

HEALTH IS WEALTH



REPUBLIC OF THE GAMBIA

HEALTH POLICY FRAMEWORK 2007 - 2020

DEPARTMENT OF STATE FOR HEALTH
AND SOCIAL WELFARE
BANJUL, THE GAMBIA



FOREWORD

By adopting "HEALTH IS WEALTH" the Department of State for Health is committing itself to addressing the common health desires of Gambians through concrete and implementable strategies.

The vision, mission, guiding principles and strategies proposed in the policy framework are a starting point for our new health agenda. The strategic direction builds upon our strengths, recognises our weaknesses, takes advantage of the opportunities and guards against threats.

The Health Master Plan is formulated on the basis of the policy framework and should be the mobile craft that propels us towards the attainment of a model service that is vision/mission driven. We seek a new paradigm for health that parts with orthodoxy and forces us to act far beyond our individual interests.

May I urge all of us in the health sector to embrace "HEALTH IS WEALTH" as a force for good.

Hon. Dr. Tamsir Mbowe
Secretary of State for Health and
Social Welfare



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**ABBREVIATIONS**

ACSM	- Advocacy Communication and Social Mobilisation
AIDS	- Acquired Immune Deficiency Syndrome
ART	- Anti – Retroviral Therapy
BCC	- Behavioural Change Communication
BFCI	- Baby Friendly Community Initiative
BI	- Bamako Initiative
CBO	- Community Based Organisation
CSD	- Central Statistics Department
DOTS	- Directly Observed Treatment Short course
DPI	- Directorate of Planning and Information
DRF	- Drug Revolving Fund
EOC	- Emergency Obstetric Care
EPI	- Expanded Program on Immunization
FP	- Family Planning
GAVI	- Global Alliance for Vaccine Initiative
HIV	- Human Immunodeficiency Virus
HMIS	- Health Management Information System
HRH	- Human Resources for Health
IEC	- Information, Education and Communication
IMAI	- Integrated Management of Adult Illnesses
IMNCI	- Integrated Management of Neonatal & Childhood Illnesses
IPT	- Intermittent Preventive Treatment
ITN	- Insecticide Treated Nets
MDG	- Millennium Development Goals
MDT	- Multi Drug Therapy
MICS	- Multiple Indicator Cluster Survey
MOU	- Memorandum of Understanding
NCD	- Non-Communicable Diseases
NGO	- Non-Governmental Organization
PCU	- Policy Coordinating Unit
PHC	- Primary Health Care
PIU	- Policy Implementation Unit
PLWHA	- People Living With HIV/AIDS
PMO	- Personnel Management Office
PRSP	- Poverty Reduction Strategy Programme
RCH	- Reproductive and Child Health
RH	- Reproductive Health
RHD	- Regional Health Directorate
RHO	- Regional Health Officer
RHT	- Regional Health Teams
RTI	- Respiratory Tract Infections
STI	- Sexually Transmitted Diseases
SWAp	- Sector Wide Approach





TB	- Tuberculosis
TM	- Traditional Medicine
TH	- Traditional Healer
TOR	- Terms of Reference
VCT	- Voluntary Counselling and Testing
VDC	- Village Development Committee
VHC	- Village Health Committee





1.0 INTRODUCTION:

1.1 Location, size and climate

The Gambia is located on the West African coast and extends about 400 km inland, with a population density of 128 persons per square kilometre. The width of the country varies from 24 to 28 kilometres and has a land area of 10,689 square kilometres. It is bordered on the North, South and East by the Republic of Senegal and on the West by the Atlantic Ocean. The country has a tropical climate characterised by 2 seasons, rainy season June-October and dry season November-May.

1.2 Demographic characteristics

According to the Demographic profile 2003, the population is estimated at 1.36 million and by the year 2011 it is estimated to reach 1.79 million, with annual growth rate of 2.74 %. About 60% of the population live in the rural area; and women constitute 51% of the total population. The crude birth rate is 46 per 1000 population while the total fertility rate is 5.4 births per woman. The high fertility level has resulted in a very youthful population structure. Nearly 44% of the population is below 15 years and 19% between the ages 15 to 24. Average life expectancy at birth is 64 years overall. Data for the under fives and reproductive age be added. (Regional life expectancy and fertility rates for both sexes need to be reflected for planning purpose) (Source of data 2003 Census).

1.3 Health System

Management of the sector

The Department of State for Health and Social Welfare is responsible for the management of the health sector, which includes health services provision, regulation, resource mobilization including human resource development and health research. It is headed by a Secretary of State (SOS) assisted by a Permanent Secretary (chief administrator) and his staff. The rest of the department is organized around three directorates:

i. Directorate of Health Services

This includes the health program areas, like Disease Control, Reproductive Health, Public Health Inspectorate and Regional health services provision management and pharmaceutical services.

ii. Directorate of Planning and Information

This includes: Budget, Planning and Policy Analysis; Human Resource Planning; Health Planning and Monitoring, Policy Implementation, Health System Research, and Health Management Information System.





iii. Directorate of Social Welfare

Health Services Provision

(a) Public sector

- Village Health Services (Community Health Posts)

The lowest level for health service provision is the community health post. This provides the very basic minimum health package to a cluster of villages. The service providers are the Village Health Workers with very minimal training and Traditional Birth Attendants with limited additional training. The village health worker provides treatment for non-complicated malaria, diarrhoea, minor injuries, worm infestation and stomach pain. He charges D1.00 for children and D2.00 for adults.

The village health services are complemented by the Reproductive and Child Health (RCH) trekking visits from the health centres. The RCH package includes: antenatal care, child immunization, weight monitoring and limited treatment for sick children.

- Minor Health Centre

The minor health centre is the unit for the delivery of basic health services. The national standard is 15,000 population for a minor health centre. The minor health centre is to provide up to 70 percent of the Basic Health Care Package need of the population. The minor health centre coverage for the rural community is not above 65 per cent, for the Greater Banjul Area it is below 15 percent.

- Major Health Centres (Regional Hospitals)

The major health centre serves as the referral point for minor health centres for such services like, obstetric emergencies, essential surgical services, and further medical care. Bed capacity up to 100 and in addition, to serve as blood transfusion points for the area. The national standard is 200,000 population for a major health centre and coverage is about 100 percent.

General Hospital

The general hospitals are the regional referral points. They have bigger bed capacities up to 250 beds and are to provide additional services not available at the regional hospital level.

Teaching and Specialist Hospital

This is the final referral point available in The Gambia and beyond the capacity of this facility, that service would have to be sought from overseas, the nearest being in Senegal.





(b) Private sector health services provision

This includes the private for profit and private for non-profit. These are few (numbering less than 20) and smaller in sizes each with bed capacity less than 50 and less than 10 per cent of these are located in the rural community. The large majority are located in the Greater Banjul Area, making choice in health services delivery point in the rural community very limited.

(c) Traditional Healing System

It is useful to mention the traditional healing system too. This system of treatment has been with us from the beginning. The system includes bone setters, herbalists, spiritualists, birth attendants and those who combine the methods. They continue to contribute significantly to the health of the population hence the need for their promotion and strengthening collaboration with the orthodox medicine. However, major concerns have been made on the activities of quacks in the traditional system and the demand for the urgent regulation of the system is equally paramount.

Health status of the population

The Gambia has an Infant Mortality Rate of 75/1000 live births, 60% of which is attributable to malaria, diarrhoeal diseases and acute respiratory tract infections. The main causes of mortality in infants (0-12 months) are neonatal sepsis, premature deliveries, malaria, respiratory infections, diarrhoeal diseases and malnutrition. For child mortality, main causes are: malaria, pneumonia, malnutrition, and diarrhoeal diseases. The Maternal Mortality Ratio is estimated at 730/100000 live births, the majority of which are due to sepsis, haemorrhage and eclampsia (Maternal and Neonatal Survey 2001).

