



WHO GAMBIA BIENNIAL REPORT 2020-2021

WORLD HEALTH ORGANIZATION

GAMBIA COUNTRY OFFICE

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Gambia



**World Health
Organization**

The Gambia

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MESSAGE FROM THE WHO COUNTRY REPRESENTATIVE

In the last two years since its emergence, the COVID-19 pandemic has wreaked havoc to global health systems. Millions lost their loved ones to the pandemic, and billions faced an uncertain future with poverty levels on the rise for the first time in 20 years. Despite measured improvements in the past few months, the pandemic continues to cause major disruptions in global supply chain systems and hamper the delivery of essential health care services around the globe and The Gambia was not an exception.

Despite the unprecedented COVID-19 disruptions, the World Health Organization's Gambia Country Office together with partners provided substantial support to the government to combat the effects of COVID-19 pandemic. While strengthening the healthcare delivery system to better deal with the pandemic the support has enhanced its capacity to deal with any such health emergencies in the future. This report highlights some of the WHO's key achievements during the reporting period. The report reflects our progress in accomplishing the "Triple Billion" targets set by WHO, i.e. to ensure that 1 billion more people benefit from universal health coverage (UHC), 1 billion more are protected from health emergencies, and 1 billion improve their overall health and wellbeing.

The pandemic underscored the importance of a strong and agile healthcare system that is well-equipped to handle interventions that go far beyond traditional curative health care. From the onset of the pandemic, the WHO has been working in tandem with the government counterparts to support in the development and implementation of pandemic response plans and strategies. The cross-collaborative partnerships between the WHO, the Government of The Gambia, the donor community, and the national healthcare sector has allowed for a quick scale-up of pandemic response.

Moving forward, we expect the impact of the disruptions caused by the COVID-19 pandemic to linger and slow the progress made thus far in healthcare service coverage. In addition, we are aware of the worsening financial circumstances of the most vulnerable populations in the country which is exacerbated by the pandemic. However, despite these hurdles, I - along with my colleagues at WHO - are confident with the strong leadership of the Government WHO will help realize the delivery of equitable health coverage for all Gambians. We are equally confident and proud of the fruitful partnership with government, health development partners and donor community in achieving this shared goal.

This report highlights many other instances of the WHO's collaborative efforts to not just respond to the pandemic, but also support the Government of The Gambia in ensuring the continuity of the on-going healthcare reforms in the country. I would like to take this moment to thank our partners - particularly our colleagues at the Ministry of Health - who, in a spirit of solidarity and support, provided their time, skills and resources as we faced this unprecedented challenge. In particular, I would like to express my deepest gratitude to the Honourable Minister of Health, Dr. Ahmadou Lamin Samateh, for his continued support in advancing the shared vision, the strong leadership of the health sector, and his overall zeal and enthusiasm for public service.

Dr. Desta Tiruneh

COUNTRY OVERVIEW

The Gambia is a West African nation comprising of 10,689 square kilometers of land, making it the smallest country within mainland Africa. The country is surrounded by Senegal on all sides, except for its western coast on the Atlantic Ocean. It is home to an estimated 2.3 million people and has a density of 176 people per square kilometer.

The Gambia's health sector is guided by the Gambia National Health Sector Strategic Plan 2014-2020 and more than 20 other health policy documents - many of which were drafted with support (both technical and financial) from the WHO Gambia country office. The government of The Gambia allocates a higher proportion of its total government spending to health than average among African nations. Communicable diseases are still the most common cause of death in the country (accounting for 55.3% of all deaths, without factoring the deaths caused by COVID-19), though noncommunicable diseases are thought to be under-diagnosed and underreported as a cause of illness and death.

The Gambia has a three-tier system for the delivery of public health services: primary, secondary, and tertiary. Regional health directorates (RHDs) are responsible for management and support of the seven regional health teams, which in turn are responsible for primary and secondary healthcare facilities and their staff in their respective regions. Primary health care is delivered at the community level through the village health services by village health workers who provide and promote preventive health care.



Map of The Gambia showing its five different administrative regions and one city (Banjul)

Secondary care is provided through health centers (minor and major), which deliver up to 70 percent of the basic health care package, including emergency obstetric and neonatal care. Tertiary health care consists of the general and district hospitals, including the teaching hospital, which is the highest level of referral system. Hospitals are semi-autonomous and are not supervised by regional health directors but report to them the patient usage data.

Although The Gambia has registered significant achievements because of improved access to basic health services across the country, Primary Health Care (PHC) has deteriorated overtime and is no longer adequately serving the population. There is considerable growth in Non-Communicable Diseases (NCDs), high out of pocket expenditures for healthcare, serious challenges relating to maternal and women's health, and skilled health personnel are inadequate.

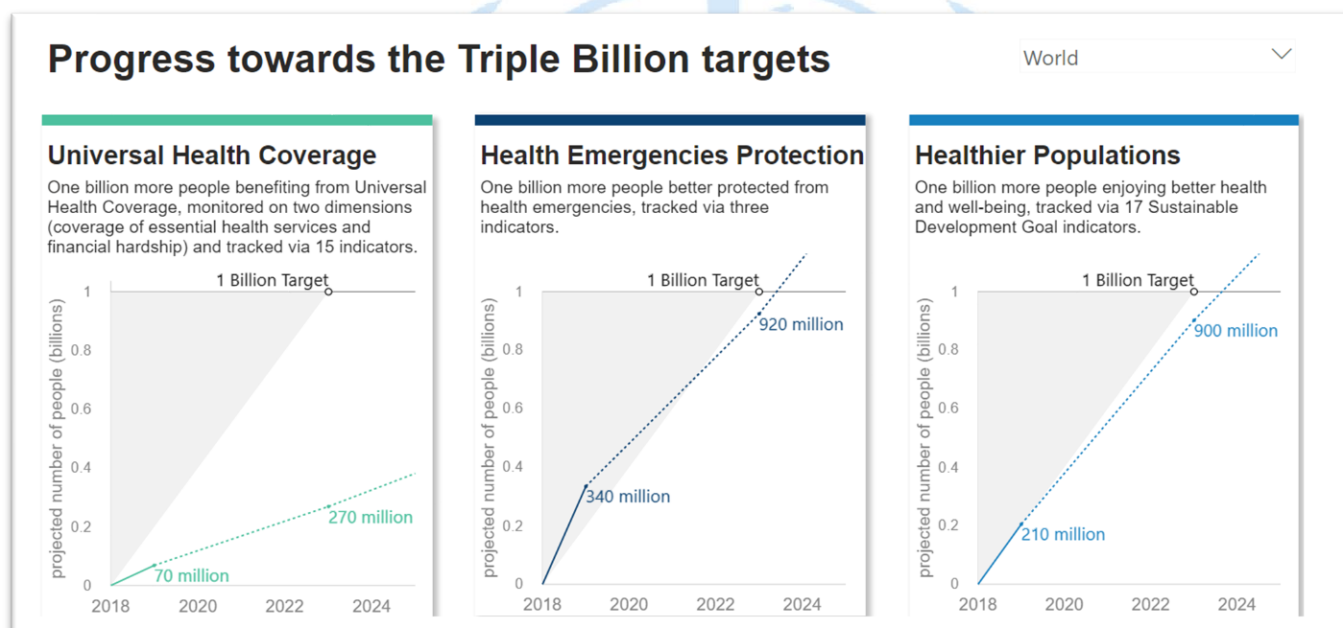
THE TRIPLE BILLION TARGETS

The Triple Billion targets are an ambitious initiative to improve the health of billions by 2023. As the foundation of WHO's Thirteenth General Programme of Work (GPW13), the Triple Billions serve both as a measurement and a policy strategy. They are an integral part of the GPW13's Results Framework, a new tool designed to measure and improve WHO's impact on health at the country level. Additionally, measurement of these targets has been consciously aligned with those of the SDGs, to reduce country burden in data collection and streamline efforts to accelerate progress towards achieving key targets.

The goals of the Triple Billions are simple and straightforward. By 2023, WHO proposes to achieve:

- ❖ Pillar 1: 1 billion more people benefitting from universal health coverage
- ❖ Pillar 2: 1 billion more people better protected from health emergencies
- ❖ Pillar 3: 1 billion more people enjoying better health and well-being

This report has been structured along these three goals. All WHO Gambia's achievements in this reporting period has been organized to reflect the overall impact it has on WHO's "Triple Billion" targets.



PILLAR 1: 1 BILLION MORE PEOPLE BENEFITTING FROM UNIVERSAL HEALTH COVERAGE

Healthcare Policy & Reforms

Despite the disruptions caused by COVID-19, The Gambia has been able to generate and implement several healthcare reforms and policy in the past year. WHO assisted the Ministry of Health in developing and finalizing a new National Health Policy, 2021-2030 that envisions a shift in health sector objectives as well as several reforms leading to Universal Health Coverage (UHC) by 2030. Our support ranges from arranging policymaker trainings to supporting analytical, consultative, and validation sessions.

WHO assisted in the design and establishment of a high-level sectoral coordination structure, including the Joint Inter-Agency Coordination Committee. As inter-agency coordination is vital to improve the effectiveness and efficiency of the health sector in Gambia as a whole, the Committee was set up to coordinate activities amongst various actors operating in the country, while avoiding the duplication of work on the ground. Although The Gambia signed a new Sector Coordination Agreement in 2019/2020, no regular meetings have been held partly due to the restrictions imposed by the COVID-19 pandemic. In the upcoming year, WHO Gambia hopes to re-engage the MoH and other health partners in the country to operationalize the Sector Coordination Agreement once again.



