



Republic of The Gambia

The Basic Health Care Packages Cost 2017

BHCP Cost

The Ministry of Health and Social Welfare Basic Health Care Packages cost will pave the way for the successful reform of the health care system in the Gambia and further helps establish the foundations for the development of a National Health Financing and Payment Mechanism. This document shall continue to serve as the source of reference for health practitioners, particularly the health Budget Committee.

6/12/2017

1. FORWARD

The Ministry of Health and Social Welfare (MoH&SW) is pleased to present the costed Basic Health Care Packages (BHCP), which will pave the way for the successful reform of the health care system in the Gambia and further helps to establish the foundations for the development of a National Health Financing and Payment Mechanism to ensure security and protection of the basic care packages for the citizenry.

Traditionally, the health care system in the Gambia has been based on a curative and hospital-oriented model. Such a system has lacked the capacity to deliver services that address the major health problems faced by the majority of the population in an equitable and sustainable manner. The current structure of PHC is not based on cost-effective interventions that would ensure maximum health gains for available resources. Neither is it capable of responding effectively and efficiently to the complex and growing health needs of the population. The implementation of BHCP will therefore address these issues and ensure the timely delivery of cost-effective, integrated and standardized health services tailored to meet the priority health issues faced by the majority of the population. The BHCP will ensure delivery of equitable access to health care services at the basic level of our health care delivery system. Gradually, the implementation of the costed BHCP will enable the Gambia to meet the benchmarks of National Health Policy (NHP, 2012-2020), National Health Sector Strategic Plan (NHSP, 2015-2020) and the Health Financing Policy (HFP, 2017-2030) as well as PHC strategies which advocates for making health care delivery services available to communities.

I would therefore like to extend my profound gratitude to UNICEF and A PLUS THE GAMBIA for funding the costing of the BHCP. I would also like to acknowledge the effort employed by the costing Taskforce/Team for working extremely hard to produce this very important document which will no doubt revolutionise the health financing system in the Gambia. In addition, I would like to acknowledge all development partners and staff of MoH&SW for their immense contribution towards the design, development and finalization of the costing of the BHSCP.

Hon. Saffie Lowe-Ceesay

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Minister of Health and Social Welfare

2. ACKNOWLEDGEMENT

The Ministry of Health and Social Welfare (MoH&SW) would like to express its deep appreciation to all those organizations which contributed to the planning, design and finalization process of the costing of the Basic Health Care Packages (BHCP). We would like to thank the UNICEF through A PLUS THE GAMBIA who provided the funding for this exercise. We highly appreciate the technical contributions of all stakeholders in the costing process of BHCP.

I would like to extend my sincere gratitude to the entire costing Team for presiding over the this daunting task of developing a cost for the existing Basic Health Care Packages for the New Born, Infant, Child, Adolescent, Woman and Man in a more professional and comprehensive manner.

This document will no doubt continue to serve as a source of reference for health practitioners, particularly the health Budget Committee and all those who contribute their talents and expertise to the health sector in the Gambia.

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ACRONYMS

| | |
|-------------|----------------------------------------------------|
| BHCP..... | Basic Health Care Packages |
| CBR..... | Crude Birth Rate |
| CDR..... | Crude Death Rate |
| DPI..... | Directorate of Planning and Information |
| GBoS..... | Gambia Bureau of Statistics |
| GDHS..... | Gambia Demography Health Survey |
| GDP..... | Gross Domestic Product |
| GLF..... | Gambia Local Fund |
| GMD..... | Gambian Dalasi |
| GNI..... | Gross National Income |
| HDR..... | Human Development Report |
| IFMIS..... | Integrated Financial Management Information System |
| IMR..... | Infant Mortality Rate |
| NGO..... | Non-Governmental Organization |
| NHA..... | National Health Account |
| NHP..... | National Health Policy |
| THE..... | Total Health Expenditure |
| UNICEF..... | United Nation International Children Fund |

1.0 INTRODUCTION

The existing minimum health care package shall be strengthened to make available and accessible quality basic health services at all levels of the health care delivery system. This is essential towards addressing the common causes of morbidity and mortality in The Gambia with particular attention to vulnerable groups and individuals. This has implication for planning, (resource mobilisation and allocation) as well as implementation of other policies (NHP, 2012-2020).

The costing of the National Basic Health Care Packages (BHCP) therefore, will inform both resources mobilization and allocation. It is an important step in securing and protecting the Basic Health Care Packages for the population, especially for the most vulnerable population- the children and women.

