

COVID-19 RESPONSE IN THE GAMBIA

DOCUMENTING WHO'S SUPPORT
IN THE COVID-19 RESPONSE



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World Health
Organization

The Gambia

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TO COMBAT THE COVID-19 PANDEMIC, WHO PLAYED A PIVOTAL ROLE BY TRAINING AND MOBILIZING RAPID RESPONSE TEAMS AND HEALTHCARE WORKERS TO MANAGE COVID-19 PATIENTS AND PROVIDE INTENSIVE CARE FOR SEVERE CASES. WHO TRAINED OVER 180 LABORATORY PERSONNEL AND 100 REGIONAL HEALTH STAFF IN SAMPLE COLLECTION AND REPORTING PROCEDURES.

Photo: Dr. Desta A. Tiruneh, WHO Country Representative, donating supplies to The Ministry of Health, The Gambia.



SUMMARY

The Gambian government implemented a well-defined and dedicated strategy to combat the COVID-19 pandemic. This strategy was underpinned by strong political will and a significant financial commitment. The government allocated all non-essential portions of the national budget to the COVID-19 response, demonstrating unwavering resolve. To spearhead this multisectoral effort, a cabinet sub-committee led by the Vice President was established. This dedicated leadership team benefitted from the unwavering support of donors and partners, with the World Health Organization (WHO) playing a pivotal role as a strategic partner and primary technical advisor to the government through the Ministry of Health.

The Ministry of Health, under the leadership of the Honorable Minister, spearheaded the technical response. Essential public health regulations were enacted, the National Health Emergency Committee (NHEC) was reactivated, and the WHO Integrated Management System (IMS) was implemented. To guide national actions, a comprehensive COVID-19 response strategy was developed, and a national response coordinator was appointed.

WHO's support to The Gambia's COVID-19 response encompassed three key areas:

1. Technical Leadership and Guidance:

WHO provided evidence-based guidance for the overall response. The WHO Representative co-chaired the NHEC with the Minister of Health, fostering collaboration. The WHO Country Office established

technical working groups to offer specific guidance, ensuring strategies and actions were grounded in technical expertise. Additionally, WHO shared guidance documents and policies with technical leads, promoting standardized approaches across all response aspects.

2. Technical Assistance:

Over USD 1.8 million in technical assistance (TA) was provided by WHO to strengthen the response's technical pillars. This support included training and mobilizing Rapid Response Teams (RRTs) and contact tracers to identify cases and track contacts within communities. WHO also trained over 180 laboratory personnel from the Ministry of Health, private institutions, and 100 regional health staff in sample collection and reporting procedures. A case management consultant trained 86 healthcare workers on managing COVID-19 patients and providing intensive care for severe cases.

Furthermore, a team of WHO technical assistants facilitated training-of-trainer (ToT) sessions for senior health staff in Infection Prevention and Control (IPC). They also supervised the subsequent training of 122 staff from all regions in IPC protocols. Additionally, the TA supported the rollout of the COVID-19 vaccination program and data collection efforts for the Public Health Emergency Operations Center (PHEOC). WHO also sponsored the participation of six medical officers and nurses in a three-week Basic Emergency Care (BEC) training program in Accra, Ghana.

3. Medical Supplies:

WHO provided over USD 2 million worth of medical supplies, particularly crucial laboratory equipment and reagents. This enabled the national Public Health Laboratory to conduct over 1,000 daily tests

at the peak of the outbreak. WHO further provided technical guidance and USD 400,000 in funding to support the installation of an oxygen plant at the Ndemban-EFSTH facility.

SURVEILLANCE:

The World Health Organization (WHO) facilitated the training, provision of equipment, and deployment of eight Rapid Response Team (RRT) units as first responders, as well as the evacuation of cases. Seven RRTs, consisting of 30 members each, including contact tracers, were stationed at the regional health level, with one national team. Additionally, WHO supported the training of approximately 350 surveillance officers, including clinicians, nurses, veterinary officers, and public health officers. This initiative aimed to establish the framework for nationwide community-based surveillance for COVID-19.

LABORATORY:

WHO conducted training sessions for staff at the National Public Health Laboratory (NPHL) on sample collection and analysis techniques to enhance national capacity for detecting new diseases. At the peak of outbreaks, WHO provided three Polymerase Chain Reaction (PCR) machines and reagents capable of processing over 1,000 samples daily. Moreover, more than 172 laboratory staff across the country received training and were supplied with testing materials, including Rapid Diagnostics Tests (RDT).

CASE MANAGEMENT:

A specialized team of WHO experts devised plans aligning with recommended standards for refurbishing the Ndemban-COVID19 treatment center to handle severe cases. With financial support

from the United Nations Development Programme (UNDP) and the World Bank (WB), the center was renovated and opened for service. WHO deployed a senior clinician to enhance national capacity for managing severe cases. Comprehensive training and coaching were provided to over 207 clinical staff from various healthcare levels, including the private sector, covering the management of mild, moderate, and severe cases of COVID-19, including critical care and Cardio Pulmonary Resuscitation (CPR). Additionally, WHO contributed over USD 400,000 for the construction of the country's first-ever public medical oxygen plant.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE):

WHO emphasized public engagement as a pivotal strategy to disseminate accurate information for self-protection. The organization supported the orientation and training of over 1,600 personnel from diverse organizations and levels, including community-level Primary Health Care (PHC) workers, media and journalism teams, security forces, police, prison services, as well as religious and community leaders.

VACCINATION:

WHO provided Technical Assistance (TA) staff to supervise and manage the national COVID-19 vaccination program to ensure quality. Conducting anthropological analysis to enhance vaccine uptake, WHO also supported two COVID-19 vaccination campaigns, resulting in approximately 23% of the eligible population receiving vaccination. Several aspects of the support provided during the COVID-19 response are expected to have a lasting impact on the overall health system. The enhanced capacity for handling critical COVID-19 cases, the availability of PCR machines, and the training in

virology for NPHL staff will enable them to support other health programs effectively. Furthermore, the installation of oxygen plants has ensured the availability of medical oxygen at all healthcare facilities throughout the country.

CRITICAL CARE FOR COVID-19 PATIENTS:

WHO also facilitated two training sessions aimed at enhancing healthcare workers' capabilities in cardiopulmonary resuscitation (CPR). The first session, conducted on December 7, 2020, at the boardroom of Edward Francis Small Teaching Hospital (EFSTH), provided training and mentorship to 17 healthcare workers comprising 3 doctors and 14 nurses. Subsequently, on December 29, 2020, a second training session was held at Tendaba, involving 43 healthcare workers, including 12 doctors and 21 nurses, drawn from both private and public healthcare sectors across the country.