WHO staff attending the National Health Policy planning event

Due to COVID-19 interruptions, there have been considerable delays in the timeline for successful validation, and the quality of data needed to do granular level scenario analysis is still limited. However, despite these challenges, WHO Gambia anticipates finalizing the draft national health sector strategic plan next year, and to continue supporting the development of implementation/operational plans.

Primary Health Care (PHC) Service Delivery

About 40% of outpatient care in Gambia is provided at primary health care (PHC) facilities. However, PHC suffers from lack of funding, supplies, and staffing. During this reporting period, WHO helped MoH conduct the Village Health Development Committees (VHDC) assessment. VHDCs are considered the foundations for PHC delivery and community mobilization. With support from the WHO, the MoH sampled 148 Village Health Development Committees to assess their functionality and identify the challenges. The assessment showed majority of the VHDCs were non-functional and operating with limited technical



and other support. This data was used by the MoH to create an action plan to improve community health and PHC service delivery.

Following the assessment, Gambia developed a new roadmap for reinvigorating PHC. The plan, however, remains yet to be fully funded and implemented. Towards this end, an essential health package (EHP) for PHC was developed and reviewed in collaboration with other development partners, with World Bank funding. The WHO helped organize and guide the technical discussions for these sessions and supported two rounds of supervisory visits to 50 PHC units and communities.

A key challenge in reinvigorating the quality of care at the PHC facilities has been the slow roll out of decentralization, which has continued to hamper the availability of resources (both financial and in some cases material) at PHCs. In 2022, WHO will continue to provide strategic support towards strengthening the quality of services at PHC by identifying key areas for strategic investment and reinforcing the health facility standards at all sites.

Human Resources for Health (HRH)

With the on-going COVID-19 pandemic, the MoH made human resource management for health sector a key priority for Government and other implementing partners. To assist the Ministry in its mission, the WHO supported a capacity assessment for all existing health workers in the public sector to determine their qualifications, areas of expertise, and years of experience. The assessment informed the strategic deployment of staff to cover critical gaps that emerged during the pandemic response. Using the assessment data, the WHO helped develop a three-year training plan tailored to build the capacity of all public health care workers. In 2022, we will support the accelerated training of medical specialists and other cadres of healthcare professionals with the greatest skill gap.

Along with the assessment, we provided financial and technical support to the MoH to develop an HRH Strategic Plan (2022-2026) and a revised HRH Policy that aligns with the new National Health Policy (2021-2030). However, with the increased demand for healthcare

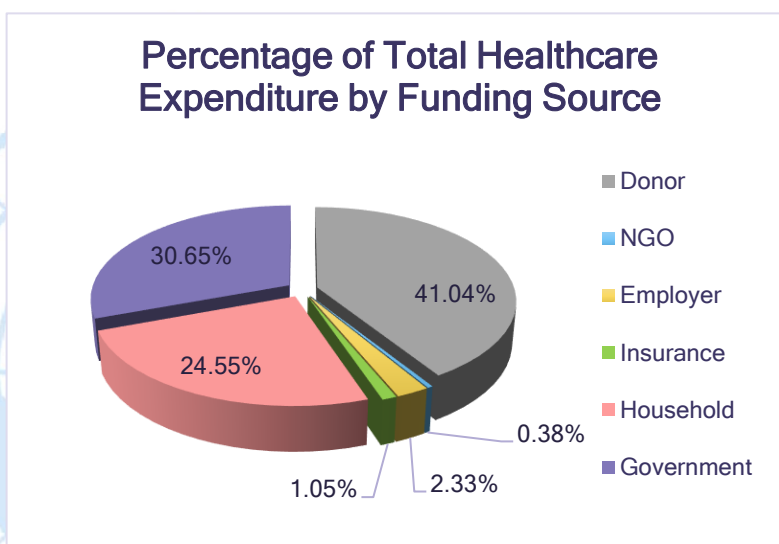


workers during the COVID-19 pandemic, the planned provisions of the HRH plan were disrupted, leading to some delays in the implementation of the HRH Strategic Plan. However, the coordinated implementation of the HRH Plan will be among our utmost priority in the coming fiscal year.

WHO also supported updating the staffing norms for all three levels of service delivery (primary, secondary and tertiary health facilities) during this reporting period. Staffing norm is a human resource planning tool that gives indication of the number and calibre of staff required in any given health facility. The staffing norms are now in line with the needs of the health sector and align well with the package of essential care developed by the MoH with technical support from WHO and other partners.

Health Financing

The Gambia's health financing situation shows a large dependence on donor support for health systems management and household out-of-pocket expenditure, which is estimated to be around 24% in a scenario with no social health insurance in place. To address the high out-of-pocket expenditures for accessing healthcare service in the country, WHO actively supported the passage of the National Health Insurance Scheme (NHIS) in 2021, despite the challenges posed by COVID-19 restrictions. The health financing scheme is expected significantly to reduce out-of-pocket expenditures on healthcare services, while simultaneously increasing access to quality health care facilities, and improving the overall healthcare delivery system. WHO will continue to support the startup of the NHIS, including in the establishment and operationalization of the National Health Insurance Agency to implement the NHIS.



Share of total health expenditure in Gambia by different source (NHA 2017)

To sustain the gains made so far and promote Universal Health Coverage (UHC), WHO pursued several reforms to promote sustainable health financing with government leadership. In a key milestone for the health sector, we helped develop the standard operating procedures (SOPs) for institutionalizing National Health Accounts (NHA), using 2021 WHO Guidelines. The NHA is a framework for measuring total national health expenditures including public, private, and donors. It provides key indicators that are used to diagnose the 'financial health' of the health system. Reliable information on health financing and trends is crucial in that it underpins monitoring, decision-making and efficient use of funds. The NHA will provide a platform to monitor and evaluate health care interventions, policy design and implementation, and dialogue.

Medical Supply Chain & Medicine Stockout

Gambia faces perennial stockout of essential medicines needed to satisfy the priority health care needs of the population. This is a new area where WHO Gambia managed to expand its support. With our support, the Medicines Control Agency (MCA) developed its Strategic Plan 2019-2023, that



operationalizes the vision, mission, and mandate of the Agency. The MCA was established as the regulatory body for medicines and related products, including supply chain management (which consist of storage, transportation, and distribution) of medicines and related healthcare products in both the public and private health sector. The WHO also supported the MCA in development of several other policy guidelines (all aligned to WHO's global standards) that streamline regulatory pathways for new medical products to be available to the public in a timely manner, following legal and orderly processes. These included the development of Gambia's first guidelines for clinical trials in humans; guidelines for storage and distribution of medicines and related products; a public health emergency policy to navigate regulatory pathways during declared Public Health Emergency (PHE) situations (such as COVID-19 pandemic); and a Reliance Policy to promote a more effective and efficient approach to the evaluation and authorization of applications that has been approved by a recognized National Medicines Regulatory Authority (NMRA) or regional and international body while retaining the Agency's regulatory responsibilities and decision-making.

WHO Gambia also supported the MCA in the establishment of the pharmacovigilance system to ensure the safety of MCA-marketed products in The Gambia. The MCA relies on WHO's Global database of individual case safety reports (ICSR) - *VigiBase* - which holds over 30 million anonymized reports of suspected adverse effects of medicines suffered by patients from over 100 WHO member states. The Agency relies upon this resource as a single point of pharmacovigilance information to confirm and validate signals of adverse events with medicines that the Agency has observed in The Gambia.

With the on-going COVID-19 pandemic, the WHO strived to ensure there were no oxygen shortages at COVID-19 treatment facilities, as witnessed in multiple other countries at the height of the pandemic around the globe. To this end, we supported the MoH in conducting a needs analysis of the national oxygen demand in the country. The assessment was conducted on high volume hospitals that are at the forefront of the pandemic in providing COVID-19 treatment while maintaining a constant supply of oxygen. Based on the outcome of the study, the WHO was able to guide the MoH in the procurement of an 50m³/hr capacity oxygen plant, with further support from WB, UNDP and the MoH.



WHO staff inspecting the stock of oxygen cylinders at a local health facility

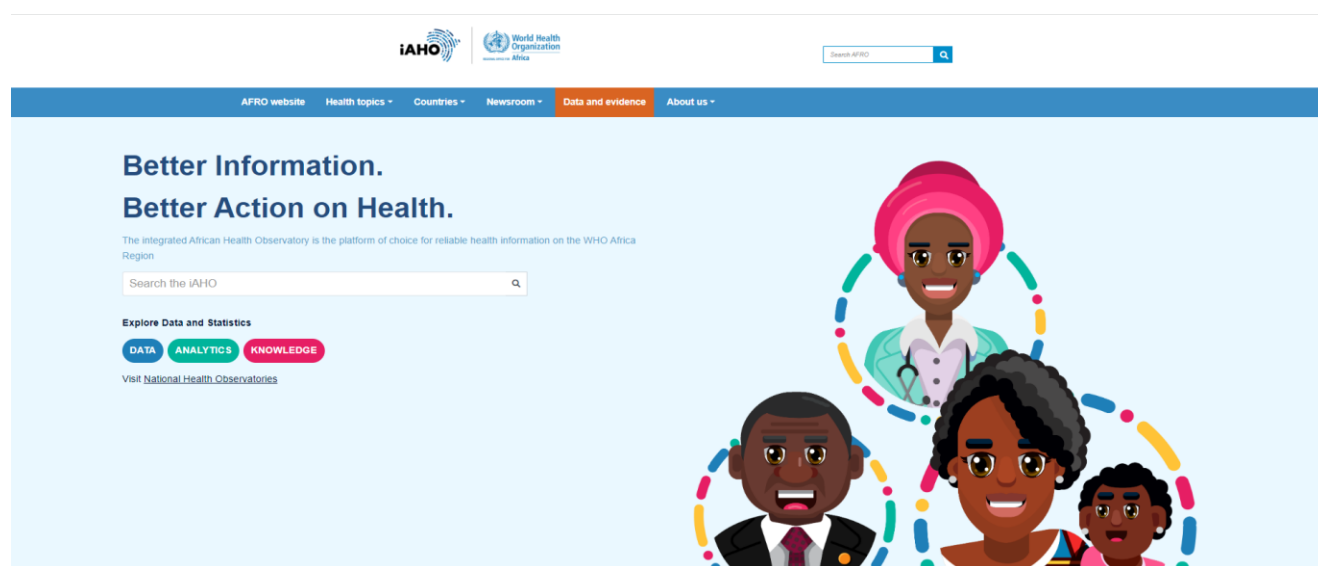
Health Management Information

Systems (HMIS) and Data Management

Health Management Information Systems (HMIS) is one of the essential building blocks for a strong and responsive healthcare system that is tailored to the needs of its beneficiaries. The WHO continues to

support the MoH with data management and HMIS needs. We supported the MoH in training government officers on ICD-11, the eleventh revision of the International Classification of Diseases (ICD). The ICD is developed and annually updated by the WHO, and this guide is considered the global standard for recording health information and causes of death.

