REPUBLIC OF THE GAMBIA

MINISTRY OF HEALTH

NATIONAL HEALTH POLICY

2021-2030

BUILDING PARTNERSHIPS FOR QUALITY HEALTH CARE FOR ALL

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The National Health Policy development was guided by the outcome of the assessment reports of the various components of the six building blocks of the health system and other health related studies conducted in The Gambia. The policy development process also borrowed significantly from other countries" policies within the West African sub-region and WHO standard guidelines for Health Policy development. Aligned to the National Development Plan (NDP) and Sustainable Development Goals (SDGs), the policy is to achieve Universal Health Coverage (UHC).

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FOREWORD

The Gambia has mapped out clearly in the National Development Plan a strategy for socio-economic development that aims at raising the standard of living of The Gambian population by transforming The Gambia into a dynamic middle –income economy. This health policy is in line with the Gambia National Development Plan (2018 – 2021) to achieve the SDG health related goals of a three-quarter decline in maternal mortality and a two-third decline in mortality among children under five; to halt and reverse the spread of HIV/AIDS and to provide special assistance to Orphans and put the country on a strong footing to attaining the Vision of the Government.

Development of human capital stock since then has been a leading priority in the development agenda of The Government of The Gambia, civil society, donors, communities, and academia. Health, along with education and nutrition, is considered as one of the key elements of human capital stock formation. Consistent with the strategic direction for improving human capital stock, health is central to The Gambia‟s development efforts.

The theme, ***"Building Partnerships for Quality Health Care for All"*** is the current philosophy which our national health policy is hinged upon. The mission of the Ministry of Health is to provide quality, affordable and equitable healthcare for the population within the context of Primary Health Care. This is aimed at reducing out– of - pocket healthcare expenditure and to ensure that no one suffers financial hardship (catastrophic expenditure) because of ill-health.

The health sector despite remarkable achievements registered, is still under great pressure due to a number of factors: high population growth rate, COVID-19 pandemic, 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 and ignorance have led to inappropriate health seeking behavior thus contributing to ill-health.

Despite registering achievements in the fight against malaria, trachoma, and the declining maternal mortality ratio, a lot still need to be done in order to achieve the SDG targets of 70/100000 by 2030. This situation is worsened by other factors related to the poverty in general resulting to the high prevalence of communicable and non-communicable diseases such as,

Diarrhea, Upper Respiration Tract Infection, Tuberculosis, Skin Disease, Accidents, Hypertension, Cancers, Eye and oral Infections, and Pregnancy related conditions, 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 the development of Health Promotion and Prevention actions than merely focusing on curative care alone.

This policy is expected to reform the health system by addressing the major traditional problems of health, the new challenges, and the double burden of communicable and non-communicable diseases (associated major risk factors including tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol), disability and premature deaths from preventive causes, curbing the HIV/AIDS and COVID-19 Pandemic and overcoming a weak health system. This reform is in line with the Local Government decentralization based on the Local Government ACT of (2002) and attainment of SDG: 4 Reduce Child Mortality; SDG: 5 Improve Maternal Health; and SDG: 6 Combat HIV/AIDS, Malaria and Other Diseases.

This policy will also foster effective partnerships, networks and alliances between the health and non-health professionals, government, private sector, civil society, multiple development sectors and communities in order to harness new technical and financial resources for the health sector. It will facilitate multisectoral actions such as community participation, social dialogue, partnerships, and innovative financing to promote and protect health across population groups in the country.

The implementation of the policy will focus on improved collaboration, an increased ownership and commitment of the local government sector and sub-structures to ensure no one is left behind in the attainment of quality and affordable health care. This will be implemented based on a health sector strategic plan and the national development plan focusing on the following priorities:

1. Quality and Equitable Essential Health services to all towards a Universal Health Coverage
2. Maternal, Childhood, and Reproductive Services
3. Communicable, Non- Communicable Diseases and Injuries
4. Resilient and Responsive Health Systems
5. Integrated Health Information System& Health Research

6. Environment Health Promotion and Social Determinants of Health
7. Financial Risk Protection and Equity
8. Continuum of Care and Tertiary Services
9. Decentralized Governance for Service Delivery
10. Partnerships

All these are within the framework of multi-sectorial collaboration, strategic partnerships, decentralization, equity and citizens‟ involvement and social accountability, all stakeholders and health professionals are implored to collaborate effectively to support the implementation of the National Health Policy in order to achieve our collective broad National Health Goal.

Implementation of policy measures will impact positively on reducing morbidity and mortality of major diseases, promote healthy lifestyle, and reduce health risks and exposures associated with negative environmental consequences. This Policy provides the basis for an institutional and legal framework for the implementation of the sector‟s priorities. It also identifies relevant stakeholders that contribute to health service provision and the institutional framework for mobilizing sector wide resources for health development. The policy update therefore provides an impetus and new direction for health sector development that will serve as the basis for driving our health sector priorities and planning as a well guiding resource allocation processes in the next few years.

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Dr Ahamadou Lamin Samateh

Minister of Health

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AMR	Anti-Microbial Resistance
ANC	Antenatal Care
ASRH	Adolescent Sexual and Reproductive Health
BEmONC	Basic Emergency Obstetrics and Neonatal Care
CDC	Center for Disease Control
CEmONC	Comprehensive Emergency Obstetrics and Neonatal Care
CHN	Community Health Nurse
CMR	Child Mortality Ratio
CRVS	Civil Registration and Vital Statistics
DHIS2	District Health Information System 2
DHS	Demographic Health Survey
GDP	Gross Domestic Product
HMIS	Health Management Information System
HRHIS	Human Resource for Health Information System
HTA	Health Technology Assessment
ICT	Information Communication and Technology
IFMIS	Integrated Financial Management Information System
LMIS	Logistics Management Information System
MCNHRP	Maternal and Child Nutrition Health Results Project
MDA	Ministries, Department and Agencies
MUAC	Mid -Upper Arm Circumference
MOFEA	Ministry of Finance and Economic Affairs
NCD	Non-Communicable Diseases
NDP	National Development Plan
NHA	National Health Account
NHSSP	National Health Sector Strategic Plan
NPHL	National Public Health Laboratory
NPS	National Pharmaceutical Services
OOP	Out-of-Pocket

PCU	Projects Coordination Unit
PHEOC	Public Health Emergency Operation Center
PHC	Primary Health Care
PMTCT	Prevention of Mother to Child Transmission of HIV
POEs	Points of Entry
RHD	Regional Health Directorate
RMNCAH	Reproductive, Maternal, Neonatal, Child and Adolescent Health
SDGs	Sustainable Development Goals
SLIPTA	Stepwise Laboratory Improvement Process Towards Accreditation
TAC	Technical Area Committee
THE	Total Health Expenditure
UHC	Universal Health care
VHW	Village Health Worker
WASH	Water Sanitation and Hygiene
WHO	World Health Organization

GLOSSARY

Access: The ability of an individual or a defined population to obtain or receive health care service delivery within a radius of five-kilometer distance records.

Disability-Adjusted Life Expectancy: A modification of conventional life expectancy to account for time lived with disability. It is the number of healthy years of life that can be expected on average in each population.

Disability-Adjusted Life Years (DALYs): The number of healthy years of life lost due to premature death and disability; or transition and continuity from intensive care to palliative care.

Equity: The absence of avoidable or remediable differences among populations or groups defined socially, economically, demographically, or geographically.

Health: A state of complete physical, social, and mental well-being, and not merely the absence of disease or infirmity.

Health behavior: any actions an individual takes that affect their health. They include actions that lead to improved health or increase one's risk of disease

Health care: Services provided to individuals or communities by health care service provider(s) for the purpose of promoting, maintaining, monitoring, or restoring health.

Health-In-All Policy: is an approach on health-related rights and obligations. It improves accountability of policymakers for health impacts at all levels of policymaking. It includes an emphasis on the consequences of public policies on health systems, determinants of health, and well-being.

Health promotion: is the process of enabling people to increase control over, and to improve their health.

Infectious diseases: A disease caused by a living organism. An infectious disease may, or may not, be transmissible from person to person, animal to person, or insect to person.

Infrastructure: The systems, competencies, relationships, and resources that enable performance of public health‟s core functions and essential services in every community.

Intersectoral approach: An intersectoral approach is the alignment of strategies of intervention and resources between two or more governmental sectors, with a view to achieving complementary objectives involving different actors, both from governmental sectors and from nongovernmental and private entities.

Lifestyle: The set of habits and customs that is influenced, modified, encouraged, or constrained by the lifelong process of socialization. These habits and customs include the use of substances, such as alcohol, tea, or coffee; dietary habits; and exercise.

One Health: One Health is an approach to designing and implementing programmes, policies, legislation, and research in which multiple sectors communicate and work together to achieve better public health outcomes.

Palliative care: The active total care offered to a person and that person‟s family when it is recognized that the illness is no longer curable, to concentrate on the person‟s quality of life and the alleviation of distressing symptoms.

Patient-centered care: an approach to care that consciously adopts a patient‟s perspective.

Patients' bill of rights: A set of rights, privileges, responsibilities, and duties under which individuals seek and receive health care services.

Preventive care: Care that has the aim of preventing disease or its consequences.

Primary Health Care: is defined as the first point of care that provides essential health care package of services to reach the majority of the Gambian population at all times and at a cost the average person can afford.

Primary health care level: Refers to the first level of contact for individuals, family, and community that address the main health problems in the community, by providing health promotion, preventive, curative, and rehabilitative services accordingly. These services are provided by Village Health Workers, Community Birth Companions, and Community Health Nurses in PHC circuit, community clinics, Health post and Minor Health centers.

Rehabilitation service: A service designed to improve function and/or prevent deterioration of functioning.

Social determinants of health: The circumstances in which people are born, grow up, live, work and age, and the wider set of forces and systems shaping the conditions of daily life.

Secondary Health care level: Refers to a second tier of health system, in which patients from primary health care are referred for specialist treatment and support at major health centers and regional hospitals.

