

# Annual Report 2016



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## Acronyms



AFRO	Regional Office of WHO for Africa
AMR	Anti-Microbial Resistant
bOPV	Bivalent Oral Polio Virus
CCS	Country Cooperation Strategy
CHN	Community Health Nurse
CMYP	Comprehensive Multi-Year Plan
COIA	Commission on Information and Accountability on Women and Children
CCM	Country Coordination Mechanism
DHIS	District Health Information System
EDC	Epidemiology and Disease Control Unit
EFSTH	Edward Francis Small Teaching Hospital
EMNCH	Emergency Maternal and New born Health
EPI	Expanded Programme on Immunization
ETC	Ebola Treatment Centre
EOC	Emergency Operation Centre
FGM/C	Female Genital Mutilation/Cutting
GAVI	Global Alliance for Vaccine and Immunization
GPEI	Global Polio Eradication Initiative
HPV	Human Papilloma Virus
HiaP	Health in all Policies
HRH	Human Resources for Health
IHP+	International Health Partnership Plus
IMS	Incidence Management System
IMNCI	Integrated Management of Neonatal
IPV	Inactivated Polio Vaccine

mhLAP	Mental Health Leadership and Advocacy Programme
MoHSW	Ministry of Health and Social Welfare
MUAC	Measurement of Upper Arm Circumference
NCD	Non-communicable Diseases
NTD	Neglected Tropical Disease
POE	Point of Entry
REACH	Renewed Effort Against Child Hunger and Under-nutrition
SDH	Social Determinants of Health
SPP	Strategic Partnership Portal
SUN	Scaling up Nutrition
TB	Tuberculosis
tOPV	Trivalent Oral Polio Virus
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
WCO	WHO Country Office WHO World Health Organization
WHO FCTC	World Health Organization Framework Convention on Tobacco Control
WHO-HQ	WHO Headquarters
ZVD	Zika Virus Disease

## Message from The WHO Representative in The Gambia

We are pleased to share with you the World Health Organization Country Office (WCO) annual report for 2016. To meet the needs of our diverse target audience of this report, we have endeavored to make it simple and easy to read. Hence, the use of fewer words and more pictures, which is a deliberate attempt to present the document in a more user-friendly style.

This report focuses mainly on the achievements of WCO during the period under review, we have, however, captured some of the significant contributions the Office has made towards health development in the Country in partnership with other sectors and partners. We highlight a few milestones we have reached in 2016 as follows:

The year saw some important landmarks in tobacco control as contributions to the prevention and control of non-communicable diseases. Through support of the WHO, The Gambian Parliament (National Assembly) developed and enacted a comprehensive Tobacco Control Bill 2016 and also acceded to the Protocol to Eliminate Illicit Trade in Tobacco Products.

More importantly, the Country was also recognized as one of Africa's tobacco control champions by being awarded two out of the five World No-Tobacco day Awards dedicated to the WHO African Region. The Honorable Minister of Health and Social Welfare (MoHSW) and the Multi-sectoral Working Group for Tobacco Control were the two recipients.



Dr. Charles Sagoe-Moses

Furthermore, partnership was also strengthened with health and other sectors for emergency preparedness and response. A national health sector Emergency Preparedness and Response Plan in relation to all-hazards was developed and launched by the national health authorities as a means of strengthening health sector capacity to effectively coordinate and response to health emergencies.

Last but not the least, efforts and energies were devoted to strengthening the overall health system through the establishment of working groups to strengthen health governance and through the development of tools, guidelines to enhance disease surveillance, prevention and control.

It is our hope that you will find this report useful and engaging. These achievements are the result of a collective effort involving the WHO Regional Office and the WHO Headquarters who have constantly supported us in our work and deserve our sincere gratitude.

I wish to conclude by offering many thanks on behalf of the WHO Country Team to the Ministry of Health and Social Welfare, our sister United Nations agencies and other partners within and outside the health sector for making our work meaningful and successful in 2016.

A blue rectangular box containing a handwritten signature in black ink. The signature is stylized and appears to be 'CS' with a flourish.

***Dr. Charles SAGOE-MOSES***  
***WHO Country Representative***

## Executive summary

This report highlights the achievements registered during 2016 in the following programmatic areas: prevention and control of communicable and non-communicable diseases; maternal, new born and child and adolescent health; health system strengthening; health security and emergencies and polio eradication.