About 40% of total outpatient consultation in 1999 was due to malaria, while diarrhoeal diseases and acute respiratory tract infections constitute about 25%. (The most recent figures if available should be quoted)

The HIV prevalence rate is 1.1% for HIV1 and 0.6% for HIV2 (sentinel surveillance 2005).

Tuberculosis remains a disease of public health importance in The Gambia. Through intensified case finding, the proportion of smear positive cases identified has increased from 56% in 2004 to 66.7% in 2005.

There has been an increase in national coverage for fully immunized children to a present level of 79.6 % for under 1 year and 84.9% for the under 2 year (2004 EPI cluster survey).





Malnutrition continues to be a major public health problem in The Gambia. The MICS 2006 indicated 19% stunting, 6.8% wasting and 17% underweight. Diabetes Mellitus is estimated to affect about 1% of the population while a study found that about 16% of urban women are obese compare to only 1% of rural women.

Safe water is an essential pillar of sustainable health for the population. Access to safe water is 85.1% of the overall households; with 79.9% urban and 64.9% rural and access to proper sanitary facilities are not encouraging thus limiting to only 26% (PRSPII) for the entire country. .

The 2003 Integrated Household Poverty Survey indicated that overall poverty to be at 59% with a poverty gap of 25.9% and poverty severity at 14.3%. However there are regional variation with rural poverty incident of 63% and an urban incident of 57%.

Considerable progress has been made in the areas of: EPI Coverage, expansion of health facilities and in recruitment of trained health personnel. Success has been registered in the implementation of the Baby Friendly Community Initiative and the Bamako Initiative.

Also, relevant policy documents were developed including that of Nutrition, Drug , Malaria Reproductive and Child Health , Human Resource for Health , Maintenance , Mental Health , HIV/AIDS , Health Management Information System , National Blood Transfusion , Information Technology , and others such as Traditional Medicine, National Health Laboratory, Health Research, are at various stages of development.

1.4 Policy environment and problem statement

There is a pressing need to enhance the delivery of quality health services in order to reduce the high prevailing morbidity and mortality rates.

The need to review the current health policy has been influenced by the following factors:

- To keep in pace with the Decentralisation and Local Government Reforms which emphasises an integrated management of government services, including health to the regions. The devolution of authority, responsibility and resources to the regions has to be directed by the policy.
- Proliferation of donor agencies each operating in their own way in the same health care system. There is therefore urgent need for better co-ordination of donor activities.
- The declining, though still high, incidence of infectious diseases and the emergence and re-emergence of non-communicable and communicable diseases needs intensification of efforts in our service delivery packages.





- Formulation of other sector policies impacting on the organisation and the delivery of health services.
- The disparity in the demand and quality of services at different levels of health care.
- Experience from the implementation of certain health projects/programmes like PHC, BI and DRF to improve financing of health services.
- The need for stronger partnership in the health sector with the donors, NGOs, private sector and the community in delivering health services to the population.
- The absence of a co-ordinated monitoring and evaluation system to measure performance and plan for improvements and ensure accountability
- The limited collaboration between the traditional healers and the formal health sector

- The health sector has over the years been under great pressure due to a number of factors: the effects of previous high population growth rate, inadequate financial and logistic support, uncoordinated donor support, shortage of adequately and appropriately trained health staff, high attrition rate and lack of efficient and effective referral system. Poverty, low awareness of health issues and poor attitude of service providers have led to inappropriate health seeking behaviours and contributed to ill health.
- The preceding factors have seriously constrained efforts to reduce morbidity and mortality rates as desired and as a result health care delivery throughout the country has not lived up to expectation.
- The frequent changes in top management positions at The Department of State for Health have been hampering continuity, institutional memory and policy flow. The need to have a clear direction to improve quality of health care and reduce the high morbidity and mortality rates requires a supportive organisational and management framework with a strong flexible and knowledgeable leadership, able and willing to take informed decision.





2.0 VISION AND MISSION

2.1 Vision

Healthy Gambia population with per capita income of US\$ 750 by 2020

2.2 Mission

Promote and protect the health of the population





3.0 GUIDING PRINCIPLES

3.1 Equity

Accessibility and affordability of quality services at point of demand especially for women and Children, for the marginalised and underserved, irrespective of political, national, ethnic or religious affiliations; rational expansion of health services

3.2 Gender Equity

The planning and implementation of all health programmes should address gender sensitive and responsive issues including equal involvement of men and women in decision-making; eliminating obstacles (barriers) to services utilisation; prevention of gender based violence.

3.3 Ethics and Standards

Respect for human dignity, rights and confidentiality; good management practices and quality assurance of service delivery.

3.4 Client Satisfaction

Accessibility to twenty-four hour quality essential services especially emergency obstetric care and blood transfusion services; reduced waiting time; empathy in staff attitudes; affordability and adequate staffing in health facilities.

3.5 Cultural Identity

Recognition of local values and traditions; use of traditional structures e.g. Kabilos, kaffos, traditional healers.

3.6 Health System Reforms

Devolution of political and managerial responsibilities, resources and authority in line with the Government decentralisation programme; capacity building for the decentralised structures (institutions).

3.7 Skilled staff retention and circulation

Attractive service conditions (package); job satisfaction to encourage a net inflow of skills.





3.8 Partnerships

Community empowerment; active involvement of the private sector, NGOs, local government authorities and civil society; effective donor co-ordination.

4.0 GOAL, TARGETS AND OBJECTIVES

Noting the challenges confronting the health sector, and having conceived the vision, mission and guiding principles, a number of key result areas were identified that would collectively have potential for maximum impact on the health status.

4.1 *Goal: Reduce morbidity and mortality in the population to significantly improve quality of life*

Morbidity and mortality rates due to both communicable and non-communicable diseases and other factors are unacceptably high, especially among infants, children and women. The main factors contributing to high morbidity in the population include: poverty, unhealthy environment, unsafe working conditions, poor sanitation, poor nutrition, poor access to safe water and poor housing for many. The main causes of mortality within the population are: Malaria, Pneumonia, Anaemia, Diarrhoeal Diseases, pregnancy complications and Cardiovascular Diseases. Of increasing concern too are the incidences of Tuberculosis and HIV/AIDS in the population.

4.2 Targets

- Infant mortality rate reduced from 75/1000 to 28/1000 by 2015
- Under five Mortality rate reduced from 99/1000 to 43/1000 by 2015
- Maternal Mortality ratio reduced from 730/100000 to 150/100000 by 2015
- Life expectancy national increased from 63.4 years to 69 years
- Life Expectancy for women increased from 65 years to 70 years by 2015
- Life expectancy for men increased from 62.4 years to 68 years
- Malaria incidence reduced by 50% by 2015
- HIV/AIDS Prevalence reduced (HIV1 from 1.1% to 0.5% and HIV2 from 0.7% to 0.1% by 2015)
- Total Fertility Rate reduced from 5.4 to 4.6 by 2015
- Diagnose at least 70% of the total estimated incidence of new smear positive cases annually and cure atleast 85% of new sputum smear positive patients by 2015
- Reduce morbidity due to non communicable diseases by 10% by 2015 (2007 base)
- Reduce morbidity due to other communicable diseases by 50% (2007 base)





5.0 HEALTH CARE PROGRAMS AND CLINICAL CARE DELIVERY

5.1 BASIC HEALTH PACKAGE

Preamble

Basic Health Package will aim at addressing some of the common causes of morbidity and mortality among The Gambian population, especially women, children, the underserved and the marginalised. The package will also aim to respond to emerging and re-emerging communicable and non-communicable diseases.

The Basic Health Package will have implications for planning, resource requirements and implementation of other policy issues.

The Basic Package will be delivered through the following programme areas:

5.1.1 ENVIRONMENTAL HEALTH AND SAFETY

Preamble

Environmental health and safety is an important component of our National health care service delivery. The state of the environment has both direct and indirect link to the health and well-being of the population.

In recent years the upsurge of accidents from the industrial sector and domestic and road accidents is evident for the need to give urgent attention to occupational health and safety.