The objective of these sessions was to equip participants with comprehensive knowledge and practical skills in performing high-quality CPR, thereby enhancing their ability to effectively respond to critical medical emergencies and potentially improve patient outcomes.

In addition, a specialized training program focusing on critical care for COVID-19 patients was conducted at Edward Francis Small Teaching Hospital. This training, designed to bolster healthcare workers' proficiency in managing severe and critical cases of COVID-19, was attended by twenty healthcare workers, comprising 6 doctors and 14 nurses, selected from the COVID-19 treatment center (Sanatorium).



AT A GLANCE

WHO'S SUPPORT TO THE GAMBIA'S COVID-19 RESPONSE

CAPACITY BUILDING

1,600

PERSONNEL TRAINED ON HOW TO INFORM AND ENGAGE THE PUBLIC TO REDUCE THEIR RISK AND BETTER PROTECT THEMSELVES

350

SURVEILLANCE OFFICERS TRAINED

172

LABORATORY STAFF TRAINED ON SAMPLE COLLECTION AND ANALYSIS TECHNIQUES

207

CLINICAL STAFF TRAINED FROM VARIOUS HEALTHCARE LEVELS

122

STAFF TRAINED IN INFECTION PREVENTION AND CONTROL PROTOCOLS

86

HEALTHCARE WORKERS TRAINED IN MANAGING COVID-19 PATIENTS



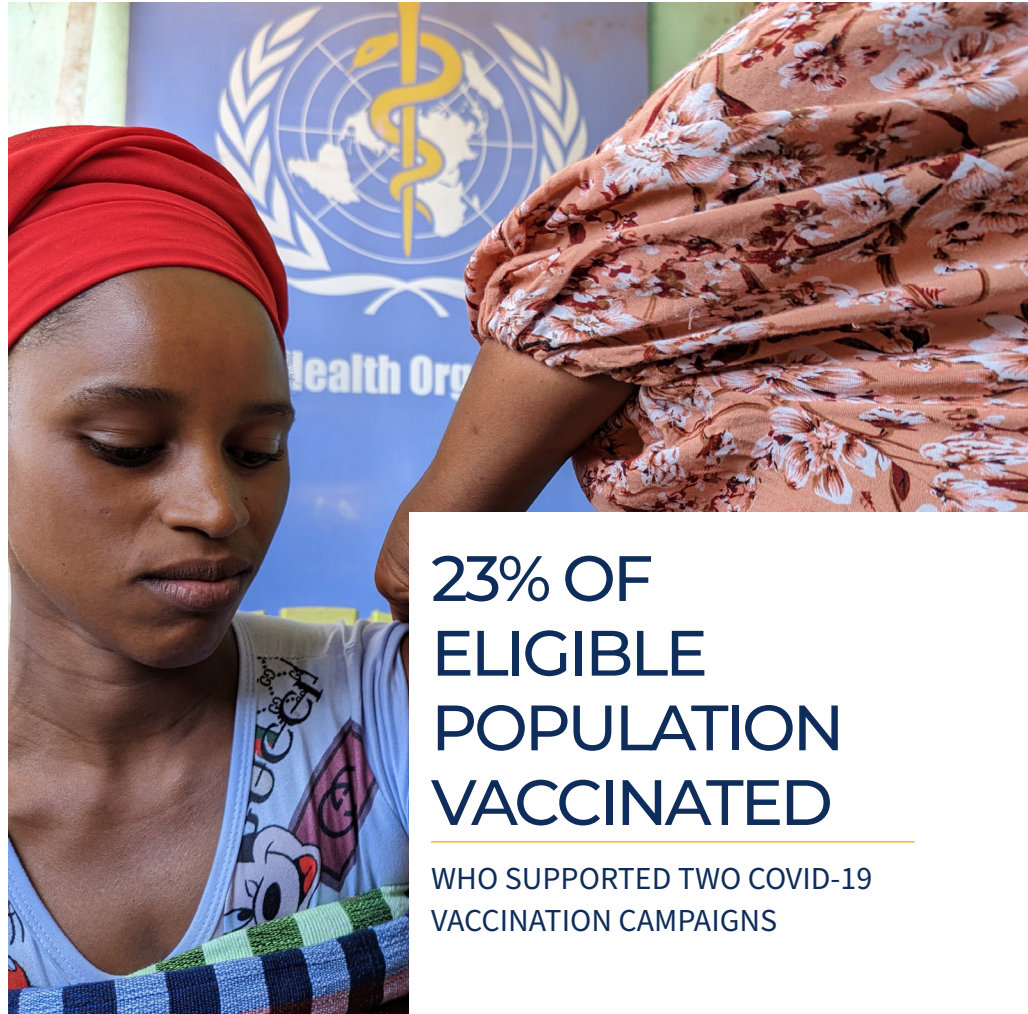
FINANCIAL SUPPORT

USD 2
MILLION

WORTH OF MEDICAL SUPPLIES

USD 1.8
MILLION

IN TECHNICAL ASSISTANCE



23% OF
ELIGIBLE
POPULATION
VACCINATED

WHO SUPPORTED TWO COVID-19
VACCINATION CAMPAIGNS



WHO CONTRIBUTED OVER USD 400,000
TO CONSTRUCT THE COUNTRY'S

FIRST-EVER PUBLIC MEDICAL
OXYGEN PLANT

1. BACKGROUND

The first case of COVID-19 in The Gambia was reported on 17 March, 2020. The swift implementation of stringent quarantine measures could potentially have delayed the onset of the first confirmed case. However, community-based transmission soon led to a rapid increase in reported cases. By 31st March 2021, the country had recorded a total of 5,459 confirmed cases and 165 deaths within the span of a year. By November 2022, the number of confirmed cases had risen to 12,586, with 372 reported deaths.

