HEALTH POLICY

REPUBLIC OF THE GAMBIA

**"HEALTH
IS
WEALTH"**

2011-2015

**MINISTRY OF HEALTH
AND SOCIAL WELFARE
BANJUL, THE GAMBIA**

FOREWORD

By adopting “HEALTH IS WEALTH” the Ministry of 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, and takes advantage of the opportunities and guards against threats.

The Health Sector Strategic Plan (HSSP) 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 motivates 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 to be reckoned with.

Honourable Ms. Fatima Badjie

Minister of Health and
Social Welfare
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ABBREVIATIONS (OK)

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
ENC	- Emergency newborn care
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
VDRL	- Venereal diseases reference laboratory
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.

1.3 Health System

Management of the sector

The Ministry of 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 Minister assisted by a Permanent Secretary (chief administrator) and his staff. The rest of the department is organized around four 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

This includes the welfare services to the vulnerable families and individuals, child rights and protection services, elderly care, disability care services and regional social welfare services provision and management.

iv. Directorate of Food Quality and Standards

This Directorate has a clearly defined Term of References and is charged with the responsibility to execute laws under the Food Act 2005 as follows:

1. Control of foods in restaurants, hotels, schools, and other boarding facilities (*Section14(a)*
2. Responsible for assuring food hygiene ,safety and sanitation in hospitals and health facilities, food establishments and premises including markets and streets(*section14(b)*
3. Responsible for the control of meat, poultry, milk and other processed and unprocessed foods of plants or animal origin after post-mortem inspections including those in markets and groceries.
4. Responsible for the control of exports and imports of poultry, animals and products of animal origin, including milk and shall be effected in conjunction with authorized officers at the ports of entry.
5. Responsible for the certification of food businesses and all other certification pertaining to food including food handler's

v. Directorate of National Public Health Laboratory Services (proposed)

National Health Laboratory Services (NHLS) is a network of laboratories with fifteen or more peripheral labs located at health facilities, two (2) intermediate labs at Bansang and AFPRC hospitals. The functions amongst other things include:

- Creation of a Network of Public Health Laboratories: All laboratories in the public health sector shall function as a network to facilitate communication and collaboration for the required standardization of procedures, surveillance, control and prevention of disease.
- To ensure equitable distribution of laboratory infrastructure, equipment and supplies throughout the country.
- Provision of functioning laboratory services in existing basic health facilities throughout the country.
- Provision of laboratory services in newly established health facilities.
- Provision of support to FSQHE – Technical advice, testing of foods, Screening of Food Handler's
- To ensure quality assurance throughout the national laboratory system.
- Train staff on Good Laboratory Practices (GLP).

Health Services Provision

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. The charges are 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, registration of births and deaths 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 20-40 beds per 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.

- 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, as blood transfusion services and further medical care. The standards for bed capacity for major health centres range from110-150 beds per 150,000 - 200,000 population.

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(a) 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.

(b) 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 Noenatal Survery 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 ORIENTATION

From the statistics presented above, 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 framework has been influenced by the following factors:

- To keep 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 shall be directed by the policy framework.

- The different donor agencies within the health system each with its own program priorities which warrants better co-ordination of their activities and resources.

- The high disease burden (communicable and non-communicable diseases) needs intensification of efforts in our service delivery packages.

- Formulation and implementation of other sector policies impacting on the health outcomes

- The disparity in the demand by the population and quality of services at different levels of health care.

- Lessons learnt from the implementation of certain health projects/programmes like Primary Health Care, Bamako Initiative and Drug Revolving Fund 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

1.5 PROBLEM STATEMENT

- General health system challenges including the effects of previous high population growth rate; inadequate financial and logistic support; weak health information system; uncoordinated donor support; shortage of adequately and appropriately trained health staff; high attrition rate and lack of efficient and effective referral system. In addition, poverty, low awareness of health issues and poor attitude of service providers have led to inappropriate health seeking behaviours and contributed to ill health. These 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 Ministry of 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 stable, 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

Quality and Affordable Health Services for All By 2020

2. 2 Mission

Promote and protect the health of the population through the equitable provision of quality health care.

3.0 GUIDING PRINCIPLES

3.1 Equity

Provision of health care shall be based on comparative need. 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

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. Kabilos, kaffos, traditional healers and religious leaders

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.

3.9 Evidence based health care

Health planning, programming and service delivery shall be informed by evidence-based research.

3.10 Patient bill of right

3.10.1 Information disclosure

Patients have the right to accurate and easily-understood information about his/her healthcare plan, health care professionals, and health care facilities. This must be done using a language understood by the patient so that he/she can make informed health care decisions.

3.10.2 Choice of providers and plans

Where possible every patient shall have the right to choose health care providers who can give him/her high-quality health care when needed.