The government of The Gambia attaches great importance to the environment as manifested by the development and implementation of the various instruments regarding, the National Environment Management Act (1994), the Food Act (2005), and the initiative to review the Public Health Act (1990). In addition to the above, the declaration made by the President on Environmental sanitation regarding 'Operation Clean The nation' in 2004 expresses urgent need to address environmental issues.

Despite all the efforts and gains, environmental health still remains a major challenge for the Department of State for Health and partners.

Objective

To reduce the frequency of environmental health and safety related problems and diseases by 50% by 2015 in the population of The Gambia





Strategies

- Ensure proper management of solid, gaseous and liquid wastes
- Enforcement of environmental health related Acts

5.1.2 HEALTH EDUCATION AND PROMOTION

Preamble

Health education and promotion, mainstreamed in all health care programmes is key to the National health care services delivery. At present there is no Health education and promotion policy to guide the effective dissemination of health messages in the general population.

This has led to the current situation of uncoordinated approach to the development and dissemination of comprehensive health messages. As a result the desired impact of the programme continued to pose challenges in the health services delivery.

Objective

To empower people with knowledge and skills through the dissemination of appropriate health messages to improve their health.

Strategies

- Development and implementation of a comprehensive health education and promotion policy.
- Establish an effective coordinating mechanism to ensure correct and consistent health messages.
- Strengthen collaboration between Health Education and Promotion Unit of the Department of State for Health and existing media houses and Civil Society Organisations.
- Strengthen the capacity of service providers to implement behavioural change communication activities.

5.1.3 EXPANDED PROGRAMME ON IMMUNISATION (EPI)

Preamble

The Gambia has a good track record of high immunisation coverage within the African region. However, due to frequent staff movement and high attrition rates, inadequate government and donor funding, cancellation of outreach clinics and high defaulter rates, the routine coverage has dropped from 93.08% in 2004 to 89.2% in 2005. Other problems affecting immunisation





include limited storage capacity especially at health facility and regional Health Office levels and over-aged cold chain equipment.

The Vaccine Independence Initiative introduced in mid-1990s into the EPI programme led to the creation of a budget line for vaccines and logistics. This budget has been increasing over the years for the procurement of all traditional vaccines and logistics, while new vaccines are funded by GAVI, which will end in 2007.

There is need therefore for government to increase budgetary allocation for the procurement of vaccines and to take on board the GAVI planned proposal for the co-financing mechanism for the introduction of new vaccines. The increase in budgetary allocation will also cater for the procurement of needles and syringes, cold chain equipment and spare parts and other consumables.

Objective

- a. To reduce childhood morbidity and mortality attributed to vaccine preventable diseases**
- b. To increase coverage to at least 80% for all districts and 90% at the national level for all antigens.**
- c. To ensure vaccine security for other immunisation needs**

Strategies

- Strengthen the financing mechanism to support the EPI programme
- Strengthen the EPI delivery system countrywide
- Reduce vaccine wastage at all levels
- Improve surveillance mechanism for early detection and response to vaccine preventable disease outbreaks

5.1.4: DISEASE CONTROL

Preamble

Despite progress made in recent years to control diseases like poliomyelitis, guineaworm, measles, lymphatic filariasis and leprosy, other communicable diseases such as malaria, TB, HIV/AIDS and eye diseases and non communicable diseases such as diabetes, hypertension, mental health, and cancers continue to pose major public health challenges. The threat of epidemic prone diseases as well as emerging and re-emerging diseases e.g. anthrax also constitute a major public health concern.

The Policy seeks to put in place cost effective disease control strategies that will lead to effective prevention, progressive control and eradication where applicable.





Objectives

- a. **To reduce the burden of communicable diseases to a level that they cease to be a major public health problem**
- b. **To promote healthy life styles, increase understanding on the prevention and management of non communicable diseases**

Strategies

- Strengthen disease surveillance and response capacity at all levels
- Provision of appropriate diagnostic and management capacity at various levels of health care delivery system
- Community empowerment on disease prevention and control

5.1.4.1 MALARIA

Strategies

- Community empowerment on malaria prevention and control
- Increase access to and use of ITNs for all vulnerable groups through multiple channels, (public, private and NGOs)
- Vector control interventions (including in indoor residual spraying)
- Provide and promote effective malaria chemoprophylaxis for all pregnant women (IPT)
- Strengthen Malaria Case management in all health facilities
- Strengthen collaboration with partners in entomological and other relevant researches

5.1.4.2 TUBERCULOSIS

Strategies

- Promote the expansion of high-quality DOTS
- Support the implementation of advocacy, communication and social mobilisation activities (ACSM)
- Address TB/HIV and other challenges





5.1.4.3 HIV/AIDS

Strategies

- Expand and strengthen Voluntary Counselling & Testing (VCT) and Prevention of Parent to child transmission (PPTCT) services.
- Support and expand Anti-Retroviral Treatment (ART)
- Expand the care and support services for People Living With HIV/AIDS (PLWHAs)
- Support sentinel surveillance and research in HIV/AIDS
- Intensify IEC/BCC/CSC interventions on HIV/AIDS

5.1.4.4 SEXUALLY TRANSMITTED INFECTIONS (other than HIV/AIDS)

Strategies

- Strengthen STI reporting from all health facilities including pharmacies and drug stores
- Increase access to correct diagnosis and appropriate treatment countrywide
- Increase access to male and female condoms
- Create community health forums to discuss amongst other health issues STI incidence in each district

5.1.4.5 DIARRHOEAL DISEASES

Strategies

- Advocate for the enforcement of the Food, Public Health and National Environment Management Acts.
- Strengthen case management , prevention and control
- Increase access to safe water and improved sanitary facilities

5.1.4.6 TRACHOMA

Strategies

- Elimination of blinding trachoma
- Reduce the prevalence of active trachoma to below 5% in all communities
- Intensify IEC/BCC/CSC intervention





5.1.4.6 RESPIRATORY TRACT INFECTIONS

Strategy

- Strengthen Respiratory Tract Infections treatment and control
- Strengthen case management skills of health workers
- Scaling up of IMNCI strategies at all levels

5.1.4.7 NON- COMMUNICABLE DISEASES (NCDs)

Strategy

- Strengthen the prevention and management of Non Communicable Diseases
- Support research on diet related non communicable diseases

5.1.4.8 MENTAL HEALTH

Objective

Improve access to quality mental health care to all Gambians

Strategies

- Strengthen mental health services delivery country wide
- Strengthen community involvement and participation in mental health care delivery

5.1.5 REPRODUCTIVE AND CHILD HEALTH

Preamble

RCH services are provided mainly by the public health sector with support from private sector and few other NGOs and Faith Based Organisations (FBOs). This has led to a nationwide coverage of RCH services, thus services are provided by all the hospitals, major and minor health centres with 212 outreach stations.

The maternal mortality ratio (MMR) though still high, decline from 1050 maternal deaths per 100,000 live births in 1990 (MMS, 1990), to 730 maternal deaths per 100,000 live birth in 2001 (MMS, 2001) due to the numerous safe motherhood interventions undertaken during the period. Factors contributing to high MMR include:





- a. Poor quality of care in prenatal and delivery services as a result of the high attrition rate among health professionals and the scarcity of midwives in the rural health centres.
- b. Inadequate high risk referral system
- c. Delay and/or inappropriate treatment of life threatening complications during pregnancy and delivery
- d. Women's heavy workload and lack of access to appropriate labour saving devices, particularly during late pregnancy
- e. Low use of modern contraception methods
- f. Inability of major health facilities to provide comprehensive emergency obstetric care
- g. Inadequate nutrient intake

According to the 2003 census, the infant mortality rate (IMR) was 75 deaths per 1000 live birth down from 84 in 1993 and 167 in 1983. This figure cloaks wide regional disparities in IMR. Similarly, the child mortality rate was 99 deaths per 1000 live births. An important underlying cause of high morbidity and mortality levels is the generally poor access of the population to adequate housing, water, sanitation, food and a reasonable standard of living. Alleviation of these conditions is therefore a prerequisite for improvement in the overall health and nutrition.