In response to the COVID-19 pandemic, The Gambia, like many other nations, undertook extensive and unprecedented measures. His Excellency, The President of the Republic, took decisive leadership, directing the full attention and resources of the government towards the response efforts. The primary objectives were to mitigate the impact of the pandemic, safeguard the population, and gain control over the outbreak. Consequently, all non-emolumentary allocations from the national budget for 2020 were reallocated to the COVID-19 response. Comprehensive food and economic support measures were implemented for the entire population, while the education system, representing over 30% of the Gambian populace, received assistance to adapt public health and social measures aimed at minimizing disruptions to educational progress. Additionally, public communication efforts were intensified to inform and educate the population on personal protection and prevention measures. To oversee the response, a cabinet sub-committee led by the Vice-President was established, with a

cabinet-level national COVID-19 response coordinator appointed to provide technical guidance and support. The Minister of Health assumed responsibility for the technical leadership of the national response, promulgating public health regulations to provide legal backing to the implemented measures. The government adopted and executed the WHO Incident Management System (IMS), reorienting the administrative structures of the Ministry of Health (MoH) to support the response. The Director of Health Services was designated as the Incident Manager, supported by thematic technical area leads. The IMS was activated, and a national response strategy was developed and implemented.

A Multi-sectoral Technical Coordination Committee, known as the National Health Emergency Committee (NHEC), was established to coordinate the implementation of the response strategy. The committee adopted a six-pillar structure comprising coordination; surveillance and laboratory; case management; logistics and supplies; communication; and psychosocial/research. Chaired by the Minister of Health, the NHEC received support from the WHO Representative in The Gambia.

The inclusive composition of the NHEC facilitated consensus-building in the implementation of public health measures, including lockdowns, closure of public spaces, and mandatory quarantine for travelers without a negative COVID-19 test. The government demonstrated strong political will by allocating budgetary resources and mobilizing government machinery to support the response. Key policies



THE WHO COUNTRY OFFICE SUPPORTED THE MINISTRY OF HEALTH AND THE GOVERNMENT BY FORMULATING NATIONAL STRATEGIES AND POLICIES AND OFFERING SEED RESOURCES IN CRITICAL AREAS SUCH AS CAPACITY BUILDING, LABORATORY ANALYSIS, SURVEILLANCE, AND INFECTION PREVENTION AND CONTROL FOR HEALTHCARE WORKERS.

Photo: The arrival of the COVAX vaccine in The Gambia; the vaccines were handed over to the Ministry of Health at Banjul International Airport.

enacted during the response included an international travel ban, school closures at all levels, cancellation of public events, workplace and public transport decongestion, mandatory face coverings, and a testing policy targeting symptomatic individuals. The extensive response effort in The Gambia mirrored global initiatives. The overarching political and economic response program relied on evidence-based policies and strategies. WHO played a crucial role by providing technical expertise for evidence-based programming at the national level. The WHO Country

Office (WCO) supported the Ministry of Health and the government by assisting in formulating national strategies and policies, and offering seed resources in critical areas such as capacity building, laboratory analysis, surveillance, and infection prevention and control (IPC) for healthcare workers.

This report aims to document WHO's support for the COVID-19 response in The Gambia between 2020 and 2023.

2. LEADERSHIP AND COORDINATION

Pandemics invariably evoke significant political responses, and the reaction to COVID-19 in The Gambia was no exception. Amidst widespread political and community reactions, the World Health Organization (WHO) played a crucial role in providing technical information about the virus/outbreak and guiding both the population and policymakers during the initial stages of the pandemic in the country. This guidance was particularly vital in an era dominated by mass media, where the dissemination of accurate and up-to-date data on an evolving outbreak was imperative to counter rumors and facilitate informed behavioral change. At the Ministry of Health level, the National Health Emergency Committee (NHEC) was activated, with the Honorable Minister of Health serving as its chairperson and supported by the WHO Representative. The NHEC assumed the mantle of technical leadership, coordinating the response efforts. The WHO provided essential technical assistance through the NHEC across various domains:

- The development of the initial National Action Plan for Health Security (NAPHS) in early 2020, with an initial estimated cost of USD 8 million.
- Establishment of the Incident Management System, a six-pillar structure modeled on the Ebola virus disease response IMS.

- Activation of the Public Health Emergency Operational Center, in accordance with WHO guidelines, serving as a standardized data management and command center supported by a public information call center.

Empowered by the Public Health Act, the Honorable Minister of Health promulgated Public Health Regulations to enforce pandemic control measures, including quarantine protocols and other public health and social measures.

Under WHO's technical guidance, the UN Country Team adopted a coordinated approach to support the national response, ensuring optimal resource utilization.

The NHEC further established two technical groups:

- The National Group of Experts (NGE), comprising seasoned public health and emergency response professionals volunteering their expertise to review and guide national COVID-19 response strategies before implementation. Notable members included current and former Directors of MRC/The Gambia and the WHO Representative.
- The Technical Working Group (TWG), tasked with coordinating specific technical aspects of the response, such as vaccination efforts.



AMIDST WIDESPREAD POLITICAL AND COMMUNITY REACTIONS, THE WORLD HEALTH ORGANIZATION PLAYED A PIVOTAL ROLE IN THREE CRITICAL AREAS: CHAIRING THE NATIONAL HEALTH EMERGENCY COMMITTEE, PROVIDING TECHNICAL ASSISTANCE TO SUPPORT THE INITIAL DEVELOPMENT OF THE NATIONAL ACTION PLAN FOR HEALTH SECURITY AND ESTABLISHING AND LEADING THE TECHNICAL WORKING GROUP AND NATIONAL GROUP OF EXPERTS EXPERT COMMITTEES.

Photo: A high-level meeting with the Minister of Health and WHO officials.

WHO leadership played a pivotal role in three critical areas: chairing the National Health Emergency Committee (NHEC) alongside the Minister of Health to facilitate WHO's technical guidance in developing national strategic documents; providing technical assistance to support the initial development of the National Action Plan for Health Security (NAPHS), activation of the Incident Management System (IMS) and Public Health Emergency Operational Center (PHEOC); and establishing and leading the Technical Working Group (TWG) and National Group of Experts (NGE) expert committees.

3. SUMMARY OF WHO SUPPORT FOR COVID-19 RESPONSE

WHO's support for the COVID-19 response encompassed three main components. Firstly, there was a focus on leadership, as outlined above. Secondly, approximately USD 1.8 million was allocated for technical assistance to bolster national COVID-19 response efforts from 2020 to 2023. A significant portion, over 80%, of this assistance was directed towards three key technical pillars: leadership, vaccination, and surveillance.

The third prong of WHO's support involved the provision of essential supplies to fortify critical technical areas. A total of over USD 2 million worth of supplies was delivered, along with a notable contribution of USD 400,000 for the construction of an oxygen plant. More than 70% of these supplies were allocated to technical domains such as laboratory operations and case management.