3.10.3 Access to emergency services

In emergency health situations including severe pain, an injury, or sudden illness that makes a person believe that his/her health is in serious danger, he/she shall have the right to be screened and stabilized using emergency services. He/she should be able to use these services whenever and wherever needed without needing to wait for authorization and any financial payment.

3.10.4 Participation in treatment decisions

Every patient shall have the right to know his/her treatment options and take part in decisions about his/her care. Parents, guardians, family members, or others that they identify can represent them if he/she cannot make his/her own decisions.

3.10.5 Respect and non-discrimination

Every patient must have a right to considerate, respectful and non-discriminatory care from his/her health care provider (s),

3.10.6 Confidentiality of health information

All patients must have the right to talk privately with health care providers and to have his/her health care information protected. He/she shall have the right to read and copy his/her own medical record. He/she shall have the right to ask that his/her health care provider change his/her record if it is not correct, relevant, or complete.

3.10.7 Complaints and appeals

Every patient shall have the right to a fair, fast, and objective review of any complaint he/she may have against any health plan, health care provider/personnel or health institution. This includes complaints about waiting times, operating hours, the actions of health care personnel, and the adequacy of health care facilities.

4.0 GOAL AND TARGETS

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.

Goal: Reduce morbidity and mortality to contribute significantly to quality of life in the population. (OK)

Morbidity and mortality rates due to both communicable and non-communicable diseases and other factors are unacceptably high, especially among infants, children and women. In addition to the earlier mentioned health challenges, the main factors contributing to high morbidity in the population include: poverty, unhealthy environment, unsafe working conditions, poor sanitation, poor nutrition, road traffic accidents, poor access to safe water and poor housing for many. The main causes of mortality within the population are: Malaria, Pneumonia, Anaemia, Diarrhoeal Diseases, road traffic accidents, 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 at least 85% of new sputum smear positive patients by 2015,
- Reduce morbidity due to non communicable diseases by 10% by 2015 (2007 base), and
- Reduce morbidity due to other communicable diseases by 50% (2007 base).
- Set up a monitoring and evaluation system to ensure timely feedback for corrective measures by 2011
- Advocate for and influence the enactment of an all-purpose Social Welfare Act by 2012.
- Set minimum care standards of practice for institutions caring for children by 2011.
- Decentralise social welfare service to all regions by end of 2012.
- Set up and maintain a Data Base System for all the Units of the Department by 2013
- Establish a National Social Welfare Trust Fund for the needy and vulnerable groups including children and persons with disabilities by 2014.
- Develop a National Child Protection Strategy and operational Plan by 2011.

- Advocate for the signing and eventual ratification of the UN Convention for persons with disabilities by end of 2010.
- Set up a National Plan of Action for the prevention of disability and rehabilitation of persons with disabilities in accordance with the United Nations Standards Rules on Equalization of Opportunities for Persons with Disabilities by 2013.
- Develop and implement various programmes for the protection and promotion of the rights and welfare of the differently vulnerable and needy groups in The Gambia by 2014
- To reduce the prevalence of blinding trachoma to below 5% in any given community by 2012
- To ensure that at least 80% 0f all straightforward cataract surgery patients have visual acuity of no less than 6/18 with best correction by 2015
- To increase immunization coverage to at least 90% for all regions and to sustain 96% coverage for Penta 3 nationally by 2012.

5.0 IMPLEMENTATION FRAMEWORK FOR HEALTH CARE PROGRAMS AND STRATEGIES

Preamble

The existing minimum health care package shall be strengthened to make available and accessible quality basic health services at all levels of the health care delivery system. This is essential towards addressing the common causes of morbidity and mortality in The Gambia with particular attention to vulnerable groups and individual. This has implication for planning, (resource mobilisation and allocation) as well as implementation of other policies.

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 determinant of health outcomes and still remains a major challenge for the Ministry of Health and partners.

The Government of The Gambia is cognisant of the effects of the environment on the socioeconomic growth and development including health, developed and implemented the National Environment Management Act (1994), the Food Act (2005), and the Public Health Act (1990). Additionally, the President initiative 'Operation Clean The nation' is geared toward addressing environmental issues.

In recent years there has been noted increase in the incidence of road and domestic accidents and from the industries thus warranting interventions to address occupational hazards.

Objective

To reduce the frequency of environmental health and safety related diseases/conditions by 50% by 2015.

Strategies

- Enforcement of environmental health related Acts
- Institute proper management of solid, gaseous and liquid wastes
- Strengthen the environmental units of key municipalities

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 raise awareness among the population through the provision of relevant health information that would promote, protect and improve health outcomes.