There is a high unmet need for emergency obstetric care (EOC) services (79%). Access to these services is constrained by a poorly functioning EOC system, especially at the community level including ill-equipped and inadequately staffed facilities. The paucity of skill birth attendants in rural health facilities as a result of the ongoing staff attrition remains a major challenge for the provision of EOC services.

The way forwards include:

- Improved access to integrated quality reproductive health information and services, including family planning at all levels
- Improved access to HIV prevention and youth-friendly information and services at all levels
- Increased awareness and behavioural change of the population regarding gender, reproductive health and rights.

Objective

To improve the quality of reproductive life of all persons living in The Gambia by 2015.

Strategies

- Improve the provision of and access to quality maternal, child and newborn care including EOC and family planning services countrywide.
- Increase awareness on sexual and reproductive health issues.
- Promote partnership and coordination among stakeholders





- Create opportunities for the improvement of the nutritional status of the vulnerable groups

5.1.6 NUTRITION

Objective

To attain the basic nutritional requirements of the Gambian population

Strategies

- Advocate for increased food production and consumption of required foods
- Establish mechanism for providing appropriate nutritional information for the population
- Development of food standards and guidelines for processing, preservation, storage, food hygiene safety and sanitation.
- Strengthen and expand proven nutrition interventions to ensure national coverage
-

5.1.7: BASIC CLINICAL CARE

Preamble

Presently, basic clinical care is delivered through minor and major health centres. A limited package is delivered through village health system in strategically selected villages country wide.

The major health centres are to serve as the referral point for the minor health centres though in few cases referrals are received directly from the village health services.

Upper River Region has five public minor health centres; three community initiated and managed minor health centres and two outpatient clinics. This gives a percentage coverage population minor health centre ratio for the Region of 67% (using National standard 15,000 population per minor health centre).

Centre River Region has seven public minor health centres and two NGO minor health centres. This gives the Region percentage coverage of 75%.

Lower River Region has three public minor health centres and three NGO and community minor health centres and outpatient clinics. This gives the Region percentage coverage of 60%.





North Bank Region has a total of eight public minor health centres and three NGO clinics. This gives the Region percentage coverage of 100%.

Western Region has five public minor health centres and three NGO and community managed minor health centres, supported by nine outpatient clinics. This gives the Region percentage coverage of 30%.

Kanifing Municipal Area has two public minor health centres and two NGO and community managed minor health centres. This gives the Region percentage coverage of 18%.

Banjul city has two public minor health centres. This gives percentage coverage of 100%.

The national standard for a major health centres is 200,000 population per major health centres. This gives almost a 100% coverage for all the regions.

The staffing levels for all the health centres country wide is least desired. Another area of concern with the health centres is the non availability of some essential equipment for their functioning. Occasional Stock-out of essential drugs and other medical supplies also continue to affect basic health services delivery.

As the health centres are the units for the delivery of basic services, coverage of above 80% for all the regions particularly the rural community is the desired target. However, for the Greater Banjul Area the health financing mechanism to be developed should support provision of services by the existing private and NGO health facilities.

It is worth mentioning the provision of some of the basic clinical by some NGO clinics (BAFROW and GFPA clinics) in communities, these are not counted as minor health centres.

Objectives

- a. To ensure access to basic clinical care for all Gambians**
- b. To put in place a mechanism that would assure the quality of services provided country wide.**

Strategies

- a. Encourage NGO provision of basic clinical care for the rural community particularly in Lower, Upper River and rural Western Regions.
- b. Strengthen the staffing and equipment capacity of the existing public health centres to meet the national standards.
- c. Assessment and certification of all private and NGO health centres and clinics.





- d. Advocate and encourage registration of Registered Nurse Midwives' Maternal and Child Health clinics.

5.2 TERTIARY CARE

Preamble

The current tertiary health care delivery system in The Gambia is characterised by three General Hospitals: Sulayman Junkung General Hospital located in the eastern part of the Western Region (Bwiam), AFPRC General Hospital located in the North Bank Region (Farafenni) and Bansang Hospital located in South Bank of the Central River Region (Bansang).

The fourth one located in KMC (Serre Kunda) construction completed but not yet operational. Royal Victoria Teaching Hospital is the main teaching and specialist hospital in The Gambia located in the Capital city Banjul.

There are only four NGO hospitals (Ahmaddiya Hospital, MRC, Gambia Family Planning Association and ASB) and six private hospitals all of which are located in the Greater Banjul Area.

There also exist one Regional Eye Care Centre providing training and tertiary eye care services.

None of the public, NGO and private hospitals provide full complimentary services required of them.

RVTH is the main national referral centre but is not adequately equipped to provide the required specialised services. As a result significant amount of funds continue to be spent on overseas treatment.

The desire is to have well equipped and functional hospitals providing the required tertiary care to the population.

Objective

To meet the tertiary care need of the Gambian population

Strategies

- a. Classification and certification of all existing hospitals
- b. Development of equipment, infrastructure standards and staffing norms for hospitals
- c. Development of tertiary care packages for all the categories of hospitals
- d. Strengthen the service delivery capacity of RVTH to provide most of the needed specialist care





6.0 HEALTH SYSTEM STRENGTHENING AND CAPACITY DEVELOPMENT

6.1 ORGANISATION AND MANAGEMENT

Preamble

Management of resources for health care, human, financial and material, still remains centralised. The existing health systems are weak **with no clear operational linkages** between the levels, the community and the other providers (Private and NGOs) and traditional health practitioners.

There is need for improving efficiency and effectiveness in the organisation and management of the health sector through (a) Management reform (b) Creation and enhancement of effective and well representative management structures (i.e. Hospital boards and local public Health committees) for re-enforcing community participation in decision making, and (c) devolution of responsibilities, authority and resources to the Hospitals, Regional Health **Directorates** and village development committees. Linkages between and functions of all the management structures should be clearly defined to ensure harmony, promote self-management (autonomy) and re-enforce the decentralisation process.

Objective

To ensure effective and efficient management of decentralised Health Services

Strategies

- a. Decentralise responsibility, authority and resources to Hospitals, Regional Health Management Teams, Basic Health Facilities and Village Development Committees.
- b. Improve organisation and management of the health care delivery system.

6.2 HUMAN RESOURCE DEVELOPMENT

Preamble

The demand for health care is increasing and this has led to the expansion of the health care delivery services.

Expansions create a demand for more staff and this is aggravated by the inadequate output from the health training institutions. Inadequate staff training and high attrition rates among staff continue to affect health services delivery negatively.





The incentives, including pay package, provided to the health staff are not attractive enough to retain skilled health staff and to attract others into the services.

There is a need for rational utilisation of the available trained human resources and improvement of the service conditions of the health care workers

Enhancement of effective Postings and transfers committee Charged with the responsibility of staff distribution driven by the health needs of the community.

Implement the Human Resource Development Plan that will address the whole range of personnel functions, i.e. recruitment, pre and in-service training, deployment, promotion, transfer, leave, grievances, monetary and non-monetary benefits.

Objective

To ensure appropriate and adequate human resource for the health sector.

Strategies

- a. Meet the human resource needs of the health sector
- b. Enhance human resource training
- c. Support staff motivation and retention

6.3 INFRASTRUCTURE AND LOGISTICS

Preamble

Currently, infrastructure and logistics available in the health sector are inadequate and not regularly maintained. There is need to review the current operational Maintenance policy.

The requirements for infrastructure and logistics for health care delivery at each level of care will be influenced largely by the increasing population and the content of the Essential Health Care Package that has to be delivered at that level. Considerations for equity of access, speedy access to emergency and essential care and quality in diagnosis and treatment will entail planned expansion and regular maintenance of facilities and the selective adoption of innovations in diagnostic and therapeutic technologies.

Objective

To adequately address the infrastructure and logistic requirements of the public health facilities whilst ensuring that clinical care is delivered in only facilities certified as suitable for the intended purpose.