In the area of communicable diseases, which includes HIV/AIDS and hepatitis, tuberculosis (TB), malaria and neglected tropical diseases (NTDs), support was provided to strengthen governance as well as reviewing, developing and implementing policies, strategies and guidelines. To facilitate this, the National Country Coordination mechanism (CCM) bye-laws were strengthened for better coordination of HIV/AIDS, TB and malaria control interventions; a national hepatitis prevention and control programme was established with hepatitis prevention and control integrated into the HIV/AIDS steering committee and a country-wide NTDs mapping was conducted to determine their prevalence and prepare the ground for mass drug administration.

For malaria and TB, support was provided to the malaria programme grant making processes and assessment of Round 9 Global Fund TB Grant; updating malaria case management guidelines and training manual and inclusion of malaria in the Integrated Disease Surveillance and Response System (IDSR); validation of multi-drug resistance tuberculosis (MDR-TB) situation report as well as strengthening advocacy for malaria and TB control during commemoration of World Malaria and TB Days.

With regards to vaccine preventable diseases and polio eradication, support was provided for the development of a new comprehensive Multi Year Plan (2017-2021 to improve Expanded Programme on Immunization (EPI) services as well as facilitating the switch from tOPV to bOPV and its integration into the overall EPI programme. A nationwide measles-rubella campaign was also conducted.

For non-communicable diseases (NCDs) and their risk factors, capacity was strengthened through multi-sectoral and multi-stakeholder engagement and dialogue in addition to the development of tools, guidelines and legislative mechanisms as outlined below:

- Development and enactment of Tobacco Control Bill 2016; development of and training of health workers on tobacco cessation guidelines; ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products; recognition of tobacco control champions facilitated by the Gambia winning two out of the 5 World No-Tobacco Day Awards dedicated to the Africa Region for 2016, orientation of stakeholders on international trade laws and the WHO FCTC and promotion of physical activity through the Annual Sports for Health Initiative.
- Capacity was also strengthened for the diagnosis, treatment and management of common mental disorders through the development of new mental health treatment guidelines and training of frontline health workers on the use of the guidelines and the development a draft road safety strategy.

As a contribution to strengthening national capacity for nutrition, REACH and SUN initiatives were launched, community health nurses (CHNs) were trained on the use of the MUAC tape and traditional healers were sensitized on basic nutrition.

In the area of maternal, newborn and child and adolescent health, capacity was strengthened to enhance delivery of quality obstetric and newborn care by providing advance training to doctors and nurses in obstetric care/operations and infection control. This was facilitated through existing partnership among WCO, MoH, UNFPA and MCAI-UK.

Support was also provided to the development a national Strategic Plan for the Prevention and Control of Cervical Cancer in The Gambia 2016 – 2020, which outlines strategies to achieve set targets for cervical cancer prevention and control in line with WHO recommendations and strengthening cervical cancer screening at health facilities.

With regards to health system strengthening, support was provided to strengthen governance and the development of tools/guidelines as indicated below:

- Establishment and operationalization of functional working groups in key health systems areas: Health Financing, Health information and M&E, Human Resources for Health and iv) Health Infrastructure .
- Development of National Health Sector Indicators Booklet for periodic monitoring of the health system, using the National Health Strategic Plan.
- Creation of a dashboard in the web based District Health Management information Systems (DHIS to facilitate access to and regular monitoring by partners of key health indicators. In addition, stakeholder engagement was strengthened to prepare the 3rd Generation Country Cooperation Strategy for the Gambia.

For social determinants of health (SDH), a situational analysis was conducted to prepare the ground for strategic operations and direction to address SDH through health in all policies. Support was also provided to strengthen existing national platforms for SDH and NCDs.

In the area of health security and emergencies, support was provided to establish and strengthen coordination mechanisms for surveillance, emergency preparedness and response. This was facilitated through the development of a National Health Sector Emergency Preparedness and Response plan related to All-hazards 2017 with a national incident management systems (IMS) put in place.



# 1. COMMUNICABLE DISEASES

This Category focuses on the prevention and control of HIV/AIDS and Hepatitis, Tuberculosis, Malaria and Neglected Tropical Diseases (NTDs)

## 1.1 HIV/AIDS/HEPATITIS

In this area of work, support was provided to update national HIV/AIDS strategy, guidelines to adapt generic hepatitis prevention and control guidelines to national context and to integrate hepatitis intervention into existing health care structures as contributions to global efforts to strengthen national capacity to deliver key HIV and hepatitis interventions through active engagement in policy dialogue, development of normative guidance and tools, dissemination of strategic information, and provision of technical support.