The WHO's Regional Office for Africa publishes the integrated African Health Observatory (iAHO), an online strategic health information platform that provides a real-time view of what is happening in the health sector in the Region. The iAHO is an online web-based strategic health intelligence platform for consolidating and disseminating health data and information. The open access platform provides a stage for health actors to engage on evidence. In this reporting period, WHO validated 20-years of selected data related to the Gambian healthcare system - which were uploaded to the iAHO for public use and access. WHO will continue to guide and support the MoH in identifying and tackling key HMIS bottlenecks to ensure timely health sector data collection, proper data management and use.



The landing page for iAHO (<https://aho.afro.who.int/>)

Unfortunately, due to HR shortages, budgetary constraints, and other restrictions brought on by the COVID-19 pandemic, the annual health sector performance review and the accompanying partner summit was postponed to 2022. WHO Gambia also supported the MoH in conducting a rapid mortality survey during the COVID-19 pandemic, providing empirical evidence regarding COVID-related mortality rates.

Viral Hepatitis Prevention and Control and Prevention



WHO staff engaged in advocacy for budget allocation towards Hepatitis support

Hepatitis B Virus (HBV) infection is endemic in The Gambia, with 15% to 20% of the population being chronic carriers of the virus. In 2017, the WHO country office supported our government counterparts in the development of the National Hepatitis Strategic Policy and Plan to create a framework towards the elimination of viral hepatitis as a public health threat in the Gambia.

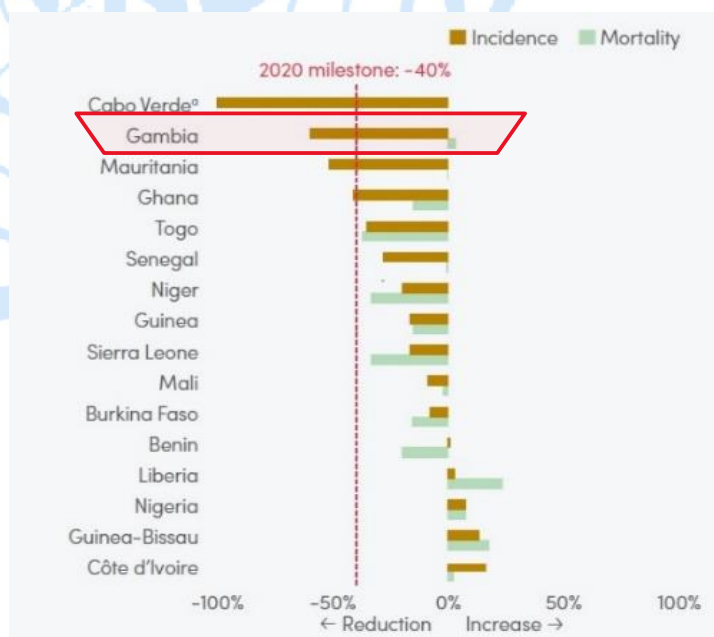
However, due to a lack of sustained funding for the effort, the plan has yet to be operationalized. Nevertheless, during this reporting period, WHO Gambia and other government partners engaged in high-level advocacy efforts that were able to ensure domestic funding allocation for activities related to combating

hepatitis infection in the country. With the aim of fully operationalizing the National Hepatitis Strategic Plan, WHO Gambia will continue to advocate for and mobilize funding for the implementation of the plan in the months to come.

Malaria Prevention and Control

Building on the progress from previous years, WHO Gambia continued to partner with the MoH to make strides during this reporting period in the fight against malaria. WHO Gambia supported the MoH in conducting an end-term review for the previous National Malaria Strategic Plan (2014-2020), which has been a remarkable success for the country. Since 2015, The Gambia has been one of the few African countries to have achieved the Global Technical Strategy goal of 40% reduction in malaria case incidence by 2020.

Taking the lessons learned from the previous strategy and disseminating the achievements from the same, the WHO Gambia once again assisted the MoH in the development of a new National Malaria Strategic Plan for Elimination (2021-2025). The current strategy's focus is on malaria elimination,



Change in malaria incidence from 2015-2020

which will begin with a sub-national program before being scaled up nationally. To support this effort, WHO Gambia facilitated the development of funding request through *The Global Fund to Fight AIDS, Tuberculosis & Malaria*, and mobilized funds for three years to support the malaria program. In addition, the WHO Gambia also reviewed and updated training manuals and guidelines for treating malaria during pregnancy, and provided support to the MoH for the planning and dissemination of insecticide-treated bed net distribution campaign.

Neglected Tropical Diseases (NTDs)

In April 2021, The Gambia was able to achieve the elimination of trachoma as a public health problem - becoming only the second country in sub-Saharan Africa and one of the 14 countries around the globe to have achieved elimination goals. The declaration is the culmination of years of collaborative and targeted programming efforts conducted by the government of Gambia in partnership with the WHO and other health partners. Building on this effort, WHO is working to tackle the burden of other neglected tropical diseases (NTDs) in The Gambia as well. In 2021, a new five-year National Integrated NTD Master Plan (2022-2026) was developed with support from the WHO and in line with the 2030 NTD Global Roadmap for the elimination of NTDs.



A child receiving her medicine as part of mass drug administration campaign for SCI and STH

In May 2015, an integrated schistosomiasis (SCI) and soil-transmitted helminthiasis (STH) mapping conducted with our support revealed the need for mass drug administration (MDA) campaign against the two diseases. Since 2017, the MoH - with support from WHO Gambia - has completed three rounds of Mass Medicine Administration campaign (MMA) for SCI and four rounds for STH. The MMAs conducted during 2020-2021 reached 136,143 people in 24 districts across The Gambia.

The WHO also provided support in the quarterly supervision and monitoring of leprosy programme activities, to ensure

timely and active leprosy surveillance. In addition, we facilitated community engagement to destigmatize leprosy and raise awareness to promote early detection and treatment of the cases.

HIV/AIDS Prevention and Control

The overall prevalence of HIV in The Gambia continues to be low with the prevalence rate for 1.5% among 15-49yrs, based on sentinel surveillance from 12 sites. However, the rates are as high as 11% among female sex workers (FSW) and 35.5% among men who have sex with men (MSM). The WHO will continue to support the MoH to develop innovative, targeted strategies to combat the prevalence of HIV among the key population groups.

We supported and facilitated the development of Resilient and Sustainable Systems for Health (RSSH) grant through *The Global Fund to Fight AIDS, Tuberculosis & Malaria, which was funded*. The WHO also helped procure 8,500 HIV self-testing kits towards improving the testing rates of presumptive cases around the country, and will continue supporting the roll out of HIV self-testing strategy in the country.

Antimicrobial Resistance (AMR)

The WHO has declared antimicrobial resistance (AMR) as one of the top 10 global public health threats facing humanity, and AMR is already one of the leading causes of death around the world, with the highest



A biochemist gathers samples of bacteria growing in a Petri dish

burdens in low-resource settings. To understand the context on the ground, the WHO supported a comprehensive situational analysis of AMR in The Gambia, which will help to tailor AMR programming. AMR is a complex problem that requires a united multisectoral approach, in the fight against AMR. Subsequently, the WHO trained the country's AMR Multisectoral Taskforce on AMR stewardship and use of the Global Antimicrobial Resistance and Use Surveillance System (GLASS) - a WHO-led initiative to standardize global AMR surveillance. We also trained 450 surveillance officers on the 3rd edition of the national Integrated Disease Surveillance Response (IDSR) guidelines - which was developed with WHO support to build a robust and comprehensive public health surveillance and

response system. To mitigate the effect of AMR, the WHO will help develop a national action plan for AMR surveillance in 2022, while also supporting the MoH to build the capacity of government laboratories to conduct AMR surveillance.