Strategies

- Develop and implement a comprehensive health education and promotion policy.
- Establish an effective coordinating mechanism among all stakeholders for correct and consistent health messages.
- Strengthen the capacity of service providers on information, communication and education and behavioural change communication strategies.

5.1.3 EXPANDED PROGRAMME ON IMMUNISATION (EPI)

Preamble

Though immunisation coverage continues to be impressive in The Gambia vaccine preventable diseases such as measles, TB, DPT poses as important challenges for the health sector.. However, due to frequent staff movement and high attrition rates, inadequate government and donor funding, cancellation of out reach clinics and high defaulter rates, the routine coverage has dropped from 93.08 % in 2004 to 89.2 % in 2005. Other challenges include limited storage capacity especially at health facility and regional Health Office levels and over-aged cold chain equipment.

The vaccine independent initiative introduced in the mid 1990s into the EPI programme led to the creation of a budget line for vaccine and logistics. This budget line has been increasing over the years for the procurement of all traditional vaccines, and the logistics, while new vaccines are funded by GAVI.

Objectives

a. To increase immunization coverage to at least 90% for all antigens at national and regional levels.
b. To ensure vaccine security for all vaccine preventable diseases

Strategies

- Mobilize additional financial resources for the EPI programme
- Strengthen the effectiveness and efficiency of the EPI delivery system
- Improve surveillance mechanism for early detection and response to vaccine preventable disease outbreaks

5.1.4: DISEASE CONTROL

Preamble

Strategies/programmes have been put in place to control diseases such as, HIV/AIDS, malaria, Tuberculosis, measles and eye diseases. However, the threat of epidemic prone diseases such as meningitis, cholera and yellow fever constitute a major public health concern. Other diseases such as poliomyelitis, guinea worm, lymphatic filariasis and leprosy are at the point of elimination. Non-communicable diseases such as diabetes, hypertension, mental health illnesses and cancers continue to pose major public health challenges.

Objectives

a. To reduce the burden of communicable diseases to a level that they cease to be a 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 case 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 availability and access to ITNs for all vulnerable groups
- Strengthen vector control interventions (including in indoor residual spraying)
- Strengthen the availability and accessibility of effective malaria chemoprophylaxis for all pregnant women
- Strengthen Malaria Case management in all health facilities
- Strengthen collaboration with partners in research

5.1.4.2 TUBERCULOSIS

Strategies

- Promote the expansion of high-quality Directly Observed Treatment Short course (DOTS)
- Support the implementation of advocacy, communication and social mobilisation activities (ACSM)
- Inter-sectoral coordination to address the synergistic challenges posed by TB/HIV

5.1.4.3 HIV/AIDS

Strategies

- Expand and strengthen HIV/AIDS Counselling & Testing (HCT) and Prevention of Mother to child transmission (PMTCT) services.
- Support and expand Anti-Retroviral Therapy (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 (STIs) (other than HIV/AIDS)

Strategies

- Effective information, education and counselling of the populace
- Provision of STIs drugs and supplies in all facilities with a view to increase access
- Train health care workers on the syndromic treatment and management of STIs with a view to provide proper treatment
- Set up well equipped laboratories in all major health centres and hospitals
- Establish STI clinics targeted specifically for most at risk populations (MARPs)
- Provision and distribution of condoms to MARPs
- Monitoring and supervision of STI services

5.1.4.5 DIARRHOEAL DISEASES

Strategies

- Increase access to safe water and improved sanitary facilities
- Strengthen case management , prevention and control

5.1.4.6 TRACHOMA/EYE DISEASES

Strategies

- Elimination of blinding trachoma
- Reduce the prevalence of active trachoma to below 5% in all communities
- Intensify IEC/BCC/CSC intervention
- Setting up regional cataract surgery targets after conducting a survey to determine the prevalence of cataract per region
- Training more nyateros to identify and refer all cataract cases in their communities
- Adequate supply of equipment, drugs and consumables for cataract surgery
- Training of eye care providers in the prevention and management of cornel ulcers
- Provision of optometrist assistant in each secondary eye care unit to deliver services in each division
- Development of a national Eye care program policy

5.1.4.6 RESPIRATORY TRACT INFECTIONS

Strategies

- Strengthen Respiratory Tract Infections case management, prevention and control
  Scaling up of IMNCI strategies to 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 for all Gambians

Strategies

- Strengthen the prevention, case management and control of mental health illnesses country wide
- Strengthen community involvement and participation in mental health care delivery
- Development of a Mental Health Act.

5.1.5 REPRODUCTIVE AND CHILD HEALTH

Preamble

RCH services are provided at all levels of the health system by both public and private facilities at base and outreach through a network of health facilities across the country. With an impressive nationwide coverage RCH indicators have over the years been reduced significantly. For example, MMR high has reduced from 1050 to 730 per 100000 live births between 1990 and 2001(DOSH 2001). Child health indicators have equally been reduced. Infant mortality rate has improved from 167 (1983) to 75 per 1000 live births (2003); and under-five mortality rate has also reduced from 154 to 99 per 1000 live births between 1990 and 2003.