### Key achievements/milestones accomplished:

- Review and establishment of Country Coordination Mechanism (CCM) Bye-laws and Conflict of Interest Policy documents to facilitate coordination of Global Fund-(GF) funded activities
- Establishment of a National Hepatitis Control Programme and the integration of hepatitis into HIV/AIDS Steering Committee to improve governance and coordination
- Mobilization and engagement of key stakeholders (during commemoration of World Hepatitis Day) for the prevention and control of hepatitis B virus infection which is believed to be endemic in Gambia with 15% to 20% of the population being chronic carriers
- Procurement of Hepatitis B Test Kits as part of a medium term plan strategy to address stock out of Hepatitis B test kit as well as strengthening laboratory diagnosis for Hepatitis B and C



Hepatitis B Test Kit

## 1.2 TUBERCULOSIS

In this area of work, support was provided to the national tuberculosis control programme to update, adapt and implement national tuberculosis tools and guidelines which have contributed to increased TB treatment coverage and community / stakeholder participation in TB prevention and control as well as contributing to the implementation of the global strategy and targets for tuberculosis prevention, care and control in line post 2015 agenda.



### Key achievements/milestones accomplished:

- Development and validation of Multi-Drug Resistant Tuberculosis (MDR-TB) programmatic and treatment guidelines
- Comprehensive assessment of MDR-TB situation in the Gambia including systems currently in place for its detection, diagnosis and management in the country
- Assessment of the TB Round 9 Global Fund TB Grant
- Orientation of Prison Wardens and the Military on TB
- Mobilization and engagement of stakeholders in support of TB prevention and control during commemoration of World TB Day



*Building capacity of health workers with the requisite tools and guidelines and the availability of cost-effective drugs have contribute to the reduction of Tuberculosis cases in The Gambia*

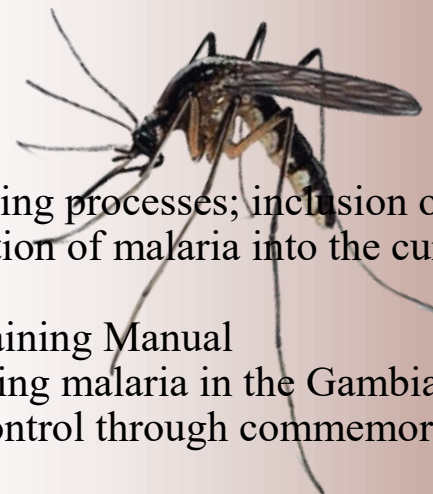


## 1.3 MALARIA

Support provided to this programme focused on strengthening capacity building needs for malaria control and prevention; strengthening measures to improve malaria surveillance and adaptation and implementation of malaria tools and guidelines. These have contributed to increased uptake of malaria control and prevention interventions and ultimate reduction in malaria incidence thereby contributing to the attainment of global targets set for the implementation of evidence-based malaria strategic plans.

### Key achievements/milestones accomplished:

- support to the Malaria Programme during the GF grant making processes; inclusion of malaria surveillance activities in the GF grant processes and incorporation of malaria into the current IDSR surveillance system
- upgrading of Malaria Case Management Guidelines and Training Manual
- supporting national efforts to achieving the goal of eliminating malaria in the Gambia by 2020
- mobilization and engagement of stakeholders for malaria control through commemoration of World Malaria Day



*Availability of the requisite guidelines and effective drugs has contributed to the reduction of malaria*

## 1.4 NEGLECTED TROPICAL DISEASES (NTDs)

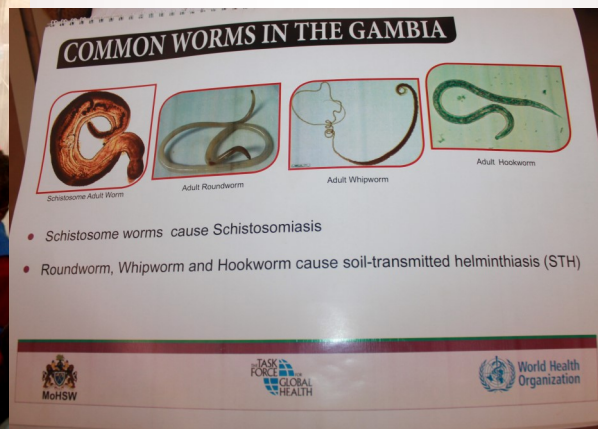
Support provided in this area of work focused on the generation and dissemination of evidence on the situation of NTDs in the country as a contribution to the development and implementation of national guidelines on mass drug administration (MDA) for controlling and preventing specific NTDs, including soil-transmitted helminths infections and schistosomiasis.

