The Gambia National Health

STRATEGIC PLAN

THE GAMBIA NATIONAL HEALTH STRATEGIC PLAN 2014 - 2020 THE GAMBIA NATIONAL HEALTH STRATEGIC PLAN 2014 - 2020 THE GAMBIA NATIONAL HEALTH STRATEGIC PLAN

ACKNOWLEDGEMENT

This strategic plan has a long gestation and our local consultants and health experts, Dr. Hatib Njie, Dr. Kabirr Cham, and Dr. Abdoulie Jack have given us advice and helpful comments. Our thanks also goes to all Directors both at central and regional levels, programme Managers and partners from other sectors that have in one way contributed significantly to make the document what it is.

A special acknowledgement goes to the Directorate of Planning and Information, especially the core planning and budget teams for their concerted effort and dedication and time spent to scrutinise all chapters included in this text. Providing us with invaluable comments and recommendations, this made it possible for the timely completion of this piece of work.

We would also like to acknowledge the hard work and patients of those who took the responsibility of proof reading all the chapters presented in the strategic plan, who have put great effort into the compilation of this work. Numerous others have been of great help particularly, our development partners in the UN system, specifically WHO and IHP+ for providing logistical and financial support for the realization of the laudable achievement. We cannot go without recognizing the invaluable services rendered by drivers and support staff in this process.

Our special thanks go to the leadership of the MOH&SW, the Hon. Minister Omar Sey and his dynamic Permanent Secretary Dr. Makie Taal and his deputies for their moral support and continued guidance throughout the process.

EXECUTIVE SUMMARY

The Health Sector Strategic focus in The Gambia is anchored on the National Health Policy 2012-2020, which is linked to the country's development blue prints better known as VISION 2020 The Gambia Incorporated and PAGE. These aim to transform The Gambia into a globally competitive and prosperous country with a high quality of life by 2020, through transforming the country from a third world country into an industrialized, middle income country. Its actions are grounded in the principles of the 1997 constitution, specifically aiming to attain the right to health, and to decentralize health services management through a devolved system of Governance. This strategic focus has been defined in the Gambia Health Policy, which has elaborated the long-term policy directions the Country intends to achieve in pursuit of the imperatives of the Vision 2020, and the 1997 constitution.

The long-term objective for the health sector according to VISION 2020 is the provision of adequate, effective and affordable health care for all Gambians. The immediate objectives are to improve the administration and management of health services, provide better infrastructure for Referral Hospitals and health facilities and the extension of Primary Health Care services to all communities and having a well-motivated and trained staff and establishment of efficient procurement arrangements in order to ensure effective and efficient health services for all. The policy aims to achieve this goal through supporting provision of equitable, affordable and quality health and related services at the highest attainable standards to all Gambians. It targets to attain a level and distribution of health at a level commensurate with that of a middle-income country, through attainment of specific health impact targets. The policy directions in the Gambia Health Policy are structured around seven Service Delivery outcomes, and twenty-one System investment orientations.

This strategic plan provides the Health Sector Medium Term focus, objectives and priorities to enable it move towards attainment of the Gambia's Health Policy Directions. The Health Sector refers to all the Health and related sector actions needed to attain the Health Goals in The Gambia. It is not restricted to the actions of the Health Ministry, but includes all actions in other related sectors that have an impact on health. It will guide both Regional and National Governments on the operational priorities they need to focus on in Health.

This Strategic Plan's overall goal is to reduce inequalities in health care services and reverse the downward

trend in health-related outcome indicators. Recommendations from implementation of the seven Strategic Objectives of the NHSSP have guided prioritization of interventions for implementation during this strategic plan. These recommendations include the call for the sector to:

- Improve evidence based decision-making and resource allocation.
- Review and re-align the essential package for health.
- Review, and realign community-based services around expectations.
- Focus on strengthening of the referral system.
- Improve planning, and monitoring of quality of care, and service delivery.
- Operationalize the planning and review cycles and frameworks at all levels.
- Align Health Sector operations and services with 1997 constitution expectations.
- Strengthen the Health Information System to act as a resource for the sector.
- Update sector norms and standards.
- Establish systems to coordinate sector investments.
- Continue to strengthen Procurement and Supply Management systems
- Re-invigorate the sector partnership and coordination framework.
- Start to pro-actively, and regularly monitor technical and allocate efficiency in resource use by the Health Sector.
- Accelerate push towards systems to attain universal access to defined health service package.

The Gambia health sector has a three-tier system comprising the Primary, Secondary and the Tertiary levels. The primary level consists of the Village Health Services and Community clinics; the Secondary comprises the Minor and Major Health centres whilst the Tertiary consists of the General Hospitals and the Teaching Hospital. The Department of Social Welfare is responsible for the provision of social welfare services to the under-privileged and vulnerable groups in the country.

The MOH&SW (MOH & SW) is the main government institution responsible for healthcare delivery and provision of social welfare services in The Gambia. The health sector is managed at two levels, the central and regional levels.

Under the MOH&SW are six Directorates: Basic Health Services, Planning and Information, Social Welfare, Health Promotion and Education, National Public Health Laboratory and Human Resources for Health.

For the management at the regional levels, the country is classified into seven health regions each headed by a Regional Health Director (RHD). The Regional Health Teams are responsible for the primary and secondary

healthcare facilities and their staff. At primary level there are 634 PHC village posts, which are clustered into circuits. Village health workers, traditional birth attendants and other community volunteers deliver the services at this level. The Community Health Nurses based in key villages supervise clusters of primary healthcare villages. The secondary level is made up of 47 public health facilities and is complemented by private and NGOs service provision.

Although there are 4 general and 2 specialized public hospitals in The Gambia, the services they provide are inadequate due to capacity constraints. Few private clinics / hospitals and NGO facilities complement them; all of which are located in the Greater Banjul Area, to make it more complicated their services are unaffordable and inaccessible to the vast majority of Gambian populace. There are 3 Health Training Institutions producing professionals annually that feed the health system. They are: The School of Nursing and Midwifery, School of Public Health and the Faculty of Medicine and Allied Health Sciences at the University of The Gambia, which are all under the Ministry of Higher Education, Research, Science and Technology (MOHERST). The Enrolled Community Health Nurses and the Enrolled Nurses Schools are under the MOH&SW. Three of these schools (Nursing and Midwifery, Community Health Nurses and Enrolled Nurses) produce different categories of nurses such as Registered Nurses, Enrolled Nurses and Community Health Nurses respectively, at an average of 30 graduates per year.

The Regional Ophthalmic Training Programme at the Regional Eye Care Centre trains Cataract Surgeons and Ophthalmic Nurses annually. The University of The Gambia, Faculty of Medicine and Allied Health Sciences was established in 1999. It has started producing graduates at BSc, MSc and MPH levels in Nursing and Public Health since 2003 and 2013 respectively. The first batch of Medical Doctors has graduated in 2006. As far as social welfare is concern, there also exist a training programme for social workers at certificate and diploma levels conducted at the SOS Regional Mothers' and Aunties' Training Centre and the University of The Gambia respectively. Although, there are constraints in the Health and Social Welfare Sectors, the most pressing is the ineffective management structure at the MOH&SW (MOH&SW). It has not helped matters that in the recent past, frequent changes were made in the top management positions that hindered policy implementation, and weakened institutional memory. If this challenge is successfully overcome, then the rest of the constraints below will be effectively addressed:

- High attrition of skilled health and social workers,
- Inadequate skilled and competent health workers,
- Low staff production from health training institutions,
- Inadequate basic equipment, consumables and other logistics,
- Insufficient drugs and other medical supplies,
- Weak referral systems,
- Inadequate Infrastructure and ICT equipment,

- High incidence of malaria,
- Containing the spread of HIV/AIDS infection, the overall goal of which is to stabilise and reduce the prevalence of HIV/AIDS, provide treatment, care and support to people living with HIV/AIDS,
- Sustainability of Health Management Information System (HMIS),
- Inadequate facilities and services at the tertiary care level against the background of increasing population and poverty levels,
- Maintaining the achievements made in the health sector.
- Limited human, financial and material resources to meet the growing demand of social welfare and child protection services at national, regional and community levels.

In view of the above and many other challenges facing the institution, the civil service reform strategy identified the health sector as one of the critical government institutions needing support to transform and strengthen how it is managed.

The strategic plan 2014–2020 takes its instructions from the health policy document, which aims at the attainment of the highest level of health delivery for the entire Gambian population by the year 2020 and the Social Welfare Policy document which aims to improve access to quality social welfare services at the local, institutional and national levels by 2020. The strategic plan is geared towards progressive reorientation of the health services to deliver quality healthcare as a means to achieving the envisaged socio-economic development of The Gambia, as enshrined in the PAGE and vision 2020, The Gambia Incorporated, and in line with the Millennium Development Goal (MDGs) targets.

LIST OF ABBREVIATION

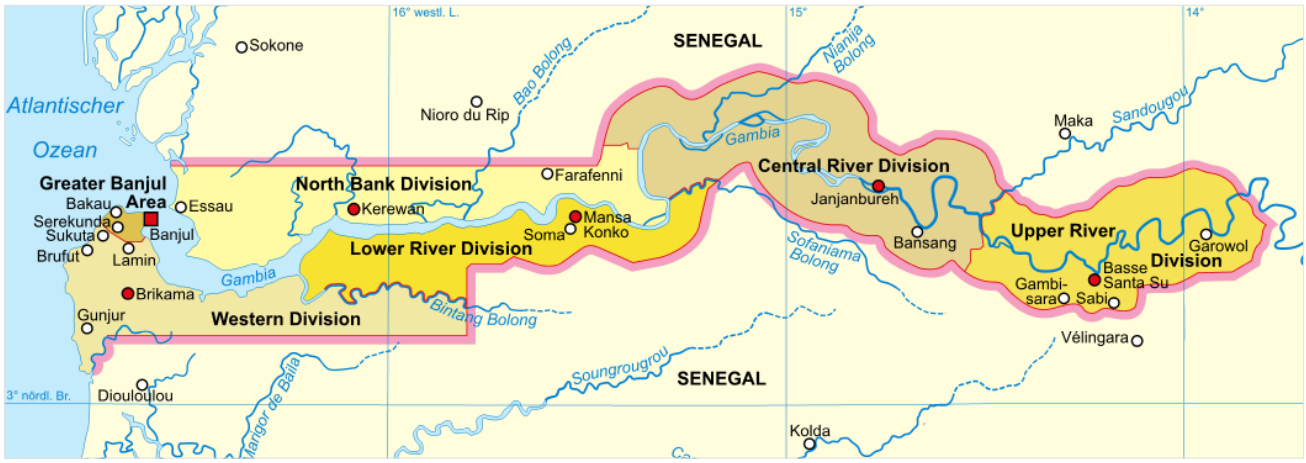
AFPRC	Armed Forces Provisional Ruling Council
AIDS	Acquired Immune Deficiency Syndrome
ARI	Acute Respiratory Infections
ART	Anti – Retroviral Therapy
ARV	Anti Retroviral (medicines)
BCC	Behaviour Change Communication
BEmONC	Basic Emergency Obstetrics and Neonatal Care
BHCP	Basic Health Care Package
BI	Bamako Initiative
CBR	Community Based Rehabilitation Programme
CEmONC	Comprehensive Emergency Obstetrics and Neonatal Care
CHN	Community Health Nurse
CPR	Contraceptive Prevalence Rate
CRR	Central River Region
CSF	Cerebro Spinal Fluids
DRF	Drug Revolving Fund
DSW	Department of Social Welfare
EDC	Epidemiology and Disease Control
EFEM	External Factor Evaluation Matrix
EFSTH	Edward Francis Small Teaching Hospital
EMNCH	Emergency Maternal and Newborn Child Care
EMNOC	Emergency Maternal and Neonatal Obstetrics Care
EMOC	Emergency Obstetrics Care
EN	Enrolled Nurses
EPI	Expanded Program on Immunization
FP	Family Planning
GF	Global Fund
HCT	HIV Counselling and Testing
HCW	Health Care Workers
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HRH	Human Resources for Health
HSS	Health System Strengthening
ICPD	International Conference on Population and Development
ICT	Information and Communication Technology
IDSR	Integrated Disease Surveillance and Response
IEC	Information, Education and Communication
IHP+	International Health Partnership+
IMNCI	Integrated Management of Neonatal & Childhood Illness
IPT	Intermittent Preventive Treatment
IRS	Indoor Residual Spraying
ITN	Insecticide Treated Net
LLINs	Long Lasting Insecticidal Nets
LPED	Local Production of Eye Drops
LRR	Lower River Region
MAM	Moderate Acute Malnutrition
MARPs	Most At Risk Populations
MDFT	Multi-Disciplinary Facilitation Team
MDGs	Millennium Development Goals
MDR TB	Multi Drug Resistant Tuberculosis
MICS	Multiple Indicator Cluster Survey
MIS	Malaria Indicator Survey
MOFEA	Ministry of Finance and Economic Affairs
MOH&SW	Ministry of Health and Social Welfare
MOHERST	Ministry of Higher Education, Research, Science and Technology
MRC	Medical Research Council
MTEF	Medium Term Expenditure Framework
NBER	North Bank East Region
NBWR	North Bank West Region
NCDs	Non-Communicable Diseases
NEA	National Environment Agency
NEHP	National Eye Health Programme
NGO	Non-Governmental Organisation
NSF	National Strategic Framework
NTD	Neglected Tropical Diseases
OPD	Outpatient Department
OVC	Orphans and Vulnerable Children
PHC	Primary Health Care

CHAPTER 1: INTRODUCTION

1.1 Background

The Gambia extends about 400 km inland forming a narrow enclave in the Republic of Senegal except for a short seaboard on the Atlantic Coastline as shown in the map below. It has a land area of 10,689 km^2, with a population of 1,882,450 people. A population density of 176 persons per km^2 (GBOS, 2013b), makes the country to be one of the highest densely populated countries in Africa, thus imposing extreme pressure on productive land and the provision of social services.

Figure 1: Map of the Gambia



1.1.1 Climate

The Gambia is situated on the West Coast of Africa between Latitude 130 and 140 North of the equator. It has a tropical climate characterised by two seasons; rainy season from June-October and dry season from November-May.

1.1.2 Economy

The Gambia is amongst the Least Developed Countries (LDCs) with Gross Domestic Product (GDP) per capita of US$ 560 (IMF Staff report 2011). Agriculture forms the backbone of the economy with nearly 70% of the working population are involved in the agricultural sector. However it is the services sector that is the biggest contributor to GDP, at 60%, with agriculture contributing about 30%. The economy grew by 7.2% in 2007 over the preceding fiscal year; national revenue has been increasing progressively; inflation reducing to low single digit levels and was 2.3% as at end May 2007 (PRSP II, 2007). According to MOFEA, the Gambia has been registering annual GDP growth rates of more than 5% (2008-2011) during the current global economic crisis, and has maintained a stable macroeconomic environment that is increasingly threatened by a mounting debt burden. The Gambia is ranked 168 out of 187 countries in the 2011 UN Human Development Index and the last poverty survey (2008) revealed that about 55% of the population lives below the poverty line.

The national economy is based mainly on agriculture, with groundnut as the main export crop. The recent upturn in performance of the economy has however been driven mainly by the service sector including tourism, telecommunication, construction, etc.

The economy suffered a contraction of GDP to 4.3% in 2011 due to drought. This was due to a fall in crop production of around 45 per cent in that year, despite several non-agricultural sectors of the economy, such as tourism, performing well during 2011. The figures for 2012 show a rebound in GDP growth of 5.3 per cent due to a recovery in crop production and strong growth in wholesale and retail trade, and construction. The services sector saw its total contribution drop 1.8 percentage points from 16.3 per cent in 2011 to 14.5 per cent in 2012 (PAGE 2012).

1.1.3 Conceptual Framework of the GHSSP

The GHSSP is anchored on the National Health Policy 2012-2020, which is linked to the Country's

Development Blue Print better known as VISION 2020 the Gambia Incorporated. The long-term objective for the health sector according to VISION 2020 is the provision of adequate, effective and affordable health care for all Gambians. The immediate objectives are to improve the administration and management of health services, provide better infrastructure for Referral Hospitals and health facilities and the extension of Primary Health Care services to all communities and having a well-motivated and trained staff. In addition establishment of efficient procurement arrangements in order to ensure effective and efficient health services for all.

It is common knowledge that all the MDGs are related to health either directly or indirectly. Despite all the linkages, the health sector is mainly responsible of MDGs 4, 5 and 6. The current status is as below:

Progress with regards to MDG 4, i.e. the reduction of child mortality is assessed against three main indicators such as under-five mortality rate, infant mortality rate and proportion of one-year old children immunized against measles.

The targets for MDG 5(improve maternal health) are two:

1. to reduce by three quarters between 1990 and 2015, the maternal mortality rate and
2. achieve by 2015 universal access to reproductive health.

The indicators to track attainment of these targets are as follows: MMR and proportion of births attended by skilled health professional, contraceptive prevalence rate, adolescent birth rate, antenatal coverage (at least one visit and at most four visits) and unmet need for family planning .MDG 6 (combating HIV/AIDS, Malaria and other diseases) comprises of three targets namely;

1. half halted by 2015 and begun to reverse the spread of HIV/AIDS,
2. achieve by 2010 universal access to treatment for HIV/AIDS for those who need it, and
3. half halted and begun to reverse the incidence of malaria and other major diseases

Government takes the current levels of the core MDG indicators such as poverty, maternal, infant, and under-5 mortality rates as being unacceptably high. Therefore, these require accelerated action that would lead to the timely achievement of The Gambia's Millennium Development Goals (MDGs) related targets as reflected explicitly in key policy/strategy documents, notably, the National Health Policy, 2012-2020 (NHP) and the Gambia Programme for Accelerated Growth and Employment (PAGE), 2012-2015.

The Crude Birth Rate (CBR) is 40.5 per 1000 population (GBoS 2013a) and the Crude Death Rate (CDR)

is estimated at 9.24 per 1000 population (World Bank Report 2010). The Infant Mortality Rate (IMR) is 34 per 1000 and Under-5 Mortality Rate (>5 MR) is reported at 54 per 1000 live births (GDHS 2013), Maternal Mortality Ratio (MMR) is 433 per 100000 live births (GDHS 2013). The Gambia is among the least developed and poorest countries; ranked 168 out of 182 countries in the Human Development Index of 2011 with a per capita Gross National Income (GNI) of about $US 1,282(UNDP, 2011). 61.2% of the population live below the poverty line with a marked variation between urban and rural populations. 60% of the population live in the rural area; and women constitute 50.5% of the total population. The high fertility level of 5.6 births per woman (GBoS 2013a) has resulted in a very youthful population structure. The annual population growth rate is 3.3% (GBoS 2013b). Nearly 44% of the population is below 15 years and 19% between the ages 15 to 24 years; whilst those aged 65 years and above account for about 3.4% of the population, (GBoS, 2006).

The health sector despite remarkable achievements registered in the past is still under great pressure due to a number of factors: high population growth rate, increasing morbidity and mortality, insufficient financial and logistic support, deterioration of physical infrastructure, inadequacies of supplies and equipment, shortage of adequately and appropriately trained health personnel, high attrition rate as well as inadequate referral system. Poverty, traditional beliefs and low awareness have led to inappropriate health seeking behaviours thus contributing to ill health (NHP 2012-2020).

Indicators of child and maternal mortality are improving, however more work need to be done in the following areas: poverty, low literacy, prevalence of communicable and non-communicable diseases such as Malaria, Diarrhoea, Pneumonia, Tuberculosis, Accidents, Hypertension, Cancers, and Pregnancy related conditions, and malnutrition and HIV/AIDS and its spread. Most of these diseases can easily be prevented if appropriate environmental and lifestyle measures are taken, with more attention paid to development of health promotion and prevention actions than merely focusing on curative care alone.

Table 1: Disease Trend

Disease Condition	2009	2010	2011	2012
TB (All forms) per 100,000 population	117	130	133	129
HIV/AIDs				
Malaria per 1,000 population	300	118	155	103
Pneumonia	109739	NA	102253	90343
Diarrhoea	56098	NA	112987	116907
Hypertension	47743	NA	69567	81360
Diabetes	12245	NA	4524	8627g

HIV prevalence stands at 1.8% with the main route of transmission being through heterosexual contact. However, in children, the major mode of spread is by transmission from mother to child during pregnancy, delivery and through breast-feeding. On the other hand, under-nutrition continues to be a major public health problem in the country, with 25% of children chronically malnourished or stunted and 8% severely stunted. 12% of the children were found to be wasted or acutely malnourished, with 4% severely wasted. 16% were found to be underweight, with 4% severely underweight (GBoS 2013a), aggravated by poverty, food deficit, rural-urban migration, environmental degradation, poor dietary habits, low literacy levels, poor sanitation, infections and a high population growth rate.

Like many developing countries, The Gambia is also experiencing the 'double burden of malnutrition' with the emergence of Diet-related Non-Communicable Diseases (NCDs) such as diabetes, hypertension, coronary heart disease, obesity, and some forms of cancers. With infectious diseases still a major public health burden, the increase in prevalence of diet-related non-communicable diseases poses a challenge for the allocation of scare resources and is exerting immense pressure on an already over-stretched health budget.

The revised health policy is designed in line with the Vision 2020 and the Millennium Development Goals (MDGs), the Gambia National Investment Programme – The Programme for Accelerated Growth and Employment (PAGE) – which will lead to accomplishment of three-quarters decline in maternal mortality and a two-thirds decline in mortality among children under five; to halt and reverse the spread of HIV/AIDS and to provide special assistance to AIDS orphans; and put the country on a strong footing to attaining the health MDGs and the health objectives of Vision 2020.

This policy is expected to reform the health system by addressing the major traditional problems of health, the new challenges and the double burden of communicable and non-communicable diseases, curbing the HIV/AIDS pandemic and overcoming a weak health system. The policy update therefore provides an impetus and new direction for health sector development that will serve as the basis for driving the health sector priorities and planning as well guiding resource allocation processes in the next few years to come.

This strategic direction will enable the implementation of the policy measures that will reduce morbidity and mortality of major diseases, promote healthy lifestyle, and reduce health risks and exposures associated with negative environmental consequences. It provides a basis for the revitalization of Primary Health Care (PHC) to focus on the promotive and preventive health care to reach community at large.

Table 2: Demography and Health profile

No	Indicator	Rate/Ratio	Source (Year)
1	Infant Mortality	34/1000	GBoS 2013- GDHS
2	Neonatal Mortality	22/1000	GBoS 2013- GDHS
3	Under Five Mortality	54/1000	GBoS 2013- GDHS
4	Crude Birth Rate (CBR)	40.5	GBoS 2013- GDHS
5	Crude Death Rate	9.24/ 1000	(World Bank Report 2010)
6	Growth Rate	3.3%	GBoS 2013-Census
7	Maternal Mortality	433/100000	GBoS 2013- GDHS
8	Antenatal care		
	At least once by skilled personnel	98.1%	GBoS: MICS IV 2010
	At least four times by any provider	72%	
9	Deliveries attended by skilled personnel	57.2	GBoS 2013 GDHS
10	Total fertility Rate (TFR)	5.6	GBoS 2013- GDHS
	Contraceptive Prevalence	9	GBoS 2013- GDHS
	Family planning Unmet need	21.5	GBoS MICS IV 2010
11	HIV prevalence	1.8	GBoS 2013- GDHS
12	Life expectancy	63.4	
13	Literacy Rate	37.1	GBoS GLF Survey
14	Poverty Index	61.2%	UNDP, 2011
15	GDP per capita	USD 560	2010 – IMF Staff report 2011
16	Total Health expenditure per capita (USD)	USD26	WHO Atlas 2010
17	Total government expenditure on health per capita (USD)	USD13	WHO Atlas 2010
18	Government expenditure on health as percent of general	11.3	MOH&SW and world health statistics 2010
	government expenditure		
19	General government expenditure on health as percent of total	50.8	MOH&SW and world health statistics 2010
	expenditure on health		
20	Out of pocket expenditure on health as percentage of total	23.8	MOH&SW and world health statistics 2010
	health expenditure		
21	Malaria incidence	10% or 103/1000	MOH&SW 2012
22	Professional Health workers per 10000 population	8.3/10000	MOH&SW 2012
23	Doctors per 10000 population	1.1/10000	MOH&SW 2012
24	Nurses per 10000 population	3.2/10000	MOH&SW 2012
25	Midwives per 10000 population	1.8/10000	MOH&SW 2012

1.1.4 Achievements and Challenges of the Health Sector

Achievements

A five-year strategic plan 2010-2014 was developed but the institutional arrangement was not in place to steer and monitor its implementation. Notwithstanding the health sector has registered several achievements: There is high political commitment for TB control in the Gambia. Diagnosis and treatment of TB is provided free of charge to all irrespective of nationality. There has not been any stock-out of anti-TB drugs in The Gambia. With the support of Global Fund, NLTP has an increased DOTS centre as part of the scale up plan from 11 in 2006 to 36 centres in 2013 including the Mile 2 central prison for infection control measures. Diagnosis of new smear positive cases increased from 1306 cases in 2008 to 1429 cases in 2012. The proportion of new smear positive TB cases (SS+) in all notified cases has increased from a baseline of 52% in 2003 to almost 64% in 2012. According to the routine HIV surveillance report, HIV prevalence among TB patients is estimated at 16%. In 2012, 69% and 98% of TB/HIV co-infected patients were initiated on ART and CPT respectively. NLTP has succeeded in the procurement a GeneXpert that can test many samples for Drug Sensitivity Test (DST) and culture in a short period of time. TB prevalence survey was successfully conducted under the RD 9 TB grant, a second of its kind in Africa. Finally, defaulter rate declined from 14% in 2005 to 2% in 2011 while treatment success rate increased from 86% in 2006 to 89% in 2012, exceeding the WHO target of at least 85%.

- The HIV prevalence rate is 1.57% for HIV1 and 0.26% for HIV2 (MOH&SW 2012) compared with 2.8% for HIV1 and 0.9% for HIV2 (MOH&SW 2006).
- There has been an increase in national coverage for penta-3-immunization of children from 96% in 2011 to 98 % in 2012 (MOH&SW2012).
- Several policy documents have been developed on Health Financing, Non Communicable Disease, Tobacco Control, Tuberculosis and HIV, Reproductive Child Health, Health Research, Human Resource for Health, Mental Health, Traditional Medicine, and Prevention of Mother to Child Transmission, Social Welfare, and Disability.
- Infant and under-five mortality rates decline from 98/1000 live births and 141/1000 live births in 2006 (GBOs 2006) respectively to 81/1000 live birth and 109/1000 live births in 2010 respectively (GBoS 2010). These rates further decline to 34 and 54/1000 live births respectively (GBoS 2013a).
- Maternal mortality ratio drops from 1050/100000 live births in 1990 (MoH&SW 1990) to 730/100000 live births in 2001(MoH&SW 2001) and further reduces to 433/100 000 live births in 2013 (GBoS 2013a).

- The proportion of underweight children has dropped from 20.3% in 2005 to 17.4 % in 2010 (GBoS, 2010).
- Accelerated training of health workers started in 2006.
- Expansion of health and social welfare services at the regional level.
- Improved diagnostic and curative technology example CT scan, haemodialysis services
- An approved National Health Policy 2012-2020

Challenges

Although a lot of achievements were realized by the Health and Social Welfare Sector as highlighted above, however in recent past, frequent changes were seen in the top management positions that hindered policy implementation, and weakened institutional memory.

In addition, there are limited human, financial and material resources to meet the growing demand of health and social welfare services at national, regional and community levels. High attrition rate of skilled health and social workers attributed to a number of factors such as poor working conditions and challenged personnel management (MOH&SW 2005). Furthermore, there is insufficient supply of drugs, basic equipment, consumables and other logistics including inadequate health and ICT Infrastructure. This situation therefore hinders efforts to reduce the burden of communicable and non-communicable diseases.

Despite a number of gains registered in health service delivery system such as Expanded Programme on Immunisation (EPI), Reproductive and Child Health (RCH), sustaining the gains in service management

areas such as Health Management Information System (HMIS), Health Financing, and referral services remain a challenge to the health system in general.

1.1.5 Strategic Priorities of Page, MDGs and the Health Policy

The strategic priorities are in line with The National Health Policy, the PAGE, MDGs and Vision 2020 targets. These priorities are:

1. Maternal, neonatal, infant and child health services
2. Surveillance, prevention, control and management of communicable and Non

communicable diseases (NCDs)

3. Improve knowledge and skills of health care providers at all levels
4. Build capacity of the Health Management Information System (HMIS) and data management system within the health sector
5. Improve health infrastructure at primary, secondary and tertiary health care levels

VISION: Provision of quality and affordable Health Services for All By 2020

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

GOAL: Reduce morbidity and mortality to contribute significantly to quality of life in the population.

1.1.6 Guiding Principles

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

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.

Ethics and Standards

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

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.

Cultural Identity

The recognition of the importance of local values and traditions, and use of traditional structures such as kabilos, kaffos, traditional healers and religious leaders

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).

Skilled Staff Retention and Circulation

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

Partnerships

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

Evidence Based Health Care

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

Patient Bill Of Rights

The Patient's Bill of Rights helps patients feel more confident in the health care system. It assures that the health care system is fair and it works to meet patients' needs; gives patients a way to address any problems they may have; and encourages patients to take an active role in staying or getting healthy.

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.

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.

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.

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.

Respect and Non-Discrimination

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

Confidentiality of Health Information

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

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.

1.1.7 Strategic Objectives, Key Targets and Indicators

1.1.7.1 Strategic Objectives

1. To provide high quality basic health care services that is affordable, available and accessible to all Gambian populace.
2. To reduce the burden of communicable and non-communicable diseases to a level that they cease to be a public health problem
3. To ensure the availability and retention of highly skilled and well-motivated HR for Gambian populace based on the health demands
4. To increase access to quality pharmaceutical, laboratory, radiology and blood transfusion services to all by 2020
5. To improve infrastructure and logistics requirements of the public health system for quality health care delivery
6. To establish an effective, efficient, equitable and sustainable health sector financing mechanism by 2020
7. To improve the effectiveness and efficiency of Health Information System for Planning and decision making to yield improved service delivery
8. To ensure effective and efficient health service provision through the development of

effective regulatory framework and Promoting effective coordination and partnership with all partners

1.1.7.2 Key Targets and Indicators

- Reduce neonatal mortality rate from 22/1000 live births in 2013 to 15/1000 live births by 2020
- Redefine and implement the health care package for all levels by 2015
- Infant mortality rate reduced from 34/1000 in 2013 to 24/1000 by 2020,
- Under five Mortality rate reduced from 54/1000 in 2013to 44/1000 by 2020,
- Maternal Mortality ratio reduced from 433/100000 in 2013 to 315/100000 by 2020,
- Provide cervical cancer screening and management to 50% of women of reproductive age by 2018
- Increase the contraceptive prevalence rate from 9% to 25% by 2018
- Malaria incidence reduced by 50% by 2015
- Overall HIV/AIDS prevalence reduced from 1.8% (GBoS 2013) to 0.5% by 2020
- Reduction of HIV1 from 1.57% (MOH&SW 2012) to 0.5% and HIV2 from 0.26% (MOH&SW 2012) to 0.1% by 2018
- Increase case detection rate of new smear positive cases from 64% in 2012 (MOH&SW 2012) to 70% by 2017
- Increase the percentage of TB patients who had a HIV test from 83% in 2012 to 95% in 2017
- Reduce the burden of NCD risk factors from 24% in 2010(MOH&SW 2010) to 20% by 2020
- Reduce morbidity due to other communicable diseases by 50% by 2020
- Increase government allocation to Health from 10.5% in 2013 to meet the Abuja declaration target of 15% by 2018
- Provide sustainable infrastructure and logistics conducive for the delivery of health services at all levels of the health care system by 2020
- Ensure availability of relevant, accurate, accessible and timely health care data for planning, coordination, monitoring and evaluation of the health care services
- The ratio of five cadres (Nurses, Midwives, Doctors, Public health Officers and Nurse Anaesthetics) of health care professionals to the population
- The distribution of health care professionals in urban and rural areas
- Percentage of vacancies filled annually
- Presence of appraisal system

- Presence of comprehensive incentive package for all health workers
- Presence of human resource data system
- Fully functional laboratory services in all hospitals and all major health centres by 2020
- Fully functional radiology services in all hospitals and all major health centres by 2020
- Expand and strengthen Blood transfusion services to all hospitals and major health facilities by 2020
- Increase availability of essential medicines from 65% in 2014 to 85% by 2020
- Life Expectancy nationally increase from 63.4 years to 69 years by 2020
- Total Fertility Rate reduced from 5.6 in 2013 (GBoS 2013a) to 4.6 by 2020

1.1.8 Decentralization of Health Service Delivery

The Gambia adopted the primary Health Care Approach (PHC) in 1979 following the Alma-Ata declaration in 1979. Subsequently a PHC Plan of Action from 1980/81 to 1985/86 was formulated, and this formed the basis for the National Health Policy. In an effort to decentralize the implementation of The Gambia's national Primary Health Care (PHC) programme in 1979, the MOH&SW established 3 Regional Health Teams (Western Region-Kanifing, Central Region-Mansakonko, and Eastern Region-Bansang).

These health administrative regions, headed by a Regional Medical Officer and his team of health Officers, Public Health Nurses, an administrator, an Accountant and other support staff, were fairly autonomous but with limited non formal support from other ministries working in the same geographical area. It must be noted that these three administrative regions were not coterminous with the local government administrative areas.

The Local Government Decentralization Act, 2002 gives enormous powers and autonomy to Local Area Councils and Local Services Commissions that form part of the Public Service to be responsible for Public and Environmental Health.

Under section 76 (1) of this Act, every Council shall be responsible for the promotion and preservation of health within its area of jurisdiction, subject to national policy guidelines and such regulations as the Secretary of State for the time being responsible for the administration of the Public Health Act may prescribe. Subsection (2) of this section also empowers Council within its jurisdiction, to be responsible for:

a) Major health centres, sub-dispensaries and all primary health care services;

b) Maternal and child health services;
c) Distribution of pharmaceutical products and vaccines to health facilities;
d) General hygiene and sanitation.

Furthermore, the Local Government Decentralization Policy and Act, under section 77 (1) establishes the Local Public Health Committees. Sub section (2) of section 77 of the ACT gives powers to the members of a Local Public Health Committee to be appointed by the Council after consultation with the Director of Health Services and membership consist of:

a) A Chairperson appointed by the Council,
b) The Area Medical Officer;
c) The senior public health officer;
d) The public health nurse;
e) Two women representing women groups;
f) Two representatives of organisations actively involved in the health sector;
g) Two members who hold qualifications in health related fields; and
h) Two prominent members of the community within the Local Government Area.

Notwithstanding, section 78 (1), enables the Council to establish a Department of Health Services to which shall be transferred the existing Divisional Health Teams for the purposes of performing its functions under this Act.

This complete devolution, which allows shifting of authority to the local councils, is considered the best form of decentralisation as the local councils in this case have the statutory recognition of the right to make their budget arrangements. However, most of the local councils in The Gambia lack the tax base to raise adequate revenue, and the management capacity to run a health service, which also have implications for the health services within the context of the WHO concept of District Health Systems.

In 1991, the Government of The Gambia commissioned a UNDTCD/UNDP Mission to prepare a National Decentralisation Action Plan including stages, time frame and sequences for implementing the proposed strategies within the existing regulations governing local government administration. Particular attention was paid to the financial issues of regulations, disbursement, procedures and control to improve local administration/management in The Gambia.

As a response to the Central government's commitment to implement a nation-wide decentralisation

programme (page 53 Report of The UNDTCD/UNDP Mission on Decentralisation Strategies in The Gambia August 1991), the MOH&SW convened a two-day workshop (5th & 6th August 1992) to:

- Review the national strategy of decentralization with a particular focus on the health sector.
- Discuss the functionality of the Regional Health Teams.
- Discuss constraints and solutions for the implementation of the "Regional Health Team" concept
- Prepare and recommend an Action Plan for the establishment of the Regional health teams in each local government area review the existing job descriptions for the planned health staff in each Region.

The recommendations of the workshop were:

The concept of District Health System (DHS) in the Gambia emanated from the universal principle of PHC stated above, which emphasise popular participation on the part of local communities, accessibility to health services, utilization of local resources, involvement of the target population in planning and implementation, integration of preventive and curative services, rationalization of the health services (appropriate technology, financing and management) and inter-sectoral co-ordination.

Since the adoption of PHC a number of changes have taken place in health development as part of the global concept of Health Sector Reform. The changes include:

- The restructuring of the MoH&SW, this includes the creation of Regional Health Teams in 1993 and the process of shifting authority (decentralisation) from the centre to facilitate decision making at the periphery;
- Establishment of new health facilities and more outreach stations; 80% of the population has access to health services
- Creation/training of new cadre of staff for special interventions;
- Introduction of user fees, and the Bamako Initiative;
- Increase in the number of donors and NGOs interested in health development.

The policy reforms envisaged under Health Policy Framework 2007-2020 and Health Master Plan 2007 -2020 (development of both documents technically and financially supported by WHO) is designed to follow the Decentralisation and Local Government reforms process and The Local Government Act, 2002 which places great emphasis on an integrated approach to management of government services, including health in the regions. The devolution of authority, responsibility and resources to the regions is aimed at

strengthening RHMTs through provision of adequate infrastructure, resource (i.e. personnel and finance) administrative support and management training.

Health service management and delivery have been decentralised to 7 Health Regions which would be coterminous with the administrative Regions except for the North Bank which by virtue of the River is divided into two regions and western region. For reasons of easier logistics and communications, the North Bank Region is divided into North Bank Western and North Bank Eastern segments, with the Kerewan tributary as dividing line.

However, the present form of decentralisation, which is a mixture of functional and prefectoral de-concentration does not encourage adequate decision-making (especially with resources) at regional level, and inter-sectoral co-ordination. For any meaningful decentralisation the authority for decision-making and control over resources must be shifted from the centre to the periphery.

The Government of the Gambia enacted the Local Government Act (LGA) for decentralisation of services from the central to the regional level in 2002. The act was basically meant to bring both financial and administrative issues closer to the people aiming at providing equal opportunities to all citizens regardless of geographical location.

Health care administration are provided at three levels namely: The senior management at the central level takes care of policy issues and overall coordination whereas the regional health teams are responsible for overall administration and monitoring of all health activities in their respective regions. These teams have to ensure that quality, effective and efficient services are provided at the third level which are the basic health services and village health services level.

CHAPTER 2: THE GAMBIA NATIONAL HEALTH SYSTEM

2.1 FUNCTIONS OF THE NATIONAL SYSTEM

The MOH&SW is responsible for the management of the health sector, which includes: policy formulation and policy dialogue, resource mobilization, regulation, setting standards, health service delivery, quality assurance, capacity development and technical support, technical advice to other government line Ministries on matters of public health importance, provision of nationally coordinated programmes such as epidemiology and disease control, coordination of health research and monitoring and evaluation of the overall sector performance.

Due to on-going health system reforms, such as decentralization of health services, some of the functions of the central level management have been delegated to national semi autonomous institutions including referral hospitals, specialist and general hospitals, professional councils, national drug authority and other regulatory bodies as well as local government authorities and research activities conducted by some research institutions.

The Ministry is headed by a Minister who is appointed by the President and head of state, and assisted by a Permanent Secretary, who serves as the Chief Administrator of the Ministry. Two deputy permanent secretaries also assist the Permanent Secretary; The Deputy Permanent Secretary Technical assists the Permanent Secretary on technical operations of the Ministry, while the Deputy Permanent Secretary Administration and Finance assists the permanent secretary on administrative and financial matters.

2.2 ORGANIZATION OF THE GAMBIA NATIONAL HEALTH SYSTEM

The current organizational structure at the Ministry comprises of two departments namely; Medical and Health Department and Social Welfare Department.

The department of Medical and Health comprises of the following directorates:

- Directorate of Health Services (DHS)
- Directorate of Planning and Information (DPI)
- Directorate of Food Standards, Quality and Hygiene Enforcement (FSQHE)
- Directorate of National Public Health Laboratory Services (NPHLS)
- Directorate of Health Promotion and Education (HPE)

The Department of Social Welfare comprises of one directorate, which is the Directorate of Social Welfare (DSW).

The public health sector covers 90% of the health facilities in the country, complemented by a few NGO and private sector run health facilities, mainly located in the Greater Banjul Area. Thus in the Gambia, the provision of healthcare is dominated by the Government facilities, with a minimum (subsidized) charge for accessing treatment under the basic care package at the three levels of health service delivery. The large majority of private health facilities are located in the Greater Banjul Area, making choice in health services delivery point in the rural community nonexistence.

2.3 GOVERNANCE

The central level is the decision-making point for the health sector's internal issues. The six directorates of the two departments plan, direct, manage and coordinate all Government health care activities countrywide through specialized units. The relationship between these directorates is neither vertical nor horizontal but iterative.

