



**World Health
Organization**

Contributing towards a healthier Gambia

WHO GAMBIA

Biennial Report

2014-2015





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Acronyms

AFRO	Regional Office of WHO for Africa	IHP+	International Health Partnership Plus	POE	Points of Entry
COIA	Commission on Information and Accountability on Women and Children	IMNCI	Integrated Management of Neonatal and Childhood Illnesses	QA	Quality Assurance
CDC	Centre for Disease Control (USA)	IPC	Infection Prevention Control	QC	Quality Control
CCA	Country Capacity Assessment	IPV	Inactivated Polio Vaccine	QRM	Quality Risk Management
CMS	Country Capacity Assessment	IRS	Indoor Residual Spraying	RH	Reproductive Health
CSO	Civil Society Organization	IST/WA	Inter-country Support Team / West Africa	RMCH	Reproductive and Maternal Child Health
DRM	Disaster Risk Management	JANS	Joint Assessment of National Strategies	RRT	Rapid Response Team
DTC	Diarrhoea Treatment Centre	JOC	Joint Operations Centre	RTF	Regional Task Force
EDC	Epidemiological Disease Control Unit	M&EP	Monitoring and Evaluation Plan	SMC	Seasonal Malaria Chemotherapy
EMNCH	Emergency Maternal and New born Health	MDSR	Maternal Death Surveillance and Response	SOP	Standard Operational Procedures
EPI	Expanded Programme on Immunization	MOA	Ministry of Agriculture	SPH	Sports for Health
ETC	Ebola Treatment Centre	MOHSW	Ministry of Health and Social Welfare	SWAp	Sector-wide Approach
EVD	Ebola Virus Disease	NBTS	National Blood Transfusion Services	VDC	Village Development Committee
EOC	Emergency Operation Centre	NCD	Non-Communicable Disease	WHD	World Health Day
GAVI	Global Alliance for Vaccine and Immunization	NEA	National Environment Agency		
GMP	Good Manufacturing Practice	NHA	National Health Accounts		
GPEI	Global Polio Eradication Initiative	NHSP	National Health Strategic Plan		
HFS	Health Facility Survey	NTD	Neglected Tropical Disease		
HPV	Human Papilloma Virus	NTF	National task Force		
HiaP	Health in all Policies	PEESP	Polio Eradication and Endgame Strategic Plan		
HRH	Human Resources for Health	PHEOC	Public Health Emergency Operational Centre		
ICPD	International Cooperation on Population and Development				

Message



Esteemed Reader, it is my pleasure to present to you the World Health Organization Country Office (WCO) biennial report for the year 2014 -2015. Mindful of the diversity in the target audiences of this report, we have tried to make it simple and easy to read. Hence, the format adopts the use of fewer words and more pictures, which is a deliberate attempt to present the document in a more user-friendly style.

In this report, we have highlighted some of the achievements the WCO during the period under review. Notwithstanding, we have tried to capture some of the significant contributions the WCO has made in health development in partnership with other sectors. While readers like you will enjoy a detailed account of what we have achieved in the pages ahead, it is my pleasure, humbly, to highlight a few milestones we have reached and passed over the two years:

The biennium 2014-2015 saw the landmark introduction of a demonstration project of the HPV (Human Papilloma Virus) vaccine in Western Region II, one of the country's seven health regions. This project designed towards the prevention of cervical cancer was launched by the First Lady Madam Zeinab Jammeh. It also witnessed the end of successful implementation of a WHO-supported three-year tobacco taxation policy (2013-2015) by the Ministry of Finance and Economic Affairs which has resulted in increased revenue collection and reduction in the importation of tobacco products.

The unprecedented outbreak of Ebola Virus Disease (EVD) in the sub-region took over much of our time

and resources. Notably, WCO provided the requisite technical guidance and support in ensuring that a functional National EVD Task Force was put in place in addition to the development of a comprehensive National EVD Preparedness and Response Plan. It coordinated responses to the EVD preparedness and response activities in addition to mobilizing resources through the United Nations System, the British Embassy and the World Bank to supplement the efforts of the government in the fight against EVD.

Support was also provided to Health systems Governance, Management and Coordination through the development of a national health strategic plan, a health financing policy and a country compact, in line with the International Health Partnership plus (IHP+) principles. We hope and believe that you will find this report useful and engaging. Allow me to emphasise that these achievements are the result of a collective effort involving the WHO Regional Office and the WHO Headquarters for whose staunch support we will be always grateful.

I wish to conclude by offering many thanks on behalf of the WHO Country Team to the Ministry of Health and Social Welfare, our sister United Nations agencies and other partners within and outside the health sector for making our work meaningful and successful in 2014-15.

A handwritten signature in black ink, appearing to be 'CS' or similar initials, written in a cursive style.

Dr. Charles SAGOE-MOSES
WHO Representative

Executive Summary

This report focuses mainly on the achievements registered during the implementation of our Biennial Plan of Action 2014 – 2015, but highlights also some of the key contributions the WHO Country Office (WCO) has made to the different programmatic areas during the period.

It showcases the major achievement in the immunization services which were the technical and financial contribution of the WCO to the introduction of a demonstration project of the HPV (Human Papilloma Virus) vaccine in Western Health Region II. The successful launch of the project formed a part of the grander effort in cervical cancer prevention in the country. In the process, the surveillance of vaccine preventable diseases was also stepped up in tracking non-AFP cases.

The report reflects the successful outcomes of collaboration with The Regional Office of WHO for Africa in developing the National HIV/AIDS Policy and Strategy (2015-2019), the reviewing and updating of the National TB Strategic Plan, and in implementing the national TB prevalence survey, the first-ever to be conducted in West Africa. It also covers the support provided for the development of the TB Global Fund Concept Note as a result of which funding was secured for TB control for three years.

Other collaborative efforts are listed as with the National Malaria Control Programme which has been strengthened in its drive to eliminate malaria in The Gambia by 2020. Part of that effort went into the successful adaptation of SMC guidelines, the development of national malaria monitoring and evaluation plan and the development of the training materials and the tools for data collection and reporting.

Neglected tropical diseases (NTDs) received the attention of the WHO that supported the development of an NTD mapping plan with costing and all within an integrated NTD master plan. The response to the outbreak of Ebola Virus Disease (EVD) in the sub-region was registered in the WCO support to the development and implementation of an EVD preparedness and response plan and with support directed at:

- Capacity building;
- Strengthening of active surveillance and coordination of emergency response;
- Prompt case management;
- Effective infection prevention and control, advocacy;
- Social mobilization and communication and the development of tools and guidelines;
- Resource mobilization among local and international partners, making it possible for staff extension support to Sierra Leone.

Further highlights mark the efforts directed at maternal and new born health. With catalytic funds from the Commission on Information and Accountability on Women and Children (COIA) the WCO also supported the Ministry of Health and Social Welfare (MoHSW) in developing a comprehensive MDSR strategy with a road-map in addition to reviewing and developing surveillance and response tools and training staff on EMNCH. Maternal death audits were conducted in six hospitals and a births and deaths strategy was developed towards improving the quality of birth and death data at all levels.

Through the joint support of UNICEF, WHO/AFRO and MOHSW, the IMNCI Health Facility Survey (HFS) was able to measure how the recommended IMNCI intervention strategy was being implemented at the public health facility level. On the prevention and control of non-communicable diseases (NCDs) the WCO strengthened multi-sectoral engagement and action as well as empowered individuals and communities alike in addressing the four main risk factors of physical inactivity, tobacco use, unhealthy dietary practices, and the harmful use of alcohol. Support was provided to the Ministry of Finance in implementing a new tobacco taxation policy as well as to the Ministry of Health in developing a comprehensive tobacco control bill.

Another significant development in addressing NCD risk factors was the WCO's support to the planning and implementation of the annual Sports

for Health (SPH) programme initiated by the Ministry of Youth and Sports and that of Health and Social Welfare. The SPH has become an important avenue for groups and communities to promote physical activity among their members.

The WHO intervened with financial and technical support to build the capacity of healthcare workers on basic nutrition, helped to review the national blood transfusion policy and to develop a national strategic plan. The vital area of access to essential medicines and technologies was addressed in addition to support given to the legislative environment with the establishment of an Independent Regulatory Authority/Agency and the enactment of the Pharmacy Council Bill 2014 and the Medicines and Related Products Bill 2014.

In support of good manufacturing practice (cGMP), the WHO supported an inspection mission to ensure a company's compliance with the basic manufacturing concepts emphasizing quality assurance and control and the management of risk. Control must ensure that the goods are put to their intended use and that appropriate standards and quality meet the requirements as set by the regulatory authority.

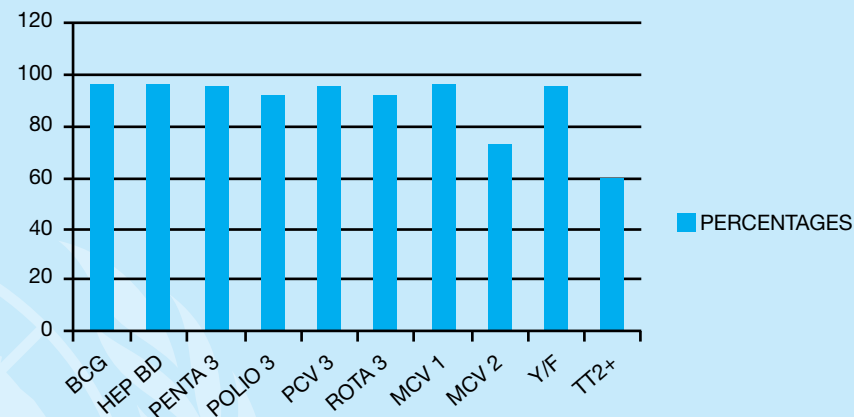
Polio Eradication

The Polio Eradication and Endgame Strategic Plan 2013-2018, conceived by the Global Polio Eradication Initiative (GPEI), and approved by the Executive Board of the WHO in 2013, requires the removal of all oral polio vaccines (OPVs) in phases.

In line with the WHO recommendation The Gambia introduced the IPV which was launched by the Hon. Minister of Health in April 2015.