Tertiary Health care level: Refers to specialized consultative health care, usually for inpatients and on referral from secondary health professional to General, Teaching and Specialized hospitals that has personnel and facilities for advanced medical investigation and management.

Universal Health Coverage: Means that all people have access to the health services they need, when and where they need them, without financial hardship. It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.

CHAPTER ONE

1.0 INTRODUCTION

1.1 LOCATION, SIZE AND POPULATION

The Gambia is located on the West African coast and extends about 400 km inland, with a population density of 176 persons per square kilometer (The Gambia, 2013 census). The width of the country varies from 24 to 28 kilometers and has a land area of 10,689 square kilometers. According to the Population and Housing Census (2013) projections, the population is estimated at 2.4 million in 2020, 50.7% are females with annual growth rate of 3.1 %. The population size is set to reach 2.8 million in 2025. The crude birth rate is 46 per 1000 population while the total fertility rate is 4.4 births per woman (GDHS 2019-20). Nearly 44% of the population is below 15 years and 19% between the ages 15 to 24. The average life expectancy at birth is 61.5 years overall with females constituting 62.3 and males 59.6 years. The crude death rate is 6.5/1000 population (Census 2013).

1.2 HEALTH IN THE GAMBIA NATIONAL DEVELOPMENT AGENDA

Access to health care services in The Gambia has been clearly articulated in the National Development Plan (2018 – 2021). The Government during the lifespan of the NDP will give priority to boosting investment in our people to build the requisite human capital for improved living standards and to power the economy. The goal for human capital development in the NDP is therefore: "quality health, education, and basic social services accessible and affordable to all and improved social and child protection systems in place for the most vulnerable".

Although Gambia has registered significant achievements because of improved access to basic health services across the country, Primary Health Care (PHC) has substantially deteriorated overtime and is no longer adequately serving the population. The health sector still faces considerable increase in Non-Communicable Diseases (NCDs), high out-of- pocket expenditure for healthcare, challenges relating to maternal and child health, and inadequate skilled health personnel.

To address these issues and other challenges mentioned earlier, government has started taking major steps to revitalize the Primary Health Care system, by building, re-orienting, and re-

aligning the health system in the Gambia towards Universal Health Coverage (UHC). It will also maintain effective systems to ensure improved financial protection and affordability for the most vulnerable populations, including women, children and the youth while intensifying focus on quality and equity as envisioned in the NDP, (2018 – 2021).

1.3 THE STATE OF HEALTH SERVICES ORGANIZATION AND UTILIZATION IN THE COUNTRY

The Gambia has a three-tier system for the delivery of public health services. Despite the high priority given to basic health care services in the national strategies, budgetary allocations are skewed towards tertiary health care provision and core activities through the central level. Only 20% is allocated to basic health services (Public Expenditure Review 2020).

At the central level, the Ministry of Health (MoH) is responsible for setting health policies, regulations, research and mobilizing resources. The regional level comprises of seven Regional Health Directorates (RHDs) that are responsible for implementing the policies and programs of the MoH and act as Regional Health Directorates. The RHDs oversee the provision of health care delivery and provide stewardship for primary and secondary levels of care in the peripheral health facilities within their regions. However, due to inadequate decentralization at the regional level currently hinders the regional health directorates" ability to fulfill this coordination role.

At the primary level, health care is delivered through the village health services by village health workers who provide promotive and preventive health care.

As part of efforts to revitalize and implement the concept of Primary Health Care in the country, the PHC unit under the ministry witnessed a significant increase of PHC in key villages from 722 to 942. However, despite the above-mentioned milestones, PHC coverage in rural areas is still low, with an average coverage of 40% nationally. In 2017, 35% Community Birth Companions and 15% of Volunteer Health Workers were not trained. Shortage of Community Health Nurses at PHC has constrained the oversight to these volunteers and subsequently access to quality PHC (Roadmap, PHC revitalization 2018-2022).

Secondary care is provided through health centers (minor and major), which deliver up to 70 percent of the Essential health care package, including emergency obstetric and neonatal care. Tertiary health care centers consist of the hospitals (District and General), including the teaching

hospital, which is the highest level of the referral system. Some of the hospitals are semi-autonomous and are not supervised by RHDs but are responsible for providing them with patient usage data.

Coordination across the health sector, including government, civil society, and donors, is a major challenge for The Gambia. The Health Service Assessment Report (2019) indicated that most coordination takes place at the program or activity level, rather than across health programs within the MOH, as there is no standing cross-program coordination mechanism within MOH. Regulation of the private sector and NGOs health care providers remains a challenge. However, MOH has put a mechanism in place to license all the private and NGO health facilities and their personnel.

Professional councils do not have adequate capacity to fulfill their regulatory roles. Though legislation provides the statutory authority for regulation and licensing, however these councils do not have adequate technical and financial resources to enforce regulations on health providers and that some health providers are often unaware of the relevant regulations for their profession. List of all professional Health Councils and provide their acronyms eg GNMC, PEHC, PCG, MDC.

1.4 COUNTRY'S HEALTH SYSTEM PERFORMANCE

1.4.1 Service Delivery, Availability and Readiness

The standard package of health services to be delivered for each service area is well defined. However, weak decentralization and delegation of authority working mainly on a „push"system is affecting capacity of facilities to provide services. The capacity and authority of regional levels to manage service delivery is limited. As shown in the table below, service availability falls short of WHOs" standard, particularly on, facility type, facility density, health workforce density, service utilization and regional disparities.

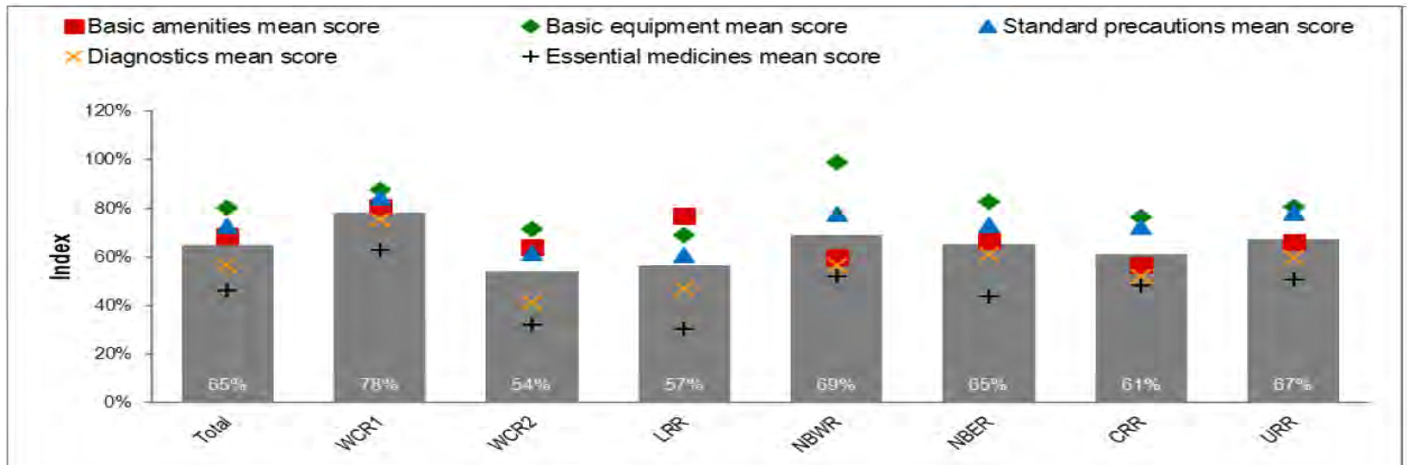
Table 1: General Service Availability index

Domain	*n*	Target	Score (%) (n / target) x 100 (maximum 100)	Average Score (%)
Infrastructure				**48.8**
Facility density	0.74	2	**36.8**	
Inpatient bed density	11	25	44.0	
Maternity bed density	7	10	65.5	
Health workforce				**25.7**
Core health workforce density	5.91	23	25.7	
Service utilization				**11.4**
Outpatient service utilization	0.74	5	14.8	
Inpatient service utilization	0.79	10	7.9	
GENERAL SERVICE AVAILABILITY INDEX				**28.6**

HSA Report, 2020

In terms of readiness, gaps were identified on availability of medicine, diagnostic services, and basic amenities. Only 3% and 21% of health facilities had all tracer essential medicines and diagnostics during the 2019 service delivery survey. Only half of the health facilities have all the basic medical equipment, while this is just 29% for community clinics. Majority (94% and 91%) of facilities had improved water supply and sanitation facilities respectively. However, only 10% had all the seven tracer amenities, the least being in communication and internet facilities. The figure below demonstrates the regional variation of service readiness in The Gambia.

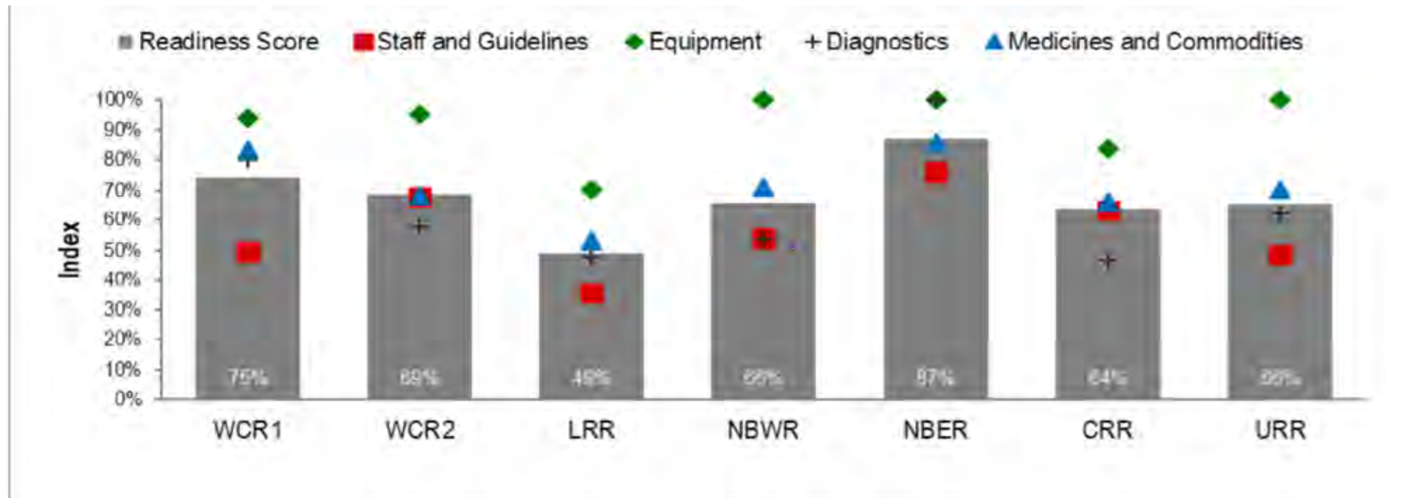
Figure 1: Regional variation service readiness in The Gambia



While 79% of the facilities offer service delivery, the mean availability of obstetric and newborn signal functions is 68% and 51% respectively. Each of the tracer items are provided by less than 80% of the facilities. Only 53% of the facilities provide parenteral administration of anti-conversant and only 33% had corticosteroids for preterm labor.