Tuberculosis (TB) Control and Prevention

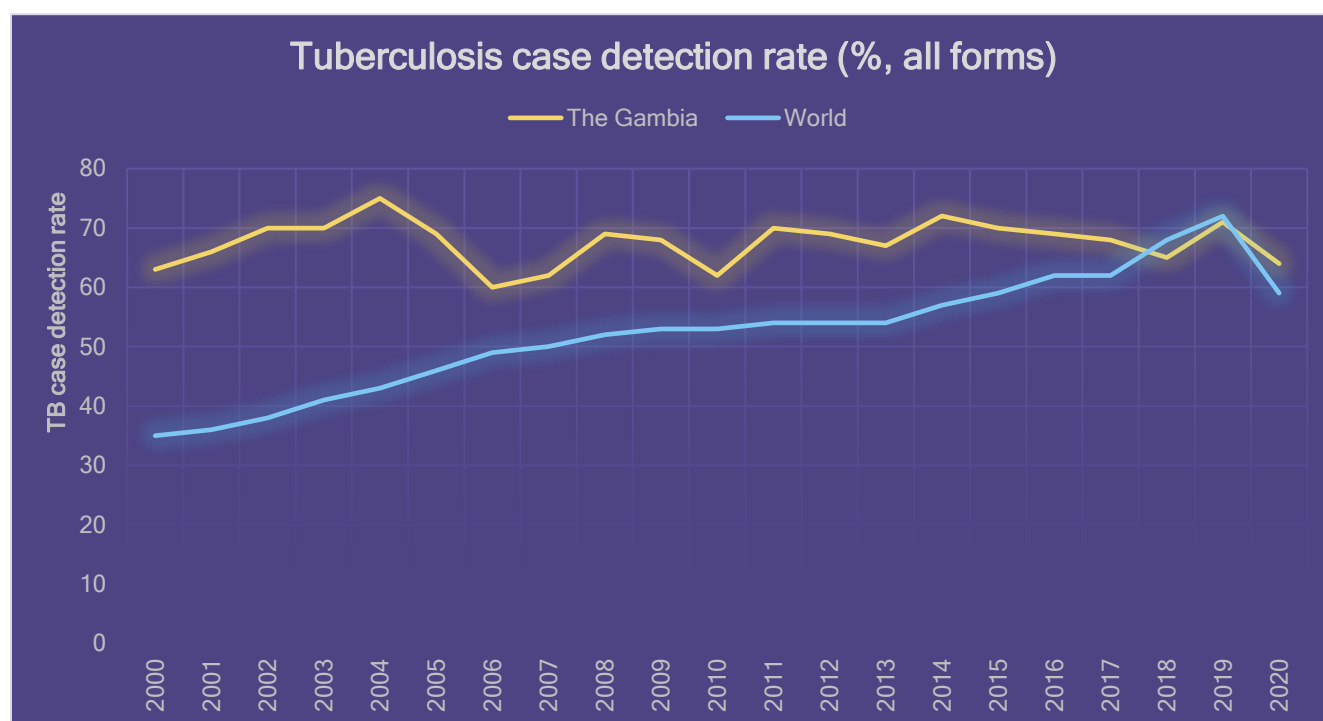
Although the incidence for tuberculosis (TB) in The Gambia declined from 174 cases per 100,000 people in 2015 to 158 cases per 100,000 people in 2020, the burden remains high, and it is still a major cause of death in the country. The COVID-19 pandemic further exacerbated this problem, by contributing to an increase in TB case detection rates, as well as in the management of the reported cases - a problem that was evident not just in The Gambia but around the globe.

During this reporting period, WHO Gambia supported the MoH in the development and implementation of National TB Preventative Therapy guidelines. Moving forward, WHO Gambia will continue to support the MoH in its efforts to establish sustainable funding



A lab technician conducting a TB test in a lab

streams for the wider adoption of WHO-recommended Xpert MTB/RIF assay as the primary diagnostic tool in presumptive TB cases. The Xpert MTB/RIF assay is a new test that is revolutionizing TB control by contributing to the rapid diagnosis of TB disease and drug resistance. The test simultaneously detects Mycobacterium tuberculosis complex (MTBC) and resistance to rifampin (RIF) in less than 2 hours. In comparison, standard cultures can take 2 to 6 weeks for MTBC to grow and conventional drug resistance tests can add 3 more weeks. This will lead to not only faster testing in current presumptive TB cases, but also to greater number of re-testing among TB-treated patients to determine RIF resistance.



Tuberculosis case detection rate (all forms)

The increasing incidence of Multi-Drug-Resistant (MDR) TB threatens to undermine the gains registered in combating tuberculosis in the country. To contain the risks of MDR, WHO supported two Green Light Committee (GLC) missions in the country to help identify gaps in TB programming, and develop targeted recommendations to improve the MDR-TB services. The GLC identified several areas for improvement within programmatic management of MDR-TB in The Gambia, including low levels of testing for resistance among retreatment cases. WHO also provided technical support in reviewing and updating MDR-TB treatment guidelines to prioritize fully oral regimens, as prescribed by the WHO and the larger global medical community. The new recommendations signal an important departure from previous approaches to treat MDR/ RR-TB. Fully oral regimens have become the preferred option for most patients, and injectable agents are no longer among the priority medicines to consider when designing longer MDR-TB regimens.

PILLAR 2: 1 BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

Zoonotic Diseases & Performance of Veterinary Services (PVS) Pathway

World Organization for Animal Health's (OIE's) "PVS Pathway" is a cyclical process that evaluates, plans, and provides estimated costs for improving national Veterinary Services through a series of proven tools and methods, for evaluation and planning and for targeted support. The PVS Pathway is critical in helping identify and contain any possible future transmissions of zoonotic diseases before it even occurs. Zoonotic diseases are communicable diseases that can spread between animals and humans. Approximately 75% of recently emerging infectious diseases affecting humans are of animal origin; and approximately 60% of all human pathogens are zoonotic. Working closely with the OIE, WHO Gambia supported government to assess and improve cross-sectoral collaboration to address the epidemiology and control of zoonotic infections in the Gambia. The WHO organized a four-day national bridging workshop to provide a forum for human and animal health services to discuss their respective roles, opportunities for collaboration, programming gaps, and areas for improvement. Following the principles of One Health approach, the workshop led to the development of a harmonized, concrete, and achievable joint roadmap to improve the collaboration amongst the country's livestock sector, environmental sector, and human health sectors - all working in collaboration towards the prevention, detection, and response to future zoonotic outbreaks. In the upcoming fiscal year, WHO Gambia hopes to operationalize the road map by first developing a functional and sustainable multisectoral collaboration mechanism to coordinate sectoral efforts, while also strengthening the coordination of surveillance systems for human, animal, and environmental health at all levels.



National Action Plan for Health Security (NAPHS)

During this reporting period, The Gambia finalized the multi-year, costed National Action Plan for Health Security (NAPHS) for the years 2022-2026. The NAPHS is a country owned, multi-year, planning process that can accelerate the implementation of International Health Regulations (IHR) 2005 core capacities, and is based on a One Health for all-hazards, whole-of-government approach. The International Health Regulations (IHR) 2005 are a legally binding agreement of 196 countries to build the capability to detect and report potential public health emergencies worldwide. IHR require that all countries to detect, assess, report, and respond to public health events.

The NAPHS captures national priorities for health security, brings sectors together, identifies partners and allocates resources for health security capacity development. The NAPHS was guided by an earlier Joint External Evaluation (JEE) process, that was also supported by WHO Gambia and conducted in 2017. The JEE is a voluntary, collaborative, multisectoral process to assess country capacities to prevent, detect and rapidly respond to public health risks whether occurring naturally or due to deliberate or accidental events. The JEE helps countries identify the most critical gaps within their human and animal health systems to prioritize opportunities for enhanced preparedness and response. Once again, the WHO Gambia will support the MoH to operationalize NAPHS in the coming months.

Polio Surveillance

In 1988, the Global Polio Eradication Initiative (GPEI), was launched to guide global efforts to eradicate polio. Since then, the annual global polio incidence has decreased by more than 99%. The Gambia last detected a polio case in 1986 and was accorded the polio-free status in 2004. Over the years, the country has maintained high polio vaccination coverage in its commitment to the global polio eradication goal. However, in April 2021, the country declared national public health emergency following an outbreak of poliovirus type 2. Although no Acute Flaccid Paralysis (AFP) sample from The Gambia tested positive for polio, two environmental samples collected from sewage sites in urban parts of the country tested positive for poliovirus type 2. This discovery led to the declaration of an outbreak since a single positive poliovirus case is considered an “outbreak” under the 2005 International Health Regulations, thereby requiring an urgent response to tackle the transmission. Results of these cases were reviewed by the National Polio Expert Committee (NPEC) and classified accordingly as non-polio cases.



Following the declaration of an outbreak, the MoH - with support from WHO Gambia - also conducted a nation-wide polio vaccination campaign. The campaign aimed to vaccinate children under the age of 5 with 3 doses of oral polio vaccine (OPV3). The immunization campaign was even more vital for outbreak control given the low rates of routine polio immunization in the previous year - the routine immunization rates for OPV3 in 2020/2021

was only at 66% coverage nationally. The low OPV3 coverage was due to a national polio vaccine stockout during the first six months of COVID-19 pandemic, along with the various pandemic-related restriction, including low caregiver turnouts in clinics.