Despite these achievements, RCH indicators are still unacceptably high and pose as tough challenge for the country. Stark regional variations also exist with the above indicators. For example, MMR is two-fold higher in rural than in urban areas and under-five mortality is three-fold higher in Lower River Region than that of Banjul (137 vs. 41).

A combination of factors (health and non-health service related) is responsible for the above high RCH indicators. Unmet need for RCH services particularly emergency obstetric care services resulting mainly from lack of basic RH equipments and supplies, acute shortage of skilled health professionals, weak referral system and inadequate financial resources for RCH services are some of the health services. In addition to these, non-health service related factors including high fertility rate (national 5.4), poor and inadequate nutrition, poor socio-economic status manifested by poor housing, limited availability and access to safe water and basic sanitation are important determinants.

Objective

To reduce mortality and morbidity related to but not limited to childhood, reproduction and the reproductive system across the country

Strategies

- Strengthen and promote 24/7 Emergency Obstetric Care concept;
- Strengthen and promote Emergency neonatal care;
- Advocate and ensure Implementation of the national reproductive health commodity security plan;
- Introduce and institutionalise peri-natal reviews and audits;
- Maintain, promote and protect the free of cost policy for MCH services;
- Establish a minimum RCH care package;
- Monitoring, evaluation and research
- Increase awareness on sexual, reproductive and child health issues;
- Promote partnership and coordination among all stake holders in the field of RCH;
- Create opportunities for the improvement of the nutritional status of the vulnerable groups.

5.1.7: BASIC HEALTH CARE

Preamble
Presently, basic health 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.

Table showing distribution of minor health facilities

	Public	NGO	Community	Private	% coverage
URR	6	1	6		67
LRR	3		2	1	60
CRR	7	2		2	75
NBR	8	2	1		100
WR	5	5	9	3	30
KMC	2	4	2	10	18
Banjul	2				100

Objectives

a. To ensure access to basic health 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 health 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 establishment of Maternal and Child Health clinics operated by Registered Nurse-Midwives'

5.2 TERTIARY CARE

Preamble
The general hospitals are to provide specialised services beyond the level of major health centres. RVTH as the final referral hospital is to provide additional specialised services beyond the level of the general hospitals. The table below shows the distribution of hospitals in the regions

Table showing distribution of hospitals by region

Region	General Hospitals	NGO/Private Hospital	Teaching Hospital
URR	0	0	0
LRR	0	0	0
CRR	1	0	0
NBR	1	0	0
WR	1	0	0
KMC	*2	3	0
BCC		0	1

*1 is newly constructed and not operational yet

Objective
To improve access to tertiary care need of the Gambian population

Strategies

a. Classification and accreditation of all existing hospitals (Public & Private)
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
e. Institute regular monitoring of performance

6.0 HEALTH SYSTEM STRENGTHENING AND CAPACITY DEVELOPMENT

6.1 Organisation and Management

Preamble
Management of health care resources (human, financial and material) still remains centralised. The existing health management structures are weak for an effective health services delivery. There is a need for improvement towards effective and efficient health care delivery which may require health sector reform. Linkages and functions of all structures will be strengthened for better health services delivery and management

Objective
To put in place an effective and efficient Health Services management system

Strategies

a. De-concentrate and decentralise the provision of health services
b. Strengthen organisation and management of the health care delivery system.

6.2 Human Resource Management

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

The growing demand for health care services has led to expansion of health facilities and thus the need for more skilled staff. However with the inadequate output from the health training institutions and the attrition rate create a gap in the staffing requirement. Inequitable distribution of available health care professionals is a noted phenomenon. Additionally, the pay and incentive packages for health care professionals are not attractive enough to retain health staff or attract others to the health sector.

Training, deployment, promotion, transfer, leave, grievances, monetary and non-monetary benefits need be explored.

Objective
To meet the human resource needs of the health sector

Strategies

a. Update and implement human resource policy
b. strengthen staffing norms and standards
c. Accelerate and support HRH training
d. Strengthen and support equitable HRH distribution, motivation and retention

6.3 Infrastructure and Logistics

Preamble
An enabling working environment and a reliable logistic system are essential elements to providing uninterrupted healthcare services.

Currently, infrastructure and logistics available for effective healthcare delivery are inadequate and not regularly maintained. In this regard, there is a need to review the status-quo including the maintenance policy. For equity and prompt access to emergency healthcare services, a well planned routine maintenance services and reliable logistics system will have a positive impact on health outcomes.