1.1 The Gambia Country Profile

The Gambia is classified as a low-income economy country, with Gross National Income (GNI) per capita of US\$510 in 2012.ⁱ Low-income economies by World Bank Classification are countries with GNI US\$ 1,025 or less. The Gambia is ranked 168 out of 187 in the United Nations Development Programme's Human Development Report (HDR) for the year 2011. The main drivers of economic growth for The Gambia remain the agriculture sector and tourism industry.ⁱⁱ

1.2 Demographic and Health Profile of The Gambia

The population of The Gambia is estimated at 1,882,450 million inhabitants, with an annual population growth rate of 3.3% (GBoS, 2013). The fertility rate is 5.6% while the population under the age 15 years comprise of 40.9%. Its high population growth rate (153 persons per square kilometer), has been recognized as one of the constraints of the country's development. The current rate of illiteracy among adults is 62.2%. Urban inhabitants make up 57.3% of the population, while rural inhabitants account for the remaining 42.7%.

The Crude Birth Rate (CBR) is 40.5 per 1000 population (GBoS 2013) and the Crude Death Rate (CDR) is estimated at 9.24 per 1000 population (World Bank Report 2010). The Infant Mortality Rate (IMR) is 34 per 1000 and Under-5 Mortality Rate (>5 MR) is reported at 54 per 1000 live births (GDHS 2013), Maternal Mortality Ratio (MMR) is 433/100,000 live births (GDHS 2013). 61.2% of the population lives below the poverty line with a marked variation between urban and

rural populations. About 60% of the population lives in the rural area; and women constitute 50.5% of the total population. The high fertility level of 5.6 births per woman (GBoS 2013) has resulted in a very youthful population structure. Health System

The government is the major provider of health services in The Gambia. The public health care system has three tiers, based on the primary health care strategy. Presently, services are provided by seven hospitals at the tertiary level, 47 health centres at the secondary level and 634 health posts at the primary level. The system is complemented by 41 private and NGO clinics. In The Gambia the majority of health facilities and personnel are located in urban areas resulting in inequitable access to care. There are also disparities among regions, with the Western Region having most of the resources. For most communities, the first point of contact with health care services is the informal sector through traditional healers.

Private sector health services provision includes the private for-profit and private for non-profit. These are few and small in sizes each with bed capacity less than 50. The large majority are located in the Greater Banjul Area, making choice in health services delivery point in the rural community non-existence. However, in spite of the seemingly low capacity of the private sector, the Vision 2020 aims at a fully-fledged private sector that is responsive to the development needs of the country and aims to use the private sector as an engine of growth.

The Ministry of Health and Social Welfare is responsible for the management of the health sector, which includes health services provision, regulation, resource mobilization including human resource development and health research.

The health sector despite remarkable achievements registered in the past still under great pressure due to a number of factors: high population growth rate, increasing morbidity and mortality, insufficient financial and logistic support, deterioration of physical infrastructure, inadequacies of supplies and equipment, shortage of adequately and appropriately trained health personnel, high attrition rate as well as inadequate referral system. Poverty, traditional beliefs and low awareness have led to inappropriate health seeking behaviours thus contributing to ill health (NHP 2012-2020).

Indicators of child and maternal mortality are improving, however more work need to be done in the following areas: poverty, low literacy, prevalence of communicable and non-communicable diseases such as Malaria, Diarrhoea, Pneumonia, Tuberculosis, Accidents, Hypertension, Cancers,

and Pregnancy related conditions, and malnutrition and HIV/AIDS and its spread. Most of these diseases can easily be prevented if appropriate environmental and lifestyle measures are taken, with more attention paid to development of health promotion and prevention actions than merely focusing on curative care alone.

1.3 Health expenditure patterns and trends

Government allocations to the health sector as a percentage of the total national budget continue to improve yearly. However, it is still below the Abuja Declaration of 15% budgetary allocation to the health sector. For instance, in 2017 fiscal year, Government Local Fund (GLF) allocation to health amounts to D742,966,909 (US\$16,510,375.76) representing 10.51% GLF (Estimates of Revenue and Expenditure, 2017) of the annual National Budget.

