



World Health
Organization



“WHO’s contribution towards a healthier Gambia”

Annual Report 2014



Dr. Charles SAGOE-MOSES

Message from the WHO Representative in The Gambia

Esteemed Reader, it is my pleasure to present to you the World Health Organization Country Office (WCO) annual report for the year 2014.

Mindful of the diversity in the target audiences of this report, we have tried to make it simple and easy to read. Hence, the format adopts the use of fewer words and more pictures, which is a deliberate attempt to present the document in a more user-friendly style.

In this report, we have highlighted some of the achievements the WCO during the period under review based on our current Biennial Plan of Action 2014 - 2015. Notwithstanding, we have tried to capture some of the significant contributions the WCO has made in health development in partnership with other sectors.

While readers like you will enjoy a detailed account of what we have achieved in the pages ahead, it is my pleasure, humbly, to highlight a few milestones we have reached and passed over the last year:

The Year 2014 saw the landmark introduction of a demonstration project of the HPV (Human Papilloma Virus) vaccine in Western Region II, one of the country's seven health regions. This project designed towards the prevention of cervical cancer was launched by the First Lady Madam Zeinab Jammeh

The unprecedented outbreak of Ebola Virus Disease (EVD) in the sub-region took over much of our time and resources. Notably, WCO provided the requisite technical guidance and support in ensuring that a functional National EVD Task Force was put in place in addition to the development of a comprehensive National EVD Preparedness and Response Plan. It coordinated responses to the EVD preparedness and response activities in addition to mobilizing resources through the United Nations System, the British Embassy and World Bank to supplement the efforts of the government in the fight against EVD.

We hope and believe that you will find this report useful and engaging. Allow me to emphasise that these achievements are the result of a collective effort involving the WHO Regional Office and the WHO Headquarters for whose staunch support we will be always grateful.

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

Dr Charles SAGOE-MOSES
WHO Representative



ACRONYMS



AFRO	Regional Office of WHO for Africa
COIA	Commission on Information and Accountability on Women and Children
CSO	Civil Society Organization
EMNCH	Emergency Maternal and Newborn Health
EVD	Ebola Virus Disease
GAVI	Global Alliance for Vaccine and Immunization
GMP	Good Manufacturing Practice
HFS	Health Facility Survey
HPV	Human Papilloma Virus
ICPD	International Cooperation on Population and Development
IHP+	International Health Partnership Plus
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
IRS	Indoor residual Spraying
MDSR	Maternal Death Surveillance and Response
MOA	Ministry of Agriculture
MOHSW	Ministry of Health and Social Welfare
NEA	National Environment Agency
NHSP	National Health Strategic Plan
NTD	Neglected Tropical Disease
QA	Quality Assurance
QC	Quality Control
QRM	Quality Risk Management
RH	Reproductive Health
SMC	Seasonal Malaria Chemotherapy
SPH	Sports for Health
SWAp	Sector wide Approach
VDC	Village Development Committee



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WCO - Gambia *Annual Report 2014*



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World Health Organization

WCO - Gambia



EXECUTIVE SUMMARY

This report focuses mainly on the achievements registered in 2014 based on our Biennial Plan of Action 2014 - 2015, but highlights also some of the key contributions the WHO Country Office to the different programmatic areas during the period.

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

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

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

Neglected tropical diseases (NTDs) received the attention of the WHO that supported the development of an NTD mapping plan with its costing in addition to an integrated NTD master plan.

The response to the outbreak of Ebola Virus Disease (EVD) in the sub-region was registered in the WCO support to an EVD preparedness and response plan with support directed at:

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



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

Through the joint support of UNICEF, WHO/AFRO and MOHSW, the IMNCI Health Facility Survey (HFS) was able to measure how the recommended IMNCI intervention strategy was being implemented at public health facility level.

On the prevention and control of non-communicable diseases (NCDs) the WCO strengthened multi-sectoral engagement and action as well as empowered individuals and communities alike in addressing the four main risk factors of physical inactivity, tobacco use, unhealthy dietary practices, and the harmful use of alcohol. The WHO intervened with financial and technical support to build the capacity of healthcare workers on basic nutrition, helped to review the national blood transfusion policy and to develop a national strategic plan.

The vital area of access to essential medicines and technologies was addressed in addition to support given to the legislative environment with the establishment of an Independent Regulatory Authority/Agency and the enactment of the Pharmacy Council Bill 2014 and the Medicines and Related Products Bill 2014.

In support of good manufacturing practice (cGMP), the WHO supported an inspection mission to ensure a company's compliance with the basic manufacturing concepts emphasising quality assurance and control and the management of risk. Control must ensure the quality and standards appropriate to the intended use of the goods and as required by the marketing authorization.

Another significant milestone covered in the report was the WCO's support to the planning and implementation of the annual Sports for Health (SPH) Programme initiated by the Ministries of Youth and Sports and that of Health and Social Welfare. The SPH has become an important avenue for groups and communities to promote physical activity among their members.