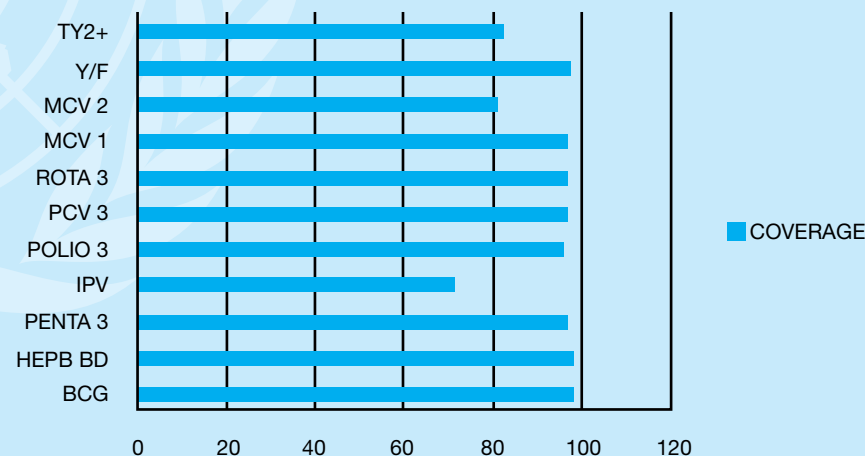
This would then be followed by the switch from OPV to bOPV in 2016.

NATIONAL COVERAGE FOR 2014



Hon. Minister of Health and Social Welfare Omar Sey launching the IPV

NATIONAL COVERAGE FOR 2015



The World Bank states that Immunization is the most cost-effective public health intervention. Throughout the regions the antigen coverage is above 90% except for MCV2 and TT2+. This is above the recommended RED Strategy target which states that coverage should be 80% and above at the regional level and 90% or above at the national level.



Mothers register for immunization



A confident pose as partners immunize a baby

Introduction of new vaccines

Vaccines protect people from diseases that otherwise scar, maim or kill them. They prevent an estimated 2 to 3 million deaths each year. They are what we seek when a new disease appears. Relative to their great benefit, their cost is small.

Key achievements

The World Health Organization states that the prevention of cervical cancer is a public health priority and the introduction is practically feasible.

- The Human Papilloma Virus (HVP) Demo Project was introduced in Western Health Region II in November 2014. Funds for this, including the micro-planning, sensitization and the roll out to schools, was supported by the GAVI with WHO technical supervision throughout the process. The demo project was launched by the First Lady.
- In 2015 the Injectable polio vaccine was introduced into the EPI services. This was launched by the Honourable Minister of Health

The World Health Organization states that the prevention of cervical cancer is a public health priority and the introduction is practically feasible.



Naturally, she braces as she receives a dose of the HPV vaccine



First Lady Madam Zeinab Jammeh launching the HPV

Surveillance of vaccine preventable diseases

Surveillance of vaccine preventable diseases is the process of determining the effectiveness and quality of immunization. Surveillance helps to determine how successful an EPI programme is with regard to prevention from vaccine preventable diseases.

- In 2014 the surveillance of vaccine preventable diseases registered 27 non-AFP cases and all the results received from the Pasteur Institute of Dakar were negative.
- 98 suspected measles samples were collected and all came back negative.
- 35 samples were positive for rubella.
- 19 Yellow Fever samples were collected and all returned negative.
- 105 Rota virus samples were collected and 26 samples proved positive.
- 35 samples of pediatric bacterial meningitis were collected and 5 proved positive for N. Meningitis and 1 for streptococcus pneumonia.
- In 2015 the surveillance of vaccine preventable diseases registered 44 Non-AFP cases and the results received from the Pasteur Institute of Dakar were all negative.
- 172 suspected measles samples were collected and 70 were positive for measles, 1 for rubella; the rest were negative.
- 24 suspected Yellow Fever samples were collected and all proved negative.

Surveillance, especially with vaccine preventable diseases, is a vital factor. It is imperative that active case investigations are carried out at the health facility level. It is through diligent searches through patients' records that it might be discovered that diseases were seen but not reported by the clinical staff on duty.



The laboratory plays a vital role in surveillance



In an active case search, surveillance officers review the outpatient register

HIV/AIDS

Zero new HIV infections, Zero HIV related deaths, Zero discrimination of people living with HIV in The Gambia by 2020

Key Achievements in the area of HIV/AIDS which were supported by WHO included:

- National HIV/AIDS Policy 2014.
- Gambia HIV and AIDS National Strategic Plan 2015-2020.
- Global Fund Concept Note for funding from 2015 to 2017.
- Comprehensive HIV/AIDS Treatment Guidelines.
- Comprehensive HIV/AIDS Training Manual.

WHO continues to be an important contributor to the prevention and control of STI and HIV/AIDS in The Gambia. The development of several guidance documents for the programme was produced with the support of WHO. These vital documents provide strategic direction for the National Aids Control Programme, guidance for the achievement of programmatic objectives and serve as important resource mobilization tools as well.

WHO also supported the HIV/AIDS programme in the development of the Global Fund Concept, which resulted in secured funding for the next three years for activities within the National Strategic Plan. The implementation of tailor-made HIV/AIDS activities in the country has shown evidence of a downward trend in the prevalence of the disease. The most recent HIV Sentinel Surveillance results revealed a decrease in HIV prevalence in The Gambia from 1.6% (2012) to 1.3% (2014).



Promotional posters and banners are vital mass communication tools helping in disseminating vital information to the communities



Partners hard at work around the table, developing the HIV/AIDS policy

Tuberculosis (TB)

Key achievements included the following:

- Review and update of National TB Strategic Plan.
- Global Fund Concept Note submitted and funding secured for three years.
- Assessment of MDR-TB in The Gambia (programmatic, laboratory and management).
- Development of the first Multi-drug Resistant TB Guidelines.
- Training of TB Inspectors and other health care workers on the diagnosis and management of MDR TB.

The first National TB Survey which was supported technically by the WHO revealed that significant progress in the control of TB has been recorded in The Gambia. WHO is one of the main partners supporting the National TB Programme in the country.

The overall prevalence of all forms of TB in The Gambia was found to be 128/100, 000 population which is 3.8 times lower than the 490/100, 000 estimate in the 2013 Global TB Report. Part of that intervention to reduce the prevalence of TB, involved the use valuable information from the prevalence survey to update the National TB Strategic Plan.

Furthermore, in keeping with the current regional and global TB priorities, WHO successfully supported capacity building both within the TB programme and the health system to detect, diagnose and manage Multi-Drug Resistant TB in The Gambia



Gene Xpert machine for the diagnosis of Multi-Drug TB Resistance



Ensuring TB Drugs are in adequate stock

Malaria

WCO is working closely with the National Malaria Control Programme to achieve the goal of eliminating malaria in The Gambia.

Key success recorded within the area of Malaria control and elimination supported by WHO include:

- Adaptation of SMC guidelines and training materials.
- Implementation of SMC.
- Review and update of the National Malaria Strategic Plan.
- Development of the National Malaria Monitoring and Evaluation Plan.
- Global Fund Concept Note submitted, and funding secured for three years.

Significant progress has been registered in the area of Malaria control in The Gambia, scores attributable to the strong partnerships that WHO has built over the years.

The overall Malaria parasite prevalence in The Gambia has markedly reduced from 4% in 2012 to 0.2% in 2014. To further reduce the incidence of Malaria in the country, WHO supported the Malaria programme in 2014 to implement Seasonal Malaria Chemoprophylaxis, another effective and proven Malaria control intervention.

To strategically guide the control and eventual elimination of Malaria in the country, WHO supported the development of the National Malaria Strategic Plan and the Monitoring and Evaluation Plan. Furthermore, to mobilize funding for the implementation of the Plan, WHO supported the development of the Global Fund Concept Note which has resulted in securing funding for the next three years.



Health Minister Omar Sey launching the SMC Campaign in CRR



Safe sleep for a mother and child under a mosquito treated net

Neglected Tropical Diseases

Key achievements in the area of NTD include:

- NTD Mapping Plan.
- Integrated NTD Master Plan.
- Development of an integrated NTD control programme.
- Nationwide mapping of PC-NTDs in The Gambia.
- Sensitization of Village Health Workers and Leprosy and TB inspectors on early case detection of Leprosy

With the support of WHO, a costed mapping NTD plan was developed as well as an integrated NTD Master Plan. The mapping of NTDs in the country which was supported by WHO revealed useful information about the prevalence of Preventive Chemotherapy (PC-NTDs) NTDs. National prevalence of both Soil Transmitted Helminthiasis and Schistosomiasis were found to be 2.5% and 4.3% respectively. Furthermore, the mapping survey data revealed that 14 (38%) of the districts were co-endemic in both Soil Transmitted Helminthiasis and Schistosomiasis. These findings rendered The Gambia eligible for the implementation of the Mass Drug Administration (MDA) which is expected to contribute towards the elimination and eradication NTDs. The next steps also commenced with the support of WHO.

The neglected tropical disease folder in The Gambia also received the support of WHO in building the capacity of village health care workers and traditional healers and leaders on early case detection of Leprosy within their communities. This was a very important intervention since, as was evident in other countries where the disease was endemic, The Gambia, which had eliminated Leprosy since 1998 and with a prevalence rate of less than 1 case per 10,000 inhabitants, was seeing a comeback in new cases reported.



Blood sampling and collection during the mapping of NTDs



Beakers containing samples of Frank haematuria caused by Schistosomiasis recorded during the mapping exercise



Coding and entering laboratory data during the mapping of NTDs

Disease surveillance

Key achievements in the area of disease surveillance include:

- IDSR Guidelines updated.
- Implementation of case-based surveillance of meningitis.
- Developed the first National Anti-Microbial Resistance guide.
- Peripheral laboratories upgraded to conduct preliminary test for Meningitis.



Laboratory examination of Cerebrospinal Fluid

WHO continued to provide support for timely reporting of routine and epidemic-prone diseases. With its technical and financial support, the IDSR guidelines and training tools were updated and an enhanced surveillance system for Meningitis introduced. All major peripheral laboratories were upgraded to conduct preliminary test for Meningitis. This included equipment and reagent support as well as the training of laboratory staff.

In keeping with global and regional priorities, the first National Anti-Microbial Resistance guide was developed to aid in the detection of resistance patterns in the country. Furthermore, with the support of WHO, a National Laboratory policy was developed.