Availability of tracer items vary by regions, as displayed below:

Figure 2: percentage of facilities that have tracer items for antenatal care services among facilities that provide this service, by region



The Gambia Health Systems Assessment Report (2020) indicated some important findings with regard to availability, readiness and access to specific health services. These are:

- High for family planning services (92%) but moderate for ANC (75%).

- Child immunization (53%), other child health (92%) and adolescent health (93%).
- For communicable diseases category, highest for malaria (98%) and lowest for HIV care and support (18%).
- Among non-communicable diseases category, diabetes (69%) and cardiovascular diseases (71%), chronic respiratory diseases (49%) and cervical cancer (14%).
- Basic surgery was available at 67% of the facilities
- Blood transfusion was available in 18% of the facilities (hospitals).
- Advanced and high-level diagnostics was available at 52%

1.5 STATE OF THE GAMBIA'S HEALTH SYSTEM INVESTMENTS

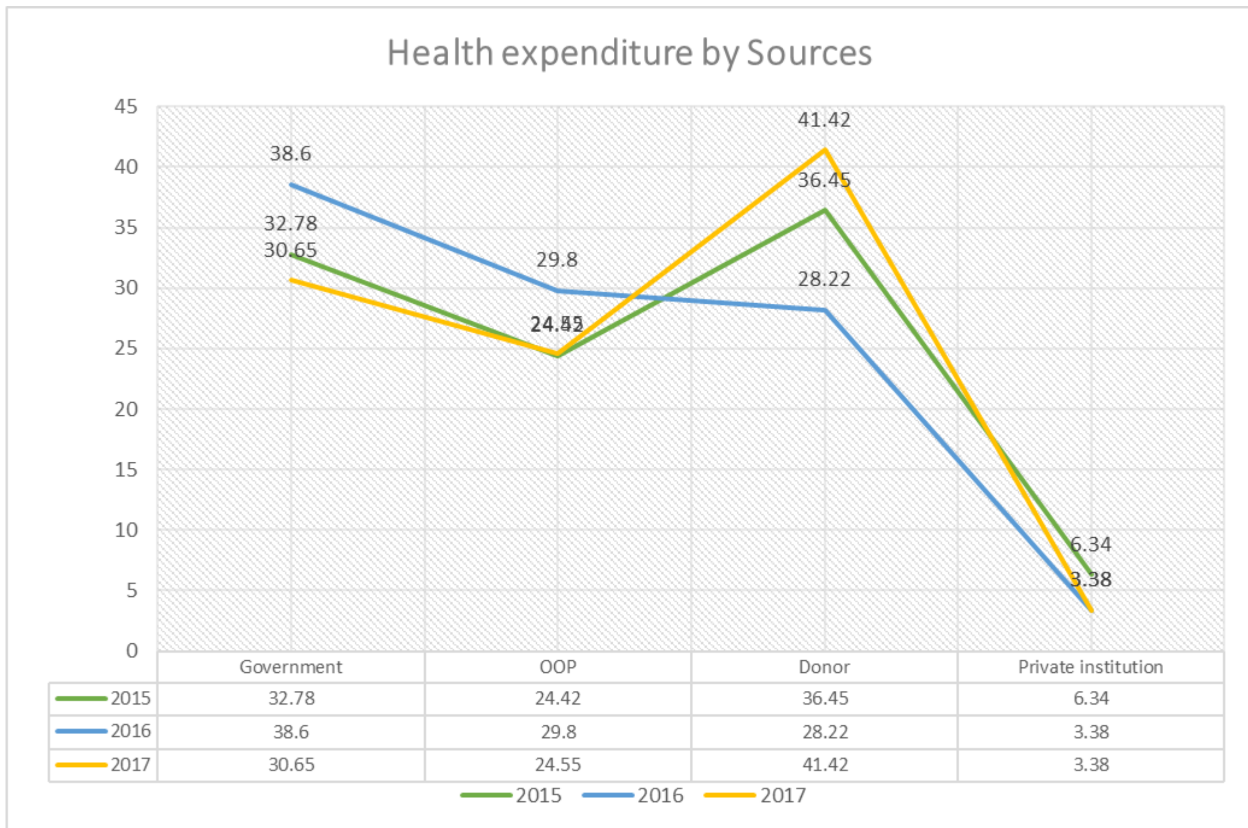
1.5.1 Health Financing in The Gambia

Despite the overall positive trends in public resources allocated to the health sector, health remains considerably underfunded. The Per capita health expenditure is very low, 23.38 USD and 25.84 USD according to the National Health Account2016 and 2017respectively, missing the WHO"s recommendation. A cost analysis of the Basic Health Care Package found a (40%) GMD 4.5 billion gap for full implementation of the package in 2017.

Considering that only 20% of MoH funds are devoted to basic health services, the gap is larger. However, the gap is reduced by out-of-pocket (OOP) spending. The high out-of-pocket expenditure (24.55% in 2017) coupled with the high rate of poverty at household level, means that poorer households are likely to face catastrophic expenditures which according to WHO, is spending 40% or more of total household income per year on direct payment of health services. This high OOP and the low per capita expenditure are not in line with World Health Assembly resolution of 2005 and other global development declarations that call for greater investments in health.

In The Gambia the health sector is mostly funded from external sources, 28.83% (NHA, 2016) and 45.49% (NHA, 2017) of the total health funding came from donors. Government health expenditure as percentage of the Total Health Expenditure (THE) was 32.78% in 2015, 38.60% in 2016 but decreased to 30.65% in 2017.

Figure 5: Health Expenditure by Sources



	Government	OOP	Donor	Private institution
2015	32.78	24.42	36.45	6.34
2016	38.6	29.8	28.22	3.38
2017	30.65	24.55	41.42	3.38

Government expenditure on health as percentage of the National Budget ranges from 7% to 11% (Budget Est.2015 -2020) missing the Abuja Target of 15%. Total Health Expenditure (THE) as a percentage of GDP is at (4.97% NHA, 2016/2017).

The contributions from direct out-of-pocket payments (OOPs) do not go through any resource pooling and risk-sharing mechanism. The current purchasing arrangements, limited resource availability and the limited success in Drug Revolving Fund reduce the ability of the existing pooling of public funds.

1.6 LINKING THE 2012-2020 NATIONAL HEALTH POLICY TO THE 2021-2030 NATIONAL HEALTH POLICY

1.6.1 What Has Been Some of The Achievements?

The 2012-2020 Health policy‟s goal of accessible, affordable, and quality health care to all within a five-kilometer radius to access to health service is almost attainable, however for some communities across the regions access remains a challenge. There is remarkable success also when it comes to access based on the PHC strategy, however, there are gaps regarding Village Heath Worker (VHW) training and most of the CHNs are not mobile. The free maternal and child health services scheme has registered great successes in promoting women and children‟s health since its inception in 2007. Similarly, the Expanded Program on Immunization has also been a successful program in terms of rendering services.

The introduction of Maternal and Child Nutrition and Health Results Project (MCNHRP) has tremendously increased the health and nutritional status of both women and children in The Gambia. The public also recognizes the expansion of health infrastructure in terms of facilities as well as the upgrading of facilities to the next level. Laboratory services registered some achievements in terms structures and organization, an accounted for 81% but other components remain a challenge (HTA 2019).

The implementation of health promotion approaches resulted to increased health awareness, community action plans on health developed and implemented at community level, increased participation of district authorities and other Interpersonal Communication Networks at community level in health activities, increased collaboration with the media which resulted to increased knowledge and skills among media practitioners on health reporting.

The "Mother MUAC" has contributed to these achievements. Furthermore, the "Mother MUAC" concept has also been successfully piloted in CRR North and there are plans to scale-up the intervention to cover the whole country.

As part of the NDP implementation plan, in improving and increasing the utilization of WASH services in the Gambia, the country has achieved 99% Open Defecation Free rate and slightly increases the practice of proper hand washing from 30.3% to 31% (MICS 2018).

In addition, ensuring risk-free public and environmental health, the Ministry of health through the Directorate of Public Health Services has constructed 36 incinerators throughout the country with support from MCNHRP.

Despite the above milestones, significant gaps and challenges still exist in health promotion with specific regard to stewardship, delivery of interventions, community participation and empowerment, evidence generation and sustainable financing. It is also acknowledged that poverty, gender inequities, natural disasters, conflicts, climate change and weak health systems limit the impact of health promotion initiatives in the country. This underscores the need for a multi-sectoral approach to health promotion. This is inline with the WHO Africa Regional Strategy for Health Promotion 2013.

1.6.2 Challenges/ Gaps in the 2012-2020 National Health Policy and Lessons Learnt

Access to health services is almost attained but still a challenge in some of the communities in rural area. Affordability is still a challenge since some people still cannot afford the D25.00 consultation fees and other accompanying charges thus serving as a deterrent of buying drugs prescribed for them at health facilities.