POLIO ERADICATION

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

“Vaccines have proven to be the most cost effective health tool in the fight against infectious diseases”

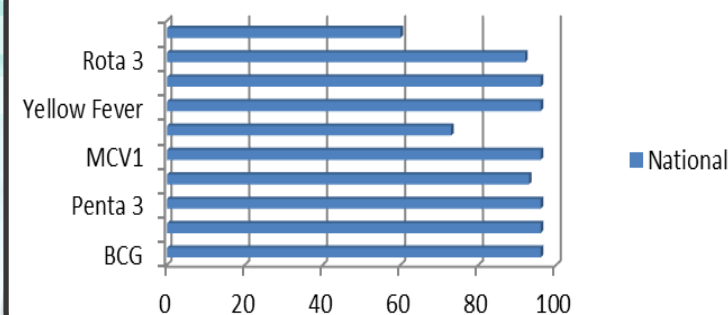


A Child receives the polio vaccine



Routine immunization at a health facility

National Immunization Coverage





INTRODUCTION OF NEW VACCINES

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

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

In 2014 HPV which was launched by the nation's First Lady in November 2014 has been introduced as a demo project in one of the regions (Western Health Region II.) Funds for the introduction, which included micro-planning, sensitization training and the conduction of the roll out in schools, were supported by GAVI with the WCO providing the technical support.

SURVEILLANCE OF VACCINE PREVENTABLE DISEASES

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

- ✦ In 2014 the surveillance of vaccine preventable diseases registered 27 non-AFP cases, and the results received from Pasteur Dakar were all negative.
- ✦ 98 suspected measles samples were collected; all registered negative.
- ✦ 35 rubella samples collected; all registered positive.
- ✦ 19 yellow fever samples collected; all registered negative.
- ✦ 105 Rota virus samples collected; 26 registered positive.
- ✦ 35 samples of paediatric bacterial meningitis were collected; 5 proved positive for N. meningitis, and 1 for streptococcus pneumonia.

After the successful introduction of Men-A Vaccine through a mass campaign, WHO supported the disease surveillance unit to implement a case-based surveillance approach to meningitis. In addition, WHO supported The Gambia in developing its first National Anti-Microbial Resistance Guide to facilitate laboratory-based surveillance capacity of priority bacterial diseases.



First girl being vaccinated by the director of health services, supported by First Lady, Madam Zeinab Jammeh.



Schoolgirls in line to receive their first dose of HPV



HIV/AIDS

Key Achievements

The notable achievements in HIV/AIDS to which WHO support contributed:

- ✦ Development of HIV/AIDS Policy.
- ✦ Development of HIV/AIDS Strategy.
- ✦ Global Fund Concept Note submitted and funding secured for three years.

Zero new HIV infections; Zero HIV-related deaths; Zero Discrimination of People Living with HIV in The Gambia by 2020

WCO is a key contributor to the prevention and control of STI and HIV/AIDS in The Gambia. It supported the development of both the National HIV/AIDS Policy and Strategy (2015-2019). These vital standards provide direction for the National AIDS Control Programme as well as serve as tools for resource mobilization. The Global Fund Concept Note application for funding was developed from these documents, a process which was supported also by the WCO. Through the successful submission of the Concept Note funds have now been secured for implementation of priority activities for the next three years.

WCO is a key member of the country Coordinating Mechanism (CCM) for Global Fund (GF) funded activities.



Voluntary counseling and testing for HIV/AIDS at community level



Tuberculosis

The WHO supported the first-ever National TB Prevalence survey conducted in The Gambia. The survey, which was also the first in West Africa, highlighted the success of TB control activities in the country and also provided useful country-specific information for a more effective and targeted TB control strategy. The WHO served lent support to the reviewing and updating of the National TB Strategic Plan. That was in addition to the development of the TB Global Fund Concept Note that has now ensured funding for the next three years.