Furthermore, WHO's technical assistance and funding were utilized to strengthen the capacity of healthcare personnel across all technical pillars. A virologist facilitated the training of national laboratory staff in sample collection and analysis, which was particularly vital during the initial stages of the outbreak. Over 200 laboratory personnel from various regions, including those from private healthcare institutions, underwent comprehensive training on sample collection and transportation

procedures. Additionally, a senior clinician provided hands-on guidance in managing both mild and severe COVID-19 cases, including the administration of oxygen therapy to patients. Moreover, a team of Infection Prevention and Control (IPC) specialists conducted Training of Trainers (ToTs) sessions and supervised subsequent step-down training for healthcare staff on personal protective measures and proper utilization of personal protective equipment (PPE).

4. STRENGTHENING THE NATIONAL SURVEILLANCE SYSTEMS

The COVID-19 pandemic represented a global infectious disease outbreak of unprecedented scale. Effective management strategies relied heavily on scientific evidence obtained through rigorous epidemiological surveillance and laboratory investigations. At the national level, the management of cases adhered to the WHO case definition, sample collection methodology, and case detection protocols. To ensure widespread understanding and adherence, these protocols were translated into local languages for the development of public information systems and communication messages.

WHO's generic guidelines on community surveillance and case definition were adapted to suit the specific context of The Gambia. Additionally, WHO played a pivotal role in the provision of resources for the initial training and deployment of rapid response teams (RRTs) and contact tracers across the country. A total of 30 members constituted each composite RRT team at the regional health directorate level, while a national team comprised 40 members. Each team underwent comprehensive training utilizing standard WHO guides and tools, and they were equipped with infection prevention and control (IPC) gear and data collection tablets. These teams played a crucial role in swiftly identifying and investigating suspected cases, as well as implementing essential public health interventions.

Furthermore, WHO facilitated international Training of Trainers (ToT) sessions for six surveillance staff during the initial stages of the response. This effort was complemented by subsequent training sessions that reached 350 national surveillance staff from diverse backgrounds, including doctors, veterinary officers, clinicians, nurses, and public health officers, across all regions. To enhance data management capabilities, WHO recruited and deployed specialists to strengthen data analysis, presentation, and the production of situation reports (SITREPs), alongside training sessions for data collectors at all levels. Additionally, WHO provided essential information technology (IT) equipment such as printers, photocopiers, laptops, and internet connectivity to support the Public Health Emergency Operations Center (PHEOC) infrastructure.

WHO PLAYED A PIVOTAL ROLE IN PROVIDING RESOURCES FOR THE TRAINING AND DEPLOYMENT OF RAPID RESPONSE TEAMS AND CONTACT TRACERS ACROSS THE COUNTRY. THESE TEAMS WERE CRUCIAL IN SWIFTLY IDENTIFYING AND INVESTIGATING SUSPECTED CASES AND IMPLEMENTING ESSENTIAL PUBLIC HEALTH INTERVENTIONS.

5. ENHANCING NATIONAL LABORATORY CAPACITY FOR DETECTION

The critical role of laboratory analysis in managing infectious disease outbreaks, including the ongoing COVID-19 pandemic, necessitates focused attention and coordination. Recognizing the evolving nature of the virus and the importance of accurate identification, the World Health Organization (WHO) led national efforts in coordinating laboratory activities, including sample collection protocols. The National Health Emergency Committee (NHEC), operating through its surveillance and laboratory sub-committee, ensured adherence to WHO prequalified sampling and testing tools, with national procedures aligned to WHO guidelines.

To bolster the country's capacity for case detection, WHO engaged the expertise of a senior virologist early on. Formal training sessions were conducted, with 55 staff members from the National Public Health Laboratory (NHPL), 18 from the Edward Francis Small Teaching Hospital (EFSTH), and 99 from private healthcare institutions, ensuring proficient sample collection and handling. These efforts were complemented by the provision of standardized sample collection kits, including personal protective equipment (PPE). Training initiatives extended across all regions of the country.

WHO facilitated the procurement and deployment of three polymerase chain reaction (PCR) machines to

initiate and sustain COVID-19 testing. Coupled with over USD 0.9 million worth of reagents supplied by WHO, this infrastructure enabled the performance of over 1000 tests daily at the peak of the outbreak. Technical assistance and resources were provided to train healthcare personnel nationwide in sample collection techniques and the utilization of rapid diagnostic tests (RDT) kits, with testing conducted across various regions.

In furtherance of enhancing national laboratory capabilities, the Medical Research Council (MRC) seconded a senior staff member to the National Public Health Laboratory (NPHL). Additionally, WHO secured funding amounting to \$31,700 for the NPHL to conduct genomic sequencing of COVID-19 positive cases, with technical support from MRC. Guided by WHO, a qualified staff member from NPHL was seconded to MRC to gain expertise in whole-cell genomic sequencing procedures, empowering the national laboratory to independently process positive COVID-19 samples for genomic sequencing.



TO BOLSTER THE COUNTRY'S CAPACITY FOR CASE DETECTION AND ENSURE PROFICIENT SAMPLE COLLECTION AND HANDLING, WHO ACTIVATED EXTENSIVE TRAINING ACROSS ALL REGIONS OF THE COUNTRY. 55 STAFF MEMBERS FROM THE NATIONAL PUBLIC HEALTH LABORATORY, 18 FROM THE EDWARD FRANCIS SMALL TEACHING HOSPITAL, AND 99 FROM PRIVATE HEALTHCARE INSTITUTIONS.

Photo: A formal training session conducted by WHO.

6. CASE MANAGEMENT, INFECTION CONTROL AND SAFE BURIAL



TO ENHANCE ACCESS TO MEDICAL OXYGEN, A CRUCIAL COMPONENT IN MANAGING COVID-19, THE WORLD HEALTH ORGANIZATION CONTRIBUTED OVER USD 400,000 TO PROCURING AN OXYGEN PLANT AND INSTALLATION AT THE NDEMBAN CLINIC. THIS WAS A MOMENTOUS MILESTONE, AS MEDICAL OXYGEN BECAME READILY AVAILABLE AT ALL HEALTH FACILITIES NATIONWIDE.

Photo: WHO staff guiding staff at the oxygen plant at Bakau center..

WHO's initial response to the emerging COVID-19 infection in The Gambia focused on bolstering healthcare worker (HCW) preparedness and capacity. This involved comprehensive training and coaching sessions on Infection Prevention and Control (IPC), particularly emphasizing the proper utilization of Personal Protective Equipment (PPE). Subsequently, these IPC trainings were disseminated to HCWs at regional levels.