In 2007, the first National Health Accounts (NHA) for The Gambia was conducted covering the fiscal years 2002 – 2004 and a subsequent one in 2013. The results revealed marginal increase in Total Health Expenditure (THE), moving from approximately D1,185,223,103.00 in 2002; D1,682,323,673 in 1.9 billion GMD in 2013. As a percentage of GDP, the total health expenditure (THE) has decreased from 16.1% in 2002, 14.9% in 2004 and 5.63% in 2013. Per capita health expenditure was D895 in 2002, D1203 in 2004 and D1013 in 2013. This ranges between US\$33 and US\$40, almost matching the WHO Commission for Macroeconomics and Health (CMH) recommendation of US\$ 34 per capita expenditures for a package of essential health services. It is instructive that a significant amount of funding comes from donors. Over 46.7% of the total health funding came from international health development partners (NHA, 2013).

Government of The Gambia's contribution to Total Health Expenditure grew from 18% in 2002 to 24% in 2004, and a further increase to 28.18% in 2013. Out-Of-Pocket Health Expenditure of the Total Health Expenditure declined from 12% in 2002 to 9% in 2004 but has worryingly increased to 21.21 % in the 2013 NHA.

2.0 BASIC HEALTH CARE PACKAGE (MINIMUM CARE PACKAGES)

The following are formulated as Basic Health Care Packages of the Gambia as adapted from the UNICEF/WHO Basic Health Care Packages:

2.1 *New Born/Infant/Child*

- Appropriate preventive and curative care for the new born/infant/Child
- Immunization
- Promotion of Early Child Care and Development
- Exclusive breast feeding for up to 6 months and continued breast feeding for 24 months
- Adequate complementary feeding and adequate micro-nutrient supplementation (particularly Vitamin A and Iodized Salt)
- Appropriate home care for the sick child
- Adequate care for the HIV/AIDS Infected and affected child
- Prevention, screening and treatment of childhood illnesses, injury, abuse and disability
- Community support for child care, even in schools, including deworming, dental care, screening and correction of poor vision and skin infections- School Health

2.2 *Adolescent*

- Promotion of adequate nutrition
- Prevention of HIV/AIDS infection
- Prevention and Treatment of Sexually Transmitted Infections
- Prevention of unwanted/early pregnancies (IEC and Family Planning)
- Control of Substance abuse (Alcohol and Tobacco)
- Promotion of appropriate life-skills and health practices
- Appropriate mental health care
- Protection against violence and abuse
- Post abortion and abortion complication care

2.3 Woman

- Antenatal care focusing on major problems (Malaria, HIV/AIDS, anaemia, eclampsia, STIs)
- Maternal Immunization for neonatal tetanus control
- Skilled attendance at birth
- Emergency obstetric care for complications
- Promotion of optimum nutrition and iron supplementation especially during pregnancy and lactation
- Promotion of exclusive breast feeding for up to 6 months and continued breast feeding for up to 24 months
- Promotion of household consumption of iodized salt
- Promotion of family planning
- General Counseling services (when to seek help)
- Protection from violence
- Prevention and response to epidemics/education on disease causation
- Appropriate care for mental health
- Education on good hygiene practice and sanitation
- Prevention and control of mother to child transmission of HIV
- Prevention and treatment of common and endemic diseases
- Provision of post-natal care
- Appropriate care for infertility, cancer screening and management
- Counseling services for menopausal and post- menopausal women

2.4 Man

- Prevention of HIV/AIDS and STIs
- Prevention and treatment of common illnesses and endemic diseases
- Prevention and control of substance abuse (alcohol and tobacco)
- Prevention and response to epidemics /education of disease causation
- Appropriate care for mental health
- Promotion of Family Planning
- Education on the importance of optimum nutrition for women especially during pregnancy
- General counseling (when to seek help)

- Education on good hygiene practice and sanitation

3.0 NEED FOR COSTING

To ensure a sustainable provision of the care packages, requires costing of the packages adequately inform Government on the further prioritization of the packages as necessary.

3.1 Goal

The goal of costing the BHCP is to guide the development of a National Health Financing and Payment Mechanism for the security and protection of the basic care packages for the citizenry.

3.2 Objectives

- To support the development of a standardize methodology/basis for public health budget preparation and presentation
- To contribute to the improvement of health service delivery through the budgetary process
- To enhance the rationale and efficient management of government's scarce resources

3.3 Costing Process

Basic Health Care Packages costing exercise was championed by UNICEF through A PLUS The Gambia. The costing process was an elaborate exercise that involved all the relevant stakeholders right from the beginning. The work starts with the development of a conceptual framework by the Directorate of Planning and Information (DPI) which highlights the need to undertake such initiative and it was submitted to A PLUS THE GAMBIA for consideration.