A TB Treatment card



Drugs readily available for patients



Patient receiving medication under observation by a health worker

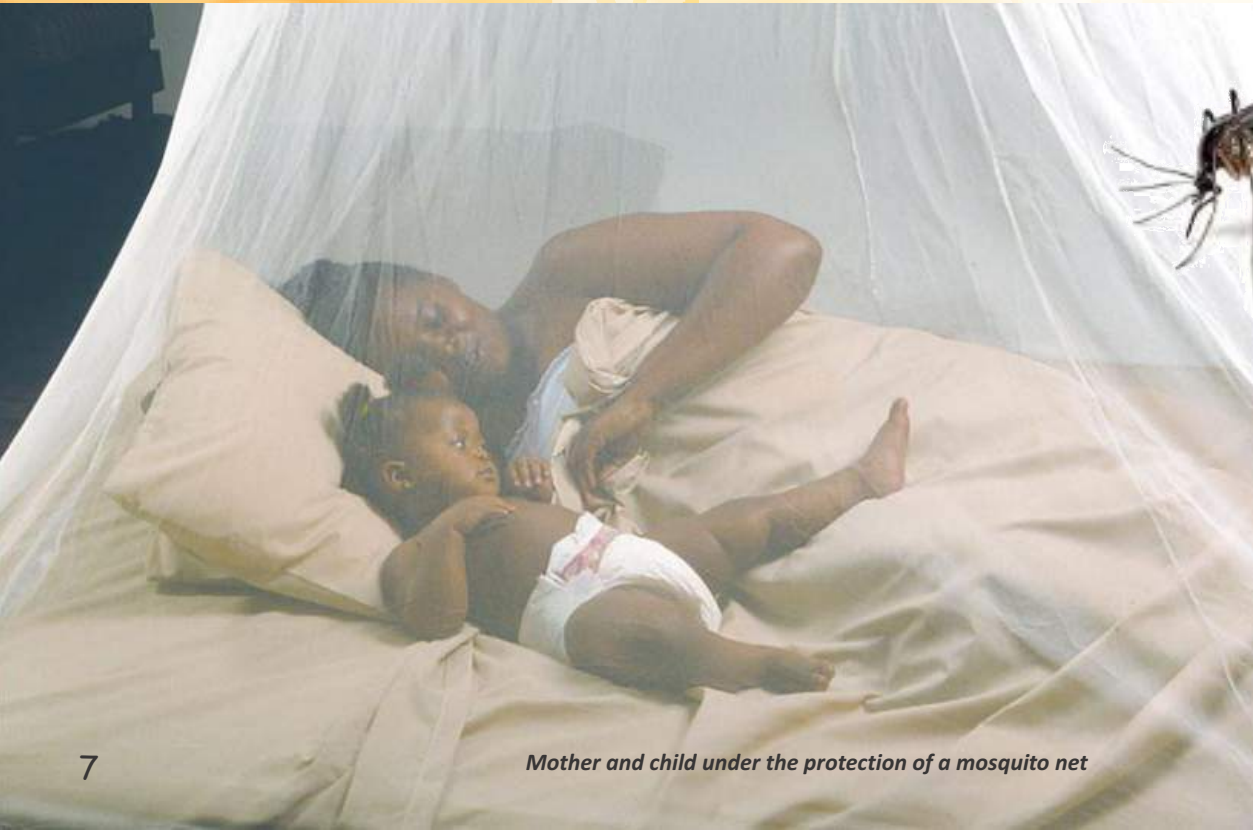


Communicable diseases

Malaria

WCO is working closely with the National Malaria Control Programme to achieve the goal of eliminating malaria in The Gambia by 2020.

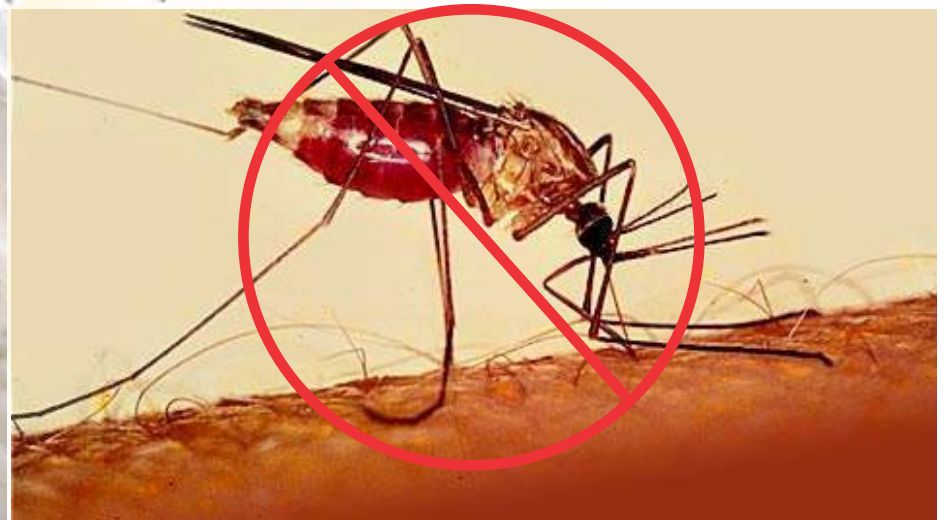
Seasonal Malaria Chemoprophylaxis (SMC) was introduced last year in the country as another effective and proven intervention towards malaria control. WHO supported the adaptation of the National SMC guidelines and tools, drawing from standard generic WHO guidelines. It also supported the implementation of SMC.



Mother and child under the protection of a mosquito net



The Anopheles mosquito that transmits malaria





Achievements

Malaria Control IRS using DDT

Large-scale IRS with DDT for malaria prevention and control is one of the intervention strategies used by the National Malaria Control Programme. The Gambia started using DDT as an intervention strategy in 2008. In 2013 the national malaria control programme implemented a WHO/GEF funded project on the alternatives to the use of DDT as a disease vector control strategy.

Key achievements of the IRS intervention strategy include:

- ❖ Capacity development on indoor residual spraying techniques and in-field data collection and reporting.

- ❖ Inter-sectoral collaboration between stakeholders at the MOH, MoA, NEA and civil society (VDCs).