Objective
To adequately address the infrastructure and logistic requirements of the public health system to improve quality of care

Strategies

a. Strengthen a functional regional maintenance team
b. Ensure the availability of necessary infrastructure and logistics for public health facilities.
c. Develop infrastructural standards for all categories of health facilities

6.4 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

Preamble
Reliable and readily available health information is crucial for evidence based planning, decision making, monitoring, health management and service delivery; and evaluation of health programmes.

Currently HMIS is weak characterised by limited capacity and resources to effectively manage national health information.

In-cognition of the importance of health system research in improving general health system performance efforts to capacitize the relevant structures in the Ministry of Health shall be an essential undertaking to be promoted.

Objective
To improve timely availability of reliable health information

Strategies

a. Advocate and support interest in research agenda.
b. Strengthen the existing health information system for information generation for effective utilization
c. To strengthen capacity towards health system research and documentation unit.

6.5 HEALTH FINANCING

Preamble
Healthcare service financing is a challenge the world over but more pronounced in developing countries where government budgetary allocation to the health sector is less than optimal and health insurance schemes have limited coverage or non-existent. In the Gambia government budgetary allocation to the health sector is still below the 15% target Abuja Declaration. Furthermore while the estimated cost of basic healthcare services is US $12 per GDP in the Gambia, the expenditure is US $8 (WHO AFRICAN REGIONAL OFFICE, 2006). Additionally, out of pocket account for 40% of the overall expenditure on health.

Objective

To establish an effective public health sector financing mechanism

Strategies

a. Advocate and mobilise financial resources for health
b. Strengthen the management of available financial resources in the health sector
c. Explore other financing mechanisms for the possibility of introducing a national health insurance scheme

6.6 LEGAL FRAMEWORK

Preamble

There are many health or health related laws and acts that seek to regulate and/or influence outcomes. Some of these Acts or laws are outdated and do not reflect current development in health care delivery services. Therefore it is necessary to develop, review and update them for positive health outcomes.

Objective

To develop, review and update health and health related laws and acts to be responsive to current healthcare needs

Strategy

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

6.7 PARTNERSHIPS

Preamble

Health being a key factor in overall national development, partnership and participation of the different parties can contribute significantly to financing health. However, priorities of actors may differ from that of the national health agenda and often they fund projects funding as dictated by their specific interest. This promotes vertical health programmes, inefficient utilisation of health services which also has negative impact on the sustainability and overall performance of the health system. For these reasons better coordination mechanism of all actors and partners in health and healthcare delivery is required for sustainability and better outcomes. These problems have been made worse by lack of Memorandum of Understanding between the Ministry of Health and partners thereby introducing confusion and duplication of efforts.

Objective

To introduce a clear and effective coordination mechanism for all stakeholders in health and healthcare delivery

Strategy

a. Encourage stakeholders' participation in health.

b. Strengthen Inter-sectoral collaboration.
c. introduce and promote sector-wide approach in health.
d. Strengthen the implementation of the MOU between Ministry of Health and the partners involve in health care delivery.

7.0. TECHNICAL SUPPORT SERVICES

7.1 PHARMACEUTICAL SERVICES (ESSENTIAL MEDICINES, VACCINES, EQUIPMENT AND OTHER MEDICAL SUPPLIES).

Preamble
Reliable availability of essential medicines (drugs, basic equipment vaccines, contraceptives and other medical and laboratory supplies) are key to providing quality health care service and towards the attainment of positive health outcomes. However, continues availability requires that the needed financial resources are allocated.
Government budgetary allocation for health products has not increased significantly. There has been a major increase in demand due to the increased number of clienteles and the rapid expansion of service delivery facilities. These factors contribute to the periodic shortages of medicines and other medical supplies. The long process involve in the procurement pharmaceutical supplies requires improvement.

Government funding is 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.

Availability of contraceptives is essential for promoting reproductive and child health outcomes and has always been a challenge as support provided by donors is limited thus, creating intermittent shortages.

Objective
To ensure available and affordable essential medicines that are, safe, efficacious and of good quality.

Strategies
a. Transform the supply management system for essential medicines for the public sector into a semi autonomous institution
b. Advocate for increased government funding for pharmaceuticals
c. Strengthen the capacity of the drug supply management and promote the rational use of medicines and supplies.
d. Strengthen the National Medicines Regulatory Authority and enact the necessary laws toward attaining quality products
e. Encourage greater private sector involvement in the provision of essential medicines especially for the rural community

7.2 NATIONAL BLOOD TRANSFUSION SERVICES

Preamble

Availability of safe blood for transfusion is an essential element in the delivery of health services particularly those related to maternal and child health services. Unreliable supply of blood interrupts general clinical care for example surgical operations and road traffic accidents.