Implementing the National Ebola Viral Disease (EVD) Preparedness and Response Plan 2015

A milestone towards strengthening the health system in The Gambia

Strengthening and streamlining national and regional coordination mechanisms for emergency response in The Gambia

WHO provided the necessary technical support and normative guidance for the formation and operationalization of the EVD National Task Force (NTF) and Regional Task Force (RTF). The NTF, chaired by the Hon. Minister of Health, is the main coordinating forum for emergency preparedness, response and resource mobilization at a strategic level.

The membership to the NTF includes MoHSW, UN partners, and representatives of stakeholders, regional hospitals, regional health teams and Joint Operations Centre (JOC). The NTF met every two weeks under the chairmanship of the Minister of Health Hon Omar Sey, and his co-chair Dr. Mohammadou Kabir Cham of the Medical and Dental Council of The Gambia.

Strengthening Coordination of Emergency Response through incidence management system: Public Health Emergency Operational Center (PHEOC)

The PHEOC working group was formed and was tasked by WHO with the development of policy, strategic and operational texts for emergency preparedness and response.

It developed a number of policy and strategic guidelines such as the public health operational centre plan (PHEOC), the PHEOC contingency plan, a practical manual for planning and conducting simulation exercises, a training manual for health workers on EVD, the adaptation of the clinical guideline for management of patients with EVD, a guide for infection prevention and control, including a number of SOPs. The information was disseminated to all health facilities.

Three senior members of staff from the epidemiological and disease control unit were trained on the PHEOC incidence management systems. The incidence manager and the lead of case management subcommittee were trained locally by WHO while the focal person for infection prevention and control was trained by CDC in Atlanta, USA.

Test coordination and operations through simulation exercises and drills

WHO supported the Ministry of Health and Social Welfare in testing the level of preparedness and readiness of the coordination and response systems in place. One PHEOC coordination simulation exercise and two full-scale functional simulation exercises were conducted at the Sanatorium exercise and training centre. Another EOC simulation exercise was conducted at Banjul International Airport in collaboration with Ministry of Health and Social Welfare. Health workers at health facilities, hospitals and border points of entry conducted a series of skill drills and functional exercises on coordination, rapid response and infection prevention and control.



Central and regional health teams on EVD preparedness and response, attending a coordination meeting at Tendaba in June 2015

WHO supports the establishment and training of the Rapid Response Teams (RRT) in The Gambia

With the technical and financial support of WHO, the Rapid Response Teams (RRTs) were formed and trained at the national level and in each of the seven regions of the country. Team leaders were selected and RRTs oriented on their terms of reference and roles of each individual team member. Plans were set to conduct more refresher training and more simulation exercises in 2016.

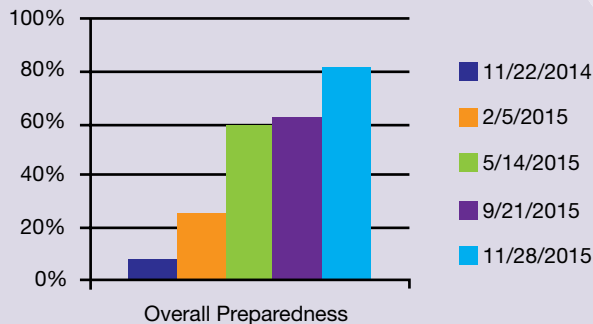
WHO would continue to support regular skills drills and full scale simulation exercises (coordination, skills and knowledge) for all RRTs to ensure preparedness and readiness in case of any suspected EVD occurrence.



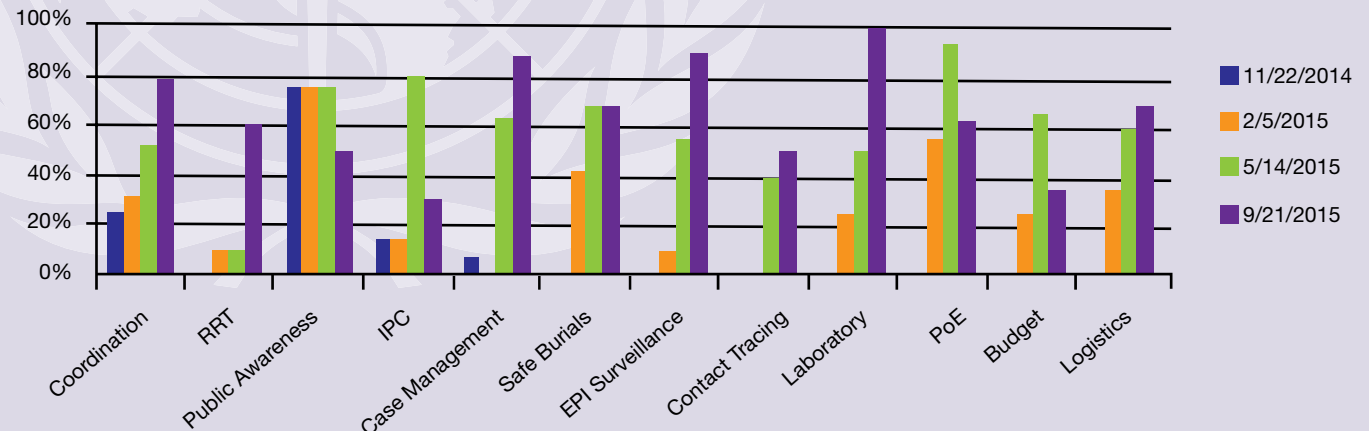
A Rapid Response Team trained and supported by WHO

Level of national EVD preparedness and response

The WHO EVD checklist on the eleven components for EVD preparedness and response shows that, with the technical support to the MoHSW, the overall rate of activity implementation for preparedness and response for The Gambia as of November 2015 stood at 81%



Overall level of national EVD preparedness and response by November 2015



The WHO checklist of levels of national EVD preparedness and response

Strengthening epidemiological and laboratory surveillance systems

WHO has provided technical support and normative guidance to the epidemiological disease control unit (EDC) of the Ministry of Health and Social Welfare in the implementation of epidemiological and laboratory surveillance activities, including surveillances at points of entry, hospitals and in the community. It has also addressed the core capacities in international health regulation, setting up the hotline: 1025 for risk communication and management, training of surveillance officers in IDSR system, IHR and specific EVD case definitions and investigation forms. Standard operating procedures (SOPs) on contact tracing were adapted and disseminated to all health facilities. National, regional and district teams (surveillance officers, clinicians and laboratory staff) were trained on contact tracing and the data management system.

The system with laboratory protocols for specimen collection and shipment from potential EVD cases to a designated reference laboratory for confirmation was adapted, developed and disseminated to all laboratories in the regions. The laboratory teams from each of the regions were trained on 'triple packaging'. Standard operating procedures were also developed to ensure distribution and replenishment of triple packaging whenever necessary. Laboratory staff was trained at national and regional

levels on safety procedures and on the IPC for specimen collection.

Training of health workers in the clinical management of patients with EVD

WHO collaborated with the case management subcommittee in supporting MoHSW in the establishment of two EVD treatment centres and isolation facilities in seven hospitals across the country. These ETCs were responsible for providing the clinical management of suspected cases. The treatment centres were strategically located at the Sanatorium in Banjul, at the MRC in Fajara, and in Mansakonko and Soma.

The centre at the Sanatorium was fitted with a bed capacity of 40, while that at the MRC had a bed capacity of 04. Both centres were outfitted with isolation facilities. The centre at Mansakonko was in an advanced stage of construction, and, when completed, would have a bed capacity for 14 patients.

WHO provided technical support to 7 hospitals and major health centres and to a number of other categories of health centres throughout the country in identifying space for holding or isolation for two patients at least.



Patient transportation: Simulation exercises on clinical management of patients with EVD



Clinical management of patients: Simulation exercise to test preparedness at national level

There were 7 doctors among medical workers from all the seven hospitals and major health centres trained in case management and infection prevention and control. Health care workers for all ETCs have been trained in IPC, waste management and case management using the “Omnibus approach” while guidelines and SOPs for clinical care of suspected cases were also developed.

Several training sessions on IPC and clinical management of EVD suspected cases were conducted for health care workers for the ETCs, regions and hospitals throughout the country. However, there will be the need for further refresher training for all health workers. SOPs have been adapted and health care workers oriented on the same subject matter.

Supplies and materials for the ETCs were pre-positioned at both the Sanatorium and CMS. Additional supplies of IPC and non-medical items were targeted at the holding facilities, POE and ETCs. However, replenishing of the health facilities with IPC consumables remained a major challenge.

WHO supports training of MoHSW staff and partners on EVD infection prevention and control measures

WHO supported a number of infection prevention and control measures through activities that included the adaptation of Infection Prevention and Control guidelines and SOPs specific to the Gambian context, and the dissemination of the same to health facilities and partners. WHO also donated an assortment of basic hygiene, sanitation, disinfection, and PPEs to all health facilities to strengthen infection prevention and control.

A number of IPC supplies and materials were prepositioned at the CMS and to a lesser extent to hospitals. WHO supported the training of over 650 health workers and partners in infection prevention and control measures, and those included border points of entry, including Banjul International Airport, health care workers from the four ETCs, seven hospitals, health facilities, military health staff and regional health teams.



Infection prevention and control: Demonstration on how to use 0.05 chlorinated water as strictly recommended



Infection prevention and control: Simulation exercise on putting on protective gear before giving attention to EVD patients

Training of regional safe and dignified burial teams on term of reference, infection prevention and control and simulation

The MoHSW in collaboration with WHO and Gambia Red Cross Society trained eight teams on safe and dignified burial. The training, which also made use of simulation exercises, covered terms of reference, SOPs and infection prevention and control.

Three teams were trained in the Greater Banjul Region, and one for each of the remaining regions. Each burial team was composed of 8 members: 4 people to carry bodies, 1 to disinfect, 1 community communicator, 1 supervisor and 1 driver. More teams would be trained for each of the seven regions in early 2016 and given further refresher training in June 2016.

Simulation exercises were conducted for the 4 ETC and burial teams during the training of trainers in Banjul.



Safe handling of a dead body

Simulation exercises on safe burial



Safe transportation of a dead body

WHO supports national risk communication, social mobilization and community engagement activities for EVD infection prevention and control

WHO supported public awareness raising, training and community engagement throughout the country on EVD surveillance; infection prevention and control measures, and risk communication. Several community structures and processes for emergency preparedness and response were reinforced; tools were implemented and tested.