Most of the staff at the Regional Health Directorates, Regional Governors, TACs, Councils and District chiefs are not aware of the existence of a National Health Policy and have never participated in the formulation of a National Health Policy. Quality of health care services in health facilities is still a gap in the 2012-2020 National Heath Policy especially in public facilities. There are inadequate human resources to carry out health care services to meet the expectations of the populace particularly in public health facilities. In most of the public health facilities working conditions of health staff is poor with inadequate and poor accommodations. Many a times, referrals are delayed due to lack of transport or fuel. In case of public health emergencies, points of Entries (POEs) are not fully functional due to inadequate capacity of personnel, structure, and equipment; coupled with lack of public health emergency funds.

Laboratory services remain a challenge in terms of human resources; quality laboratory system, coordination and management still remain a challenge (HTA, 2019).

Data is one of the key components in health, with all its importance, in the regions only few health workers in public health facilities receive regular training in health information that is integrated into continuing education. The health regions often struggled to compile disaggregated monthly/quarterly and annual summary reports.

Decentralization is still a gap as regions have not enjoyed both fiscal and administrative decentralization of health care administration as dictated by the outgoing policy. Also, there is inadequate communication and coordination at the level of health care governance. Likewise, the absence of regulatory framework to strengthen multi-sectoral collaboration for health has also been a challenge over the period.

Although the health COMPACT has been signed, there is need to operationalize it to enhance coordination among donors and partners.

CHAPTER TWO

2. POLICY FRAMEWORK

2.1 VISION, MISSION AND GOAL

Vision: - A healthier and more productive population through Universal Health Coverage

Mission: - The Ministry of Health will create an enabling framework for full participation and provide leadership in the integrated delivery of quality, effective and responsive health services, and prevention measures to improve the physical, mental, and social wellbeing of all the people in The Gambia.

Goal: - To provide quality, affordable and accessible health care services for all in The Gambia

2.2 CONCEPTUAL FRAMEWORK

Impact	A Healthier Population for National Development
Desired Output	- Life expectancy 65 to 75 - Reduce maternal mortality rate from 289/100,000 to 70/100,000; - Reduce infant mortality rate from 42/1000 to 12/1000; - Reduce under-5 mortality rate 56/1000 to 25/1000 and - Reduce neonatal deaths from 29/1000 to12/1000 live births - Increase Safe drinking water from 90.4% to 100% - Improve sanitation facilities from 61.8% to 75% nationally and 36.6% to 75% in the rural Gambia - Reduce prevalence of water borne diseases, mortality due to pollution including air, water, and soil - Reduce premature mortality by 1/3 from non-communicable diseases including mental health - Reduce the prevalence of tobacco use, consumption of unhealthy diet, harmful use of alcohol and physical inactivity and indoor air pollution among the population - Reduce the number of deaths (29.4/100,000 population in 2013 (WHO 2018) from

	road traffic crashes and workplace injuries - Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol - Reduce the prevalence of HIV/AIDS, tuberculosis, malaria, and the prevalence of neglected tropical diseases and combat hepatitis, and other communicable diseases. - Strengthening the national response to public health emergencies (outbreaks, emerging diseases, and other emergencies). - Ensure access to sexual and reproductive healthcare services, including family planning, information, and education. - Reduce the number of deaths and illnesses from social, physical, biological, hazardous chemicals, vector borne diseases and contamination. - Promote research including operational, implementation and clinical aspect. - Substantially increase health financing and the recruitment, development, training, and retention of the health workforce. - Strengthen the capacity for climate change early warning, risk reduction and management of national and global health risks

2.3 GUIDING PRINCIPLES

- **Equity**: Provision of health care shall be based on fair distribution irrespective of age, nationality, political, ethnic, religious affiliations, or sexual orientation.
- **Gender Equity**: Health programs should address gender inequality and reduce the gender gap.
- **Ethics and Standards:** Respect for human dignity, rights, and confidentiality; good management practices and quality assurance of service delivery.
- **Accountability/Disciplinary Procedure:** Encourage and maintain standards of conduct and ensure consistent and fair treatment as per the General Orders and Civil Service Code of Conduct and Patients Charter.
- **Intra-sectoral and intersectoral collaboration and coordination:** partnership with various players to promote health;

- **Ownership:** programmes, individuals and communities to take ownership through their participation in all activities;
- **Responsiveness**: Increased responsiveness to meet the changing demographic, social, economic, and epidemiological needs including pandemics and local outbreaks.
- **People centered and cultural Identity**: The recognition of the importance of the need of the public and designing systems to meet local demand, values, and traditions, and use of traditional structures such as Kabilos, kaffos, traditional healers and religious leaders.
- **System wide approach**: Apply inter-related system wide solutions, including decentralization.
- **Partnerships, multi-sectoral and health-in-all**: Community empowerment; active involvement of the stakeholders, local government authorities and civil society; effective donor co-ordination and health in all approaches.
- **Evidence Based**: Health service delivery and management shall be informed by evidence.
- **Climate Change Resilience**: Address climate change related health problems and encourage intra-government and other partnerships on climate change resilience.
- **Decentralization and accountability**: progressive decentralization and increase accountability towards delivering results and transparency.
- **Domestic resource mobilization (DRM)**: The policy will pursue sustainable innovative domestic resource mobilization, prudent investment planning and management, and efficient allocation of the available resources.

CHAPTER THREE

3.0 EMERGING POLICY PRIORITIES, OBJECTIVES AND STRATEGIES

3.1 Quality and equitable essential health services for all towards Universal Health Coverage

Justification

The essential health care package will be aligned to the common diseases burden addressing causes of maternal mortality, child mortality, communicable diseases, and malnutrition. The package will address new and emerging diseases particularly those of epidemic or pandemic in nature, diseases of transition looking at non-communicable diseases with attention to risk factors that predispose to hypertension, diabetes, road traffic accident and injuries, substance abuse such as alcohol and cigarettes. The essential package will also address mental disorders, oral and eye care.

This policy will ensure that the Essential Health Care package will be tailored and delivered according to the three level of services: Primary, Secondary and Tertiary levels towards Universal care of all ages. In all circumstances, the PHC Strategy will be the cornerstone for the delivery of such services in an incremental manner.

3.1.1. Policy Objective: to incrementally deliver tailored essential health service package to all individuals irrespective of nationality, age, and other socioeconomic status.

Strategies

1. Refine and deliver the essential health care package for all ages and groups based on the ongoing epidemiological and social changes.
2. Monitor and reduce any health inequality/inequity by introducing both demand and supply side interventions.
3. Establish a system to standardize quality of services for both public and private facilities through accreditation and licensing procedures.
4. Develop and implement regulations and /or standard operating procedures (SOPs) and other protocols with the view to improving quality of care across all levels of the healthcare delivery.

5. Strengthen the referral systems at all levels based on need redesign service delivery models.
6. Strengthen the partnership between public and private (both for profit and non-profit) for the expansion of the essential health care package.
7. Ensure the provision of free health care services for the elderly (65 and above)

3.2 Maternal, Childhood and Reproductive Health Services

Justification

Maternal mortality in The Gambia though reducing, is still unacceptably high estimated at 289/100,000 live birth (GDHS 2019-2020). Low coverage of life-saving obstetric and neonatal emergency care contributed to maternal and neonatal deaths. Majority of maternal deaths in the country are because of avoidable direct obstetric complications (hemorrhage 21%, hypertension disorder 10%, and severe anemia 8% etc. MDSR bulleting 2020). High fertility, gender inequality, Gender Base Violence, malnutrition and low socio-economic status made the situation worse. Progress has been made on only one of the childhood health indicators CMR 15 per 1,000 live births in 2020 (GDHS 2019-20) compared to 20 per 1,000 live births in 2013 (GDHS 2013). Neonatal mortality remained high 29 per 1000 live births contributing half of all deaths in children under the age of five (GDHS 2019-20). According to the HMIS Service Statistics report 2020, stillbirth is at 32 per 1000 livebirths. Malnutrition continues to be a major public health problem in The Gambia. However, declining trends have been observed over the past few years from 25% (stunting), 12% (wasting) and 16% (underweight) in 2013 (GDHS 2013) to 18%, 5% and 12% respectively in 2019 (GDHS, 2019-2020).

This policy will address both fertility and infertility issues, high maternal mortality, stillbirth, neonatal infant, and child l mortality, gender inequality, Gender Base Violence, malnutrition, low socio-economic status as well as the provision of basic and comprehensive obstetric services, to improve reproductive, maternal, neonatal, child and adolescent health including family planning services (Contraception and Infertility).

3.2.1 Policy Objective: To reduce maternal, stillbirth, neonatal and childhood mortality through improved equitable access to evidence-based interventions including Basic and Comprehensive Emergency Obstetric and newborn care services and improved skill birth attendance;

strengthened immunization, nutrition and Integrated Management of Neonatal and Childhood Illnesses; increased coverage of contraceptive use and infertility awareness and management; reporting gender base violence; reduced unmet need; reduced adolescent pregnancy; post abortion care; prevention and management of STIs .

Strategies

1. Scale up services to attain universal coverage of emergency obstetric care services and other health services including immunization, skilled birth attendance, antenatal care, EMTCT/EID, and laboratory services.
2. Enhance tackling malnutrition, including anemia and iodine deficiency especially for preschool children, adolescents‟ girls, pregnant and lactating Women.
3. Expand Adolescent and Sexual Reproductive Health (ASRH) services and integrate adolescent and youth friendly services in a form of „one-stop-shop‟ into the existing public health system.
4. Address traditional barriers such as socio-cultural factors, misconceptions, and low male partner acceptance that hinder access and use of modern contraceptive use.
5. Enhance the prevention of Gender Base Violence by involving authorities in the cases.

3.3 Communicable, Non- Communicable Diseases and Injuries

Justification

The Gambia is facing a double burden of disease as the mortality and morbidity from non-communicable diseases (NCDs) are on the increase. NCDs like cancers, cardiovascular diseases (CVDs), chronic respiratory diseases (CRDs), diabetes, and injuries are contributing to increasing mortality accounting for 32% (2014) and 34% (2018) of all deaths in the Gambia, with CVDs accounting for the highest proportion of NCD-related mortality (14%), followed by cancers (4%), CRDs (2%), Diabetes (1%) and other NCDs accounted for, 12% . The risk factors for NCDs and its prevalence include harmful use of alcohol (2%), unhealthy diet, tobacco use (16.7%), physical inactivity (22%), obesity 15% (8% in male and 17% in female) and air pollution.