The country is divided into seven health regions each with a regional health team (RHT), headed be a

Regional Health Director (RHD). The RHTs are responsible for the day-to-day administration, management and supervision of health services in their respective regions. They have overall responsibility for the primary and secondary health care facilities and their staff within their regions. The Regional Public Health Officer, Regional Public Health Nurse, Senior Administrative Officer and other support staff, assists the RHDs. The tertiary level, which comprises the hospitals and teaching hospital on the other hand, has semi-autonomous boards and headed by CEOs and CMDs respectively. Below shows the organogram of The Ministry;

Figure 2: ORGANOGRAM

2.4 Service Provision

Health care services are provided by 7 public hospitals at the tertiary level; 6 major health centres and 41 minor health centres at the secondary level; 40 community clinics and 634 Primary Health Villages at the primary level.

The public health system is complemented by over 60 other special private, NGO and community managed health facilities. Formal health services in The Gambia are delivered mostly in health facilities funded by the Government of The Gambia. These facilities are also supported by a number of donors and NGOs. NGOs and private practitioners also provide services though most of them are located in the Greater Banjul Area. In addition, there are a large number of private pharmacies, drug sellers, and traditional healers that deliver health services of some kind.

Table 3: Health facility Database, HMIS Unit, 2012

Health Facility Type	WHR1	WHR2	NBWR	NBER	LRR	CRR	URR	Total 2012
Hospitals	4	1	0	1	0	1	0	7
Major Health Centres	1	1	1	0	1	1	1	6
Minor Health Centres	5	4	4	6	5	7	10	41
NGO Facilities and Clinics	5	4	2	1	2	0	4	18
Private Health Facilities	6	9	0	0	1	2	5	23
Community Managed Facilities	7	9	6	5	4	8	1	40
Specialized RCH Clinics	2	0	0	1	0	1	0	4
RCH Outreach Clinics	13	24	32	31	34	62	61	257
RCH Base clinics sites	18	6	6	7	5	9	7	58

Total RCH clinic sites	31	30	38	38	39	71	68	315
PHC Key Villages	3	12	13	9	8	17	12	74
Total PHC Villages	26	92	100	95	92	159	70	634
Service Clinics	4	0	0	1	1	1	1	8
Total Service Delivery Points	91	150	151	148	145	251	160	1096

Source: Health facility Database, HMIS Unit, 2012

2.5 The Referral System

Activities within the private sector of the health care delivery service are regulated and monitored by the Directorate of Health Services, a function that the regulatory bodies should be involved. The relationship between MoH&SW and the private sector health facilities is cordial. The Government is the main provider of health services in the country.

Health care services are funded by the Government through its annual budgetary allocation to the health sector. Donor partners such as UNICEF, WHO, UNDP, UNFPA, Global Fund, ADB etc also give maximum support to the health sector through programmes and projects' support.

2.6 The Tiers of the Gambia National Health System

2.6.1 Tertiary health Care (Hospitals)

There are currently one teaching, one specialised and five general public hospitals namely: Edward Francis Small Teaching Hospital in Banjul, Sheikh Zayed Regional Eye Care Centre in Kanifing Bansang Hospital in Bansang of Central River Region, Armed Force Provision Ruling Council hospital in Farafenni in the North Bank Region, Sulayman Junkung General Hospital in Bwiam, Serekunda General Hospital, Jammeh Foundation for Peace Hospital.

They have semi-autonomous status, with hospital management boards, and are not generally supplied or

supervised by the RHTs. They do, however, have some important responsibilities to the RHTs, including reporting diseases incidences, maternal deaths, and providing feedback on patients referred to them by the VHS and basic health facilities. The administration at the hospitals generally consists of the Chief Executive Officer and several administrative staff.

2.6.2 Basic Health Services

Basic Health Service is at the secondary level of the national health systems and it comprise of major and minor health facilities.

The major health centre serves as the referral point for minor health centres for services such as: Family planning (prescribe contraceptives and follow-up users; perform surgical contraception for men and women), Maternal and child Health (Provide basic gynaecological services; manage normal and complicated deliveries (including C-section); counsel mothers on infant and child nutrition, audit maternal deaths; provide antenatal, postnatal care (in facility and through treks) Disease Management: (Diagnose and treat cases of diarrhoea/dehydration, ARI, malaria, HIV/AIDS, STIs, leprosy and TB; manage simple mental health cases), Minor Surgery, Radiology Services, and Laboratory Services and Referral (refer and transport serious illnesses and injuries, or cases needing specialist care, to the nearest public hospital). The standard bed capacity for major health centres ranges from 110-150 beds per 150,000 - 200,000 population.

The minor health facilities provide the following services: RCH services, FP services, Nutrition services, control of common endemic diseases, Health promotion and protection and provision of essential drugs and vaccines. A minor health facility is 20–40 beds per 15000 population and should provide 70% of the basic health care package.

These BHS facilities provide the core outpatient (OPD) clinics and the Reproductive and Child Health (RCH) services. OPD clinics usually are held daily and treat children age five and above and all non-pregnant adults, as well as children less than five years and pregnant women. RCH clinics provide most of the health care to children under the age of five (Infant Welfare Clinic, IWC) and antenatal care for pregnant women. RCH base clinics are held at the facility at least once per week. Trekking team visits a set schedule of outreach clinics in each health facility's catchments area. These trekking stations are visited at least once a month, depending on the catchment area population. The RCH team usually consists of a nurse midwife, health facility-based CHNs or CHN/midwives (with the addition of the VHS/CHN at some of the clinics), Community Nurse Attendant(s) (CNAs), an APHO for EPI activities and a Drug Revolving Fund (DRF) collector. The number of staff will vary with the size of the facility and the catchment area.

User fees were introduced in 1988 as part of the cost recovery programme. However the government introduce a policy for free maternal and child health service in 2007.

Growth monitoring of children under five, antenatal care, immunisations and family planning services are all provided through these RCH base and trekking clinics. Supervision of the RCH team is carried out by the basic health facility and, ultimately, by the RHT.

Eighteen facilities run by NGOs supplement the government-run facilities and are supervised by the RHT in whose jurisdiction they operate. The Medical Research Council (MRC) is British research organizations, that provides clinical services at Fajara, Keneba, and Basse.

Twenty-three private health clinics and many pharmacies also diagnose and prescribe treatment, particularly in the urban area. These are not integrated into the government system, and provide services for fees paid by the patients.

2.6.3 Village Health Services (VHS)

Primary health care villages have been selected from those with a population of 400 and above or from those located in relatively isolated areas. In these villages, village health workers (VHWs) and traditional birth attendants (TBAs) are selected by the Village Development Committee (VDC). They are given 6 (TBAs) to 8 (VHWs) weeks of formal training using a standardized curriculum at a designated place by the MOH&SW and partners. These workers are issued a start-up supply of

medication and equipment (minimal) by Government. A fee of D 0.75($0.02) is charged for each patient seen. This money is paid to the VDC treasurer to be used for the purchase of additional drugs and supplies as needed. The VDC provides support to VHWs through in-kind contributions or voluntary labour in their farms. The VHW functions as a primary health care provider for minor illnesses and injuries, serving males and females of all ages. In addition, the VHW functions as a community based health educator and adviser. The TBA, as their name implies, have been part of the culture long before the formal health care system was introduced. They function as trained birth attendants, as antenatal and postnatal advisers, family planning distributors and health educators. Both TBA and VHW are expected to refer serious cases to the local health facility.

The VHWs and TBAs are supervised and given continuing education by VHS/Community Health Nurses

(VHS/CHN) who oversees circuits of 4 to 10 PHC villages. These VHS/CHNs in turn report through their nearest BHS facility and is supervised by the OIC of that facility and by the Regional Health Team. There are 634 PHC villages organized into 69 circuits. The CHNs were provided with motorcycles for supervisory VHS trekking. The VHS/CHNs are essential for the successful functioning of primary health care in The Gambia. Effective and efficient referral services from one level of health care to another (community to secondary and secondary to tertiary), are important in patient management and disease outcome. However, the current referral system still has major challenges. Some of the challenges include inadequate and ill equipped ambulances, intermittent shortage of fuel, inadequate feedback mechanism, inadequate referral protocol and guidelines and late referrals especially at community level. This situation is further compounded by limited (only receiving) telecommunication services within health facilities. A referral policy that will improve the referral system that enhances speedy and efficiency safe evacuation of patients with regards to the following:

- National ambulance services
- Skilled health professionals
- Referral policy

2.7 PARTNERSHIP IN HEALTH

Effective partnership and participation can contribute significantly to financing health. However, priorities of actors may differ from that of the national health agenda. 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 health outcomes. Partnership will be based on consensus with partners on the strategic interest of the health sector and the common basket approach will form the basis for donor funding in health

It is in the light of the aforementioned reasons that the national health policy provides a comprehensive framework for support to the sector, but is not sufficient alone to guarantee a coordinated approach to health sector development. The composition of stakeholders in the health sector is complex; there is a diverse range of partners who provide support in many different forms. Such an environment necessitates the need for partner coordination, which is deemed critical for the successful implementation of any National Health Sector Strategic Plan. In an attempt to strengthen the existing coordination mechanisms, The Ministry of Health in 2011, established coordination mechanisms such as: The Resource Mobilization Committee, Fellowship Committee, Institutional Committee, Bilateral Committee, MOU Committee,

Project Management and Monitoring Committee, Hajj Committee, and the Regional Health Advisory committee.

- Community
- Private
- NGO

Effective coordination is expected to address the following issues:

- Inadequate joint monitoring, review and evaluation systems;
- Numerous and parallel systems of accounting, procurement and management;
- Duplication of efforts;
- Inappropriately designed, uncoordinated projects;
- High transaction costs associated with individual one-on-one negotiations and consultations between government and partners;
- Inadequate information flow between government and partners.

National, regional and international cooperation are in line with the activities outlined in the health sector strategic plan by the Ministry of Health for the implementation of the Health Sector Policy. Multilateral, bilateral and non-governmental cooperation is founded on the basis of mutual agreement between the Government and the donor country or organisation.

Mechanisms for the joint management and evaluation of resources to support the functioning of health services are to be strengthened. The mechanisms for national and international coordination, as initiated by the MOH&SW and certain partners, are to be put in place under the umbrella of a sector-wide approach.

Effective partnership and participation can contribute significantly to financing health. However, priorities of actors may differ from that of the national health agenda. 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 health outcomes.

CHAPTER 3: THE GAMBIA BASIC HEALTH CARE PACKAGE

3.1 Basic Health Care Package

The health mapping exercise of 2001 defined the packages that were being implemented at the different levels of the health care delivery system. This was based on the reports of 3 documents, Health Sector Requirement Studies, 1995 (HSRS); the 1998 PER and the Report on extended Senior Management meeting, MoH&SW, December 1998 (MoH&SW SMM). The last review of the service delivery packages was based on the DOSH SMM report, where the packages were defined for PHC level, including RCH trekking sites, secondary level, distinguishing between minor and major health centre services; and tertiary level. Since then, no review of the service delivery packages has taken place, whilst the challenges of the health sector significantly changed with an increasing prevalence of Non communicable diseases, to cite an example.

PHC	Minor H/C	Major H/C	Hospitals
Maintain supply of essential drugs;	MCH/FP (including obstetric services, vaccinations and contraceptives)	Out-patient services	All services provided by major health centres
Provide outpatient care, make home visits;	PHC	In patient	Specialised care using more sophisticated equipment.
carry out health education	Disease management	PHC	
conduct deliveries;	Referral of serious illness	Disease management	
identify and refer at risk mothers	Eye care	MCH / FP (including obstetric services, vaccinations and contraceptives)	
provide care for minor ailment	Leprosy and Tuberculosis control	Minor surgery and laboratory services	
prevention and promotion activities	Public Health services	Referral of serious illness	
disease management: very basic diagnostic, treatment;	In patient	Eye care	

MCH: very basic obstetrical care;	Out-patient services	Leprosy and Tuberculosis control	
Referral to dispensaries or health centres.	Pharmacy	Public Health services Pharmacy,	
health education (including nutrition education		Radiography	
MCH (antenatal, postnatal care, Family Planning)			
infant welfare care (including immunization)			
sometimes, dental services			

Table 4: Minimum Health Care Package (Health Policy 2012)

VHS	Minor H/C	Major H/C	Regional Hospital	Teaching Hospital
• Primary care service including:	▪ Maternity care (antenatal, delivery and postpartum	▪ All services provided at minor H/C level	▪ All services provided at major H/C level	▪ All services provided at regional hospital level
▪ treatment of minor illnesses and referrals	▪ Family Planning	▪ Comprehensive emergency obstetric care (including theatre and blood transfusion services)	▪ Specialist care and service	▪ Specialist hospital services (in- and out-patient services)
▪ environmental health & sanitation	▪ STIs/RTIs/HIV/AIDS prevention and control	▪ Functional theatre	▪ Higher level referral services	▪ Post-mortem and embalmment services
▪ antenatal, delivery and postpartum care,	▪ IMNCI	▪ Comprehensive emergency newborn care	▪ Specialized dental and eye care services	▪ Overseas referral
▪ home visits,	▪ Immunization	▪ In-patient services	▪ Comprehensive laboratory services	
▪ community health promotion activities	▪ Neonatal and child health	▪ Pharmacy Services	▪ Radiology services	
	▪ Maternal and child nutrition	▪ Basic Lab. services including HIV and TB Screening.		
	▪ 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 TB and HIV screening)			
	▪ in-patient service			
	▪ Referral services			
	▪ Dispensary			

	▪ Eye care services			
	▪ Out-patient services			
	▪ Registration of births and Deaths			

Regarding the implementation of the minimum package of activities (MPA) as defined in 2001, certain discrepancies exist across the levels, in that at the lower level (PHC) there is higher implementation of the package than at higher levels (Major H/Cs). In addition, variance in implementation occurs at the same level. For instance 50% of major health centres are currently equipped to perform Comprehensive emergency obstetric care (including theatre and blood transfusion services). Basse, Brikama and Soma are currently functional in terms of EMOC services, however, within the last ten years the number of major health centres that provide EMOC services varies between different facilities.(Check EMOC study to beef up point with data).

Over the last ten years, the disease pattern has changed significantly with increasing prevalence of non-communicable diseases (Table 1: Disease Burden). The MPA as last defined has not accommodated the screening of cancers, testing for diabetes, haemodialysis, etc.

These deviations, among others underline the urgency to review and implement health care packages for different levels of the health care delivery system.

This strategic plan is committed to providing basic health care to all Gambians, through the implementation of a Basic Health Care Package (BHCP). Considering the burden of disease in The Gambia and the need to enhance cost-effectiveness of interventions, the MOH&SW will define a Basic Health Care Package (BHCP) that aims at maximising value for available resources by allocating them to interventions that realise the greatest benefits in improving the health of the population. The Basic Health Care Package (BHCP) will consist of the following priority interventions:

1. Reproductive and Child Health
2. Control and management of communicable diseases
3. Control and management of non-communicable diseases
4. Health Education and Promotion
5. Environmental Health and Safety;

These basic healthcare packages will be offered at the primary, secondary and tertiary level health facilities

3.2 MATERNAL, NEW-BORN AND CHILD HEALTH

Preamble

The burden of reproductive ill-health in terms of both life and economic losses are enormous as 20% of the global burden of women's health is related to sexual and reproductive health problems (WHO, 2005). Deaths resulting from maternal ill-health alone are over 8.5 million annually (536,000 as maternal deaths, 4 million stillborn babies and another 4 million neonatal deaths). This is far greater than the combined 5.5 million annual deaths from HIV/AIDS (2.9 million), Tuberculosis (1.6 million) and Malaria (1 million), (Shiffman J. Smith: Lancet, 2007). Equally and importantly, economic losses associated with poor maternal ill-health is estimated to cost Africa up to $45 Billion annually (WHO, 2005). Conditions of the perinatal period are ranked third in the leading causes of disease burden around the world. Developing countries have heavy burden of reproductive ill-health with maternal morbidity alone accounting for 18% (World Bank, 1993). Thus, improving reproductive health outcomes is and should be an essential first step towards improved socio-economic growth and development of a country.

The 1994 International Conference on Population and Development (ICPD) held in Cairo, Egypt was a landmark event in that it set the stage for Reproductive Health (RH) and Rights. The goal of the ICPD was proudly endorsed by delegates from over 179 countries including The Gambia (ICPD, 1994). Following the ICPD, The Gambia shifted approach from the provision of Maternal and Child Health Services to comprehensive Reproductive and child Health Services. Consequently, in 2000 the first National Reproductive and Child Health Policy and Strategic plan were formulated and endorsed by cabinet.

RCH services are provided at all levels (primary, secondary and tertiary) of the health system and focuses on 8 main components namely Safe motherhood, Child Health Family Planning, Adolescent/ Youth health, Gender Based Violence including male involvement and Harmful Traditional Practices, STI including HIV/ AIDS, Reproductive morbidities, and Reproductive Health Commodity Security. Currently RCH services are provided at 256 outreach stations and their catchment areas, 41 Health Centres, 6 Major Health Centres, 6 general hospitals and 1 teaching hospital.

Achievements

In the Gambia, women and children consist of an important proportion of the population with over 50%. Over the years significant progress in both maternal and child health outcomes has been realized. Key to

these successes is improved access to basic health care services across the country. It is documented that up to 85% of the population are within 5 kilometres reach of a primary health care facility. With an RCH Policy (2007-2014) and Strategic Plan in place (period) and an impressive nationwide coverage of Reproductive Health Services (85% of the population live within 5 kilometres of a Reproductive health clinic), RCH indicators have over the years been improved. For example, MMR has reduced from 1050, 730 to 433 per 100,000 live births from 1990, 2001, and 2013 respectively (MMR & CPR study, 2001, GBoS 2013a) whilst infant and under-five mortality rates decline from 98/1000 live births and 141/1000 live births in 2006 (GBOs 2006) to 81/1000 live birth and 109/1000 live births in 2010 respectively (GBoS 2010). And these further decline to 34 and 54/1000 live births respectively (GBoS 2013a).

Challenges

Access to high quality emergency obstetric and newborn care services 24 hours a day and 7 days a week is crucial in the reduction of maternal and newborn mortality and morbidity. However, there is gross unmet need (79%) for Emergency Obstetric Care (EmOC 2003 state EmOC 2012 study) in facilities in The Gambia as revealed by the survey on the availability, utilization and quality of EmOC services in The Gambia carried out in 2003. The survey also revealed a case fatality rate of 4.7% which is far above the maximum of 1%.These statistics are a pointer to inadequate and poor quality EmOC services in The Gambia.

This is as a result of a poorly functioning referral system especially at the community level including ill-equipped and inadequately staffed facilities. This is further aggravated by the paucity of skilled birth attendants in rural health facilities as a result of the ongoing staff attrition thus posing major challenge for the provision of Emergency Obstetric (EmOC) and Newborn services. Currently three out of the six Major Health Centres are providing EmOC services.

STRATEGIC OBJECTIVE 1: To provide high quality basic health care services that is affordable, available and accessible to all residents in the Gambia.

With this strategic objective, the Health Sector aims to provide high quality basic healthcare services that are affordable, available, accessible and responsive to client needs. This strategic objective has four main service areas which include: Reproductive Health, essential surgical care package, Primary Health Care Services and Referral. The reproductive health has the following components: Maternal and newborn health care, child health, adolescent/youth health, family planning and reproductive morbidities.

SERVICE AREA:

- Reproductive Health
- Essential surgical care package
- Primary health care services
- Referral

3.2.1 Reproductive Health

- Maternal and newborn health care
- Family planning
- Adolescent/youth health
- Child Health
- Reproductive morbidities
- Gender, harmful traditional practices & male involvement in RH
- Reproductive Tract Infections
- Reproductive Health Commodity Security

Specific Objective:

To reduce MMR by 25% (433/100,000 to 315/100,000LBs) by 2020

Strategy:

Provide Pre-pregnancy care

Main Activities:

- Pre-pregnancy counselling in family planning clinics in major and minor health centres
- Conduct communication and social mobilization activities on pre- pregnancy services
- Establish and conduct School Health Programmes
- Conduct HPV immunization for girls age 9 -13 years

Strategy:

Strengthen antenatal, Intra partum and postpartum care

Main Activities:

- Procure antenatal, intra-partum, post-partum care equipment and supplies
- Provide focused antenatal care, intra and post-partum care
- Develop, produce and distribute guidelines and tools on RCH
- Conduct operational research on MNH
- Train health care providers on the use of the guidelines and tools
- Conduct training to care providers on EmONC signal functions

Strategy:

Strengthen minor health centers to provide basic EmONC services

Main Activities:

- Procurement of adequate equipment and supplies for EmONC services
- Conduct maternal Nutrition education and support
- Procure furniture for RCH clinics
- Conduct maternal morbidity and mortality reviews and meetings
- Provide maternal and new born lifesaving drugs
- Train health care providers on the signal functions
- Provide adequate skilled health professionals to conduct safe deliveries in all health facilities
- Advocate for Active community involvement and Male participation in RCH issues and services.

Specific Objective:

To reduce neonatal mortality rate from 22/1000 LBs (2013) to 15/1000 by 2020

Strategy:

Strengthen hospitals and major health centres to provide CEmONC

Main Activities:

- Procure high quality equipment, and supplies for CEmONC
- Procure furniture for RH services

- Develop, introduce and ensure the use of infection control policy, guidelines and protocols at all levels of care.
- Introduce and apply performance and quality improvement approaches (e.g. audits)
- Conduct maternal morbidity and mortality reviews and meetings
- Provide maternal and new born lifesaving drugs
- Integrate EmNOC signal functions in health training schools
- Train tutors on EmNOC signals functions
- In-service training of service providers on EMNCH
- Training of health care providers to specialized levels(pre- operative, anaesthetics, etc)
- Procure equipment for operating theatres and laboratories
- Expansion and refurbishment of existing structures to facilitate implementation of BEmNOC and CEmNOC
- Conduct biannual health meetings to include maternal and new born audits in both public and private health facilities involve in RCH service delivery
- Conduct advocacy meetings

Strategy:

Health promotion and education

Main Activities:

- Development of a comprehensive Communication strategy on reproductive health Develop, produce and distribute communication support materials on RCH
- Build the capacities of health workers on Interpersonal Communication Skills for effective RH service delivery
- Conduct media campaign to create demand for RH services
- Community sensitization on danger signs during pregnancy, delivery and postpartum

Specific Objective:

To increase the proportion of women who register in the first trimester of pregnancy from 13.3% to 80% by 2020.

Strategy:

Strengthen Antenatal Care services at all levels

Main Activities:

- Training health care providers on focused antenatal care
- Introduce incentive package to promote early antenatal booking
- Community engagement and sensitization on the importance of early antenatal booking
- Provide equipment, drugs and other supplies for antenatal care services

Specific Objective:

To increase skilled birth attendance from 57.2% to 80% by 2020

Strategy:

Improving the provision of and access to quality maternal, new born health care

Main Activities:

- Training, recruitment, remuneration and appropriate deployment of skilled personnel
- Advocate for active community involvement and male participation in RCH issues and services

Strategy:

Health Promotion and Education

Main Activities:

- Campaign to create demand for RH services
- Build the capacities of health workers on Interpersonal Communication Skills for effective RH service delivery
- Conduct in service meetings

Family Planning

Specific Objective:

To increase the Contraceptive Prevalence Rate (CPR) from 9% to 25% by 2020

Strategy:

Strengthen Family Planning services at all levels

Main activities:

- Review and update the existing FP tools
- Train service providers on data management
- Procure adequate method mixed contraceptive commodities
- Train service providers on FP counselling
- Train Peer health educators on FP
- Train and retrain FP distributors in the communities
- Capacity building for service provider on FP technologies
- Provide adequate fund for FP commodities and supplies for sustainability
- Conduct research on CPR every five years

Strategy:

Health promotion and education (BCC)

Main activities:

- Increase awareness for optimum utilization of modern FP methods
- Engage opinion and religious leaders on FP
- Encourage male involvement on FP services
- Create awareness on different contraceptive methods available
- Conduct Family Life education in schools

Reproductive Tract Infections

Specific Objective:

To promote and enhance infection-free sexual and reproductive health

Strategy:

Advocacy and promotion of positive sexual and reproductive health behaviour

Main Activities

- Provide a comprehensive sexual and reproductive health(SRH) service at all levels of care delivery.
- Introduce and roll-out adolescent-friendly SRH services
- Conduct public sensitization on the causes, prevention and management of RTIs.
- Promote the correct and consistent use of condoms and ensure availability
- Training of tutors and service providers on the syndromic management approach

Harmful Traditional Practices & Inadequate male involvement in SRH

Specific Objective:

To Promote and Encourage Gender equity and equality

Strategies:

(i) Create awareness to enhance community participation on Gender equity and equality

(ii) Introduce male-friendly SRH services and facilities.

Main Activities

- Engage policymakers, parliamentarians, professional bodies and faith based organizations on SRH related gender issues.
- Engage religious and influential leaders on SRH-related issues.
- Sensitize men on participation in RCH services, gender-based violence and harmful socio-cultural practices related to SRH
- Engage print and electronic media to raise awareness on SRH.
- Design and redesign health facilities to promote male involvement in SRH.
- Training of service providers, health training institutions and schools, on gender-based

violence and harmful socio-cultural practices related to RH Adolescent and youth Health

Adolescent/Youth Sexual and Reproductive Health

Specific Objectives:

To increase access to quality Sexual and Reproductive Health information and services for adolescent / youth

Strategy:

Strengthen and expand adolescent/youth friendly centres and services

Main Activities:

- Increase access to quality adolescent/youth-friendly SRH information and services
- Establish functional youth friendly–facilities
- Mrain health service providers on adolescent-friendly SRH services.
- Utilise school health programme platform to reach out to adolescents and youths
- Build and strengthen capacities of training institutions and service providers on SRH issues
- Advocate for active involvement and participation of parents, communities and religious leaders, policy makers in planning, implementation, monitoring and evaluation of adolescent/ youths on SRH activities
- Promote dialogue between young people, adults and policy makers using appropriate channels of communication on adolescent/youth sexual and reproductive health needs
- Sensitize adolescent/youth on the availability and use of STIs/VCT/HIV/PMTCT services
- Orientate tutors on the updated SRH module of the pre-service training curriculum
- Conduct community sensitization for awareness creation on SRH issues and needs of the adolescent/youth at all levels

Child Health

Specific Objective:

Reduce under five mortality from 54/1000 LBs to 44/1000 LBs by 2020

Strategy:

Strengthen the IMNCI services at all levels of care

Main Activities:

- Health education and promotion on key positive household behaviours
- Review, IMNCI manuals and recording tools
- Orientation of communities on community IMNCI
- Operational research on Child Health
- Capacity building of service providers on IMNCI
- Procurement of equipment, medicines and supplies

Specific Objective:

Reduce infant mortality from 34/1000 LBs in 2013 to 24/1000 LBs by 2020

Strategy:

Strengthen the baby friendly health approach at community and health facility levels

Main activities:

- Promote exclusive breastfeeding and initiation of EBF at health facility level.
- Strengthening of Immunization services and community education on immunization activities.
- Food supplementation for IMAM
- Provide and promote the use of Oral Rehydration Salt at all levels
- Community education on timely introduction of complementary foods.

Strategy:

Strengthen health facilities to provide basic infant and comprehensive child health care

Main activities:

- Provide equipment, drugs and other supplies

- Promote exclusive breastfeeding at Health facility level
- Immunization
- Operational research on Child Health

Management of Post Abortion Complications

Strategy:

Strengthen capacity in the health system to prevent and manage post abortion complications.

Specific Objectives:

To reduce the incidence of unintended pregnancies and unsafe abortion through investments in family planning services and post abortion care.

Main Activities:

- Develop norms, standards and guidelines on management of post abortion complications.
- Prevention and management of unwanted pregnancies.
- Train health staff on the management of post abortion complications
- Provision of adequate drugs and supplies for the management of post abortions complications.
- Train health staff on counselling on family planning, unwanted pregnancies and abortions.
- Increase in the use of effective contraceptive methods, results in reducing unintended pregnancies and consequently the incident of abortion.
- Provision of adequate and appropriate equipment, drugs and supplies in the management of post abortion complications.

Infertility:

Strategy:

Identifying and management of infertility/sub-fertility-related health problems, and risk factors at all levels.

Specific Objectives:

To identify, detect and manage early infertility problems at all levels.

Main Activities:

- Develop guidelines and protocols on diagnosis and management of infertility/subfertility.
- Train health staff on screening, diagnosis and management of infertility including HIV/STI screening and effective interventions before/after diagnosis and attending infertility interventions.
- Advocate, review and develop RH policy to adequately capture infertility issues and management.
- Research on infertility issues.
- Infertility services covering a comprehensive range of fertility.

Reproductive morbidities

Specific Objectives:

To provide screening and management of reproductive morbidities e.g. fistulae, cervical cancers, breast cancer, prostate cancer, menopause and infertility in suitable public health facilities by 2020

Strategy:

Support the prevention, screening and management of reproductive morbidities

Main Activities:

- Train RH service providers on cervical and prostate cancers prevention, control and management
- Procure cervical cancer management equipment and supplies
- Provide cervical cancer screening and management services in all the regions
- Procure Breast cancer management equipment and supplies
- Provide Breast cancer screening, diagnosis and management services in all the regions
- Provide prostate cancer screening and management services in all the regions
- Procure prostate cancer management equipment and supplies
- Conduct base line assessment to gauge the prevalence reproductive cancers (cervical, breast and prostate)
- Develop, print and distribute guidelines and tools on reproductive morbidities

- Establish and equip fistulae management centre
- Provide HPV vaccine to 75% of girls age 9-13 years by 2020
- Health promotion and education on the causes, prevention and management of reproductive morbidity among men, women and young people

Reproductive Health Commodity Security

Specific Objective:

To protect and promote quality reproductive health for all

Strategy:

Sustained, uninterrupted access and use of commodities (contraceptives, condoms and other medical supplies) and basic equipment.

Main Activities:

- Train service providers on adequate and appropriate service delivery
- Procure adequate and quality commodities
- Integrate RH Commodities and supplies into the National Pharmaceutical Services
- Ensure adequate quality infrastructure for storage of commodities and supplies

Referral Services

Specific Objective:

To improve the referral system at all levels of health care by 2020

Strategy:

Strengthen the referral system at all levels

Main Activities:

- Procure fully equipped motor vehicle ambulances and river boats

- Provide communication facilities at all levels
- Update and provide referral protocols guidelines and standards
- Build the capacity of service providers on the referral service
- Conduct operational research on the current referral system

3.2.2 Essential Surgical Care Package

Specific Objective:

To improve the essential surgical interventions in all hospitals and major health centres by 2020

Strategy:

Strengthen essential surgical care interventions

Main Activities:

- Train doctors, anaesthetists, laboratory personnel, and nurses on the essential surgical care package
- Printing and distribution of essential surgical care documents
- Provide essential surgical equipment and supplies

3.2.3 Primary Health Care Services

Specific Objective:

To revitalize primary health care services by 2020

Strategy:

Strengthen and build capacity of CHWs at primary level

Main Activities:

- Orientation and sensitization of communities on PHC services
- Training of TBAs, VHWs, VSGs on danger signs during pregnancy, delivery and puerperium

period for the mother and the new born

- Train and retrain VHWs, VDC and TBAs for expansion of PHC services
- Construct and refurbish village health posts
- Review BI strategy and implement recommendations
- Build capacities of VDCs, VSGs, on management for sustainability

Strategy:

Strengthen service organization and management at community level to maximize effective coverage with minimum care package

Main Activities:

- Catchment area committee training for 18 existing BI facilities
- Create incentives for CHWs
- Procurement of drugs and supplies

3.3 PREVENTION AND CONTROL OF COMMUNICABLE DISEASES/CONDI-TIONS

3.3.1 Communicable Diseases

Preamble

Over the past years, there has been a noticeable progress towards the reduction of the communicable disease burden in The Gambia. Despite these achievements, communicable diseases still remain a major public health problem. Malaria, pneumonia, skin infections, diarrhoea are the leading causes of morbidity and mortality (MoH&SW 2012).

No national estimate of the incidence of Acute Respiratory Infections (ARI) is available although a number of localised surveys indicate the extent of the problem. A study conducted by MRC (2005) revealed that 14% of under-5 mortality was caused by ARI. Similarly, no national estimate of the incidence of diarrhoeal

disease exists in the country. Neglected Tropical Diseases (NTD) particularly Schistosomiasis are still prevalent in some areas of the country, since 2005, no case of Lymphatic Filariasis has been reported in the country and in June 2013 LF Transmission Assessment Survey did not identify any case or indication of transmission

occurring however the final result of the study is yet to be released. There is inadequate data to establish the burden of Soil Transmitted Helminthiasis and no baseline study is conducted to that effect (MOH&SW 2013). More efforts towards the elimination and eventual eradication of these diseases are needed. Other diseases targeted for elimination are Measles, Polio and Neonatal Tetanus. Though immunization coverage continues to be impressive in The Gambia (90% MICS 2010), more efforts are needed to sustain the gains.

Malaria in The Gambia is meso-endemic and transmission is higher during the rainy season. There are indications that effective interventions such as ITN, IPT, IRS and case management have shown improvements in the country. Other achievements include decline in the incidence of malaria, high coverage of malarial program interventions, Long Lasting Insecticidal Nets (LLIN), Intermittent Preventive Treatment (IPTp) and development of National Malaria Control Policy Strategic Plan.

Despite the successes registered, utilisation of interventions such as ITN (55.8%) and IPTp2 (61.7%) is suboptimal (MIS 2010). In addition, low government budgetary allocation to malaria control, weak coordination and management of Malaria Programme at regional level, low utilization of Long Lasting Insecticidal Treated Nets (LLINs) by households, low coverage for IRS and late booking at antenatal clinics continue to pose a challenge.

3.3.2 Tuberculosis

The incidence of TB (all forms) in 2012 was 129 per 100000 populations. TB control is showing remarkable improvement with critical indicators such as Case Notification, Case Detection and Treatment Success rate showing upward trends. Current case detection and treatment success rates among new smear positive cases are 64% and 90% respectively (MOH&SW 2012). The programme apart from the above also registered the following successes such as;

- Strong commitment and governance at all levels
- High case notification and treatment success rate exceeding WHO target of 85%
- TB prevalence survey conducted under the Round 9 TB grant second of its kind in Africa
- Robust Monitoring and Evaluation system in place

- Decentralization and coverage of the TB program
- Alignment and harmonization of funding and activities
- Involvement of community participation in TB control
- Effective drug procurement
- Existence of a National TB reference laboratory
- Integrated TB/HIV recording and reporting system
- Availability of Gene Xpart for culture and Drug Susceptibility Testing of MDR TB among the retreatment cases according to national TB treatment guideline and TB services available at the main central prison for infection control

In addition there has never been any stock out of anti TB drug, 83% of TB patients were counselled and tested for HIV in 2012(MOH&SW 2012).

Despite the successes the programme continues to face numerous challenges such as high dependence on external funding especially from Global Fund. Other challenges includes lack of policy interventions to address cross boarder TB control and lack of clear strategy to target high-risk groups. There are no Multi Drug Resistant TB treatment guideline and data collection tools, as well as gross under diagnosis of children with all forms of TB.

3.4 HIV/AIDS

Preamble:

The epidemic response is over 30 years, yet still controlling HIV and AIDS remains a formidable challenge for the country. The response over the years witnesses renewed national and global commitment, and goals such as the Millennium Development Goals (MDGs); the United Nations General Assembly Special Session on HIV and AIDS (UNGASS) and the movement towards Universal Access (UA) to HIV prevention, treatment, care and support that require due attention, increased involvement of Non-governmental Organizations, Civil Society Organizations, private sector and people living with and/ or affected by HIV/ AIDS.

The overall goal of the HIV response as captured in the National Strategic Framework 2009-2014 (NSF) and

HIV policy (2007-2011) is to stabilize and reduce the prevalence of HIV/AIDS in the Gambia and provide treatment, care and support for people living with or affected by HIV/AIDS in a conducive environment that will mitigate the impact of the epidemic and ensure achievement of the socio-economic development of the Gambia as captured in Vision 2020.

Achievements:

The country has a concentrated low level mixed epidemic with a prevalence rate of 1.57% for HIV-1 and 0.26% for HIV-2 in 2012 (MOH&SW 2012). HIV/AIDS control is showing a downward trend regarding prevalence. Coverage and availability of critical HIV interventions has significantly improved. These are depicted as follows: 69% of HCT target (2012) achieved, 85% of 2012 target for counselling and testing of pregnant women achieved, ARV prophylaxis for positive women and their babies reached 149%, 3571 PLHIV on ARV representing 104% of 2012 target, treatment and prevention of Opportunistic Infections increased from 35% (2008) to 104% (2013), 180 HCWs graduated (HSS) from the health training institutions in 2012, All donated blood are screen for HIV, HIV policy and National Strategic Plan developed, HCT guidelines developed, Treatment guidelines, SOPs and Training Packages available, TB/HIV policy developed and TB/HIV collaboration strengthened

Challenges

Stigma and discrimination, unavailability of early infant diagnosis equipment, over dependence on external donors, inadequate nutritional support to PLHIVs on treatment, inadequate highly qualified bio-medical engineers for maintenance of equipment, intermittent shortage of HIV test kits and stock out of ARVs, limited services for other MARPs, cross border HIV/AIDS collaboration, limited access to ART services and human resources to provide HIV services pose challenges for the programme. The burden of STIs in the country is not known and management is still based on syndromic case management. There is limited availability of STI drugs in the public health system.

3.4.1 Eye Health

The Gambia established a National Eye Care Programme (NECP) now known as National Eye Health Programme (NEHP) following a prevalence survey of Blindness and Eye Diseases in 1986. The leading causes of blindness were Cataract 47%, Trachoma 17% and other Corneal Opacities mainly associated with childhood measles or harmful traditional eye medicines 11%.

Based on the fact that these conditions are either preventable and/or curable, and faced with shortage of trained personnel, the NEHP focused on the PHC approach i.e. making services affordable, accessible and appropriate. Every five years a plan of action was developed to meet the eye health needs of the Gambian population with emphasis on:

- Human Resources Development – e.g. Training of Paramedics to handle cataract, Community Ophthalmic Nurses, Village Health Workers and Traditional Birth Attendants to function at community level.
- Cataract Campaign
- Trachoma control activities "SAFE" strategy is being fully implemented
- Information, Education and Communication
- Appropriate Technology – Construction and equipping secondary eye care centres, and Local Production of Eye Drops.

The approach enable eye care providers function closer to the communities to the extent of performing eye lid surgery (for blinding Trachoma) right in the homes of the patient, thus relieving him/her from travelling to the Health facility and surgery fees. Outreach cataract surgeries were also conducted throughout the country by cataract surgeons.

A survey 10 years later in 1996 revealed 40% reduction in the prevalence of blindness. Trachoma which was the leading cause of preventable blindness was reduced from 17 % down to 5%. The NEHP has been implementing "Vision 2020 The Right to Sight" well before Vision 2020 was launched in 1999. As a proponent of Vision 2020 and a leading prevention of blindness programme, The Gambia NEHP is playing an active role in all its (Vision 2020) activities in Africa and the rest of the world.

NEHP worked with our neighbours to include the prevention of blindness in the Health for Peace Initiative. Health Ministers of the four countries (Senegal, Guinea Bissau, Guinea Conakry and The Gambia) unanimously nominated The Gambia to coordinate this component at a meeting held in Banjul from 16th – 17th August 2001.

Achievements

The incidence of blinding eye infections such as Trachoma is on the decline in the country Currently (Quote Evidence), Trachoma is no longer a public health problem and a survey to certify the country as trachoma-free has been conducted (Source & yea)r

In addition expansion of secondary eye units country-wide, strengthened IEC/BCC activities, trained community groups (including Nyateros) on community eye health, reduced incidence of blinding trachoma and conducted community outreach surgeries are all achievements registered by the programme.

The "Post Health For Peace Initiative" (HFPI) project is a 5 year (January 2009 to December 2013) eye health project jointly funded by Sight savers and the European Commission and is being implemented in The Gambia, Senegal and Guinea Bissau. The goal of the project is to reduce poverty in the three intervention countries through improved eye health services.

The project implementing partners are:

The Ministries of Health of the Gambia, Senegal and Guinea Bissau, Sight savers works through the National Eye Health Programmes of these countries to implement the project.

- Helen Keller International which is based in Dakar, Senegal coordinates the Vitamin A supplementation with support from the nutrition agencies/units of the participating countries. Capacity building is also an achievement specifically the training of Ophthalmologists and other mid-level eye health workers including Cataract Surgeons, Ophthalmic Nurses, Community Ophthalmic Nurses, Re-fractionists and Local Production of Eye Drops (LPED) technicians and on-going refresher training programmes for mid-level eye health workers in the country, The building and refurbishment of 3 eye units in Brikama, Basse and Essau, and the construction of a Students' Hostel, Lecturers' Accommodation and private wards at Sheikh Zayed Regional Eye Care Centre.
- The procurement of ophthalmic equipment and consumables such as operating microscopes, slit lamps, cataract surgery sets, trichiasis surgery sets, and refraction kits.
- Support service delivery which includes screening of patients in schools and communities, on-going awareness raising activities on the prevention and management of prevailing eye conditions through community volunteers referred to as Nyateros, school teachers, radio stations, posters and other appropriate communication channels; free surgery camps to cater for patients unable to afford the surgery fees and providing vehicles and motorcycles to support outreach services.
- Supported advocacy efforts for The Government and other partners to allocate more resources to eye health care services. The commemoration of World Sight Day every year is aimed at supporting these advocacy efforts. The project creates opportunities for the eye health programmes of the intervention countries to share experience and best practices

Challenges

Inadequate human resources (e.g. staffing of Sheikh Zayed Regional Eye Care Centre by 2007 HFPI Resolution) at tertiary level, limited supplies of essential drugs and consumables, and limited funding to provide eye care services are challenges faced over the years. Other challenges faced by the National Eye Health Programme include securing fellowship for one Ophthalmologist, lack of National Eye Health Policy and strategic plan, and NEHP Secretariat.