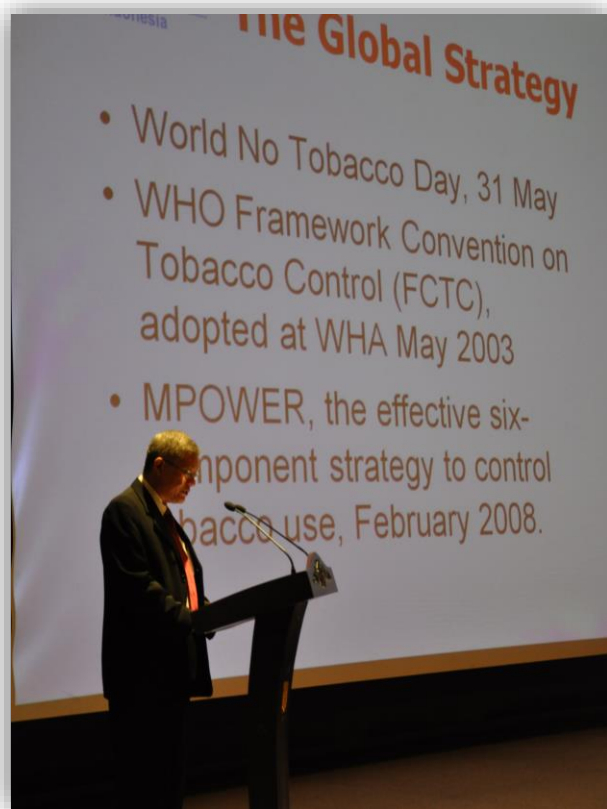


Results of Clustered Lot Quality Assurance Sampling in The Gambia

PILLAR 3: 1 BILLION MORE PEOPLE ENJOYING BETTER HEALTH AND WELL-BEING

Non-Communicable Diseases (NCDs)

Non-communicable diseases (NCDs) are a major public health problem that are a result of unhealthy dietary and lifestyle choices, including (but not limited to) tobacco usage, physical inactivity, and alcohol abuse. NCDs accounted for 34% of all deaths in 2018 compared to 32% in 2014, according to the country's NCDs national profile. This underscores the importance NCDs deserve in The Gambia. To strengthen governance and capacity for NCD prevention and control, WHO provided technical support in the development and validation of multi-sectoral National NCD Strategic Plan, 2021-2026 with funding from the World Bank and Defeat-NCD Partnership. We also helped adaptation of the WHO package of essential noncommunicable disease interventions (WHO-PEN) to improve NCDs services for people in primary care settings.



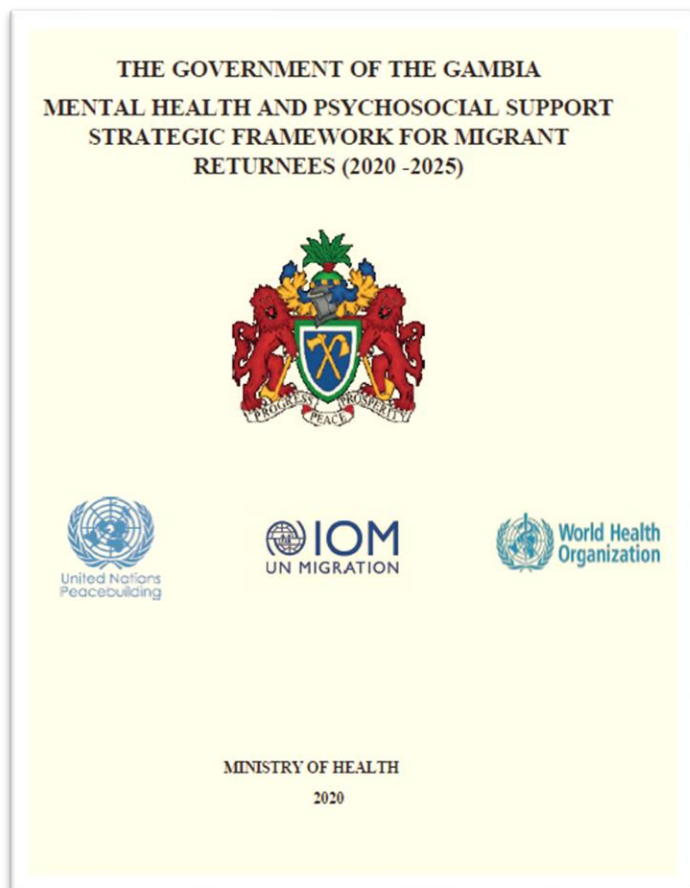
According to the WHO's 2018 Global Alcohol Status Report, The Gambia is among the countries with the most years of life lost due to excessive alcohol consumption. To tackle this issue, the WHO, in partnership with the International Organization of Good Templars (IOTG), supported the development and validation of a National Alcohol Policy 2021-2026, through funds mobilized from the West Africa Alcohol Alliance. The policy is intended to reduce the consumption of alcohol in the country and reduce the problem of rampant alcohol abuse. To this end, the WHO supported the establishment of a national multi-sectoral platform for alcohol control.

Building on the government's efforts in tobacco control, the WHO supported in the development of a five-year plan for the National Tobacco Control Committee, with funding from the Centre for Tobacco Control in Africa (CTCA). To enforce the 2016 Tobacco Control Act 2016, WHO Gambia also supported the MoH to build the capacity of 210 law enforcement officers (30 from each of the seven health regions) and supported production and dissemination of communication materials.

We also supported in the training of 45 members of the Committee on the implementation of the Tobacco Control Action Plan. We also assisted the successful inclusion of new health warnings on all cigarettes and tobacco products as of September 2021 - a strategy that is known to be an effective in increasing knowledge among smokers and dissuading tobacco usage.

Promoting Mental Health

The capacity among health care professionals to deliver effective mental health and psychosocial support services (MHPSS) in the Gambia remains a big challenge, despite mental health being a key priority for the government's health agenda. Mental health problems continue to rise in The Gambia, particularly anxiety disorders, depression, and drug-induced psychosis. To support the government's mental health efforts, WHO Gambia supported in the development and validation of the National Mental Health Policy & Strategic Plan 2021-2026, in line with WHO's global mental health action plan. WHO also supported in the development of a national MHPSS services framework and curriculum, in addition to the development of a national suicide prevention strategy.



In addition, WHO also formed a strategic partnership with International Organization for Migration (IOM) during this quarter to enhance the sustainable reintegration of Gambian migrants and returnees from abroad into their respective communities. With funding from the UN Peace Building Fund, the WHO-IOM partnership ensured that strategic documents are now in place to guide the country's delivery of mental and psychosocial support services in emergencies, transition, and recovery contexts for crisis-affected persons.

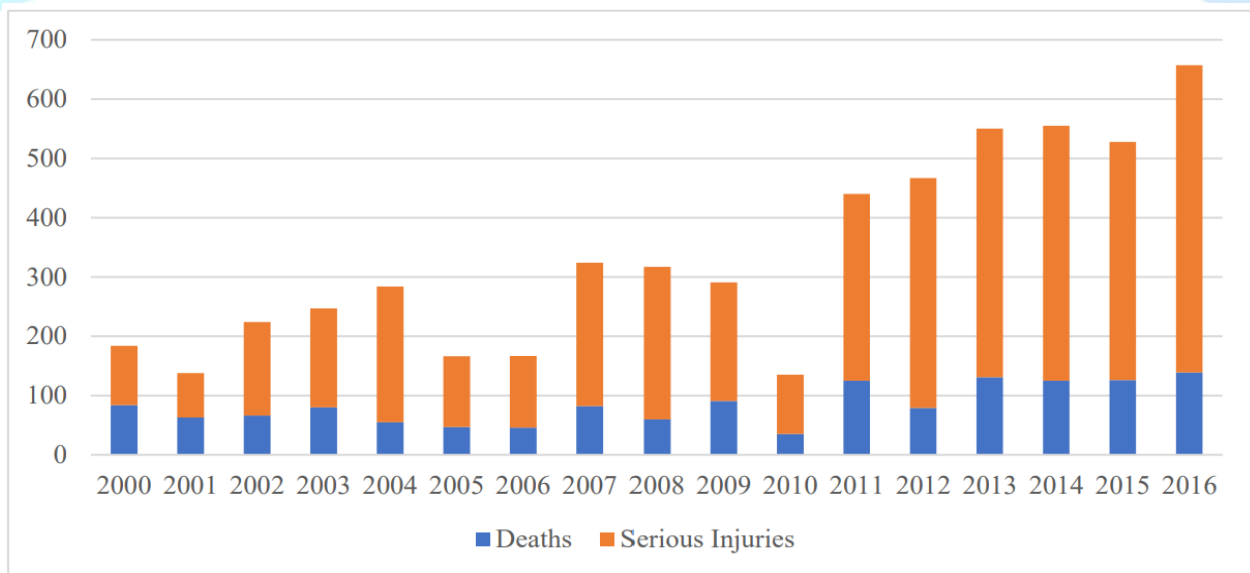
At the height of the COVID-19 pandemic, as part of the government's efforts to ensure continuity of essential health services, WHO also trained 710 health and non-health professionals on the importance of mental health and strategies for stress reduction during the pandemic. These training efforts not only ensured that mental health was incorporated in the on-going services, but also prioritized the mental health of the essential healthcare workers, who were the backbone of the pandemic response. In addition, 100 copies of the WHO's mental health training guidelines were also produced and 30 health care workers from each of the seven health regions were trained as trainers on WHO-

recommended mental health treatment guidelines, - thereby ensuring the proper integration of mental health support in primary health care services.

Road Safety in The Gambia

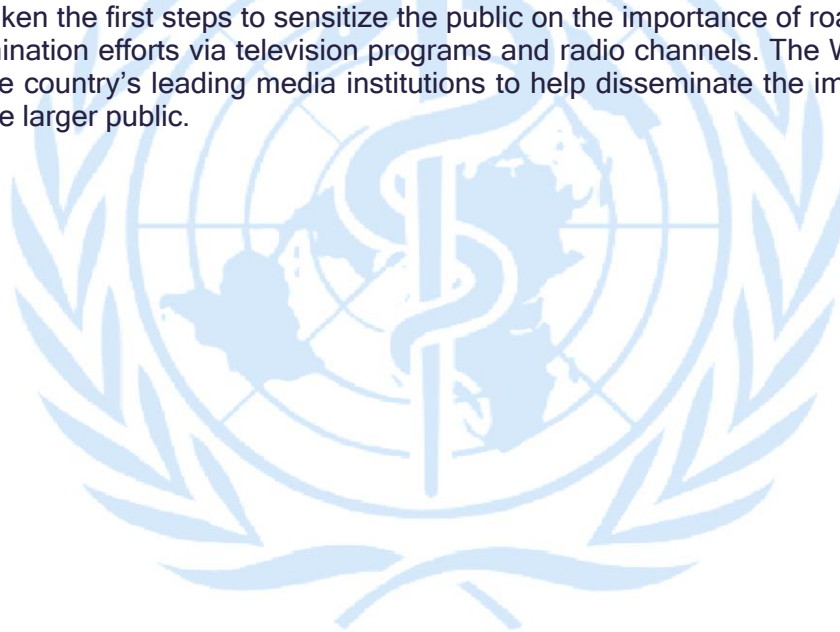
In The Gambia, road traffic injury is the 7th highest cause of death among the age group 5-49yrs, and the 12th highest cause of disability. These traffic injuries add a significant socio-economic burden, with an estimated financial loss of over \$63.5 million USD each year to the Gambian economy. To support the government's efforts in mitigating this burden, the WHO supported the Ministry of Transport in the development of the Road Safety Strategy 2020-2030. This was supplemented by the establishment of a

multi-sectoral National Road Safety Committee, and the reactivation of the once defunct National Road Safety Working Group, both of which will collaborate to operationalize the Road Safety Strategy.