Major achievements in implementing the project include:

- ★ Reduction of incidences of malaria.
- ★ Development of tools and guidelines for data collection and reporting.
- ★ Regular reporting to the secretariat of the Stockholm Convention.
- ★ Adaptation of SMC guidelines and training materials.
- ★ Support in the implementation of SMC.
- ★ Review and updating of the malaria case management guidelines.



Indoor and outdoor residual spraying for malaria prevention





NTD (Neglected Tropical Diseases)

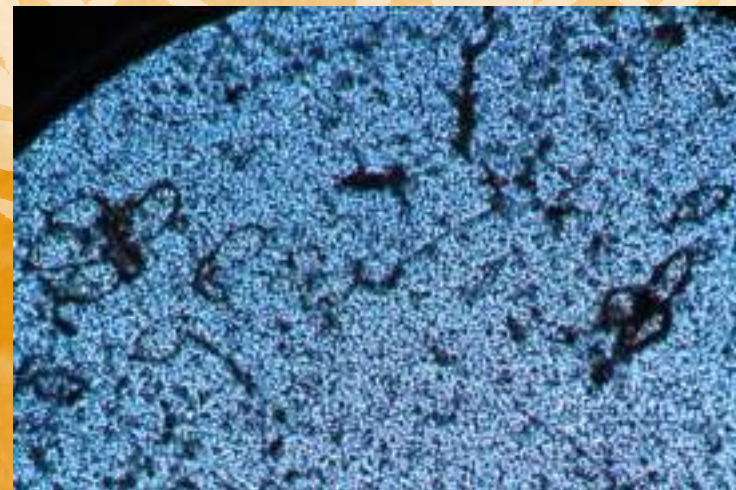
With the support of WHO, a costed mapping NTD plan was developed as well as an integrated NTD Master Plan. Mapping will provide useful information towards the elimination and eradication of targeted NTDs in the country. Furthermore, in line with both Global and Regional goals for Neglected Tropical Diseases, the WCO in The Gambia is supporting the establishment of a sustainable integrated national NTD control programme capable of achieving the goals set in the constituent programmes.

WHO support served in achieving the following significant outputs:

- ✦ NTD Mapping Plan.
- ✦ Integrated NTD Master Plan.
- ✦ Development of Integrated NTD Control Programme.



Testing and screening of stools at a school





EBOLA VIRUS DISEASE (EVD)

Towards an Ebola Free Gambia

Since the official notification of an EVD outbreak in the sub region in March 2014, WHO continued to provide support to the Ministry of Health to ensure a comprehensive and coordinated preparedness and response to Ebola Virus Disease outbreak. Support focused on strengthening coordination at the national and regional levels, intensifying active surveillance, the prompt management of cases, the effective prevention and control of infection through advocacy, social mobilization and communication.

Hand washing is encouraged as a good practice in the prevention of Ebola



Simulation exercise in preparation for safe burial



Rehearsal in dressing up in protective gears to attend to Ebola patients at a treatment centre





ACHIEVEMENTS

Component

Coordination

- Developed two National Ebola Preparedness and Response Plan (1st: April-September 2014; 2nd November 2014 -November 2015).
- Provided technical support and normative guidance to the National EVD Task Force.
- Formed 8 EVD sub-committees.

Case Management

- Setting up of National EVD Treatment Centre at the Sanatorium in Banjul.

Infection Prevention and Control

- Adaptation of the IPC guidelines for Ebola prevention, treatment and waste disposal.

Surveillance

- Installation of incinerators for disposal of dry EVD waste at the EVD Treatment Centre.
- Algorithm for the detection and management of EVD at the health facility level for health facility staff on EVD case definition (community based surveillance, health facility surveillance; also for use by the Rapid Response Team.
- Distributed Contact Tracing and Laboratory Investigation forms to the regions.
- Facilitated the creation of 7 Rapid Response teams to investigate alerts for suspected EVD cases.

Laboratory

- Developed the EVD sample collection and safe shipment guidelines.
- Facilitated the prompt collection, packaging and road transfer of samples from 4 suspected EVD cases as well as prompt retrieval of results.

Safe and dignified burial

- Developed the National Protocols for the Safe and Dignified Burial of Ebola Victims.

Resource Mobilization

- Funding proposals developed and shared with partners for support.



Ebola Virus Disease
Preparedness

The Gambia



Quote from WR

"The assessment team has reviewed most of the areas so far as preparation and preparedness and response for Ebola in The Gambia are concerned"