Awareness raising activities included: community sensitization and engagement; Radio & TV spots in all native languages; use of posters, bill boards and the establishment and operationalization of the 1025 toll free hotline for risk communication.

WHO operational and logistical support to emergency preparedness and response.

Under the leadership of the logistic and safety subcommittee, WHO supported a number of activities for preparedness and readiness for response. These included donation of medical and non- medical supplies, especially consumables for infection prevention and control which included hand washing materials, drugs and personal protective equipment, including those to be used in isolation or holding facilities in hospitals, health centres, border points of entries and in ETCs. A substantial amount of medical drugs have also been received for use in ETCs for clinical management of suspected EVD cases.

Supplies and materials for the ETCs were pre-positioned at both the Sanatorium and the CMS. Additional IPC supplies and non-medical supplies were to be procured for the holding facilities, POE and ETCs. However, replenishing of the health facilities with IPC consumables continued to present a major challenge.

WHO supported MoHSW with the assessment of the storage capacities at the central medical stores, hospitals and at centres in the regions. An assessment was conducted in a physical inventory taken of medical and non-medical supplies in order to ascertain the gaps and challenges from which appropriate recommendations were made. A major physical inventory of all EVD supplies was undertaken and stock levels were updated. Arrangements for the procurement of additional and unavailable medical and non-medical supplies was set on track based on the outcomes from the physical inventory.

Through the technical and financial support of WHO, two members of staff of the Ministry of Health and Social Welfare were sent on training on operations and logistics management in emergencies organised by WHO in Kampala, Uganda, in December 2015.

Similarly, all administrators from all the seven hospitals and major health centres were trained in infection prevention and control and management of logistics in emergencies, so that they would be able to provide the necessary operational support in emergencies.



Supplies and materials for the ETCs destined for the Sanatorium and the CMS

The assistance visit for the collaborative arrangement for the prevention and management of public health events in civil aviation (CAPSCA)

The International Civil Aviation Organization (ICAO) conducted a CAPSCA Airport Assistance Visits (AVs) to The Gambia from the 16th – 17th September 2015. This visit was part of the implementation of the activities set out in the Ebola United Nations Multi-Partner Trust Fund financed by ICAO-WHO Ebola Virus Disease Aviation Action Plan. Hosted by The Gambia Civil Aviation Authority (GCAA), the scope of the assistance visit focused on public health emergency preparedness and response in the civil aviation sector. One objective of the mission was to support The Gambia in improving on its systems for prevention and management of public health events in the civil aviation sector. Other important elements of the visit was to provide information to stakeholders on ICAO and WHO public health emergency management, promote and facilitate communication and collaboration between the aviation and public health sectors, review existing procedures and to assist The Gambia with advice and training. The findings and recommendations were shared with the Banjul International Airport and with the Ministry of Health and Social Welfare teams. A work plan was then developed to implement the recommendations.



The CAPSCA team poses at Banjul International Airport

Technical mission to support the establishment of public health emergency operations centre in The Gambia

World Health Organization-Africa Region (WHO-AFRO) arrived in September 2015 and conducted an onsite assessment with the main objective of giving technical support to the purpose of establishing and launching a public health emergency operation centre (PHEOC) in The Gambia. Member states of the WHO-Africa Region continue to experience recurrent epidemic and pandemic-prone diseases besides other public health emergencies.

To contribute to strengthening of national capacity for coordinating the preparation for and response to public health emergencies, it is crucial for a country to have a functional public health emergency operations centre that can enhance early warning, support effective coordination of responses and enhance real-time communication at all levels of the health system. PHEOC plays a critical role in fulfilling the obligations to the International Health Regulations (IHR) as well as the core functions of the Integrated Disease Surveillance and Response (IDSR).



Senior officials from MoHSW, the Office of the President, the GCAA and the WR at the CAPSCA workshop

Country Capacity Assessment (CCA) for emergency preparedness and response

In October 2015, WHO collaborated with MoHSW, the National Disaster Management Agency and other partners to conduct a country capacity assessment. The overall goal was to strengthen the disaster risk management (DRM) within the country's health sector.

The findings catalogued the country's capacity and drew up a road map detailing key actions that should be addressed in the next five years. This was then subjected to a peer review before its presentation to stakeholders for their critical review and comments. A time table was also developed for implementation of the resolutions.

Joint MoHSW/WHO monitoring visit to the Regions

The WHO country team, together with counterparts from the Ministry of Health and Social Welfare, conducted a monitoring visit in November 2015 to all the seven regions. The team made up of mainly technical staff and led by the WHO country representative Dr. Sagoe-Moses and the Minister of health, Hon Omar Sey, the minister of health, focused on assessing achievement, particularly, in the areas of public health and emergencies, epidemiology and disease control surveillance, the EPI, RMCH, health Systems, the NCD health promotion, TB/HIV/Malaria and the neglected tropical diseases.

Generally, there was found to be more success stories than the team was able to report on before, given the statistical data recorded at the health facilities. Overall, the mission was pleased to see committed and well-focused Gambians working at all the facilities, motivating themselves to implement the strategies and policies.

Resource mobilization: Budget and contingency funds

WHO mobilized substantial technical resources to support the NEVD 2015, financing it fully, except in areas where donors were project-specific about the utilization of their funds.



Reproductive, maternal, new born and child health: Key achievements

Promoting good health cuts across all areas of work at WHO. The health of women before, during and after pregnancy, and the health of new born, children, adolescents, and older people, are paramount. Interventions take into account the need to address environmental risks as well as gender, equity and human rights among other social determinants of health.

As a primary, responsible member of the global community The Gambia realizes the importance of reproductive health to its national aspirations. It is conscious of its obligations as a signatory to the ICPD Plan of Action to which goals of universal access to reproductive health it remains committed.

Following the expiration for the Reproductive and Child Health Policy 2007-2014, the WCO and the Ministry of Health prepared the successor policy for 2016-2026. Furthermore, in partnership with others, they identified cervical cancer (at the primary, secondary and tertiary levels) as a priority area for intervention. Health facility surveys, births and deaths assessment and auditing in the biennium have been recognized as successful interventions emanating from the maternal and child health strategies.

Those successes confirm WCO's recognition of the fact that partnership and mutual support reduces waste of resources, improves accountability and access to quality service delivery and improves transparency through monitoring and sharing of information. Furthermore, it results in better coordination, improved resource management and ensures quality ante- and postnatal services delivery at all levels.



Partnership results in better coordination, improved resource management and quality ante- and postnatal services

The Gambia is committed to free and quality antenatal care. Health promotion enlightens mothers to seek support early



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A happy family

Maternal and neonatal care

Maternal Death Surveillance and Response (MDSR)

Maternal Death Surveillance and Response (MDSR) is the means by which causes and prevention are identified, notified, and quantified, and through which essential information is provided to stimulate and guide actions to prevent maternal deaths and to improve the measurement of maternal care.

With funds from the Commission on Information and Accountability on Women and Children (COIA) the WHO Country Office and Ministry of Health and Social Welfare (MoHSW) developed a comprehensive list of MDSR strategies, including a road map, in addition to developing MDSR tools, and the conduct of maternal death audits in all the nation's public health facilities.

Births and deaths strategies were also developed to improve the quality of data gathered. In addition, selected health workers in all the seven health regions were identified and trained on emergency maternal, new born and child health, and capacity building which continued to contribute significantly to the provision of quality care delivery. These successes contributed significantly to the reduction of maternal and new born deaths at all levels.

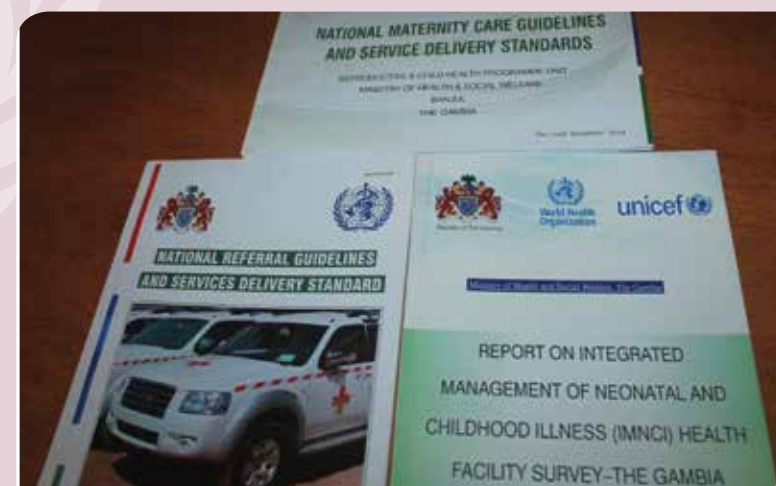
The WCO worked with partners in the conduct of an emergency obstetric care health facility survey which led to the development of guidelines and protocols on emergency obstetric care. The results which highlighted the challenges and made recommendations were reviewed and updated, and were being used in training of health workers on emergency obstetric care.

Through advocacy and close working the partners were able to scale up priority interventions in other regions, thus contributing to improved skills for staff, improved quality in service delivery and a reduction in maternal and new born morbidity and mortality.

Reproductive health



Women attending free and quality ante- and postnatal services at a community health centre



Publications setting out the guidelines to quality care

New born care

Emergency Maternal, New born and Child Health (EMNCH) care is a sustainable emergency-care strategy for pregnant women, new born infants and children. However, several factors pose major challenges in providing quality EMNCH services in public health delivery in The Gambia. Largely, the over-concentration of health facilities and staff in urban areas has caused inequitable access to surgical services resulting in inadequately developed referral systems and the lack of basic procedures that should be performed at the primary and secondary levels.



Community health workers being trained on resuscitation techniques at the primary level.



Newly qualified Gambian trained doctors being trained on EMNCH: A demonstration on resuscitation techniques.

WCO, in collaboration with partners, trained more than 50 health staff on EMNCH and provided resuscitation equipment to most health facilities in all of the country's seven regions. This strategy continued to contribute significantly to the reduction of maternal, new born and child mortality in all levels of care-primary, secondary and tertiary.