Road deaths and serious injuries in The Gambia (2000-16)

The WHO has also taken the first steps to sensitize the public on the importance of road safety through various public dissemination efforts via television programs and radio channels. The WHO also trained 30 journalists from the country's leading media institutions to help disseminate the importance of road safety measures to the larger public.



WHO'S COVID-19 RESPONSE IN THE GAMBIA



Emergency Coordination and Leadership

At the onset of the COVID-19 pandemic, WHO played a crucial role in coordination of the health response as a part of the comprehensive national response to the COVID-19 outbreak. WHO's response to the challenges posed by COVID ranged from socio-economic activities such as supporting food distribution for those hardest hit by the pandemic, to supporting school system with enacting COVID-19 regulations, to supporting the hospitality industry with developing and adopting COVID-19 precaution and safety measures. Among the key support that WHO provided during these trying times were the development of 2020 and 2021 COVID-19 National Preparedness and Response Plans, valued at \$8M and \$14M respectively, which streamlined response efforts to the following thematic areas:

- a. Coordination and leadership
- b. Surveillance & laboratory
- c. Case management & infection prevention and control
- d. Logistics & safety
- e. Communication & social mobilization
- f. Psychosocial support
- g. Health research
- h. Vaccination

In addition, the WHO team supported in the development of response plan for dozens of the MOH's sub-committees, all of which were established to tackle the pandemic from a multi-pronged approach. These response plans were crucial for the Government of Gambia to chart the way forward in their collective response to the pandemic. Furthermore, WHO supported the operationalization of the response plan by securing about \$2M USD from its donors and additional \$1M USD from UN Multi-Partner Trust Fund (MPTF) for the construction of three treatment centers for COVID-19 outbreak response activities.

Additionally, WHO also interfaced between Ministry of Health's (MoH) policy makers and the COVID-19 response structures, thereby ensuring that the leadership of the MoH were aware of the ever-changing trend of the pandemic. Likewise, to prevent duplication of any on-going COVID-19 efforts in the country and promote synergy across the health-sector, WHO also supported the MoH in the development and sharing of annual COVID-19 reports for 2020 and 2021, both of which provided documented evidence of government's achievements during the reporting period while highlighting the challenges and proffering crucial recommendations to the Ministry of Health and other stakeholders in the country. WHO also provided technical support to MoH and partners to update Standard Operating Procedures (SOP) for all response sub-committees, and facilitated multiple intra-action review for the sub-committees' activities to ensure uniform implementation of the government's program.

HUMAN RESOURCE FOR HEALTH

Thematic Areas	Number of consultants	Level of Consultancy	Duration (months)
Coordination	1	International	3
Coordination	1	International	13
Surveillance/Points of Entry	1	International	3
Surveillance/Points of Entry	1	National	3
Data Management	1	International	6
Data Management	1	National	1
Risk Communication & Community Engagement	1	International	6
Laboratory Services	1	International	3
Laboratory Services	1	International	2
Infection Prevention & Control	1	International	3
Infection Prevention & Control	1	International	2
Case Management	1	International	3
Expanded Program on Immunization	1	International	9

One of the key challenges that the government faced during the early stages of the pandemic was lack of trained healthcare workforce capable of responding to the pandemic. To address this and build the capacity of existing healthcare workers, WHO deployed a lot of human resources (as shown in the table above) to support the COVID-19 response efforts. These included national and international consultants who conducted several targeted trainings to build the capacity of partners and MoH personnel to respond to the outbreak. Some of the identified thematic areas for trainings included surveillance and rapid response teams, contact tracing, and Point of Entry (PoE), laboratory, risk communication and community engagement, case management, infection prevention and control and vaccination activities. Moving forward, as the pandemic subsided and we learnt more about the virus, WHO continued to engage the MoH to train about 180 more providers to further prepare the country's health system for any future emergencies.

Health Services and Systems

To ensure the continuity of essential healthcare, the WHO supported the Continuity of Essential Health Services (CEHS) sub-committee to ensure minimal disruption during the different phases of the pandemic. In addition, to helping monitor the monthly coverage of selected essential health services (including immunization, pregnancy care, facility-based delivery, OPD, in-patient and malaria treatment), WHO supported the development and distribution of guidelines for continuity of services across malaria, HIV, and TB care during the pandemic. As a direct result of these efforts, there were continued uptake of these health services even during the pandemic as witnessed in monthly monitoring data.

COVID-19 Vaccination Support

Strengthening of COVID-19 vaccination supply chain was one of the global priorities supported by WHO to undertake the causality assessment of serious AEFI respectively. WHO also conducted a 3-day COVID-19 vaccination roll-out training for 1,000 regional health workers to ensure successful coverage of vaccination across The Gambia. About 500 vaccinators, 250 AEFI officers, and 250 canvassers - all drawn from health centers across the seven regions - participated in the training.

However, the COVID-19 vaccination strategies did not yield expected outcomes regarding vaccine uptake in The Gambia. As of 31st December 2021, only about 271,123 (11%) of the total population were fully vaccinated, which was far short of the WHO-recommended 40% coverage for all Member States by the end of December 2021. To address the low vaccine uptake, Therefore, WHO supported the MoH to conduct root cause analysis (RCA) of the low vaccine uptake in the country to understand the challenges contributing to the poor coverages of COVID-19 vaccines among prioritized groups. Using the data from this analysis, WHO supported the MoH



Provider prepping a COVID-19 vaccine jab

to address the identified bottlenecks that were responsible for the low vaccine uptake.

Data Management

Data generation, capture, mining, analyses, and real time transmission to inform decision making were critical in COVID-19 outbreak response activities. Data gathering and management played a significant role in not just helping the decision-makers in the country understand the holistic impact of the COVID-19 pandemic on the Gambian populace, but also guided the decision-making process during the reporting period.

Patient ID	Date	Status	Notes
10118	15	No	Back TNA by HHS
10116	15	No	Back TNA by HHS
10119	15	No	Process
11019	15	No	Had TNA by Stone
11017	15	No	Had TNA by Stone
11015	15	No	Had TNA by Stone
11014	15	No	Had TNA by Stone
11013	15	No	Had TNA by Stone
11012	15	No	Had TNA by Stone
11011	15	No	Had TNA by Stone
11010	15	No	Had TNA by Stone
11009	15	No	Had TNA by Stone
11008	15	No	Had TNA by Stone
11007	15	No	Had TNA by Stone
11006	15	No	Had TNA by Stone
11005	15	No	Had TNA by Stone
11004	15	No	Had TNA by Stone
11003	15	No	Had TNA by Stone
11002	15	No	Had TNA by Stone
11001	15	No	Had TNA by Stone

Data logs from local hospitals

In this respect, WHO deployed an international data management consultant to support the MoH in data management related activities. The consultant ensured that the MoH's Health Management Information System (HMIS) and ICT teams were equipped and trained to strengthen the data management. Hence, WHO supported the capacity building of about 375 HMIS/ICT members of staff to utilize the new data collection tools for COVID-19

cases on data collection methods and the management of COVID-19 databases. These efforts contributed to the timely monitoring of COVID-19 response activities at the grassroots-level on a weekly basis, which promoted decision making on COVID-19 response at the central-level.

Communication & Social Mobilization

The risk communication and community engagement (RCCE) sub-committee created awareness on the need to adopt public health and social measures (PHSM) to prevent and control the COVID-19 outbreak in The Gambia. To support the efforts of sub-committee, WHO deployed an international consultant to support the WHO national staff to engage various stakeholders across multiple sectors and through multiple media. The sub-committees applied various strategies to reach targeted stakeholders in the awareness drive, which included community sensitization sessions, radio and television programs, engaging parliamentarians, influential leaders, and community champions. WHO also actively supported the training of 210 traditional communicators to improve community engagement in the fight against the pandemic. These activities, in conjunction with other coordinated efforts at the national level, contributed to reducing the transmission of SARS-CoV-2 virus.

- 5 Press release briefs developed on COVID-19 public health and social measures
- 15 Religious leaders engaged on PHSM to slow the spread of COVID-19
- 60 Local journalists trained on countering COVID-19 misinformation
- 210 Traditional Communicators (TC) trained in 7 districts to support community engagement
- 2,000 Leaflets/posters on COVID-19 vaccines printed and distributed

In addition, WHO engaged other partners to tackle vaccine hesitancy and improve vaccine uptake. WHO also supported the development of COVID-19 outbreak response road map, production of posters and leaflets (in local languages) with practical and key messages on the importance of vaccination in controlling the COVID-19 outbreak.