Strategies

- a. Ensure the availability of necessary infrastructure and logistics for public health facilities.
- b. Ensure responsive maintenance system.
- c. Develop infrastructure standards for all categories of health facilities

6.4 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

Preamble

Health Management Information System is crucial for effective management of health service delivery. It is also important for evidence based planning, informed decision making, monitoring and evaluation of all health development activities.

The current weaknesses in the Health Management Information System (HMIS) include the limited capacity at all levels to collect, analyse and use information effectively. There is inadequate disease surveillance system and an out-dated health database. This policy will ensure that HMIS provides an effective framework to facilitate planning, budgeting, monitoring and evaluation of the health care delivery system.

The Department of State for Health does not have a strong research base to generate data for management. Also, the findings of some researches conducted in the Gambia are not easily accessible, let alone used in health management. There is need to augment and strengthen the existing scientific and ethical committees for proper monitoring and effective utilisation of results from conducted researches in The Gambia. It is advised that assistance be sought from partners (WHO/TDR) to draft legal instruments for the conduct of research in The Gambia.

There is a need to strengthen the Health System Research and Documentation Unit that will promote and conduct health research, co-ordinate research activities in DOSH &SW and be involved in maintaining a Database of on-going research in the country.

Objective

To improve timely availability of relevant information for effective planning, implementation, monitoring and evaluation of health services

Strategies

- a. Strengthen information generation for effective planning, monitoring and evaluation at all levels.
- b. Make research relevant and useful to the needs of the health sector.





6.5 HEALTH FINANCING

Preamble

Cost of providing health care continues to rise due to increasing demand, changes in diagnostic and therapeutic technologies, inflation and currency fluctuations.

A Cost Recovery Program was started in 1988, which established the Drug Revolving Fund and the introduction of user fees as a form of health financing. Bamako Initiative (BI) was introduced in 1993 as a further development on the Cost Recovery Program. Some successes were registered with both financing strategies, greater success with Bamako Initiative. Financing health care requires collaboration of Government, donors, other partners and the beneficiaries.

Government percentage budgetary allocation to the health sector should be raised significantly. The Department of State for Health and Social Welfare will develop other financing schemes, paying attention to equity concerns, and ensure a judicious allocation of resources and their use.

Objective

To ensure health services financial risk protection for all Gambians

Strategies

- a. Secure the required financial resources for the health sector
- b. Improve the management of available financial resources in the health sector.

6.6 LEGAL FRAMEWORK

Preamble

There are many health and health related Acts of parliament which seek to regulate health and health related activities in The Gambia. Some of these Acts are outdated and do not reflect current development in health care delivery services. In the light of these circumstances, it is necessary to create a legal environment which will be conducive for the protection and the safety of health care consumers, service providers and the environment.

Objective

To ensure an enabling legal framework for the promotion and maintenance of established health standards.

Strategy





Ensure that all health and health related Acts conform to the health policy

6.7 PARTNERSHIPS

Preamble

Partners in health contribute significantly to financing health, but their inputs could be dictated by the specific mandate within which they operate. This has to a large extent compromised the strategic interests of the health sector resulting in vertical health programmes and inefficient utilisation of resources. The private sector, Non- Governmental Organisations and other Government Departments have comparative advantages, which the Health Sector could harness.

To promote a sector-wide approach to health, an enabling environment will be created that would allow for effective participation and co-ordination of efforts among all partners to maximise the rational use of available resources.

Partnerships will be based on consensus with partners on the strategic interest of the health sector and the “common basket” approach will form the basis for donor funding in health. Either a “basket of health services” to be funded from a “basket of pooled financial resources” or a “basket of services” which individual donors and partners select to finance through negotiated arrangements.

To facilitate co-ordination, Non Governmental Organisations will be required to enter into a Memorandum of Understanding with Department of State for Health and Social Welfare and will be encouraged to work through the framework and structures of existing Health Institutions to avoid confusion and duplication of efforts.

Intersectoral collaboration will be fostered through regular consultation and dialogue on a sustainable basis, in order to achieve the goal and objectives of the health policy.

Objective

To encourage involvement of partners, (donors, local and international agencies, interest groups, communities, private sector and NGOs) in the Planning and Provision of Health Services.

Strategy

a. Encourage stakeholders’ participation in health.





7.0. TECHNICAL SUPPORT SERVICES

7.1 ESSENTIAL DRUGS, VACCINES AND OTHER MEDICAL SUPPLIES SERVICES

Preamble

Government budgetary allocations for drugs and dressings in real terms have not been increased significantly. Also there has been a major increase in demand due to the increased number of clientele and the rapid expansion of service delivery facilities. These factors contribute to the sporadic shortages of drugs and other medical supplies. The procurement process also requires improvement.

Pharmaceuticals are associated with quality services and their shortage has negative effects on communities' perception of the service delivery.

Vaccines supply was to a large extent supported mainly by UNICEF up to 1996, and that helped maintain the level of fully immunized children above 80%. However, with diminishing support of the traditional donors to the EPI programme, immunization coverage began to fall and that trend continued up to 2000. This trend has been reversed after some interventions in the subsequent years leading to the achievement of 89.3% coverage. Other problems affecting immunization include limited storage capacity in some regions and an ageing cold chain system.

Gambia is now supported by Global Alliance for Vaccine and immunisation (GAVI) for the introduction of new vaccines, and UNICEF continues to support the vaccine procurement process. However, there is an urgent need for government investment in the new vaccines on a sustained basis

Improved access to essential drugs, vaccines and other medical supplies contributes to improvement in quality and increase in utilisation of services.

Objective

To ensure drugs, vaccines and other medical supplies security and safety for the population.

Strategies

- a. Reform the supply management system for drugs, vaccines and other medical supplies for the public sector.
- b. Advocate for increased government funding for new vaccines
- c. Encourage greater private sector involvement in the provision of drugs especially for the rural community
- d. Ensure that all drugs, vaccines and medical supplies imported in the country are fit for their intended purposes.





7.2 NATIONAL BLOOD TRANSFUSION SERVICES

Preamble

Blood transfusion services started in The Gambia as far back several years back, when RVH and Bansang hospital were established. However, these were only limited to the two hospitals. The National Blood Transfusion Policy was finalised in September 2000, accepted as government statement in 2002 and is awaiting approval by the National Assembly.

Blood transfusion services have been expanded to the Sulayman Junkung General Hospital (Bwiam), The Armed Forces Provisional Ruling Council Hospital (Farafenni) and some major health centres. A blood bank has also been established at the RVTH, which supplies blood to the other hospitals. However, the demand is always greater than the supply. Furthermore, during emergencies, transportation of blood to the other peripheral centres experience delays in delivering the right quantity at the right time.

In order to make safe blood available to the population in times of need, blood banks should be established in all major health centres and hospitals in the country.

Objective

To make safe blood available nationally as and when needed

Strategies

- a. Establishment of a nationally coordinated functional blood transfusion programme within existing health care systems
- b. Development of a nationwide voluntary non-remunerated blood donation plan that ensures easy accessible blood donation points for collection, storage and distribution of safe and adequate blood
- c. Promotion of appropriate use of blood through the provision of transfusion guidelines and continuing education programme for various categories of health staff
- d. Promotion of research in blood transfusion services





7.3 LABORATORY SERVICES

Preamble

Laboratory services within the public health system are limited and some times the results are unreliable. More than 50% of public health facilities in the Gambia are without laboratory services.

Private sector and NGO provision of laboratory services are few.

These laboratories provide services that are neither affordable nor accessible to a vast majority of Gambians. The Gambia is still dependant on laboratories outside for some specialized investigations.

Functional laboratory service is one of the main support pillars of disease diagnosis and surveillance. Improving performance of the existing laboratories and expansion of laboratory services to meet the national demands will be the focus of this policy.