3.5 DISEASE PREVENTION AND CONTROL

Disease control in The Gambia is based on immediate reporting for all notifiable diseases made to Epidemiology and Disease Control through the RHTs. The other groups of diseases are called reportable diseases and they are reported monthly through the HMIS. Weekly reporting only ensued during epidemics and emergencies from all reporting units to the EDC.

The Epidemiology and Disease Control unit is responsible for disease control and the focal point for integrated disease surveillance and response (IDSR) implementation. EDC coordinate surveillance activities with emphasis on all notifiable diseases and diseases of epidemic potential. It is responsible for coordinating data collection, collation, analysis, interpretation and provision of feedback to different levels.

Achievements

Many achievements have been registered by the programme such as the following: Established joint bi-monthly monitoring and supervisory visit with EPI to all RHTs and allied public health facilities, Available trained health staff involved in surveillance, Sustainable support to sentinel studies and control trials on pneumonia and meningitis surveillance project, Instituted partner collaboration for management and support to programmes (Disaster, GF diseases control, Combating threats of potential epidemic diseases, Strengthening of data collection through provision of improved clinical registers to all reporting health facilities Available surveillance officers and or case investigators at all levels, Transmission Assessment Survey conducted in June 2013 to confirm the elimination of Lymphatic Filariasis in the Gambia, Bi-monthly meetings to share information and feedback from national and Regional surveillance.

Challenges

It is difficult to delineate surveillance activities in terms of the overall health information system and therefore surveillance of other diseases and events are spread between several units and programmes of the MOH&SW. This has created overlapping vertical surveillance systems. Furthermore lack of a disease control policy, limited trained health staff in surveillance especially for CSF sample collection, inadequate office space much more to cater for additional required staff, limited funds allocated for emergencies, no special budget line allocated for surveillance, limited human resource for coordination at programme level, absence of epidemiologist and biostatisticians at the EDC, substantial delays in getting access to timely funding for proposed activities on surveillance, lack of dedicated surveillance focal persons at hospital levels for early detection and coordination especially during epidemics and emergencies, high cost of communication involved in surveillance coordination and reporting, no motorbike for surveillance officers for follow-ups and related issues at central level, mobility for increasing case investigators, and maintaining bimonthly joint monitoring and supervision.

3.6 Food Safety Quality and Hygiene Enforcement

Preamble

Food is central to the prosperity, health and social well-being of individuals and societies. Strengthening food safety within the Gambia will help to decrease the burden of food borne diseases, reduce poverty and achieve Millennium Development Goals 1, 4 and 8. This requires sound policy and operational coordination at the national level. While the detail of such functions will be determined by the national legislation, they would include the establishment of a leadership function and administrative structures with clearly defined roles, responsibilities and accountability for issues such as; the development and implementation of an integrated national food control Programme; securing funds and allocating resources; setting standards and regulations; participation in international food control related activities; developing emergency response procedures; carrying out risk analysis; etc.

The establishment of regulatory measures such as the national Food Act 2005 marked the cradle of effective food control systems, appropriate for monitoring performance, facilitating continuous improvement in food safety in the Gambia. This legal instrument serves as an effective tool and guidance adequate to bring sanity in the food business at the national level; which includes street foods, food premises, and foods of plant or animal origin imported or exported in and outside the Gambia.

It is prudent to know that the then existing Food Hygiene & Safety Unit of MOH & Social Welfare is being merged with the newly created Food Standards Unit to constitute the Food Standards, Quality and Hygiene Enforcement Directorate (FSQHED). The Institution is house at the New Medical supplies building situated at Bertil Herding High way Kotu layout

This Directorate has a clearly defined Terms of References and is charged with the responsibility to execute laws under the Food Act 2011 as follows:

- Control of foods in restaurants, hotels, schools, and other boarding facilities (Section 20.1 a,b,c,d,e,f,g) authorized by the Food Safety Authority
- Responsible for assuring food hygiene, safety and sanitation in hospitals and health facilities, food establishments and premises including markets and streets(section (Section 20.1 a,b,c,d,e,f,g)-authorized by the Food Safety Authority
- Responsible for the control of meat, poultry, milk and other processed and unprocessed foods and plants or animal origin after post-mortem inspections including those in markets and groceries.
- 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.
- Responsible for the certification of food businesses and all other certification pertaining to food including food handler's- authorized by the Food Safety Authority

Food is one of the few commodities that people consume and so when produced for sale, one has the responsibility not to hurt or injure his/her customers

Achievements

The period under review (i.e. January –December 2013), the Directorate has implemented series of activities within the Greater Banjul Area aimed at addressing food hygiene and safety concerns. The activities centered around taking inventory of the highly proliferated water factories producing all sorts of brands of package water as well as inspection of major food warehouses. Inspection of Hotels, Restaurants, Bakeries and Supermarkets

In order to strengthen its sensitization programmes the Directorate with the assistance from WHO has sensitized and trained 50 Food Handlers from various categories of Food business operators which include

Hotels, Restaurants, Street Food Vendors, water factory operators and school food vendors on the WHO manual of Five Keys to Safer Food.

From March to September, the Directorate has been having series of radio sensitization programmes together with stakeholders/partners such as the Gambia Food and Nutrition Association. All these sensitization programmes were geared towards improving the Safety involved in the preparation, Handling and storage of Food Safety as stipulated in the Food act of 2005/2011.

In July and August 2013 the Directorate through the MOH&SW were able to secure fund from UNICEF to enable us monitor salts sold to the public. This monitoring took the form of inspection of all salt producing sites, markets, border points as well as weekly free market days "Lumos". The aim of the salt inspection is to verify iodine content in all salts that are imported and produced in the Gambia. This is geared towards ensuring the consumption of iodized salt by all Gambians so as to combat Iodine Deficiency Disorders

Challenges

Challenges and constraints confronted during the first and second quarter of 2012 greatly hampered the scope of the Directorate's mandate in her untiring efforts to scaling -up food hygiene and safety control activities.

The major challenges includes but not limited to the following: limited funds for fuel, mobility constraints,

- weak coordination and collaboration among stakeholders, low awareness levels among the general public on food hygiene, safety and quality issues, inadequate laboratory infrastructure to carry out credible chemical analysis, the lack of sample collection kits and Personnel protective equipment for use by the Inspectorate team, lack of a database on food safety control, lack of ICT equipment is a real setback for data generation and effective planning.

3.7 EXPANDED PROGRAMME ON IMMUNIZATION

Preamble

Compared to other countries within the sub-region, The Gambia has a good track record of attaining and

sustaining high immunization coverage due mainly to good access and service utilization. Furthermore, the Gambia has added hepatitis B (1990), Haemophilus Influenza Type B (1997), Pneumococcal vaccine (2009), Measles Second Dose (2012) and Rota (2013) to the traditional vaccines. Whilst Meningitis types A (Men A) preventive campaign targeting 1- 29 years was conducted in November 2013. There are plans to introduce Human Papilloma Virus (HPV) vaccination for young girls at age 9 to prevent cervical cancer.

Achievements

The country achieved Polio free status in 2004. The pentavalent vaccine recently introduced has replaced DPT and Hepatitis B vaccines except for the first dose of Hepatitis B vaccine given at birth. The pentavalent vaccine contains, in addition to DPT, the Hepatitis B vaccine and a vaccine against Haemophillus Influenza Type B, or HIb and is supposed to be given according to the same schedule as DPT. Other achievements includes good cold chain system (solarisation) and availability of Inter-Agency Coordinating committee, budget line for EPI in the national budget and funding partners

Challenges

Though immunisation coverage continues to be impressive in The Gambia, vaccine preventable diseases such as measles, TB, Diphtheria, Pertussis and Tetanus pose as important challenges for the health sector. In addition due to frequent staff movement and high attrition 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 levels, inadequate supervision at all levels, inadequate trained manpower, no budget line for supplementary immunizations, no cluster survey for the past 10 years to determine vaccination coverage, printing of Infant welfare cards and fuel for supplementary immunisation activities have recently emerged as challenges for effective service delivery.

STRATEGIC OBJECTIVE:

To reduce the burden of communicable diseases to a level that they cease to be a public health problem. This strategy looks at key interventions in addressing communicable diseases to a level they are not a major public health concern. These interventions include immunization, case management, food and water safety, integrated vector management, neglected tropical diseases, disease surveillance and response. It will also ensure communicable disease prevention interventions directly addressing marginalized populations.

SERVICE AREAS:

- Immunization
- Malaria Control and Preventive
- HIV/AIDS
- STI
- TB
- Eye Health
- Environmental Health
- Disease prevention and control
- Food and water safety
- Integrated vector management
- Neglected tropical diseases
- Integrated Disease Surveillance and Response
- Occupational Health and safety

3.7.1 Immunization

Specific Objective:

To increase immunization coverage to at least 90% and to sustain 96% coverage for Penta 3 nationally by 2020

Strategy:

Strengthen immunization services at all levels

Main activities:

- Procure and distribute vaccines, de-worming tablets and Vitamin A
- Conduct National Immunization Days (NIDs)
- Provide functional cold chain system
- Train HCWs on immunization services
- Strengthen Cold Chain Management
- Strengthen Supplementary Immunization Activities (SIAs)

- The issue of quality need to be addressed
- Conduct operational research on barriers to immunisation
- Review and update the EPI policy and strategic plan

Strategy:

Health promotion and education:

Main activities:

- Conduct communication & social mobilization
- Train HCWs on immunization
- Develop and operationalize EPI communication plan;
- Train health workers on communication skills and social mobilization for EPI
- Sensitise traditional communicators and community leaders on immunization

3.7.2 Malaria

Specific Objective

Increase and sustained the correct and consistent use of long lasting insecticidal nets to 85% by the population at risk by 2015 and maintained up to 2020.

Strategy:

LLINs

Main activities

- Procure of LLINs
- Distribute of LLINs
- Promote consistent use of LLINs
- Monitoring and evaluating operations

Specific Objective

Achieve 80 % coverage for IRS in all regions by 2015 and maintained up to 2020.

Strategy:

IRS

Main activities

- Procure and supply of IRS commodities
- Conduct Indoor Residual spraying
- Monitoring and evaluating IRS operations

Specific Objectives:

Reduce the incidence of infection caused by malaria parasite by 50% by 2015

Strategy:

Treatment and case management

Main activities

- Ensuring access to ACT for the population at risk.
- Increasing access to ACTs at community level.
- Conduct service training of health workers including the private sector on malaria case management
- Strengthening pre service trainings on malaria case management
- Update the treatment guidelines for malaria case management
- Strengthen supervision for malaria case management.

Strategy:

Quality assurance and quality control of laboratory diagnosis

- Establish national QA&QC system for RDTs
- Strengthen QA&QC for slide microscopy
- Conduct efficacy studies
- Strengthen molecular laboratory for efficacy studies

3.7.3 HIV/AIDS

Specific Objective:

To provide treatment, clinical care and support to at least 95% of people with advanced stage of HIV infection by 2020

Strategy:

Expand and strengthen HIV/AIDS Counselling & Testing (HCT)

Main activities:

- Conduct Community VCT (outreach) services
- Development of Streamlining Tasks and Roles to Expand Treatment and Care for HIV (STRETCH) Manual
- Provide psychosocial support for people living with HIV

Strategy:

Expand and strengthen Prevention of Mother to child transmission (PMTCT) services

Main activities:

- Development of Streamlining Tasks and Roles to Expand Treatment and Care for HIV (STRETCH) Manual
- To strengthen elimination of child transmission(eMTCT)
- Early infant diagnosis (EID)

Strategy:

Support and expand Anti-Retroviral Therapy (ART)

Main activities:

- Procurement of ARVs and OI drugs
- Treatment and Care for HIV (STRETCH) Manual

Strategy:
Expand the care and support services for People Living with HIV (PLHIVs

Main activities:

- Train healthcare providers on Community Home base and Palliative care
- To provide nutritional support to PLHIV and OVC.
- Procurement of ARVs and OI drugs
- Support sentinel surveillance and research in HIV/AIDS

Strategy:
Community system strengthening

Main activities:

- Conduct PEP sensitization for Health workers
- Intensify IEC/BCC interventions on HIV/AIDS
- Suggest another strategy and activities for addressing stigma and discrimination

3.7.4 STIs

Specific Objective:
Increase STI diagnosis and effective treatment using syndrome management and/or Laboratory testing to more than 50% of primary point-of-care sites

Strategy:
Strengthen STI case management at all levels

Main activities:

- Train/retrain healthcare providers annually on Syndromic Management of STIs (including Diagnosis & Management)
- Review and update STI Treatment Manual

- Establish mobile clinics for MARPS (including security forces) in each region
- Provide and distribute condoms
- Establish STI clinics targeted specifically for most at risk populations (MARPs
- Suggested additional Strategy: Sensitise communities on STIs

Strategy:

Support laboratories in all major health centres and hospitals for STI diagnosis and control

Main activities:

- Conduct STIs prevalence study
- Conduct sensitivity study on drugs use in the management of STIs
- Build capacity of laboratories of both major and minor health facilities for STI diagnosis and control
- Sensitise

3.7.5 Tuberculosis (TB)

Specific Objective:

Diagnose at least 70% of the total estimated incidence of new smear positive cases annually and cure at least 90% of new sputum smear positive patients by 2015

Strategy:

Strengthen inter-sectorial coordination to address the synergistic challenges posed by TB/HIV

Main activities:

- Organize regular national, regional and facility coordinating committee meeting
- Develop and effective referral system to enhance access to care and support for TB and HIV patients
- mobilize resource for TB-HIV collaborative activities
- Surveillance of HIV prevalence among TB patients
- Recruit and train medical health officers/health care workers on TB diagnosis

- Carry out joint TB/HIV planning and monitoring

Strategy:

Support the implementation of advocacy, communication and social mobilization activities (ACSM)

Main activities:

- Commemorate World TB day at all levels annually
- Conduct Orientation seminar for Community and traditional leader
- Conduct School health education session with relevant partners annually
- Organize Open field day on TB, TB/HIV at Community level
- Conduct Radio and TV panel discussion on TB, TB/HIV issues
- Produce, print and distribute IEC materials
- Support the Regional Ex TB patients associations on stigma reduction campaigns
- Brief central NLTP and Child Fund staff on operational modalities of ACSM
- Sensitize all RHTs along with Regional Education Directorates on the NLTP; epidemiology and current situation of TB in the country; arrangements for supervision, monitoring and management of ACSM; roles and responsibilities of different actors
- Strengthen the regional communication taskforce
- Strengthen the regional MDFTs members
- Strengthen the regional peer health education groups
- Strengthen the School Health and Nutrition unit for TB-education
- Collaborate with DPI and support the M and E unit to develop all necessary ACSM tools and materials for supervision, monitoring, reporting and record keeping at various levels
- Conduct message development workshop on TB and related issues
- Conduct open field days (one Field Day in each health facility catchment area countrywide)
- Develop, produce and distribute communication and advocacy support materials

Strategy:

Scale up Directly Observed Treatment Short course (DOTS) equitably countrywide

Main activities:

- Develop Multi Drug Resistant (MDR) and xtra-Drug Resistant (XDR) Tuberculosis manual
- print and distribute tuberculosis manual
- Study tour on MDR- TB case management
- Conduct step - down Training of Health Care Workers on MDR TB case management
- Procure and distribute MDR-TB drugs, equipment and furniture

3.7.6 Eye Health

Childhood Blindness

General Objectives

- Early detection and prevention of blindness from cataract and glaucoma

Main Activities

- Strengthen school eye screening programme in formal and informal schools for early detection of children with visual impairment
- Reinforce itinerant teacher training to detect children with visual problems, and refer them to appropriate centres.
- Establish paediatric oriented services and eye care teams at secondary level to provide services for postoperative care for children treated at the tertiary centre.
- Develop strategies for childhood blindness control.
- Develop paediatric specialist team for the tertiary centre.
- Establish Inter-sectorial collaboration with relevant stakeholders
- Institutionalize operational research and develop mechanisms for monitoring and evaluation.

Refractive Error Services

General Objectives

- To improve availability and affordability of refractive error services in collaboration with all stakeholders

Main Activities

- Create awareness on refractive error and available services at the community level.
- Strengthen school eye health screening programme and establish screening for presbyopes
- Establish vision centres in all the health regions
- Establish optical resource centre at the tertiary centre for maintenance of optical equipment and spectacles and warehousing of all optical supplies.

Diabetic Retinopathy

Main Activities

- Integrate blindness prevention strategies into national diabetes programs and ensure their incorporation into Non communicable chronic diseases programs of the Ministries of Health.
- Encourage strategies for prevention, early detection and effective treatment of diabetes and hypertension, which will prevent complications that lead to blindness.
- Develop public awareness programs to target groups that are at high risk.
- Establish referral systems from services for diabetics to the ophthalmologic services.
- Establish screening services using digital photography to detect and refer treatable diabetic retinopathy.
- Ensure laser treatment services for diabetic retinopathy are available, accessible and affordable.
- Perform a situation analysis of the management of diabetic retinopathy as a baseline for planning and advocacy.
- Develop education packages and training programs for the general public and health care providers.
- Develop continuing medical education programs for ophthalmologists and optometrists.
- Establish protocols and management guidelines
- Diabetes Associations playing a lead role in awareness raising and prevention of blindness due to diabetes.

Glaucoma

Main Activities

- Create awareness on Glaucoma through health talks, media campaign
- Set up Glaucoma screening services in each vision centre to identify and refer glaucoma cases to the tertiary centre
- Build capacity of Ophthalmologists in glaucoma management including retraining and updating on surgical skills
- Strengthen glaucoma services at the tertiary centre
- Ensure availability and accessibility of glaucoma drugs
- Encourage research on glaucoma prevention, early diagnosis and treatment

Strengthen the Tertiary Eye Care Services

Main Activities

- Train at least 3 ophthalmologists to complement the only ophthalmologist on ground
- Equip the Centre with more advanced equipment to take care of more complex cases hence reduce the rate of referrals abroad
- Develop subspecialty services to take care of more complex cases
- Provide Technical expertise and assistance for establishment of District level eye care services in HFPI countries
- To serve as centre for operational research
- To serve as centre for outreach services
- Strengthen the Regional Ophthalmic Training Programme

3.7.7 Environmental Health

Specific Objective:

To reduce the prevalence of environmental health and safety related disease conditions by 30% by 2020

Strategies:

Enforcement of environmental health related Acts

Main Activities

- Advocate for the enforcement of Public Health Act 1990
- Put a mechanism for the continuous review and update of the relevance of environmental and health safety regulations
- Build capacities of public health officers in the handling of enforcement of the ACTs

Strategy:

Institute proper management of solid, gaseous and liquid wastes

Main Activities:

- Intensify compound and district inspection activities
- Provide adequate waste Management tools
- Mobilise communities to construct latrines
- Build capacities of waste collectors in waste management
- Develop management tools for proper monitoring and supervision
- Collaborate with relevant authorities /institutions on waste management
- Support the implementation of the Healthcare Waste Management Plan (HCWMP)

Strategy:

Strengthen the environmental health unit

Main Activities:

- Build capacities of the environment health unit
- Build human resource capacity of environment health unit to monitor air and water pollution
- Strengthen communication and advocacy activities on environmental and safety related issues

Main Activities

- Commemorate world environment day
- Create awareness on environmental health and safety related issues

Strategy:

Intensify vector control and occupational health and safety interventions

Main Activities:

- Conduct public sensitization on vectors and vector borne diseases and occupational health and safety
- Collaborate with relevant institutions/authorities example National Malaria Control Program (NMCP), National Environment Agency(NEA), WHO on eliminating vector borne diseases
- Build capacities of vector control and occupational health and safety unit
- Provision of chemicals, sprayers, protective gears and rodenticides
- Conduct occupational health and safety risks assessment
- Put in place measures to address occupation

3.7.8 Disease Prevention and Control

Specific Objective:

To improve and expand disease prevention and control services by 2020

Strategy:

Strengthen and expand disease prevention and control services

Main activities:

- Conduct assessment of infection prevention and control situation in all health care setting and implement the recommendations
- Develop infection control guidelines, protocols and standards
- Train HCWs on guidelines protocols and standards
- Procure infection prevention and control devices and products

3.7.9 Food and Water Safety

Specific Objective:

To reduce the incidence of food and water-borne diseases by 30% by 2020.

Strategy:

Eliminate OD in the Gambia by 2020

Main activities:

- Sensitize communities on Open Defecation (OD), hand washing and household water treatment
- Training of HCWS/Extension workers on CLTS and household water treatment
- Training of hygiene promoters on Water and Sanitation Hygiene (WASH)
- Capacity building of HCWs/ extension workers on Community Led Total Sanitation (CLTS)
- Embark on deworming campaign in schools
- Integrate food borne disease surveillance into IDSR

Strategy:

Strengthen food hygiene and safety services at all levels

Main Activities:

- Enforce the food act
- Train and screen food handlers
- Build capacities of food standard officers

Strategy:

Increase the consumption of iodized salt from 25% to 75% by 2020

Main Activities

- Market surveillance and border inspections
- Iodization of salts in major markets
- Sensitization of stake holders on salt iodization

Strategy:

Harmonization of Inspection activities within the Ministry of Health

Main Activities:

- Training of Health Workers on Better Training on Safer Foods

3.7.10 Integrated Vector Management

Specific Objective:

Reduce the incidence of infection caused by vector borne diseases to zero by 2020

Strategy:

Increase availability and access to LLINs and insecticides

Main Activities:

- Procure and distribute LLINs and IRS commodities and larvicides

Strategy:

Increased coverage of IRS

Main Activities:

- Conducting IRS exercises
- Conducting vector resistance monitoring
- Conduct mapping of schistosomiasis endemic area

Strategy:

Health education and promotion

Main Activities:

- Awareness creation and partnership on prevention and control of malaria

Strategy:
Elimination of schistosomiasis

Main activities:

- Conduct mapping of schisto endemic area
- Conduct Mollusciding in endemic areas

3.7.11 Neglected Tropical Diseases

Specific Objective:
To eliminate Neglected Tropical Diseases (NTDs)

Strategy:
Strengthen Surveillance on Neglected Tropical Diseases

Main activities

- Conduct a baseline study on NTDs
- Develop and implement NTDs control plan

Strategy:
Maintain the elimination of leprosy and trachoma

Main Activities

- Intensify trachoma surveillance
- Intensify leprosy case base surveillance
- Train health workers on the diagnosis of leprosy
- Distribute Multi Drug Therapies (MDTs)

3.7.12 Integrated Disease Surveillance and Response (IDSR)

Specific Objective:

To reduce the prevalence of other communicable diseases by 70% by 2020

Strategies:

Improve the capacity of health staff on integrated disease surveillance and response at all levels

Main Activities

- Review and upgrade the IDSR technical guideline
- Train health staff on the IDSR to improve on early case detection, investigation, management and reporting of national priority diseases for surveillance
- Harmonize data collection tools into National Health Information System
- Strengthen data management, reporting and feedback mechanism at central and regional levels
- Strengthen collection, handling & transportation of samples to national reference laboratory
- Build capacity of Regional Management Committees and health facility staff on Epidemic Preparedness and Response
- Develop and strengthen IHR core capacity for implementation
- Support diagnostic services
- Provide e-health facility for reporting (DHIS2 mobile application)
- Conduct supportive monitoring and supervision
- Organize bi-monthly meetings to share surveillance data and information with regions and hospitals

3.8 NON-COMMUNICABLE DISEASES (NCD)

Preamble

In The Gambia there is anecdotal evidence that The Gambia is experiencing significant burden of non-

communicable diseases/conditions such as diabetes, cancer, chronic respiratory infections, hypertension, road traffic crashes and mental disorders. This is due, in part, to a rapid change in lifestyles leading to reduced physical activity, changing diets and increased tobacco and alcohol use. This trend is even more noticeable today, affecting all societies, rich and poor. The Gambia is currently facing serious changes in life style characterized by the proliferation of modern supermarkets, fast food outlets, increase in motor vehicle ownership. There is also a tendency for people to slowly but surely abandon their traditional diets and lifestyles and engage in risky lifestyles.

The Gambia in 2010 conducted the WHO STEPS survey to assess risk factors for NCDs in the general population. The survey revealed that: 2% of the adult population (aged 25-64 years) drink alcohol; low consumption of fruits and vegetables, with the average mean number of days for fruits and vegetable consumption among adult males and females being 3.3 and 5.0 respectively; about 22% of the adult population (males and females) have low level of physical activity, whilst nearly 59% of adults do not engage in rigorous physical activity; on average adults spend 231 minutes per day on sedentary activities; and 41.4% of adults never had their blood pressure tested; about 24.4% of the adult population has raised blood pressure (25.5% for men and 23.4% for women); about 90.5% of adults (92.1% of men and 89% of women) never had their blood sugar tested and; about 39.5% of the adult population (33.7% for men and 45.3%) for women are considered overweight.

These diseases and conditions have serious implications for both the health service and the population. NCDs continue to cause significant morbidity and mortality, lower the quality of life, impair the economic growth of the country and place a heavy demand on the family and national budget. According to WHO study in the Gambia 2004, mortality due to non-communicable diseases (1147/100000) far outnumbered that of communicable diseases (486/100000). In 2008, NCDs are estimated to account for 34% of all deaths in the Gambia.

Road traffic accidents, better described as road traffic crashes, are a growing public health problem worldwide. About 1.3 million people worldwide die each year as a result of road traffic crashes and up to 50 million more are injured. In the Gambia, a cumulative total of 7750 RTA cases were officially reported between 2000 and 2009 (provide recent data by NCD Unit). On average, 775 RTAs occurred annually during the period under review. Translated into months, an estimated 65 (64.58) RTAs were reported, on average, monthly during the same period under review.

Communities in the Gambia are faced with numerous mental, neurological and psychosocial disorders that undermined development. Based on the prevalence rate from the World mental health survey in 2004, it

is estimated that approximately 27000 people in the Gambia (3% of the population aged 15 years and more) are suffering from severe mental disorders and a further 9100 (10% of the population aged 15 years and more) are suffering from moderate to mild mental disorders. This means that at least 118,000 people in the Gambia (13% of the adult population) are likely to be affected by mental disorders which require varying degrees of treatment and care.

3.8.1 Successes for NCD Prevention and Control

Mindful of the need to protect non-smokers, The Gambia has legislated against public smoking through the enactment in 1998 of the Prohibition of Smoking (Public Places) Act;

To reduce demand on tobacco consumption, the Gambia has banned tobacco advertisement in the mass media through the 2003 Anti-tobacco advertisement Bill;

The Gambia also, unconditionally, ratified the WHO Framework Convention on Tobacco Control in 2007.

The MOH&SW also facilitated and supported the establishment in 2008 of a national coalition of non-governmental organization for the implementation of the Framework Convention;

The Ministry of Health has established a multisectoral working group on NCD prevention and control that comprises 30 stakeholders from different institutions.

Noting the complexities of NCDs and the fact that their prevention and control requires action at all levels of government and diverse sectors, The Gambia at this moment finalized a five-year integrated policy and action plan for NCD prevention and control and Tobacco control respectively.

Cognizant of its complexities and the fact that NCD prevention and control requires a comprehensive health promotion approach, the MOH&SW has established a Health Promotion Directorate which houses NCD and Mental Health Unit respectively. The Policy and creation of a Directorate are intended to give the "strategic push" needed for tackling NCDs and Mental Health through health promotion.

The Ministry of Health in collaboration with WHO Country Office and WHO Head Quarters, jointly conducted a needs assessment on the implementation of FCTC in The Gambia in September 2012 to identify the gaps. Based this mission report, The Gambia has been identified to be among the beneficiaries

for Gate Foundation Funds on Tobacco Control commencing 2014.

Challenges

- Limited capacities to effectively and efficiently manage NCDs both at technical and health care providers.
- Limited research to determine the prevalence of major NCDs conditions continues to an obstacle. Furthermore, political commitment and NGO involvement in NCDs prevention is limited. The Primary prevention is a major gap while treatment of major NCDs is not decentralized.
- In addition, there are no strategies for NCD prevention and control, Mental Health and Tobacco control. Similarly there is no budget line allocated for general NCD prevention and control within MOH&SW. Furthermore, there limited funds and participation from donors/ NGOs.
- Enforcing the legislations against public smoking, advertising and sponsoring is weak whereby exposing the community to environmental tobacco smoke as well as minors to tobacco use and its related effects.
- Limited and reliable data on major NCDs as baseline for major interventions.

3.8.2 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. There is a variety of determinants which contribute to health improvement. Even though most of these health determinants are the responsibility of the MOH&SW, certainly some are the responsibility of other Departments or services. Implementation of these actions necessarily requires close inter-sectoral collaboration between these Departments and the Ministry of Health. The aim is to influence policies and strategies of all stakeholders in the management of the environment. These activities include, among others: water distribution and sanitation systems to meet essential health needs, training of medical and paramedical personnel, including specialized training, and health research, including biomedical and epidemiological research, as well as research on health system operations, public hygiene activities (refuse collection, removal of household waste, and health inspections), management of hazardous chemicals and pesticides, traffic safety, prevention of

road accidents, workplace safety; prevention of work-related injury and illness, activities providing food supplements to people who need it and medico-social activities for vulnerable groups.

The Government is cognisant of the effects of the environment on the socioeconomic growth and development including health, and henceforth 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 those from industry thus warranting interventions to address occupational hazards.

Achievements

Availability of draft occupational health and safety policy (2007), Availability of Vector Control Officers at all regions., Availability of a draft Environmental Health Policy, The Unit spearheaded the implementation of "Operation Clean the Nation", Participated in drafting and enforcement of the National Environment Management Act (NEMA, 1994) and the anti- Littering regulations, Built a strong partnership with members of the National EIA Team, Factory Board and the Physical planning Board

Challenges

The Environmental Health Policy is still a draft, limited resource allocation to environmental health, Occupational health and safety and vector control units of the ministry of health, No environmental health strategic plan, The creation of directorates is almost paralysing Environmental health unit, Conflict in service delivery with other directorates.

3.8.3 Health Promotion and Education

Preamble

Health promotion and education is a wide field. It involves behaviour change communication, advocacy and social mobilization. Some health issues are so complex that they can only be addressed through a comprehensive approach that combines behaviour change communication, advocacy and social mobilization. A comprehensive approach to health promotion and education embraces actions directed

at strengthening the skills and capacities of individuals to improve their health alongside actions directed towards changing social, environmental and economic conditions which have an impact on health. The implementation of health promotion and education in The Gambia incorporates commitments and actions from WHO and other international conferences and declarations on health.

Achievements

The health promotion and education directorate since its inception in 2012 have made numerous achievements, which are as follows: high political commitment for Health Promotion and Education.

Significantly scaled up School Health, Nutrition Promotion and Mental Health programmes, Improved Water, Sanitation and Hygiene Promotion, Introduced Non-Communicable Disease Prevention and Control programme , developed national Tobacco control policy and strategic plan (2014 – 2018), reviewed and validated national Tobacco Control strategy, conduct communication and social mobilisation activities for meningitis campaign (2013) in all the regions and trained thirty media practitioners on NCD prevention, control and monitoring. Formulation of a health promotion and education policy (2014 – 2020), availability of Health Promotion and educations officers at all health regions, availability of a functional National Multisectoral Working Group on Social Determinants of Health (SDH), capacities of Frontline communicators (hygiene promoters, traditional communicators and community drama groups) built on health information dissemination, existence of a strong partnership with the media (print and electronic), and development of an annual work plan.

Challenges

Alongside the successes registered, the Directorate is faced with the following challenges: weak or inadequate institutional human resource and community capacity for planning, designing, implementation, monitoring an evaluation of health promotion interventions; inadequate financing support for the Directorate, weak intra-sectoral collaboration within the MoH&SW for health promotion interventions, inadequate operational research on health promotion. ; inadequate office space and equipment; lack of telephone line; fax and internet facilities; and inadequate funds to conduct monitoring and supervision of health promotion and education activities at all levels.

3.8.4 Physiotherapy

Preamble

Physiotherapy is a systematic method of assessing Musculoskeletal, Cardiovascular, Respiratory and Neurological disorders of function, including pain and those Psychosomatic origins, and treatment or prevention of those problems by natural methods based essentially on movement, manual therapy and physical agencies (Heat, Cold, Light, Electricity and assistive devices, such as walking aids and orthosis).

Ultimately, Physiotherapy aims to improve the quality of life and, where possible, restore the person to normal.

A Physiotherapist is a member of the medical team who works with patients of all ages and conditions, and has a major role in health promotion. In order to restore function, a physiotherapist treats patients with acute and chronic musculoskeletal problems, undertakes respiratory care and cardiovascular rehabilitation, and treats patients with neurological disease or damage. Physiotherapists provide in-patients and out-patients and community-based services, and are normally based in districts, regional or consultant/Referral Hospitals.

Among the numerous health facilities across the country, there are only a few Physiotherapy service centres along the length and breadth of the country.

These centres are found in the following Hospitals:

- Bansang General Hospital
- Sulayman Junkung General Hospital in Bwiam
- AFPRC General Hospital in Farafeeni

The Physiotherapy departments receive patients from both In-patients, out-patients within hospitals and also from those self-referred. With the increasing knowledge of the existence of the Physiotherapy services amongst the private clinics and the general public, the number of patients received from these sectors also remains on the rise.

It is a common knowledge, even without statistical backing, that the number of non-communicable diseases (particularly Diabetes & Hypertension) is on the rise in this country, and no clinician can completely manage their patients with either of these conditions without the direct or indirect involvement of the Physiotherapist. This same notion applies to other medical, surgical, Paediatrics Obstetrics/Gynaecological

and geriatrics conditions amongst others.

Achievements

Until recently, Physiotherapy services had been only limited in the country's only main Referral and Teaching Hospital, the EFSTH. Although Bansang has a complete Physiotherapy department with all the basic required Physiotherapy equipments, qualified personnel had remained an obstacle to the realization of their full potentials. This same phenomenon also applied to the rest, though Bansang remain second to the EFSTH in terms of the availability of these services.

However, following the introduction of the Health Technician Training Initiative (HTTI), the onset of which was spearheaded by the department of Planning (HSS component) of the MoH&SW and the National Aids Secretariat (NAS) in collaboration with the School of Medicine & Allied Health Sciences

University of the Gambia, the number of trained Physiotherapy personnel at Certificate level, Physiotherapy Assistant (PTA) was increased from an initial 5 countrywide to a total of 20 PTAs.No sooner the PTAs training completed another batch of 10 s, this time at a 2 year diploma level started and were successfully completed in February, 2014. These two batches would be placed in all the Hospitals across the country.

It is worthwhile to report that the acquisition of the required tools (Physiotherapy Equipments) for the provision of Physiotherapy services in these health facilities which is sponsored by NAS.

The greatest achievement of the Physiotherapy Society in the Gambia has been the acknowledgement and recognition by the MoH&SW and other sister institutions for their role and responsibilities in health promotion and prevention of impairment and permanent disability among the general population.

Challenges

The main limitation of quality Physiotherapy services provision countrywide is the inadequate qualified personnel. There are only four Gambians trained Physiotherapist (3 at BSc level and 1 at MSc level). This is far below the need of a country with a population of nearly 2million.

Another major constraint is the uneven placement of services in the country. For example, Serre-Kunda

General Hospital and Brikama Major Health centre. These two health facilities are serving big catchment areas and therefore admit many patients that would normally require early Physiotherapy intervention in order to shorten their hospital stay. But due to the lack of Physiotherapy services, this could not be achieved.

STRATEGIC OBJECTIVE:

To reduce the burden of non-communicable diseases to a level that they cease to be a public health problem.

This strategy looks at key interventions in addressing non communicable diseases to a level they are not a major public health concern. These include strategies to address tobacco use, unhealthy eating lifestyle, physical inactivity, alcohol and other harmful substances abuse. It will also ensure non communicable disease prevention interventions directly address marginalized populations.