Furthermore, WHO collaborated with the Ministry of Health (MoH) to establish a referral system, modeled after the WHO Malawi system, aimed at facilitating the implementation of a hospitalization surveillance framework for acute and post-COVID-19 conditions across the nation's busiest hospitals. This initiative encompassed the incorporation of 45 health facilities into the clinical data platform to guide clinical decision-making and enhance management protocols.

Addressing acute cases, WHO, in conjunction with UN agencies, spearheaded infrastructure enhancements and capacity-building initiatives. The Ebola Treatment Centre in Banjul was repurposed to manage severe cases, while the Ndemban Clinic underwent rehabilitation for triage and management of other cases. Additionally, treatment centers were erected at regional levels to expedite case management and minimize referral delays, with support from the UN Multi-Partners Trust Fund (MPTF).

Recognizing the unprecedented challenges posed by COVID-19, WHO, in collaboration with the MoH and The Gambia Medical and Dental Association (GMDA), conducted extensive training programs. These initiatives included a national Training of Trainers (ToT) session, where 89 senior healthcare personnel received instruction on various aspects of COVID-19 management. Moreover, specialized

training sessions were provided to healthcare workers, encompassing critical areas such as case detection, triage, infection prevention, and clinical care, with specific focus on severe and critical cases.

WHO's commitment to capacity-building extended to the deployment of expert clinicians to provide hands-on mentoring to healthcare staff. Training sessions on oxygen therapy application were conducted for 86 healthcare professionals, complemented by the provision of essential equipment, including oxygen concentrators and ventilators.

Central to the response was safeguarding healthcare workers through comprehensive IPC training. WHO facilitated training sessions for 122 healthcare staff on personal IPC protection, supported by technical assistance and guidelines.

Furthermore, WHO played a pivotal role in enhancing access to medical oxygen, a crucial component in COVID-19 management. Technical guidelines were provided for the design and selection of oxygen plants, with WHO contributing over USD 400,000 towards procurement and installation at the Ndemban Clinic. This initiative marked a significant milestone as medical oxygen became readily available at all health facilities nationwide, now included in the Essential Drugs List (EDL) of The Gambia.

7. COVID-19 VACCINATION

The Gambia has demonstrated commendable performance in implementing Expanded Program on Immunization (EPI) initiatives. In 2022, the country achieved a DPT3 administrative coverage of over 79% and a measles (MCV) 1 coverage of 74%, indicating a high rate of recurrent attendance at Maternal and Child Health (MCH) clinics by children under five. Additionally, recent introductions of new antigens, including HPV for adolescent girls, have expanded the country's immunization portfolio. Leveraging this robust foundation, the COVID-19 vaccination effort was initiated.

Given that COVID-19 vaccines were new and not pre-qualified, the Medicines Control Agency (MCA) maintained all COVID-19 vaccines under Emergency Use Listing (EUL) as per WHO guidelines. The majority of COVID-19 vaccines were procured through COVAX, the vaccine pillar of the Access to COVID-19 Tools (ACT) accelerator, supplemented by donations from other entities such as the Africa CDC and the World Bank.

A pivotal step at the outset of the vaccination program was the establishment of a Technical Working Group (TWG) by WHO, chaired under the National Health Emergency Committee (NHEC). The TWG achieved three significant milestones: facilitating consensus among partners and government on

the vaccination strategy, ensuring synchronized funding for operational costs, and maintaining support for routine vaccination services amidst the COVID-19 vaccination drive. Additionally, the TWG played a key role in developing strategies for integrating COVID-19 vaccination into routine healthcare services.

In conjunction with TWG's leadership and technical guidance, WHO provided support in four key areas. Firstly, WHO criteria and guidelines were utilized for the emergency listing of COVID-19 vaccines. Secondly, WHO extended technical assistance (TA) valued at over USD 0.77 million, encompassing vaccine safety monitoring, capacity building for adverse events following immunization (AEFI), deployment of field epidemiologists, support for vaccine rollout, and full portfolio planning (FPP). WHO also sponsored two rounds of COVID-19 mass vaccination campaigns, with a total of nine campaigns conducted by the country, in addition to integrating vaccine distribution into routine programs. By July 2023, the country achieved a vaccine coverage of 28.2% for individuals receiving at least one dose, while fully immunized coverage stood at 23.0%. Furthermore, WHO supported the refurbishment of the Ultra Cold Chain room, facilitating the installation of new equipment to enhance vaccine storage capabilities.

Despite significant investment in mass vaccination campaigns, vaccination uptake remained low. To address this challenge and enhance community engagement, WHO funded anthropological studies on vaccine hesitancy, assessing stakeholder engagement and public perception. Findings from these studies informed vaccination strategies, facilitated engagement of Civil Society Organizations (CSOs) for community mobilization, and aided in the integration of COVID-19 vaccination into routine healthcare services.



FINDINGS FROM THE WORLD HEALTH ORGANIZATION FUNDED ANTHROPOLOGICAL STUDIES ON VACCINE HESITANCY INFORMED VACCINATION STRATEGIES, FACILITATED ENGAGEMENT OF CIVIL SOCIETY ORGANIZATIONS FOR COMMUNITY MOBILIZATION, AND AIDED IN INTEGRATING COVID-19 VACCINATION INTO ROUTINE HEALTHCARE SERVICES.

Photo: A vaccinated adult with a COVID-19 vaccine card.

8. RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

In the early stages of the response to the emerging pandemic virus, effective communication and education were imperative to alleviate panic and inform populations comprehensively. Among the various thematic pillars, Risk Communication and Community Engagement (RCCE) garnered particularly diverse partnerships. To ensure coherence across all communication channels, a central coordination mechanism was established, aimed at ensuring the accuracy, complementarity, and reinforcement of messages disseminated through various media platforms.

In addition to central coordination, WHO provided support to the Ministry of Health (MoH) in conducting regular media briefings, issuing press releases, and facilitating interviews with key technical leaders on national television and radio stations. A call center was established at the onset of the response, allowing the public to report alerts and seek information and clarifications.

WHO played a pivotal role in enhancing national capacity in understanding and managing the COVID-19 response at all levels. This not only allayed public fears and concerns but significantly bolstered the skills and comprehension of public officers in effectively communicating with the general population as change leaders. Specifically, WHO

trained 109 COVID-19 quarantine center workers across the seven health regions, along with 725 healthcare professionals ranging from nurse attendants to doctors. Additionally, 200 community health workers were trained on risk communication, community engagement, and infection prevention and control strategies. Furthermore, 78 healthcare professionals in the seven health regions received training on COVID-19 diagnosis and management using WHO treatment manual/guidelines.