Objectives

To ensure timely and reliable results for accurate diagnosis

Strategies

- a. Expansion of laboratory services to meet service demands of the population
- b. Build capacity of existing laboratories.
- c. Ensure compliance with national and international standards and best practices

7.4 RADIOLOGY SERVICES

Preamble

Radiology services within the public health system are limited to only a few health facilities (RVTH, Bansang and AFPRC hospitals). Private and NGO sector provision of radiology services are few. These services are neither affordable nor accessible to the vast majority of Gambians.

Considering the importance of radiology services in improving the diagnosis of diseases, their availability and affordability in all parts of the country is a prerequisite for the delivery of quality services. Therefore, improving the performance and expansion of the existing radiology services will be the focus of this policy.

Objective

To ensure timely and reliable radiology results for accurate diagnosis





Strategies

- a. Build capacity of the existing radiology units
- b. Expansion of radiology services to major health centres country-wide
- c. Ensure compliance with national and international standards and best practices

7.5 REFERRAL SYSTEM

Preamble

Timely referral and transfer of patients from one level of health care to another, still faces difficulties due to paucity in the number of trained personnel as well as an inadequate number of ambulances which are also not always sufficiently fuelled and satisfactorily maintained. This is aggravated by the fact that the facilities receiving these referrals lack the capacity to manage most of them effectively. Late referrals and unsafe methods of evacuation of patients especially at community level contribute to preventable deaths. This situation is further compounded by the lack of or non-functioning telecommunication system within the referring or receiving health facilities.

The desired referral system will aim at ensuring speedy and safe evacuation of patients and also address the capacity of the receiving facilities to manage these referrals effectively. This will ensure continued care of patients from one point to another, backed by an effective feedback mechanism.

Objective

To ensure an effective and sustainable referral system.

Strategy

- a. Strengthen referral service provision at all levels countrywide

8.0: COMMUNITY PARTICIPATION

Preamble

Communities, the end beneficiaries of services, are rarely involved in the decision making process for the provision of health care services. Consequently, communities continue to see themselves as passive recipients of services rather than as stakeholders. This has a negative impact in ensuring continuity and sustainability for most community targeted programmes.

Community supported health interventions such as the Bamako Initiative, Baby Friendly Community Initiative, with proven health benefits, should be scaled-up, strengthened and extended nation-wide. Others will be reviewed to make them more relevant and effective.





For the desired sustainability and continuity to be realised, the need for effective community involvement in the planning and implementation of these programmes is paramount.

Objective

To empower communities to be active partners in the management of their health.

Strategy

Provide an enabling environment for communities to take ownership of their health

9.0: TRADITIONAL MEDICINE

PREAMBLE

The first point of contact for most communities seeking health care is the traditional system. This tendency can be exploited to enhance the health care delivery system of this country for the benefit of communities. Some of the traditional methods of care have proven to be effective and need to be promoted, while others which may be potentially harmful and may require further research for affirmative action.

The traditional Healing System is a community based self-sustaining health care service and therefore can complement the public health service. Traditional Healers such as Herbalists, Birth Attendants, Spiritualists, Diviners and Bone Setters have their own support systems and infrastructure already in place. Their system of charging for their services is community friendly.

There is a growing tendency to move long term care from hospitals to home based (or community based) care. This is especially so with regard to TB, HIV/AIDS and psychiatric patients. Traditional healers may have a role in this system.

There would be benefits if Traditional Healers were adequately sensitised and utilised to complement the Village Health Services.

Objective

To increase collaboration between traditional medicine and the formal health sector

Strategies

- a. Utilise traditional health practices effectively in the formal health care system





- b. Sensitise Traditional Healers and encourage them to provide home based care and support community based health initiatives.
- c. Establish an effective and efficient control and monitoring mechanism for traditional medicine (TM) practices in The Gambia.
- d. Promote joint operational research on Traditional Medicine.

10.0: BASIC HEALTH CARE PACKAGES AND PROGRAM AREAS

Preamble

The current public health care system is characterised by discreet vertical programmes, which tend to be influenced by donor preferences. Despite efforts being made to focus on satisfaction of the clientele and on convenience in the provision of health services, there is still room for improvement particularly in the area of funding.

For micro planning especially at primary level, there is need for baseline information on disease burden. It is anticipated that the Community Needs Assessment and Epidemiological Disease Profile Studies and demographic health surveys (DHS) will be conducted as precursors to designing the Essential Health Care Packages and in realigning health programs. Time lines will be developed to ensure that these research activities take place within a specific period. This policy will strengthen donor coordination focusing on the priorities of the Department of State for Health

10. 1 BASIC HEALTH CARE PACKAGE

New Born/infant/child

- Appropriate preventive/curative/care for the newborn/infant/child
- Immunization
- Proper hygiene practices
- Promotion of Early Child Care, Growth and Development
- Exclusive breast feeding for up to 6 months and continued breast feeding for 24 months
- Adequate complementary feeding and adequate micro-nutrient supplementation (particularly in Vitamin A and iron)
- Promote the consumption of iodized salt
- Appropriate home care for the sick child and timely treatment
- Adequate care for the HIV/AIDS child (infected and affected)
- Malaria treatment and prevention including promotion of Insecticide Treated Nets
- Prevention, screening and treatment of childhood illnesses, injury, abuse and disability





- Community support for child care, including schools, (de-worming, dental care, screening and correction of poor vision/ eye and skin infections)
- Prevention of accident and injuries
- Promotion in the use of Oral Rehydration Salts (Sugar Salt Solution)

Adolescent

- Promotion of adequate nutrition
- Prevention of HIV/AIDS and sexually transmitted infections (STI)
- Prevention and treatment of other communicable and non communicable diseases
- Prevention of unwanted pregnancies and early marriages
- Control of substance abuse
- Promotion of appropriate life-skills and health practices for adolescents
- Promotion and support for activities related to poverty alleviation
- Appropriate care for mental health
- Protection against violence and abuse
- Prevention and management of disabilities
- Psychosocial needs assessment and support
- Post abortion and abortion complication care
- Prevention of accident and injuries
- Prevention of early sexual activity and unprotected sex
- Blood safety

Women

- Antenatal care focusing on major problems (Malaria, HIV/AIDS, anaemia, eclampsia, STIs)
- Maternal Immunization for neonatal tetanus control (including education)
- Skilled attendance at birth (Can you clarify what skill attendance here refer to?)
- Emergency obstetric care for complications
- Promotion of optimum nutrition and iron supplementation especially during pregnancy and lactation
- Promotion of exclusive breast feeding for up to 6 months and continued breast feeding up to 24 months
- Promotion of household consumption of iodized salt
- Promotion of Family Planning
- General counselling services (when to seek help)
- Protection from harmful traditional practices and violence
- Prevention and response to out breaks, epidemics and disasters education on disease causation
- Appropriate care for mental health
- Education on proper hygiene practice and environmental health
- Prevention and control of parent to child transmission of HIV
- Prevention and treatment of common and endemic diseases





- Provision of post natal care
- Psychosocial needs assessment and support
- Promote breast feeding at work place
- Promote the use of labour saving devices
- Appropriate care for infertility, cancer screening and management
- Counselling services for menopausal and post menopausal women
- Promote safety at work places
- Prevention and Management of Non Communicable Diseases
- Prevention of accidents and injuries
- Prevention of substance abuse and use
- Establish geriatric homes

Men

- Prevention of HIV/AIDS, TB and STIs
- Prevention and treatment of common illnesses and endemic diseases
- Prevention and control of substance abuse (alcohol, tobacco, drugs)
- Prevention and response to epidemics/ education on disease causation
- Appropriate care for Mental health
- Promotion of and sensitization on Family planning including other reproductive and child health issues
- Education of men on the importance of optimum nutrition for women, especially during pregnancy, and children especially in Vitamin A and iron supplementation
- General counselling (when to seek help)
- Education on proper hygiene practice and environmental health
- Psychosocial needs assessment and support
- Counselling services for androposal men
- Prostate cancer screening and management
- Proper nutrition especially for the elderly
- Prevention of accidents and injuries
- Establish geriatric homes