### Key achievements/milestones accomplished:



- national NTD mapping and preparation and dissemination of the report thereof among relevant stakeholders
- mobilization of resources (drugs, training) to conduct MDA campaign for Soil Transmitted Helminthiasis and Schistosomiasis as a means of eliminating Preventive-Chemotherapy-NTDs (PC-NTDs) in the Gambia. This is expected to be conducted in 2017

*Availability of trained health workers and drugs paves the way to eliminating neglected tropical diseases .*



## 1.5 VACCINE PREVENTABLE DISEASES

In this area of work, support was provided for the development of a national comprehensive plan for immunization delivery, increasing immunization uptake, improving surveillance of vaccine preventable diseases and strengthening of national capacity for measles, rubella/congenital rubella syndrome elimination/control and neonatal tetanus and hepatitis for measles and rubella/congenital rubella syndrome surveillance. These efforts contributed to increased uptake of and participation in immunization services and also improved surveillance of vaccine preventable diseases.

These interventions have positive implications for the overall improvement of health of children and mothers and contributed towards the realization of the global goal of strengthening service delivery and immunization monitoring in order to achieve the goals for the Decade of Vaccines.

### **Key achievements/milestones accomplished:**

- development of a new comprehensive Multi Year Plan (2017-2021)
- country-wide measles-rubella vaccination campaign with a national coverage level of 97.2% and other child protection interventions such as the administration of Vitamin A and de-worming drugs
- stakeholder mobilization and engagement in support of immunization
- launch of measles-rubella nationwide vaccination campaign



*Vaccination is the key to saving lives of children*

## 2 NON-COMMUNICABLE DISEASES (NCDs)

This Category of work focuses on NCDs and their risk factors and conditions including Mental Health and Substance Abuse and Violence and Injuries

### 2.1 NCDS and risk factors

In this area of work, support was provided for the promotion of multi-sectoral and multi-stakeholder action for NCD prevention and control; prevention and reduction of NCD risk factors and for the early detection and management of NCDs.

#### Key achievements/interventions accomplished:

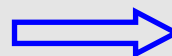
- engagement of different stakeholders including government institutions, non-governmental organizations, civil society groups individuals and communities (through meetings, dialogue and during commemoration of World No-Tobacco Day) to discuss and address NCDs and their risk factors
- supporting the Ministry of Health in mobilizing external resources for a three-year project (2017-2019) for diabetes and hypertension education, prevention and management
- launch of the 2016 edition of the “Sports for Health” initiative as a means of enhancing multi-stakeholder action to promote physical activity in the country



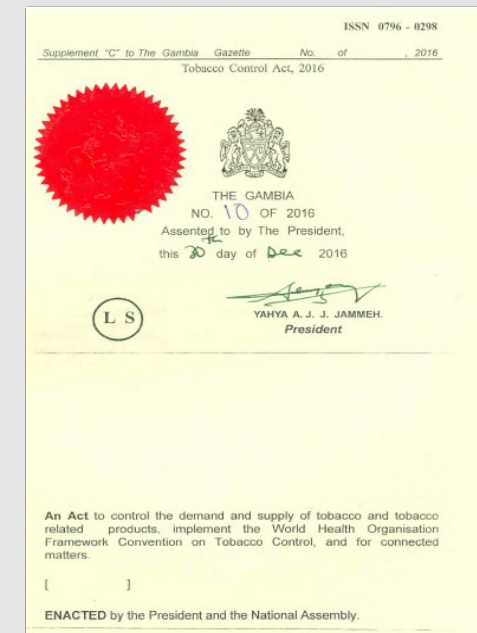
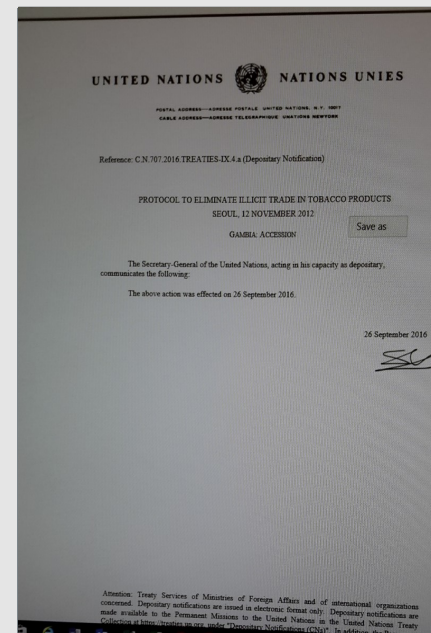
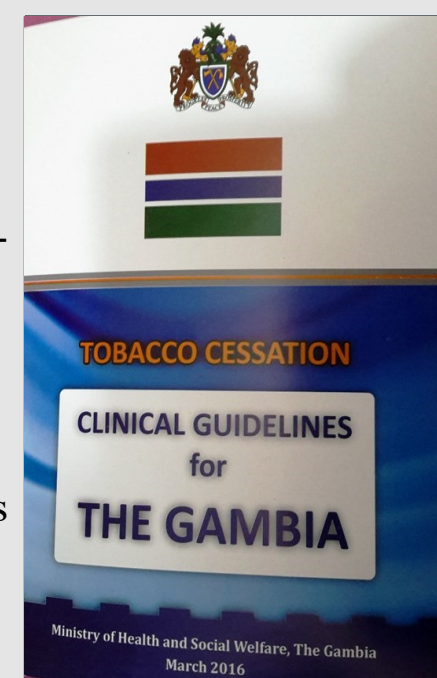
*WHO Rep. (m) presenting WHO award to Tobacco Control Champions*