The Ebola Assessment Team



Inspection of local incinerators for proper waste disposal



Donated protective equipment and other materials



Billboard on the signs and symptoms of Ebola

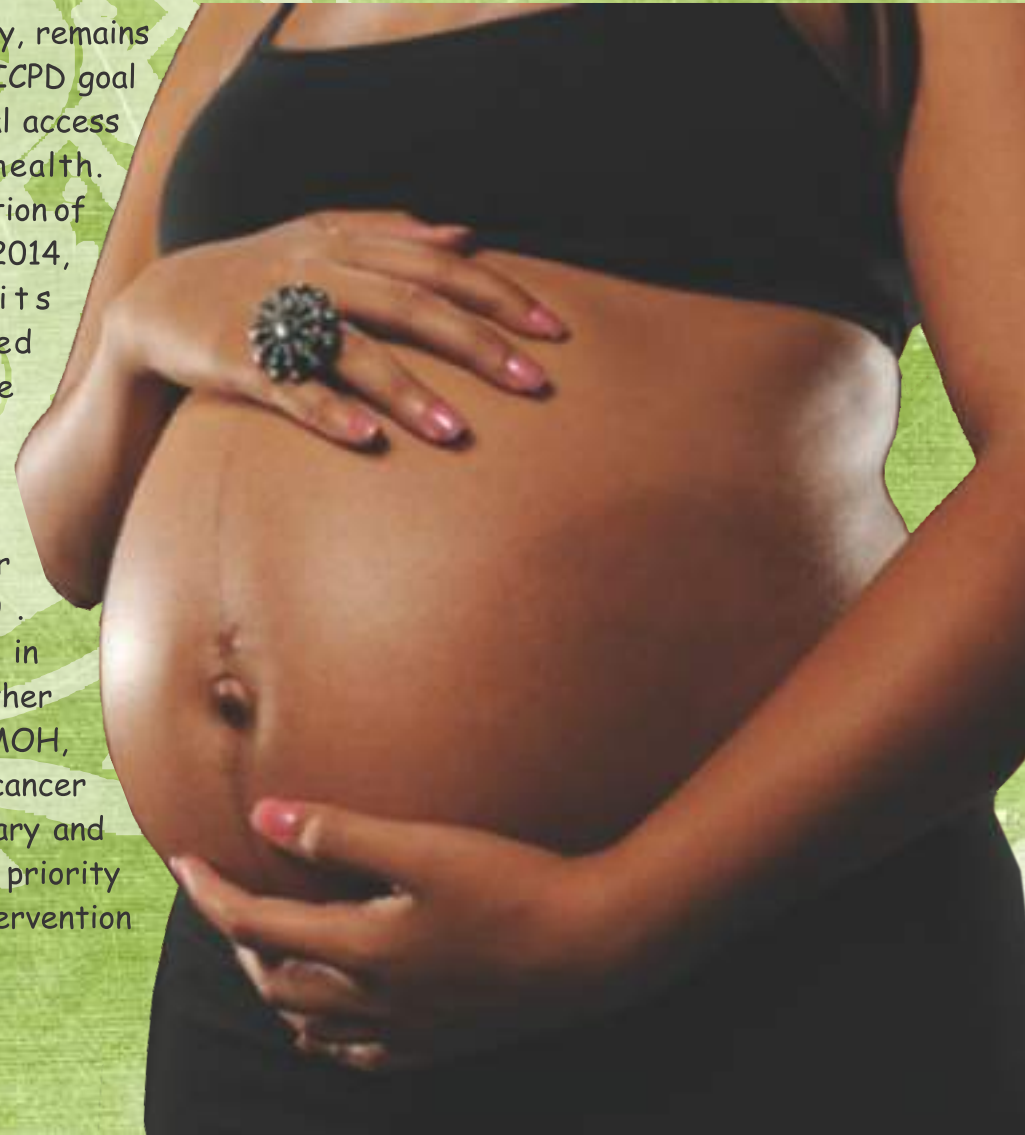


PROMOTING HEALTH THROUGH THE LIFE COURSE

The promoting good health through the life course cuts across all areas of WHO's work; it covers the health of women before, during and after pregnancy, the health of newborns, children, adolescents, and older people and takes into account the need to address environmental risks and social determinants of health, as well as gender, equity, and human rights.

The Gambia recognizes the importance of reproductive health to its national development aspirations. It is conscious also of its obligations of its obligations as a signatory of the ICPD Plan of Action (PoA) and, as a responsible member of

the global community, remains committed to the ICPD goal of ensuring universal access to reproductive health. Following the expiration of the RH Policy 2007-2014, the WCO and its partners supported the MoH in the process of revising the policy and in preparation for the successor policy for 2015 - 2020. Furthermore, WCO in collaboration with other partners and the MOH, identified cervical cancer (at primary, secondary and tertiary levels) as priority areas for urgent intervention in 2014.





PROMOTING HEALTH



A nurse keeping track of a child's weight



Pregnant woman in a routine test of her blood pressure



REPRODUCTIVE HEALTH

Cervical Cancer control and Prevention

Cancer of the cervix is the second most common cancer among women worldwide. About 500, 000 new patients are diagnosed annually with more than 250, 000 deaths. It is a major cause of morbidity

and mortality among women in resource-poor settings, especially in Africa. The majority of cancers (over 80%) in the sub-Sahara are detected usually in the late stages.



The MoHSW, WHO and other partners established a National Cervical Cancer Committee and sub-committees at national and regional levels. The training of health staff on cervical cancer screening by visual inspection with acetic acid (VIA) resulted in scaling up to cover more health facilities. The WHO generic guidelines were reviewed and adopted with plans to develop country-specific guidelines in 2015. Health service providers such as doctors and nurses were trained during orientation and sensitisation meetings conducted in two regions.