With the approval of the proposal, the exercise begins in earnest with a consensus building on the health service delivery standards at a two days' forum held at the Sheikh Zayed Regional Eye Care Centre in Kanifing. This was followed by the setting up of the costing Taskforce/Team whose membership was highly inclusive.

The costing team then started determining the unit costs per package for the New Born, Infant, Child, Adolescent, Man and Woman respectively. The draft costed packages was then presented for validation at a well-attended workshop where all the comments/or suggestions advanced by the participants were later incorporated.

Following the validation meeting, the costing team used HIS Service Statistics (2015) and Population and Housing Census (2013) reports to estimates the total cost packages for all the components at both regional and national level.

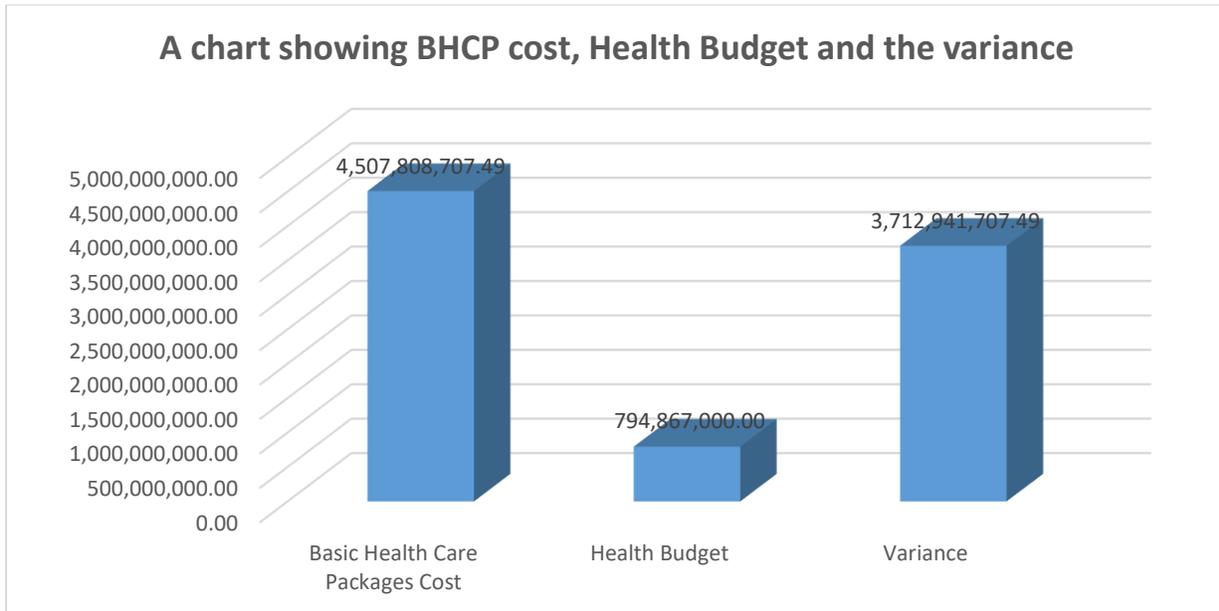
4.0 ANALYSIS OF THE COSTED BASIC HEALTH CARE PACKAGES

Table 1: Basic Health Care Packages Summary Cost (GMD)

| NATIONAL LEVEL | | | |
|----------------------------|----------------------------------|----------------------------------|-------------------------|
| AREAS | PREVENTION | CURATIVE | TOTAL COST |
| Cost Centers | Cost per Target Pop (GMD) | Cost per Target Pop (GMD) | (GMD) |
| New Born | 26,958,169.49 | 25,781.95 | 26,983,951.43 |
| Infant | 134,459,292.82 | 13,732,539.38 | 148,191,832.19 |
| Child | 425,457,437.48 | 19,793,787.28 | 445,251,224.76 |
| Adolescent | 533,762,609.19 | 10,304,726.80 | 544,067,335.99 |
| Woman | 1,790,938,698.11 | 58,478,232.67 | 1,849,416,930.77 |
| Man | 452,564,596.72 | 16,717,799.32 | 469,282,396.04 |
| TOTAL COST NATIONAL | 4,388,755,840.11 | 119,052,867.38 | 4,507,808,707.49 |

The analysis showed that total cost for the Basic Health Care Packages for both preventive and curative services is at D4,507,808,707.49 (**\$100,173,526.83**). Comparatively, Government total allocation to health in 2017 fiscal year was D794, 867,000.00, representing 9.65% of the annual National Budget (Estimates of Revenue and Expenditure, 2017). A variance of D3, 712,941,707.49 therefore exist between the cost of the Basic Health Care Packages and the approved health budget for the 2017 financial year as shown in the chart below.