Blood transfusion services in The Gambia were limited to RVTH and Bansang hospital for several years. Over the years transfusion services have been expanded to other tertiary hospitals (the Sulayman Junkung General Hospital in Bwiam, The Armed Forces Provisional Ruling Council Hospital in Farafenni) and some major health centres. This expansion couple with limited number of voluntary blood donor has created a gap between the need and availability of safe blood in health facilities in the country. This has implications on receiving prompt and timely care.

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. Strengthen the national blood transfusion programme for improved service delivery.
b. Strengthen and advocate for voluntary and non-remunerated blood donation.
c. Promotion of research in blood transfusion services

7.3 LABORATORY SERVICES

Preamble

For accurate diagnosis and appropriate patient management, effective and functional laboratory services are required. However, The Gambia is still dependant on laboratories outside the country for some specialized investigations. Therefore, laboratory service in The Gambia should be strengthened and expanded. The Private sector and NGO though few compliments the public sector. However, their services are not affordable to a vast majority of Gambians.

Objectives

To institute timely, accessible, availability, affordability and reliable results for accurate diagnosis

Strategies

a. Strengthen capacity of the laboratory programme for improved service delivery.
b. Expansion of laboratory services to meet service demands of the population.
c. Strengthen quality control and quality assurance for laboratory services.
d. Promote research in laboratory service

7.4 RADIOLOGY SERVICES

Preamble

Radiology like laboratory services are key to accurate diagnosis and proper patient management. However, radiology services though has expanded over the years is still limited to few public health facilities (RVTH, Bansang, AFPRC and Sulayman Junkung hospitals) and certain private and NGO health facilities. In addition to the limited services, access and affordability are important challenges to a majority of Gambians. Therefore, the need for improvement

Objective

To institute timely, accessible, availability, affordability and reliable results for accurate diagnosis

Strategies

a. Strengthen capacity of the radiology programme for improved service delivery.
b. Expansion of radiology services to meet service demands of the population.
c. Strengthen quality control and quality assurance for radiology services.
d. Promote research in radiology service

7.5 REFERRAL SYSTEM

Preamble

Effective and efficient referral services from one level of health care to another (community to tertiary) are important in patient management. However, the current referral system still has major challenges. Some of the challenges include inadequate number of ambulances, intermittent shortage of fuel, inadequate capacity to manage cases effectively, inadequate feedback mechanism and late referrals especially at community level. This situation is further compounded by limited (only receiving) telecommunication services within health facilities. A referral system that enhances speedy and safe evacuation of patients is necessary.

Objective

To provide an effective, efficient and sustainable referral system

Strategy

a. Develop and/or update the referral guidelines, protocols and standards
b. Introduce and promote quality assurance in referral services.
c. Strengthen capacity of referral service provision at all levels

8.0 COMMUNITY PARTICIPATION

Preamble

Communities (individual, couples and families) are recipient of health services. Thus, their involvement and participation in the decision making process is crucial for health care services uptake and sustainability. , Otherwise, communities may see themselves as passive recipients of services rather than as important stakeholders.

Objective

To involve and strengthen community participation in health management for improved health outcome.

Strategy

a. Community sensitisation on health and health related issues.
b. Application of the patients' bill of right.

9.0: TRADITIONAL MEDICINE

PREAMBLE

Traditional health care constitute an important component of the national health delivery system as it serves as the first point of contact for a substantial proportion of Gambian communities. Traditional health care are more often more readily available, affordable and provided in a culturally acceptable way. Despite all these Traditional Medicine is neither controlled nor regulated. The traditional health care system is a community based self-sustaining health care service and therefore can complement the public health service. Traditional medicines require research for improved health benefits.

.Objective

To maximise the benefits and minimise the hazards associated with traditional medicine

Strategies

a. Establish and maintain a regulatory mechanism for the control of traditional medicine
b. Facilitate collaboration with traditional medicine agencies of other countries for exchange of useful information and experiences.
c. Promote and support operational research on Traditional Medicine.

10.0: BASIC HEALTH CARE PACKAGES AND PROGRAM AREAS

Preamble

Basic/minimum care package for each level of care delivery is important to enhancing standards and also serve as an effective mechanism for control in health service delivery. To that end basic health care package for each care level and programme shall be established and promoted at all times.

