

SUMMARY

This assessment report has as its object the “Health For All” Programme, (HFAP), carried out by the Marquês de Valle Flor Institute (MVFI) in São Tomé e Príncipe (STP), from 2005 until 2015.

The assessment approached the categories of relevance, efficacy, efficiency, impact, sustainability and governance.

As far as relevance is concerned, the conclusion was that the programme activities (proposed and carried out) were of great relevance: i) for the standard of health-disease from the majority of the population of STP; ii) for the potential of functionality of the outbound network of healthcare and its regular use by the population; iii) to make the best use of specialised treatment possibilities which are not available in STP.

Regarding efficacy, the “Health For All” Programme was excellent once it registers, generally and through time, a volume increase of Primary Health Care with which it was initially compromised, as well as the amount of services rendered.

Concerning efficiency, the HFAP has carried out its activities: i) at a low cost; ii) with productivity from the specialized missions; iii) with a cash flow between Lisbon and STP which made it possible to pay all the acquisitions and contracts in due time

The “Health For All” Programme stands out: i) for the availability and accessibility of health care, both basic and specialised; ii) for having made that accessibility more equitable by enabling the outbound sanitary units in order to attend ruralised populations. Although it is difficult to make it explicit and prove that the improvements in the state of health of the STP population may be attributed to the Programme, it is reasonable to deduce that the preventive activities (efficient and in a wide coverage) in groups at greater risk (children, women in fertile age) and the accessibility to healing care (reducing the frequency of untreatable complications) have acted upon a context where other relevant factors (living conditions, nourishment and poverty) have not improved; there is no other plausible explanation for the privileged position of the health indicators in STP in relation with the averages of the WHO African Region and neighbouring countries.

The sustainability of the Programme was hindered by a gathering of conditions: i) lack of documents concerning national health policies (and human resources for health); ii) limitations in the financial participation of the Government of STP for the regular implementation of basic health care; iii) the absence of coordination mechanisms between the STP Ministry of Health and the cooperation partners. Moreover, the enabling and

training actions carried out by the Programme were limited to improvements in management abilities in the Health Districts and these were not able to complement the speciality missions with formal and regular training.

The governance of the “Health For All” Programme presents institutional and functional deficiencies as well as of image. The lack of instruments for political follow up, on a regular basis, between the Portuguese Ministry of Foreign Affairs and the Government of STP, as well as the absence of supervision of what was globally agreed, were naturally not erased by the regular and on time presentation of activity reports on behalf of the executing entity. Although the management of the Programme by the MVFI has been correct and adequate, thus contributing decisively to the appropriation of activities by the STP Ministry of Health, the latter did not comply with its institutional or functional responsibilities. The non-identification, both by the population and people in charge, of the Programme to the Portuguese Cooperation, enhances a major gap, which was filled by the MVFI.

We can therefore conclude that the group of interventions of the Programme: i) has answered to the context of health determinants and care needs identified by the population of STP; ii) has performed effective primary health care throughout the country, contributing to unexpected health state indicators for the poverty conditions of STP; iii) has performed this group of basic care as well as speciality missions by Portuguese professionals with high efficiency and cost control; iv) has contributed for the solution of numerous medical problems that were beyond the capacities of Dr. Ayres de Menezes Central Hospital.

The activities of the HFAP were carried out in an environment of absence of clear health policies and resources for the Health Sector, in STP.

Inefficiencies were identified in the coordination area with STP’s public health administration, which are partially responsible for the problems in sustainability and weak governance.

A global assessment enhances the fact that the “Health For All” Programme has performed a comprehensive group of nation wide interventions, relevant to the health determinants and needs, with intervention efficacy and potential for the attribution of good health indicators, which were unexpected in the context of STP’s poverty. Besides, it got to these results with efficiency in the use of resources and a relatively modest cost.

Recommendations are made as to a possible transition phase for the appropriation by the STP public health administration, and the indispensable control mechanisms of execution.

It is considered that the interruption of the regular activity of the primary care network in STP may have serious consequences for the population of STP, and reversion of all the success in basic health care indicators obtained in the last decades may be a possibility.