress disorder (PTSD) is notably high, and the country currently lacks specialized health teams trained to manage PTSD cases. Furthermore, alcohol abuse is a concern in Cabo Verde, particularly São Vicente, which has a high prevalence of alcohol.¹⁰⁹ This exacerbates the risk of mental health disorders and may worsen existing conditions.¹¹⁰ While Cabo Verde has trained mental health professionals and basic psychosocial support services, the scale of the crisis may overwhelm existing capacities.

Non-Communicable Diseases

In 2021, the top causes of deaths per 100 000 population were ischaemic heart disease, stroke, COVID-19, Lower respiratory infections and diabetes mellitus.¹¹¹ Cabo Verde is now in an epidemiological transition phase, with chronic diseases emerging as the leading causes of death.

Leptospirosis

Although leptospirosis is endemic in many countries, it remains uncommon in Cabo Verde, and health professionals are not trained in early diagnosis and treatment. This gap may lead to delayed case identification and a high risk of mortality. The current flooding in São Vicente has significantly increased the risk of leptospirosis, a bacterial disease commonly transmitted through contact with water contaminated by the urine of infected animals, particularly rodents. Floodwaters have led to widespread environmental contamination, including soil and stagnant water accumulation in urban and peri-urban areas.¹¹²

Measles

Regarding measles, the Minister of Health has expressed the government's interest in pursuing WHO certification of Cabo Verde as measles-free. Despite this strong immunization record, the current flooding in São Vicente poses a potential risk to vaccine-preventable disease control due to disruptions in routine immunization services, displacement of families, and limited access to health facilities—particularly following the destruction of the Bela Vista Health Centre.

Approximately 129 migrant households were affected and lost their vaccination booklets. The Health Delegation in São Vicente is conducting a data survey to determine the vaccination status of these families, with particular focus on children.¹¹³

Polio

Cabo Verde maintains high vaccination coverage against measles and poliomyelitis and has not recorded any cases of either disease for several decades. In 2023, the country established environmental surveillance for poliovirus, and to date, no virus has been detected.

Sexually transmitted infections (STIs), including HIV

The prevalence of HIV in Cabo Verde remains relatively low. Currently, Cabo Verde is estimated to have an HIV prevalence of around 0.6%.¹¹⁴ At the same time, AIDS-related deaths decreased from around 200 in 2004 to less than 100 in 2022.¹¹⁵ Additionally, the destruction of the Bela Vista Health Centre—recognized nationally for its sexual and reproductive health services—has further compromised access to prevention, testing, and treatment, increasing the likelihood of undetected and untreated cases.

Meningitis

Although the prevalence of meningitis in Cabo Verde is generally low, sporadic clusters have been reported, particularly in major urban centres such as São Vicente and Santiago.¹¹⁶ The current flooding in São Vicente has created conditions that may increase the risk of meningitis transmission, especially among vulnerable groups living in overcrowded and poorly ventilated shelters. Poor sanitation, exposure to cold and humid environments, and weakened immune defences due to stress and concurrent infections further contribute to susceptibility. The destruction of health infrastructure, including the Bela Vista Health Centre, may limit access to early diagnosis and treatment. Despite the fact that health services in Cabo Verde are equipped to respond to such situations—with trained personnel and available resources for case management—meningitis is often associated with high morbidity and mortality.

Maternal Health Risks

Cabo Verde hasn't recorded contraceptive stock-outs in the last 5 years. The percentage of women of reproductive age who have used a method on the island is growing, which has contributed to the reduction in the fertility rate from 7.9 children per woman in 1975 to 2.5 children per woman in 2018.¹¹⁷

Malnutrition

São Vicente presents elevated levels of anaemia among children and women of reproductive age, with a prevalence of 59.5% in children (compared to the national average of 43%) and 24.3% in women (national average: 21%).¹¹⁸ The recent floods have significantly increased the risk of malnutrition due to disruptions in access to nutritious food, safe drinking water, and essential health services—particularly in severely affected areas such as Ribeira de Vinha, Salamansa and Ribeira de Calhau. This situation may further deteriorate already concerning nutritional indicators

Hepatitis B

Cabo Verde is one of only 11 countries in the sub-Saharan region to have instituted a WHO-endorsed birth-dose protocol that aims to break this chain of transmission. In Cabo Verde, all pregnant women are encouraged to test for hepatitis B and to vaccinate their babies at birth, a practice instituted in 2002 that added a fourth point of protection to the regimen of three doses already in place.¹¹⁹

Skin Infections

The recent flooding in São Vicente has significantly increased the risk of skin diseases across affected communities. Prolonged exposure to contaminated water, mud, and debris—combined with poor sanitation and hygiene conditions—creates an environment conducive to bacterial, fungal, and parasitic skin infections. Overcrowding in temporary shelters and limited access to clean water and personal hygiene products further exacerbate the situation. Individuals involved in cleanup efforts, such as debris removal and contact with stagnant water, are particularly vulnerable to skin irritation, dermatitis, and infections. The contamination of soil and water sources also increases the risk of conditions such as impetigo, scabies, and fungal infections. These health issues are primarily managed at the primary health care level, where Cabo Verde has demonstrated good response capacity.