The prevalence of Hypertension 29% (27.7% in males vs 30.5% in females), Diabetes (6.7%) with a recent study estimating a prevalence of the elevated blood glucose of 53.6% suggesting a higher proportion being at greater risk of developing diabetes. Furthermore, data from The Gambia cancer profile on the international Agency for research on cancer suggest a total of 1035 new cancer cases in 2020 with cervical cancer accounting for the highest percentage of 27.6% followed by liver cancer 24.5%. Over 90% of Gambians aged between 25 and 64 years have one or more NCD risk factors, implying that the burden of NCDs is expected to increase.

Mental health disorders and its inextricable links to substance abuse are on the increase being compounded by the lack of the required capacity of human and financial resources to address these challenges According to World Health Organization (WHO), around 3% of Gambians suffer from severe mental illnesses. In addition, suicide mortality rate in The Gambia is estimated at 4.8 in 100,000 populations (World Bank, 2019). The lifetime prevalence of epilepsy in Gambia was 4.9/1000 population, with only 10% on continuous treatment (WHO 2016). Providing effective treatment and support to mentally ill people is challenging, given the scarce health resources in The Gambia.

Trauma injuries and the high rate of road traffic crash and disability are public health concerns. Mortality from road traffic crash is estimated at 29.4/100,000 population in 2013 (WHO 2018). Eye health and Oral diseases are a cause for public health concern. Oral health has not received the attention it deserves

While communicable diseases have shown a declining trend in total share of morbidity and mortality, however, they are the main causes of DALYs lost. This adversely affects different age categories within the population. Consistent with the above, the health service assessment report 2019 and the HMIS service statistic report 2019 revealed the following communicable disease conditions as the leading causes of morbidity and mortality: lower respiratory tract infection, HIV/AIDS, diarrheal diseases, tuberculosis, skin disorders, STIs, and malaria.

This policy will reduce the prevalence and incidence of NCDs, injuries, as well as their impact while maintaining the focus on leading causes of Disability Adjusted Life Years (DALYs). It will

also eliminate and control the prevalence of communicable diseases to improve the quality of life of the population.

3.3.1 Policy Objectives: To reduce the prevalence and incidence of NCDs, injuries, their impact and risk factors while maintaining the focus on leading causes of Disability Adjusted Life Years.

Strategies

1. Strengthen partnership with the relevant institutions to reduce the burden of road traffic crash and other related injuries.
2. Strengthen and support the implementation of primary prevention of NCD using the WHO-PEN Approach.
3. Strengthen intersectoral coordination, advocacy and resources mobilization for the prevention and control of NCDs.
4. Enhance innovative financing of NCD prevention and management through tax on tobacco and sugar sweetened beverages
5. Integrate blindness prevention strategies into the national diabetes program and ensure incorporation into the NCD Program
6. Strengthen the responsiveness to post-crash emergencies and other injuries.
7. Ensure that all relevant policies, and regulations including ENT, Eye and Oral Health are developed and implemented
8. Strengthen Ear, Nose, and Throat services across the country.

3.3.2 Policy Objective: To eliminate and control the prevalence of communicable diseases such as Malaria, Tuberculosis, HIV/AIDS and other STIs including Hepatitis transmission on the population to a level where they cease to be a major public health problem.

Strategies

1. Ensure that all relevant policies are developed and enforced including the development of a National Food Base Dietary Guidelines for healthy eating practices; tobacco cessation guidelines, guidelines on the control and surveillance of antimicrobial resistance (AMR).
2. Strengthen partnership with relevant institutions in the prevention and control of emerging and re-emerging zoonotic diseases.
3. Strengthen capacities for NTDs and Communicable Disease interventions.
4. Ensure Universal Access to communicable diseases including Malaria, TB, HIV and Hepatitis B Prevention, prompt and effective diagnosis and the treatment.
5. Strengthen prevention, case detection, treatment and care services of HIV /AIDS, STIs including Hepatitis
6. Scale up prevention and control intervention services among vulnerable and key populations
7. Ensure the availability of effective, efficient and resilient immunisation services to all eligible people as a principal component of disease prevention and achieving universal health coverage.

3.4 Resilient and Responsive Health System

Justification

The Gambia has limited capacity to detect and respond to diseases especially emerging and re-emerging diseases. This is due to inadequate human resources, health products and technologies, poor health infrastructure, weak laboratory and other relevant diagnostic services, unregulated traditional medicine practices and medical caravans, as well as weak implementation of PHC strategies. Surveillance and case management need to be strengthened at all levels to prevent, detect, investigate, protect, control, and provide a public health response to the needs of the population, maximizing private for profit and not for profit to complement government services.

This policy will address issues relating to inadequate human resources, health products and technologies, poor health infrastructure, weak laboratory and other relevant diagnostic services,

unregulated *traditional medicine practices, as well as weak implementation of PHC strategies with the view to having a resilience and responsive health system.*

***3.4.1 Policy Objective*:** To restructure the health care delivery system through a revitalized PHC strategy and ensure an effective referral system toward the attainment of UHC.

Strategies

1. Support the full implementation of the PHC Revitalization Roadmap and functional linkages at all levels of service delivery.
2. Ensure a vibrant and sensitive community-based surveillance.
3. Promote community participation and engagement in health.
4. Ensure the availability of skilled personnel at primary level.

3.4.2 Policy Objective: To institute appropriately design and standardized health infrastructure that meet the specific needs of each level of health care delivery.

Strategies

1. Ensure the availability of conducive working environment for staff across all regions.
2. Routine refurbishment, expansion, and maintenance of Infrastructures to suit both able and physically challenged at all levels.
3. Ensure that maintenance policy is developed and executed.
4. Ensure the establishment and operationalization of national emergency treatment center, public health laboratory, training center, conference center, national blood transfusion center, National Accident and Trauma Management center, and regional blood banks.
5. Improve and expand health infrastructures to suit both able and the physically challenged.

3.4.3 Policy Objective: To strengthen and build capacity of Ministry of health to provide quality health care services with a sufficient, well skilled, resilient motivated and retained health workforce.

Strategies

6. Design and implement a strategic evidence-based HRH training, development, and management plan.
7. Support effective administration and management of available HRH to enhance motivation and retention using equitable servicing incentive model.

8. Ensure equitable distribution and appropriate utilization of available highly trained HRH.
9. Institute effective performance management system to ensure discipline and efficient health workforce.
10. Establish and upgrade specialized training institutions to address critical shortages in several cadres /specializations.

3.4.4 Policy Objective: To ensure an effective supply chain system for availability of medicines, consumables, vaccines, equipment, and logistics at all levels of care.

Strategies

1. Transform and strengthen the procurement mechanism of pharmaceuticals including vaccines for MOH unit for quality procurement of medicines, consumables, vaccines, equipment, and logistics.
2. Encourage and promote setting up local production of pharmaceuticals.
3. Strengthen the legislative and regulatory framework to ensure that medicines, health products, technologies and equipment are in accordance with approved standards and specifications.
4. Strengthen and maintain a reliable, integrated, and sustainable medicines, vaccines, and consumables supply chain at all levels of the health care delivery system.
5. Ensure that donation of medicines, other health products and equipment conforms to the national standard and/or approved by the Medicines Control Agency.
6. Ensure that adequate financial, physical, technical, and human resource capacity is available to develop and maintain the required storage and inventory control system throughout the medicines supply chain.
7. Strengthen the quality control laboratory for the testing of medicines and vaccines.

3.4.5 Policy Objective: To Establish and strengthen national response to public health emergencies (outbreaks and emerging diseases).

Strategies:

1. Increase responsiveness against epidemics and enhance a functional Public Health Emergency Preparedness and Response including, a well-equipped NPHL and effective surveillance to enhance timely detection and control of all public health threats.

2. Strengthen health services at Points of Entries (PoEs).
3. Ensure the operationalization of the PHEOC using the One Health Approach at National, Regional, District, and Community Level.
4. Ensure cross boarder collaboration and compliance to the IHR and other international commitments.

3.4.6 Policy Objective: To strengthen the National Health Laboratory System (NHLS) for effective coordination and standardization of high-quality laboratory services.

Strategies:

1. Ensure the establishment of appropriate structure with authority to coordinate and manage the provision of comprehensive health laboratory services across the country.
2. Ensure the provision of quality laboratory services at all levels of health system to support effective patient/client management.
3. Ensure the establishment of quality management system in health facilities towards accreditation of laboratories using international standards.
4. Establish functional National Blood Transfusion Service (NBTS) centres at all levels for effective coordination of blood transfusion services to ensure blood safety

3.4.7 Policy Objective: To strengthen a radiology diagnostics service for effective coordination of standardize high quality radiology services.

Strategies

1. Provide essential and state of the art equipment, reagents, contrasts and supplies according to the need‟s assessment.
2. Establish a radiology diagnostics structure at national and regional levels to provide stewardship and technical support.
3. Ensure the availability of well- trained radiologists, sonographers, and biomedical engineers to enhance quality service delivery.

3.4.8 Policy Objective: To establish a ban engineering department for the coordination of standardize high quality engineering services.

Strategies

1. Establish an infrastructure, transport, biomedical services, and estate management structures at national and regional levels to provide stewardship and technical support.
2. Ensure the availability of well- trained engineers to enhance quality service delivery.

3.4.8 Policy Objective: To strengthen Traditional medicine and other complementary medicines.

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Strategies

1. Ensure the establishment and maintenance of the regulatory mechanism to effectively integrate and control traditional medicine and other complementary medicines.
2. Facilitate collaboration with traditional medicine agencies of other countries for exchange of useful information and experiences.

3.4.9 Policy Objective: To ensure a reform of the Health Administrative framework that is responsive to the health care needs of the populace.