Cervical cancer control and prevention

Cancer of the cervix is the second most common cancer among women worldwide. About 500,000 new patients are diagnosed annually and more than 250,000 of them die. It is a major cause of morbidity and mortality among women in poor settings, especially in Africa.

The Ministry of Health and Social Welfare, WHO and other partners established a National Cervical Cancer Committee with sub-committees serving at national and regional levels. The sub-committees developed terms of reference and road maps for their interventions, which included the HPV vaccine, training of health staff on screening for cervical cancer, using visual inspection with acetic acid (VIA). These resulted in the scaling up of the measures to more health facilities and the review, update and adoption by WHO of the country-specific cervical cancer generic guidelines in 2015.

WCO and its partners developed a joint cervical cancer strategic plan 2016-2020 which was shared with partners and stakeholders. During the process of development of the strategic plan, a situational analysis of the current state of cervical cancer prevention and control programme and activities was conducted along with desk reviews and discussions held with stakeholders. The priority areas for The Gambia were identified as: advocacy, health promotion and education, vaccination against HPV, screening for and treatment of cervical precancerous lesions, treatment of cervical cancer, palliative care for advanced cervical cancer and monitoring and evaluation.

WCO seized every opportunity in the commitment shown by the Gambia Government, especially in the efforts by First Lady Zeinab Jammeh, in support against all forms of cancers and the strengthening of advocacy and resource mobilisation. It recognized the successes in the advocacy for stronger partnership with other UN agencies and CSOs in the provision of technical assistants, and the support and sharing of information on best practices in the region.

WHO continued to engage the main stakeholders to ensure that there was an adequate and uninterrupted supply of drugs, equipment, the skilled personnel to deliver the requisite quality service at all levels in the country.



Health workers training in cervical cancer screening techniques. High skills are required of them.



A sterilized tray set for use in screening. Adequate equipment and supplies will enhance prevention against secondary and tertiary cervical cancer.

Integrated Management of New Born and Childhood Illnesses (IMNCI)

In April 2014, WHO country office, in collaboration with UNICEF, WHO/AFRO and MoHSW, conducted the first-ever IMNCI Health Facility Survey (HFS) in The Gambia. It was crafted purposefully to obtain detailed evidential information on how the recommended IMNCI intervention strategy was being implemented at the level of the public health facilities.

Shortages in, resources and other materials, or qualified staff that are substituted with unskilled people, are challenges to the correct treatment of the main childhood illnesses. The data shows that 99% of the children that visited the facility on the day of the survey left without the need for antibiotics; an impressive record. However, the non-availability of injectable medicines for pre-referral treatment (26%) on the day of visit could be a cause for concern in public health facilities. Following the outcome of the survey, the WCO committed itself to advocate and mobilize resources among partners to ensure improved skills in health service providers and the provision of drugs and other supplies. Guidelines on these were developed and distributed.

Health service providers were trained and regular follow-up support given to trainees in all the health facilities.

The findings in Fig 2 revealed that there were only a few diarrhoea treatment corners at health facility level in the seven regions. Therefore, it was recommended that each facility that cares for sick children should have a treatment corner so that health workers could give mothers and caregivers some hours of supervision in the management of diarrhoea.

In response to the challenge of neonatal and childhood illness, WCO, MOHSW and other partners reviewed and updated the Integrated Management of Neonatal and Childhood Illness (IMNCI) strategy 2015-2019.

Correct treatment of Pneumonia, Malaria, Dehydration and Anemia

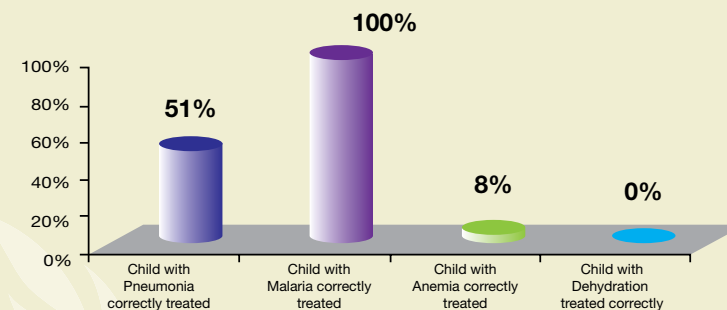


Fig 1: Correct treatment of pneumonia, malaria, dehydration and anemia

Availability of Diarrhea Treatment Corner (DTC) in health facilities by Region Total = 68

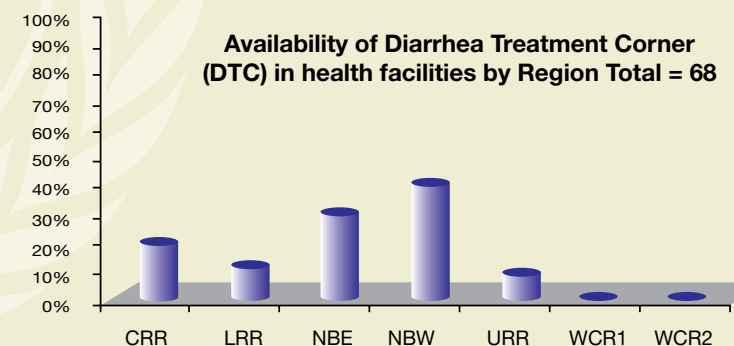


Fig 2: Availability in the regions of Diarrhoea Treatment Corner (DTC) in health facilities

The strategy to reduce child mortality and morbidity was found to be cost-effective and easy to sustain. It covered case management skills of health workers, the strengthening of the health system and the improvement of key family and community practices.

WCO with other partners recognized the need for a global response to child health that would provide opportunities for the implementation of preventive, promotional, curative and developmental interventions. Sustained improvement in child health requires integration of efforts as well as long-term partnerships to support evidence-based policies and strategies. This would rely heavily on advocacy, sharing of best practices and coordination of support to government initiatives for effective outcomes.



Training of health care workers on Emergency Maternal, Newborn and Child Health Care

Nutrition

Training of healthcare workers on basic nutrition

World Health Organization provided financial and technical support to train healthcare workers on basic nutrition. The training was specifically aimed at increasing the knowledge and skills of participants on basic nutrition.

- The capacity of health staff on nutrition was strengthened;
- Staff performance on nutrition activities enhanced; and
- National nutrition targets on nutrient deficiencies achieved.

National Nutritional Surveillance Report 2014

As a way of supporting member states in the monitoring and evaluation of policies and programmes, WHO supported the 2014 national nutritional surveillance in line with the global maternal, infant and young child nutrition comprehensive implementation plan.



A mother breast-feeding her baby



WHO Rep. Dr. Charles Sagoe-Moses lends a hand at a baby weigh-in during a field visit to a health facility

Food Safety: Commemoration of WHD 2015

Food can become contaminated at any point from production, distribution and consumption, and food producers can play a critical role in preventing this. A large proportion of incidents of food-borne diseases is caused by improperly prepared foods or the mishandling of it at home, in restaurants or in markets. There is an urgent need for all food handlers and consumers to understand the importance of adopting basic hygienic practices when buying, selling and preparing food in order to protect their health and that of the wider community.

In the *Five Keys to Safer Food* WHO strongly advocates that:

- Food handlers and consumers know about the food they consume by reading labels on food package, making informed choices and becoming familiar with common food hazards;
- Handlers and consumers prepare food safely at home or, as the case might be, in restaurants or at local markets;
- Fruits and vegetables are grown to decrease microbial contamination.



Five Keys to Safer Food posters used in sensitizing the public



A market woman listens to an inspector's messages on food safety and hygiene



An inspector visits stalls to observe food safety practices

Health Technologies

- Commemoration of World Blood Donor Day 2015.
- Training of laboratory technicians and volunteer blood donors.
- Development of Standard Operating Procedures for laboratory technicians.
- Donation of medicines and medical items to the Ministry of Health and Social Welfare.
- Meeting of blood donor recruiters and counsellors with members of voluntary blood donors associations.
- Review and validation of the National Blood Transfusion Policy and Strategic Plan.



WHO Rep. Dr. Charles Sagoe-Moses donating blood on World Blood Day 2015

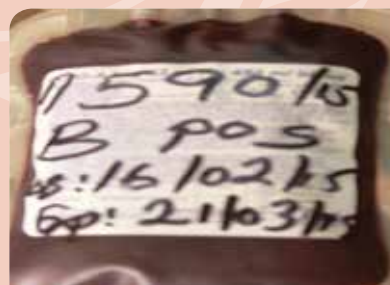
Blood Safety

Blood safety encompasses actions aimed at ensuring that everyone has access to blood and blood products that are as safe as possible, available at reasonable cost and adequate to meet the needs of patients. It includes care that blood is transfused only when necessary, and that it is provided as part of a sustainable blood transfusion programme within the existing health care system.

The theme for World Blood Donor Day 2015 was: **“Thank you for saving my life”**, and focused mainly on showing gratitude to blood donors while strongly encouraging more people all over the world to donate blood voluntarily and regularly.

WHO supported the Blood Transfusion Services to commemorate the day and continued that assistance in the strengthening of the national blood transfusion service (NBTS) to provide adequate and timely supplies of safe blood to the patient population.

The NBTS was uncompromising in its advocacy for blood donated only from voluntary non-remunerated donors at low risk of infection. It also ensured quality-assured testing of all donated blood for transmissible infections, including HIV, hepatitis B and hepatitis C, and for blood groups and compatibility.



Screened donated blood ready for the blood bank



A nurse bleeding a patient

Key achievements in the sector

The quality of medical products is a major issue in the African Region. Therefore, by virtue of its health leadership role, WHO provides support to countries to implement technical guidelines, norms and standards for quality assurance of medicines and health technologies including traditional and complementary medicines.

In The Gambia, WHO provided technical guidance and support to the national pharmaceutical sector through:

- The establishment of an independent regulatory authority (agency) to strengthen regulatory capacity;
- The enactment of the Pharmacy Council Bill 2014;
- The enactment of a Medicines and Related Products Bill 2014.



Minister of Health and Social Welfare Hon. Omar Sey delivering the keynote address during the commemoration of World Blood Donor Day 2015



A display of medicines ready to prescribe for patients at the Edward Francis Small Teaching Hospital



Medicines in storage in a warehouse

Emergencies and crises management

As a way of strengthening capacity for effective disaster risk management (DRM) in the Gambia, WHO supported the Ministry of Health and Social Welfare in conducting a health sector country capacity assessment (CCA), aimed at better preparing the country to manage public health risks associated with emergencies.