DETERMINANTS OF HEALTH

Protection Risks

- **Gender Based Violence (GBV):** Cabo Verde is below global averages in gender-based violence and has made progress in recent years. The number of women who have experienced some form of gender-based violence in the previous 12 months went from just over 20% in 2005 to just under 11% in 2019.¹²⁰ According to a 2023 survey, 15.1% of individuals reported being victims of physical, sexual, or psychological violence, with women being more affected in all categories. Specifically, 9.4% of women and 6.8% of men experienced physical violence; 5.9% of women and 1.9% of men reported sexual violence or harassment; and 9% of women and 6.6% of men were affected by psychological violence.
- **Child Protection:** In 2023, Cabo Verde made moderate advancement in efforts to eliminate the worst forms of child labour. In addition, it established an emergency centre on the island of Sal, which operates 24/7 and provides shelter, social reintegration, and psychological care to child victims of abuse and commercial sexual exploitation. However, Cabo Verde's laws prohibiting forced labour are not sufficient because while they criminalize slavery, they do not specifically criminalize practices similar to slavery or debt bondage and forced or compulsory labour. In addition, there is limited information sharing on investigations between law enforcement agencies, which hampers enforcement efforts. Finally, social programs to assist children involved in agriculture and domestic work are not sufficient to address the scope of the problem.¹²¹
- **Mine Risks:** There are no known mine risks in Cabo Verde.

Water Sanitation and Hygiene (WASH)

Groundwater is the main source of water for human consumption and agricultural use in Cabo Verde. The proportion of the population with access to improved water sources and safely managed sanitation has not significantly improved since 2014, and the differences between rural (73% access to improved water sources, 71% safely managed sanitation) and urban (92% improved water source, 89% safely managed sanitation) populations remain as of 2023.¹²² The growing urban (coastal) population, and the agriculture and tourism industries, are increasingly putting pressure on the island's groundwater resources, leading to the salinization of aquifers and, consequently, the country's critical goal of increasing water supply through renewable-powered desalination plants.¹²³

Climate Vulnerabilities

The rainy season in Cape Verde is from mid-August to mid-October. Torrential rains on some of the islands can cause floodings and landslides.¹²⁴ The Cabo Verde climate is semi-arid with recurrent drought episodes affecting agricultural production and water supply.¹²⁵ Seismic activity and tremors can be felt occasionally, mostly on the islands of Brava and Fogo.¹²⁶ Sandstorms ('bruma seca') can happen between December and February. When intense, they can disrupt air travel, especially on the island of Boa Vista.¹²⁷

Socio-economic Challenges

Cabo Verde is a lower middle-income country with a stable democracy, though it faces structural economic challenges due to its location and topography. Its economy presents significant inequalities in access to employment and government services across the different islands and municipalities.¹²⁸ Tourism is the main economic driver in Cabo Verde, contributing 26% to the gross domestic product (GDP) in 2019, and providing 40% of formal employment.¹²⁹ In 2020, COVID-19 exacerbated Cabo Verde's vulnerabilities, under pressure due to four consecutive years of droughts.¹³⁰

Education

Literacy and school enrolment continue to progress in Cabo Verde, but there are persistent asymmetries in access to education between rural and urban communities. In rural areas, 12.1% of people have never attended school, much higher than the 5.5% in urban settings.¹³¹ In 2018, 21% of the country's primary schools did not have access to electricity and only 42% had computer equipment. The gender gap in education is complex, with more boys benefitting from primary education, but, according to the 2021 Voluntary National Review, girls have an advantage in secondary and higher learning and women benefit more from professional training and professional internships.¹³²

HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISTRIBUTIONS

Pre-crisis health system status

Cabo Verde, a small nation of 10 islands in the Atlantic Ocean has made giant strides in health care provision.¹³³ When the country first gained independence in 1975, there were only 13 doctors on the islands, the average life expectancy was 56 years, and the infant mortality rate was high, at 108 deaths per 1000 births.¹³⁴

Since independence, Cape Verde's National Health System (SNS) has been structured around a regionalized model based on Primary Health Care, organized into hierarchical levels of service delivery. The SNS is overseen by the Minister of Health, while at the municipal level, it is managed by the Health Delegate, who serves as the local health authority and representative of the Minister.