Figure 1: Basic Health Care Packages cost, Health Budget and the variance



Based on the above analysis, it's imperative to note that government allocation to the sector falls far less than what is required to deliver minimum health care services at the basic level. In 2017 fiscal year, national envelop (National Budget) is at D14, 352,107,000.00 and the share of health from this sum was D794, 867,000.00 or 9.65%. This analysis is further explained by the NHA 2013 findings- As a percentage of GDP, the total health expenditure (THE) has decreased from 16.1% in 2002, 14.9% in 2004 and 5.63% in 2013, as a result, Out-Of-Pocket Health Expenditure of the Total Health Expenditure declined from 12% in 2002 to 9% in 2004 but has worryingly increased to 21.21 % in the 2013 NHA. The NHA 2013 also shows that Over 46.7% of the total health funding came from international health development partners (NHA, 2013). And for diseases like HIV and AIDS, more than 90% of funding comes from health development partners. A declining Government budgetary allocation to health leaves the population with no financial risk protection from adverse health costs, and this has a devastating effect on access to health for especially the poor.

Cost of packages per component is analyzed in detail below:

4.1 New Born

Total costs for preventive and curative packages against the target population for the New Born in all the seven health region amounts to D26,983,951.43 (**\$599,643.37**) as indicated in the table

above. This figure represents 3.39% of the total Health Budget (D794, 867,000.00) in 2017 fiscal year. Total cost for preventive care packages for New Born is at D26, 958,169.49 while the curative is at D25, 781.95.

4.2 Infant

For the Infant, total cost for both preventive and curative services is at D148, 191,832.19, representing 3.29% of the total Basic Health Care Packages cost. Similarly, total cost for preventive alone is at D134, 459,292.82 while curative package is D13, 732,539.38.

4.3 Child

Total care packages for Child for both preventive and curative services amounts to D445, 251,224.76 and 9.88% of the total minimum care packages cost. Out of this, preventive constitute D425, 457,437.48 while curative is at D19, 793,787.28.

4.4 Adolescent

For the Adolescent, cost for both preventive and curative services is at D544, 067,335.99 which is 12.07% of the total Basic Health care packages cost. In the same vein, packages for preventive care only is at D533,762,609.19 while curative is D10,304,726.80.

4.5 Woman

Total minimum care packages cost for both preventive and curative care services for woman is at D1, 849,416,930.77 or 41.02% of the total package cost. Cost for preventive care services amounts to D1, 790,938,698.11 while the curative care cost is at D58, 478,232.67. Having constituted 41.02% of the total costs of Basic Health Care Packages, woman has the highest costly services of the minimum health care packages of the Gambia. More resources therefore need to be allocated to health care delivery services of the woman.

4.6 Man

For the Man, cost for both preventive and curative services is at D469, 282,396.04 which is 10.41% of the total Basic Health care packages cost. In the same vein, packages for preventive care only is at D452,564,596.72 while curative is D16,717,799.32.

5.0 RECOMMENDATION

The Basic Health Care Packages Costs information, demands the following immediate action (before the release of the National Budget Call Circular) to be taken by the Ministry of Health and Social Welfare:

- Support the Basic Health Care Package Costing Team to conduct a Public Expenditure Review – budget allocation efficiency assessment- using the IFMIS data.
- Organise a Health Development Partners, Ministry of Finance and the Health Select Committee of the National Assembly Sensitization Meeting
- Finally, the Basic Health Packages Costing data should guide the development of the Program Based Budget for the Ministry of Health.
- Engage Ministry of Finance and Economic Affairs to increase fiscal space for health based on the cost of the Basic Health Care Packages