10. 1 MINIMUM HEALTH CARE PACKAGE

VHS	Minor H/C	Major H/C	Regional Hospital	Teaching Hospital
• Primary care service (including treatment of minor illnesses, environmental health & sanitation, antenatal, delivery and postpartum care, home visits, community health initiatives, • Basic Out-patients services	• Maternity care (antenatal, delivery and postpartum • Family Planning • STIs/RTIs/HIV/AIDS prevention and control • IMNCI • Immunisation • Neonatal and child health • Maternal and child nutrition • Basic EMOC • Basic emergency newborn care (ENC) • Disease prevention and control(malaria, TB, etc) • Health protection and control • Basic Lab services(HB, BF, VDRL, Urine analysis) • Limited in-patient service • Referral services • Dispensary • Eye care services • Out-patient services	• All services provided at minor H/C level • Comprehensive emergency obstetric care (including theatre and blood transfusion services) • Functional theatre • Comprehensive emergency newborn care • In-patient services • Pharmacy Services • Basic Lab. services including HIV and TB Screening.	• All services provided at major H/C level • Specialist care and service • Higher level referral services • Specialised dental and eye care services • Comprehensive laboratory services • Radiology services	• All services provided at regional hospital level • Specialist hospital services (in- and out-patient services) • Post-mortem and embalmment services • Overseas referral

11. HEALTH CARE TOURISM

Health care needs of any given population are numerous and often not all of the conditions may be effectively managed within the country for various reasons including inadequate capacity (Personnel and/or equipment). Considering the limited medical facilities available in country, there is a need for to seeking health care services across national borders- health care tourism (HCT). HCT can be very expensive for individuals and families and even to nations. Though Gambia's health care system has and continue to expand, still some conditions cannot be managed in country. With a situation of no national insurance scheme, it become necessary to put in place a workable national HCT mechanism that support evacuation of needy Gambians for overseas treatment.

Objective

To establish an effective, efficient and transparent health care tourism mechanism and support system that is equitably applied.

Strategy

a. Develop national guidelines, standards and protocols for HCT
b. Develop and introduce public support criteria for HCT

12.0 IMPLEMENTATION AND MONITORING MECHANISM

An implementation and monitoring strategy is required for tracking performance of this health policy framework. It is through approach that improvement in the overall health system performance can be measured. To that end it is importance that the Ministry of Health and Social Welfare further strengthen supervision, monitoring and evaluation activities at all levels and at regular basis. The Directorate of Planning and Information will serve as the focal point.

Objective

To establish an effective and efficient supervision and monitoring mechanism within the sector

Strategy

a. Develop a comprehensive supervision, monitoring and evaluation plan for all levels within the health system
b. Establish and support a national supervision and monitoring team.

Functions of various levels in the implementation and monitoring of the policy

Central Level	Regional Level	Hospitals
• Policy formulation, setting standards, and quality assurance. • Resource mobilisation and allocation • Capacity development and technical support. • Provision of nationally co-ordinated services, e.g. Epidemic control • Co-ordination of health research. • Legislation • Monitoring and Evaluation of the overall health sector performance • Advocacy/Partnership with stakeholders	• Implementation of the Health Master Plan • Planning and management of regional health services • Provision of disease prevention, health promotion, curative and rehabilitative services, with emphasis on the Basic Care Package. • Control of Communicable Diseases of public health importance in the regions • Vector Control. • Encourage provision of safe water and environmental sanitation • Health data collection, management, interpretation, dissemination and utilisation • Health System Research • Community partnership and advocacy • Resource mobilisation and allocation	• Planning and Management of Hospital Health Services • Provision of Hospital Health Packages • Training of professional staff • Referral for specialist care • Hospital data collection, management, interpretation, dissemination and utilisation. • Clinical research

13.0 QUALITY ASSURANCE FRAMEWORK

An effective quality assurance system has the potential to improving quality of health care services as well as preventing health risks. Using the existing structure a comprehensive quality assurance mechanism within the health sector will be developed and introduced.

Table showing the role of councils in quality assurance of health care services

Medical and Dental Council	**Nurses and Midwives Council**	**Pharmacy Council**
• Registration of medical and dental officers • Medical and dental practices • Provide guidelines for training of Medical Officers	• Registration of nurses and midwives • Nursing and midwifery practices and ethics • Provide guidelines for training of nurses and midwives	• Registration of pharmacists and other pharmaceutical cadres • Pharmacy practices and ethics • Provide guidelines for training of pharmacists, technicians and assistants