Strategies

1. Ensure the enactment of an appropriate legislation for Governance of the health system
2. Establish a robust risk management, accountability, transparency, and control mechanisms at all levels.

3.5 Integrated Health Information System and Health Research

Justification

The Gambia health sector does not have in place a robust electronic medical record system, laboratory information management system, integrated human resources information system, and a logistics management information system. In addition, research, monitoring and evaluation within the health sector is limited in function due to inadequate human resources, funding, fragmentation, equipment, and legal/ regulatory framework.

Therefore, this policy seeks to have an integrated data warehouse for the health sector where all data systems and processes are harmonized and stored. Research and M&E capacities and standards are improved and strengthened to produce evidence that will inform health policies and decision making.

3.5.1 Policy Objective: To establish a robust integrated health information system that will provide secured, timely, reliable, accurate, relevant, and complete information for informed decision making.

Strategies

1. Ensure there is an information system that tracks and equitably helps to distribute well-trained, motivated, and vibrant health workforce to provide accessible quality health services to all.
2. Fully migrate from paper-based recording to a well computerized/automated information systems with reliable internet connectivity at all levels of the healthcare delivery system.
3. Develop a health information legal framework to ensure the mandatory, timely and complete reporting of data by Public and Private Health facilities.
4. Harmonize all program specific M&Es into one national M&E system within MoH.
5. Institutionalize health Sector performance/appraisal review to inform policy formulation and decision making.

3.5.2 Policy objective: To establish an effective, credible, and sustainable health research system in The Gambia based on sound ethical principles.

Strategies

1. Ensure the establishment of structures for health research governance.
2. Ensure the establishment of participatory health research planning and priority setting mechanisms.
3. Fully establish mechanisms for dissemination and utilization of health research findings.

3.6 Environment, Health Promotion and Social Determinants of Health

Justification

Over the years the country has developed laws and policies that seek to protect the population from the effect of environmental hazards, unhealthy and risky behaviors, food safety and nutrition. Despite the achievement registered, environmental pollution, malnutrition and inadequate WASH facilities and behaviors, high body index mass, tobacco use, dietary risk, high fasting plasma glucose and alcohol abuse remain major risk factors of disability and death in The Gambia.

According to the WHO Africa Regional Strategy for Health Promotion 2013, health promotion interventions are essential to effectively address specific public health problems including maternal and child diseases, HIV and AIDS, tuberculosis, malaria, neglected tropical diseases, non-communicable diseases including malnutrition. The interventions seek to promote healthy behaviours and empower individuals, families, households, and communities to take necessary action and to reinforce the desired structural changes through policies, legislation, and regulations.

The policy intends to address malnutrition, unhealthy and risky behaviors, food safety and environmental factors such as climate change, outdoor air pollution, household air pollution, drinking water contamination, occupational exposure to hazardous materials, lead exposure, and built environments that discourage physical activity and reduce regional disparities in health outcomes. The implementation of this policy priority will promote aggressive risk communication and community engagement to increase service utilization and enhance quality of life.

3.6.1 Policy Objectives: To promote, prevent and reduce environmental risk factors, and improve climate resilient health system and adaptation

Strategies:

1. Collaborate with key stakeholders to reduce the effects of key Environmental determinants including Climate change impacts.

2. Improve quality of the physical environment, particularly water sanitation and hygiene; air, noise, and hazardous waste pollution; housing and human settlements; safety of transportation.
3. Ensure the effective implementation of vector control activities
4. Ensure the effective implementation of occupational health and safety interventions
5. Strengthen Environmental, Vector Control, WASH, Occupational health, and safety services in the Gambia
6. Mainstream and integrate climate change considerations in the health service delivery system, infrastructure, through formulating adaptation plans and measures to strengthen climate resilience.

3.6.2 Policy Objectives**:** To strengthen Health Promotion and Education to reduce disease burden, Social Determinants of Health, risky health behaviors and improve health service utilization.

Strategies:

1. Support health promotion and education interventions by creating demand for health care services for improved health and well-being of the population.
2. Support the mainstreaming of health in all policies across non-health sectors" policies.
3. Support and strengthen communication, community engagement, social mobilization, and advocacy interventions. Advocate for the creation of recreational facilities in towns and cities across the country to enable residents to undertake regular physical exercise.
4. Promote healthy lifestyles, increase understanding on the prevention and management of all diseases.
5. Strengthen community awareness campaign to address the knowledge and practice barriers to health and socio-economic development.
6. Create enabling environment for healthy settings (schools, workplace, prisons, hospitals etc)
7. Facilitate multisectoral actions such as community participation, social dialogue, partnerships, and innovative financing to promote and protect health across population groups.

8. Regulate health information dissemination and coordinate public health education and awareness raising activities.
9. Support the National Multisectoral Committee on Social Determinants of Health to be functional.
10. Collaborate with key stakeholders to reduce the effects of key Social Determinants of Health
11. Foster effective partnerships, networks and alliances among health and non-health professionals, government, private sector, civil society, multiple development sectors and communities in order to harness new technical and financial resources.

3.6.3 Policy Objective

Establish an integrated food safety system to ensure that food consumed is safe, sound, and wholesome from productivity to consumption.

Strategies

1. Strengthen FSQA as the competent body responsible for the official control of food safety.
2. Support the establishment of certification bodies.
3. Established accredited laboratories for food safety analysis
4. Support implementation of Food Safety Systems and Food Safety Management in the food industry.

3.7 Financial Risk Protection and Equity

Justification

In The Gambia, the sector is mostly funded from external sources, 28.83% (NHA, 2016) and 45.49% (NHA, 2017) of the total health funding came from donors. According to NHA 2017, there is a high out-of-pocket expenditure 24.55% coupled with the high poverty incidence in households means that poorer households are likely to be facing catastrophic expenditures. Government health expenditure as percentage of the Total Health Expenditure (THE) was 32.78%. Government expenditure as percentage of the National Budget ranges from 7% to 11% (Budget Est.2015 -2020) missing the Abuja Target of 15%. Total Health Expenditure (THE) as a

percentage of GDP is at 4.97%. Inequality remains a determining feature of socio-economic wellbeing, and addressing equity is key to achieving health goals under the SDGs for The Gambia. Equity challenges for health financing for universal health coverage that need to be addressed in the policy include financial risk protection and access to health services.

Therefore, this policy will establish National Health Insurance Scheme, provide financial risk protection and mobilised adequate resources for the Health Sector.

3.7.1 Policy Objectives: To establish National Health Insurance Scheme to provide financial risk protection.

Strategies

1. Reduce out of pocket through establishing mix of prepayment mechanisms including social health insurance, tax- based and non-tax-based financing of health care to achieve UHC goal.
2. Use of a mix of provider payment mechanisms that promote optimal provider performance while containing costs, such as providing inputs, capitation, fee for service and Results Based Financing and any other mechanisms that may prove to be effective.
3. Establish structures and systems for purchasing services from all registered and accredited providers (private including NGOs, public and traditional practitioners).

3.7.2 Policy Objectives: To mobilize additional resources for sustainable funding for the health sector and to coordinate the use of these resources to ensure equitable distribution at all levels.

Strategies

1. To increase the per-capita Total Health Expenditure (THE) to the levels that help meet SDG needs. Government will seek to strengthen domestic health financing and abide by the Abuja Declaration on health where not less than 15% of the national budget shall be allocated to health.
2. Establish a Primary Health Care Fund, through the share of a percentage of the levy on tobacco and alcohol, sale of hazardous products, and vehicles fuel tax.

3. Improve efficiency in utilization of external aid for health will be harmonized, coordinated, monitored, and evaluated in line with health priorities and plans of the government of The Gambia.
4. Formulate resource allocation strategy to ensure equitable distribution of resources at all levels
5. Establish health emergency fund to respond to public health emergencies

3.8 Continuum of Care and Tertiary Health Care Services

Justification

Currently there are only 4 regional hospitals, 5 general hospitals, 1 specialized hospital and 1 main referral hospital that functions as the Teaching Hospital for the University of The Gambia School of Medicine and Allied Health Sciences.

Although, significant progress has been made since its inauguration, more needs to be done. Areas that need significant support include equipment, infrastructure, and faculty, not forgetting student facilities and other support services.

Recently the teaching hospital and medical school have started the construction of a Dental School and the establishment of the Postgraduate college of Surgeons and Physicians to train experts locally.

Furthermore, as the number of specialists completing training increases, attention should be given for the establishment of centers for advance care and excellence to address catastrophic medical and surgical cases and to stem the practice of overseas referrals which is a drain to the economy

Given this expansion, the current space of the hospital can no longer accommodate all these programmes. In this regard it is key that new sites are designated to house these structures and other complementing structures such as an Infectious Diseases Centre.

3.8.1 Policy objective: To ensure the functionality of all tertiary facilities with the appropriate equipment, support service and expert staff to ensure the provision of quality services. Attention to be given for the institution of centers of advance specialization and excellence

Strategies

1. Ensure functional Tertiary Hospitals.
2. Ensure a functional Postgraduate training of specialties.
3. Establish and equip relevant centers for advanced care and excellence.

3.9 Decentralized Governance and Service Delivery

Justification

A key feature of the policy is to reform the health sector in line with the Local Government Act 2002. MoH to pursue amendment of the Local Government Act in line with the new health policy. Reforming includes programmatic and institutional strategies, and performance review. This section is concerned with the institutional reforms. The desired outcomes of the reform process are to ensure proper coordination for effective and prompt service delivery at points of service utilization and to ensure a well-functioning health system.

Central reforms will include the establishment of the position of Director General of Health Services. The position is to function as the key policy adviser on all health matters to the Minister of Health and Government. To ensure proper coordination at the central level and to ensure that the senior functionaries at the central level work as a team. The following structures will be put in place:

Top Management Team (TMT): To be constituted by all Directors. Weekly Meetings to be chaired by the Honorable Minister.

Senior Management Teams (SMT): To be constituted by all unit heads of each Directorate. Administrative and managerial procedures for the operationality of both TMT and SMTs are to be developed and adopted as Standard Operating Procedures of the Ministry of Health.