10.2 SCHOOL HEALTH CARE PACKAGE

Primary School Package

- Deworming
- Adequate micronutrient supplementation
- Dental Care
- Immunisation
- Proper hygiene practices
- Screening and correction of poor vision, hearing and speech difficulties
- Screening and correction of skin infection
- Identification and management of physical disabilities

Secondary School Package





- Prevention of STIs
- Prevention of HIV/AIDS
- Control of substance abuse (cigarettes, drugs, alcohol)
- Prevention of early sexual activity and unprotected sex

10.2 PROGRAMME AREAS

(i) Reproductive and Child Health

FUNCTIONS

Promotion, policy development and resources mobilisation for the following activities:

- Antenatal care focusing on major problems (Malaria, HIV/AIDS, anaemia, eclampsia, STIs)
- Maternal Immunization for neonatal tetanus control (including education)
- Skilled attendance at birth
- Emergency obstetric care for complications
- Promotion of optimum nutrition and iron supplementation especially during pregnancy and lactation
- Promotion of exclusive breast feeding for up to 6 months and continued breast feeding up to 24 months
- Promotion of Family Planning
- Prevention and control of parent to child transmission of HIV/AIDS
- Provision of post natal care
- Promote breastfeeding at work places
- Appropriate care for infertility, cancer screening and management
- Promotion of early child care, survival and development
- Appropriate home care for the sick child and timely treatment
- Adequate care for the HIV/AIDS child (infected and affected)
- Community support for child care, including schools, (de-worming, dental care, screening and correction of poor vision/ eye and skin infections)
- Prevention, screening and treatment of childhood illnesses, injury, abuse and disability
- Strengthen IMNCI and child survival strategies

ii) Nutrition

FUNCTIONS

Promotion, policy development and resources mobilisation for the following activities:

- Adequate complementary feeding and adequate micro-nutrient supplementation (particularly in Vitamin A and iron)





- Promotion of adequate nutrition
- Promotion of exclusive breast feeding for up to 6 months and continued breast feeding up to 24 months
- Promotion of household consumption of iodized salt

iii) Disease control

FUNCTIONS

Promotion, policy development and resources mobilisation for the following activities:

- Malaria treatment and prevention including promotion of Insecticide Treated Nets
- Prevention and treatment of sexually transmitted infections (STI) and other communicable and non communicable diseases
- Prevention and response to out breaks, epidemics and disasters, education on disease causation.
- Prevention of common and endemic diseases

Disease control has the following program areas:

- (a) National Malaria Control Programme
- (b) National AIDS Control Programme
- (c) National Leprosy/TB Control Programme
- (d) National Eye Care Programme
- (e) National Mental Health Programme

iv) Environmental Health and Safety

FUNCTIONS

Promotion, policy development and resources mobilisation for the following activities:

- Prevention of accident and injuries
- Prevention and management of disabilities
- Education on proper hygiene practice, environmental health and sanitation
- Promote use of labour saving devices
- Promote safety at work place

v) Health Education & Promotion

FUNCTIONS

Promotion, policy development and resources mobilisation for the following activities:

- Prevention of HIV/AIDS and sexually transmitted infections





- Prevention of other communicable and non-communicable diseases
- Prevention of unwanted pregnancies and early marriages
- Prevention and control of substance abuse (alcohol, tobacco, drugs)
- Promotion of appropriate life-skills and health practices for adolescents
- Promotion and support for activities related to poverty alleviation
- Protection against violence and abuse
- Prevention of early sexual activity and unprotected sex
- General counselling services (when to seek help)
- Protection from harmful traditional practices and violence
- Prevention and response to outbreaks, epidemics and disasters
- Education on disease causation
- Education on proper hygiene practice and environmental health

vi) Expanded Programme on Immunisation

FUNCTIONS

Promotion, policy development and resources mobilisation for the following activities:

- Immunisation of new born, infants and children at correct intervals
- Maternal Immunization for neonatal tetanus control (including education)
- Ensure proper maintenance and management of the cold chain system

Vii) Basic Clinical Care package

The package to be delivered by minor and major health centres:

- Appropriate curative care for common illnesses
- Treatment of sexually transmitted infections and other communicable diseases
- Management of non-communicable diseases
- Appropriate curative care for mental health
- Management of abuse cases
- Management of disability
- Post abortion and abortion complication care
- Skilled attendance at birth
- Emergency obstetric care for complications
- Antenatal care focusing on major problems (Malaria, HIV/AIDS, anaemia, eclampsia, STIs)
- Appropriate care for infertility, cancer screening and management
- Provision of post natal care
- Adequate care for the HIV/AIDS infected persons
- Malaria treatment
- Screening and treatment of childhood illnesses, injury and disability.
- Institutional base care for the elderly
- Prostrate cancer screening and management
- Prevention and control of parent to child transmission of HIV/AIDS





11.0 IMPLEMENTATION AND MONITORING MECHANISM

The system for tracking performance and implementation of the health master plan needs to be improved to guard against risks and take advantage of opportunities. The Department of State for Health and Social Welfare will further strengthen monitoring and evaluation activities on a regular basis.

The goal is to provide an implementation and monitoring mechanism that would move and direct the Policy and the Health Master Plan

The specific objectives will include;

- (i) To institutionalise implementation, monitoring and evaluating functions.
- (ii) To provide for a Forum and modalities for regular consultation among Senior Managers, Programme Managers, and other stakeholders

11.1 IMPLEMENTATION

The Department of State for Health will have the overall responsibility for implementing the Policy.

The Policy provides for the creation of autonomous Hospitals and Regional Health Boards, which will have Hospitals and Regional Health Management Teams correspondingly.

There will be devolution of responsibilities, authority and resources from Central level to Hospitals and Regional Structures. The Management teams under each level will be responsible for implementation at that level:

Central Level

- a) Policy formulation, setting standards, and quality assurance.
- b) Resource mobilisation and allocation
- c) Capacity development and technical support.
- d) Provision of nationally co-ordinated services, e.g. Epidemic control
- e) Co-ordination of health research.
- f) Legislation
- g) Monitoring and Evaluation of the overall health sector performance
- h) Advocacy/Partnership with stakeholders

Regional Level

- a) Implementation of the Health Master Plan
- b) Planning and management of regional health services
- c) Provision of disease prevention, health promotion, curative and rehabilitative services, with emphasis on the Basic Care Package.
- d) Control of Communicable Diseases of public health importance in the regions





- e) Vector Control.
- f) Encourage provision of safe water and environmental sanitation
- g) Health data collection, management, interpretation, dissemination and utilisation
- h) Health System Research
- i) Community partnership and advocacy
- j) Resource mobilisation and allocation

Autonomous Hospitals

- (a) Planning and Management of Hospital Health Services
- (b) Provision of Hospital Health Packages
- (c) Training of professional staff
- (d) Referral for specialist care
- (e) Hospital data collection, management, interpretation, dissemination and utilisation.
- (f) Clinical research
- (g) Professional support to the primary and secondary levels.
- (h) Resource mobilisation and allocation

11.2 MONITORING AND EVALUATION

The monitoring and evaluation modalities will be required so as to enable policy makers and managers determine whether activities as planned are being carried out and are achieving the set objectives.

The monitoring and evaluation tools should provide linkages at operational level and timely dissemination of information to stakeholders.

To achieve the above, the Department of State for Health and Social Welfare has created a full-time Health Programme Monitoring Unit. This Unit will later be transformed into a fully autonomous Unit outside DPI.

The Unit has the authority to request information from Programme Managers and Regional Health Managers.

The functions of the Unit to include;

- Monitor implementation of the Policy
- Organise meetings for the Health Consultative Forum
- Prepare progress reports based on information from Program Managers and Regional Health Managers

There is also a need for the creation of a Health Consultative Forum for the purpose of:

- Providing a medium for regular consultation between Senior Staff of the Department of State for Health, donors and partners.
- Discussing progress reports from donors as well as the Monitoring Unit, and to make recommendations accordingly.