Annex 1: Summary cost of Basic Health Care Packages (\$ and GMD)

| WESTERN HEALTH REGION 1 | | | | |
|--------------------------------|-----------------------------------|---------------------------|-------------------|----------------------|
| AREAS | PREVENTION | CURATIVE | | TOTAL COST |
| Cost Centers | Cost per Target Pop (US\$) | Cost Target (US\$) | per Pop | (US\$) |
| New Born | 255,343.67 | | 244.20 | 255,587.87 |
| Infant | 593,329.19 | | 46,605.34 | 639,934.53 |
| Child | 1,673,924.12 | | 77,562.09 | 1,751,486.21 |
| Adolescent | 2,171,261.99 | | 41,208.81 | 2,212,470.81 |
| Woman | 14,735,025.91 | | 359,493.47 | 15,094,519.38 |
| Man | 2,635,882.94 | | 128,375.50 | 2,764,258.45 |
| TOTAL COST REGIONAL | 22,064,767.82 | | 653,489.43 | 22,718,257.25 |
| WESTERN HEALTH REGION 2 | | | | |
| AREAS | PREVENTION | CURATIVE | | TOTAL COST |
| Cost Centers | Cost per Target Pop (US\$) | Cost Target (US\$) | per Pop | (US\$) |
| New Born | 108,613.59 | | 103.87 | 108,717.46 |
| Infant | 1,151,374.50 | | 59,617.92 | 1,210,992.42 |
| Child | 3,414,240.31 | | 158,196.27 | 3,572,436.59 |
| Adolescent | 4,330,940.66 | | 46,546.83 | 4,377,487.49 |

| | | | |
|----------------------------|----------------------|-------------------|----------------------|
| Woman | 22,815,769.86 | 413,234.58 | 23,229,004.44 |
| Man | 3,891,974.53 | 91,822.18 | 3,983,796.71 |
| TOTAL COST REGIONAL | 35,712,913.45 | 769,521.66 | 36,482,435.11 |

NORTH BANK WEST & EAST REGION

| AREAS | PREVENTION | CURATIVE | TOTAL COST |
|----------------------------|----------------------------|----------------------------|----------------------|
| Cost Centers | Cost per Target Pop (US\$) | Cost Target per Pop (US\$) | (US\$) |
| New Born | 65,498.45 | 62.64 | 65,561.09 |
| Infant | 373,953.09 | 51,092.47 | 425,045.55 |
| Child | 1,245,781.65 | 57,723.51 | 1,303,505.16 |
| Adolescent | 1,543,062.61 | 76,539.34 | 1,619,601.95 |
| Woman | 7,131,513.64 | 107,642.73 | 7,239,156.37 |
| Man | 1,054,474.22 | 24,533.08 | 1,079,007.30 |
| TOTAL COST REGIONAL | 11,414,283.65 | 317,593.76 | 11,731,877.42 |

LOWER RIVER REGION

| AREAS | PREVENTION | CURATIVE | TOTAL COST |
|-------|------------|----------|------------|
|-------|------------|----------|------------|

| Cost Centers | Cost per Target Pop (US\$) | Cost Target (US\$) | per Pop | (US\$) |
|-----------------------------|-----------------------------------|---------------------------|-------------------|---------------------|
| New Born | 22,309.58 | | 21.34 | 22,330.92 |
| Infant | 133,854.71 | | 24,662.02 | 158,516.72 |
| Child | 436,448.03 | | 22,008.94 | 458,456.97 |
| Adolescent | 579,166.43 | | 7,065.93 | 586,232.36 |
| Woman | 2,720,163.71 | | 53,825.90 | 2,773,989.61 |
| Man | 383,301.41 | | 15,795.41 | 399,096.82 |
| TOTAL COST REGIONAL | 4,275,243.86 | | 123,379.53 | 4,398,623.39 |
| | | | | |
| CENTRAL RIVER REGION | | | | |
| AREAS | PREVENTION | CURATIVE | TOTAL COST | |
| Cost Centers | Cost per Target Pop (US\$) | Cost Target (US\$) | per Pop | (US\$) |
| New Born | 76,896.53 | | 73.54 | 76,970.07 |
| Infant | 337,381.07 | | 54,531.57 | 391,912.64 |
| Child | 1,306,802.63 | | 60,549.72 | 1,367,352.35 |
| Adolescent | 1,575,175.74 | | 20,663.86 | 1,595,839.60 |
| Woman | 7,217,745.25 | | 140,366.81 | 7,358,112.07 |
| Man | 1,022,651.21 | | 42,806.64 | 1,065,457.85 |