Key achievements:

- Identification of capacity gaps for DRM in the health sector.
- Identification of key stakeholders and partners.
- Identification of critical areas for improvement in DRM.
- Development of a road map for DRM in health.



Scenes of flooding during the rainy season



Scenes of flooding during the rainy season

Public health and the environment:

The strategic priority in public health and the environment is the avoidance and elimination of unnecessary illness, injury and death through primary prevention from environmental hazards. In the Gambia rising employment in the informal sector is exposing more and more people to occupational hazards. The WHO Country Office supported the Ministry of Health and Social Welfare in developing and finalizing the Occupational Health and Safety Policy and Strategic Plan.

Key Achievements:

- Occupational Health and Safety Policy;
- Occupational Health and Safety Strategic Plan.



Road workers from the National Roads Authority mending potholes in Bakau town



A welder at work

GMP inspection of medicines manufacturer “Toskani Pharma Gambia Ltd”

Good manufacturing practice (cGMP) is that area of quality assurance which ensures that products are consistently produced and controlled to the quality and standard appropriate to their intended use, and as required by the marketing authorization. WHO supported a mission to conduct cGMP inspection of Toskani Pharma Gambia Ltd., with the objective of ensuring that the company operated under the basic manufacturing concepts of Quality Assurance (QA), Quality Control (QC) and Quality Risk Management (QRM).



Ensuring quality of our medicines.



A sachet of Atenolol tablets.



Sealed medicines ready for the market.

Physical activity

The technical support provided by the WHO to the annual sports for health initiative has contributed to increased physical activity in the country, especially among young people. This activity, spearheaded by the ministries of Health and Social Welfare and Youth and Sports, has now become a solid platform for multi-sectoral action in support of physical activity.



Participants display the banner during The Gambia's golden jubilee celebrations



A volunteer having her blood pressure measured



Walking: Officials of the Health and Youth ministries lead the way



Running: A rewarding part of physical activity



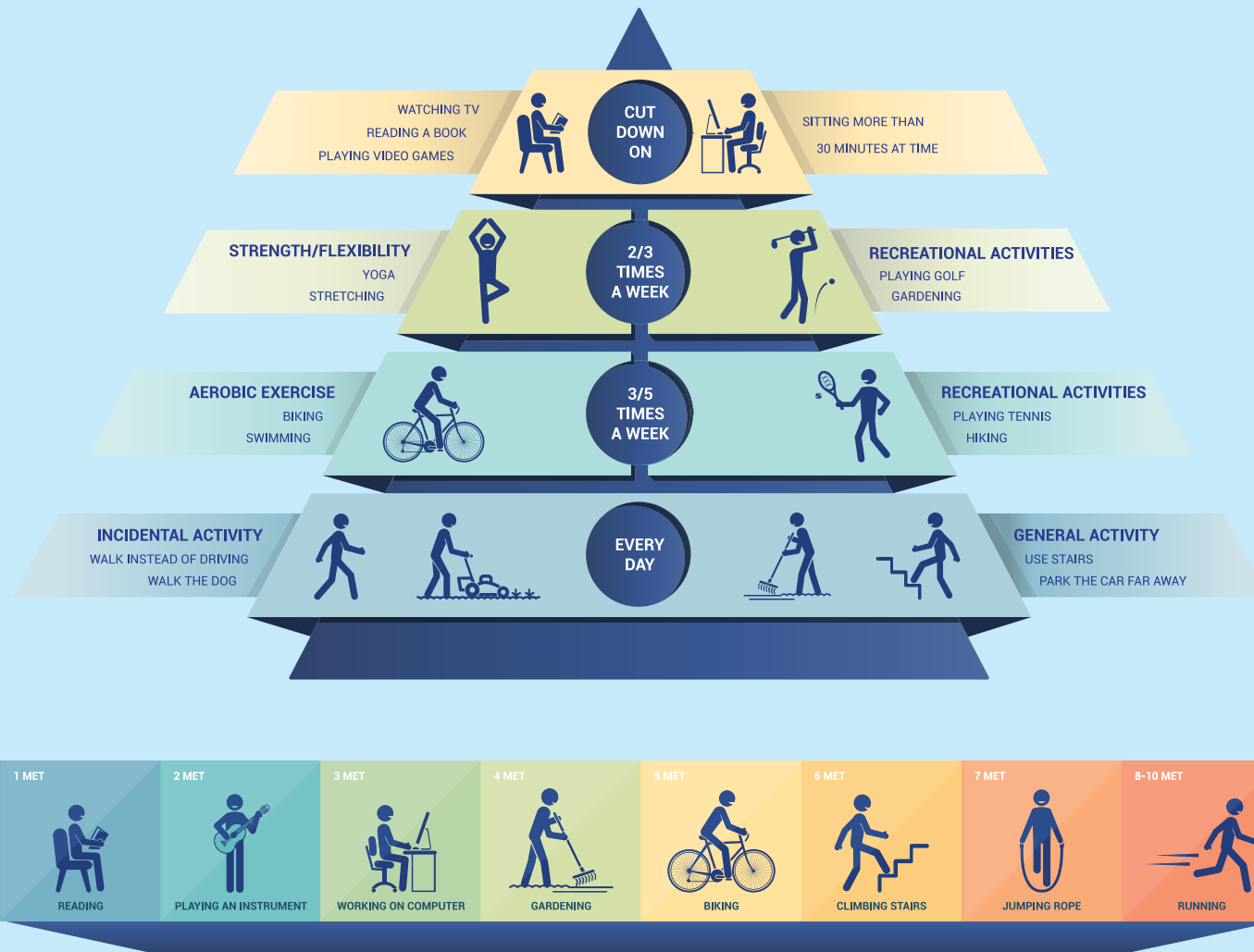
The physically-challenged taking active part in promoting physical activity



Back Stretching: Participants enjoying floor exercises in stretching



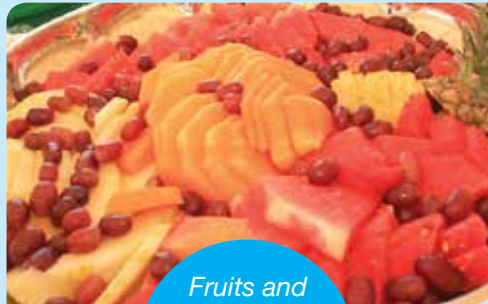
Cycling: great exercise to keep up fitness



The physical activity pyramid promoting healthy living

Healthy diet

The unhealthy diet poses serious threats to human health. The strengthening of multi-sectoral action has contributed to the promotion and consumption of healthy foods.



Fruits and vegetables are essential commodities in our diet

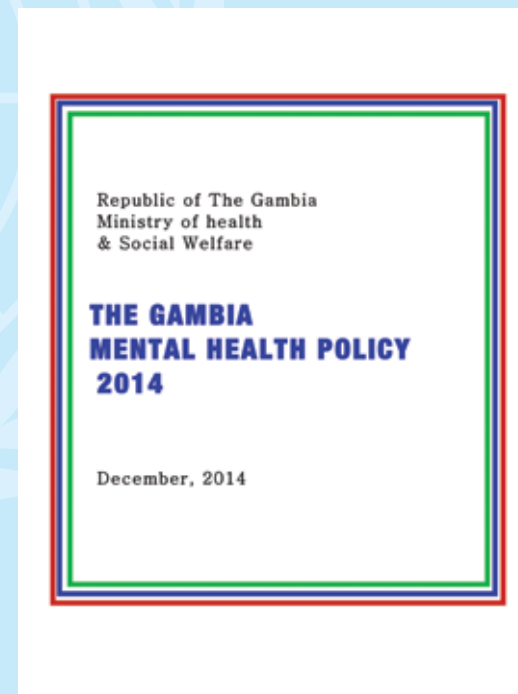


Fish is a high-protein and low-fat food that provides a range of health benefits

Mental health

The main focus of the mental health programme was to support the Ministry of Health and Social Welfare in finalizing the draft mental health policy and strategy as well as increasing advocacy support to mental health promotion.

Hence, through technical and financial support provided by the WHO Country Office, the draft national mental health policy and strategy was finalized. Advocacy and technical support provided to the mental health advocacy project housed in the WHO Country Office also contributed to community action in support of mental health promotion.



Guiding the way to better mental health



Community Outreach

The forum, conducted in the local languages, concentrated on causes, symptoms and prevention of mental illness. The highlight of the event was the testimony made by two youths who attended and spoke of their cannabis smoking habits and the psychosocial effects that had on their behaviour and approach to people. A police officer also spoke of his experience dealing with the mentally ill in the community

Faraba Kairaba Community.



Dialogue and advocacy with traditional healers has contributed to a reduction in human rights abuse, particularly in the chaining of people with mental health problems

Date	No. of Patients	Chained
May 2014	22	8
February 2015	34	2

In May 2014, the rate of the chaining of patients was 36.4%. The practice of chaining was used as a fundamental first-line treatment. Patients were chained for days and weeks, and there were fatalities. After training the healers and conducting advocacy meetings and partnering with nearby health facility, incidents of chaining dropped to a record low of 5.9% by February 2015.

Addressing the main NCD risk factors

The main focus of NCD activities during the biennium was to enhance multi-sectoral, community and individual actions in addressing the main NCD risk factors. The process was facilitated through a number of measures, including sensitization, capacity building, dialogue, strengthening of appropriate administrative mechanisms and the development of its protocols. The main achievements were in the area of tobacco control.

The engagement with different sectors was strengthened through multi-sectoral links established by the Ministry of Health and Social Welfare, and which resulted in the development of draft comprehensive tobacco control bill and tobacco cessation clinical guidelines.

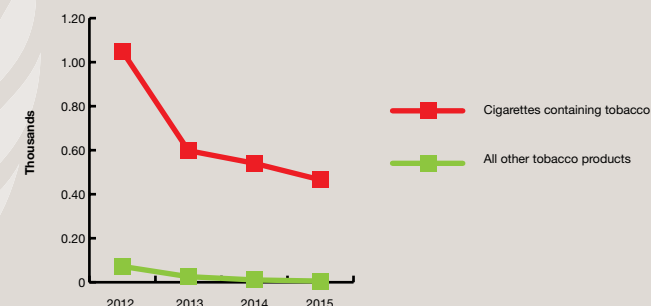
Involving a key sector partner such as the Ministry of Finance in new tobacco tax modeling produced results in increased revenue for The Gambia and a reduction in the importation of tobacco products. Since the introduction of a new tobacco taxation policy (from volume to sticks/packs), tobacco importation has consistently dropped between 2013 and 2015. This has directly or indirectly contributed to a reduction in tobacco consumption in the country.