The multisectoral approach to COVID-19 response was evident in capacity-building efforts, including the training of 148 security officers from various national institutions on COVID-19 overview, preventive measures, control strategies, and human rights observance in relation to COVID-19 prevention and control measures. WHO also provided support to the media, orienting 105 journalists from print and electronic media establishments on risk communication and community engagement principles and concepts. Additionally, 50 religious leaders from the Supreme Islamic Council and the Christian Council received training on COVID-19, aimed at fostering better compliance with public health measures and cultivating change agents and champions within the media and communities. Complementing this, 200 regional and district-level influential leaders, including Chiefs, TACs,



THE WORLD HEALTH ORGANIZATION PLAYED A PIVOTAL ROLE IN ENHANCING THE NATIONAL CAPACITY TO UNDERSTAND AND MANAGE THE COVID-19 RESPONSE AT ALL LEVELS THROUGH A MULTISECTORAL APPROACH THAT INCLUDED JOURNALISTS, RELIGIOUS LEADERS FROM THE SUPREME ISLAMIC COUNCIL AND THE CHRISTIAN COUNCIL AND LOCAL LEADERS. THIS EMPHASIS ON TRADITIONAL COMMUNICATORS AND LOCAL LEADERS EFFECTIVELY DISSEMINATED ACCURATE INFORMATION ON COVID-19, COUNTERING RUMOURS AND MISINFORMATION.

Photo: A sensitization campaign.

Ward Councilors, and Village Heads, were oriented on COVID-19 to further enhance public health compliance.

Furthermore, WHO facilitated the orientation of 40 cluster monitors, 110 traditional communicators, and 20 outdoor caravan sensitization support staff within the greater Banjul urban area. This emphasis

on traditional communicators and local leaders enabled the dissemination of accurate information on COVID-19, countering rumors and misinformation effectively. These local leaders served as conduits for disseminating correct information, thereby alleviating fears and fostering trust within their communities.

9. POINTS OF ENTRY, RESEARCH & LOGISTICS/SUPPLY MANAGEMENT

The Honourable Minister for Health initiated significant changes to public health regulations to enhance Points of Entry (PoE) surveillance and implement a quarantine system during the initial phase of the response. However, the effectiveness of this costly quarantine system in controlling the importation of cases was questioned. Adherence to World Health Organization (WHO) guidelines was integral in shaping the COVID-19 case definitions, surveillance reporting tools, and PoE guidelines. Subsequently, PoE staff received comprehensive training on COVID-19 surveillance and reporting, resulting in the implementation of COVID-19 surveillance protocols across all designated PoEs.

Furthermore, capacity building efforts extended to community-based COVID-19 surveillance, with PoE staff being equipped with essential skills such as interview techniques for travelers, biosecurity maintenance, assessment of suspected cases, and referral and evacuation systems. This comprehensive training significantly bolstered the capacity for the safe reopening of the international airport and other PoEs.

To streamline procurement processes and ensure standardized specifications for all supplies, the Access to COVID-19 Tools (ACT) tools were made accessible to the logistics and supplies sub-committee. The

Directorate of Pharmaceutical Services effectively managed COVID-19 supplies through a functional Logistics Management Information System (LMIS).

During the period from 2020 to 2023, WHO provided substantial support amounting to over USD 2 million for the COVID-19 response. Noteworthy contributions included funding for the procurement of an oxygen plant, laboratory equipment, reagents, and testing supplies, with WHO emerging as a primary provider in this regard. Additionally, WHO facilitated the delivery of donations from the Republic of Korea, which included COVID-19 test kits valued at nearly USD 200,000, further strengthening the country's response efforts.

DURING THE PERIOD FROM 2020 TO 2023, THE WORLD HEALTH ORGANIZATION EMERGED AS A PRIMARY PROVIDER FOR THE COVID-19 RESPONSE, AMOUNTING TO OVER USD 2 MILLION. NOTEWORTHY CONTRIBUTIONS INCLUDED FUNDING FOR PROCURING AN OXYGEN PLANT, LABORATORY EQUIPMENT, REAGENTS, AND TESTING SUPPLIES.

10. CHALLENGES & RECOMMENDATIONS

HEALTH SYSTEM SUPPORT

The influx of funding, notably through grants from government and major donors like the World Bank, presented a unique, once-in-a-lifetime opportunity to overhaul the Ministry of Health (MoH) and realign the national health system around Primary Health Care (PHC) principles. It is imperative that the Government of The Gambia (GoTG) ensures the effective utilization and regular maintenance of donated equipment and materials to maximize their impact.

COORDINATION

A notable challenge observed was the insufficient technical expertise at the senior level, particularly in coordination efforts. This issue was further compounded by the limited availability of technical expertise within the national talent pool in this critical response area. The MoH should capitalize on the newly acquired technical skills to reinforce coordination efforts across all levels.

SCHOOL HEALTH

The support provided to the school system played a significant role in The Gambia's national COVID-19 response. With one-third of the population and nearly 70% of young individuals comprising this captive audience, there existed a prime opportunity to evolve and establish a robust school health program. The Ministries of Health and Education should leverage the existing relationships forged during the COVID-19 outbreak to strengthen their collaborative efforts.

SURVEILLANCE

The COVID-19 response presented a unique opportunity

to enhance community-level surveillance, moving away from reliance solely on facility-based systems. Centralized surveillance activities proved inadequate for fostering a robust community-based surveillance system and building decentralized regional response capacities. Augmenting this capacity with additional clinical staff trained in community-based surveillance and emergency health response is essential to ensure sustained community-based surveillance beyond the COVID-19 response. The MoH should decentralize the surveillance system to empower regional health teams to lead in investigating cases within their respective domains.

LABORATORY

While there was significant capacity enhancement at the national level through the provision of PCR machines, reagents, and virology training, this enhancement did not extend adequately to the regional and facility levels in terms of diagnostic capacity. The MoH should decentralize laboratory services to bolster laboratory capabilities at peripheral levels.

OPERATIONAL AND LOGISTICS SUPPORT

The World Health Organization Country Office (WCO) could have implemented a more robust documentation system for COVID-19 response support, particularly concerning supplies. While conducting handover ceremonies for all supplies might be impractical, the MoH could have organized press releases to document the delivery of supplies. Handover notes should provide more comprehensive details regarding the value and sources of the supplies.