| | | | |
|----------------------------|-----------------------------------|-----------------------------------|----------------------|
| TOTAL COST REGIONAL | 11,536,652.43 | 318,992.16 | 11,855,644.58 |
| UPPER RIVER REGION | | | |
| AREAS | PREVENTION | CURATIVE | TOTAL COST |
| Cost Centers | Cost per Target Pop (US\$) | Cost Target (US\$) per Pop | (US\$) |
| New Born | 70,408.62 | 67.34 | 70,475.95 |
| Infant | 398,091.74 | 68,658.22 | 466,749.96 |
| Child | 1,377,412.99 | 63,821.40 | 1,441,234.39 |
| Adolescent | 1,661,783.88 | 36,969.15 | 1,698,753.03 |
| Woman | 7,947,642.39 | 224,952.80 | 8,172,595.19 |
| Man | 1,068,706.73 | 68,173.83 | 1,136,880.56 |
| TOTAL COST REGIONAL | 12,524,046.34 | 462,642.74 | 12,986,689.08 |
| NATIONAL LEVEL | | | |
| AREAS | PREVENTION | CURATIVE | TOTAL COST |
| Cost Centers | Cost per Target Pop (US\$) | Cost Target (US\$) per Pop | (US\$) |
| New Born | 599,070.43 | 572.93 | 599,643.37 |
| Infant | 2,987,984.28 | 305,167.54 | 3,293,151.83 |

| | | | |
|----------------------------|----------------------|---------------------|-----------------------|
| Child | 9,454,609.72 | 439,861.94 | 9,894,471.66 |
| Adolescent | 11,861,391.32 | 228,993.93 | 12,090,385.24 |
| Woman | 62,567,860.76 | 1,299,516.28 | 63,867,377.05 |
| Man | 10,056,991.04 | 371,506.65 | 10,428,497.69 |
| TOTAL COST NATIONAL | 97,527,907.56 | 2,645,619.28 | 100,173,526.83 |
| | | | |

WESTERN HEALTH REGION 1

| AREAS | PREVENTION | CURATIVE | TOTAL COST |
|----------------------------|---------------------------|---------------------------|-------------------------|
| Cost Centers | Cost per Target Pop (GMD) | Cost per Target Pop (GMD) | (GMD) |
| New Born | 11,490,465.15 | 10,989.12 | 11,501,454.27 |
| Infant | 26,699,813.46 | 2,097,240.45 | 28,797,053.91 |
| Child | 75,326,585.18 | 3,490,294.22 | 78,816,879.41 |
| Adolescent | 97,706,789.73 | 1,854,396.65 | 99,561,186.37 |
| Woman | 663,076,165.98 | 16,177,206.09 | 679,253,372.07 |
| Man | 118,614,732.49 | 5,776,897.71 | 124,391,630.20 |
| TOTAL COST REGIONAL | 992,914,551.99 | 29,407,024.24 | 1,022,321,576.23 |

WESTERN HEALTH REGION 2

| AREAS | PREVENTION | CURATIVE | TOTAL COST |
|--------------|---------------------------|---------------------------|--------------|
| Cost Centers | Cost per Target Pop (GMD) | Cost per Target Pop (GMD) | (GMD) |
| New Born | 4,887,611.43 | 4,674.36 | 4,892,285.79 |

| | | | |
|----------------------------|-------------------------|----------------------|-------------------------|
| Infant | 51,811,852.48 | 2,682,806.32 | 54,494,658.80 |
| Child | 153,640,814.05 | 7,118,832.29 | 160,759,646.34 |
| Adolescent | 194,892,329.66 | 2,094,607.55 | 196,986,937.21 |
| Woman | 2,094,607.55 | 18,595,555.96 | 20,690,163.51 |
| Man | 175,138,853.74 | 4,131,998.06 | 179,270,851.81 |
| TOTAL COST REGIONAL | 1,607,081,105.22 | 34,628,474.54 | 1,641,709,579.77 |

NORTH BANK WEST & EAST REGION

| AREAS | PREVENTION | CURATIVE | TOTAL COST |
|----------------------------|---------------------------|---------------------------|-----------------------|
| Cost Centers | Cost per Target Pop (GMD) | Cost per Target Pop (GMD) | (GMD) |
| New Born | 2,947,430.08 | 2,818.83 | 2,950,248.91 |
| Infant | 16,827,888.85 | 2,299,161.07 | 19,127,049.92 |
| Child | 56,060,174.25 | 2,597,557.80 | 58,657,732.04 |
| Adolescent | 69,437,817.43 | 3,444,270.35 | 72,882,087.77 |
| Woman | 320,918,113.82 | 4,843,922.63 | 325,762,036.45 |
| Man | 47,451,340.00 | 1,103,988.68 | 48,555,328.68 |
| TOTAL COST REGIONAL | 513,642,764.43 | 14,291,719.36 | 527,934,483.79 |