Similarly revenue collected from tobacco products also increased by an average of 49.6% between 2013 and 2015. This achievement was shared in the African Region at high level meetings held in Ghana and Rwanda during the period under review.

	Total duties collected (Millions GMD)			
Product	2012	2013	2014	2015
Cigarette containing tobacco	148.41	253.53	418.19	428.21
All other tobacco products	6.92	6.49	8.11	1.961
Total	155.32	260.02	426.31	430.18
% contribution of tobacco revenue to total customs collection	7%	10%	12%	10%

Source: ASYCUDA++, GRA, 2015

Impact on policy changes on revenue and import volume



	(Thousands kg)			
Product	2012	2013	2014	2015
Cigarette containing tobacco	1048.94	597.94	540.36	465.30
All other tobacco products	71.86	25.39	10.45	5.35

Source: ASYCUDA++, GRA, 2015

Import volume trend

Advocacy for tobacco control was also intensified through the annual World No-Tobacco Day which has contributed to increased collaboration among sectors including ministries and departments. These efforts also contributed to The Gambia's endorsement of the protocol on illicit trade in tobacco products

What's Your Poison?

When you smoke you inhale up to 4000 chemicals including these poisons:

- Acetone (Paint stripper)
- Naphthylamine*
- Methanol (Rocket fuel)
- Pyrene*
- Dimethylnitrosamine
- Napthalene (Mothballs)
- Cadmium* (Used in car batteries)
- Carbon Monoxide (Poisonous gas in car exhausts)
- Benzopyrene
- Vinyl Chloride*
- Hydrogen Cyanide (Poison used in gas chambers)
- Toluidine
- Ammonia (Floor cleaner)
- Urethane
- Toluene (Industrial solvent)
- Arsenic (White ant poison)
- Dibenzacridine
- Phenol
- Butane (Lighter fuel)
- Polonium-210
- DDT (Insecticide)

It's enough to make you sick. Very sick.

Quit



Traditional communicators advocating for the control of tobacco



Mobilizing youths to play their part in support of tobacco control

The Smoker's Body

Every 6.5 seconds someone dies from tobacco use, says the World Health Organization. Research suggests that people who start smoking in their teens (as more than 70 percent do) and continue for two decades or more will die 20 to 25 years earlier than those who never light up. It is not just lung cancer or heart disease that cause serious health problems and death. Below, some of smoking's less publicized side effects - from head to toe.

- 1. Psoriasis** - A chronic skin condition that causes red, itchy patches on the skin.
- 2. Cataracts** - Clouding of the eye's lens that causes blurry vision and can lead to blindness.
- 3. Wrinkling** - Smoking causes premature aging of the skin, leading to wrinkles and sagging.
- 4. Hearing loss** - Smoking causes hearing loss, particularly in the lower frequencies.
- 5. Cancer** - Smoking causes lung cancer, larynx cancer, and bladder cancer.
- 6. Tooth decay** - Smoking causes gum disease and tooth decay.
- 7. Emphysema** - A lung disease that causes difficulty breathing.
- 8. Osteoporosis** - A bone disease that causes brittle bones.
- 9. Heart disease** - Smoking causes heart disease, including heart attacks.
- 10. Stomach ulcers** - Smoking causes stomach ulcers.
- 11. Discoloured fingers** - Smoking causes yellowing of the fingers.
- 12. Cervical cancer and miscarriage** - Smoking causes cervical cancer and miscarriage.
- 13. Deformed sperm** - Smoking causes deformed sperm.
- 14. Buerger's disease** - A rare disease that causes inflammation of the blood vessels.

Development of policies, plans and guidelines for the strengthening of the health system

During the implementation of the WHO-GotG Programme Budget 2014-2015, key policy and planning documents developed were finalized to strengthen the health system. In June 2014 WCO supported a series of activities leading to the validation of the **National Health Strategic Plan (NHSP 2014-2020)**. With technical support from IST-WA staff the costing of the draft plan was preceded by the training of a core team from the Ministry of Health on the One Health Costing tool. The core team of experts then guided the development process by broad consensus building.

A draft **Health Financing Policy** developed from previous programme budgets, was finalized and then reviewed in September 2015. The national review incorporated recent developments in health financing and addressed government priorities in the new health policy and the strategic plan that were developed after 2008. The Health Financing Policy and the strategies on health financing in the National Health Strategic plan was seen as the guide in the work of the Health Financing Working group. The strategy was focused on supporting The Gambia in achieving Universal Health Coverage according to the stipulation in the Country Compact.

Following a long process of updating, the **National Human Resources for Health Strategic Plan (2015-2019)** was validated at country and regional levels. The validation workshop ensured that the HRH plan under development since 2012 was reviewed in line with the activities and strategies included in the National Health Strategic Plan (2014-2020), and in consideration of the recent needs in the health workforce in light of the Ebola Viral Disease outbreak. A number of key activities identified for accelerated implementation were achieved during the biennium under review. A governance structure was put in place for HRH management that would facilitate the implementation of the plan as well as encourage the development of a postings guideline to improve upon the current poor distribution of health workers across the country.



Partners at the high table during the validation of National Health Strategic Plan



A cross-section of participants attending the validation session

Health systems: Governance, management and coordination

With WHO support the Ministry of Health developed the Monitoring and Evaluation Plan (M&EP) for the implementation of the National Health Strategic Plan (2014-2020). In December 2014 a working group of M&E specialists collaborated with an international consultant to complete an assessment of M&E in the health sector. The team also developed the M&E plan in the first quarter of 2015. On August 7 2015 health stakeholders in a wide spectrum of organisations validated the Monitoring and Evaluation Plan (2015-2020). The Health Management Information System Unit of the Ministry of Health was central to the monitoring of indicators in the plan. During Q4 of 2014, WCO provided financial and technical support for the review of the HIS annual bulletin for 2013 and first quarter bulletin for 2014.

The 8 Strategic Objectives of the NHSP 2014-2020

1. To provide high quality basic health care services that are affordable, available and accessible to the Gambian populace.
2. To reduce the burden of communicable and non-communicable diseases to a level where they cease to be a public health problem.
3. To ensure the availability and retention of highly skilled and a well-motivated human resource based on the health demands of the Gambian populace.
4. To increase access to quality pharmaceutical, laboratory, radiology and blood transfusion services to all by 2020.
5. To improve infrastructure and logistics requirements of the public health system for quality health care delivery.
6. To establish an effective, efficient, equitable and sustainable health sector financing mechanism by 2020.

7. To improve the effectiveness and efficiency of the health information system for planning and decision making towards improved service delivery.
8. To ensure effective and efficient health service provisions through the development of effective coordination and partnerships.

In 2014-2015, the Ministry of Health, supported by WHO, developed a Country Compact, in line with the International Health Partnership plus (IHP+) principles. The draft Country Compact was completed in the first quarter of 2015 and has since served as the partnership agreement of the signatory health stakeholders affirming their commitment to implement the NHSP(2015-2020).

Two health stakeholders' committee meetings were held in 2015 to galvanize support as well as to agree on the coordination mechanisms and structure for the implementation of the Country Compact.

The Compact Working Groups

Six Working Groups served under the stewardship of the Health Sector Coordinating Group (HSCG), which was vested with the responsibility to organize the equivalent of the Basic Education Sector's Coordinating Committee Meeting (CCM) of the Ministry of Basic and Secondary Education (MoBSE):

1. The PHC Coordinating Committee.
2. Human Resources Development and Management.
3. Health Infrastructure Development and Maintenance.
4. Procurement, Supply Chain Management of Medical Products and Health Technology.
5. Health Financing and Financial Management.
6. Health Information, M&E and Supportive Supervision.

Their working document, the Country Compact, set out the understanding and agreement between the Government of The Gambia (GOTG) and its Health Development Partners (HDPs), with the express purpose of accelerating the achievement of universal access to high quality health care that would lead to improved and equitable health outcomes for all in The Gambia.



WHO Rep. Dr. Charles Sagoe-Moses speaking at the Health Stakeholders Meeting for the Country Compact



A WHO facilitator sharing his thoughts during discussions over the draft Country Compact



Joint Assessment of National Strategies (JANS) in the health sector

Joint Assessment of National Strategies (JANS) in the health sector

The Ministry of Health and Social Welfare, collaborating with WHO, established a national team during the last quarter of 2014 to undertake a Joint Assessment of National Strategies (JANS) in the health sector. The JANS is an exercise that aims to assist ministries of Health and their development partners put in place a comprehensive and robust national health strategy around which all stakeholder would feel confident in their support to the health sector.

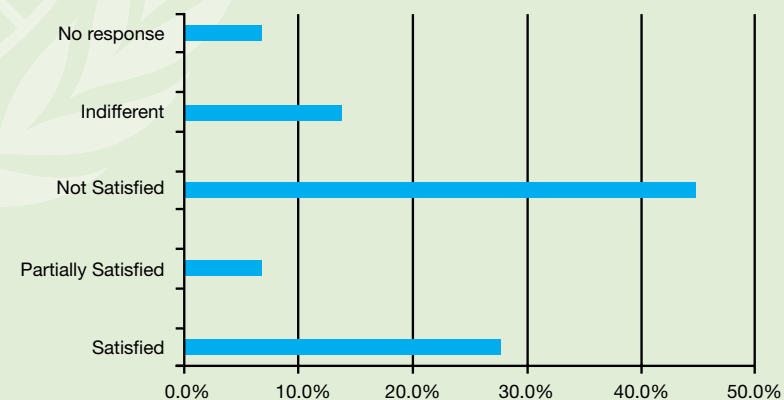
In September 2015, the JANS team organised a workshop to share the outcomes of the JANS report with health stakeholders. The health stakeholders consulted during the process were given the opportunity to discuss the findings. A number of recommendations embracing the important lessons learnt were included in the report to guide the implementation of national Health Strategic Plan (2014-2020). The recommendations focused specifically on stakeholder coordination and ownership of programme implementation.