SERVICE AREAS:

- Major NCD risk factors
- Mental health
- Health promotion and Education
- Social determinants of health
- Accidents &Injuries
- Rehabilitation of persons with disabilities
- Prevention of violence & injuries
- Promotion of healthy ageing
- Physiotherapy

Major NCD Risk Factors

Specific Objective:

To reduce the use of tobacco among the general population, from 35% to 25% by 2020

Strategy 1:

Provision of equitable services in the prevention and control of tobacco use. Main activities:

- Advocate for the enactment of the national tobacco control policy
- Advocate for the Enforcement of the tobacco legislation
- Conduct sensitization meetings with law enforcement agencies
- Advocacy meetings with law makers, opinion leaders and civil society
- Enforce tobacco free workplace policies
- School health intervention programs
- Production of communication support materials
- Increase taxation on tobacco
- Conduct training of trainers on tobacco cessation and counselling

Strategy 2:

Health Promotion and Education

Main activities:

- Conduct mass media campaign
- Conduct sensitization meetings at Workplace
- Sensitization meetings with organized community structures
- production of communication support materials

Specific Objective:

To promote healthy eating lifestyle by 2020

Strategy 1:

Enforcement of Food Quality and Safety Act, 2011

Main activities:

- Conduct sensitization meetings with law enforcement agencies

Strategy 2:

Health education and promotion

Main activities:

- Conduct mass media campaign
- Support community and school gardening
- Conduct school health and nutrition program
- Open field days at community level
- Production of communication support materials
- Sensitization meetings with organized community structures
- Conduct interactive community film show

Specific Objective:

To promote physical activity among the general population by 2020

Strategy:

Health education and promotion

Main activities:

- Support physical activities in all institutions and communities
- Conduct mass media campaign
- Observe national MOVE for health

Specific Objective:

To reduce alcohol and other harmful substance abuse, from 2% to1% by 2020

Strategy:

Health education and promotion

Main activities:

- Provision of counselling centres

- Train peer health educators
- Conduct community sensitization programs
- Conduct mass media campaign
- Conduct nationwide baseline study on alcohol use

Specific Objective:

To promote primary prevention and control of NCDs by 2020

Strategy:

Strengthen primary prevention and control of NCDs

Main activities:

- Advocate for the enactment of the NCD policy
- Routine Screening for NCDs at all levels
- Training of all health care providers on NCDS management by 2020
- Provision of necessary equipment to manage NCDs at all levels
- Development of treatment guidelines for NCDs.
- Establish NCDs clinics in all major health centres
- Early detection of NCDs and reduction of disease related complications
- Procure of basic equipment for early detection and management

Mental Health and Substance Abuse

Specific Objective:

To provide equitable, affordable and accessible quality mental health services by 2020

Strategy:

Strengthening mental health services

Main activities:

- Adaption of the draft national mental health policy and strategic plan
- Build capacities of health care personnel to manage mental and behavioural disorders
- Increase awareness on the risk factors, effects and management of mental and behavioural disorders
- Upgrading the existing psychiatric facility.
- Creation of psychiatric units in all the hospitals
- Integration of mental health services in the primary health care delivery.
- Establishment of the mental health board
- Training of specialized health professionals
- Provision of biomedical equipment, medicines and medical supplies
- Providing adequate psychotropic medicines to the different facilities
- Mobilize resources for mental health interventions
- Conduct community outreach programs
- Review and update the current list of psychotropic medicines included in the National Essential Drugs List.
- Develop treatment

Accidents & Injuries

Specific Objective:

To reduce the burden of accidents and injuries by 2020

Strategy:

Health education and promotion

Main activities:

- Integration of occupational health and safety into the health communication strategic plan
- Safety education in workplaces
- Conduct mass media campaign
- School based injury prevention programmes
- Production of IEC materials

Strategy:

Strengthen the occupational health and safety activities at all levels

Main activities:

- Review, updating and adaption of occupational health and safety policy
- A nationwide baseline survey on occupational health and safety
- Community outreach programs
- Advocacy meetings with law makers, opinion leaders and stakeholders
- Regular inspection of workplaces
- Research on the causes and prevention of major injuries and accidents
- Review and updating of the existing ACTs
- Advocate for the improvement of Enforcement of the road traffic Act, Injury Compensation Act, the Public Health Act, the factories Act, The NEMA and the Labour Act

Rehabilitation of Persons with Disabilities

Specific Objective:

To provide rehabilitation care and services for all persons with disabilities

Strategy:

Strengthen rehabilitation care and services

Main activities:

- Conduct early detection/screening for disability
- Reactivate existing community rehabilitation programs (CBR)for persons with disabilities

Specific Objective:

To reduce disability from 16% to 8% by 2020

Strategy:

Strengthen hospitals and major health centres to provide comprehensive disability care

Main Activities:

- Production of artificial limbs and assistive devices
- Provide psychosocial support to persons with disability
- Provision of home base care for persons with disability
- Provision of physiotherapy and speech services
- Provide training to specialized level on disability rehabilitation
- Provide specialized training for production of mobility aids
- Create advocacy awareness on draft disability bill for enactment

Specific Objective:

To ensure all public infrastructures have disability access by 2020

Strategy:

Strengthen and expand accessibility for disable person

Main activities:

- Community sensitization on accessibility of community facilities to disable persons
- Inclusion of disability access in all building plans

Prevention of Violence & Injuries

Specific Objective:

To reduce the incidence of violence and injuries by 10% by 2020

Strategy:

Strengthen the management of sexual and gender based violence

Main activities:

- Establishment of ONE STOP centre for victims and perpetrators of violence
- Build capacities of health care providers and professionals on management of sexual violence and Standard Operation Procedures (SOP) on violence and injuries
- Increase knowledge and skill of health care providers on sexual abuse and violence
- Provide screening and psychosocial counselling and support for victims of violence and injuries

Promotion of Healthy Ageing

Specific Objective:

To improve health care services for elderly persons

Strategy:

Provision of NCD screening for the elderly

Main activities:

- Routine Screening of elderly for NCDs
- Conduct a baseline need assessment on palliative care
- Increase awareness on palliative care
- Provision of palliative care to the elderly people

Strategy:

Support home base care for the elderly

Main activities:

- Training of health care providers on healthy aging
- Support for family and care givers of the elderly
- Reduce severe malnutrition rate among the elderly

Specific objective:

To improve and expand Physiotherapy services at all major public health facilities

Strategy:

Fully functional Physiotherapy services at all public hospitals and major health centres

Main Activities:

- Upgrade service level from basic to comprehensive
- Procure equipment and consumables
- Provide specialized training on Physiotherapy to both undergraduate and graduate levels
- Support Physiotherapy training in the University of the Gambia

Strategy:

Ensure quality Physiotherapy services

Main Activities:

- Establish a regulatory system for Physiotherapy services
- Promote public- private partnership for provision of quality Physiotherapy services

Specific Objective:

To reduce the use of tobacco among the general population, from 35% to 25% by 2020

Strategy:

Enforcement of the tobacco legislation

Main activities:

- Conduct sensitization meetings with law enforcement agencies
- Advocacy meetings with law makers, opinion leaders and civil society
- Enforce tobacco free workplace policies
- School health intervention programs
- Production of communication support materials

Specific Objective:

To promote healthy eating lifestyle by 2020 Strategy: Enforcement of Food Quality and Safety Act, 2011

Main activities:

- Conduct sensitization meetings with law enforcement agencies
- Support community and school gardening
- Conduct school health and nutrition program

Specific Objective:

To promote primary prevention and control of NCDs by 2020

Strategy:

Strengthen primary prevention and control of NCDs

Main activities:

- Routine Screening for NCDs at all levels
- Training of all health care providers on NCDS management by 2020
- Decentralization of NCD treatment center
- Provision of necessary equipment to manage NCDs at all levels
- Development of treatment guidelines for NCDs.
- Establish NCDs clinics in all major health centres
- Early detection of NCDs and reduction of disease related complications
- Procure of basic equipment for early detection and management

Service Area: Health Promotion and Education

Specific Objective:

To reduce the use of tobacco among the general population, from 35% to 25% by 2020

Strategy 1:

Provision of equitable services in the prevention and control of tobacco use. Main activities:

- Advocate for the enactment of the national tobacco control policy
- Advocate for the Enforcement of the tobacco legislation
- Conduct sensitization meetings with law enforcement agencies
- Advocacy meetings with law makers, opinion leaders and civil society
- Enforce tobacco free workplace policies
- School health intervention programs
- Production of communication support materials
- Increase taxation on tobacco
- Conduct training of trainers on tobacco cessation and counselling
- Conduct mass media campaign
- Conduct sensitization meetings at Workplace
- Sensitization meetings with organized community structures
- production of communication support materials

Specific Objective:

To promote healthy eating lifestyle by 2020

Strategy:

Enforcement of Food Quality and Safety Act, 2011

Main activities:

- Conduct sensitization meetings with law enforcement agencies
- Conduct mass media campaign
- Support community and school gardening
- Conduct school health and nutrition programOpen field days at community level
- Production of communication support materials
- Sensitization meetings with organized community structures
- Conduct interactive community film show

Specific Objective:

To promote physical activity among the general population by 2020

Strategy:

Raise awareness on the importance of physical activity

Main activities:

- Support physical activities in all institutions and communities
- Conduct mass media campaign
- Observe national MOVE for health

Specific Objective:

To reduce alcohol and other harmful substance abuse, from 2% to1% by 202

Strategy:

Health education and promotion

Main activities:

- Provision of counselling centers
- Train peer health educators
- Conduct community sensitization programs
- Conduct mass media campaign
- Conduct nationwide baseline study on alcohol use
- Conduct a nationwide baseline on

Specific Objective:

To promote primary prevention and control of NCDs by 2020

Strategy:

Strengthen primary prevention and control of NCDs

Main activities:

- Advocate for the enactment of the NCD policy

- Routine Screening for NCDs at all levels
- Training of all health care providers on NCDS management by 2020
- Provision of necessary equipment to manage NCDs at all levels
- Development of treatment guidelines for NCDs.
- Establish NCDs clinics in all major health centres
- Early detection of NCDs and reduction of disease related complications
- Procure of basic equipment for early detection and management

Specific Objective:

To provide equitable, affordable and accessible quality mental health services by 2020

Strategy:

Strengthening mental health services

Main activities:

- Adaption of the draft national mental health policy and strategic plan
- Build capacities of health care personnel to manage mental and behavioural disorders
- Increase awareness on the risk factors, effects and management of mental and behavioural disorders
- Upgrading the existing psychiatric facility.
- Creation of psychiatric units in all the hospitals
- Integration of mental health services in the primary health care delivery.
- Establishment of the mental health board
- Training of specialized health professionals
- Provision of biomedical equipment, medicines and medical supplies
- Providing adequate psychotropic medicines to the different facilities
- Mobilize resources for mental health interventions
- Conduct community outreach programs
- Review and update the current list of psychotropic medicines included in the National Essential Drugs List.
- Develop treatment guidelines and protocol on management of mental health disorders

Specific Objective:

To reduce the burden of accidents and injuries by 2020

Strategy:

Raise awareness on burden of accidents and injuries

Main activities:

- Integration of occupational health and safety into the health communication strategic plan
- Safety education in workplaces
- Conduct mass media campaign
- School based injury prevention programmes
- Production of IEC materials

Strategy:

Strengthen the occupational health and safety activities at all levels

Main activities:

- Review, updating and adaption of occupational health and safety policy
- A nationwide baseline survey on occupational health and safety
- Community outreach programs
- Advocacy meetings with law makers, opinion leaders and stakeholders
- Regular inspection of workplaces
- Research on the causes and prevention of major injuries and accidents
- Review and updating of the existing ACTs
- Advocate for the improvement of Enforcement of the road traffic Act, Injury Compensation Act, the Public Health Act, the factories Act, The NEMA and the Labour Act

Specific Objective:

To provide rehabilitation care and services for all persons with disabilities

Strategy:

Strengthen rehabilitation care and services

Main activities:

- Conduct early detection/screening for disability
- reactivate existing community rehabilitation programs (CBR)for persons with disabilities

Specific Objective:

To reduce disability from 16% to 8% by 2020

Strategy:

Advocate for increased support for comprehensive disability care

Main Activities:

- Create advocacy awareness on draft disability bill for enactment
- Conduct communication and social mobilization activities on disability care at all levels

Specific Objective:

To ensure all public infrastructures have disability access by 2020

Strategy:

Strengthen and expand accessibility for disable person

Main activities:

- Community sensitization on accessibility of community facilities to disable persons
- Inclusion of disability access in all building plans

Specific Objective:

To reduce the incidence of violence and injuries by 10% by 2020

Strategy:

Create awareness on injuries and violence

Main activities:

- Increase knowledge and skill of health care providers on sexual abuse and violence
- Provide screening and psychosocial counselling and support for victims of violence and injuries
- Create awareness on injuries and violence
- Advocate for the enactment of the Domestic Violence Bill
- Integration violence and injuries prevention into the school family life education curriculum.
- Increase awareness on sexual abuse and violence

Specific Objective:

To improve health care services for elderly persons

Strategy:

Provision of NCD screening for the elderly

Main activities:

- Routine Screening of elderly for NCDs
- Conduct a baseline need assessment on palliative care
- Increase awareness on palliative care
- Provision of palliative care to the elderly people
- Awareness creation on age friendly environment
- Create awareness on the clinical management of aging

Specific Objective:

To coordinate the implementation, monitoring and supervision of health promotion and education activities of MoH&SW by 2020

Strategy:

Strengthen the health promotion and education component in priority health programmes.

Main activities:

- Introduce guidelines for the integration of health promotion and education activities at programme level
- Develop and operationalize a comprehensive communication and social mobilization strategy for the MOH&SW;
- Train health workers on Interpersonal Communication skills on health issues
- Develop, produce and distribute communication support materials on health issues
- Procure vehicles, film van and communication equipment/gadgets (video camera, still cameras, projector, editing machine and software, tape recorders, generator, DVD players)

Specific objective:

Promote the involvement of non- health public and private sectors in health development by 2020

Strategy:

Increase public and private sector participation in Health Promotion and Education

Main activities:

- Undertake advocacy to increase the awareness and support for the use of health promotion and education, targeting both the health and non-health sectors and mobilizing new players for health
- Advocate with government and non-governmental agencies to support the implementation of health promotion and education and sharing of experiences
- Incorporate health promotion and education components into non-health and private sector interventions and programmes

Specific Objective:

Promote the participation and involvement of the media in health issues by 2020

Strategy:

Raise awareness on health issues

Main activities:

- Train journalist, editors and media executives on health reporting
- Support the Association of Health Journalist in the production and documentation of health issues
- Conduct community film shows on various health issues at all levels
- Support the on-going weekly health programmes on radio and television
- Produce documentary for broadcasting
- Coordinate the commemoration of International Health Days
- Produce and print calendars on International Health Days and MoH&SW calendar of events
- Use of social media to educate the public
- Conduct mass media campaign on health issues

Specific Objective:

Improve country capacity to design, implement and evaluate health promotion and education interventions by 2020

Strategy:

Strengthen health promotion and education activities at all levels

Main activities:

- Develop a Strategy Plan for the implementation of the national health promotion and education policy (2013-2020)
- Train health promotion and education practitioners in designing health promotion and education approaches at all levels
- Develop Interpersonal Communication Training Manual for health workers
- Conduct training of trainers on Interpersonal Communication Skills
- Organize short and long-term training on health promotion and communication for Health Promotion Officers
- Develop monitoring tools and guidelines for frontline communicators at field level

Service area: Social Determinants of Health

Specific objective:

Create social and physical environments that promote good health for all by 2020

Strategy:

Use of Health Impact Assessments to review needed, proposed, and existing social policies for their likely impact on health

Main activities:

- Strengthen the existing multi-sectoral Committee on Social Determinants of Health;
- Conduct situational analysis on Social Determinants of Health;
- Validate the situational report on Social Determinants of health;
- Support and sustain the multi-sectoral committee on social determinants of health;

Strategy:

Application of a "health in all policies" strategy, which introduces improved health for all and the closing of health gaps as goals to be shared across all areas of government

Main activities:

- Use health promotion and education as a platform to put Health-In-All Policies by 2020
- Establish a national association or network of health promotion and education practitioners by 2020
- Support the participation in inter-country consultations and to form a health promotion and education partnerships;
- Conduct advocacy activities to raise awareness on the concept of putting Health-In-All Policies
- Orientate law-makers and decision makers on the concept of putting Health-In All Policies

Mental Health Disorders

Specific Objective:

To provide equitable, affordable and accessible quality mental health services and substance abuse by

2020

Strategy:

Strengthening mental health services and substance abuse

Main activities:

- Adaption of the draft national mental health policy and strategic plan
- Build capacities of health care personnel to manage mental and behavioural disorders
- Increase awareness on the risk factors, effects and management of mental and behavioural disorders
- Upgrading the existing psychiatric facility.
- Creation of psychiatric units in all the hospitals
- Integration of mental health services in the primary health care delivery.
- Establishment of the mental health board
- Training of specialized health professionals
- Provision of biomedical equipment, medicines and medical supplies
- Providing adequate psychotropic medicines to the different facilities
- Mobilize resources for mental health interventions
- Conduct community outreach programs
- Review and update the current list of psychotropic medicines included in the National Essential Drugs List.

Specific Objective:

To provide mental health care services at all levels by 2020

Strategy:

Strengthen community based mental health care services

Main activities:

- Providing adequate psychotropic medicines to the different facilities

- Mobilize resources for mental health interventions
- Conduct community outreach programs
- Review and update the current list of psychotropic medicines included in the National Essential Drugs List.
- Develop treatment guidelines and protocol on management of mental health disorders

Accidents &Injuries

Specific Objective: To reduce the burden of accidents and injuries by 2020 Strategy: Health education and promotion

Main activities:

- Safety education in workplaces
- Conduct mass media campaign

Strategy: Strengthen the occupational health and safety activities at all levels

Main activities:

- Community outreach programs
- Advocacy meetings with law makers, opinion leaders and stakeholders
- Regular inspection of workplaces
- Regular updating of the ACTs
- Enforcement of the road traffic Act, injury compensation Act, the Public health Act, the factories Act, The NEMA and the labour Act
- Research on the causes and prevention of major injuries and accidents

Rehabilitation of Persons with Disabilities

Specific Objective: To provide rehabilitation care and services for all persons with disabilities

Strategy: Strengthen rehabilitation care and services

Main activities:

- Conduct early detection/screening for disability
- Conduct community rehabilitation programs (CBR)for persons with disabilities

Strategy: Strengthen orthopaedic aid physiotherapy services speech therapy and assistive devices

Specific Objective: To reduce disability from 16% to 8% by 2020

Main Activities:

- Production of artificial limbs and assistive devices
- Provide psychosocial support to persons with disability
- Provision of home base care for persons with disability

Strategy: Strengthen hospitals and major health centres to provide comprehensive disability care

Main Activities:

- Provide training to specialized level on disability rehabilitation
- Provide specialized training for production of mobility aids
- Create advocacy awareness on draft disability bill for enactment

Specific Objective: To ensure that at least 80% of all straight forward cataract surgery patients have visual acuity of no less than 6/18 with best correction by 2015

Strategy: Support cataract surgery services for patients with visual acuity of no less than 6/18

Main activities:

- Conduct free eye care screening and cataract surgery

Specific Objective: To ensure all public infrastructures have disability access by 2020

Strategy: Strengthen and expand accessibility for disable person

Main activities:

- Conduct Media campaign on disability and rehabilitation
- Community sensitization on disability and rehabilitation
- Inclusion of disability access in all building plans

Prevention of Violence &Injuries

Specific Objective:

To reduce the incidence of violence and injuries by 50% by 2020 Strategy: Strengthen the management of sexual and gender based violence

Main activities:

- Establishment of ONE STOP centre for victims and perpetrators of violence
- Build capacities of health care providers and professionals on management of sexual violence and Standard Operation Procedures (SOP) on violence and injuries
- Increase knowledge and skill of health care providers on sexual abuse and violence
- Provide screening and psychosocial counselling and support for victims of violence and injuries

Strategy: Health education and promotion

Main activities:

- Create awareness on injuries and violence
- Advocacy and awareness on the domestic violence Bill for enactment
- Increase awareness on sexual abuse and violence

Promotion of Healthy Ageing

Specific Objective:

To improve health care services for elderly persons

Strategy:

Provision of free NCD screening for the elderly

Main activities:

- Routine Screening of elderly for NCDs

Strategy:

Support home base care for the elderly

Main activities:

- Training of health care providers on healthy aging
- Support for family and care givers of the elderly
- Reduce severe malnutrition rate among the elderly

Strategy:

Health education and promotion

Main activities:

- Awareness creation on age friendly environment
- Create awareness on the clinical management of aging

Specific objective:

To improve and expand Physiotherapy services at all major public health facilities

Strategy:

Fully functional Physiotherapy services at all public hospitals and major health centres

Main Activities:

- Upgrade service level from basic to comprehensive
- Procure equipment and consumables

- Provide specialized training on Physiotherapy to both undergraduate and graduate levels
- Support Physiotherapy training in the University of the Gambia

Strategy:

Ensure quality Physiotherapy services

Main Activities:

- Establish a regulatory system for Physiotherapy services
- Promote public- private partnership for provision of quality Physiotherapy services
- Strengthen quality control and quality assurance activities

CHAPTER 4: THE INTEGRATED SUPPORT SYSTEMS

4.1 Human Resources for Health

Preamble

Human Resource (HR) issues have taken centre stage as the major challenge facing all organisations. As a strategic and differentiating resource, human resources are the most reliable means of achieving success. In view of this, it has become the desire of the MOH&SW to develop, attract and retain the best workforce. The Human Resources for Health (HRH) situation in the Ministry has been very critical. The complexity and challenges associated with human resources such as high attrition rates, shortage of skilled health professionals (0.1doctors/1000 populations, 0.11 registered nurses/1000 populations, 0.18 enrolled nurses/1000 populations, 0.04 registered nurse midwives/1000 populations, 0.12 enrolled nurse midwives/1000 populations) (MOH&SW, 2013) low morale among staff, deteriorating quality of care and other related problems has affected health care delivery at all levels of the health care delivery system (MOH&SW, 2003 the same applies here too) and need some attention. This situation has become more acute in recent years as a result of on-going massive movement of trained staff and the expansion of health care facilities leading to essential gaps in the delivery of health services.

Achievements

The Directorate of Planning and Information through Human Resources for Health unit (now Directorate of Human Resources for Health) which was established in 2005 has registered number of achievements since its inception. These include: provision of incentive packages (hard to reach, special skills, risk allowance, teaching allowance, on-call allowances, responsibility allowance) to MOH&SW staff through advocacy, HRH Policy and strategic plan, Health systems strengthening project (accelerated training of

health staff), establishment of HRIS data base, in-service training (management, IT, HR), Off-site provision– Leeds Metropolitan University, Introduction of masters programs in Public health and Community Health, introduction of the conversion course and upgrading the midwifery from certificate to diploma (HND), and expansion of health facilities.

Challenges

In the face of the successes registered, the Directorate struggles with weak institutional and human capacity for HRH planning and management. There is gross shortage of indigenous skill HRH including health training institutions, high attrition rate among trained and skilled staff, high dependency on

expatriates, uneven distribution of health workers, remuneration packages which don't match the high cost of living, lack of clear guideline for staff promotion, posting guideline and fellowship awards (training scheme and priorities), poor motivation and retention packages for staff, poor working environment and accommodation conditions (MOH&SW 2005), inadequate infrastructure and teaching and learning aids for the health training institutions, weak linkages between MOH&SW and Gambia College and UTG, non-functional vehicle for the movement of students to and from practical experiences, unplanned / uncoordinated expansion of health facilities, poor working environment in terms of availability of essential tools for the service delivery, and inadequate private sector involvement in the production of health staff (MOH&SW 2009).

Strategic Objective:

To ensure the availability and retention of highly skilled and well-motivated Human Resource for Health based on the health demands

This strategic objective focuses on six service areas namely, training and development, recruitment and promotion, distribution, retention & motivation, planning & management and resource mobilization for human resources for health. With these, the health sector aims to resolve the problems it is facing such as shortages of skilled health professionals, high attrition, low staff morale, poor working conditions as well as improve on the staff performance.

SERVICE AREA:

- Training and Development

- Recruitment and Promotion
- Distribution
- Retention & Motivation
- Planning & Management
- Resource Mobilization for HRH

4.1.1 Training and Development

Specific Objective:

To improve on knowledge and skills in line with national health priorities by 2020

Strategy:

Capacity building for HRH at all levels

Main Activities:

- Reviewing the 15 year HR projections and comprehensive training plan
- Establish and operationalize comprehensive HRH plans

Specific Objective:

To improve HRH planning at all levels by 2020

Strategy:

Establish and operationalize comprehensive HRH plans

Main Activities:

- Develop guideline and policy for selecting the award of fellowships and training
- Reviewing existing staffing norms
- Implement the 15 year HR projections and comprehensive training plan

Specific Objective:

To improve continuous professional development based on the results of the needs assessment by 2020

Strategy:

Harmonize and improve continuous professional development

Main Activities:

- Conduct training needs assessment at all levels in both private and public sectors
- Develop guidelines for in-service training
- Strengthen the in-service training unit
- Develop protocol to enhance competent staff to take teaching and research positions at all health training institutions.
- Develop schemes of service for cadres such as physiotherapy; radiology; and biomedical equipment technicians.

Strategy:

Improve capacity for health training institutions

Main Activities:

- Provide teaching and learning materials
- Conduct training needs assessment in all health training institutions
- Monitor quality assurance in health training institutions
- Develop guidelines for quality assurance
- Train lecturers in all health training institutions based on the needs assessment

4.1.2 Recruitment and Promotion

Specific Objective:

To establish mechanisms to manage recruitment and promotion at all levels for both public and private

Strategy:

Improve staffing at all levels

Main Activities:

- Develop guidelines for appointments/promotion
- Identify and fill vacant positions

Strategy:

Institutionalize and accelerate the use of performance appraisal system at all levels

Main Activities:

- Develop M&E system for the performance appraisal
- Support RHMT and central level to develop plans for rolling out performance appraisal systems
- Train RHMTs and central level staff on performance appraisal systems
- Develop/review guidelines for performance and performance management mechanisms at all levels

4.1.3 Distribution

Specific Objective:

To establish a mechanism to manage and deploy staff at all levels by 2020

Strategy:

Equitable distribution of staff at all levels

Main Activities:

- Develop and implement posting guidelines and policy
- Implement the staffing norm
- Develop a deployment plan
- Establish a posting committee at all levels
- Increase number of trained staff per health facility by population size

4.1.4 Retention & Motivation

Specific Objective:

To improve HRH performance management and reward systems by 2020

Strategy:

Improve incentive package at all levels

Main Activities:

- Allocate 50% of basic salary as retention allowance for lower cadres of staff (grade six and below)and 40% for grade seven and above.
- Create a special hard-to-reach area allowance
- Provide performance-based rewards
- Advocate for free medical care for all health workers and their immediate family members.

Strategy:

Improve working environment at all levels for both private & public sector

Main Activities:

- Monitor staffing norms for both the public and private sectors
- Renovate and furnish existing staff quarters
- Provide essential equipment for service delivery at all levels.
- Build Staff quarters in 6 facilities in CRR and URR

4.1.5 Planning & Management

Specific Objective:

To improve leadership and stewardship capacity in HRH by 2020

Strategy:

Improve planning and management of HRH

Main Activities:

- Implement existing schemes of service.
- Build capacity for HRH planning and management at all levels.
- Establish HRH Steering Committee and Technical Working Groups
- Integrate HRIS into the existing HMIS
- Build the capacity of the HRH Directorate
- Conduct periodic operational research

4.1.6 Resource Mobilization for Human Resource Human (HRH)

Specific Objective:

To improve management and planning of available HRH by 2020

Strategy:

Improve resource mobilization, alternative financing, and partnership in HRH development

Main Activities:

- Develop resource mobilization plan for HRH
- Introduce cost sharing scheme for HRH production with partners
- Advocate for partner involvement in HRH production
- Organize donor conferences
- Coordinate donor support

4.2 ESSENTIAL MEDICINES, VACCINES, AND OTHER HEALTH SUPPLIES

Preamble

Essential medicines, vaccines, and other health supplies consist of pharmaceutical services, blood transfusion services, laboratory and radiology services. Blood transfusion requires safe, effective and

appropriate practices for adequate care to patients in need. Issuing safe blood to patients involves complex processes of getting donations, ensuring proper screening, storing of blood and blood products, and ensuring rational use of blood. Although a national blood policy was approved in 2000 and a draft strategic plan was developed in 2006, the organization, structures and procedures in the policy have not been fully implemented. Currently, there are ten public health facilities (six hospitals and four health centres) that carry out blood transfusion, and one health centre that collects blood, screen and dispatch the screened blood to other hospitals. The screening of transfusion transmissible infections is carried out by the national laboratory services at each centre. The agents tested for are HIV, Syphilis, HBV and HCV. There is a need to strengthen laboratory capacity, policy guidance, and enhance recruitment and retention of safe blood donors. Therefore, the need to identify achievements and gaps in the service are paramount to reducing patient risks through unavailable/inappropriate transfusion practices.

The National Public Health Laboratories (NPHL) was established in 2009. Since its establishment, it has been actively involved in offering laboratory disease surveillance, quality control confirmatory tests, emergency and disease response. . There are 40 public facilities (peripheral laboratories) throughout the country manage and supervise by NPHL. Our main target is to develop NPHL to a research institution and to complement the clinical laboratory services offered at health facilities especially in the area of malaria microbiology, TB and HIV. NPHL has six functional laboratory units and one biomedical unit namely:

- Serology laboratory
- Food Chemistry Laboratory
- TB Laboratory
- Microbiology (Bacteriology) laboratory
- Parasitology Laboratory
- Molecular Biology Laboratory
- Biomedical Engineering Unit

Accurate diagnostic and appropriate patient management, effective, affordable and functional laboratory services are crucial in providing quality health service for all. There are significant development in expansion of laboratory services in both public and private sectors even though there is no regulation to address the proliferation and expansion of private labs. The quality of laboratory services (Human and material resources) both in the public and private however needs to be strengthened and the adequate regulation established..

The scope of Radiological services is broad and therefore the demand keeps rising steadily in the Gambia.

Radiological examinations are carried out 24 hours 7 days a week in all major Government hospitals and modern imaging modalities exist in hospitals

As accurate diagnostic and appropriate patient management, effective, affordable and functional radiology services are crucial in providing quality health service for all, other health facilities, staff and services therefore need to catch up with the steady rise in demand for radiological services.

The number of patients seen a day in the radiology at the main referral hospital is approximately 40 to 50. The examinations did include both plain radiography and special procedures.

Achievements

The Gambia adopted its first National drug policy in 1995 and was revised in July 2007 and a strategic plan developed in 2009. As a result the pharmaceutical sector in The Gambia registered a number of achievements that have contributed towards the improvement in the availability and accessibility of medicines in the country ranging from the establishment of National Pharmaceutical Services Unit, construction and establishments of six Regional Medical Stores, existing distribution system, construction of New Central Medical Stores warehouse and administration building under the World Bank (WB) project. In addition there is an existing LMIS and computerized inventory control system at Central Medical Stores and increase in skilled human resource. Furthermore there is an available infrastructure that needs to be developed into a Quality Control laboratory though not functional but limited tests are being conducted using the minilabs. Efforts to improve the management and utilization of pharmaceuticals had resulted in development and provision of the Standard Drug Treatment Manual and Essential Medicines List, training of Health Workers on Rational Use of Drugs and the Management of drugs at the health facility level. A system to monitor safe use of these medicines and adverse drug reactions is in the process of being established.

The national blood transfusion service programme under the national public health laboratory service directorate has a budget line established. The national blood transfusion policy and the draft strategic plan are currently being reviewed and validated but yet to be approved. Standard operating procedures have been developed and in used. Currently separation of blood into components (fresh frozen plasma and packed red cells) and exchange transmissions has started at the main referral hospital.

In addition, there are existing voluntary organizations and blood donors associations collaborating with

the NBTS to recruit voluntary blood donors.

The establishment of the National Public Health laboratories service Directorate and reference laboratories was a major achievement. The Directorate has a draft National Laboratory policy in place. NPHL has committed and dedicated staff and has registered high routine screening countrywide over the years. NPHL has a good quality assurance scheme and external quality control system in place for the public sector. It has improved its data management over the years with timely reporting of data and the expansion of laboratory services in all the regions of the country. NPHL successfully conducted Schistosomiasis study in collaboration with MRC in 2011, Coartem efficacy study in 2012 and Demographic Health survey with GBoS in 2013. The Serology laboratory has achieved partial accreditation in testing Measles and Rubella. NPHL in collaboration with the Global Fund and MOH&SW have trained more than 80 laboratory assistants and technicians. Training for Nurses, Public health officers and other health professionals had also been conducted. In 2013 there has been an expansion of laboratory services from 35 to 40.

Radiological services have progressed steadily through the past years. With the number of trained Radiographers being only 3 in the Gambia (two working for MRC), training of 19 Radiographic Assistants was successfully completed and 10 Radiographic technicians are currently on training, under Global Fund AIDS program through National Aids Secretariat (NAS). The Programme is currently run by the University of The Gambia (UTG).

Apart from training, some new imaging equipment was also acquired namely Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Digital Radiography equipment and imaging plates, and mobile x-ray machines for Ward radiography in EFSTH. Some staff members of the Radiology department of EFSTH have also benefitted from MRI applications training offered by the Republic China on Taiwan.

Challenges

The baseline survey of the WHO Pharmaceutical Sector assessment done in 2007 highlighted a number of challenges and constraints including inadequate organizational structure, inadequate availability of essential medicines and vaccines, lack of sustainable medicines financing, inadequate logistics, inadequate medicines regulation (structure and processes), lack of a drug quality control lab and skilled human resources, irrational drug use and weakness in drug management, some of which are currently being addressed e.g. inadequate medicine legislation. A number of global and national challenges such as the HIV/AIDs pandemic, the re-emergence of TB, increase prevalence in non communicable diseases and the increasing medicines resistance to infectious diseases can also negatively impact on the pharmaceutical

sector, as it obviously put further constraint to its limited resources, both financial and technical. This is further aggravated by the problem of counterfeit, and substandard medicines, which is increasingly becoming a major concern within the sub-region and world-wide.

The Gambia government provides support for the provision of routine vaccines for immunization services and continues to meet its core financing obligation (5%) for the provision of new and under-used lifesaving vaccines. The provision of funds for supplementary immunisation activities and purchase of infant welfare cards as well as surveillance poses major challenge to effective implementation of EPI services.

Although the main referral hospital blood bank have been identified as the headquarters for the national blood transfusion services, lack of an independent national blood transfusion centre made coordination and supervision of the programme difficult in the past years. The lack of proper blood transfusion guidelines, regulatory mechanisms and limited quality management systems adversely affects the quality of blood given to patients. Acute shortage of qualified staff, lack of mobility to run the service across all levels and limited storage facilities has created a big gap to the service. There is a high reliance on relative donors due to the low public awareness of the service. There are no defined mechanisms to ensure sustainability of the service and lack of regulation of transfusion services in the private sector is a big challenge.

The NPHL is faced with a number of constraints and challenges, the draft national laboratory policy is yet to be validated and currently there is no laboratory strategic plan. These two key documents are essential in delivering quality laboratory services. Erratic electricity supply is a major risk factor in laboratory service delivery in NPHL and across the country. This affects the timely processing of specimen and reporting. NPHL has inadequate laboratory equipment for sample processing. For the production of quality results special equipment and working tools should be provided to prevent delay in sample processing and reporting. Inadequate trained personnel also affects proper sample collection, processing and reporting.

This needs to be improved for the production of reliable and quality results. There is limited/ inadequate funds for laboratory service delivery in surveillances this could limit the coverage of laboratory service delivery and expansion. Shortages of test kits is one of the major challenges of the laboratory service, which could affect laboratory service delivery in the case of outbreaks.

Apart from CT, MRI and Ultrasound room in EFSTH, the main Radiology department, has always been a two-room department with equipment for plain Radiography. More rooms are needed to house other important imaging equipment such as Fluoroscopy (for examination of the alimentary track and interventional radiography), A/E equipment, orthopantomography (OPG) panoramic view of the dental

layout), Angiography, (Radiological examination of the blood vessels) and mammography, Radiological examination of the female mammary gland(the breast).Female patients requiring mammography have to travel to Dakar to have it done. The cost, excluding transportation, feeding and accommodation can be expensive. In the Gambia, the cost was only D300.00 for both breasts. Currently, there is no mammography equipment and C arm x-ray machine which are very important.

Ultrasound is vital in medical imaging. The current machines in EFSTH are old and out-dated. New ones are needed. The Radiology department of Sulayman Junkung General Hospital is yet to start functioning. An assessment of the department was carried out in October 2013.and Recommendations were made. The authorities are currently working on the recommendations, with the hope to commence radiological services soon.

Apart from the need for the important equipment mentioned above, capacity building is vital. We need more trained Radiographers (currently the course is not offered in the Gambia) as well as Radiologists. There is no Gambian Radiologist at the moment.

Officially trained biomedical engineers in Radiological equipment are also urgently needed. These are staff of the Biomedical Engineering department responsible for repair and servicing of hospital equipment. Some of them need to specialise in Radiological equipment.

Apart from the situation of the ultrasound machines in the EFSTH, challenges encountered are the same in all other hospitals nationwide which include inadequate radiology consumables.

Table 5: An overview of radiological services nationwide

	Name of Hospital	No. of imaging machines	No. of staff	No of radiographers
1	Edward Francis Small Teaching Hospital (EFSTH)	5, two functional, 1 static 1 mobiles, 1 CT, 1 MRI, 4 ultrasound	1 radiographer, 4 assistants	1
2	Serrekunda hospital (SKH)	3, one static, 2 mobiles, 1 CT	2, one technician 1 assistant	-
3	Sulayman Junkung Gen. Hospital (SJGH)	None yet	-	-
4	Farafenni General Hospital (FGH)	1 mobile, static and fluoro. Out of order	3	-
5	Bansang Hospital	1 mobile	1	-
6	Westfield Clinic	1 mobile	1	1
7	MRC Fajara	1 static	1 radiographer, 1 assistant	1
8	MRC Basse	1 static	2 assistants	-

9	Ahmadiyya Hospital		1 technician	-
10	Bijilo Medical Centre	1 mobile	1 technician	-
11	Africmed Clinic	1 mobile	1 technician	-

Strategic Objective:

To improve the effectiveness and efficiency of Health Information System for Planning and decision making to yield improved service delivery by 2020

This strategic objective will focus on improving and expanding on the following service areas namely, pharmaceutical, laboratory, radiology and blood transfusion services. These services will be made available, accessible and affordable to health care seekers at all levels.

SERVICE AREA:

- Pharmaceutical Services
- National laboratory Services
- Radiology Services
- Blood transfusion Services

4.2.1 Pharmaceutical Services

Specific Objective:

Ensure availability and access to quality pharmaceutical services by 2020

Strategy E

stablish a sustained financing mechanism for continuous availability of essential medicines, vaccines, other medical supplies, laboratory and blood transfusion.

Main Activities:

- Advocate for and provide 100% of the estimated annual budget requirement
- Strengthen DRF structures for effective revenue collection (to supplement the budget for essential supplies (10 to 20%)

- Develop a plan for resource mobilization to reduce funding gap
- Establish an Interagency Coordinating Committee to monitor technical and efficient budgetary and resource allocation
- Promote collaboration between public and private sectors in the provision of essential drugs and other medical supplies
- Advocate for 10% increment on routine EPI budget line to accommodate emergency immunization activities

Strategy:

Improve the procurement and supply management system and promote rational use of medicines.

Main Activities:

- Create an effective integrated procurement and supply chain management system
- Strengthen the procurement, storage, distribution systems and rational use.
- Improve coordination, planning, monitoring and supervision of the supply chain
- Strengthen the LMIS system
- Develop, update, print and distribute policy documents for the procurement supply management system (including Standard Treatment Guidelines, Essential Drug List, National Formulary and SOPs)

Strategy:

Strengthen the drug regulatory authority

Main Activities:

- Advocate for the approval of the draft bills (Pharmacy bill and Medicines and related products Act)
- Develop the necessary structure and tools for implementation of the Act

Strategy:

Strengthen drug quality control lab.

Main Activities:

- Provide equipment and consumables for the quality control lab
- Identify and train staff for the quality control lab

4.2.2 Blood Transfusion Services

Specific Objective:

Strengthen national blood transfusion services by 2020.

Strategy

Establish a national blood transfusion centre.

Main Activities:

- Construct a National Blood Transfusion Centre.
- Provide equipment, furniture and consumables for the centre
- Train staff on blood transfusion services

Strategy:

Strengthen blood transfusion services at all hospitals and major health centres

Main Activities:

- Set up a National blood transfusion committee
- Improve information/data management systems
- Monitor quality control and quality assurance activities

Strategy:

Reinforce nation-wide voluntary non-remunerated blood donation.

Main Activities:

- Provide resources for community outreach sensitization and donor bleeding

- Improve collaboration with Blood Donor Associations

Strategy:

Achieve 90% voluntary non-remunerated blood donation through health Promotion and Education

Main Activities:

- Improve collaboration with Blood Donor Associations
- Conduct IEC activities on Blood Transfusion at all levels
- Conduct community film shows on blood donation
- Conduct radio and television programmes to raise awareness on blood donation
- Commemorate World Blood Donor Day

4.2.3 National Laboratory

Specific Objective:

Strengthen National laboratory services by 2020.

Strategy:

Establishment of fully functional laboratory services at all hospitals and major health centres

Main Activities:

- Upgrade service level from basic to comprehensive
- Provide equipment and consumables
- Train staff on laboratory services

Strategy:

Ensure quality laboratory services

Main Activities:

- Establish a regulatory system for laboratory services

- Promote public- private partnership for provision of quality laboratory services
- Monitor quality control and quality assurance activities

4.3.4 National Radiology Services

Specific objective: To improve and expand Radiology services at all major public health facilities by 2020

Strategy: Establish fully functional radiology services at all public hospitals and major health centres

Main Activities:

- Upgrade service level from basic to comprehensive
- Provide equipment and consumables
- Train staff on radiology to both undergraduate and graduate levels
- Support radiology training in the University of the Gambia

4.3.5 Radiology

Strategy: Ensure quality radiology services

Main Activities:

- Establish a regulatory system for radiology services
- Promote public- private partnership for provision of quality radiology services
- Monitor quality control and quality assurance activities

4.3 HEALTH INFRASTRUCTURE DEVELOPMENT AND MANAGEMENT (IN-CLUDING EQUIPMENT, MAINTENANCE AND TRANSPORT)

Preamble

Infrastructural development was side-lined in the MOH&SW for a number of years. Based on the organogram of the MoH&SW it is not clear which Directorate or Unit is responsible for Health Infrastructure Development and Management. The staff quarters were last built when the four new health centres (Albreda, Kafuta, Foday Kunda and Sarakunda) were constructed in 2005 under the World Bank(WB), Participatory Health Population Nutrition Project(PHPNP). Existing staff quarters remain dilapidated without regular maintenance, contributing to low staff morale and by extension, to high staff attrition rate especially in the rural areas.

Proposals for investment in infrastructure should be geared towards addressing and achieving equitable geographical access to health care. However, a number of facilities are yet to be built to improve access to health services. It is imperative that these health facilities are constructed to improve access to each level of healthcare.

Vehicles are utilised by various categories of facilities including hospitals, Major H/Cs and Minor H/Cs, RHTs, programme units, the Ministry, Health Training Schools and maintenance units. The current transport fleet comprises of four-wheeled vehicles (ambulances, utility and others) and motorcycles. In 2002 the MoH&SW entered into a contract with Rider For Health (RFH) to manage their transport fleet. In 2008, a new contract (Transport Assess Management-TAM) was signed in which RFH purchase 36 ambulances, 27 trekking and supervisory vehicles and 60 motorcycles which they lease out to MoH&SW, as well as continuation of the 2002 contract(Demand Services-DS).As a result there have been major improvements in transport fleet management.

Based on the population standards and using the minor health centre as unit of analysis (15,000 populations/ per minor health facility) the health coverage per region is thus:

- Kanifing 18%,
- NBR 100%,
- LRR 60%,

- Banjul 100%,
- URR 67%,
- CRR 75%
- Western Region 30%. (MOH&SW, 2007)

Achievements

The MOH&SW has upgraded 12 dispensaries to minor health centres and constructed 4 new health centres between 2003 and 2007. In addition a new hospital was constructed in Kanifing that was operational in 2010. The commencement of the civil works under the IDB funded Health Facilities Expansion Project will see 7 health centres expanded and refurbished, 2 new health centres constructed, SEN training school in Bansang expanded and staff quarters built at AFPRC General Hospital.

In terms of transport there has been zero cancellation of RCH treks since 2010 due to lack of transport or fuel which is attributed to the RfH TAM programme. In October 2013, one 16,000 litres fuel tank vehicle, 11 pick-up trucks, 9 ambulances, 2 Uhuru X four wheel drive quad bikes (on trial), 1 RCH trekking vehicle and 60 motorcycles arrived in the country and have will been distributed country wide to improve service delivery. RFH have also constructed two workshops (Basse and Kerewan) and upgraded 3 workshops (Kanifing, Mansakonko and Bansang). They constructed a training-cum-resource centre in Kanifing.