In terms of health coverage, the network includes: two national central reference hospitals (located in Santiago - Praia and São Vicente-Mindelo), four regional hospitals (in Santo Antão, Sal, Fogo, and Santa Catarina in the northern part of Santiago), 30 health Centers, 34 health posts staffed by nurses, 113 basic health units staffed by community health agents.¹³⁵

In São Vicente, the island is equipped with a Central Hospital, five Basic Health Units (USBs), and a Reproductive Health Centre—specifically the Bela Vista Health Centre. It also has a hemodialysis

Unit, an Occupational Therapy Centre, and a Municipal Health Delegation. Additionally, there is a network of private health services, including clinics, laboratories, and physiotherapy Centers.¹³⁶

All Cabo Verdeans are entitled to a basic package of health services, which covers antenatal care; emergency treatment; and treatment and prevention for HIV, tuberculosis and malaria. Some other medicines and consultations involve a US\$ 1 surcharge, but that fee is substantially less than the actual cost of the treatment or consultation provided.¹³⁷ In 2019, around 40% of Cabo Verdeans have social insurance through their employers, entitling them to more health services as well as sick pay.¹³⁸

In crisis health system status

The floods have severely disrupted essential services. Infrastructure damage is extensive, with 2500 buildings damaged, five bridges destroyed, and several kilometres of roads affected according to currently available information. Flooding also devastated local markets and supermarkets, limiting food access and damaging small businesses. Several areas remain difficult to access due to blocked or damaged roads, isolating affected communities.¹³⁹

Health infrastructure was heavily damaged, with the main hospital in Mindelo. Water and sanitation systems were also disrupted, creating acute drinking water shortages that now require daily ferry transport of potable water (150 m³) from Santo Antão to São Vicente.

In São Vicente, a landslide compromised the water intake station, submerging equipment and completely halting production, affecting even the operation of Hospital Batista de Sousa.¹⁴⁰ Emergency actions are prioritizing supply to the haemodialysis unit, with no forecast for full restoration.

The Bela Vista Health Centre was destroyed, resulting in the loss of materials, equipment, and vaccination supplies, as well as reproductive health items, including paper-based data records.¹⁴¹ The Central Depot of the Ministry of Health carried out an immediate replenishment of essential items, particularly vaccination supplies, following the destruction of the Bela Vista Health Centre.¹⁴²

The number of health professionals in São Vicente has not been affected. However, due to the identified public health risks and the need for field interventions, there is a need to reinforce the workforce with additional psychologists, nurses, epidemiologists, and medical doctors. Central-level teams have been deployed to provide support.¹⁴³

Power and communications networks were intermittently affected, further complicating coordination and response efforts.

A situation room has been established to enable daily monitoring of diseases and events with a higher risk of occurrence during the floods.¹⁴⁴ An increase in cases of diarrhoea and respiratory infections is being observed; however, the situation remains within the alert threshold. Due to the precarious water and sanitation conditions, teams have been mobilized to strengthen active surveillance of diseases with the highest risk of occurrence. This measure complements the daily monitoring efforts already in place through the situation room.¹⁴⁵

HUMANITARIAN HEALTH RESPONSE

The Government declared a state of emergency and requested international support. The United Nations Resident Coordinator's Office (RCO) leads the coordination of the humanitarian response, working closely with the government and international partners (Portugal, EU, Brazil, Spain, France, USA, Red Cross/IFRC, Caritas, SOS Village).

A UN task team was established to support national assessments and response planning. FAO, UN-Habitat, IOM, and the Joint Office (UNDP, UNICEF, UNFPA) have deployed local staff to assist the government. There is a recognized need to improve local coordination due to the large number of organizations providing support without unified assessment or coordination.

WHO is providing technical and financial support (for human resources, transport, and medical supplies; epidemiological surveillance; outbreak prevention; deployment of psychologists; extension of health center hours; installation of a medical waste incinerator).

INFORMATION GAPS / RECOMMENDED INFORMATION SOURCES		
	Gap	Recommended tools/guidance for primary data collection
Health status & threats for affected population	Surveillance data in conflict and remote areas: no systematic data collection to monitor trends of priority diseases	Early Warning, Alert and Response System (EWARS)
	Health needs information is limited	Health needs assessments
Health resources & services availability	Information on Health services availability, disruption and functionality in several areas	HeRAMS (WHO) across all regions
	Limited information on health workers availability and capacity	HeRAMS (WHO) across all regions
Humanitarian health system performance	Information on quality of humanitarian health services provided to beneficiaries (accountability to affected populations)	Beneficiary satisfaction survey

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