The JANS results were designed for use in a number of ways to improve the possibility of achieving results in the health sector. They would help to ensure the development of the strategies and to draw up contents appropriate to the country needs. They can help enhance the ownership of the plan by a wide range of main stakeholders. This way there would be increased commitment to implementing the recommendations. It could be used also as a blueprint for decisions on how to support and fund the health strategic plan (2014-2020).



WHO Rep. Dr. Charles Sagoe-Moses and Minister of Health and Social Welfare Hon. Omar Sey participating in the JANS workshop

Stakeholder satisfaction with respect to implementation of Health Strategies



Resource mobilisation to strengthen health systems

The five-year HSS proposal for cash-based support worth \$5 million came from GAVI received an extra boost from WHO that provided additional financial and technical assistance to support the country team in developing the proposal. The drafting of the proposal was carried out in July 2014 at a workshop supported by IST/WA and the WCO team.

The WCO facilitated the recruitment of two consultants through the Global Fund-WHO Agreement to develop concept notes for Tuberculosis and the strengthening of the health systems. The TB HSS Concept Note was approved in 2015 and was funded in a grant form of \$7.6 million.

With the development of these successful resource mobilization proposals, more than \$10 million was mobilized to support the health system in The Gambia.



A WHO expert contributing to the proceedings of the workshop



RCH Outreach Clinics will be rehabilitated from GAVI HSS grant

National Health Accounts (NHA)

National Health Accounts (NHA) is an internationally recognised framework to track health expenditures in a country. It tracks public, private and donor expenditure and helps policymakers not only to determine how healthcare funds are distributed across the different services but also to formulate the right financing policy for a more effective management of scarce resources.

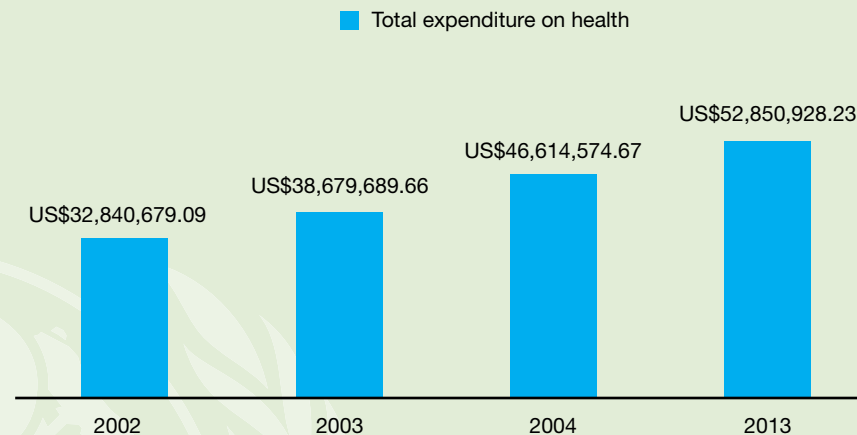
With the WCO and WHO teams collaborating with the Global Fund, the Ministry of Health and Social Welfare, the team completed the second NHA for the financial year 2013 and the results published in 2015.

The NHA showed that health expenditure in The Gambia increased by 61% from 2002, (when the first NHA was done for 2002-2004 financial years) to 2013. The main sources of health funding in 2013 were donors (46.7%), government (28%) and households (21.21%). Health expenditure stood at 5.6% of GDP while per capita health expenditure was estimated at \$28 which was below the minimum WHO recommendation of \$34-\$40.

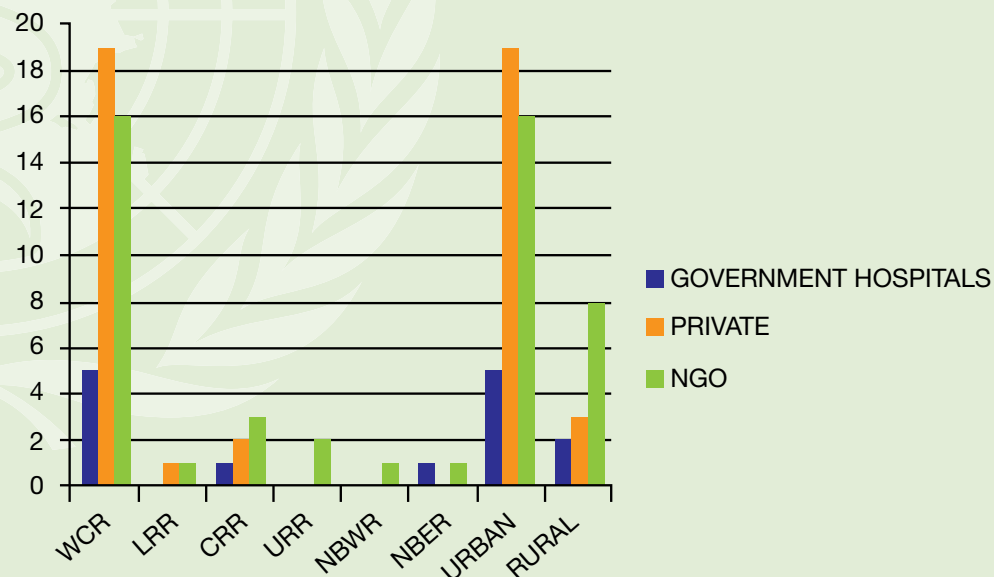
Social Determinants of Health (SDH)

A situational analysis of the Social Determinants of Health was prepared for the first time in 2015. In November 2015, the National Assembly were sensitized on the Health in all Policies (HiAP) approach, with the view to helping legislators increase their awareness of the social determinants of health and to seek their support for the approach.

Total Health Expenditure



Trend in total health expenditure from NHA data



Total number of health facilities by region

Challenges

Notwithstanding the achievements already highlighted, a number of challenges were encountered during the period under review:

1. Competing priorities of the MoHSW coupled with inadequate coordination of other sectors and partners often caused delays in the implementation of activities;
 2. Inadequacy and, in some cases, unavailability of funds to implement some of the activities;
 3. Shortfalls in funds and other resources by national health authorities to bridge the existing funding gap in the plan of action;
 4. Inadequate human resource capacity at the level of the WCO and MOHSW to implement some of the activities;
 5. Mobilization by WCO of other partners that have direct or indirect influence.
3. To facilitate coordination and donor support, WHO and MoHSW shall collaborate with other partners to facilitate implementation of the national health strategic plan through finalization of the requisite operational plan.
 4. WHO and MoHSW to create a platform for regular consultation to monitor effectively the implementation of the POA activities.
 5. To address some of the funding gaps in the POA, WHO and MoH in collaboration with partners to initiate and strengthen measures for resource mobilization.

Recommendations

Based on the lessons learned and the need to consolidate the achievements registered and address some of the challenges highlighted for better performance in the next biennium 2016-2017, the following recommendations were made:

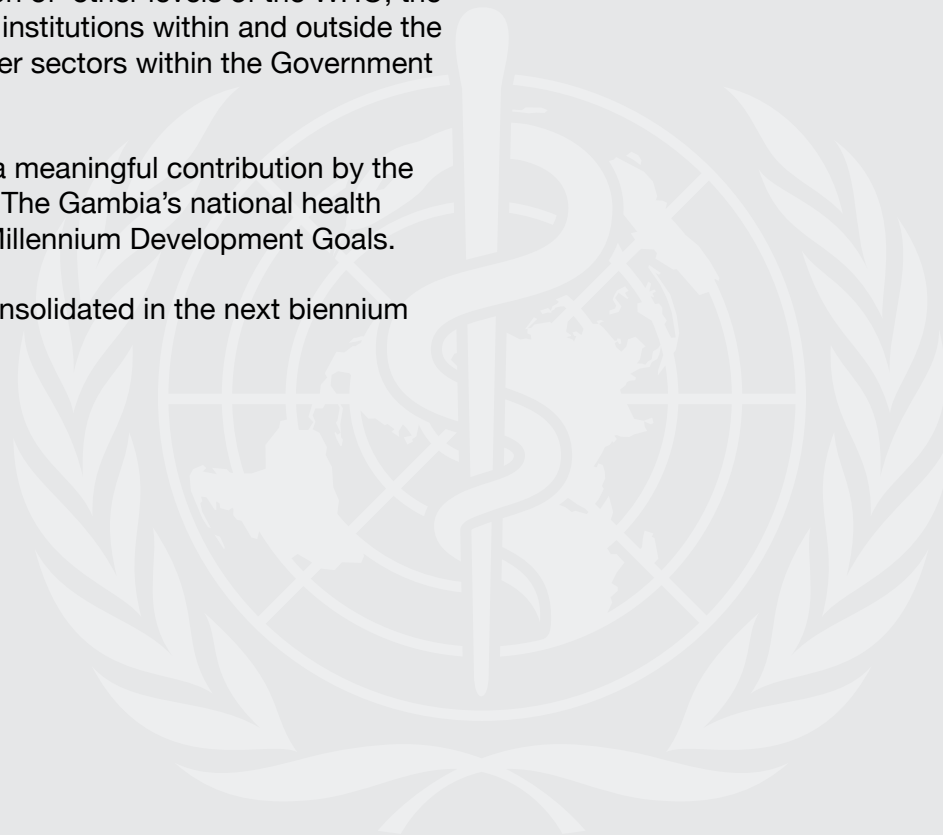
1. To ensure greater accountability and efficiency in the use of available resources, WHO and MoHSW ought jointly to establish mechanisms for timely disbursement and submission of financial and technical reports after completion of activities.
2. In support of the above, WCO would continue engaging national health authorities in implementing new AFRO transformation agenda by ensuring compliance with WHO business rules.

Conclusion

In spite of meager resources and challenges, WCO, was able to implement 82.5% of the 178 activities planned for the biennium with an overall financial implementation rate of 95% as at 31 December 2015. It owes this milestone to the support and collaboration of other levels of the WHO, the partnership with other organizations and institutions within and outside the United Nations System and that with other sectors within the Government of The Gambia.

We hope that these gains have enabled a meaningful contribution by the WCO to the collective efforts to realizing The Gambia's national health goals, particularly as entrenched in the Millennium Development Goals.

These efforts and gains will be further consolidated in the next biennium 2016-2017.



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