MATERNAL AND NEWBORN HEALTH

Maternal Death Surveillance and Response

Maternal Death Surveillance and Response (MDSR) is the means of identification, notification, quantification, determination of causes and prevention, and response to provide essential information to stimulate and guide actions to prevent future maternal deaths and improve the measurement of maternal care.

With funds from Commission on Information and Accountability on Women and Children (COIA) the WCO and MoHSW achieved the following:

- ✦ Developed a comprehensive list of MDSR strategies with a roadmap;
- ✦ Reviewed and developed MDSR tools;
- ✦ Conducted maternal death audits in six hospitals;
- ✦ Developed a births and deaths strategy to improve the quality of births and deaths data at all levels;
- ✦ Enhanced staff capacity on EMNCH which contributed to quality maternal and new born health care delivery;
- ✦ Conducted advocacy meetings with parliamentarians, senior government officials and CSOs.

Furthermore, WCO worked with partners to conduct the Emergency Obstetric Care Health facility survey. The findings and recommendations were used in developing key activities in the country work plan. Guidelines and protocols on emergency obstetric care were reviewed and developed, and health workers were trained on emergency obstetric care. These interventions were scaled up in three regions, contributing to improved skills for staff, improved quality in service delivery and a reduction in maternal and new born morbidity and mortality.



A healthy newborn baby



Achievements: EMERGENCY, MATERNAL, NEWBORN, AND CHILD HEALTH

Emergency maternal, new born and child health care is a sustainable emergency care strategy. However, there are major challenges to providing quality EMNCH services in public health delivery and which are, largely, the over-concentration of health facilities and staff in urban areas which causes inequitable access to surgical services resulting in inadequately developed referral systems and the lack of basic procedures that should be performed at the primary and secondary levels.

Key Achievements

- ★ The WCO, in collaboration with partners, trained health staff on EMNCH.
- ★ WCO provided resuscitation equipment to most health facilities in all of the seven regions in the country.

A nurse examines a pregnant woman in a routine check up





CHILD HEALTH

Integrated Management of Newborn and Childhood Illnesses (IMNCI)

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



Fig 1: Availability of Diarrhoea Treatment Corner (DTC) in health facilities by region

There are only a few diarrhoea treatment corners in all the regions. It is recommended that all facilities that care for sick children should have a diarrhoea treatment corner so that health workers can supervise mothers and caregivers for a few hours in the management of diarrhoea, which would include oral rehydration treatment (ORT). To that end, the WCO continues to advocate and re-programme child health interventions to

increase treatment corners in all health facilities.



Fig 2: Correct treatment of pneumonia, malaria, dehydration and anaemia

Furthermore, shortages in resources, material and qualified staff (that are substituted with unskilled staff) are challenges to the correct treatment of the main childhood illnesses. Fig 2 (above) shows that 99% of the children that visited the facility on the day of the survey left without the need of antibiotics; an impressive record. However, the non-availability of injectable medicines for pre-referral treatment (26%) on the day of visit could be a cause for concern in public health facilities. Following the outcome of the survey, the WCO committed itself to advocacy and resource mobilization among partners to ensure improved skills in health service providers and the provision of drugs and other supplies. Guidelines were also developed and distributed, health service providers trained, and regular follow-up support given to trainees at all health facilities.



NUTRITION

Training of Healthcare Workers in Basic Nutrition

- ✧ National Nutrition Policy and Programming.
- ✧ Nutrients, Sources and Functions.
- ✧ Maternal Nutrition- the Life cycle Approach.
- ✧ Breastfeeding Benefits, Importance and Facts.
- ✧ Complementary Feeding.
- ✧ Micronutrient Deficiency Control.
- ✧ Growth Monitoring and Promotion.
- ✧ Infant Feeding and HIV/AIDS.

National Nutritional Surveillance Report 2014

As a way of supporting member states in the monitoring and evaluation of policies and programmes, WHO supported the comprehensive implementation of the 2014 National Nutritional Surveillance in line with the Global Maternal, Infant and Young Child Nutrition Plan.

A baby being breast-feed by its mother





Blood Safety

Blood transfusion is a vital component of the health care delivery system of every country. Although it is often delegated to non-governmental organisations (NGOs), it is the responsibility of every government to ensure safe and adequate supplies of blood and blood products to meet the needs of all patients in a timely, cost effective and efficient manner. Some of the main challenges to blood safety in The Gambia include inadequate data to inform policy, low implementation of the policy and the lack of a legislative framework to implement policy decisions. It is in this regard that WHO provided support and guidance to review the national blood transfusion policy and to develop a strategic plan to guide implementation of the policy. Part of this support also included the development of standard operating procedures for blood transfusion staff. Twenty laboratory staff and 15 blood donors were trained on new standard operating procedures.

issue in the Africa region, WHO,, by virtue of its health leadership role, provides support to countries in the implementation of technical guidelines, norms and standards for quality assurance of medicines and health techniques, and that includes traditional and complementary medicines.