Surveillance and Outbreak Investigation

To support COVID-19 surveillance and outbreak investigations, WHO deployed epidemiologist to provide technical assistance to strengthen the surveillance and laboratory sub-committees, which were crucial for the pandemic control. The sub-committee was a critical component for early detection and response to the outbreak and was responsible for harmonizing and standardizing surveillance and laboratory tools at all levels including health facilities and communities. Their activities ameliorated the impact of the outbreak and widespread transmission of the virus.

WHO also supported the training of 21 rapid response teams (RRTs) and contact tracing teams (3 teams per 7 administrative regions in The Gambia). These teams were set up from a pool of healthcare workers trained on WHO rapid response guidelines and contact tracing protocols. Additionally, WHO also supported the development of new contact tracing database, which helped the RRTs and the surveillance sub-committee to monitor and contain the spread of the virus.

One of the critical challenges in combating the spread of COVID-19 in The Gambia was lack of financial, human and material resources to support planned activities in the work plan especially regarding surveillance activities at border crossing points. However, despite these challenges, WHO guided the government with strategic approaches to contain the spread of the virus by targeting high-traffic points-of-entry (PoEs) for screening of

individuals and other surveillance activities in accordance with International Health Regulations (IHR) 2005. In addition to advising the government on safety protocols and entry/exit requirements for incoming/out-bound travelers, WHO also trained 22 personnel from high-traffic land crossing border posts on the use of rapid diagnostics test (RDT) kits. The implementation of outbreak prevention strategies and control measures at the 9 official PoEs contributed significantly to the containment of the pandemic during the four recorded waves of transmission.

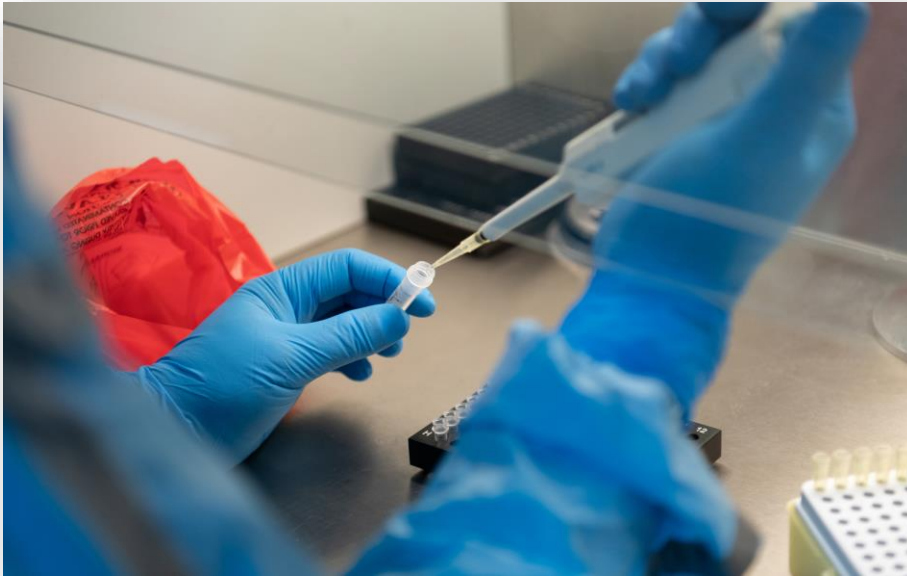


A COVID-19 rapid response team leaves a home where they responded to a COVID-19 alert.

Laboratories and Diagnostics

The laboratory and sample management sub-committee worked closely with the surveillance sub-committee in the confirmation of collected COVID-19 samples. The sub-committee established functional specimen collection, packaging, and transportation system to the designated laboratories at the National Public Health Laboratories (NPHL) and Medical Research Council (MRC), where the samples were processed and analyzed. At the beginning of the outbreak, NPHL did not have the capacity to conduct

RT-PCR tests. WHO deployed two successive international consultants to build the capacity of NPHL personnel to conduct PCR tests. To support with the volume and accuracy of the testing, WHO provided the NPHL with two PCR machines, PCR test kits and essential laboratory supplies that enhanced the capacity to conduct real-time reverse transcription polymerase chain reaction (RT-PCR) tests and genome sequencing for COVID-19 cases.



Lab tech extracting swab samples prior to testing them for COVID-19

As part of the upgrade to the NPHL, WHO also procured various laboratory supplies for the facility including (but not limited to) hundreds of packs of tubes, tube racks, micropipettes, etc. These supplies were in addition to thousands of other COVID-19 testing kits procured by WHO, including over 1,000 Rapid Diagnostics Test kits (RDTs), 1,000 detection kits, 1,000 extraction kits and 1,000 sample collection kits.

As of 31st December 2021, the lab had conducted 134,513 polymerase chain reaction (PCR) tests, along with genomic sequencing of about 600 positive COVID-19 cases in The Gambia. The efficiency of sample collection along with data obtained through the sequencing efforts of NPHL not only provided real time figures on the spread of COVID-19, but it also confirmed the prevalence of different variants among the infected populations (Delta, Alpha, and Omicron) and helped shape the real-time public health and safety measures taken by the Government to combat the spread of the virus.

WHO deployed two international consultants who built the capacity of NPHL staff to conduct real-time reverse transcription polymerase chain reaction (RT-PCR) tests and genome sequencing. In total, the WHO country office trained 154 laboratory personnel on sample collection, packaging, sample transportation, and laboratory health and safety protocols (55 from public health facilities across 7 regions, and 99 from private facilities, NGOs, and faith-based clinics). Additionally, 102 sample collectors were also trained across all seven regions, along with 18 nurses, doctors and laboratory scientist on case identification, surveillance strategies and sample collection for COVID-19.

Infection Prevention & Control

Infection prevention and control (IPC) is a scientific approach and practical solution designed to prevent harm caused by avoidable infection and antimicrobial resistance to patients and health workers. IPC compliance is a critical in-patient safety and quality universal health coverage. Health care workers, patients and community members must be conversant with IPC best practices to ensure their safety and good health. To this end, we deployed two international consultants; they trained 40 trainers on IPC best practices; 122 health workers from 38 health facilities participated in the trainings. Among these were 49 nurse/midwives, 41 public health officers, 18 laboratory personnel, 6 medical officers, 3 physician assistants and 5 other cadres.



Saliva samples in rack; COVID-19 testing of saliva samples is done using PCR machines (Polymerase Chain Reaction).

The consultants further supported the MoH to conduct IPC assessments in seven hospitals and three minor health centers from three levels of care (tertiary, secondary and primary) to ascertain their IPC ratings using the WHO IPC scorecard. The results from these assessments helped the MoH to tailor its support to targeted government facilities. We also supported the MoH in the development of multiple SOPs, guiding documents, and a National Incident Action Plan (IAP) for IPC, which served as a framework for IPC interventions.



Case Management and Clinical Operations

The case management sub-committee memberships were drawn from clinicians with requisite experiences in managing infectious diseases. The sub-committee ensured that comprehensive medical, nutritional, psycho-social, and palliative care are provided to COVID-19 patients. WHO supported the sub-committee through the deployment of international consultant who provided technical assistance during the development of case management SOPs and policy guidelines for handling COVID-19 patients while maintaining public health and safety measures. These documents included (but were not limited to) SOPs

for diagnosis for COVID-19, nutritional advice for those suffering from COVID-19, basic emergency care of critical COVID-19 patients, and safe transportation of people with COVID-19.

To manage the increasing caseloads of COVID-19 at healthcare facilities in the country, WHO provided support to train over 200 healthcare workers from both public and private health facilities on diagnosis, triage, clinical management, infection prevention and control, oxygen therapy and home-based care. Additionally, 33 healthcare practitioners from COVID-19 treatment centres across the country were trained in the management of mild and moderate COVID-19, along with 20 other practitioners who were trained in the management of severe and critical cases of COVID-19. The capacities of 15 healthcare workers were built on invasive and non-invasive ventilation care for severe and critical cases of COVID-19. Psychosocial support trainings were also offered for 30 health workers providing care for COVID-19 patients with another 50 healthcare workers trained on cardiopulmonary resuscitation (CPR). At a time when there was a severe shortage of human resource and critical gaps in COVID-19 case management, these trainings provided crucial stopgap during the pandemic, while building the capacity to better handle other health emergencies in the future.

Operational Support and Logistics, and Supply Chains

From the onset of the COVID-19 pandemic, the most significant challenge for the Government of The Gambia was lack of proper equipment and supplies to deal with the magnitude of the crisis shared across many countries around the globe. During this difficult time, WHO strived to support the MoH by procuring various medical equipment, and supplies for the pandemic response. The Logistics and Safety sub-committee was designated by the MoH to procure and manage COVID-19 supplies and oversee the safety and security of both the affected populations and the response staff.



WHO country representative, Dr. Desta Tiruneh, presenting COVID-19 test kit donations from the Republic of Korea to the honorable Health Minister, Dr. Ahmadou Lamin Samateh

WHO supported the Logistics and Safety sub-committee with the procurement of four ventilators with trolleys, air compressors, two Polymerase Chain Reaction (PCR) machines, PCR kits, and reagents, detection and RNA extraction kits and other related accessories worth over \$1M, which were crucial in providing support for the most critical COVID-19 patients at the height of the pandemic. Furthermore, WHO also facilitated the delivery of COVID-19 test kits donated by the Republic of Korea to The Gambia. The donations, which amounted to nearly \$300,000 USD, consisted of 200 real-time detection PCR kits (RT-PCR) and 192 extraction kits, all of which were critical in frontline COVID-19 testing. WHO, in collaboration with Medicine's Research Council (MRC), also supported genome sequencing of about 600 positive COVID-19 samples with \$37,100 USD in funding.