11. CONCLUSIONS

The COVID-19 pandemic sparked widespread goodwill and material support for the country, particularly directed towards the health sector. However, there is debate as to whether this period of heightened assistance was fully capitalized upon. The World Health Organization (WHO) held a unique position to serve as both a technical support arm to the Ministry of Health (MoH) and a provider of scientific information to guide the overall response.

Despite the WHO Country Office's dedicated efforts to steer the national response and supply essential resources, there were challenges in maximizing visibility. The contributions of WHO, which had been involved in MoH programs before, during, and after the response, were sometimes perceived as routine rather than exceptional. Nevertheless, the impact of WHO's support for The Gambia's COVID-19 response was evident across various technical sub-committees. WHO's leadership played a crucial role in driving the successes and positive trends observed during the response. Funding from WHO significantly supported laboratory testing, a cornerstone of surveillance and response efforts. Technical assistance and provision of IT equipment facilitated the operations of the Public Health Emergency Operations Center (PHEOC). Additionally, WHO's training and deployment of Rapid Response Teams (RRTs) during the peak of the response were visibly impactful. The establishment of an oxygen plant stands as a lasting legacy of the COVID-19 response efforts.





THE WORLD HEALTH ORGANIZATION WAS UNIQUELY POSITIONED TO SERVE AS BOTH THE MINISTRY OF HEALTH'S TECHNICAL SUPPORT ARM AND A PROVIDER OF SCIENTIFIC INFORMATION TO GUIDE THE OVERALL RESPONSE. IT WAS CRUCIAL IN DRIVING THE SUCCESSES AND POSITIVE TRENDS OBSERVED DURING THE RESPONSE.

ANNEXES

Annex 1: Summary Sheet of WHO COVID-19 supplies delivered to the MOH 2020 to 2023

MARCH 2020 TO NOVEMBER 2023

Date received	Description of supplies	IMS Pillar	Presentation	Qty	Unit Value USD	Total Value USD
16-Mar-20	Mini Sigma Virocult, Foam Swabs	Lab	Pac	8		111
28-May-20	laboratory supplies	Supplies	Boxes	1	1	761
08-Jun-20	Hand Sanitizer	CMS	Bottle	3,000		
08-Jul-20	IT Color printer, cartridges, and data cards	IT equipment for IMS				
13-Jul-20	Oxygen Concentrator	CMS	Boxes	14	680	9,520
03-Aug-20	COVID-19 Quant Studio 3 RealTime PCR Instruments	NPHL	Set	1		24,437
01-Sep-20	Testing Booths	Surveillance/ Lab	Units	1		
15-Sep-20	Disposable Face Mask, Shoe Covers & Pulse oximeter	CMS				
20-Sep-20	Disposable Sampling Swabs	CMS	Boxes	6		10,800
23-Sep-20	Lab supplies RNA Extraction, buffer, sequencing kits	Lab		4		

Date received	Description of supplies	IMS Pillar	Presentation	Qty	Unit Value USD	Total Value USD
01-Oct-20	Biomedical Equip - monitors/pulse meter etc	Case Management	Pieces	44	420	
15-Oct-20	COVID-19 RNA (PCR Fluorescence Probing)	NPHL	KIT	26		1,000
04-Jan-21	Used IT Equipment					
13-Jan-21	Triple Packaging Thermal Box, small			100		
19-Jan-21	Lab consumable supplies	Lab	Pieces			4,596
22-Feb-21	COVID-19 Diagnostic Reagents	Lab	boxes	2	323	23,359
25-Feb-21	Lab consumables	Lab	Pieces		429	106,579
27-Feb-21	Disposable Sampler	Lab	Pieces	3	399	32,000
02-Mar-21	Gowns, face shields, goggles, respirator, masks, sampling kit					3,658
05-Mar-21	COVID-19 Diagnostic Kits RDT	Lab	Units	98	105	12,500
10-Mar-21	Lithium-Ion Batteries		Pieces	3	92	1,100
14-Mar-21	Diagnostic Reagents for Covid-19	Lab			320	2,491
16-Mar-21	Biohazard Bags Red Autoclavable	HCWM			2,608	26,131

Date received	Description of supplies	IMS Pillar	Presentation	QTY	Unit Value USD	Total Value USD
18-Mar-21	Disposable Sampler	Lab	Unit	100	702	32,000
20-Mar-21	Medication	Medication			26	28,680
29-Mar-21	Medications	Case Management	Boxes	3	26	3,516
09-Apr-21	COVID-19 Diagnostic Kits	Lab	Cartons	2	100	153,225
09-Apr-21	COVID-19 Diagnostics Kits	Lab	Units	192	160	40,314
14-Apr-21	Ventilator and accessories	Case Management	Boxes	12		154,858
14-Apr-21	DNA Detection Kits	Lab	Units	200		153,225
14-Apr-21	DNA Extraction Kits	Lab	Units	192		40,314
14-Apr-21	Ventilators and Accessories	Case management	Boxes	12		
26-Apr-21	QPCR Lab Reagents	Lab	Pieces	3	92	22,979
01-May-21	Non-Sterile surgical face masks	IPC	Pieces	462,500	2,042	145,225
03-May-21	Medical Equipment	Case Management	Packages	2	57	3,469
03-May-21	Lab reagents	Lab			25	1,100
04-May-21	Internet Dongle for health research	Health Research	Units	1		
30-Jun-21	Lab diagnostic Tecan Pipette tips	Lab			310	81,506
20-Oct-21	Pen Markers	Vaccination	Packages	1	2	524
15-Nov-21	PCR Genetic Kits	Lab	Pieces	52	6	42,981
17-Nov-21	IT Monitor, CPU and Laptop	IT	Carton	1		2,253
20-Nov-21	DNA Detection Kits samples	Lab	Pieces	53	7	42,070