The key reform process at the regional level is to ensure full decentralization of health care services and governance as per the amended Local Government Act 2002 and restructure the health sector with appropriate authority to coordinate and manage the provision of health services across the country.

Nevertheless, the regional level will be required to form a Regional Top Management Team (RTMT) to ensure proper coordination of all activities at the regional level. The team will be comprised of all senior staff at the regional level and should include the head of hospitals, Local Government Authorities within the region. Similarly, administrative, and managerial procedures for the operations of regional activities and procedures for reporting to the central level will be developed

Beyond the regional level, Facility Management Committees (FMC) comprising of senior facility staff and representatives from the community will be inaugurated. These committees will be responsible for the smooth running of the facilities. Similarly, administrative, and managerial procedures for the operations of facility activities and procedures for reporting to the regional level will be developed.

3.8.1 Policy Objectives: To ensure central level reorganization, full decentralization of health care services and governance as per the Local Government Act 2002 and restructure the health sector with appropriate authority to coordinate and manage the provision of health services across the country at all levels.

Strategies

1. Develop standard operating procedure for the administrative, managerial, and reporting of operations for the established governance structures
2. Organize on a yearly basis a National Health Conference of all stakeholders to take stock of all achievements, recognize challenges and make undertakings for sector improvement in the following year.
3. Organize on a yearly basis a Regional Health Conference of all stakeholders to take stock of all achievements, recognize challenges and make undertakings for sector improvement in the following year.
4. To publish on a yearly basis a Publication "The Health of the Gambian People"

5. Mobilize resources, build allies, and champion and monitor progress of the sector
6. Reduce disparities between regions in terms of need, function, and facility type by ensuring equitable allocation of financial resources and distribution of health products and services.
7. Decentralization to regional level and increase community engagement at facility level by providing authority, resources, and capacity to Regional Health Directorates.
8. Increase coverage of health facilities and rationalize health facilities by need and function.
9. Promote transparent procurement process and adherence to policy and guidelines.
10. Ensure that the appropriate levels of human resources are available and maintained for service delivery in the regions and facilities beyond

3.10 Partnerships

Justification

Another key aspect of the policy is for the fostering of partnerships. Partner coordination is essential for harnessing resources and ensuring that they respond to national priorities. It is also essential to avoid duplication, wastage of resources and the implementation, monitoring and evaluation of programmes.

Partnerships also ensure that the health policy respects issues of harmonization and alignment within a sector wide approach. However, it‟s more effective when they are based on a platform that is built on trust and respect for each other.

Partnerships will bring development partners through a platform that helps in the planning process as expected resources will be provided in a more predictable manner.

3.10.1 Policy objective: To ensure the establishment of partnership structures for better coordination, resource mobilization and a better understanding for the implementation of the health policy.

Strategies

1. Ensure a memorandum of Understanding (MOU) between Development Partners and the Ministry of Health.
2. Establish a Health Policy Advisory Group (HPAG), that will comprise of key stake holders in the health sector, including Development Partners, UN Agencies, heads of key health professional organizations and CSOs/NGOs.
3. Ensure the functionality of the Health Policy advisory group.

CHAPTER FOUR

4.0 INSTITUTIONAL FRAMEWORK FOR IMPLEMENTATION

The successful implementation and attainment of the vision and objectives set out in this policy document will largely depend on the institutional arrangements, legal framework, resource mobilization, and monitoring and evaluation of the policy measures. The Ministry of Health will take the lead in mobilizing support for health from the many players, and in sustaining partnerships for health development with other Ministries, Departments and Agencies (MDAs), Civil Society Organizations and the private sector.

With the advent of the National Health Insurance Scheme (NHIS), Ministry of Health will continue to perform its policy functions as well as provision of health services delivery while NHIS will serve as the purchaser of the health care services. However, with the realization of the envisaged Gambia National Health Services, the role of the Ministry will be mainly policy matters while the National Health Service will serve as the implementing agency of the health services. The institutional framework will take the following format:

4.1 Policy Aspiration for Health Services Organization

The delivery of this policy depends on how health services are organized and managed.

The Gambia Health Service delivery is organized into three tier system:

(1) Primary (Village Health Services, health post/community clinic, and Minor Health Centres)

(2) Secondary (Major Health Centres and Regional Hospitals)

(3) Tertiary (General, Teaching and Specialised Hospitals)

In essence, the policy envisions providing quality, accessible and affordable health services for all by 2030, with a principal objective of providing universal quality healthcare that is accessible, and affordable.

4.1.1 Primary Level: Policy Aspirations

This policy aspires to support the PHC Roadmap in implementing PHC in all settlements in The Gambia, irrespective of population size and location. Each PHC village will be served by trained community health workers that provide a defined package of prevention, promotion, and SBCC services including the training of families in optimal maternal and child health behaviors, nutrition, hygiene, and other key family practices.

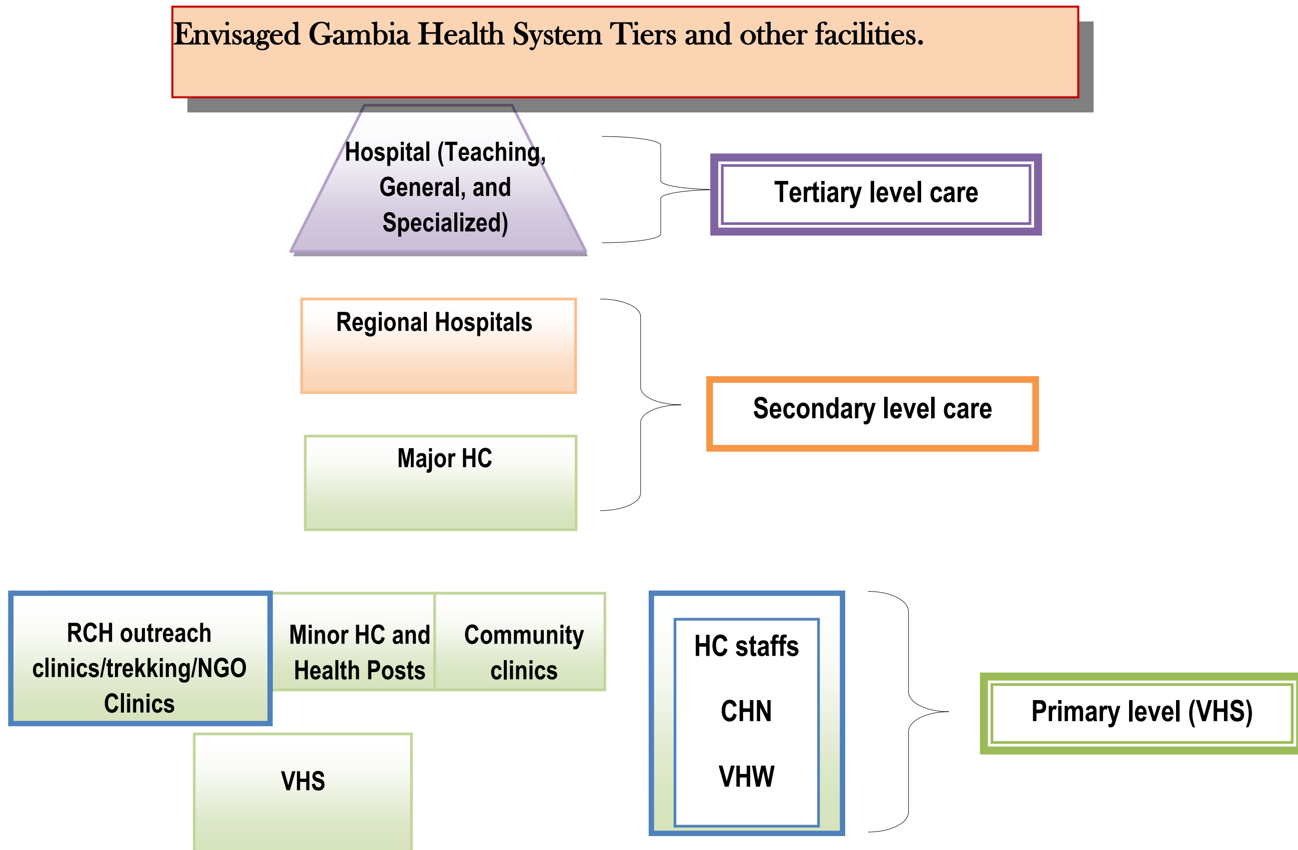
The PHC strategy shall be implemented in the villages, community clinics and minor health centers. Currently PHC is comprised of PHC villages and community clinics. Most of the basic health package will be provided through this platform equitably towards a universal coverage. Linkages between the primary and secondary levels will be strengthened to ensure readily available technical advice, managerial and administrative support.

4.1.2 Secondary Level: Policy Aspiration

The secondary level care will envisage a composition of Major Health centers and Regional Hospitals to provide quality affordable package of care including Comprehensive Emergency Obstetric and New-born Care Services (the nine signal functions) and minimum surgical interventions.

4.1.3 Tertiary Level: Policy Aspiration

The tertiary level of care is envisaged to comprise of General, Teaching and Specialized Hospitals to handle advanced and specialized healthcare needs of the population.



4.2 Management Framework

The Ministry of Health holds responsibility for central functions such as policy and priority setting, financial management, budget execution, and audits. The existing health management structures will be strengthened to be more responsive to the health service delivery. Universal Health Care will be attained through health sector reform. Linkages and functions of all structures will be strengthened for better health service delivery and management through:

- Decentralized provision of health services.
- Strengthening organization and management of the health care delivery system.
- Community participation, utilization, and ownership.