Challenges

Poor maintenance of staff quarters and health facilities remain a big challenge to the public health sector. This is compounded by insufficient resources, inadequate and insufficiently trained maintenance workforce with inadequate tools and equipment. There is no coordination between the two Maintenance Units in the execution of their duties.

In transport system, the key challenges are, lack of coordination and management of the contract between

MoH&SW and RFH, insufficient fuel allocation for routine services at all levels, inadequate servicing and maintenance of non-TAM vehicles, poorly equipped ambulances, inadequate trekking and utility vehicles for MoH&SW, shortages of spares and consumables.

Strategic Objective: To improve infrastructure and logistic requirements of the public health system for quality health care delivery.

The Gambia has a wide range of health facilities distributed all over the country provided by the government, faith based organizations, Non-Governmental Organizations and private institutions. Investment in infrastructure is geared towards addressing and achieving equitable geographical access to health care.

SERVICE AREA:

- Transport
- Infrastructure
- Biomedical Equipment

4.4.1 Transport

Specific Objective: To coordinate the procurement, operation, maintenance and replacement of vehicles and motorcycles in order to ensure a healthy fleet at all times by 2020

Strategy: Ensure maximum availability and management of vehicles and motorcycles

Main activities:

- Develop a comprehensive vehicle replacement plan
- Procure vehicles (including trucks) and motorcycles
- Develop and maintain a comprehensive vehicle inventory system

- Provide safe and adequate fuel storage facilities in all regions
- Create comprehensive vehicle maintenance workshops in all regions
- Procure adequate fuel
- Provide adequate and genuine spare parts (lubricants, filters, tyres , brake parts, etc.
- Strength the coordination and management between MoH&SW and RFH

4.4.2 Infrastructure

Specific Objective: To improve health infrastructure in all health regions by 2020.

Strategy: Develop a comprehensive Health Infrastructure Development and Management (HIDM) plan

Main Activities:

- GPS mapping of all existing health facilities public and non-public
- Inco-operate new facilities to be constructed over the planned period
- Review and update the health mapping and establish criteria for prioritizing and sequencing of all planned new facilities
- Cost the capital investment plan (staff housing, health facilities, kitchens, incinerators laundry areas, etc.)
- Establish a Health Infrastructure Development and Management (HIDM) Unit which will include the maintenance units and biomedical engineering unit
-

- Provide alternative energy source to facilitate health service delivery at all levels.

Specific Objective: To refurbish / rehabilitate 5 health facilities in each health region by 2020

Strategy: Ensure the Refurbishment and rehabilitation of health facilities

Main Activities:

- Develop a comprehensive maintenance plan
- Review and update building requirements, standards and norms for the health system
- Conduct situation analysis of existing health facility needs
- Refurbish existing structures

Specific Objective: To provide a new office complex for the MoH&SW and food testing laboratory by 2017

Strategy: Ensure the building of a new MoH&SW office complex and food testing laboratory

Main Activities:

- Construct a new MoH&SW office complex
- Construct a food testing laboratory
- Provide office equipment and furniture for the complex
- Provide equipment and furniture for the food testing laboratory

Specific Objective: To have well maintained and safe health facility structures (buildings) by 2020 Strategy: Ensure an effective maintenance system

Main Activities:

- Review and update the maintenance policy

- Recruit qualified building maintenance staff (welders, architects and surveyors, carpenters, plumbers, electricians, masons, painters) should be captured in HR

Strategy: Strengthen the capacity of the maintenance unit

Main Activities:

- Provide equipment and working tools for the buildings maintenance unit.

- Establish a buildings maintenance workshop

- Train buildings maintenance unit staff should be captured in HR

Specific Objective: To have a well maintained inventory system for physical infrastructure by 2016 Strategy: Develop a comprehensive inventory system for health assets

Main Activities:

- Provide resources for the inventory system (computers, software, engravers, etc.).

- Inventories all physical infrastructures (buildings, furniture, equipment),

4.4.3 Biomedical Engineering Unit

Strategy: Create a fully functional biomedical engineering unit

Main Activities

- Provide appropriately qualified staff to run the service
- Provide required biomedical repair tools

Specific Objective: To ensure the availability of biomedical equipment at all levels by 2016 Strategy: Provision of adequate biomedical equipment at all levels

Main Activities:

- Conduct a comprehensive assessment of biomedical equipment needs in the public health system.
- Procure quality biomedical equipment
- Develop a biomedical equipment replacement plan

Specific Objective: To have a well maintained inventory system for biomedical equipment by 2016 Strategy: Develop a comprehensive inventory system for Biomedical Equipment

Main Activities:

- Conduct quarterly update of inventory
- Provide resources for the inventory system (computers, software, engravers, etc.).

Specific Objective: To have a functional Biomedical equipment maintenance and management system by 2016

Strategy: Strengthen the Biomedical equipment management unit

Main Activities:

- Establish biomedical equipment management workshops in each region

- Train biomedical equipment management unit staff
- Recruit qualified Biomedical Engineers/Technicians and support staff
- Provide equipment and working tools for the biomedical equipment management unit

4.4 HEALTH FINANCING PREAMBLE

In The Gambia, the main sources of financing health care are through the government, donors, NGO, and private out-of-pocket expenditures. Public sector financing of health has grown over the years but has mainly favoured investment in tertiary care. According to the first National Health Account Survey that was conducted in 2007 for the years 2002-2004 showed that the contribution of the Government to the health sector grew from 18% in 2002 to 24% of the total health expenditure in 2004. The households, through direct out-of-pocket payments to health care providers were 12% in 2002, 11% in 2003 and 9% in 2004 to the total health expenditure. The total health expenditure as a percentage of Gross Domestic Product (GDP) is estimated at 5.7%.

The health sector has increasingly become dependent on donor funds from the Global Fund for AIDS, TB and Malaria (GFATM) and development partners such as, UNICEF, UNFPA and WHO. General Government expenditure on Health as percentage of General Government is still below the Abuja Declaration Target of 15%.

As a supplement to government expenditure on health, user charges were introduced in 1988 and the proceeds are paid into a Drug Revolving Fund (DRF) account. These generated funds are used to complement the government's budget allocation for drugs. Despite this, health is seriously under-funded particularly at the primary and secondary levels. The health budget is also disproportionately distributed favouring the tertiary level and urban over rural areas with hospitals currently accounting for nearly half of the total government resources and expenditures. Strategies to equalize this imbalance include on-going advocacy to mobilize resources for health financing from traditional and non-traditional partners/ donors and the strengthening of cost sharing mechanisms for all levels of health care delivery.

Table 6: Gambia - National Expenditure on Health (Gambian Dalasi)

Source: MOH&SW and world health statistics

Achievements

The MOH&SW has its draft Health Financing Policy since 2009 as a guide/tool to make funding available, ensure choice of cost-effective interventions, set appropriate financial incentives for providers, and ensure that all individuals have access to effective public health and personal health care.

In addition, it has also conducted its first National Health Account in 2007 which provided information on Health budgets and expenditures nationally in terms of donors, government and out of pocket expenditures.

In line with attaining Universal Health Coverage, the Ministry has already conducted two feasibility studies on the introduction of National Health Insurance with the intention of starting with the formal sector (the civil servants) as one of the studies highlighted as a recommendation.

Moreover, through the support of the World Bank MoH&SW in collaboration with NaNA has introduced Result Based Financing (RBF) as a pilot in the NBW region and upon successful implementation, this will be scaled up to other regions (NBE, CRR, and URR). These financing mechanisms are the most appropriate strategies that can help us achieve Universal Health Coverage.

Challenges

In The Gambia available statistics indicate that over 60% (NHA 2007 Report) of the total health funding comes from donors (international health development partners) raising high challenges of sustainability and predictability of funding to the sector.

Although there is an impressive revenue collection system in place by the Gambia Revenue Authority, the government allocation to the health sector is 10.5% of national budget in 2013, below the Abuja declaration of 15%.

Moreover, current funding for the health sector is less than optimal as available resources could still not provide the required quality services for the population due to so many reasons like high administrative cost especially from GLF component and in addition donor inputs are not well coordinated while issues of efficiency and equity in use of funds continue to be a challenge.

Apart from the above issues, there are other challenges that the health sector is facing: Weak revenue

collection and low capacities in resource mobilization at the various health facilities, low cost levied on user fees, inadequate data on health expenditure due to lack of regular studies of National Health Accounts and Public Expenditure Reviews, which are supposed to give us the true picture of the health financing situation of the country.

Since the Health Financing Policy is not finalized, there is no holistic health financing mechanisms and legislation in place, no National Health Insurance Scheme and therefore there is inadequate health financing schemes in the country (only few private health insurance schemes). The health system has inadequate number of trained health economists and planners in the health sector to implement Health Financing Policy, in terms of putting proper system in place for health expenditure planning, execution, trekking and monitoring. Finally, cost of providing health care continues to rise due to increasing demand, changes in diagnostic and therapeutic technologies, inflation and currency fluctuations which are the biggest challenge worldwide.

Strategic Objective: To establish an effective, efficient, and sustainable health sector financing mechanism by 2020

The purpose of health financing is to make funding available, as well as to set the right financial incentives to providers, to ensure that all individuals have access to effective public health and personal health care. A good health financing system raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for the services.

The Gambia health sector will identify several modes of financing health services through the government either through sector wide approach (SWAp), taxation; user fees through out of pocket payments, external sources from bilateral, multilaterals, or philanthropic sources and will look into the introduction of health insurance, either social or private mechanisms.

SERVICE AREA:

- Stewardship for health financing
- Revenue generation and collection

- Revenue Pooling
- Resource allocation and purchasing

4.5.0 Stewardship for Health Financing

Specific Objective: Development of a holistic health financing mechanism by 2016 to attain universal coverage

Strategy: Ensure required health financing policy and Acts are in place

Main Activities:

- Review and validate the Health Financing Policy
- Develop and implement Operational Plan for Health Financing Policy

Strategy: Ensure Universal Health Coverage through the delivery of comprehensive basic healthcare packages to the population by 2018

Main Activities:

- Constitute a task force to review the existing basic package at all level of care
- Determine the cost of providing basic health care packages across various income groups
- Create a budget line for Results Based Financing (RBF)
- Conduct study tours to learn best practices on Universal Health Coverage
- Define mechanisms for ensuring universal health coverage (e,g Results Based Financing, Health Insurance ,)

- Incorporate National Health Account into health planning and budget circle

4.5.2 Revenue Generation and Collection

Specific Objective: Allocate 15% of government budget to Health by 2018 from 10.5% in 2013 to meet the Abuja Declaration Target

Strategy: Utilization of the MTEF process to gradually achieve the Abuja target

Main Activities:

- Ensure the approved health budget is adequately executed

- Review and Implement MTEF by utilizing the Marginal Budgeting for Bottlenecks and making an investment case

Specific Objective: To institute other financing options to support government budget through the development of mixed prepayment mechanisms

Strategy: Use of tax-base and non-tax base financing of health care

Main Activities:

- Introduction of a Health Tax Policy and Act

- Advocate for innovative financing by allocating 3% of the levy on tobacco and tobacco products, alcohol and hazardous products

- Introduce National Health Insurance. Scheme

- Establish health financing agency to manage risks, revenue collection and purchasing of health

services

- Develop a resource mobilization plan
- Organize resource mobilization conference
- Advocate for the introduction of a service charge on GSM usage and bank transactions for contribution towards health financing

Specific Objective: Improve revenue collection mechanisms by 2020

Strategy: Strengthen resource mobilization

Main activities:

- Identify all revenue collecting source within the Ministry of Health
- Set up an efficient revenue collection mechanisms
- Phasing- out all non - accounting staff from collecting revenue at all levels
- Recruit accounts clerks for all public health facilities
- Develop adequate human resource capacity for revenue collection
- Monitor and supervise the collection of revenues in all public health facilities

4.5.3 Revenue Pooling

Specific Objective: To provide social safety nets to protect the poor against exorbitant health spending by 2020

Strategy: Establish social health revenue pooling scheme and equity fund to subsidize for out of pocket expenditure

Main activities:

- Pool health revenue generated funds into one basket
- Promote of Community Based pre-financing Mechanisms (health insurance schemes)

4.5.4 Resource Allocation and Purchasing

Specific Objective: To achieve optimum utilization of resources to attain universal coverage by 2020

Strategy: Ensure resource allocation based on needs assessment and priority setting

Main activities:

- Develop a Resource Allocation Formula taken into account all resources available from all sources.
- Develop a monitoring framework to ensure accountability transparency and equitable resources utilization
- Strengthen the resource allocation committee
- Use Drug Revolving Funds to support the procurement of essential drugs, reagents and other laboratory consumables

4.2 HEALTH INFORMATION SYSTEM (HIS)

Preamble

The Health Information System in The Gambia comprises five main service areas namely Health Management Information System (HMIS), Health research, Births and deaths registration, Information and

communication technology and Integrated Disease Surveillance and Response (IDSR). These service areas will focus on information generation, validation, analysis, dissemination and utilization for the purpose of effective and efficient planning and decision making process.

Health Management Information System is the umbrella programme for collecting, analysing, storing and disseminating health data of the Ministry of Health. Thus all service data should be harmonized and integrated into HMIS to facilitate easy flow and access to health information to producers and users of data. HMIS was established in 2000. With the support of University of Oslo Norway, HMIS started using an open source software called District Health Information System version 2 (DHIS2) in 2009/10 to manage its data. Since the establishment of this unit, a lot of efforts went into ensuring that all the data collection systems within the ministry are integrated into HMIS.

Research issues have recently moved very high on the political agenda of the government of the Gambia and have thus gained greater national and international visibility. The aim is to reduce disease burden and poverty and to enhance socio-economic development and improve the quality of life. Evidence-based information is needed by policy makers and health managers to promote rational decision-making in policy and programmatic matters. Such information has to come from sources that include health research findings.

Births and Deaths registration started in the Gambia in 1880 then confined to the colonial city of Bathurst (now Banjul) and protectorate of George Town until 1965 when registrations was open to all Gambians. In 1996 it was decentralized and integrated into RCH in 2004. From inception to date it depends on manual system. The data collected from these processes can be used for producing key health indicators such as birth rates, fertility rates and mortality rates including (prenatal, neonatal, infant, etc.) but this is not possible with current system because of low coverage. Therefore births and deaths are registered for certification purposes. The MICS IV report 2010 indicated coverage as low as 51.5%. Although the act on births and deaths registration was reviewed in 1990, there is need to review it again to reflect current issues with the aim of improving timely and complete registrations of births and deaths in the country.

Achievements

Over the years HMIS unit achieved the following: development of HMIS policy and Strategic plan, deployment of VPN and internet connectivity in regions, programmes all hospitals and all the major health centres with the support of Global Fund Malaria Grant, recruited more data entry clerks, DHIS 2 hosted on line, conducted rapid assessment of DHIS2, increased in the number of facilities that report to HMIS,

produced annual reports and quarterly bulletins.

In 2005 the MOH&SW set up a team to guide the process of developing a Health Research Policy. Consultative meetings were conducted between the members of the Team and health personnel in the public, private and non-governmental sectors.

Subsequently, the Directorate of Planning and Information continued with the consultative review process that culminated in the final version of the National Health Research Policy and strategic Plan 2010 2014.

In addition the following achievements were realized: annual national health research conference has been launched in October 2010, the first ever Demographic and Health Survey was conducted in collaboration with the Gambia Bureau of Statistics in 2013 and coordinate the M&E activities of the PAGE 2012 – 2015. Furthermore, Birth and Death registration programme registered the following achievements: Birth Registration (BR) Strategic Plan 2013 to 2017 developed, under five birth registrations is free, series of mini birth registration campaigns conducted.

Challenges

The legal framework that is required for integration is lacking giving rise to a situation where some programme units are still collecting and managing their data in a parallel fashion thus causing increasing workload on health workers. The following are key challenges faced by the HMIS: inadequate number and skilled capacity to manage data at all levels, availability of parallel systems, duplication of efforts e.g. use of multiple software to manage the same system, weak reporting from some hospitals and private sector, inadequate functional ICT equipment at HMIS and regions, inadequate skilled ICT officers at all levels, poor power supply, inadequate financial support and poor internet connectivity at HMIS unit. ICT system is in its infantry stage; therefore need expansion, capacity building for specialized IT staff and other service providers and provision of adequate tools and equipment.

The research programme has been faced with challenges affecting the implementation of Research programme over the years including; inadequate funding for research activities, inadequate research skills capacity, inadequate equipment and stationary and lack of mobility. Despite the above achievements registered, BR programme is experiencing the following challenges: BR system is not computerise, low birth and death registration coverage, inadequate archiving for birth and death registers, inadequate medical record system in the hospitals, decrease in coverage from 55.5% in 2005/6 to 52.5% in 2010, lack of civil registration and vital statistics system, lack of internet connection at BR, lack of telephone facilities.

Although the act on births and deaths registration was reviewed in 1990,there is need to review again to reflect current issues with the aim of improving timely and complete registrations of births and deaths in the country.

Strategic Objective: To improve the effectiveness and efficiency of Health Information System for Planning and decision making to yield improved service delivery by 2020

SERVICE AREA:

- HMIS
- Health research
- Births and deaths registration
- Information and communication technology
- IDSR

4.2.1 Health Management Information System (HMIS)

Specific Objective: To strengthen HMIS at all levels by 2020

Strategy: Strengthen staff development and motivation

Main activities:

- Implement HMIS Strategic plan
- Train and retrain HMIS staff at all levels
- Recruit personnel with relevant competencies required for effective HMIS

Strategy: Establish a functional coordination framework for HMIS

Main activities:

- Establish a mechanism to cater for adequate equipment and communication needs for HMIS
- Develop a coordination framework for HMIS and establish HMIS technical working group

Strategy: Expand and strengthen national application of DHIS 2 at all levels

Main activities:

- Capacitise a core team on advance DHIS2
- Build capacity of all the programme managers, regional health teams and health facility staff on DHIS2
- Procure a backup server for DHIS

Strategy: Strengthen data quality assessment mechanisms

Main activities:

- Conduct periodic data verification (monthly at regional level and quarterly from HMIS) to service delivery areas
- Develop tools for data quality audit

Strategy: Integrate and harmonize all data collection tools within MOH&SW

Main activities:

- Conduct workshop to integrate and harmonize all the data collection tools of MOH&SW
- Print and distribute data collection tools to all health facilities
- Interlink all the open source databases of MOH&SW into DHIS 2
- Expand VPN with internet in minor health facilities

Strategy: Strengthen information sharing

Main activities

- Produce quarterly bulletins and annual service statistic reports.
- Conduct quarterly information sharing forums.
- Conduct awareness campaign on utilization of health data for planning and decision making at all levels.

4.2.2 Health Research

Specific Objective: To establish structures for health research governance

Strategy: Secure a legal mandate for the National Health Research Council

Main activities:

- Review and update the health research policy and strategic plan.
- Develop an Act to legalize the mandate of the National Health Research Council.
- Enact the Act in Parliament

Strategy: Integrate existing structures into a National Health Research Council

Main activities:

- Set up National Health Research Council and its secretariat
- Set up sub-committees of the National Health Research Council
- Develop standard operating procedures (SOPs) and a work programme for the National Health Research Council

Specific Objective: To establish participatory health research planning and priority setting mechanisms by 2018

Strategy: Set up mechanisms and procedures for priority setting for health research

Main activities:

- Explore existing procedures for setting health research priorities
- Develop and institutionalize best procedures for health research priority setting in The Gambia
- Develop 5 year health research agenda

Specific Objective: To establish mechanisms for dissemination and utilization of health research findings by 2015

Strategy: Develop and implement a communication plan

Main activities:

- Develop a 5 year communication plan

- Organize regular conferences and meetings to disseminate and discuss research findings Develop policy briefs for decision and policy makers

- Make research publications available annually to stakeholders

- Advocate for the setting up of documentation centres in strategic locations.

- Develop a directory of health research

Specific Objective: To improve institutional and human resource capacity in health research in government and non-government sectors by 2018

Strategy: Strengthen capacity of health research institutions

Main activities:

- Undertake a national institutional mapping and research capacity needs assessment

- Train critical mass of health professionals in health research

- Strengthen collaboration between health training institutions and research unit

Specific Objective: To establish systematic procedures for attracting and maintaining public and private research partnerships nationally and internationally by 2018

Strategy: Promote and maintain a national and international research partnership building

Main activities:

- Participate in national and international meetings and conferences to network with other partners

- Provide / commission technical assistance for Gambian institutions involved in research partnerships nationally and internationally

- Identify opportunities for post graduate training, exchange visits, attachments, study tours and joint research studies with other International research institutions.

- Develop advocacy materials such as leaflets, briefing notes and reports on the role, function and activities of the council. The institutional network available to stakeholders

Specific Objective: To establish accountable and transparent mechanisms for attracting and managing funding for health research by 2020

Strategy: Attract funding from multiple sources

Main activities:

- Develop a Financial Sustainability Plan.

- Develop briefing documents for inclusion in round table donor discussions.

- Advocate for a budget line for research within the MOH&SW

- Advocate for 2% of the national health budget & 5% of external health project aid to be allocated to health research in line with the Algiers Declaration Conduct annual spending assessment on health research

4.2.3 Births and Deaths Registration

Specific Objective: To expand and improve the birth and death registration service by 2020

Strategy: Strengthen birth and deaths registration services

Main activities:

- Review and update of the BDMRA

- Conduct advocacy for adoption of the amendments

- Develop a draft of the implementation methodology/procedures based on the Act and administrative structure of the county

- Include the approved procedures in the training manual for Registrars

Strategy: Health promotion and education

Main activities:

- Develop and implement a nationwide awareness campaign based on a clear communication framework and informed by the key communication strategies of BCC, social mobilization of actors and advocacy targeting the political and social leadership

- Conduct awareness campaign at all levels including community (orient print and electronic media and conduct live and radio theatre programs on national and community radio).

- Orient and mobilize regional authorities, TACs, District Chiefs, Alikalos, VDCs, Venerable Religious Authorities, National Celebrities and Regional Level NGOs.

- Conduct a national forum on Birth Registration.

The Gambia National Health Strategy Plan

Specific Objective: To ensure Commodities (Materials), Protection, Archiving and Inventory by 2020

Strategies: Identifying commodity needs of the system and ensure that it is funded on a regular basis, and set up a proper archiving system besides protecting registers, at all levels

Main activities:

- Assessment of material need of the system – current and future – on a regular basis including

cupboards, shelves, registers, and stationery items

- Development a proper inventory system

- Ministry to create a budget line for civil registration, (training and refresh training of civil registrars, gradual improvement of the infrastructure and data archiving)

Specific Objective: To institutionalize and expand the computerization of births and deaths at all levels by 2020

Strategies: Strengthen computerization of birth and death registration system

Main activities

- Integrate births and deaths registration systems into DHIS2

- Train data entry clerk and health workers on the use of integrated birth and death registration system

4.2.4 Information and Communication Technology

Specific Objective: To expand information and communication technology infrastructure at all levels by 2020

Strategy: Strengthen ICT at all levels

Main activities:

- Develop an ICT policy and strategic plan.

- Develop guidelines for ICT utilization and the procurement of ICT materials.

- Institutionalize the inventory of ICT assets of the ministry

- Upgrade the existing website.
- Provide security mechanisms to protect health data from internal and external threats.
- Provide internet connectivity to areas that are not connected.
- Increase the internet connection bandwidth at all levels.
- Provide license software.
- Procure modern ICT tools
- Procure computers for healthcare systems at all levels
- Train ICT staff on different specialization

Strategy: Establish national e-health program

Main activities:

- Conduct an assessment to determine the scope of ICT activities at all levels.
- Procure the required ICT equipment for e-health.
- Build the capacity of ICT personnel for e-health
- Train health workers on e-health
- Conduct an assessment of all hospitals for telemedicine.
- Expand telemedicine application to all the hospitals

- Develop DHIS2 mobile application on specific programs
- Customize Open Medical Record System (OMRS)

4.2.5 Integrated Disease Surveillance and Response (IDSR)

Specific Objective: To improve capacity for IDSR at all levels by 2020

Strategy: Strengthen capacity of health staff on IDSR at all levels

Main activities:

- Train health staff on disease surveillance
- Integrate IDSR data collection tools into National Health Information System (DHIS2)
- Train data entry clerks and health workers on the integrated IDSR

4.5 PROCUREMENT AND SUPPLY CHAIN MANAGEMENT

Preamble

The drug procurement and supply chain management system is composed of four core areas namely procurement policies and procedures, drug management capacity, drug supply management and quality assurance.

The management of drug supplies which comprise the procurement, storage, distribution and monitoring on use, is the main activity of National Pharmaceutical Services, MOH&SW. The Central Medical Stores of MOH&SW is responsible for procurement and distribution of medicines and other medical supplies of the public health facilities including government hospitals in a pooled procurement system. The hospital as autonomous institutions are responsible for the management of its supplies, while Central Medical Stores (CMS) are responsible for the supplies of the health centres.

4.6.1 Procurement

The bulk of the supplies are procured through tender process, with limited quantities of items purchased as supplementary or emergency orders. There are presently 716 items being purchased by CMS stores, categorised into five groups' i.e. drugs, galenicals and X-Ray consumables, medical and surgical items, dental supplies and laboratory supplies.

Main Activities

- Integrate RH Commodities into the NHP services
- Ensure adequate quality infrastructure for storage of commodities and supply
- Develop, print and distribute guide lines and tools on RH

4.6.2 Financing

The budget allocated for drugs and dressings should be separated for all the health facilities to enable the ministry to know the overall budget and expenditure per facility. This will help the ministry in its resources allocation strategy.

4.6.3 Storage

The storage facilities for drugs and other medical supplies for health facilities are the central medical stores in Kotu, four regional medical stores (Brikama, Mansakonko, Bansang and Basse). The Central Medical Stores (CMS) is the receipt point for drugs and other medical supplies, so all cleared consignments are delivered to the CMS for verification prior to storage and distribution.

The supplies for the hospitals are delivered directly to the hospitals after clearing and verification of consignments. Storage facilities in the hospitals are limited and bulky supplies such as IV fluids, gauze, syringes etc. are stored at the CMS. The storage facilities and conditions in the regional stores are also limited and the bulk stock is stored in the CMS. The supplies for EPI, including sterilisers, syringes and needles etc. are stored in the medical stores.

4.6.4 Infrastructure

While infrastructure at the CMS is very good, the storage infrastructure at the health facility level is inadequate and requires improvement. Store personnel do not have adequate capacity for appropriate inventory management and record keeping.

4.7 POLICY, PLANNING, PROGRAMMING AND MANAGEMENT

Preamble:

The development of coherent policies and plans is crucial to bring about real and sustainable change in health systems throughout the country and achieve the goal of the MOH&SW which is to reduce the morbidity and mortality to contribute significantly to the quality of life in the population.

Currently, MOH&SW's main thrust in the field of national health policies and strategies is to provide focused support in the development and/or reinforcement of national health sector plans for achievement of the goal set by the health sector.

The Ministry should develop or strengthen existing national plans of action such as Priority Action Plan (PAP) etc. building on existing national health sector development strategies.

These plans should be integrated into a wider poverty reduction and development framework, e.g. PAGE and should be developed through transparent and democratic processes, involving stakeholders, especially peoples' representatives, community leaders, international organizations, non-governmental organizations (NGOs) and civil society.

The plans should address problems associated with the chronic under-financing of basic health needs by establishing budget priorities that reflect a commitment to achieving MOH&SW goals and targets at the earliest possible time.

The health sector will undertake critical reviews or analyses of both internal and external aspects of the health system. The review or the analysis will look at the internal dynamics of the health system from various angles as well as the external conditions affecting health service provision such as macro-economic and socio-demographic context. The main aspects of the review or analysis of the health sector will include:

- Macro-economic and socio-demographic frameworks
- Access and equity issues in health
- Quality of health services
- External efficiency
- Cost and financing of health
- Managerial and institutional aspects

Programmes should be designed based on national documents and priorities such as PAGE, PAP, VISION 2020 blue print and other National Health Policies and Strategies. Within programmes the responsibilities should be assigned to managers at deferent levels in the management hierarchy; the higher the level the more general the responsibilities. The major responsibility of the middle level programme managers or directors is to ensure that the work afford achieve the outcome specified in the health policies and strategies. This involves setting and reviewing objectives, coordinating activities across programmes and overseeing integration and reuse of interim work products and results. This is to say that the programmes managers or directors need to spent more time on integrating activities , negotiating changes in plans, communication, leading high level sessions for programme plan and scheduled development, reviewing or approving programme plans for conforming to programme strategies, conducting periodic briefings or status updates etc.

At the top of the programme management hierarchy are the permanent secretaries, deputy secretaries, chief pharmacist, chief nursing officer chief public officer, directors and steering committees. Their major

responsibility is to own and oversee the implementation of the policies and strategies and to define the programmes' connection to the health sectors overall strategic plan and direction. Their management activities include providing and interpreting policies, creating an environment that foster sustainable momentum for the programmes and periodically reviewing programme progress and interim results to ensure alignment with the overall strategic vision. These individuals receive periodic summary reports, funding consumption, resources and their utilisation, and delivery of interim work products and results

CHAPTER 5: LEGAL AND REGULATORY 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 out-dated and do not reflect current realities in health care delivery. Therefore it is necessary to review and update these Laws/ Acts for positive health outcomes. There is also a need to enact new Laws given the emergence of new developments and challenges requiring control affecting health systems management including service delivery.

There is need for the creation of new Laws and regulations as well as the revising of existing ones to facilitate better and effective service delivery. It is vital not to lose sight of the importance of Traditional Medicine as an essential part of our health care delivery system.

The regulatory system in place has at its apex the Ministry of health and social welfare headed by the Minister. The other regulatory bodies are: The Medical and Dental Council the Nurses and Midwives Council and the Pharmacy Council.

The national health policy has alluded to the establishment of the Public Health Council as an additional regulatory body.

Achievements

A number of regulatory bodies are in place, established by different ACTS of Parliament. This has enhanced certain activities already in place such as registration of professionals, establishment of Codes of Conduct, Ethical rules, and professional guidelines.

A number of mechanisms in place for review of professional conducts and institution of disciplinary procedures within certain legal limits have ensured the availability of guidelines for professional training including review of training curricular, and mechanism for accreditation of training institutions.

The Ministry of Health Participated in the process of harmonized undergraduate and post graduate training within the West Africa Health organization (WAHO). The harmonization of codes of ethics and conducts under the auspices of WAHO has been undertaken, that aims to resolve the limited collaboration amongst the Councils locally and internationally.

Challenges

Most of the Acts of the various Councils are to a large extent out-dated, except for the National Food Safety and quality Act. There is need to review these Acts in order to bring them up to date and at par with those of other sister councils within the sub-region and beyond. This will include the review of the process for the creation of a Public Health Council.

Whilst there are prospects in place to review the out-dated "Acts" and regulations in order to be consistent with emerging trends, as well as opportunities to establish robust Continuous Professional Development (CPD) programs, the Limited financial support to the existing councils continues to be a major bottleneck in health sector regulation. Capture the creation of the umbrella (regulatory body) for example health professional councils.

Strategic Objective: To ensure effective and efficient health service provision through the development of effective regulatory framework and Promoting effective coordination and partnership with all partners

Two service areas have been identified for this strategic Objective: legal and regulatory framework and coordination and partnership. Legal and regulatory framework will be guided by the public health act, pharmacy act, nursing and midwifery act, medical and dental act and food act. The strategic objective will ensure that all the enacted legal instruments will be harmonised and aligned to the current situation to eliminate the problems of divergence due to existence of several enacted legal instruments.

Coordination and Partnerships will provide technical support to the Ministry of Health and Social Welfare to better engage current and emerging partners. This will facilitate dialogue and advocate for effective service delivery and the utilization of available resources to the health sector.

SERVICE AREA:

- Legal and Regulatory Framework
- Coordination and Partnership

Specific Objective:

Update at least 5 existing Acts, Regulations and formulate at least 2 new ones to reflect current realities in the health domain (Public Health Laboratory Act, Occupational Health and Safety Act) by 2020.

Strategy:

Advocacy and networking for reviewing of existing Acts, Regulations and the formulation of new Acts

Main Activities:

- Create a Health Professions Council (HPC)
- Transfer licenses and Regulation of premises to Councils
- Amend all existing Acts and Regulations
- Formulate new Acts
- Conduct public sensitization on all Acts and Regulations
- Implement and monitor all existing Acts and Regulations
- Develop mechanism for coordination of Councils activities
- Make Acts readily visible and accessible
- Conduct regular review and update of all Acts
- Conduct periodic M&E and provide reports

Strategy:

Resource mobilization

Main Activities

- Convene a round table conference involving all stakeholders
- Prepare and present Profiles/Proposals to Partners for Funding

Specific Objective:

Reactivate (3) existing councils and set up (3) new ones for the protection of the public by 2020

Strategy:

Strengthen all existing Councils and constitute new ones

Main Activities:

- Allocate a Budget line and a mechanism to ensure it accrues to Councils
- Provide Human and Material Resources to all Councils
- Develop Procedures for Council Operations
- Conduct periodic M&E and provide reports

5.1 Coordination Framework

Preamble

For the effective implementation of any strategy there is the need to identify and coordinate all actors from central, regional and community level. If all relevant structures and policies are properly harnessed, a smooth and coherent implementation of strategies will achieve the desired goals and objectives.

With the advent of increased global convergence towards sector wide approaches to coordination of development partners support to and intervention of health sector, it has become more urgent to institute country led coordination process in line with the principles of the 2005 Paris Declaration on Aid effectiveness. The Harmonisation for Health in Africa initiative that emerged in 2006; and the International Health Partnership plus Initiative (IHP+) of 2007 are regional and global partnerships that promote development of a comprehensive national Health Strategic Plan for implementation by all health stakeholders as well as the creation of a country coordination Forum for the health stakeholders to guide the implementation of the strategic plan. The IHP+ supports the development of a country compact that will serve as the memorandum of understanding, outlining each health partner's role in the implementation of the plan, under the leadership of the Country through the Ministry of Health.

Achievements

The Ministry of Health finalized a new national Health Policy "Health is Wealth" (2012-2020) that was endorsed by cabinet in 2012, following a five year period of numerous attempts to update the 2001 health policy "Changing for Good". With the health Policy in place, the Gambia signed on to membership of the Global Compact of the IHP+ in May 2012 and officially launched the initiative at the country level in August 2012.

The creation of a national health sector coordinating committee was initiated during the latter stages of the finalization of the Health policy, with several meetings called and a draft TOR for the committee developed. Other reforms for coordinating and monitoring interventions in service delivery include the proposal to revitalize the primary healthcare programme through the establishment of a PHC steering committee and the rejuvenation of the quarterly primary health care working party meetings that involve the staff of the regional health management teams. A major challenge for the health sector in coordination continues to be how to consolidate these recent developments into a solid governance framework that will drive the implementation of this Health sector strategic plan.

The coordination structure at regional health management level has significantly developed since the introduction of regional health administration in XXX. The structures in place including the presence of the Technical Advisory Committee at the Regional level, and the MDFTs at district levels, has enabled the involvement of VDCs and other CBOs in health related issues at village levels. These structures have led to increased collaboration with other Ministries and NGOs. The existing coordination structure at regional health management level has enhanced the integration of health activities at service delivery points and improved supervision at regional level.

Challenges

The coordination and management of the health sector is one of the major challenges faced by the Ministry of Health and Social Welfare. Internal coordination without health partners has been at best, ad-hoc with irregular management meetings not based on formalized format (TOR of Committee, frequency of meetings, action points and follow-ups); and at worst absent with the lack of an official policy and coordinating structure for health sector management. The poor coordination of donor funding, programmes and activities within the Ministry of Health and social welfare has led to duplication of resource allocation and utilization in some programme areas, leaving other critical areas under-resourced.

At the Ministry of Health both inter and intra sectoral coordination is a major problem which needs to be addressed. There is a weak coordination of the health sector by central level management, exacerbated by the frequent turnover of senior management staff. Between 2003 and 2013, the Ministry of health has witnessed the appointment of 8 Ministers of health, more than 10 permanent secretaries, 7 Directors of planning, and 5 Directors of health services. This has contributed to the failure to establish a stable coordination framework, despite several attempts.

As a result, supervision of regional level service delivery by central level is irregular, heightening the weak Supervisory feedback at both central and regional level. The issue of data flow from the central level to regional level and community level is inadequate, as illustrated by the MOUs signed at central level not being communicated at regional level.

A standardized operational plan at the regional level is unavailable, and where regional plans exist, there is inadequate information flow between central, regional and community levels. There are irregular Senior Management Meetings at central level and policy decisions tend not to be properly disseminated to programme levels and regional and community based health workers.

In conclusion the existing poor coordination mechanism has adversely affected the establishment of an effective regulatory framework for the health sector. The undesirable outcome from this situation is that the main constraints facing the health sector such as inadequate staffing at facilities, inadequate resources and equipment, high staff attrition rate coupled with the poor motivation scheme, remains largely unresolved.

In order to reverse the current situation, the NHSSP outlines the establishment of a comprehensive coordination framework, that covers both inter and intra sector coordination, including the service delivery management at the lower levels. This is based on the premise that Health sector governance and administration is one of the 6 building blocks of a comprehensive health systems management. The strategic objective and specific objectives and outlined strategies seek to reform coordination, regulation and management of the health sector over the implementation period of the NHSSP.

5.2 Health and Health Related Acts of the National Assembly

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 out-dated and do not reflect current realities in health care delivery. Therefore it is necessary to review and update these Laws/ Acts for positive health outcomes. There is also a need to enact new Laws given the emergence of new developments and challenges requiring control affecting health systems management including service delivery.

There is need for the creation of new Laws and regulations as well as the revising of existing ones to facilitate better and effective service delivery. It is vital not to lose sight of the importance of Traditional Medicine as an essential part of our health care delivery system.

The regulatory system in place has at its apex at the Ministry of health and social welfare headed by the Minister.

The other regulatory bodies are:

- The Medical and Dental Council.
- The Nurses and Midwives Council
- The Pharmacy Council
- The Public Health Council (Final stage of creation)
- Health Professionals' Councils and Associations
- Regulations governing the Private health and health related sectors
- Regulations governing Traditional and other Alternative Health Care Services

5.3 Coordination and Partnership

Specific objective:

Establish a functional Health Sector Coordination Mechanism for The Gambia by 2015

Strategy:

Strengthen inter-sectoral collaboration and broaden partnership in Health service delivery

Main Activities:

- Develop MOUs
- Sign performance contract agreement within MOHSW
- Establish Health Sector Coordinating Groups
- Create budget lines ,allocate resources and disburse
- Develop a Country Compact Plan through the (IHP) Plus
- Conduct periodic M&E

CHAPTER 6: MODALITIES FOR IMPLEMENTING THE GAMBIA HEALTH SECTOR STRATEGIC PLAN

For the effective implementation of any strategy there is the need to identify and coordinate all actors from central, regional and community level. If all relevant structures and policies are properly harnessed, a smooth and coherent implementation of strategies will achieve the desired goals and objectives.

6.1 Monitoring and Evaluation

Monitoring and evaluation (M&E) is an action-oriented and pre-planned management tool that operates on adequate, relevant, reliable and timely data that is collected, compiled and analysed into information on programme/project objectives, targets and activities. The objectives of M&E are to improve the management and optimum use of resources for the health sector programmes and to make timely decisions to resolve constraints and/or problems of implementation

Monitoring and evaluation of the implementation of the health sector strategic plan will be conducted through appropriate existing and new systems, procedures and mechanisms. The proposed monitoring and evaluation unit will be responsible for overall coordination of monitoring and evaluation activities. A separate national monitoring and evaluation plan will be developed to support the implementation of the overall M&E system.

6.2 Goal/Overall Objective of the M&E Plan

The aim of Health Sector Performance Monitoring and Evaluation plan is to provide information that will enable tracking of progress to enhance the health sector's efficiency, and improve the quality and coverage of health services.

To establish a national harmonized mechanism for performance monitoring and impact evaluation with agreed upon sets of input, process, output, and outcome indicators for tracking implementation progress over the duration of the National Health Strategic Plan

To establish a system that is robust, comprehensive, fully integrated, harmonized and well-coordinated to guide monitoring of the implementation of the HSSIP and evaluate impact.