Key Achievements of the Sector

WHO strengthens the national pharmaceutical sector with technical guidance and support through the:

- ✦ Strengthening of regulatory capacity by the establishment of an Independent Regulatory Authority/Agency;
- ✦ Enactment of the Pharmacy Council Bill 2014;
- ✦ Enactment of a Medicines and Related Products Bill 2014.



WORLD BLOOD DRIVE DAY

Blood type

The theme for World Blood Donor Day 2014 was "Safe Blood for Saving Mothers, which focused on raising people's awareness about the critical need for safe blood and blood products to be available to everyone, especially women who suffer severe bleeding during delivery or after childbirth.

Essential Medicines:

Considering that the quality of medical products is a major





Achievements



A donor giving blood to save lives



The blood bank for the safe storage of donated blood



WHO Rep. Dr. Charles Sagoe-Moses presenting a certificate to a blood donor



Ensuring quality assurance and quality control of our medicines

GMP Inspection of Medicines Manufacturer "Toskani Pharma Gambia Ltd"

Good manufacturing practice (cGMP) is that part of quality assurance which ensures that products are consistently produced and controlled to the quality standards appropriate to their intended use and as required by the marketing authorization. WHO supported a mission to conduct cGMP inspection of Toskani Pharma Gambia Ltd. aimed at ensuring that the company operated under the basic manufacturing concepts of Quality Assurance (QA), Quality Control (QC) and Quality Risk Management (QRM). The results of the inspection was used by the Ministry of Health to guide and monitor the operation if the company.

A sachet of Atenolol tablets



Sealed manufactured medicines ready for the market





Compact development and health Coordination

In May 2012, The Gambia became a signatory to the Global Compact of the International Health Partnership and its related initiative (IHP+). The IHP+ promotes the implementation of the National Health Policy and Strategic Plan (NHPSP) through a coordinated approach among all stakeholders in the health sector. This was achieved by the development of a country compact that outlined the roles and responsibilities, and coordination processes for the health partners at the country level in implementing and monitoring the National Health Strategic Plan (NHSP).

In October 2013, the Ministry of Health and Social Welfare (MoHSW) sought support from the WHO to finalize the National Health Sector Strategic Plan and development of the country Compact, which was achieved in 2014.



Dr. Sagoe-Moses makes a statement at the consultant's presentation session of the Country Compact

IHP+ COUNTRY COMPACT

- INTRODUCTION
- DEFINITIONS
- PRINCIPLES & OBJECTIVES
- COMMITMENTS BY GOVERNMENT
- COMMITMENTS BY THE HDPs
- COMMITMENTS BY IMPs
- JOINT WORKING ARRANGEMENTS



Compact development and health Coordination



Stakeholders meeting to develop the Compact



The country Compact can be defined as a time-bound agreement, negotiated between the government (represented by the Ministry of Health) and the main partners in the health sector, committing all signatory parties to the agreement to channel existing and future investments to the achievement of the country's priority areas in health through the implementation of the NHSP.

The process in developing the Compact included the establishment of a health stakeholder committee that was responsible for assisting the MOHSW in overseeing the activities of all actors in the health sector through agreed processes for implementing strategies in health. The committee reviewed the compact document at all stages of its development and ensured that all

comments were addressed. The Compact was finalized in February 2015. With the understanding that poor coordination of health interventions undermines the delivery of service the Compact should ensure that health would no longer be a poorly-managed sector

Key Achievements

- ★ Finalization of the National Health Strategic Plan (2014-2020).
- ★ Development of The Gambia Country Compact for the implementation of the NHSP (2014-2020).
- ★ Development of Monitoring and Evaluation Plan for the NHSP (2014-2020).



Tackling non-communicable diseases (NCDs) and their risk factors

Promoting and strengthening of multi-sectoral and multi-faceted action is one of the overarching principles and approaches for the attainment of the goals in the *Global Action Plan for the Prevention and Control of Non-communicable Diseases (2013-2020)*.



A cyclist displays his skill in competition

Hence, much of WCO's efforts during the period under review were directed at promoting and strengthening multi-sectoral engagement and action as well as empowering individuals and communities to address NCDs and their risk factors such as physical inactivity, unhealthy dietary practices, and the harmful use of alcohol and tobacco.

Thus, in collaboration with the Ministry of Health and Social and through the multi-sectoral Working Group, the WHO Country Office provided both technical and financial support

to strengthening multi-sectoral/multi-faceted actions to address non-communicable diseases and their risk factors.

One of these was the technical support given to the planning and implementation of the 2014 edition of the annual Sports for Health (SPH) initiated by the Ministries of Youth and Sports and Health and Social Welfare.

These efforts have contributed to:

- ✧ Increased awareness and action in support of the consumption of fruits and vegetables;
- ✧ Promotion of physical activity;
- ✧ Critical consciousness among the population in the measurement of blood pressure and sugar levels.