WHO supported the training of several essential workers on health and safety protocols to limit the transmissions of COVID-19. These trainings included capacity building for 50 security officers on proper COVID-19 public health and safety measures to ensure social distancing strategies were adopted at local venues which was carried out in partnership with UNDP and the Gambian Police Force. Similarly, as much of the supply chain logistics were handled by road in The Gambia, WHO trained 40 fleet drivers on preventative measures, including safe driving during the pandemic, to ensure public health measures continued to be followed while providing essential logistical support for COVID-19 response.

To ensure timely logistical support and smooth collaboration between the central and regional levels of health system, WHO provided funds for the training of 26 personnel on electronic logistics management information system (eLMIS) at regional health facilities. This was in addition to 45 other personnel trained on the traditional logistic system to ensure the availability of human resources for supply chain management at the peak of the pandemic. Finally, to ensure the proper storage of procured pharmaceutical products and closely monitor their stock levels and consumption during the pandemic, WHO also trained 20 storekeepers on effective and efficient stock management strategies.

COUNTRY EFFECTIVENESS AND EFFICIENCY

Efficient & Agile Organization

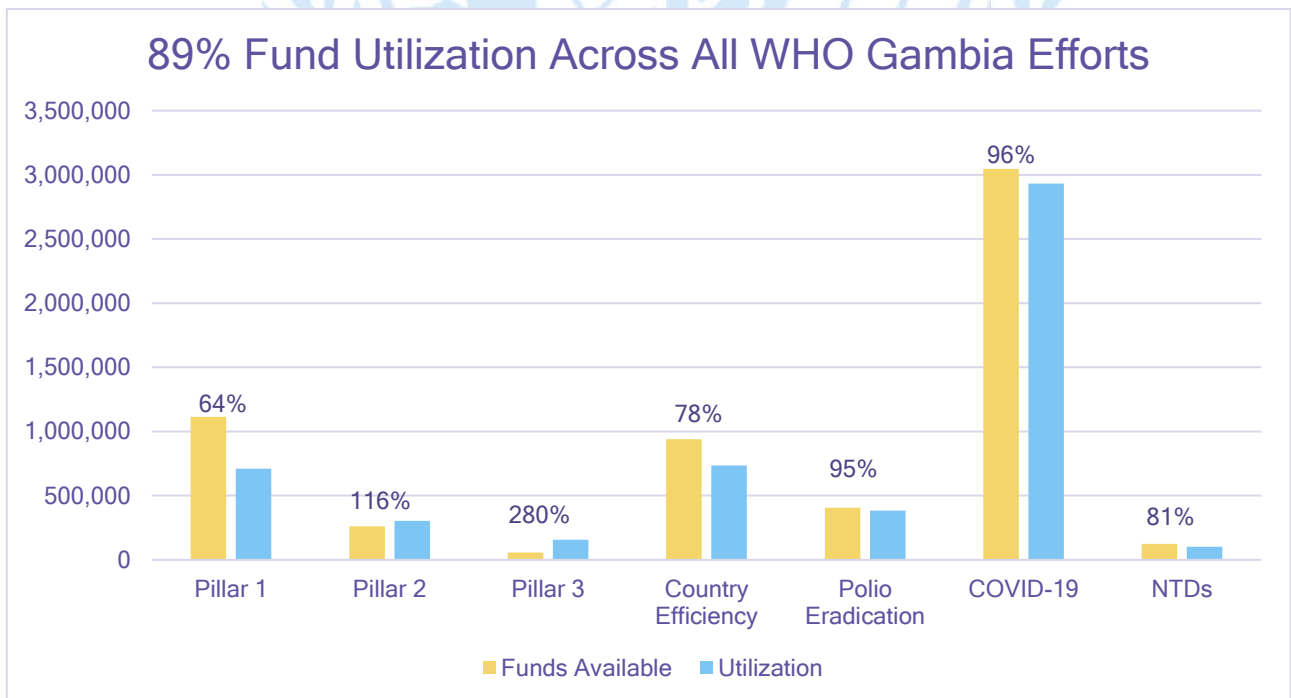
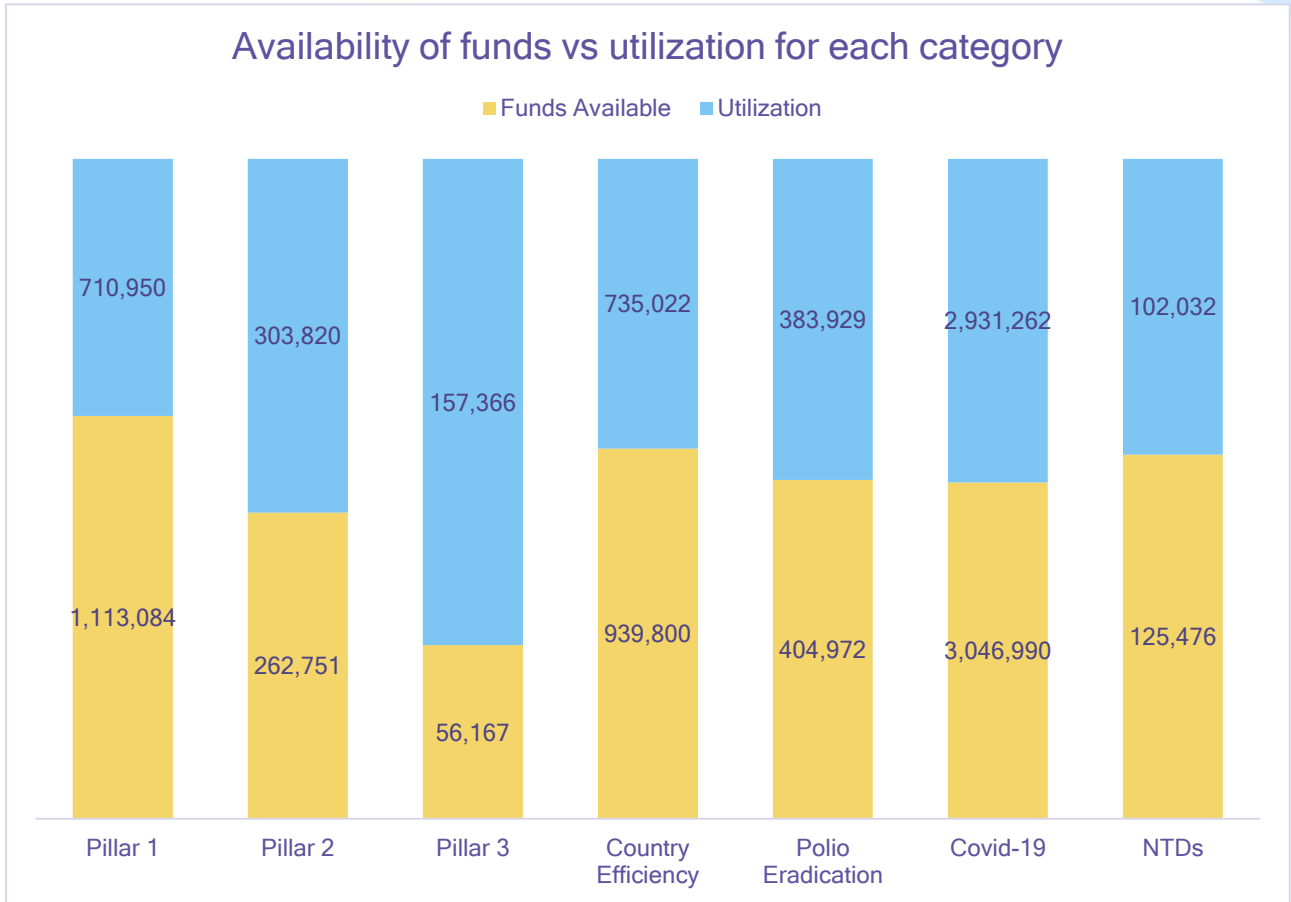
Part of the WHO mandate to achieve the Triple Billion targets has been to transform itself to an effective and efficient organization, so that it can deliver the work that is expected. The COVID-19 pandemic was a good opportunity for the WHO to re-assess its internal controls and policies to ensure that we were an efficient organization capable of providing the most effective support for our partners. During the COVID-19 pandemic, WHO Gambia showcased its value as a trusted partner to the Government of The Gambia by quickly responding to the country's urgent needs and helping coordinate and guide the pandemic response. From strengthening essential health care services during the pandemic response, to helping procure essential supplies, to rolling out the COVID-19 vaccination, to the management of COVID-19 data, the WHO played a crucial role in efficiently mobilizing country response to the pandemic. Highlighted in the preceding sections were some of the key achievements of WHO's efforts in fighting COVID-19 in The Gambia.

Strengthened WHO Gambia's Management and Governance

To ensure that the Gambia country office is well-equipped to provide the most effective level of support to our government counterparts, the WHO reviewed and adjusted its existing internal coordination mechanisms by repurposing its staff to effectively support the pandemic response. The roles and responsibilities of staff and the delegation of authority are well articulated and clearly laid out through internal policies and Standard Operating Procedures (SOPs) in its day-to-day operations are readily accessible to all staff, to minimize miscommunications and foster deeper collaboration within the organization.

The WHO also developed and performs regular self-assessment of its internal controls (including periodically updating the risk register) to minimize the risk potential and develop robust mitigation measures. The country team regularly held weekly technical staff meeting, and fortnightly all-staff meeting that re-enforces the internal mechanism for decision-making in a results-oriented and transparent manner. The WHO also performs periodic reviews by conducting semi-annual, and mid-term monitoring in line with WHO's regional and global guidance to ensure Gambia country office is as effective and efficient as it can be. The findings from these monitoring exercises help us identify any shortcomings in our internal systems, highlight best practices, and develop well adapted country-specific workplan and strategic documents.

Finances



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