Date received	Description of supplies	IMS Pillar	Presentation	QTY	Unit Value USD	Total Value USD
30-Nov-21	DNA Detection Kits		Carton	1		
03-Dec-21	Laptop Dell OptiPlex micro-5090	IT	Units	1	20	1,700
07-Dec-21	SARS-CoV-2 KIT	LAB	KIT	52	6	42,981
31-Dec-21	QIAamp Viral RNA Mini Kit		Boxes	3		
13-Jan-22	Surgical Mask		Boxes	185		
26-Jan-22	Lab and Diagnostic reagents	Lab	Boxes	132		115,624
03-Mar-22	Markers	Vaccination	Units		28	640
25-Mar-22	PCR Lab supplies	Lab			64	1,230
07-Apr-22	Used IT Equipment	Mental Health Unit				
02-Jul-22	COVID-19 Nucleic Acid Extraction Kit	NPHL	Boxes	1		55,888
19-Jul-22	Malaria Drugs	Malaria	Boxes	7	3	100
02-Aug-22	Booklets HMIS SOP 140 copies					
03-Aug-22	IT equipment	Medical Council	Units	1		
11-Aug-22	Markers	Vaccination	Units	1,600	18	512
16-Aug-22	SARs-CoV2 Molecular Panel	Lab	Boxes	2	0	13
23-Aug-22	Lab supplies	Lab	Boxes	1	1	42
30-Sep-22	Large Sturdy Bags	AKI	Pieces	5,000		1,250
05-Oct-22	Case management supplies	Case management				

Date received	Description of supplies	IMS Pillar	Presentation	QTY	Unit Value USD	Total Value USD
06-Oct-22	Lab consumables Eurostar Scientific Ceftriaxone Nutrient Broth etc	AKI - LAB	Packets	3	15	1,558
12-Oct-22	Lab supplies antibiotic discs	AKI - EFSTH				
28-Oct-22	Creatinine Assay Kit	Lab	Cartons	1		1,038
16-Nov-22	QIAamp DNA mini kit	Lab	Boxes	2	23	275
20-Dec-22	Office supplies	Supplies	Pallet	1	223	865
22-Dec-22	Laptop Computers for EPI	IT Equipment	Unit	2	5	2,492
22-Dec-22	Medical Lab supplies	Lab	Boxes	1	61	745
23-Dec-22	COVID-19 Exam Gloves, N95 Mask Face shields, Gowns	CMS				
29-Dec-22	Agar and peptone water	Lab			14	450
14-Jan-23	Face Masks	PPE	Units	462,500	0	145,225
01-Feb-23	Dell Computers	IT	Units	1	4	1,666
23-Feb-23	Dell Latitude 5432 50 Units/Dell Precision 3571 32 units	IT	Units	82	493	118,646
30-Mar-23	Lab Consumables	Lab	box	1	46	878
05-Apr-23	Lab consumables Carramore Qubit starter kits etc	Lab	Cartons	5	80	22,244

Date received	Description of supplies	IMS Pillar	Presentation	QTY	Unit Value USD	Total Value USD
01-May-23	Non-Sterile surgical face masks	Case Management	Cartons	185	2,042	145,225
27-May-23	Markers	Vaccination	Boxes	2	29	640
27-May-23	Laptop Computers plus accessories (Dell Latitude 5330)	IT	Units	10	181	11,710
06-Jul-23	Clinical Sampling Test for EQA	Lab	Pieces	1	1	74
11-Jul-23	Clinical Equipment (cannula/ Patient Monitors/Vent Maintenance Kit)	Case Management	Pieces		1,206	128,790
11-Jul-23	Oxygen Concentrators/ Ventilators/P Monitors/ Cannulas	Case Management			1,629	8,536
01-Aug-23	Laptop Computers plus accessories (Dell Latitude 5430)	IT	Units	1	8	1,229
01-Nov-23	Medicaments from Senegal (EMT AKI)	Medicaments	Pallets	8	1,817	1,305
Grand Total						2,020,852

Annex 2: Summary of WHO Consultancy assignments completed 2020 to 2023

COVID-19 INTERNATIONAL AND NATIONAL CONSULTANTS 2020/2021

Name	Area of work	From	To
Dr. Djuma Mitima	Incident Manager	18 May 2020	20 Sept 2020
Dr. Muzafalu Senyonga	IPC Expert	19 Oct 2020	31 Dec 2020
Dr. Ivy Asante	Lab Expert	29 Oct 2020	05 Dec 2020
Dr. Adebola Olaynika	IPC Expert	2 Sept 2020	30 Oct 2020
Dr. William Addison	Critical Care Consultant	11 Nov 2020	10 Jan 2021
Dr. Ifeanyi Udenweze	Incident Manager	30 Nov 2020	Present
Mr. Byron Chapoterera	Risk Communication and Community Engagement (RCCE)	02 Dec 2020	16 May 2021
Mr. Precious Hajison	Data Manager	06 Apr 2021 30 Sep 2022	31 Dec 2021 31 Dec 2022
Dr. Magdi Mahgoub Mohammed	Epidemiologist	12 Apr 2021	13 Jul 2021
Dr. Kehinde Temilola Oluwa Craig	Vaccine Safety Monitoring Officer	08 May 2021 16 Feb 2022	31 Dec 2021 15 April 2022
Dr. Adamu Danladi Dawud	Epidemiologist	02 Jul 2022	31 Dec 2022
Dr. Ndack Diop	Anthropologist	17 Aug 2022	19 Nov 2022
Ms. Eyu Patricia Eyu	Epidemiologist Vaccination	15 Mar 2022	15 April 2023
Dr. Victor Inyakudri Guma	Immunization Officer	1 Apr 2022	Present
Dr. Michael Mulowooza	Immunization Officer	15 Mar 2022	15 April 2023
Ms. Aziza Amina Sahid	Demand Generation Officer (RCCE)	1 Apr 2022	31 Dec 2023
Dr. Kassahun Mitiku Desta	Immunization Officer, Covid Vaccine Roll Out	1 May 2023	31 Dec 2023
Mr. Stanley Kwasi Diamenu	Consultant For FPP Development	1 July 2023	Present
Dr. Linda Foray Rahal	Epidemiologist	13 Sep 2022	31 Dec 2022
Mr. K.O Jaiteh	Epidemiologist	11 Aug 2021	31 Nov 2021
Mr. Bailo Sey	TA Response Officer	1 Mar 2021	30 May 2021
Mr. Mustapha Sanyang	Surveillance and Data Management Officer	1 Jul 2023	Present
Ms. Isha Fatima Njie	Data Collation and Presentation Officer	1 Feb 2021	10 Jul 2021
Dr. Mariama Drammeh	Surveillance and Data Management Officer	10 Aug 2021	20 Nov 2021

DONORS

WHO Gambia would like to extend our heartfelt gratitude to the following donors for their unwavering support in our fight against the COVID-19 pandemic in The Gambia. Their generosity and commitment made a profound impact on our ability to provide essential resources and assistance to those most in need during these challenging times.



Gavi, the Vaccine Alliance



Government of Germany



Department of Foreign Affairs,
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(DFATD), Canada



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