LOWER RIVER REGION

| AREAS | PREVENTION | CURATIVE | TOTAL COST |
|--------------|---------------------------|---------------------------|------------|
| Cost Centers | Cost per Target Pop (GMD) | Cost per Target Pop (GMD) | (GMD) |

| | | | |
|----------------------------|-----------------------|---------------------|-----------------------|
| New Born | 1,003,931.05 | 960.13 | 1,004,891.18 |
| Infant | 6,023,461.79 | 1,109,790.80 | 7,133,252.59 |
| Child | 19,640,161.15 | 990,402.36 | 20,630,563.51 |
| Adolescent | 26,062,489.45 | 317,966.65 | 26,380,456.10 |
| Woman | 122,407,366.95 | 2,422,165.50 | 124,829,532.46 |
| Man | 17,248,563.41 | 710,793.49 | 17,959,356.90 |
| TOTAL COST REGIONAL | 192,385,973.81 | 5,552,078.93 | 197,938,052.73 |

CENTRAL RIVER REGION

| AREAS | PREVENTION | CURATIVE | TOTAL COST |
|----------------------------|---------------------------|---------------------------|-----------------------|
| Cost Centers | Cost per Target Pop (GMD) | Cost per Target Pop (GMD) | (GMD) |
| New Born | 3,460,343.96 | 3,309.36 | 3,463,653.33 |
| Infant | 15,182,148.04 | 2,453,920.85 | 17,636,068.88 |
| Child | 58,806,118.26 | 2,724,737.54 | 61,530,855.80 |
| Adolescent | 70,882,908.31 | 929,873.69 | 71,812,782.00 |
| Woman | 324,798,536.40 | 6,316,506.55 | 331,115,042.94 |
| Man | 46,019,304.23 | 1,926,299.02 | 47,945,603.25 |
| TOTAL COST REGIONAL | 519,149,359.19 | 14,354,647.02 | 533,504,006.20 |

UPPER RIVER REGION

| AREAS | PREVENTION | CURATIVE | TOTAL COST |
|--------------|---------------------------|---------------------------|------------|
| Cost Centers | Cost per Target Pop (GMD) | Cost per Target Pop (GMD) | (GMD) |

| | | | |
|----------------------------|----------------------------------|----------------------------------|-------------------------|
| New Born | 3,168,387.81 | 3,030.15 | 3,171,417.96 |
| Infant | 17,914,128.20 | 3,089,619.89 | 21,003,748.09 |
| Child | 61,983,584.60 | 2,871,963.07 | 64,855,547.67 |
| Adolescent | 74,780,274.61 | 1,663,611.92 | 76,443,886.53 |
| Woman | 357,643,907.41 | 10,122,875.93 | 367,766,783.34 |
| Man | 48,091,802.85 | 3,067,822.35 | 51,159,625.20 |
| TOTAL COST REGIONAL | 563,582,085.48 | 20,818,923.30 | 584,401,008.78 |
| | | | |
| NATIONAL LEVEL | | | |
| | | | |
| AREAS | PREVENTION | CURATIVE | TOTAL COST |
| Cost Centers | Cost per Target Pop (GMD) | Cost per Target Pop (GMD) | (GMD) |
| New Born | 26,958,169.49 | 25,781.95 | 26,983,951.43 |
| Infant | 134,459,292.82 | 13,732,539.38 | 148,191,832.19 |
| Child | 425,457,437.48 | 19,793,787.28 | 445,251,224.76 |
| Adolescent | 533,762,609.19 | 10,304,726.80 | 544,067,335.99 |
| Woman | 1,790,938,698.11 | 58,478,232.67 | 1,849,416,930.77 |
| Man | 452,564,596.72 | 16,717,799.32 | 469,282,396.04 |
| TOTAL COST NATIONAL | 4,388,755,840.11 | 119,052,867.38 | 4,507,808,707.49 |

Annex 2: (Basic Health Care Packages Template)

Annex 3: Calculation on the cost of disease conditions based prevalence rate per target population

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1. Country Classification July 2012 World Bank
2. International Price Indicator Guide-2013
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6. National Maternity Care Guidelines & Service Delivery Standards-Revised Dec. 2014
7. National Health Accounts (NHA) survey 2013
8. National Health Policy (2012-2020)
9. Malaria Case Management Guidelines
10. Final Standard Drug Treatment Guidelines
11. MIP Guidelines-2016
12. Protocol: Integrated Management of Acute Malnutrition
13. Programme for Accelerated Growth and Employment

ⁱ Country Classification July 2012 World Bank

ⁱⁱ Programme for Accelerated Growth and Employment