6.3 Specific Objectives of the M&E Plan

1. To improve the quality of information, in terms of validity, accuracy, timeliness and completeness;
2. To ensure that sector performance results are periodically analysed and disseminated to inform policy formulation and decision-making;
3. To ensure a set of indicators, tools and the M&E system are adapted to monitor the quality of service delivery at national, district, health facility and community levels.
4. To Evaluate the impact, effectiveness and cost-effectiveness health service delivery
5. Improve information sharing and dissemination of information and the use of data for planning.
6. To provide a health sector-wide framework for tracking progress and demonstrating results of over the medium term.
7. To build technical capacity on M&E for regularly and systematically tracking of progress of implementation of the HSSIP.
8. To facilitate MoH&SW and other stakeholders assess the health sector performance in accordance with the agreed objectives and performance indicators to support management for results (evidence based decision making),
9. To improve compliance with government policies (accountability), and constructive engagement with stakeholders (policy dialogue).
10. To facilitate continuous learning (document and share the challenges and lessons learnt)

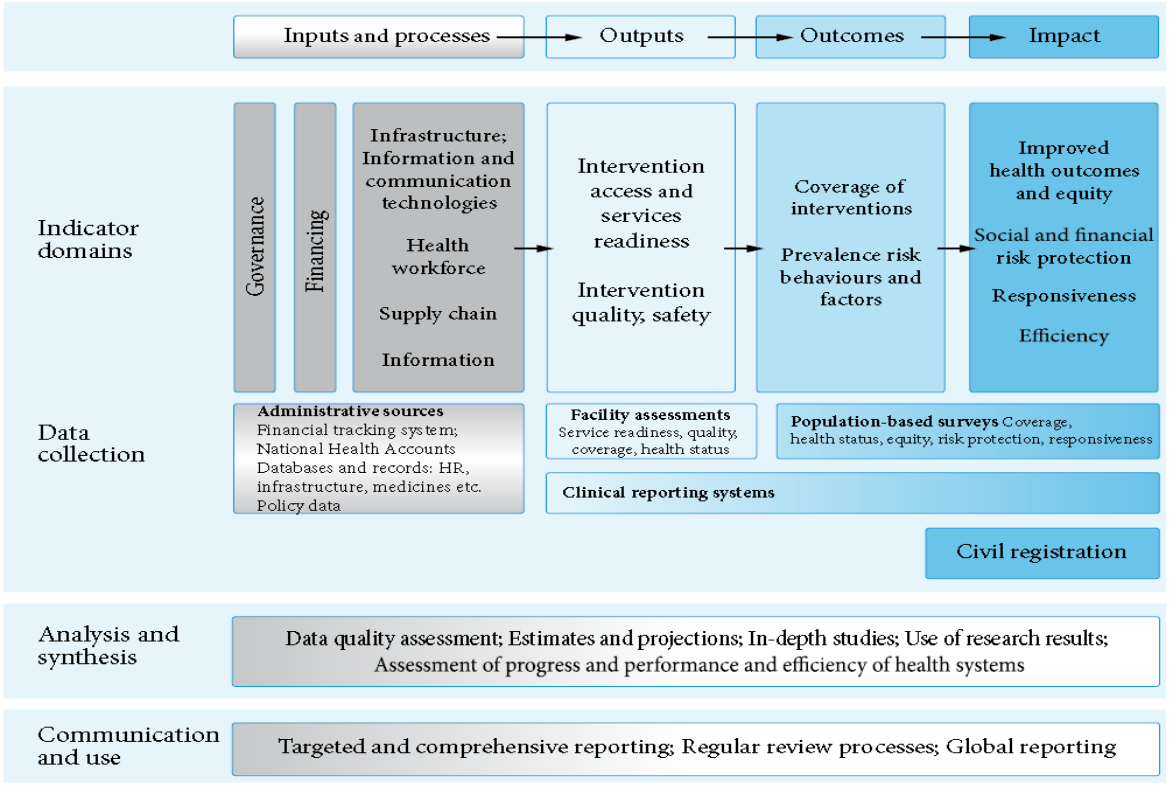
with in the health sector

11. To promote the use of locally generated health information for effective planning and management

6.4 Interventions/Strategies for M&E systems strengthening

- Strengthen national technical capacity for monitoring and evaluation at all levels of the health system
- Harmonize M&E review, tools and methods among partners
- Strengthen logistics support for M&E systems
- Strengthen data quality assurance at all levels
- Gather and organize evidence-based information for improve health planning and management
- Improve Health information dissemination and use

Figure 1. IHP+ common M&E framework



Indicators for monitoring progress

CONSOLIDATED ANNUAL GHSSP 2014-2020 ESTIMATED COST IN US DOLLARS($)									
Ref:	Strategic Objectives:	2014	2015	2016	2017	2018	2019	2020	TOTAL
SOb 1	To provide high quality basic health care services that is affordable, available and accessible to all Gambians	3,566,716.00	3,566,716.00	1,196,229.10	1,671,538.19	1,213,921.82	1,050,659.48	2,062,220.10	12,674,297.97
	To provide high quality basic health care services that is affordable, available and accessible to all Gambians	2,221,907.03	800,065.24	895,526.92	1,086,161.01	907,209.89	806,953.90	988,737.54	7,706,561.53
SOb 2.2	To reduce the burden of non communicable diseases to a level that they cease to be a public health problem	1,851,102.00	1,031,001.00	1,040,092.00	1,248,783.00	1,060,926.00	1,050,424.00	1,108,353.00	8,390,681.00
SOb 3	To ensure the availability and retention of highly skilled and well-motivated Human Resource for Health based on the health demands	712,259.20	182,261.00	185,831.00	459,069.46	188,382.00	183,791.00	322,923.00	2,234,516.66
SOb 4	To improve the effectiveness and efficiency of Health Information System for Planning and decision making to yield improved service delivery	1,242,679.00	193,782.60	197,523.40	324,358.60	200,134.40	195,472.80	335,684.00	2,689,634.80
SOb5	Increase access to quality pharmaceutical, laboratory, radiology and blood transfusion services to all by 2020	4,132,209.05	2,451,734.83	4,323,993.34	2,496,910.33	2,534,073.22	2,472,318.93	2,549,743.69	20,960,983.39
SOb6	To improve infrastructure and logistics requirements of the public health system for quality health care delivery	16,802,743.59	2,096,237.13	1,638,132.74	1,632,638.28	1,629,543.90	1,622,093.82	1,620,725.38	27,042,114.84
SOb 7	To establish an effective, efficient, and sustainable health sector financing mechanism by 2020	143,364.00	105,874.00	107,949.00	107,356.00	109,430.00	106,764.00	109,627.00	790,364.00
SOb8	To ensure effective and efficient health service provision through the development of effective regulatory framework and Promoting effective coordination and partnership with all partners	177,000.00	15,008.00	15,162.00	15,218.00	15,512.00	15,134.00	15,540.00	268,574.00
Sub-total Annual		30,849,979.87	10,442,679.80	9,600,439.50	9,042,032.87	7,859,133.23	7,503,611.93	9,113,553.71	82,757,728.19
Grand Total									$82,757,728.19

	Provide maternal and new born life saving drugs	900,000	964,800	983,700	978,300	997,200	972,900	999,000	$6,795,900.00
	Integrate EmNOC signal functions in health training schools	385	0	0	0	0	0	0	$385.00
	Train tutors on EmNOC signals functions	3,850	0	0	0	0	0	0	$3,850.00
	In-service training of service providers on EMNCH	10,256	10994.432	11209.808	11148.272	11363.648	11086.736	11384.16	$77,443.06
	Training of health care providers to specialized levels(pre operative, anesthetics, etc)	0	0	0	0	0	0	0	$-
	Procure equipment for operating theatres and laboratories	51,600	0	0	56089.2	0	0	57276	$164,965.20
	Expansion and refurbishment of existing structures to facilitate implementation of BEmNOC and CEmNOC	30,770	32985.44	33631.61	33446.99	34093.16	33262.37	34154.7	$232,344.27
	Conduct biannual health meetings to include maternal and new born audits in both public and private health facilities involve in RCH service delivery	5,130	0	5607.09	0	5684.04	0	5694.3	$22,115.43
	Conduct advocacy meetings	13,465	14434.48	14717.245	14636.455	14919.22	14555.665	14946.15	$101,674.22
	Development of a comprehensive Communication strategy on reproductive health	1,285	0	0	0	0	0	0	$1,285.00
	Build the capacities of health workers on Interpersonal Communication Skills for effective RH service delivery	6,500	6968	7104.5	7065.5	7202	7026.5	7215	$49,081.50
	Conduct media campaign to create demand for RH services	9,230	9894.56	10088.39	10033.01	10226.84	9977.63	10245.3	$69,695.73
	Community sensitization on danger signs during pregnancy, delivery and post delivery	5,000	5360	5465	5435	5540	5405	5550	$37,755.00
	Develop, introduce and ensure the use of infection control policy, guidelines and protocols at all levels of care.	3,282	3518.304	3587.226	3567.534	3636.456	3547.842	3643.02	$24,782.38
	Introduce and apply performance and quality improvement approaches (e.g audits)	20,000	21440	21860	21740	22160	21620	22200	$151,020.00
	Develop, produce and distribute communication support materials on RCH	3,282	3518.304	3587.226	3567.534	3636.456	3547.842	3643.02	$24,782.38
	Community sensitization on danger signs during pregnancy, delivery and postpartum	5,000	5360	5465	5435	5540	5405	22200	$54,405.00
To increase the proportion of women who register in the first trimester of pregnancy from 13.3% to 80% by 2020.	Training health care providers on focused antenatal care	14,359	15392.848	15694.387	15608.233	15909.772	15522.079	15938.49	$108,424.81

	Disaggregated Work Plans								
STRATEGIC OBJECTIVE 1:	To provide high quality basic health care services that is affordable, available and accessible to all Gambians								
	TIMEFRAMEWORK								
		2014	2015	2016	2017	2018	2019	2020	Total
					USD				
Specific Objecives	Main Activities								
To reduce MMR by 25% (433/100,000 to 315/100,000 Lbs) by 2020	Pre-pregnancy counselling in family planning clinics in major and minor health centers	15000	16080	16395	16305	16620	16215	16650	$113,265.00
	Conduct communication and social mobilization activities on pre-pregnancy services	13000	13936	14209	14131	14404	14053	14430	$98,163.00
	Establish and conduct School Health Programmes	18,000	19296	19674	19566	19944	19458	19980	$135,918.00
	Conduct HPV immunization for girls age 9 -13 years	700,000	0	0	0	0	0	0	$700,000.00
	Conduct operational research on MNH	260,000	0	0	0	0		0	$260,000.00
	Develop, print and distribute guidelines and tools for MCH 2 yearly	7,250		7924.25	0	8033	0		$23,207.25
	Train health care providers on the use of the guidelines and tools	25,650	27496.8	$28,035.45	$27,881.55	$28,420.20	$27,727.65	$28,471.50	$193,683.15
	procurement of antenatal care equipments and supplies per annum	60,895	65279.44	66558.235	66192.865	67471.66	65827.495	67593.45	$459,818.15
	Procurement of adequate equipment and supplies for EMONC services per annum	260,000			282620	0	0	0	$542,620.00
	Conduct maternal Nutrition education and support	10,000	10720	10930	10870	11080	10810	11100	$75,510.00
	Procure furniture for RCH clinics per annum	52,000	55744	56836	56524	57616	56212	57720	$392,652.00
	Conduct maternal morbidity and mortality reviews and meetings	33,850	36287.2	36998.05	36794.95	37505.8	36591.85	37573.5	$255,601.35
	Provide maternal and new born life saving drugs	256,410	274871.52	280256.13	278717.67	284102.28	277179.21	284615.1	$1,936,151.91
	Train health care providers on the signal functions	6,500	6968	7104.5	7065.5	7202	7026.5	7215	$49,081.50
	Develop, produce and distribute guidelines and tools on RCH	3,282	0	0	0	0	0	0	$3,282.00
	Provision of focused antenatal care, intra and post-partum care	100,000	107200	109300	108700	110800	108100	111000	$755,100.00
To reduce neonatal mortality rate from 22/1000 LBs to 15/1000 by 2020	Procurement high quality equipment, and supplies for CEmONC	260,000		284,180	0	288080	0	288600	$1,120,860.00
	Procure furniture for RH services	30,680	32888.96	33,533	33349.16	33993.44	33165.08	34054.8	$231,664.68
	Conduct maternal morbidity and mortality reviews and meetings	123,072	131,933	134,518	133,779	136,364	133,041	136,610	$929,316.67

	Training of service providers, health training institutions and schools, on gender-based violence and harmful socio-cultural practices related to RH Adolescent and youth Health	25000	26800	27325	27175	27700	27025	27750	$188,775.00
To increase access to quality Sexual and Reproductive Health information and services for adolescent / youth	Increase access to quality adolescent/ youth-friendly SRH information and services	55000	58960	60115	59785	60940	59455	61050	$415,305.00
	Establish functional youth friendly –facilities	13,462	14430.769	14713.462	14632.692	14915.385	14551.923	14942.308	$101,648.08
	Train health service providers on adolescent-friendly SRH services.	15000	16080	16395	16305	16620	16215	16650	$113,265.00
	Utilise school health programme platform to reach out to adolescents and youths	25000	26800	27325	27175	27700	27025	27750	$188,775.00
	Build and strengthen capacities of training institutions and service providers on SRH issues	15000	16080	16395	16305	16620	16215	16650	$113,265.00
	Advocate for active involvement and participation of parents, communities and religious leaders, policy makers in planning, implementation, monitoring and evaluation of adolescent/youths on SRH activities	1,000	0	0	0	0	0	0	$1,000.00
	Promote dialogue between young people, adults and policy makers using appropriate channels of communication on adolescent/youth sexual and reproductive health needs	15000	16080	16395	16305	16620	16215	16650	$113,265.00
	Sensitize adolescent/youth on the availability and use of STIs/VCT/HIV/ PMTCT services	15000	16080	16395	16305	16620	16215	16650	$113,265.00
	Orientate tutors on the updated SRH module of the pre-service training curriculum	1,000	0	0	0	0	0	0	$1,000.00
	Conduct community sensitization for awareness creation on SRH issues and needs of the adolescent/youth at all levels	15000	16080	16395	16305	16620	16215	16650	$113,265.00
To increase access to quality SRH information and services for adolescence /youth	Increase access to quality SRH youth –friendly information and services for adolescents/youths	5400	5788.8	5902.2	5869.8	5983.2	5837.4	5994	$40,775.40
	Advocate for more functional youth friendly –centers	0	0	0	0	0	0	0	$-
	Build and strengthen capacities of training intuitions and service providers on SRH issues	5128	5497.216	5604.904	5574.136	5681.824	5543.368	5692.08	$38,721.53

	Introduce incentive package to promote early antenatal booking	75,000	80400	81975	81525	83100	81075	83250	$566,325.00
	Community engagement and sensitization on the importance of early antenatal booking	1,538	1649.231	1681.538	1672.308	1704.615	1663.077	1707.692	$11,616.92
	Training, recruitment, renumeration and appropriate deployment of skilled personnel								$-
To increase the Contraceptive Prevalence Rate (CPR) from 9% to 25%	Review , update, print and distribute the existing FP tools	5500	0	0	0	0	0	0	$5,500.00
	Procure adequate method mixed contraceptive commodities	51285	0	56054.505	0	56823.78	0	56926.35	$221,089.64
	capacity building for service provider on FP issues and services	25000	0	27325	0	27700	0	27750	$107,775.00
	Conduct Family Life education in schools	5000	5360	5465	5435	5540	5405	5550	$37,755.00
	Conduct research on CPR every five year	260,000	0	0	0	0	0	0	$260,000.00
	Engage opinion and religious leaders on FP	10,000	10720	10930	10870	11080	10810	11100	$75,510.00
	Encourage male involvement on FP services	12,000	12864	13116	13044	13296	12972	13320	$90,612.00
To promote and enhance infection-free sexual and reproductive	Provide a comprehensive sexual and reproductive health(SRH) service at all levels of care delivery.	100000	107200	109300	108700	110800	108100	111000	$755,100.00
	Introduce and roll-out adolescent-friendly SRH services	65000	69680	71045	70655	72020	70265	72150	$490,815.00
	Conduct public sensitization on the causes, prevention and management of RTIs	13500	14472	14755.5	14674.5	14958	14593.5	14985	$101,938.50
	Promote the correct and consistent use of condoms and ensure availability	150000	160800	163950	163050	166200	162150	166500	$1,132,650.00
	Training of tutors and service providers on the syndromic management	13,462	14430.769	14713.462	14632.692	14915.385	14551.923	14942.308	$101,648.08
To Promote and Encourage Gender equity and equality	Engage policymakers, parliamentarians, professional bodies and faith based organizations on SRH related gender issues.	15000	16080	16395	16305	16620	16215	16650	$113,265.00
	Engage religious and influential leaders on SRH-related issues.	11000	11792	12023	11957	12188	11891	12210	$83,061.00
	sensitize men on participation in RCH services, gender-based violence and harmful socio-cultural practices related to SRH	15000	16080	16395	16305	16620	16215	16650	$113,265.00
	Engage print and electronic media to raise awareness on SRH.	10000	10720	10930	10870	11080	10810	11100	$75,510.00
	Design and redesign health facilities to promote male involvement.in SRH.								$-

To reduce the incidence of unintended pregnancies and unsafe abortion through investments in family planning services and post abortion care.	Develop norms, standards and guidelines on management of post abortion complications.	3,462	0	0	0	0	0	0	$3,461.54
	Prevention and management of unwanted pregnancies.	700,000	750400	765100	760900	775600	756700	777000	$5,285,700.00
	Train health staff on the management of post abortion complications	50,000	0	54650	54350	55400	54050	55500	$323,950.00
	Provision of adequate drugs and supplies for the management of post abortions complications.	65,000	69680	71045	70655	72020	70265	72150	$490,815.00
	Train health staff on counseling on family planning, unwanted pregnancies and abortions.	24,231	25975.385	26484.231	26338.846	26847.692	26193.462	26896.154	$182,966.54
	Increase in the use of effective contraceptive methods, results in reducing unintended pregnancies and consequently the incident of abortion.	50,000	53600	54650	54350	55400	54050	55500	$377,550.00
	Provision of adequate and appropriate equipment, drugs and supplies in the management of post abortion complications.								$-
To identify, detect and manage early infertility problems at all levels.	Develop guidelines and protocols on diagnosis and management of infertility/subfertility.	3,462	0	0	0	0	0	0	$3,461.54
	Train health staff on screening, diagnosis and management of infertility including HIV/STI screening and effective interventions before/ after diagnosis and attending inferiltity interventions.	24,231	25975.385	26484.231	26338.846	26847.692	26193.462	26896.154	$182,966.54
	Advocate, review and develop RH policy to adequately capture infertility issues and management.	5,769							$5,769.23
	Research on infertlity issues.	27,000							$27,000.00
	Infertility services covering a comprehensive range of fertility.								$-
To provide HPV vaccine to 75% of girls age 9-13 years by 2020.	Train RH service providers on cervical and prostrate cancers prevention, control and management per annum	24,231	25975.385	26484.231	26338.846	26847.692	26193.462	26896.154	$182,966.54
To provide cervical cancer screening and management to 50% of women of reproductive age by 2020	Procure cervical cancer management equipment and supplies every 2 years	45,000		49185		49860		49950	$193,995.00
To establish prostrate cancer screening and management in all public health facilities by 2020	Provide cervical cancer screening and management services in all the regions yearly	20,000	21440	21860	21740	22160	21620	22200	$151,020.00
	Procure prostrate cancer management equipment and supplies	60,000			65220			66600	$191,820.00

	Advocate for active involvement and participation of parents, communities and religious leaders, policy makers in planning, implementation, monitoring and evaluation of adolescent/youths on SRH activities	897	961.584	980.421	975.039	993.876	969.657	995.67	$6,773.25
	Promote dialogue between young people, adults and policy makers using appropriate channels of communication on adolescent/youth sexual and reproductive health needs	0	0	0	0	0	0	0	$-
	Sensitize adolescent/youth on the availability and use of STIs/VCT/HIV/ PMTCT services	3585	3843.12	3918.405	3896.895	3972.18	3875.385	3979.35	$27,070.34
	Orientate tutors on the updated SRH module of the pre-service training curriculum	800	857.6	874.4	869.6	886.4	864.8	888	$6,040.80
	Conduct community sensitization for awareness creation on SRH issues and needs of the adolescent/youth at all levels	5385	5772.72	5885.805	5853.495	5966.58	5821.185	5977.35	$40,662.14
To Reduce under five mortality from 54/1000 LBs in 2013 to 44/1000 LBs by 2020	Health education and promotion on key positive household behaviours	0	0	0	0	0	0	0	$-
	Review, update, print and distribute IMNCI manuals and recording tools and orientation of communities on community IMNCI	12,000	12864	13116	13044	13296	12972	13320	$90,612.00
	Conduct Operational research on CH	27,000				29916			$56,916.00
	Capacity building of service providers on IMNCI	6,000	6,432	6,558	6,522	6,648	6,486	6,660	$45,306.00
	Procurement of equipment, medicines and supplies								
To Reduce infant mortality from 34/1000 LBs in 2013 to 24/1000 LBs by 2020	Promote exclusive breastfeeding and initiation of EBF at health facility level	92000	98624	100556	100004	101936	99452	102120	$694,692.00
	Strengthening of Immunization services and community education on immunization activities.	55,000	58960	60115	59785	60940	59455	61050	$415,305.00
	Food supplementation for SAM/MAM	50,000	53600	54650	54350	55400	54050	55500	$377,550.00
	Provide and promote the use of Oral Rehadryation Salt at all levels	45,000	48240	49185	48915	49860	48645	49950	$339,795.00
	Provide equipments, drugs and other supplies	57,000	61104	62301	61959	63156	61617	63270	$430,407.00
	Provide adequate under five and infant life saving drugs per annum	75,000	80400	81975	81525	83100	81075	83250	$566,325.00
	Community education on timely introduction of complementary foods	21,000	22512	22953	22827	23268	22701	23310	$158,571.00

	Catchment area committee training for 18 existing BI facilities	38256	0	0	0	0	0	0	$38,256.00
	Create incentives for CHWs	30,000	32160	32790	32610	33240	32430	33300	$226,530.00
	Procurement of drugs and supplies	42,857	45942.857	46842.857	46585.714	47485.714	46328.571	47571.429	$323,614.29
	Build capacities of VDCs, VSGs, on management	7633	0	0	0	0	0	0	$7,633.00
TOTAL SOB1		6847973.297	5535851.292	5116599.684	4964134.824	5089031.764	4479442.955	5196528.408	$37,229,562.22
Strategic Objective 2.1 :	To reduce the burden of communicable diseases to a level that they cease to be a public health problem								
Specific Objectives	Main Activities								
To increase immunization coverage to at least 90% and to sustain 96% coverage for Penta 3 nationally by 2020	Procurement and distribution of vaccines , deworming tablets and vit A	410256.410	0	0	0	0	0	0	$410,256.41
	Conduct National Immunization Days (NIDs)	102564.103	0	0	0	0	0	0	$102,564.10
	Provide functional cold chain system	128205.128	0	0	0	0	0	0	$128,205.13
	Training of HCWs on immunization services	15384.615	16492.308	16815.385	16723.077	17046.154	16630.769	17076.923	$116,169.23
	strengthen Cold chain management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	$-
	Strengthen Supplementary immunization (NIDs)	0	0	0	0	0	0		$-
	Conduct communication & social mobilization	0	76923.077						$76,923.08
	Ensure training of HCWs on immunization	10256.410	10994.872	11210.256	11148.718	11364.103	11087.179	11384.615	$77,446.15
Reduce the incidence of infection caused by malaria parasite by 50% by 2015	Procurement and distribution of anti-malarial drugs and lab supplies	50,000	53600	54650	54350	55400	54050	55500	$377,550.00
	Training and retraining of HCWs on malaria case management , IPTp and SMC	0	65,000	0	0	0	0	0	$65,000.00
	Training and retraining of community health workers on community case	650,000	696800	710450	0	0	0	721500	$2,778,750.00
	Provide anti-malarial drugs and other supplies	200,000	214400	218600	217400	221600	216200	222000	$1,510,200.00
	Conducting therapeutic efficacy studies on antimalarials	0	50,000	0	0	0	0	0	$50,000.00
	Conduct quality assurance / quality control of antimalarials	0	0	25,000	0	0	0	0	$25,000.00
	Conduct quality assurance / quality control of lab diagnosis of malaria		25,000	0	0	0	0		$25,000.00
To provide treatment, clinical care and support to at least 95% of people with advanced stage of HIV infection by 2020	Conduct Community VCT (outreach) services	5,755	6169.772	6290.635	6256.103	6376.966	6221.571	6376.966	$43,447.40
	Integrate and establish new VCT sites	3,956	4241.272	4324.356	4300.618	4383.703	4276.879	4391.615	$29,874.85
	Development of VCT training manual for HCWs including printing, TOT and step down training	9,991	0	0	0	0	0	0	$9,991.03

	Conduct base line assessment to gauge the prevalence reproductive cancers(cervical, breast and prostrate)	50,000	0	0	0	0	0	0	$50,000.00
	Develop, print and distribute guidelines and tools on reproductive morbidities 3 yearly	10,000	0	0	10870	0	0	11100	$31,970.00
	Establish and equip fistulae management centre	50,000	0	0	0	0	0	0	$50,000.00
	Conduct community sensitization on the causes, prevention and management of reproductive morbidity among men, women and young people yearly	20,000	21440	21860	21740	22160	21620	22200	$151,020.00
	Provide Breast cancer screening, diagnosis and management services in all the regions	0	65,000	0	0	0	0	0	$65,000.00
To Protect and promote quality reproductive health for all	Train service providers on adequate and appropriate service delivery	100,000	0	120000	0	0	0	0	$220,000.00
	Procure adequate and quality commodities	200,000	150,000	170,000	180,000	165,000	195,000	150,000	$1,210,000.00
To improve the referral system at all levels of health care by 2020	Procure fully equipped motor vehicle ambulances and river boats	0	1,000,000	0	0	0	0	0	$1,000,000.00
	Update referral protocols guidelines and standards	5,000	0	0	5435	0	0	0	$10,435.00
	Build the capacity of the referral service	0	100,000	0	0	0	0	0	$100,000.00
	Conduct operational research on the current referral system	15,000	0	0	16305	0	0	0	$31,305.00
To improve the essential surgical interventions by 2020	Train doctors, anesthetists laboratory personnel, and nurses on the essential surgical care package	20,000	21440	21860	21740	22160	21620	22200	$151,020.00
	Developing, Printing and distribution of essential surgical care documents	0	10,000	0	0	0	0	0	$10,000.00
	Provide essential surgical equipments and supplies	60,000		64320		66480		66600	$257,400.00
To revitalize primary health care services by 2018	Orientation and sensitization of communities on PHC services	2500	2680	2732.5	2717.5	2770	2702.5	2775	$18,877.50
	Training of TBAs, VHWs, VSGs on danger signs during pregnancy delivery and puerperium period for the mother and the new born	0	15679	0	17043.073	0	0	0	$32,722.07
	Train and retrain VHWs and TBAs for expansion of PHC services	20542	0	0	22329.154	0	0	0	$42,871.15
	Construct and refurbish village health post	250,000	0	0	0	0	0	0	$250,000.00
	Review BI strategy and implement recommendations	9876	0	0	0	0	0	0	$9,876.00

	Protect and promote the rights of PLHIV	5,600	5,600	5,600	5,600	5,600	5,600	5,600	$39,200.00
	Conduct PEP sensitization for Health workers	9,231	9895.385	10089.231	10033.846	10227.692	9978.462	10246.154	$69,701.54
	Establish strong linkage between communities and health facilities	2,692	0	0	0	0	0	0	$2,692.31
	Strengthening linkage between the HMIS and the NACP Database to improve information flow to the national level in a timely and reliable manner. Upgrading of the NACP database to capture other relevant national HIV and AIDS data	942	1010.154	1029.942	1024.288	1044.077	1018.635	1045.962	$7,115.37
	Develop a data quality assurance and audit mechanism and provide resources for supervision and data auditing at regional level and health facility levels	609	652.821	665.609	661.955	674.744	658.301	674.744	$4,597.15
	Improve dissemination of the M&E data and strategic information by ensuring dissemination reports on a quarterly basis and by advocating to enhance attendance and participation of target government officials to the M&E Report dissemination meetings	1,827	1958.462	1996.827	1985.865	2024.231	1974.904	2027.885	$13,795.10
	Strengthen the capacity of the national M&E unit at NACP by recruitment of additional specialist for the M& E such as Statistical Analyst, Data Dissemination Expert (Communication Specialist)	5390							$5,390.00
	Develop the capacity for conducting research and surveys especially the NSS and IBBS, population estimation and mode of transmission.	46,154	0	0	0	0	0	0	$46,153.85
	Support sentinel surveillance and research in HIV/AIDS	38,462	0	0	0	0	0	0	$38,461.54
	Conduct monitoring and supervision	5,275	5654.8	5765.575	5733.925	5834.15	5702.275	5855.25	$39,820.98
	Train/retrain healthcare providers annually on Syndromic Management of STIs (including Diagnosis & Management)	8,635	9256.857	9438.195	9386.384	9567.722	9334.574	9584.992	$65,203.85
	Review and update of STI Treatment Manual	2,692	0	0	0	0	0	0	$2,692.31
	Establish mobile clinics for MARPS (including security forces) in each region	5,169	0	0	0	0	0	0	$5,169.23
	Provision and distribution of condoms	3,106	3329.247	3394.466	3375.832	3441.050	3357.198	3447.262	$23,450.70
	Establish STI clinics targeted specifically for most at risk populations (MARPs	2,962	0	0	0	0	0	0	$2,961.54
	Conduct STIs prevalence study	19253	20639	21043	20928	21332	20812	21370	$145,377.00

	Established wellness centres at hotspot area targeting key affected populations	1,949	0	0	0	0	0	0	$1,948.72
	Integrate VCT into RCH clinics	12,519	13420.615	13683.519	13608.404	13871.308	13533.288	13896.346	$94,532.71
	Sensitisation of women and men on PMTCT including eMTCT	4,800	5145.6	5246.4	5217.6	5318.4	5188.8	5328	$36,244.80
	Establish the national molecular diagnostic services	0	0	0	0	0	0	0	$-
	Establish efficient referral system between ANC and ART sites and review PMTCT protocols to ensure effective referral	3,708	0	0	0	0	0	0	$3,707.69
	Build capacity of health care workers and health management teams to provide quality skilled care	9,644	10338.203	10540.724	10482.861	10685.382	10424.998	10704.669	$72,820.68
	Equip selected ANC sites to provide ART services	6,572	7044.964	7182.972	7143.541	7281.549	7104.110	7294.692	$49,623.62
	Strengthen existing PMTCT sites	2,068	2216.841	2260.268	2247.860	2291.287	2235.453	2295.423	$15,615.08
	Development of Streamlining Task and Roles to Expand Treatment and Care for HIV (STRETCH) including printing and trainings	10,159	0	0	0	0	0	0	$10,159.49
	Ensure uninterrupted supply of ARVs and drugs for opportunistic infections	89743	96204	98089	97550	99435	97012	99614	$677,647.00
Increase STI diagnosis and effective treatment using syndrome management and/or Laboratory testing to more than 50% of primary point-of-care sites	Expand ART sites to reach underserved areas	3,956	4241.272	4324.356	4300.618	4383.703	4276.879	4391.615	$29,874.85
	Strengthen the diagnostic capacities of the ART centres for timely availability of tests results and effective patient monitoring	32051			34839				$66,890.00
	Strengthen patient follow up to improve survival rates	1,926	2065.112	2105.566	2094.008	2134.463	2082.449	2138.315	$14,546.32
	Increase HIV treatment and care literacy among PLHIV	2,171	2326.790	2372.371	2359.347	2404.928	2346.324	2409.269	$16,389.54
	Train healthcare providers on Community Home base and Palliative care	9,008	9,008	9,008	9,008	9,008	9,008	9,008	$63,053.85
	Strengthen the support groups	1,422	1,422	1,422	1,422	1,422	1,422	1,422	$9,950.77
	Ensure regular supply of high quality food items to the patients	22,832	24476.096	24955.572	24818.579	25298.055	24681.586	25343.719	$172,405.79
	Increase the proportion of OVCs supported through ART sites	2595							$2,595.00
	Expand the support provided to OVCS to include child protection and shelter	20512	21988	22419	22296	22727	22173	22768	$154,883.00
	Intensify IEC/BCC interventions on HIV/AIDS	12,821	12,821	12,821	12,821	12,821	12,821	12,821	$89,743.59

	Conduct open field days	4900	5252.8	5355.7	5326.3	5429.2	5296.9	5439	$36,999.90
	Commemorate World TB day at all levels annually	20,000	20,000	20,000	20,000	20,000	20,000	20,000	$140,000.00
	Conduct Orientation seminar for Community and traditional leader	5,000	5,000	5,000	5,000	5,000	5,000	5,000	$35,000.00
	Conduct School health education session with relevant partners annually	15,000	15,000	15,000	15,000	15,000	15,000	15,000	$105,000.00
	Organize Open field day on TB, TB/HIV at Community level	20,000	18,000	18,000	18,000	15,000	15,000	15,000	$119,000.00
	Producetion, print and distributeion of IEC materials	6,000	6,000	6,000	6,000	6,000	6,000	6,000	$42,000.00
	Support the Regional Ex TB patients associations on stigma reduction campaigns	4,500	4,500	4,500	4,000	4,000	4,000	4,000	$29,500.00
	Brief central NLTP and Child Fund staff on operational modalities of ACSM	1,000	1,000	1,000	1,000	1,000	1,000	1,000	$7,000.00
	Sensitize all RHTs along with Regional Education Directorates on the NLTP; epidemiology and current situation of TB in the country; arrangements for supervision, monitoring and management of ACSM; roles and responsibilities of different actors	15,000	15,000	15,000	15,000	15,000	15,000	15,000	$105,000.00
	Strengthen the regional communication taskforce	15,000	15,000	15,000	15,000	15,000	15,000	15,000	$105,000.00
	Strengthen the regional MDFTs	8,000	8,000	8,000	8,000	8,000	8,000	8,000	$56,000.00
	Strengthen the regional peer health education groups	6,000	6,000	6,000	6,000	6,000	6,000	6,000	$42,000.00
	Strengthen the School Health and Nutrition unit for TB-education	30,000	20,000	15,000	10,000	5,000	2,500	2,500	$85,000.00
	Collaborate with DPI and support the M and E unit to develop all necessary ACSM tools and materials for supervision, monitoring, reporting and record keeping at various levels	7,500	7,500	5,000	0	0	0	0	$20,000.00
	Conduct message development workshop on TB and related issues	26,000	15,000	10,000	5,000	5,000	0	0	$61,000.00
	Conduct open field days (one Field Day in each health facility catchment area countrywide)	12,307	12,307	12,307	12,307	12,307	12,307	12,307	$86,149.00
	Develop, produce and distribute communication and advocacy support materials	25,000	12,307	0	0	0	0	0	$37,307.00
Early detection and prevention of blindness from cataract and glaucoma	Strengthen school eye screening programme in formal and informal schools for early detection of children with visual impairment	15,000	12,307	25,000	12,307	25,000	12,307	25,000	$126,921.00
STOP	Reinforce itinerant teacher training to detect children with visual problems, and refer them to appropriate centres.	20,000	12,307	25,000	12,307	25,000	12,307	25,000	$131,921.00

	Conduct sensitivity study on drugs use in the management of STIs	12823	0	0	0	0	0	0	$12,823.00
	Build capacity of laboratories of both major and minor health facilities for STI diagnosis and control	21174	22698	23143	23016	23460	22889	23503	$159,883.00
	Strengthen the capacity of the National AIDS Control Programme by recruitment of additional specialist, such as VCT coordinator, PMTCT coordinator, ART coordinator, CHBC coordinator and Communication Specialist.	11230	12038	12274	12207	12442	12139	12465	$84,795.00
	Improve the effectiveness and efficiency of the coordination mechanism	40,433	0	0	0	0	0	0	$40,432.82
	Ensure equitable distribution and delivery of services countrywide	0	0	0	0	0	0	0	$-
	Match and align development partners' programmes and support with national systems and policy frameworks	0	0	0	0	0	0	0	$-
	Strengthen greater partnerships and strategic alliances with development partners and civil society organizations	1,346	1443.077	1471.346	1463.269	1491.538	1455.192	1494.231	$10,164.81
	Administration cost	24,981	26779.165	27303.757	27153.873	27678.465	27003.990	27728.426	$188,628.24
Diagnose at least 70% of the total estimated incidence of new smear positive cases annually and cure at least 90% of new sputum smear positive patients by 2015	Develop and effective referral system to enhance access to care and support for TB and HIV patients	0	0	0	0	0	0	0	$-
	mobilize resource for TB-HIV collaborative activities	0	0	0	0	0	0	0	$-
	Recruit and train medical health officers/health care workers on TB diagnosis								
	Surveillance of HIV prevalence among TB patients	10,275	0	0	0	0	0	0	$10,275.00
	Carry out joint TB/HIV planning and monitoring	10,275		11230.575		11384.7		11405.25	$44,295.53
	Develop Multi Drug Resistant (MDR) and xtra-Drug Resistant (XDR) Tuberculosis manual	0	0	0	0	0	0	0	$-
	print and distribute of tuberculosis manual	0	0	0	0	0	0	0	$-
	Study tour on MDR- TB case management	0	0	0	0	0	0	0	$-
	Step - down Training of Health Care Workers on MDR TB case management	0	6300	6885.9	6848.1	6980.4	6810.3	6993	$40,817.70
	Procure and distribute MDR-TB drugs, equipment and furniture	5000	0	0	0	0	0	0	$5,000.00

	Conduct free mini cataract camps in each Region yearly to cater for the poor	6000	6432	6655.8	6522	6648	6486	6660	$45,403.80
	Ensure adequate supply of equipment, drugs and consumables for cataract surgery	14000	15008	15302	15218	15512	15134	15540	$105,714.00
	Monitor quality of outcome of cataract surgery by surgeons	4000	4288	4372	4348	4432	4324	4440	$30,204.00
	Sensitise communities on the importance of early treatment and places where services are available	5000	5360	5465	5435	5540	5405	5550	$37,755.00
To reduce the frequency of environmental health and safety related disease conditions by 30% by 2020	Advocate for the enforcement of public health ACT 2001	5000	5360	5465	5435	5540	5405	5550	$37,755.00
	Put a mechanism for the continuous review and update of the relevance of environmental and health safety regulations	8000	8576	8744	8696	8864	8648	8880	$60,408.00
	Build capacities of public health officers in the handling of enforcement of the ACTs	5000	5360	5465	5435	5540	5405	5550	$37,755.00
	Construct latrines for the management of human waste	30,000	32160	32790	32610	33240	32430	33300	$226,530.00
	Intensify compound and district inspection activities	10000	10720	10930	10870	11080	10810	11100	$75,510.00
	Provide adequate waste Management tools	50,000	0	0	54350	0	0	55500	$159,850.00
	Build capacities of waste collectors in waste management	10000	10720	10930	10870	11080	10810	11100	$75,510.00
	Develop management tools for proper monitoring and supervision	5000	5360	0	5435	0	5405	0	$21,200.00
	Build capacities of the environment health unit	50000	53600	54650	54350	55400	54050	55500	$377,550.00
	Conduct public sensitization on vectors and vector borne diseases and occupational health and safety	30,000	32160	32790	32610	33240	32430	33300	$226,530.00
	Build human resource capacity of environment health unit to monitor air and water pollution	35,000	37520	38255	38045	38780	37835	38850	$264,285.00
	Strengthen communication and advocacy activities on environmental and safety related issues	30,000	32160	32790	32610	33240	32430	33300	$226,530.00
	Commemorate world environment day	5000	5360	5465	5435	5540	5405	5550	$37,755.00
	Collaborate with relevant institutions/ authorities example National Malaria Control Program(NMCP),National Environment Agency(NEA),WHO on eliminating vector borne diseases	25000	26800	27325	27175	27700	27025	27750	$188,775.00

	Establish paediatric oriented services and eye care teams at secondary level to provide services for postoperative care for children treated at the tertiary centre.	10,000	12,307	25,000	12,307	25,000	12,307	25,000	$121,921.00
	Develop strategies for childhood blindness control.	5000	12,307	25,000	12,307	25,000	12,307	25,000	$116,921.00
			12,307	25,000	12,307	25,000	12,307	25,000	$111,921.00
	Establish Inter-sectoral collaboration with relevant stakeholders	1500	12,307	25,000	12,307	25,000	12,307	25,000	$113,421.00
	Institutionalize operational research and develop mechanisms for monitoring and evaluation.	1000	12,307	25,000	12,307	25,000	12,307	25,000	$112,921.00
To improve availability and affordability of refractive error services in collaboration with all stakeholders	Create awareness on refractive error and available services at the community level.	20000	12,307	25,000	12,307	25,000	12,307	25,000	$131,921.00
	Strengthen school eye health screening programme and establish screening for presbyopes	10000	12,307	25,000	12,307	25,000	12,307	25,000	$121,921.00
	Establish vision centres in all the health regions	25,000	12,307	25,000	12,307	25,000	12,307	25,000	$136,921.00
	Establish optical resource centre at the tertiary centre for maintenance of optical equipment and spectacles and warehousing of all optical supplies.	50,000	12,307	25,000	12,307	25,000	12,307	25,000	$161,921.00
			12,307	25,000	12,307	25,000	12,307	25,000	$111,921.00
To ensure that at least 80% of all straight forward cataract surgery patients have visual acuity of no less than 6/18 with best correction by 2015	Conduct free eye care screening and cataract surgery	20000	12,307		12,307	25,000	12,307	25,000	$106,921.00
To reduce the burden of blindness due to cataract by ensuring that the cataract surgery rate equals the incidence rate per division	Set up Regional cataract surgery targets after the conduct of surveys to determine the prevalence of cataract per Region.	12000	12864	13116	13044	13296	12972	13320	$90,612.00
	Train 4 more cataract surgeons and deploy them to secondary eye units	6000	0	0	0	0	0	0	$6,000.00
	Open 5 new outreach cataract surgery points	0	100,000	0	0	0	0	0	$100,000.00
	Conduct routine twice weekly cataract surgery sessions in each secondary eye unit and monthly outreach cataract surgery in each surgery point in the health Regions	12000	12864	13116	13044	13296	12972	13320	$90,612.00
	Train more Nyateros to identify and refer all cataract cases in their communities	9000	9648	9837	9783	9972	9729	9990	$67,959.00