Promoting regular in-take of fruits



Physical activity improves the well-being of individuals



A nurse checks a patient's blood pressure





Healthy eating can control NCDs





Promoting regular in-take of vegetables and fruits



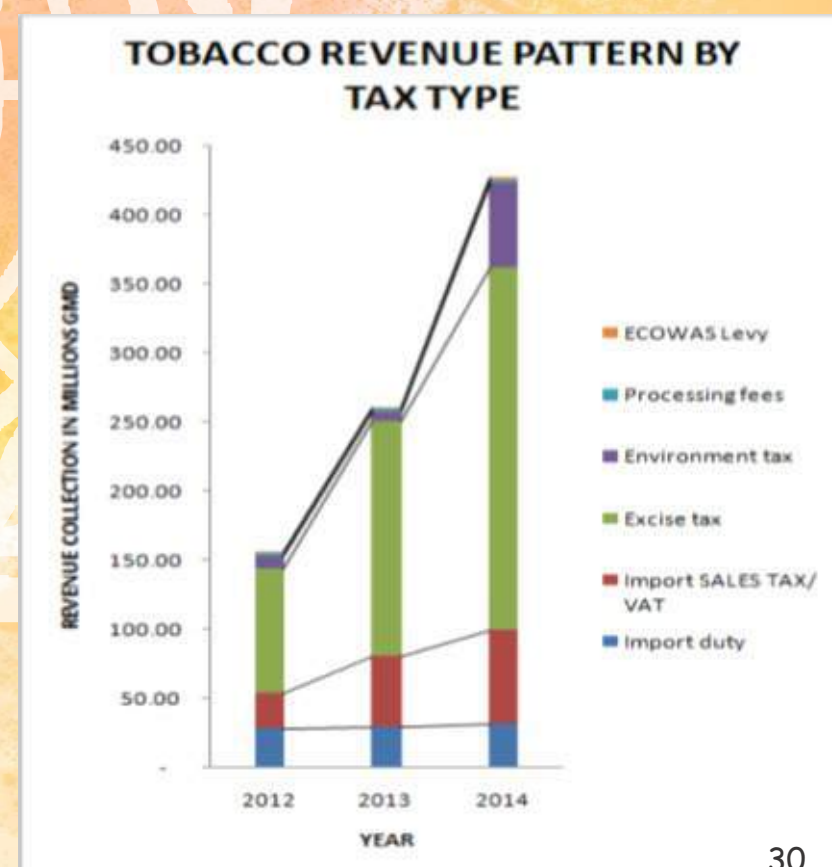


Tobacco Control

The WCO, in collaboration with WHO/AFRO and WHO/HQ, has given support to the government in making changes to tobacco taxation policy through capacity building and sharing evidence-based practice.

A team of six Gambian economists was trained on new tobacco taxation models, which has resulted in the introduction of a new tobacco taxation system that shifts from tax based on weight/volume to one based on cigarette packs or sticks. Before this policy was introduced in 2013, tobacco revenue contributed only 7% to the total custom and excise collection income in 2012. Following introduction of the policy, incomes increased to 10% in 2013 and 12% in 2014.

REVENUE COLLECTION TREND FROM TOBACCO PRODUCTS 2012 - 2014			
	2012	2013	2014
Tax type	Amount (Millions, GMD)	Amount (Millions, GMD)	Amount (Millions, GMD)
Import duty	27.87	28.54	31.45
Import SALES TAX/ VAT	25.11	51.19	67.76
Excise tax	89.90	169.97	261.83
Environment tax	9.54	6.62	61.22
Processing fees	2.20	2.25	2.46
ECOWAS Levy	0.71	1.45	1.59
TOTAL	155.32	260.02	426.31
Nominal growth		67%	64%





Community sensitization on tobacco control



Product	Total duties collected (Millions GMD)		
	2012	2013	2014
Cigarette containing tobacco	148.41	253.53	418.19
All Other tobacco products	6.92	6.49	8.11
Total	155.32	260.02	426.31
Total Customs & Excise collection	2,306.19	2,692.79	3,414.38
% contribution of tobacco revenue	7%	10%	12%



Challenges

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

1. Inadequacy, and in some cases, unavailability of funds to implement some of the activities.
2. Shortfalls in funds and other resources by national health authorities to bridge the existing funding gap in the plan of action
3. Competing priorities of the MoH&SW coupled with inadequate coordination of other sectors and partners often caused delays in the implementation of activities.
4. Inadequate human resource capacity at the level of the WCO and MOHSW to implement some of the activities.
5. Inadequate capacity building for WCO and national staff in some programmatic areas, particularly in reproductive health.



Conclusion

In spite of the limited resources the WCO was able to contribute meaningfully to the collective efforts towards realizing the national health goals, particularly the health-related aspects in the Millennium Development Goals. This was done through support and collaboration with other organizations and institutions within and outside the United Nations System, as well as with sectors within The Gambia Government.

These efforts will be further strengthened in 2015 to realize the overall objectives of the 2014-2015 Plan of Action.

Note



**World Health
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