The implementation of the policy will focus on improved collaboration with, an increased ownership and commitment of the local government sector and sub-structures to ensure no one is left behind in the attainment of quality and affordable health care. This will be based on a health sector strategic plan and the national development plan focusing on the following priorities:

- Quality and equitable essential health services to all, towards achieving Universal Health Coverage
- Maternal, Child health and Reproductive Health
- Communicable and Non- Communicable Diseases (NCDs)
- Resilient and Responsive Health System
- Integrated Health Information System and Health research
- Environment, health promotion and Social Determinants of Health
- Financial Risk Protection and Equity
- Continuum of Care and Tertiary Services
- Enhanced Governance for Service Delivery
- Partnerships

Every year, operational action plans are reviewed at all levels of the health system to coordinate activities of all actors and to reach the objectives of the Health Policy. The roles of actors in the implementation of the Health Policy are defined relative to the organization of the health system and the packages of activities defined for different levels of the health care delivery system.

4.3 Partnership Framework

Building on the national development plan, the policy will be implemented using a sector- wide approach. Therefore, actions in the health sector will have more of a sustainable impact if they are integrated into the national development programs. Inter-sectoral consultation and collaboration is essential in the implementation of major health strategies. The institutional framework will allow inter-sectoral collaboration at the various levels of the health system. National, regional, and international co-operations will be in line with the activities of the health sector strategic plan. Bilateral, multilateral, and non-governmental cooperation is founded based on mutual agreement between the Government and the development partners or organizations. The mechanisms for national and international collaboration with the Ministry of Health and partners will be under the umbrella of a sector-wide approach.

Effective partnership and participation can contribute significantly to financing health. Therefore, better collaboration mechanisms of all actors and partners in health will be required for sustainability and better outcomes.

This policy will give due attention to effective inter-sectoral collaboration through:

- Encouraging stakeholders" participation in health.
- Promoting sector-wide approach in health.
- Government-community partnership
- Promoting effective public-private partnership
- Strengthening partnership between Ministry of Health and partners involved in health care delivery.
- Mainstreaming health in all policies

4.4 ROLES AND RESPONSIBILITIES OF MINISTRY OF HEALTH AND STAKEHOLDERS

4.4.1 Government

Government, through Ministry of Health (MoH) and other ministries and agencies, play an important role in health development, through strengthening health systems and generation of human, financial and other resources. This allows health systems to achieve their goals of improving health, reducing health inequalities, securing equity in health care financing, and responding to population needs.

4.4.2 UN Agencies

The UN Agencies advise the Ministry of Health on technical issues and provide assistance on prevention, treatment, and care services throughout the health sector based on their comparative advantages. They also provide support on capacity building and guide on policy and strategy formulation.

4.4.3 Multilateral and Bilateral Agencies

Facilitate linkages with governments and can catalyze, through their normative role, the development of guidelines and standards to support health actors to advance social innovations and integrate research in their process.

4.4.4 Non-Governmental Organizations (NGOs)

Provision of health advocacy and services including medical, and psychosocial services as well as, integration activities, care and nursing, material and financial support, educational and information services, and training. To ensure appropriate representation in policy and implementation, NGOs are advised to form a coalition of health NGOs.

4.4.5 Civil Society Organizations

Contribute to enhance healthcare by providing services in response to community needs and adapted to local conditions. People, as part of the civil society, form the core of health systems. They use health services, contribute finances, are care givers and have a role in developing health policies and in shaping health systems. To ensure appropriate representation in policy and implementation, CSOs are advised to form a coalition of health CSOs.

4.4.6 Academia and Professional Bodies

They actively participate in improving and maintaining standards and ethics. They also educate and train health workers; conduct basic and applied research in disciplines pertinent to health; and engage in community, public, and professional services.

4.4.7 Private Sector

Provision of health services, medicines and medical products, financial support, training for the health workforce, information technology, infrastructure, and support services. The private sector is advised to form a coalition of private providers in industry or in healthcare delivery, to ensure appropriate representation in policy and implementation.

4.4.7 Media

The Media serves the role of being a source of accurate information and advocate for positive health behaviors. To effectively play this role, it needs to understand the targeted health and health related issues, policies, practices, and recommended health behaviors.

4.5 Governance Framework

Strong leadership and governance are required at all levels of health service delivery for the effective implementation of this policy. Within the context and framework of public sector governance, MoH has established policies, legislation, systems, and structures for ensuring transparency and accountability in the management of health services and resources. However, due to large “proliferating and fragmented” number of programs under each directorate, coupled with unstable leadership at the top of the structure, do not promote strong governance and lead to considerable inefficiency in resource use. This policy calls for effective governance to improve transparency and accountability through:

- Establishing an autonomous Institution that will be responsible for Health Service Delivery while the Ministry of Health will serve as the regulatory body.
- Improved legislative framework that governs the health sector.
- Developing regional health guidelines in line with decentralization.
- Giving semi-autonomous status to Regional Health Directorates in line with the Local Government Decentralization Act 2002.
- Empowering communities to provide effective oversight of the community health system in line with decentralization policies of government.
- Prioritization of health in the national development plan in line with the Abuja Declaration.
- Strengthening multi-sectoral coordination of Quality Assurance activities in the delivery of health services.
- Strengthen research governance in liaison with the MOHERST.

CHAPTER FIVE

5.0 PERFORMANCE REVIEW, MONITORING & EVALUATION

5.1 Performance Review

Health systems strengthening requires a sound monitoring strategy that enables decision-makers to accurately track system performance and improve on the implementation of interventions, evaluate impact, and ensure accountability. Performance Review of the Health System shall focus on the six building blocks of the health system. The process will include an analytical internal and multi-stakeholder review of the health sector performance at facility, district, regional and central levels. Annual Health Sector performance review will be undertaken to assess progress on the work plan and, an overall assessment of health sector performance against the targets set in the National Health Sector Strategic Plan (NHSSP). The evaluation of the NHSSP will be done in a joint collaborative approach by MoH and Partners through:

- National Joint Annual Reviews
- Mid-Term Review
- End-term NHSSP Evaluation

5.2 Monitoring and Evaluation

Monitoring and Evaluation is the direct responsibility of the Directorate of Planning and Information (M&E Unit) under the MoH. While the Ministry of Health will have ultimate responsibility for ensuring the implementation of this policy, and each implementing institution will clearly have defined roles in line with their mandates as indicated in the indicator framework/NHSSP.

Monitoring of the progress and achievement of the health outcomes will be routine and continuous (quarterly, bi-annually, and annually). This is required to enable policy makers and managers to determine whether planned activities are being carried out and achieved the set objectives. The monitoring and evaluation mechanisms will provide linkages at operational level and timely dissemination of information to stakeholders.

5.3 Health Management Information System

Health Management Information is critical to the functioning of a health system, and it supports planning, management, and decision-making process at all levels of a health system (WHO, 2006). An effective HMIS is dependent upon accurate, timely and complete information obtained from credible sources. Currently, HMIS is not capturing electronic data on certain key areas such as Human Resource, community sensitization, Transport Log sheet information, patient, and budgetary information. Therefore, there is need to incorporate these elements into the system. Furthermore, untimeliness, incompleteness, and data inaccuracy as well as inadequate communication and double reporting remain a challenge. The current National Health Management Information system in The Gambia uses both paper-based in the form of registers and monthly return-forms at the facility level while electronic systems are used at the Regional Health Directorates and central level (DHIS2 database).

The national electronic system that is used at the Ministry of Health to manage health information data is the “District Health Information S (DHIS2)”, developed by the University of Oslo. Expanded Programme on Immunisation is currently using an electronic immunization registry system called “MyChild Solution” across the country from January 2021. In addition, a logistic management system called “Vaccine Visibility System” is being used at program level, in all regional vaccine stores and in certain selected health facilities.

5.3.1 Logistics Management Information System (LMIS)

Medicines and medical supply data reside within the Logistics Management Information System (LMIS) under the Directorate of National Pharmaceutical Services (NPS). LMIS is a subcomponent of HMIS that uses DHIS2 database for consumption while "Channel and M-supply” is used for distribution of drugs and medical supplies. The availability of the required logistics shall facilitate the maintenance of current health assets and provide the basis for strategic planning. The unit responsible maintains each database separately, though the Directorate of Planning and Information will be responsible for Information Technology logistics.

5.3.2 Human Resource for Health Information System (HRHIS)

In 2010 WHO provided the financial and technical support for the establishment of an information system Access Database for Human Resource for Health. An assessment in 2018 revealed that the database is nonfunctional in all the Regions and hospitals. Thus, the Directorate of Human Resources for Health is planning to implement the Integrated Human Resource Information System (IHRIS) with focus on optimizing HR data use for effective decision making at national and regional levels. The aim is also to establish a strong linkage to the District Health Information S (DHIS2) which serves as the central reporting system for all national health information.

5.3.3 Integrated Financial Management Information System (IFMIS)

The Finance and Budgeting database assembles revenue and budgeting information necessary for planning and management of resources within the health sector. This component will provide financial information to evaluate various health-financing options. However, MoH is currently using two separate financial management systems for tracking government and donor expenditures. Currently central government is using Integrated Financial Management Information System (IFMIS) while the Project Coordinating Unit (PCU) uses FinExPP Financial Management System which has multi-project and multi-donor features customized for the bookkeeping of the project. In this policy, the PCU system will be integrated into the IFMIS (not standalone system). Basic financial and budgeting information will be obtained from the Ministry of Finance and Economic Affairs (MoFEA). The MoH will modify this database to address needs specific to Health. The core Health Finance database will reside within the Directorate of Planning and Information as the directorate co-ordinating finance and budgeting within MoH.

5.3.4 Electronic Medical Record System (EMRS)

There is need for sufficient ICT infrastructure to support the establishment and implementation of EMR system on a sustainable basis, to improve data management and quality across all levels. There is need for ministry of health to integrate all the existing databases into one information system.

5.3.5 Civil Registration and Vital Statistics

The Civil Registration and Vital Statistics (CRVS) in the Gambia is currently paper based. However, the digitization of paper births and Deaths registers has been undertaken in six of the seven health regions. Therefore, there is need to establish a functional electronic CRVS and improve the coverage of civil registration of vital events (births, deaths, marriages, and divorces) in all regions. The CRVS interventions is to build on the existing digitalization processes to improve healthcare services for all. The primary interventions will be to develop an integrated real time data management system for both immunization and Birth registration. The focus for digitalization will be on synchronizing the data management platform for reporting and tracking coverage of both services.

Annexes