Reduce the incidence of infection caused by malaria parasite by 50% by 2015	Ensuring access to ACT for the population at risk.	25,000	26,800	27,325	27,175	27,525	27,025	27,750	$188,600.00
	Increasing access to ACTs at community level.	2,500,000	2,680,000	2,732,500	2,717,500	2,752,500	2,702,500	2,775,000	$18,860,000.00
	Conduct service training of health workers including the private sector on malaria case management	15,000	16,080	16,395	16,305	16,515	16,215	16,650	$113,160.00
	Strengthening pre service trainings on malaria case management	35,000	37,520	38,255	38,045	38,535	37,835	38,850	$264,040.00
	Update the treatment guidelines for malaria case management	10,000	10,720	10,930	10,870	11,010	10,810	11,100	$75,440.00
	Strengthen supervision for malaria case management.	8,000	8,576	8,744	8,696	8,808	8,648	8,880	$60,352.00
	Establish national QA&QC system for RDTs	28,000	30,016	30,604	30,436	30,828	30,268	31,080	$211,232.00
	Strengthen QA&QC for slide microscopy	25,000	26,800	27,325	27,175	27,525	27,025	27,750	$188,600.00
	Conduct efficacy studies	25,000	26,800	27,325	27,175	27,525	27,025	27,750	$188,600.00
	Strengthen molecular laboratory for efficacy studies	30,000	32,160	32,790	32,610	33,030	32,430	33,300	$226,320.00
To maintain the elimination of Leprosy	Distribution of MDTs	25,000	26,800	27,325	27,175	27,525	27,025	27,750	$188,600.00
	Intensify leprosy case base surveillance	8,000	8,576	8,744	8,696	8,808	8,648	8,880	$60,352.00
To reduce the prevalence of other communicable diseases by 70% by 2020	Review and upgrade the IDSR technical guideline	$4,146.15	0	0	0	0	0	0	$4,146.15
	Train health staff on the IDSR to improve on early case detection, investigation, management and reporting of national priority diseases for surveillance	7422.21	7956.609	8112.476	8067.942	8223.809	8023.409	8238.653	$56,045.11
	Harmonize data collection tools into National Health Information System	538.46	0	0	0	0	0	0	$538.46
	Strengthen data management , reporting and feedback mechanism at central and regional levels	2217.95	2377.642	2424.219	2410.912	2457.489	2397.604	2461.925	$16,747.74
	Strengthen collection, handling & transportation of samples to national reference laboratory	5128.21	5497.441	5605.134	5574.364	5682.057	5543.595	5692.313	$38,723.11
	Build capacity of Regional Management Committees and health facility staff on Epidemic Preparedness and Response	12820.51	0	14012.817	0	14205.125	0	14230.766	$55,269.22
	Develop and strengthen IHR core capacity for implementation	1923.08	2061.542	2101.926	2090.388	2130.773	2078.849	2134.619	$14,521.18
	Support diagnostic services	2179.49	2336.413	2382.183	2369.106	2414.875	2356.029	2419.234	$16,457.33
	Provide e-health facility for reporting (DHIS2 mobile application)	6410.26	0	0	0	0	0	0	$6,410.26

	Provision of chemicals,sprayers,protective gears and rodenticides	50000	53600	54650	54350	55400	54050	55500	$377,550.00
	Conduct occupational health and safety risks assessment	35000	37520	38255	38045	38780	37835	38850	$264,285.00
To improve and expand disease prevention and control services by 2020	Conduct assessment of infection prevention and control situation in all health care setting and implement the recommendations	35000	37520	38255	38045	38780	37835	38850	$264,285.00
	Develop infection control guidelines, protocols and standards	5000	5360	0	0	0	0	0	$10,360.00
	Train HCWs on guidelines protocols and standards	12000	12864	0	13296	0	12972	0	$51,132.00
	Procure infection prevention and control devices and products	49000	52528	0	13296	0	0	0	$114,824.00
To reduce the incidence of food and water-borne diseases by 30% by 2020.	sensitize communities on Open Defecation (OD), hand washing and household water treatment	30,000.00	32160	32790	32610	33240	32430	33300	$226,530.00
	Training of HCWS/Extension workers on CLTS	25,000.00	26800	27325	27175	27700	27025	27750	$188,775.00
	Training of hygiene promoters on Water and Sanitation Hygiene (WASH)	25,000.00	26800	27325	27175	27700	27025	27750	$188,775.00
	Enforce the food act	30,000	32160	32790	32610	33240	32430	33300	$226,530.00
	Train and screen food handlers	12,000	12864	13116	13044	13296	12972	13320	$90,612.00
	Build capacities of food standard officers	60,000	0	0	0	0	0	0	$60,000.00
	Training of Health Workers on Better Training on Safer Foods	25,000	26800	27325	27175	27700	27025	27750	$188,775.00
	Market surveillance and border inspections	10,000	5,000	5,000	5,000	5,000	5,000	5,000	$40,000.00
	Iodisation of salts in major markets	25,000	26800	27325	27175	27700	27025	27750	$188,775.00
	Sensitization of stake holders on salt iodization	5,000	5,360	5,465	5,435	5,505	5,405	5,550	$37,720.00
Increase and sustain the correct and consistent use of long lasting insecticidal nets to 85% by the population at risk by 2015 and maintained up to 2020.	Procure of LLINs	5400000	5,788,800	5,902,200	5,869,800	5,945,400	5,837,400	5,994,000	$40,737,600.00
	Distribute of LLINs	450,000	482,400	491,850	489,150	495,450	486,450	499,500	$3,394,800.00
	Promote consistent use of LLINs	50,000	53,600	54,650	54,350	55,050	54,050	55,500	$377,200.00
	Monitoring and evaluating operations	25,000	26,800	27,325	27,175	27,525	27,025	27,750	$188,600.00
Achieve 80 % coverage for IRS in all regions by 2015 and maintained up to 2020.	Procure and supply of IRS commodities	256000	274,432	279,808	278,272	281,856	276,736	284,160	$1,931,264.00
	Conducte Indoor Residual spraying	150,000	160,800	163,950	163,050	165,150	162,150	166,500	$1,131,600.00
	Monitoring and evaluating IRS operations	50,000	53,600	54,650	54,350	55,050	54,050	55,500	$377,200.00

To reduce alcohol and other harmful substance abuse, from 2% to1% by 2020	Provision of counseling centers	10,000.00	10,000	0	0	0	0	0	20,000.00
	Train peer health educators	20,000.00							20,000.00
	Conduct community sensitization programs	25,000.00	25,000.00	25,000.00	25,000.00	25,000.00	25,000.00	25,000.00	175,000.00
To promote primary prevention and control of NCDs by 2020									0.00
	Routine Screening for NCDs at all levels	30,000.00	30,000.00	30,000.00	30,000.00	30,000.00	30,000.00	30,000.00	210,000.00
	Training of all health care providers on NCDS management by 2020	25,000.00	25,000.00	25,000.00	25,000.00	25,000.00	25,000.00	25,000.00	175,000.00
	Decentralization of NCD treatment centers	20,000.00	20,000.00		20,000.00			20,000.00	80,000.00
									0.00
	Development of treatment guidelines for NCDs.	0.00	10000						10,000.00
	Establish NCDs clinics in all major health centres	0.00	30000		15,000.00			10,000.00	55,000.00
	Early detection of NCDs and reduction of disease related complications	25,000.00	25,000.00	25,000.00	25,000.00	25,000.00	25,000.00	25,000.00	175,000.00
	Procure of basic equipment for early detection and management	20,000.00							20,000.00
To provide equitable access to quality mental health care by 2020	Build capacities of health care personnel to manage mental health cases	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	105,000.00
	Increase awareness on the risk factors, effects and management of mental and behavioural disorders	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	105,000.00
	Upgrading the existing psychiatric facility	30,000.00	0.00	0.00	0.00	0.00	0.00	0.00	30,000.00
	Creation of psychiatric units in all the hospitals	25,000.00	0.00	25,000.00	0.00	25,000.00	25,000.00	25,000.00	125,000.00
	Integration of mental health and substance abuse services in the primary health care delivery	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	70,000.00
	Establishment of the mental health board	5,000.00	5,000	5,000	5,000	5,000	5,000	5,000	35,000.00
	Provide specialized health professionals, biomedical equipment, medicines and medical supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
To reduce mental health disorders and substance abuse from 20 %(180,000) to 10% by 2020	Create a multidisciplinary technical advisory committee on mental health and substance abuse	5,000.00	5,000	5,000	5,000	5,000	5,000	5,000	35,000.00
	Provide biomedical equipment and medical supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
To provide mental health and substance abuse care services at all levels by 2020	Providing adequate psychotropic medicines to the different facilities	40,000.00	40,000.00	40,000.00	40,000.00	40,000.00	40,000.00	40,000.00	280,000.00

	Conduct supportive monitoring and supervision	1299.72	1393.300	1420.594	1412.796	1440.090	1404.997	1442.689	$9,814.19
	Organize bi-monthly meetings to share surveillance data and information with regions and hospitals	2142.77	2297.049	2342.048	2329.191	2374.189	2316.334	2378.475	$16,180.06
TOTAL SOB2.1		12491295.323	12527107.301	12530444.444	11673439.415	11887695.117	11493178.579	12741719.741	$85,344,879.92
Strategic Objwctive 2.2:	To reduce the burden of non communicable diseases to a level that they cease to be a public health problem								
Specific Objectives	Main Activities								
To reduce the use of tobacco among the general population, from 35% to 25% by 2020	Conduct sensitization meetings with law enforcement agencies	20,000.00	21440	21860	21740	22160	21620	22200	151,020.00
	Advocacy meetings with law makers, opinion leaders and civil society	20,000.00	21440	21860	21740	22160	21620	22200	151,020.00
	Enforce tobacco free workplace policies	15,000.00	16080	16395	16305	16620	16215	16650	113,265.00
	School health intervention programs	30,000.00	32160	32790	32610	33240	32430	33300	226,530.00
	Production of communication support materials	35,000.00	37520	38255	38045	38780	37835	38850	264,285.00
	Conduct mass media campaign	25,000.00	26800	27325	27175	27700	27025	27750	188,775.00
	Conduct sensitization meetings at Workplace	15,000.00	16080	16395	16305	16620	16215	16650	113,265.00
	Sensitization meetings with organized community structures	25,000.00	26800	27325	27175	27700	27025	27750	188,775.00
To promote healthy eating lifestyle									0.00
	Conduct sensitization meetings with law enforcement agencies	20,000.00							20,000.00
	Support community and school gardening	20,000.00							20,000.00
	Conduct school health and nutrition program Sensitization	15,000.00							15,000.00
	Conduct mass media campaign	20,000.00							20,000.00
	Open field days at community level	25,000.00							25,000.00
	Production of communication support materials	15,000.00	16080	16395	16305	16620	16215	16650	113,265.00
	Sensitization meetings with organized community structures	20,000.00	20,000						40,000.00
	Conduct interactive community film show	20,000.00	21440	21860	21740	22160	21620	22200	151,020.00
To promote physical activity among the general population									0.00
	Dialogue with relevant stakeholders.	5,000	0	0	0	0	0	0	5,000.00
	Support physical activities in all institutions and communities	15,000.00	10,000.00	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	100,000.00
	Conduct mass media campaign	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	140,000.00
	Observe national MOVE for health	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	35,000.00

	Create advocacy awareness on draft disability bill for enactment	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	140,000.00
To ensure that at least 80% of all straight forward cataract surgery patients have visual acuity of no less than 6/18 with best correction by 2015	Conduct free eye care screening and cataract surgery	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	140,000.00
	Conduct Media campaign on disability and rehabilitation	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	70,000.00
	Community sensitization on disability and rehabilitation	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	140,000.00
	Inclusion of disability access in all building plans	10,000.00	0.00	0.00	0.00	0.00	0.00	0.00	10,000.00
To reduce the incidence of violence and injuries by 50% by 2020	Establishment of ONE STOP centre for victims and perpetrators of violence	30,000.00	0.00	0.00	0.00	0.00	0.00	0.00	30,000.00
	Build capacities of health care providers and professionals on management of sexual violence and Standard Operation Procedures (SOP) on violence and injuries	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	140,000.00
	Increase knowledge and skill of health care providers on sexual abuse and violence	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	105,000.00
	Provide screening and psychosocial counselling and support for victims of violence and injuries	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	140,000.00
	Create awareness on injuries and violence	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	70,000.00
	Advocacy and awareness on the domestic violence Bill for enactment	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	70,000.00
	Increase awareness on sexual abuse and violence	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	70,000.00
To improve health care services for elderly persons	Routine Screening of elderly for NCDs	30,000.00	30,000.00	30,000.00	30,000.00	30,000.00	30,000.00	30,000.00	210,000.00
	Training of health care providers on healthy aging	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	105,000.00
	Support for family and care givers of the elderly	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	140,000.00
	Reduce severe malnutrition rate among the elderly	15,000.00							15,000.00
	Awareness creation on age friendly environment	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	105,000.00
	Create awareness on the clinical management of aging	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	105,000.00
To improve and expand Physiotherapy services at all major public health facilities	Upgrade service level from basic to comprehensive	100, 000	0	0	0	0	0	0	0.00
	Procure equipment and consumables	275,000	12820.513	14012.821	13935.897	14205.128	13858.974	14230.769	358,064.10

	Mobilize resources for mental health and substabnce abuse interventions	10,000.00							10,000.00
	Conduct community outreach programs	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	105,000.00
	Review and update the current list of psychotropic medicines included in the National Essential Drugs List.	10,000.00	0	0	0	0	0	0.00	10,000.00
	Develop treatment guidelines and protocol on management of mental health disorders and substabce abuse	10,000	0	0	0	0	0	0.00	10,000.00
	Produce and finalize the draft mental health and substance abuse policy, strategic plan and legislation	20,000.00	0	0	0	0	0	0.00	20,000.00
	Procure vehicle and other office equipment for the mental health and substance abuse office	80,000.00	0	0	10,000	0	10,000		100,000.00
	Orientation of traditional healers on mental health and substance abuse	10,000.00	10,000	10,000	10,000	15,000	15,000	20,000	90,000.00
	Training of specialized mental health and substance abuse officers	150,000.00	0	0	100,000	0		100,000.00	350,000.00
To reduce the burden of accidents and injuries	Safety education in workplaces	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	105,000.00
	Conduct mass media campaign	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	105,000.00
	Community outreach programs	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	140,000.00
	Advocacy meetings with law makers, opinion leaders and stakeholders	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	5,000.00	35,000.00
	Regular inspection of workplaces	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	70,000.00
	Regular updating of the ACTs	10,000.00							10,000.00
	Enforcement of the road traffic Act, injury compensation Act, the Public health Act, the factories Act, The NEMA and the labour Act	20,000.00	0.00	0.00	0.00	0.00	0.00	0.00	20,000.00
	Research on the causes and prevention of major injuries and accidents	35,000.00	0.00	0.00	0.00	35,000.00	0.00	0.00	70,000.00
To provide rehabilitation care and services for all persons with disabilities	Conduct early detection/screening for disability	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	20,000.00	140,000.00
	Conduct community rehabilitation programs (CBR)for persons with disabilities	25,000.00	25,000.00	25,000.00	25,000.00	25,000.00	25,000.00	25,000.00	175,000.00
To reduce disability from 16% to 8% by 2020	Production of artificial limbs and assessive devices	50,000.00	50,000.00	50,000.00	50,000.00	50,000.00	50,000.00	50,000.00	350,000.00
	Provide psychosocial support to persons with disability	40,000.00	40,000.00	40,000.00	40,000.00	40,000.00	40,000.00	40,000.00	280,000.00
	Provision of home base care for persons with disability	25,000.00	25,000.00	25,000.00	25,000.00	25,000.00	25,000.00	25,000.00	175,000.00
	Provide training to specialized level on disability rehabilitation	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	105,000.00
	Provide specialized training for production of mobility aids	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	15,000.00	105,000.00

	Support the Association of Health Journalist in the production and documentation of health issues	6,000	0	0	6,000	0	0	0	
	Conduct community film shows on various health issues at all levels	4,500	4,500	4,000	4,000	3,500	3,500	3,000	
	Support the on-going weekly health programmes on radio and television	15,000	15,000	15,000	15,000	15,000	15,000	15,000	
	Produce documentary for broadcasting	40,000	30,000	20,000	15,000	10,000	10,000	10,000	
	Coordinate the commemoration of International Health Days	15,000	15,000	15,000	15,000	15,000	15,000	15,000	
	Produce and print calendars on International Health Days and MoH&SW calendar of events	10,000	10,000	10,000	10,000	10,000	10,000	10,000	
	Use of social media to educate the public	15,000	0	0	15,000	0	10,000	0	
	Conduct mass media campaign on health issues	30,000	25,000	20,000	20,000	20,000	20,000	15,000	
Improve country capacity to design, implement and evaluate health promotion and education interventions by 2020	Develop a Strategic Plan for the implementation of the national health promotion and education policy (2013-2020).	50,000	0	0	20,000	0	0	5,000	
	Train health promotion and education practitioners in designing health promotion and education approaches at all levels	25,000	0	25,000	0	25,000	0	25,000	
	Develop Interpersonal Communication Training Manual for health workers	12,000	0	0	0	0	0	0	
	Conduct training of trainers on Interpersonal Communication Skills	60,000	0	60,000	0	60,000	0	30,000	
	Organize short and long-term training on health promotion and communication for Health Promotion Officers	0	50,000	0	0	50,000	0	0	
	Develop monitoring tools and guidelines for frontline communicators at field level	8,000	0	0	0	0	0	0	
Specific Objective: Create social and physical environments that promote good health for all by 2020	Strengthen the existing multi-sectoral Committee on Social Determinants of Health	15,000	10,000	10,000	10,000	10,000	10,000	10,000	
	Conduct situational analysis on Social Determinants of Health	25,000	0	0	0	0	0	0	
	Validate the situational report on Social Determinants of health	8,000	0	0	0	0	0	0	
	Support and sustain the multi-sectoral committee on social determinants of health	15,000	15,000	15,000	15,000	15,000	15,000	15,000	
	Use health promotion and education as a platform to put Health-In-All Policies by 2020	20,000	0	20,000	0	5,000	0	5,000	

	Provide specialized training on Physiotherapy to both undergraduate and graduate levels	90000	0	0	99720	0	0	0	189,720.00
	Support Physiotherapy training in the University of the Gambia	14102.564	15117.949	15414.103	15329.487	15625.641	15244.872	15653.846	106,488.46
	Establish a regulatory system for Physiotherapy services	5 000	0	0	0	0	0	0	0.00
	Promote public- private partnership for provision of quality Physiotherapy services	5,000	5360	5465	5435	5540	5405	5550	37,755.00
	Strengthen quality control and quality assurance activities	7,000	7504	7651	7609	7756	7567	7770	52,857.00
To coordinate the implementation, monitoring and supervision of health promotion and education activities of MoH&SW by 2020	Develop and operationalize a comprehensive communication and social mobilization strategy for the Ministry of Health and Social Welfare	50,000	0	0	0	26,000	0		
	Train health workers on Interpersonal Communication skills on health issues	35,000	35,000	20,000	15,000	15,000	10,000		
	Procure vehicles, film van and communication equipment/gadgets (video camera, still cameras, projector, editing machine and software, tape recorders, generator, DVD players)	190,000	0	0	0	15,000	0		
	Develop, produce and distribute communication support materials on health issues	100,000	0	0	100,000	0	0	0	
SPECIFIC OBJECTIVE									
Promote the involvement of non- health public and private sectors in health development by 2020	Undertake advocacy to increase the awareness and support for the use of health promotion and education, targeting both the health and non-health sectors and mobilizing new players for health	10,000	8,000	6,000	5,000	4,000	3,000	2,000	
	Advocate with government and non-governmental agencies to support the implementation of health promotion and education and sharing of experiences	3,000	3,000	3,000	2,000	2,000	2,000	1,000	
	Incorporate health promotion and education components into non-health and private sector interventions and programmes	15,000	10,000	5,000	3,000	2,000	2,000	2,000	
Promote the participation and involvement of the media in health issues by 2020	Train journalist, editors and media executives on health reporting	20,000	20,000	20,000	20,000	20,000	20,000	20,000	

	Monitor quality assurance in health training institutions and clinical settings	5,400.00	5788.8	5902.2	5869.8	5983.2	5837.4	5994	$40,775.40
	Develop guidelines for quality assurance	6,923.08	0	0	0	0	0	0	$6,923.08
	Train lecturers in all health training institutions and clinical settings based on the needs assessment	2,500.00	2680	2732.5	2717.5	2770	2702.5	2775	$18,877.50
	Support health professional development at the training institutions	132,307.69	0	0	143818.462	0	0	0	$276,126.15
	Construct 1 additional classroom block in SEN and CHN schools	51,282.05	0	0	0	0	0	0	$51,282.05
	Renovate and furnish student dormitories at SEN school , CHN school and School of Nursing and Midwifery	38,461.54	0	0	0	0	0	0	$38,461.54
To establish mechanisms to manage recruitment and promotion at all levels for the public sector	Identify staffing needs at all levels	4293.692							$4,293.69
	Identify and fill vacant positions	0	0	0	0	0	0	0	$-
	develop and implement induction programmes for new staff	1153.846							$1,153.85
	Develop M&E system for the performance appraisal	4807.692	0	0	0	0	0	0	$4,807.69
	Support RHMT and central level to develop plans for rolling out performance appraisal systems	16153.846	0	0	0	0	0	0	$16,153.85
	Train RHMTs and central level staff on performance appraisal systems	4317.708	0	0	0	0	0	0	$4,317.71
	Develop/review guidelines for performance and performance management	3461.538	0	0	0	0	0	0	$3,461.54
To establish a mechanism to manage and deploy staff at all levels by 2020									$-
	Develop and implement posting guidelines and policy	769.231	0	0	0	0	0	0	$769.23
	Establish a posting committee at all levels	0	0	0	0	0	0	0	$-
	Implement the staffing norm	0	0	0	0	0	0	0	$-
	Develop a deployment plan	1000							$1,000.00
	Increase number of trained staff per health facility by population size	0	0	0	0	0	0	0	$-
	Disseminate deployment and postings plans to staff concerned	256.410	0	0	0	0	0	0	$256.41

	Establish a national association or network of health promotion and education practitioners by 2020	35,000	0	0	0	3,000	0	0	
	Support the participation in inter-country consultations and to form a health promotion and education partnerships	30,000	0	10,000	10,000	5,000	5,000	0	
	Conduct advocacy activities to raise awareness on the concept of putting Health-In-All Policies	25,000	25,000	20,000	15,000	15,000	10,000	5,000	
	Orientate law-makers and decision makers on the concept of putting Health-In All Policies	15,000	0	15,000	0	15,000	10,000	5,000	
TOTAL SOB2.2		2,927,602.56	1402142.462	1386002.923	1606169.385	1477386.769	1255395.846	1410404.615	8,936,104.56
Strategic Objective 3:									
Specific Objectives	Main Activities								
To improve knowledge, skills and attitudes of health workers in line with national health priorities by 2020	Reviewthe 15 year HR projections and comprehensive training plan	13,400.00	0	0	0	0	0	0	$13,400.00
	Review curriculum plans for health training institutions	16,400.00							$16,400.00
	Develop guideline and policy for selecting the award of fellowships and training	9,000.00	0	0	0	0	0	0	$9,000.00
	Review and implement the existing staffing norms	42,500.00							$42,500.00
	Implement the 15 year HR projections and comprehensive training plan	60,000.00	64320	65580	65220	66480	64860	66600	$453,060.00
To support continuous professional development by 2020	Conduct training needs assessment at all levels in both private and public sectors	40,000.00	0	0	0	0	0	0	$40,000.00
	Develop guidelines for in-service training	3,200.00	0	0	0	0	0	0	$3,200.00
	Strengthen the HRH Directorate	25,600.00	27443.2	27980.8	27827.2	28364.8	27673.6	28416	$193,305.60
	Develop protocol to enhance competent staff to take teaching and research positions at all health training institutions.	12,350.00	0	0	0	0	0	0	$12,350.00
	Develop schemes of service for cadres such as physiotherapy; radiology; and biomedical equipment technicians.	4,100.00	0	0	0	0	0	0	$4,100.00
	Support continuous development of health professionals	132,307.69	0	0	143818.462	0	0	0	$276,126.15
	Provide teaching and learning materials	75,300.00	80721.6	82302.9	81851.1	83432.4	81399.3	83583	$568,590.30
	Conduct training needs assessment in all health training institutions including clinical settings	12,000.00	0	0	0	0	0	0	$12,000.00

	Advocate and provide for 100% of the estimated annual budget requirement by 2015 (for the three service areas)	2,179,487	2336410.064	4206409.91	2369102.369	2414871.596	2356025.447	2419230.57	$18,281,536.96
	Strengthen DRF structures for effective revenue collection (to supplement the budget for essential supplies (10 to 20%) by 2015	10000	0	0	10870	0	0	11100	$31,970.00
	Develop a plan for Resource mobilization to reduce funding Gap 2016	12000	0	0	0	0	0	0	$12,000.00
	Establish an Interagency Coordinating Committee to monitor technical and efficient budgetary allocation and resource by 2014	5000	5360	5465	5435	5540	5405	5550	$37,755.00
	Promote collaboration between public and private sectors in the provision of essential drugs and other medical supplies by 2016	0	0	0	0	0	0	0	$-
	Advocate for 10% increment on routine EPI budget line to accommodate emergency immunization activities by 2015	0	0	0	0	0	0	0	$-
	Create an effective integrated procurement and supply chain management system by 2015	900000	0	0	0	0		0	$900,000.00
	improve coordination, planning, monitoring and supervision of the supply chain	5000	5360	5465	5435	5540	5405	5550	$37,755.00
	strengthen the LMIS system	12500	13400	13662.5	13587.5	13850	13512.5	13875	$94,387.50
	Develop, update, print and distribute policy documents for the procurement supply management system (including Standard Treatment Guidelines, Essential Drug List, National Formulary and SOPs)	0	2023	0	0	0	0	0	$2,023.00
	advocate for the approval of the draft bills (Pharmacy bill, Medicines and related ProductsAct)	0	0	0	0	0	0	0	$-
	Develop the necessary structure and tools for implementation of the Act	0	200,000	0	0	0	0	0	$200,000.00
	Strengthen the procurement, storage, distribution systems and rational use.	0	5000	0	0	0	0	0	$5,000.00
	Mobilize, rationalize and allocate resources for training, equipment and consumables by 2015	1,000,000							$1,000,000.00
	Construct a National Blood Transfusion centre	$33,330.08	$0.00	0	0	0	0	0	$33,330.08
	Train staff on blood transfusion services								
	Provide equipment, furniture and consumables for the centre	$22,294.50	$0.00	0	0	0	0	0	$22,294.50

	Allocate 50% of basic salary as retention allowance for lower cadres of staff (grade six and below)and 40% for grade seven and above(MoHSW to advocate to PMO for acceptance).	0	0	0	0	0	0	0	$-
	Create a special hard-to-reach area allowance (MoHSW to advocate to PMO for acceptance)	0	0	0	0	0	0	0	$-
	Provide performance-based rewards	25,000.00	26800	27325	27175	27700	27025	27750	$188,775.00
	Advocate for free medical care for all health workers and their immediate family members	0	0	0	0	0	0	0	$-
	Monitor staffing norms for both the public and private sectors	1221.436	1309.379	1335.029	1327.701	1353.351	1320.372	1355.794	$9,223.06
	Renovate and furnish existing staff quarters	1,647,000	1765584	0	0	0	1780407	0	$5,192,991.00
	Provide essential equipment for service delivery at all levels.	250,000	268000	273250	271750	277000	0	0	$1,340,000.00
	Build Staff quarters in 6 facilities in CRR and URR	5,647,000	0			0	0	0	$5,647,000.00
To improve leadership and stewardship capacity in HRH by 2020			0			0	0	0	$-
	Review existing schemes of service.	769.231	0	0	0	0	0	0	$769.23
	Build capacity for HRH planning and management at all levels.	120000	0	0	132960	0	0	0	$252,960.00
	Establish HRH Steering Committee and Technical Working Groups	0	0	0	0	0	0	0	$-
	Integrate HRIS into the existing HMIS	1500	0	0	0	0	0	0	$1,500.00
	Build the capacity of the HRH Directorate	25,000			27175	0	0	0	$52,175.00
	Conduct periodic operational research	27,500			29892.5		0	0	$57,392.50
To improve management and planning of available HRH by 2020	Organize donor conferences	10000	10720	10930	10870	11080	10810	11100	$75,510.00
	Develop resource mobilization plan for HRH	576.923	0	0	0	0	0	0	$576.92
	Introduce cost sharing scheme for HRH production with partners	1000							$1,000.00
	Advocate for partner involvement in HRH production	1000							$1,000.00
	Coordinate donor support	500	536	546.5	543.5	554	540.5	555	$3,775.50
TOTAL SOB3		8,477,313.61	2253902.979	497884.929	972816.224	504717.751	2002575.672	228128.794	$14,937,339.95
Strategic Objective 4:	Increase access to quality pharmaceutical, laboratory, radiology and blood transfusion services to all by 2020								
Specific Objectives	Main Activities								
Ensure availability and access to quality pharmaceutical services									

	Procure adequate fuel	500000	500000	500000	500000	500000	500000	500000	$3,500,000.00
	Provide adequate and genuine spare parts (lubricants, filters, tyres , brake parts, etc	100,000	107200	109300	108700	110800	108100	111000	$755,100.00
	Strength the coordination and management between MoH&SW and RFH	10,000	0	0	0	0	0	0	$10,000.00
	Construct ten new staff quarters in each health region	0	800,000	800,000	800,000	400,000	0	0	$2,800,000.00
	Provide household equipment for all structures	0	200,000	200,000	200,000	100,000	0	0	$700,000.00
	GPS mapping of all existing facilities public and non-public	8400	0	0	0	0	0	0	$8,400.00
	Inco-operate new facilities to be constructed over the planned period	0	0	0	0	0	0	0	$-
	Update the health mapping and establish criteria for prioritizing and sequencing of all planned new facilities	0	30,000	0	0	0	0	0	$30,000.00
	Cost the capital investment plan (staff housing, health facilities, kitchens, incinerators laundry areas, etc)	0	35,000	0	0	0	0	0	$35,000.00
	Develop a comprehensive maintenance plan	0	5000	0	0	0	0	0	$5,000.00
	Review and update building requirements, standards and norms for the health system	0	21,000	0	0	0	0	0	$21,000.00
	Conduct situation analysis of existing health facility needs		7350			7350			$14,700.00
	Refurbish existing structures	0	100000	109300	108700	110800	108100	111000	$647,900.00
To provide a new office complex for the MoH&SW and food testing laboratory by 2017	Construct and equip a food testing laboratory	0	0	500,000	0	0	0	0	$500,000.00
	Construct a new fully furnished MoHSW office complex	0	4,750,000	0	0	0	0	0	$4,750,000.00
	Recruit qualified building maintenance staff (welders, architects and surveyors, carpenters, plumbers, electricians, masons, painters	0	0	0	0	0	0	0	$-
	Provide equipment and working tools for the maintenance unit.	15000	0	0	16305	0	16215	16650	$64,170.00
	Establish a building maintenance workshop	10000							$10,000.00
	Train maintenance unit staff	12000	0	0	0	0	0	0	$12,000.00
	Provide resources for the inventory system (computers, software, engravers, etc).		5,000			2,000			$7,000.00
	Inventorise all physical infrastructures (buildings, furniture, equipment),	1400	1500.8	1516.2	1521.8	1551.2	1513.4	1554	$10,557.40

	Set up a National blood transfusion committee	$692.31	0	0	0	0	0	0	$692.31
	Improve information/data management systems	1538.462	1649.231	1681.538	1672.308	1704.615	1664.615	1707.692	$11,618.46
	Strengthen quality control and quality assurance activities	1923.077	2061.538	2101.923	2090.385	2130.769	2078.846	2134.615	$14,521.15
	Provide resources for community outreach sensitization and donor bleeding	$3,205.13	$3,435.90	$3,503.205	$3,483.97	$3,551.282	$3,464.744	$3,557.69	$24,201.92
	Improve collaboration with Blood Donor Associations	$1,282	$1,374.36	$1,401.282	$1,393.590	$1,420.513	$1,385.897	$1,423.08	$9,680.77
	Strengthen IEC activities on Blood Transfusion at all levels	$1,923.08	$2,061.538	$2,101.923	$2,090.385	$2,134.62	$2,078.846	$2,134.62	$14,525.00
	Upgrade service level from basic to comprehensive	809,864	0	0	0	0	0	0	$809,864.00
	Strengthen quality control and quality assurance activities	26,964	28905.408	29471.652	29309.868	29876.112	29148.084	29930.04	$203,605.16
	Establish a regulatory system for laboratory services	30,000	0	0	0	0	0	0	$30,000.00
	Promote public- private partnership for provision of quality laboratory services	5,000	5,360	5,465	5,435	5,540	5,405	5,550	$37,755.00
	Upgrade service level from basic to comprehensive	150,000	0	0	0	0	0	0	$150,000.00
	Provide equipment and consumables	211,000	226,192	230,623	229,357	233,788	228,091	234,210	$1,593,261.00
	Train staff on radiology to both undergraduate and graduate levels	60,000	0	0	0	0	0	0	$60,000.00
	Support radiology training at the University of the Gambia	11282.051	12094.359	12331.282	12263.590	12500.513	12195.897	12523.077	$85,190.77
	Establish a regulatory system for radiology services	30,000	0	0	0	0	0	0	$30,000.00
	Promote public- private partnership for provision of quality radiology services	5,000	5,360	5,465	5,435	5,540	5,405	5,550	$37,755.00
	Strengthen quality control and quality assurance activities	26,964	28905.408	29471.652	29309.868	29876.112	29148.084	29930.04	$203,605.16
TOTAL SOB4		5,556,250	2884952.803	4554619.868	2726270.836	2767864.128	2700413.961	2783956.419	$23,974,327.74
Strategic Objective 5:	To improve infrastructure and logistics requirements of the public health system for quality health care delivery								
Specific Objectives	Main Activities								
	Develop a comprehensive vehicle replacement plan	8,400	0	0	0	0	0	0	$8,400.00
	Procure vehicles (including trucks) and motorcycles	260000	288,600	0	320346	0	355584	0	$1,224,530.00
	Develop and maintain a comprehensive vehicle inventory system	744	798	813	809	824.352	804.264	825.84	$5,617.94
	Provide safe and adequate fuel storage facilities in all regions	60,000	60,000	30,000	0	0	0	0	$150,000.00
	Create comprehensive vehicle maintenance workshops in all regions	90,000	0	135,000	0	0	0	0	$225,000.00

To institute other financing options to support government budget through the development of a mix of prepayment mechanisms	Introduction of a Health Tax Policy and Act	0	30000	0	0	0	0	0	$30,000.00
	Advocate for innovative financing by allocating 3% of the levy on tobacco and tobacco products, alcohol and hazardous products	15000	16080	16395	16305	16620	16215	0	$96,615.00
	Introduce National Health Insurance Scheme		0	0	0	4000	0	0	$4,000.00
	Establish health financing agency to manage risks, revenue collection and purchasing of health services	0	0	0	0	5000	0	0	$5,000.00
	Develop a resource mobilization plan	0	6000	0	0	0	0	0	$6,000.00
	Organize resource mobilization conference			5000		5500		6000	$16,500.00
	Advocate for the introduction of a service charge on GSM usage and bank transactions for contribution towards health financing	0	0	0	0	0	0	0	$-
Improve revenue collection mechanisms by 2020	Identify all revenue collecting source within the Ministry of Health		600						$600.00
	Set up an efficient revenue collection mechanisms		47500	7500	8175	8910.75	9712.718	10586.862	$92,385.33
	Phasing- out all non - accounting staff from collecting revenue at all levels	0	0	0	0	0	0	0	$-
	Recruit accounts clerks for all public health facilities	0	0	0	0	0	0	0	$-
	Develop adequate human resource capacity for revenue collection	0	15000		16350		17821.5		$49,171.50
	Monitor and supervise the collection of revenues in all public health facilities	0	6333	6903	7524	8201	8939	9744	$47,644.00
To Provide social safety nets to protect the poor against catastrophic health Spending	Pool health revenue generated funds into one basket	4000	4288	4372	4348	4432	4324	4440	$30,204.00
	Promotion of Community Based pre-financing Mechanisms	5000	5360	5465	5435	5540	5405	5550	$37,755.00
To achieve optimum utilization of resources to attain universal coverage by 2020	Develop a Resource Allocation Formula to include all resources available from all sources.	0	2307.692	0	0	0	0	0	$2,307.69
	Develop a monitoring framework to ensure accountability transparency and equitable resources utilization	0	5128.205	0	0	0	0	0	$5,128.21
	Strengthen the resource allocation committee	0	1200	1308	1425.72	1554.035	1693.898	0	$7,181.65
	Use Drug Revolving Funds to support the procurement of essential drugs, reagents and other laboratory consumables	0	0	0	0	0	0		$-

	Conduct a comprehensive assessment of biomedical equipment needs in the public health system.	10000	0	0	0	0	0	0	$10,000.00
	Procure quality biomedical equipment	500000	250000	35000	30000	25000	20000	15000	$875,000.00
	Conduct quarterly trekking to update inventory	2800	4000	4000	4000	4000	4000	4000	$26,800.00
	Provide resources for the inventory system (computers, software, engravers, etc).	0	0	0	0	0	0	0	$-
	Establish biomedical equipment management workshops in each region	350000	70000	76510	76090	77560	75670	77700	$803,530.00
	Train biomedical equipment management unit staff	0	30,000	0	0	33300	0	0	$63,300.00
	Recruit qualified Biomedical Engineers/Technicians and support staff	0	0	0	0	0	0	0	$-
TOTAL SOB 5		1,938,744	7265448.368	2501439.392	2166471.528	1373185.552	1189986.664	837729.84	$17,264,605.34
Strategic Objective 6:									
Specific Objectives	Main Activities								
Development of a holistic health financing mechanism by 2014 to attain universal coverage	Review and validate the Health Financing Policy	0	5000	0	0	0	0	0	$5,000.00
	Develop and implement Operational Plan for Health Financing Policy	0	6000	0	0	0	0	0	$6,000.00
	Constitute a task force to review the existing basic health care package	0	400	0	0	0	0	0	$400.00
	Determine the cost of providing basic health care packages across various income groups	0	800						$800.00
	Support the implementation of Result Based Financing	0	36000	36500	37000	37500	38000	0	$185,000.00
	Conduct study tours to learn best practices on Universal Health Coverage	0		34000			36000		$70,000.00
	Define mechanisms for ensuring universal health coverage (e.g Results Based Financing, Health Insurance)	0	0	0	0	0	0		$-
	Incorporate National Health Account into health planning and budget circle	0	100000	110000	120000	130000	140000		$600,000.00
		50000	53600	54650	54350	55400	54050	55500	$377,550.00
Allocate 15% of government budget to Health by 2017 from 10.5% in 2013 to meet the Abuja Declaration Target	Ensure the approved health budget is adequately executed	0	0	0	0	0	0	0	$-
	Review and Implement MTEF by utilizing the Marginal Budgeting for Bottlenecks and making an investment case	0	5000	5500	6000	6500	7000	0	$30,000.00

	Develop standard operating procedures (SOPs) and a work programme for the National Health Research Council	12250	0	0	0	0	0	0	$12,250.00
To establish participatory health research planning and priority setting mechanisms by 2018									$-
	Explore existing procedures for setting health research priorities	500	0	0	0	0	0	0	$500.00
	Develop and institutionalize best procedures for health research priority setting in The Gambia	8750	9380	9563.75	9511.25	9695	9458.75	9712.5	$66,071.25
	Develop 5 year health research agenda annually	8750	9380	9563.75	9511.25	9695	9458.75	9712.5	$66,071.25
Specific Objective: To establish mechanisms for dissemination and utilization of health research findings by 2015									$-
	Develop a national health research communication strategy	8750	0	0	0	0	0	0	$8,750.00
	Develop a 5 year communication plan	6250	0	0	0	0	0	0	$6,250.00
	Organize regular conferences and meetings to disseminate and discuss research findings	15000	16080	16395	16305	16620	16215	16650	$113,265.00
	Develop policy briefs for decision and policy makers	750	804	819.75	815.25	831	810.75	832.5	$5,663.25
	Make research publications available annually to stakeholders	5000	5360	5465	5435	5540	5405	5550	$37,755.00
	Advocate for the setting up of documentation centres in strategic locations.	500	536	546.5	543.5	554	540.5	555	$3,775.50
	Develop a website for information sharing	500	0	0	0	0	0	0	$500.00
To improve institutional and human resource capacity in health research in government and non-government sectors by 2018									$-
	Undertake a national institutional mapping and research capacity needs assessment	11000	0	0	0	0	0	0	$11,000.00
	Advocate for training of critical mass of health professionals in research for health country wide.	500	536	546.5	543.5	554	540.5	555	$3,775.50
	Set up and update training database	1000							$1,000.00
	Undertake resource mobilisation to secure funds for capacity building	2500	0	0	0	0	0	0	$2,500.00
	Advocate for the integration of health research training modules into curricula of health training institutions	3150	3376.8	3442.95	3424.05	3490.2	3405.15	3496.5	$23,785.65