The Forum will compose of:





- Department of State for Health
- Other Government Departments
- Donors and stakeholders
- Private sector

12.0 QUALITY ASSURANCE FRAMEWORK

Quality assurance system will be strengthened with respect to the following structures in order to maintain quality and standards in health care.

Medical and Dental Council

This will be re-organised and strengthened to better monitor:

- Registration of medical and dental officers
- Medical and dental practices
- Provide guidelines for training of Medical Officers

Nurses and Midwives Council

This will be re-organised and strengthened to better monitor:

- Registration of nurses and midwives
- Nursing and midwifery practices and ethics
- Provide guidelines for training of nurses and midwives

Pharmacy Council

This will be reorganised and strengthened to monitor:

- Registration of pharmacists
- Pharmacy practices and ethics
- Provide guidelines for training of pharmacists, technicians and assistants

Traditional healers

- Registration of traditional healers associations
- Traditional Healing Practices and ethics
- Provide guidelines for training of traditional healers

Provision would be made for the establishment of other regulatory bodies e.g. Public Health and Medical Laboratory Technologist/Scientist Councils

Clinical Audit Units

Clinical audit units to be established in all the hospitals and at regional levels to strengthen routine assessment of adherence to set standards.





Board of Health

The Board of Health to be established by an Act of Parliament and to comprise of representatives of the Councils, Clinical Audit Units, policy makers of Health and to include other experienced health professionals outside the Department of Health.

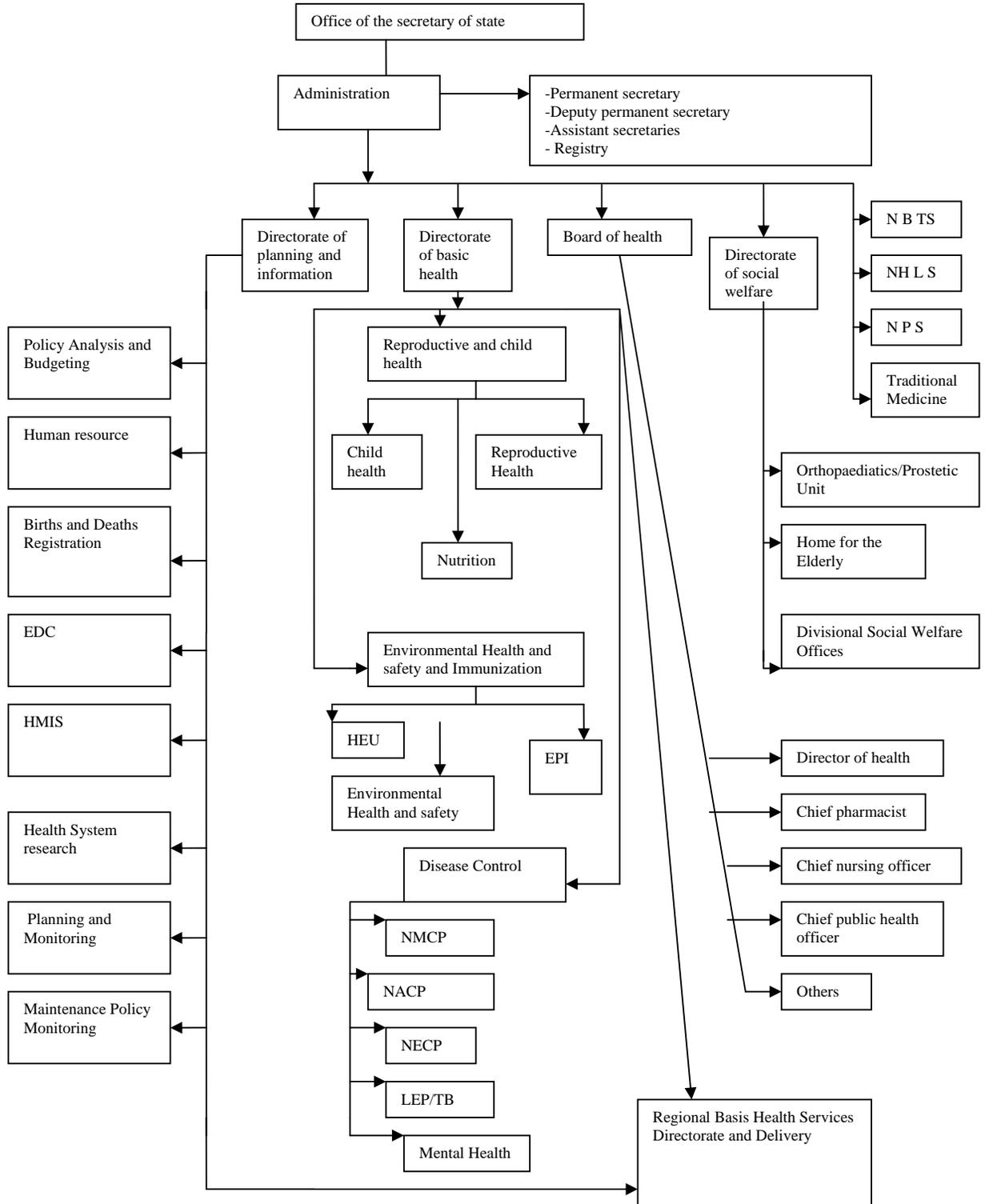
The Board will have the following functions:

- To review the health standards
- To monitor quality of health services
- To certify health facilities for service delivery

PROPOSED ORGANOGRAM

Having defined the functions for each of the management levels of the Department and the tasks of the program areas, the Organogram of the Department is proposed.







APPENDIX A
THE POPULATION OF THE GAMBIA BY
REGIONAL BREAKDOWN

Regions	GR	2003	2007	2011	2015	2020
Banjul	- 1.87	35,061	32,604	30,319	20,194	25,747
Kanifing	3.5	322,735	364,568	410, 669	458, 857	519, 139
Brikama	5.2	389, 594	477,172	584,438	715,816	922,316
Mansakonko	1.0	72,167	75,097	78,147	81,320	85,468
Kerewan	1.0	172,835	179,853	187,156	194,755	204,689
Kuntaur	1.5	78,491	83,307	88,420	93,845	101,098
Georgetown	2.0	107,212	116,050	125,616	135,971	150,123
Basse	1.6	182, 586	194,555	207,309	220,898	239,145
Gambia	2.74	1,360,860	1,516,053	1,689,167	1,882,048	2,154,411

Source: 2003 population census

APPENDIX B
TOTAL FERTILITY RATE BY REGION

Regions	1993	2003
Banjul	4.7	3.9
Kanifing	4.7	4.0
Brikama	5.9	5.0
Mansakonko	7.0	6.1
Kerewan	7.3	5.8
Kuntaur	NA	6.2
Georgetown	6.5	6.0
Basse	6.6	6.2
Gambia	6.0	5.4

Source: 1993 & 2003 population censuses



**APPENDIX C****ROUTINE IMMUNISATION DATA BY YEAR 2001-2005**

Antigens	2001	2002	2003	2004
BCG	50.6	88.0	81.85	83.4
Hep 3	55.3	83.0	73.71	89.5
OPV3	44.8	70.0	85.71	91.4
DPT/Hib3	56.6	80.0	78.86	89.2
TT2	82.0	70.0	46.54	70.0
Measles	51.8	83.0	67.47	82.0
Yellow Fever	32.3	85.0	67.97	82.0
% < 1yr fully Imm.				
% < 2yr Fully Imm.				

Source: EPI, DOSH

APPENDIX D**Percentage of population below poverty lines 1989, 1992, 1998 and 2003**

	Food poverty			Overall poverty		
	Banjul	Urban	Rural	Banjul	urban	rural
1989		33	44		64	76
1992	5	9	23	17	40	41
1998*	7	22	45	21	48	61
2003	N/A	N/A	N/A	10.6	57	63

Source: Reports on the 1989 and 1993-94, 1998 & 2003/04 Household Surveys.

*Estimated for comparative purposes using a CPI based inflation of the 1992 poverty lines