Clinical Audit Unit

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

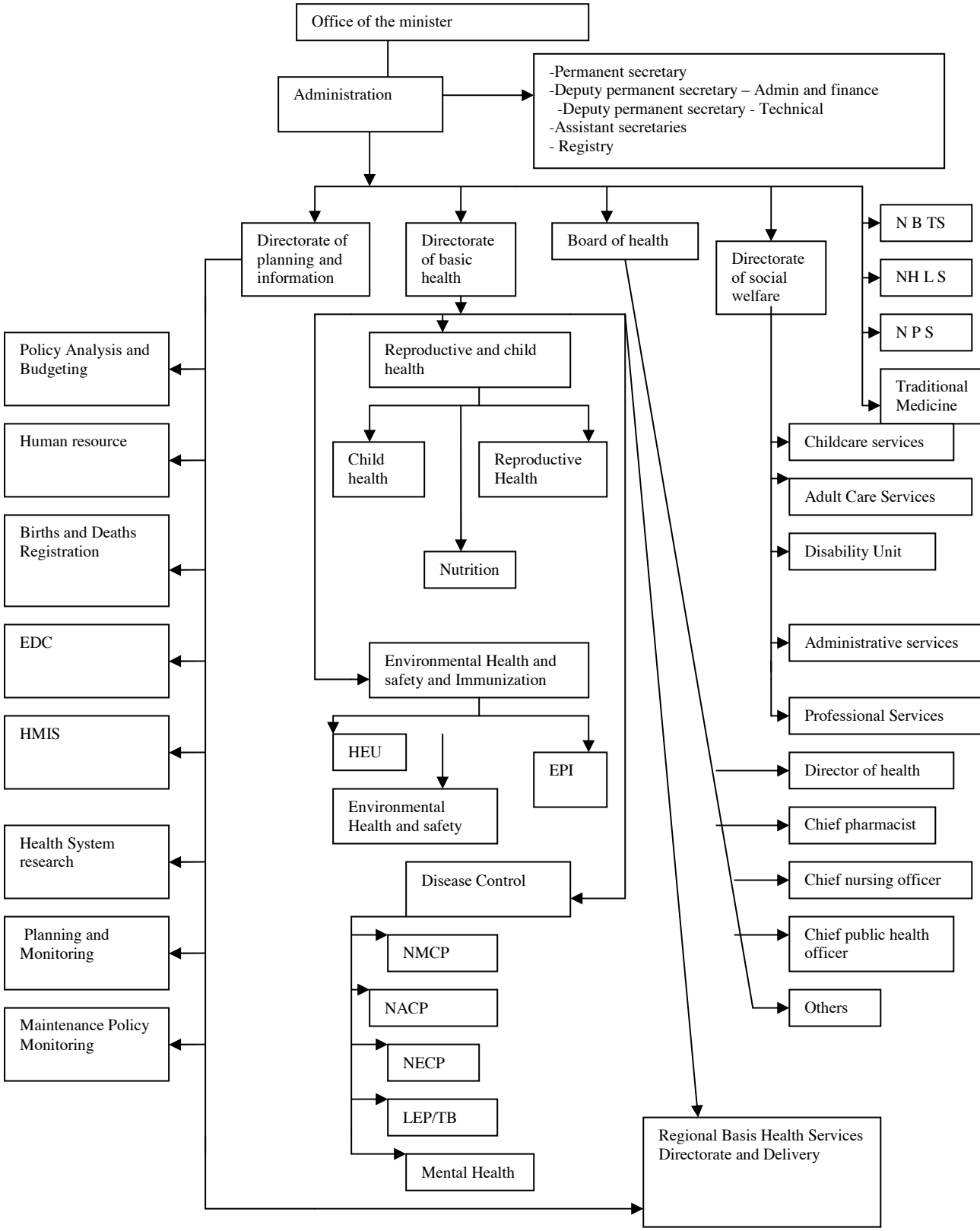
Board of Health

A Board of Health to be established by an Act of Parliament shall comprise of representatives of the various Councils, policy makers within and out of Health, expert health professionals and other health professionals outside health.

The functions of the Board shall include the following:

- To review and approve national health service standards
- To monitor quality of health services nationally
- To accredit health facilities for service delivery

PROPOSED ORGANOGRAM



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

CONCLUSION

This policy was developed through consultations with all stake holders including local government authorities, faith-based organisations, NGOs, Opinion leaders, Catchment Area committees, Multi-Disciplinary Facilitation Teams (MDFT's), and other partners in the provision of health care across the country. Although it was a difficult task which took us almost two years, we never relented due to the commitment of the staff and the able leadership and proper guidances and support from partners and donors such as WHO and UNICEF.

There is clear evidence that from 1994 to date there has been massive expansion in terms of health infrastructural development and health care needs .The commitment of the Government to implement this policy is demonstrated by the current structures established at both regional and at central levels, the strengthening health training institutions and capacity building through the training of staff both at local and international levels. The country's vision statement also gave a very clear direction as to where the Gambia would want to be by 2020.

The need to address the general health system challenges including the effects of previous high population growth rate; inadequate financial and logistic support; weak health information system; uncoordinated donor support; shortage of adequately and appropriately trained health staff; high attrition rate and lack of efficient and effective referral system is very clear in the policy. Therefore, the situation as it is requires commitment from every staff, government and NGO and all citizens to achieve our desired goals.