TOTAL SOB6		74000	346596.897	287593	276912.72	289157.785	339161.115	91820.862	$1,705,242.38
Strategic Objective 7:	To improve the effectiveness and efficiency of Health Information System for Planning and decision making to yield improved service delivery								
Specific Objectives	Main Activities								
To strengthen HMIS at all levels by 2020	Train and retain HMIS staff at all levels	41538.462	44529.231	45401.538	45152.308	46024.615	44903.077	46107.692	$313,656.92
	Recruit relevant competencies required for effective HMIS	60000	0	0	65220	0	0	66600	$191,820.00
	Establish a mechanism to cater for adequate equipment and communication needs for HMIS	500	500	0	0	0	0	0	$1,000.00
	Develop a coordination framework for HMIS and establish HMIS technical working group	0	333	0	0	0	0	0	$333.00
	Capacitise a core team on advance DHIS2	0	8000	0	0	0	0	0	$8,000.00
	Build capacity of all the programme managers, regional health teams and health facility staff on DHIS2	4615	4947.692	5044.615	5016.923	5113.846	4989.231	5123.077	$34,850.77
	Procure a backup server for DHIS2	5,000	0	0	0	0	0	0	$5,000.00
	Conduct periodic data verification (monthly at regional level and quarterly from HMIS) to service delivery areas	360.718	386.690	394.265	392.100	399.675	389.936	400.397	$2,723.78
	Print and distribute data collection tools to all health facilities	1000	0	0	1087	0	0	1110	$3,197.00
	Conduct workshop to integrate and harmonize all the data collection tools of MOH&SW	3858.974	0	0	0	0	0	0	$3,858.97
	Interlink all the open source databases of MOH&SW into DHIS 2	0	2500	0	0	0	0	0	$2,500.00
	Expand VPN with internet in minor health facilities	0	2000	0	0	0	0	0	$2,000.00
		4358.974	4672.821	4764.359	4738.205	4829.744	4712.051	4838.462	$32,914.62
	Conduct quarterly information sharing forums.	1000	1072	1093	1087	1108	1081	1110	$7,551.00
	Conduct awareness campaign on utilisation of health data for planning and decision making at all levels.	884.615	948.308	966.885	961.577	980.154	956.269	981.923	$6,679.73
	Develop 5 year e-health strategic plan	6025.641	0	0	0	0	0	0	$6,025.64
	Develop DHIS2 mobile application on specific programs	2000	0	0	0	0	0	0	$2,000.00
To establish structures for health research governance	Develop an Act to legalize the mandate of the National Health Research Council.	10,000	0	0	0	0	0		$10,000.00
	Enact the Act in Parliament	0	0	0	0	0	0	0	
	Set up National Health Research Council and its secretariat	14600	0	0	0	0	0	0	$14,600.00
	Set up sub-committees of the National Health Research Council	11800	0	0	0	0	0	0	$11,800.00

	Develop and implement a nationwide awareness campaign based on a clear communication framework and informed by the key communication strategies of BCC, social mobilization of actors and advocacy targeting the political and social leadership	35897	35897	0	0	0	0	0	$71,794.00
	Conduct awareness campaign at all levels community dialogue on BR in selected communities Orient print and electronic media and conduct live and radio theatre programs on national and community radio.	25641	25641	0	0	0	0	0	$51,282.00
	Orient and mobilize regional authorities, TACs, District Chiefs, Alikalos, VDCs, Venerable Religious Authorities, National Celebrities and Regional Level NGOs.	53846	53846	0	0	0	0	0	$107,692.00
	Conduct a national forum on Birth Registration.	3663	3926.736	4003.659	3981.681	4058.604	3959.703	4065.93	$27,659.31
To ensure Commodities (Materials), Protection, Archiving and Inventory by 2020									$-
	Assessment of material need of the system – current and future – on a regular basis including cupboards, shelves, registers, and stationery items	2,500	2680	2732.5	2717.5	2770	2702.5	2775	$18,877.50
	Development a proper inventory system								$-
	Ministry to create a budget line for civil registration, (training and refresh training of civil registrars, gradual improvement of the infrastructure and data archiving)	0	0	0	0	0	0	0	$-
	Develop a form for collecting information about children who are not yet 18 and require to be registered								$-
	Develop a public information campaign using various means of communication with special focus on the traditional means of information dissemination	17948							$17,948.00
	Register and issue birth certificates upon registration								$-
To institutionalize and expand the computerization of births and deaths at all levels by 2020									$-
	Integrate births and deaths registration systems into DHIS2		2000						$2,000.00

To establish systematic procedures for attracting and maintaining public and private research partnerships nationally and internationally by 2018									$-
	Participate in national and international meetings and conferences to network with other partners	4300	4609.6	4699.9	4674.1	4764.4	4648.3	4773	$32,469.30
	Provide / commission technical assistance for Gambian institutions involved in research partnerships nationally and internationally	1000	1072	1093	1087	1108	1081		$6,441.00
	Identify opportunities for post graduate training, exchange visits, attachments, study tours and joint research studies with other International research institutions.	36000	0	0	0	0	0	0	$36,000.00
	Develop advocacy materials such as leaflets, briefing notes and reports on the role, function and activities of the council. The institutional network available to stakeholders		1750	1876	1912.75	1902.25	1891.75	1942.5	$11,275.25
To establish accountable and transparent mechanisms for attracting and managing funding for health research by 2020									$-
	Develop a Financial Sustainability Plan.	5250	0	0	0	0	0	0	$5,250.00
	Develop briefing documents for inclusion in round table donor discussions.	1050	1125.6	1147.65	1141.35	1163.4	1135.05	1165.5	$7,928.55
	Advocate for a budget line for research within the MOH&SW	1000	0	0	0	0	0	0	$1,000.00
	Advocate for 2% of the national health budget & 5% of external health project aid to be allocated to health research in line with the Algiers Declaration	1000	0	0	0	0	0	0	$1,000.00
	Conduct annual spending assessment on health research	52250	56012	0	56795.75	0	56482.25		$221,540.00
	Review and update of the BDMRA	7692	0	0	0		0	0	$7,692.00
	Conduct advocacy for adoption of the amendments	0	10,000	0	0	0	0	0	$10,000.00
	Develop a draft of the implementation methodology/procedures based on the Act and administrative structure of the county	0	0	0	0	0	0	0	$-
	Include the approved procedures in the training manual for Registrars	2564	2564	0	0	0	0	0	$5,128.00

To have a highly skilled ICT staff at all levels by 2020.									$-
	Train ICT staff on different specialization	30,000	0	0	30,000	0	0	0	$60,000.00
To improve capacity for IDSR at all levels by 2020									$-
	Train capacity of health staff on surveillance data collection management and reporting	13461.538	14430.769	14713.462	14632.692	14915.385	14551.923	14942.308	$101,648.08
	Integrate IDSR data collection tools into National Health Information System (DHIS2)	0	0	0	0	0	0	0	$-
	Train data entry clerks and health workers on the integrated IDSR	20,000	21440	21860	21740	22160	21620	22200	$151,020.00
		1200709.308	595176.430	196243.854	350490.376	246581.549	272227.897	375288.438	$3,236,717.85
TOTAL SOB 7									
Strategic Objective 8:	To ensure effective and efficient health service provision through the development of effective regulatory framework and Promoting effective coordination and partnership with all partners								
Specific Objectives	Main Activities								
: Update at least 5 existing Acts and Regulations (Medicine and Dental Council Act, Public Health Act, Medicine Act, Suspected Lunatic Act, Nurses and Midwives Act and Children's Act)	Create a Health Professions Council (HPC) as an umbrella professional regulatory body	6153.846	6596.923	6726.154	6689.231	6818.462	6652.308	6830.769	$46,467.69
	Transfer licenses and Regulation of premises to Councils	0	0	0	0	0	0	0	$-
	Amend all existing Acts and Regulations taking into consideration the creation of a Health Professional Council Act	60000	0	0	0	0	0	0	$60,000.00
	Implement and monitor all existing Acts and Regulations taking into consideration the amendments that will be made.	5000	5360	5465	5435	5540	5405	5550	$37,755.00
	Conduct public sensitization on all Acts and Regulations	3000	0	0	0	0	0	0	$3,000.00
	Implement and monitor all existing Acts and Regulations taking into consideration the amendments that will be made.	5000	0	0	0	0	0	0	$5,000.00
	Develop mechanism for coordination of Councils activities	4000	0	0	0	0	0	0	$4,000.00

	Train data entry clerk and health workers on the use of integrated birth and death registration system	100000							$100,000.00
To expand information and communication technology infrastructure at all levels	Procure modern ICT tools	2000							$2,000.00
	Develop an ICT policy and strategic plan.	7407	0	0	0	0	0	0	$7,407.00
	Develop guidelines for ICT utilization and the procurement of ICT materials.	5550	0	0	0	0	0	0	$5,550.00
	Institutionalize the inventory of ICT assets of the ministry	4000	4288	4372	4348	4432	4324	4440	$30,204.00
	Upgrade the existing website.	7407	0	0	0	0	0	0	$7,407.00
	Provide security mechanisms to protect health data from internal and external threats.	15660	16787.52	17116.38	17022.42	17351.28	16928.46	17382.6	$118,248.66
	Provide internet connectivity to areas that are not connected.	20555	0	0	0	0	0	0	$20,555.00
	Increase the internet connection bandwidth at all levels.	84444	0	0	0	0	0	0	$84,444.00
	Provide license software.	17037	18263.664	18621.441	18519.219	18876.996	18416.997	18911.07	$128,646.39
	Procure computers for healthcare systems at all levels	98518	0	0	0	0	0	109354.98	$207,872.98
	Conduct an assessment of all hospitals for telemedicine.	2666	0	0	0	0	0	0	$2,666.00
	Procure the required ICT equipment for telemedicine.	222350	0	0	0	0	0	0	$222,350.00
	Build the capacity of the ICT staff on telemedicine.	37036	0	0	0	0	0	0	$37,036.00
	Conduct an assessment to determine the scope of ICT activities at primary, secondary, tertiary and also national, regional and district level.	6,324	0	0	0	0	0	0	$6,324.00
Establish national e-health program	Conduct an assessment to determine the scope of ICT activities at all levels.	2,000	0	0	2174	0	0	0	$4,174.00
	Procure the required ICT equipment for e-health.	0	100000	0	0	0	0	0	$100,000.00
	Build the capacity of ICT personnel for e-health	0	20,000	0	0	0	21620		$41,620.00
	Train health workers on e-health	0	25,000	0	0	27700			$52,700.00
	Conduct an assessment of all hospitals for telemedicine.	0	18,000	0	0	19944	0	0	$37,944.00
	Expand telemedicine application to all the hospitals	0	24,000	0	0	0	0	0	$24,000.00
	Develop DHIS2 mobile application on specific programs	0	15,000	0	0	0	0	0	$15,000.00
	Customize Open Medical Record System (OMRS)	0	1500	0	0	0	0	0	$1,500.00

	Conduct public sensitization on all Acts and Regulations	10000	0	0	0	0	0	0	$10,000.00
	Implement and monitor all existing Acts and Regulation	5000	5360	5465	5435	5540	5405	5550	$37,755.00
	Develop mechanism for coordination of Councils activities	3000	0	0	0	0	0	0	$3,000.00
	Make Acts readily visible and accessible	5000	0	0	0	0	0	0	$5,000.00
	Conduct periodic M&E and provide reports	4000	0	0	0	0	0	0	$4,000.00
	Prepare and present Profiles/Proposals to Partners for Funding	1000	0	0	0	0	0	0	$1,000.00
	Allocate a Budget line and a mechanism to ensure its accrues to Councils	0	0	0	0	0	0	0	$-
	Provide Human and Material Resources to all Councils	0	0	0	0	0	0	0	$-
	Develop Procedures for Council Operations	3000	0	0	0	0	0	0	$3,000.00
	Develop MOUs	5,000	0	0	0	0	0	0	$5,000.00
	Sign performance contract agreement within MOHSW	0	0	0	0	0	0	0	$-
	Establish Health Sector Coordinating Groups	1000	0	0	0	0	0	0	$1,000.00
	Create budget lines ,allocate resources and disburse	0	0	0	0	0	0	0	$-
	Develop a Country Compact Plan through the (IHP) Plus	50,000	0	0	0	0	0	0	$50,000.00
	Conduct periodic M&E	4,000	4288	4372	4348	4432	4324	4440	$30,204.00
TOTAL SOB 8		243153.846	31252.923	31865.154	31690.231	32302.462	31515.308	32360.769	$434,140.69

Formulate at least 4 new ones to reflect current realities in the health domain (Public Health Laboratory Act, Occupational Health and Safety Act, Traditional and Alternative Medicine Act, Medicine and all related Health Products the Pharmacy Act and Disability Act by 2020	Formulate new Acts	1000	0	0	0	0	0	0	$1,000.00
Reactivate (3) existing councils (Medical and Dental Council, Nurses and Midwives and the Pharmacy council) and and set up 1 one new council (Traditional and Alternative Medicine Council for the protection of the public by 2020	• Allocate a Budget line and a mechanism to ensure it accrues to Councils	0	0	0	0	0	0	0	$-
		0	0	0	0	0	0	0	$-
	• Provide Human and Material Resources to all Councils	3000	0	0	0	0	0	0	$3,000.00
		5,000	0	0	0	0	0	0	$5,000.00
	• Develop Procedures for Council Operations	0	0	0	0	0	0	0	$-
		1000	0	0	0	0	0	0	$1,000.00
	• Conduct periodic M&E and provide reports	0	0	0	0	0	0	0	$-
	Develop a Country Compact Plan through the (IHP) Plus	50,000	0	0	0	0	0	0	$50,000.00
	Conduct periodic M&E	4,000	4288	4372	4348	4432	4324	4440	$30,204.00
Specific objective: Establish a functional Health Sector Coordination Mechanism for The Gambia by 2015	Establish Health Sector Coordinating Groups	1000	1072	1093	1087	1108	1081	1110	$7,551.00
	Create budget lines ,allocate resources and disburse	0	0	0	0	0	0	0	$-
	Institute annual health sector review	2000	2144	2186	2174	2216	2162	2220	$15,102.00
	Conduct periodic M&E and write reports to HPC,following its establishment	2000	2144	2186	2174	2216	2162	2220	$15,102.00
Specific objective: broaden partnership in Health service delivery	Develop a Country Compact through the (IHP) Plus	0	0	0	0	0	0	0	$-
	Develop MOUs with all relevant partners(NGO and Local Government)	0	0	0	0	0	0	0	$-
	Sign performance contract agreement within MOHSW and Local Government,NGO and Private Enterprises	0	0	0	0	0	0	0	$-

To revitilize primary health care services at all levels	village health services		None	200 meetings	meeting minutes	quarterly	Reports	Availability of funds	DHS/ DPI/PHC Coordinator
			None	100 TBA's, 100 VHW's, 100 VSG's	Minutes	quarterly	Reports	Availability of funds	DHS/ DPI/PHC Coordinator
		Number of main trainings conducted for TBA's and VHW's for expansion of PHC	None	7 Main trainings	Minutes	Annually	Reports	Availability of funds	DHS/ DPI/PHC Coordinator
		Number of Village health post Constructed and furniture provided	None	200 post	Completion reports	Quarterly	Monitoring reports	Availability of funds	DHS/ DPI/PHC Coordinator
		BI strategy and implementation manual reviewed	None	1	Completion reports	Biannually	final report	Availability of funds	DHS/ DPI/PHC Coordinator
		Amount of Furniture, equipment and materials provided to Village health services	None	200 health post	Invoices,	quarterly	Reports	Availability of funds	DHS/ DPI/PHC Coordinato
		Number of VDC's and VSG's trained on management	None	200 VDC's, 200VSG's	Minutes	quarterly	Reports	Availability of funds	DHS/ DPI/PHC Coordinator
		Number of village cleansing exercise conducted	None	350 villages	Community records	quarterly	Reports	Availability of funds	DHS/ DPI/PHC Coordinator
		Amount of drugs and supplies procured and distributed	None	1	Invoices,	Bi annually	NPS registers	Availability of funds	DHS/ DPI/PHC Coordinator

Objectives	Service Delivery	Indicators	Baseline	Target	Data Source	Frequency	Means of Verification (MOV)	Critical Assumption	Responsible Party	Cost
To provide high quality basic health care services that is affordable, available and accessible to all Gambians	Reproductive Health	Number of neonatal deaths per 1000 Life Births	22/1000 LB (2013)	15/1000 LB by 2020	Health facility registers	Annual	HMIS annual report, RCH reports	skilled attendants at deliveries are increased Increase demand for service utilisation	RCH, DPI, DHPE, RHTs	
		Maternal mortality ratio per 100,000 life births	433/100,000 in 2013	315/100,000 by 2020,	DHS, Other Surveys	3-5 years	Survey reports	skilled attendants at deliveries are increased Increase demand for service utilisation	RCH, DPI, DHPE, RHTs	
		Percentage of pregnant women who received antenatal care services(atleast four visits)	72% in 2010	80% by 2020	ANC Registers	Quarterly	Quarterly reports	Antenatal coverage improved	RCH, HMIS, RHTs	
		Infant mortality rate per1,000 life births	34/1000 LB in 2013	24/1000 by 2020	Registers, surveys	3-5 years	Survey reports	maintained High immunisation coverage, Strengthened IMNCI and C-IMNCI	RCH, IMNCI, EPI, DHPE,	
		Under five Mortality rate per 1000 Life Births	54/1000 in 2013	44/1000 by 2020	Registers, surveys	3-5 years	Survey reports	maintained High immunisation coverage, Strengthened IMNCI and C-IMNCI	RCH, EPI, IMNCI, DHPE, RHTs	
		Percentage of women screened and managed for cervical cancer	NA	50% by 2018	Health Facility Registers	quarterly and annually	RCH annual Reports	women voluntarily go in for cervical cancer screening	RCH, EPI, DHPE, RHTs	
		Contraceptive prevalence rate	9% in 2013	25% by 2018	FP registers, Survey reports	Monthly, Quarterly, Annually	RCH Annual reports,	Contraceptives available, accesible,affordable and acceptable	RCH, DHPE, RHTs	
		increase skilled birth attendance	57%	80% by 2020	Assessment/ survey reports	Annually	RCH annual reports/ HMIS service statistics	Availability of funds for training	RCH/HMIS	

To reduce the burden of communicable and non-communicable diseases to a level that they cease to be a public health problem	Immunization	Percentage of fully immunized children	97 % in 2013	97% by 2020	Immunisation registers	Annually	EPI cluster survey report	maintained immunisation coverage	EPI, RCH, EDC, RHTs	
	Case management	Malaria incidence	103/1000 in 2013	Reduced by50% by 2015	HMIS, NMCP, DHS, MIS, Publication	Monthly, Quaartely	Reports	Increse funding for malaria	NMCP, NPHL, NPS, RHTs	
		Prevalence of HIV and AIDS in the general population	1.8% (GBoS 2013)	0.5% by 2020	DHS	5-10 years	reports	Uptake of VCT increased among the sexually active population	NACP, NPHL, NAS, GBoS and RHTs	
		Prevalence of of HIV1 and HIV 2 in the general population	HIV1-1.57 and HIV2 -0.26	HIV1-0.5 and HIV2-0.1 by 2020	NSS	Annually	reports	Uptake of VCT increased among the sexually active population	NACP, NPHL, NAS, GBoS and RHTs,	
		Percentage of new smear positive cases detected under DOTS	63% (2013)	90% by 2020	Registers	Anually	TB prevalence surveys and annual reports	early case detectiion of TB within 1 to 2 weeks onset of symptoms	NLTP, NPHL, NPS, RHTs	
		Percentage of TB patients who had HIV test and results given	83% in 2012	95% by 2020	TB/VCT registers	Monthly, Quarterly, Annually	TB annual reports,TB case notification reports	95% of TB patients tested for HIV/AIDS by 2020	NLTP, NACP,NAS, NPHL, NPS, RHTs	
		Percentage of new smear positive TB patients successfully treated	88% in 2013	95% by 2020	TB registers	Quarterly, Annually	TB case notification reports	TB patients will successfully complete treatment by 2020	NLTP, NACP,NAS, NPHL, NPS, RHTs	
		Burden of NCD risk factors	24% in 2010	20% by 2020	NCD stepwise survey	3-5 years	Survey report	Improved healthy lifestyles	DHPE/NCD, DSW, RHTs	
		To ensure that at least 80% of all straight forward cataract surgery patients have visual acuity of		no less than 6/18 with best correction by 2015						

To coordinate the procurement, operation, maintenance and replacement of vehicles and motorcycles in order to ensure a healthy fleet at all times by 2020	Transport	Number of health facilities with fully equipped ambulance	9	45	RfH database	Annual	Report Fleet inventory	Availability of funds	RfH/MOH & SW/MOFEA	
		Percentage of Unitswith mobility	NA	100%	RfH database	Annual	Report fleet inventory	Availability of funds All units with functional transports	RfH/MOH & SW/MOFEA	
To provide a new office complex for the MoHSW by 2017	Infrastructure	The availability of ministry of health complex	0	1	MOH&SW	Once	Project completion report	Availability of funds and land space	MOHSW/ MOFEA	

To refurbish / rehabilitate 5 health facilities in each health region by 2020		Number of health facility refurbished with power supply (generator, solar	7	35	PCU	Annual	Reports	Availability of funds	PCU, MOHSW	
		Additional storage capacity at both CMS and in two regions	65%	100%	CMS	Annual	Assessment Report	Availability of funds	MOHSW/ MOFEA	

To improve infrastructure for health staff in each health region by 2020.		Number of new staff quarters built	0	60	PCU	Annual	Reports	Availability of funds	MOHSW/ MOFEA	

To have a well maintained inventory system for physical infrastructure by 2016		Availability of a computerized health assets inventory on DHIS2	NA	1	DHIS2	Annual	Reports	Availability of funds	HMIS	

To ensure the availability of biomedical equipment at all levels by 2016	Biomedical Equipment	Number of biomedical engineer and technicians equipped with tools and spare parts	NA	8	MOHSW	Annual	Reports	Availability of funds	MOHSW	
		Number of trained biomedical engineers and technicians	0	20	DHR	Annual	Nominal roll	Availability of finds	MOHSW	
To have a functional Biomedical equipment maintenance and management system by 2016										

Births and Deaths Registration	Percentage of under five children registered	52.5%	80.0%	DHIS	Annual	Records, birth certificate	Availability of funds	BR, H4, LGA	
	Proportion/number of registration centres computerized and networked	None	All registration centres	ICT Unit	Annual	IT Records	Funding, administrative commitment	BR, H4	
	Number of communities sensitized on birth and deaths registration	NA	All communities	Sensitization reports	Quarterly	Sensitization schedules, reports	Funding	BR, Health Promotion, UNICEF, LGA	
	Number of service providers trained on database and data collection tools	NA	All registration officers	HRIS	Annual	Training reports	Funding, trainers, manuals	DHR, BR, H4	
Information and communication technology	Availability of ICT policy and strategic plan	NA	One	ICT	QNCE	ICT records	availability of funds	DPI/ MOHSW	
	Number of computers licensed and protected	20 computers	100%	ICT records	Annual	Lisences	Availability of funds	DPI	
	Proportion of health facilities connected to the internet	33.0%	100%	ICT records	Annual	VPN	Funding, availability of electricity supply	DPI/ISPs	
	Number of computers available		100%	ICT inventory	Quarterly	monitoring report	Availability of funds, ICT tools	DPI	
	Number of ICT staff trained	Zero (specialized training)	4	Certificates	Annual	Certificates	Availability of funds	DPI/DHR	
IDSR	Reduced prevalence rate of communicable deases	NA	70% by 2020	Survey	bi-annual	Survey reports	Enhanced and case based surveillance, appropriate case management	EDC, NMCP, NTLP, NACP, NECP, RHTs	
Training and Development	Implementation rate of the Training Plan		100%	Training reports	Annual	Training reports	Availability of funds	DHR, PMO	
	Number of staff trained		75% health care providers trained	iHRIS	Annual	Training reports	Availability of funds & administrative commitment	DHR, PMO	
Recruitment and promotion	Percentage of vacancies field	NA	100%	Budget estimate, staffing norm, personal files	Annual	iHRIS	Availability of funds, vavailability of the required staff	DHR, PMO	
To ensure the availability and retention of highly skilled and well-motivated Human Resource for Health based on the health demands									

To improve the effectiveness and efficiency of Health Information System for Planning and decision making to yield improved service delivery	HMIS	The number of reports generated (hard and soft copy)	Soft copies of reports available for all the quarters, no hard copies; Annual Service Statistics Report	100 hard copies of each report	HMIS Database	Quarterly and annually	Hard copies available	Availability of funds	DPI	
		Proportion of data sources integrated to DHIS2	80.0%	100%	HMIS Database	once	DHIS2	Commitment and funding	DPI	
		Number of staff trained on HMIS	375	900	HMIS Database	Annual	certificates and training reports	Availability of funds	DPI	
		Functionality of HMIS	70.0%	100%	HMIS Database	Monthly	monitoring report	Availability of funds	DPI	
	Health Research	An established fully functional National Health Research Council	NA	1	Act of parliament	To be determined	meeting reports &financial records	Availability of personnel and funding to make it functional	DPI	
		Ensure Algiers Declaration is fulfilled	0	2% of total health budget and 5% of total external project aidto be made available to health research	National Budget	Annual	Budget estimate of health	Availability of funds	DPI	
		availabilty of priority setting mechanisms for health research	NA	availability of an annual agenda for health research	Health research policy and strategic plan	Annual	priority setting agenda	Availability of the research priority setting agenda	DPI	
		number of activities held for the disssemination and utilization of health research findings	2	bi-annual National Health Research Conferences	Research Unit	bi-annual	Conference reports	Availability of funds, abstracts & researches. Utilisation of research findings to inform policy and decision-making	DPI	

Health Research	An established fully functional National Health Research Council	NA	1	Act of parliament	To be determined	meeting reports &financial records	Availability of personnel and funding to make it functional	DPI	
	Ensure Algiers Declaration is fulfilled	0	2% of total health budget and 5% of total external project aidto be made available to health research	National Budget	Annual	Budget estimate of health	Availability of funds	DPI	
	availability of priority setting mechanisms for health research	NA	availability of an annual agenda for health research	Health research policy and strategic plan	Annual	priority setting agenda	Availability of the research priority setting agenda	DPI	
	number of activities held for the dissemination and utilization of health research findings	2	bi-annual National Health Research Conferences	Research Unit	bi-annual	Conference reports	Availability of funds, abstracts & researches. Utilisation of research findings to inform policy and decision-making	DPI	
Births and Deaths Registration	Percentage of under five children registered	52.5%	80.0%	DHIS	Annual	Records, birth certificate	Availability of funds	BR, H4, LGA	
	Proportion/number of registration centres computerized and networked	None	All registration centres	ICT Unit	Annual	IT Records	Funding, administrative commitment	BR, H4	
	Number of communities sensitized on birth and deaths registration	NA	All communities	Sensitization reports	Quarterly	Sensitization schedules, reports	Funding	BR, Health Promotion, UNICEF, LGA	
	Number of service providers trained on database and data collection tools	NA	All registration officers	HRIS	Annual	Training reports	Funding, trainers, manuals	DHR, BR, H4	
Information and communication technology	Availability of ICT policy and strategic plan	NA	One						
	Number of computers licensed and protected	20 computers	100%	ICT records	Annual	Lisences	Availability of funds	DPI	
	Proportion of health facilities connected to the internet	33.0%	100%	ICT records	Annual	VPN	Funding, availability of electricity supply	DPI/ISPs	
	Number of computers available		100%	ICT inventory	Quarterly	monitoring report	Availability of funds, ICT tools	DPI	
	Number of ICT staff trained	Zero (specialized training)	4	Certificates	Annual	Certificates	Availability of funds	DPI/DHR	

	Distribution	Propoprtion of healthcare providers in rural and urban areas		1.5/1000	iHRIS, staffing norms, posting and redeployment reports, HMIS Database	Annual	Staff profile	Availability and willingness of the staff to accept postings, Availability a functional postings committee,	DHR, PMO	
		Healthworker population ratio	0.9/1000	1.5/1000	iHRIS, staffing norms, posting and redeployment reports, HMIS Database	Annual	Staff profile	Availability a functional postings committee, availabilty of funds for training, availability of candidates	DHR, PMO	
	Retention and Motivation	Proportion of health workers benefiting from incentives		100%	IFMIS	Annual	Salary slip, salary vouchers, IFMIS	Availability of funds	MOFEA	
		Attrition rate		Reduce attrition by 50% by 2020	iHRIS, PMO HR Database, HMIS Database	Annual	iHRIS, monitoring reports, quarterly reports from regions	Availability of funds, commitment from the regions	DHR, RHTs	
	Planning and management	Availabilty of effective and efficient HR planning tools		iHRIS Database	DHR records	Annual	iHRS	Availability of funds, availability of TA	DHR, ICT	
		Number/proportion of staff appraised	NA	All categories of healthcare providers	Appraisal reports	Annual	Appraisal reports, completed appraisal forms	Commitment at all levels, availability of appraisals tools, availability of tools	DHR, Directors, Program/ Unit Heads	
To improve the effectiveness and efficiency of Health Information System for Planning and decision making to yield improved service delivery	HMIS	The number of reports generated (hard and soft copy)	Soft copies of reports available for all the quarters, no hard copies; Annual Service Statistics Report	100 hard copies of each report	HMIS Database	Quarterly and annually	Hard copies available	Availability of funds	DPI	
		Proportion of data sources integrated to DHIS2	80.0%	100%	HMIS Database	once	DHIS2	Commitment and funding	DPI	
		Number of staff trained on HMIS	375	900	HMIS Database	Annual	certificates and training reports	Availability of funds	DPI	
		Functionality of HMIS	70.0%	100%	HMIS Database	Monthly	monitoring report	Availability of funds	DPI	

To improve the effectiveness and efficiency of Health Information System for Planning and decision making to yield improved service delivery	HMIS								
		The number of reports generated (hard and soft copy)	Soft copies of reports available for all the quarters, no hard copies; Annual Service Statistics Report	100 hard copies of each report	HMIS Database	Quarterly and annually	Hard copies available	Availability of funds	DPI
		Proportion of data sources integrated to DHIS2	80.0%	100%	HMIS Database	once	DHIS2	Commitment and funding	DPI
		Number of staff trained on HMIS	375	900	HMIS Database	Annual	certificates and training reports	Availability of funds	DPI
		Functionality of HMIS	70.0%	100%	HMIS Database	Monthly	monitoring report	Availability of funds	DPI
	Health Research	An established fully functional National Health Research Council	NA	1	Act of parliament	To be determined	meeting reports &financial records	Availability of personnel and funding to make it functional	DPI
		Ensure Algiers Declaration is fulfilled	0	2% of total health budget and 5% of total external project aidto be made available to health research	National Budget	Annual	Budget estimate of health	Availability of funds	DPI
		availability of priority setting mechanisms for health research	NA	availability of an annual agenda for health research	Health research policy and strategic plan	Annual	priority setting agenda	Availability of the research priority setting agenda	DPI
		number of activities held for the disssemination and utilization of health research findings	2	bi-annual National Health Research Conferences	Research Unit	bi-annual	Conference reports	Availability of funds, abstracts & researches. Utilisation of research findings to inform policy and decision-making	DPI

	IDSR	Reduced prevalence rate of communicable deases	NA	70% by 2020	Survey	bi-annual	Survey reports	Enhanced and case based surveillance, appropriate case management	EDC, NMCP, NTLP, NACP, NECP, RHTs	
To ensure the availability and retention of highly skilled and well-motivated Human Resource for Health based on the health demands	Training and Development	Implementation rate of the Training Plan		100%	Training reports	Annual	Training reports	Availability of funds	DHR, PMO	
		Number of staff trained		75% health care providers trained	iHRIS	Annual	Training reports	Availability of funds & administrative commitment	DHR, PMO	
	Recruitment and promotion	Percentage of vacancies field	NA	100%	Budget estimate, staffing norm, personal files	Annual	iHRIS	Availability of funds, vavailability of the required staff	DHR, PMO	
	Distribution	Propoprtion of healthcare providers in rural and urban areas		1.5/1000	iHRIS, staffing norms, posting and redeployment reports, HMIS Database	Annual	Staff profile	Availability and willingness of the staff to accept postings, Availability a functional postings committee,	DHR, PMO	
		Healthworker population ratio	0.9/1000	1.5/1000	iHRIS, staffing norms, posting and redeployment reports, HMIS Database	Annual	Staff profile	Availability a functional postings committee, availabilty of funds for training, availability of candidates	DHR, PMO	
	Retention and Motivation	Proportion of health workers benefiting from incentives		100%	IFMIS	Annual	Salary slip, salary vouchers, IFMIS	Availability of funds	MOFEA	
		Attrition rate		Reduce attrition by 50% by 2020	iHRIS, PMO HR Database, HMIS Database	Annual	iHRIS, monitoring reports, quarterly reports from regions	Availability of funds, commitment from the regions	DHR, RHTs	
	Planning and management	Availabilty of effective and efficient HR planning tools		iHRIS Database	DHR records	Annual	iHRS	Availability of funds, availability of TA	DHR, ICT	
		Number/proportion of staff appraised	NA	All categories of healthcare providers	Appraisal reports	Annual	Appraisal reports, completed appraisal forms	Commitment at all levels, availability of appraisals tools, availability of tools	DHR, Directors, Program/ Unit Heads	

	Distribution	Propoprtion of healthcare providers in rural and urban areas		1.5/1000	iHRIS, staffing norms, posting and redeployment reports, HMIS Database	Annual	Staff profile	Availability and willingness of the staff to accept postings, Availability a functional postings committee,	DHR, PMO	
		Healthworker population ratio	0.9/1000	1.5/1000	iHRIS, staffing norms, posting and redeployment reports, HMIS Database	Annual	Staff profile	Availability a functional postings committee, availabilty of funds for training, availability of candidates	DHR, PMO	
	Retention and Motivation	Proportion of health workers benefiting from incentives		100%	IFMIS	Annual	Salary slip, salary vouchers, IFMIS	Availability of funds	MOFEA	
		Attrition rate		Reduce attrition by 50% by 2020	iHRIS, PMO HR Database, HMIS Database	Annual	iHRIS, monitoring reports, quarterly reports from regions	Availability of funds, commitment from the regions	DHR, RHTs	
	Planning and management	Availabilty of effective and efficient HR planning tools		iHRIS Database	DHR records	Annual	iHRS	Availability of funds, availability of TA	DHR, ICT	
		Number/proportion of staff appraised	NA	All categories of healthcare providers	Appraisal reports	Annual	Appraisal reports, completed appraisal forms	Commitment at all levels, availability of appraisals tools, availability of tools	DHR, Directors, Program/ Unit Heads	

To establish an effective, efficient, and sustainable health sector financing mechanism by 2020	Stewardship for health financing	Availability of health financing policy	Draft stage	Finalize the report by 2015	MOH&SW/DPI	Every five years	Final health financing policy	Availability of funds	MOH&SW/ DPI	
	Revenue generation and collection	Percentage of National budget to health	10.5% in 2013	15% by 2018	Budget Estimates	Annual	Reports	Adequate funding from government	Budget Committee	
	Revenue Pooling	Availability of Revenue pooling scheme	N/A	Revenue pooling scheme established by 2015	MOH&SW/ MOFEA	Every five years	Health financing policy, NHA and other Reports	Strong MoH&SW SMT will and commitment	MOH&SW/ DPI	
	Resource allocation and purchasing	Allocate Resource and purchase based on needs assessment and priority	N/A	Resource allocation and purchase criteria in place by 2016	MOH&SW/DPI	Annually	Need assessment and procurement reports	Management (SMT) will and commitment	Budget Committee	

	Births and Deaths Registration	Percentage of under five children registered	52.5%	80.0%	DHIS	Annual	Records, birth certificate	Availabilty of funds	BR, H4, LGA	
		Proportion/number of registration centres computerized and networked	None	All registration centres	ICT Unit	Annual	IT Records	Funding, administrative commitment	BR, H4	
		Number of communities sensitized on birth and deaths registration	NA	All communities	Sensitization reports	Quarterly	Sensitization schedules, reports	Funding	BR, Health Promotion, UNICEF, LGA	
		Number of service providers trained on database and data collection tools	NA	All registration officers	HRIS	Annual	Training reports	Funding, trainers, manuals	DHR, BR, H4	
	Information and communication technology	Availability of ICT policy and strategic plan	NA	One	ICT UN					
		Number of computers licensed and protected	20 computers	100%	ICT records	Annual	Lisences	Availability of funds	DPI	
		Proportion of health facilities connected to the internet	33.0%	100%	ICT records	Annual	VPN	Funding, availabiilty of electricity supply	DPI/ISPs	
		Number of computers available		100%	ICT inventory	Quarterly	monitoring report	Availability of funds, ICT tools	DPI	
		Number of ICT staff trained	Zero (specialized training)	4	Certificates	Annual	Certificates	Availability of funds	DPI/DHR	
	IDSR	Reduced prevalence rate of communicable deases	NA	70% by 2020	Survey	bi-annual	Survey reports	Enhanced and case based surveillance, appropriate case management	EDC, NMCP, NTLP, NACP, NECP, RHTs	
To ensure the availability and retention of highly skilled and well-motivated Human Resource for Health based on the health demands	Training and Development	Implementation rate of the Training Plan		100%	Training reports	Annual	Training reports	Availability of funds	DHR, PMO	
		Number of staff trained		75% health care providers trained	iHRIS	Annual	Training reports	Availability of funds & administrative commitment	DHR, PMO	
	Recruitment and promotion	Percentage of vacancies field	NA	100%	Budget estimate, staffing norm, personal files	Annual	iHRIS	Availability of funds, vavailability of the required staff	DHR, PMO	

To ensure effective and efficient health service provision through the development of effective regulatory framework and Promoting effective coordination and partnership with all partners	Enhanced legal and Regulatory Frame Work	Number of Acts and Regulations formulated	5 Acts and Regulations	7 Acts and Regulations	MOH&SW	Every 5 years	Review existing Acts and Regulations	Appropriate Acts and Regulations	MOH&SW/ Attorney General Chambers		
	Sector Coordination and Partnership	Availability of Sector Coordination mechanism and partnership	Non	PCU to provide Health Sector Coordination and partnership	PCU	Quarterly	Minutes and Quarterly reports	Commitment of SMT	MoH&SW/ PCU		

Increase access to quality pharmaceutical, laboratory, radiology and blood transfusion services to all by 2020	Pharmaceutical	Increase budgetary allocation to enhance access and availability of quality essential medicines	40 (GMD) million in 2014	90 million (GMD) by 2015	MOH&SW/ NPS	Annual	Reports and budget estimates	Adequate budget allocation	MOH&SW/ NPS	
					MOH&SW/				MOFEA/ MOH&SW/ NPS	
				200 million (GMD) by 2015	MOFEA/ NPS	Annually				
	National laboratory	Number of functional laboratory services in hospitals, major and minor health centres by 2020	38 fully functional laboratory services in minor health centres	All hospitals, major, and minor health centres (53) by 2020	MOH&SW/NPHL	Annual	Supervisory reports	Availability of functional laboratory services in all hospitals, major and minor health centres	MOH&SW/ NPHL	
	Radiology	Number of functional radiology services in all hospitals and all major health centres by 2020	19 Radiographic Assistants and 10 Radiographic technicians	Provide a Radiographer for each unit, 5 Assistants , and 38 Technicians by 2020	HRH	Annual	Supervisory reports	Adequate and accessible radiology services	MOH&SW/ Radiology	
			4 (29%) fully functional radiographic units across the country	Increase fully functional radiographic units to 100% by 2020			Annual reports / reviews			
	Blood transfusion	Number of functional Blood transfusion Centres and facilities by 2020	11 functional blood transfusion facilities	Increase blood transfusion facilities to 13 by 2016	NBTS	Annual	Reports and reviews	Adequate funding for blood transfusion services	MoH&SW/ NBTS	
				Establish 1 national and 3 regional blood transfusion centres	NBTS		NBTS Strategic plan		MoH&SW/ NBTS	