Promoting physical activity  
through aerobics



- capacity building of health and non-health professionals in salt reduction and physical activity strategies
- development of national strategies for salt reduction, physical activity and multi-sectoral action for NCD prevention and control which will be finalized in 2017
- development and enactment of a new tobacco control bill 2016
- introduction of a new three-year tobacco taxation policy 2017-2019
- ratification of the Protocol on Illicit Trade of Tobacco Products
- development, launch and dissemination of tobacco cessation clinical guidelines followed by training of health care workers on the implementation of the guidelines



***Development of tobacco cessation guidelines, enactment of tobacco control bill and ratification of the protocol to eliminate illicit trade in tobacco products demonstrate the high political commitment The Gambia attaches to tobacco control.***

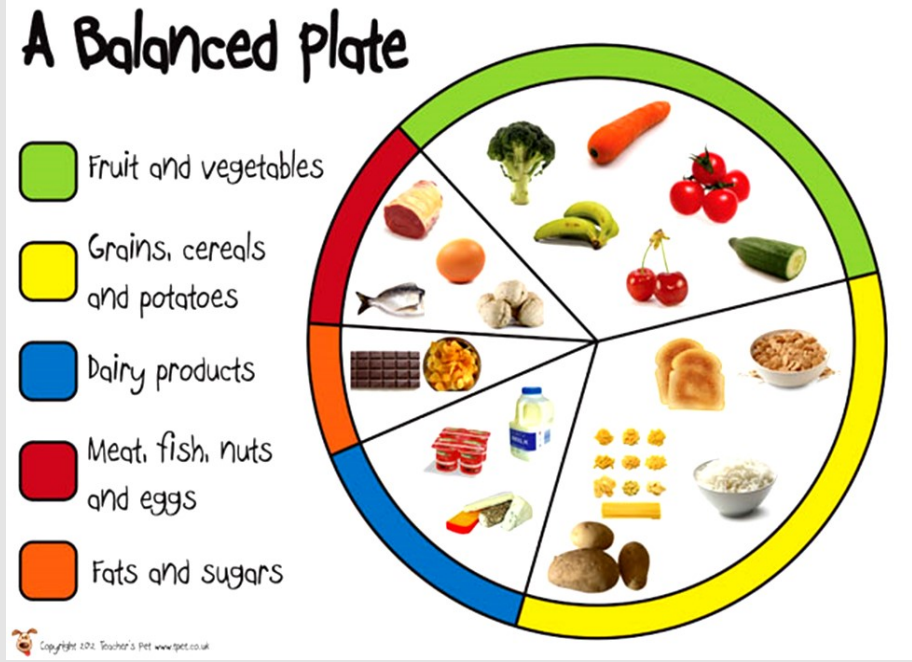
- Capacity of stakeholders from health and other arms of Government built on international trade laws and WHO FCTC

Hence, these efforts did contribute directly or indirectly to broad-based participation and action across different sectors and disciplines for NCD prevention and control; strengthening administrative and legislative mechanisms for tobacco control, increased recognition of the Gambia's efforts as a regional champion for tobacco control by winning two out of the five World No-Tobacco Day Awards dedicated to the African Region and also promoted physical activity and voluntary screening/testing for NCD risk factors.



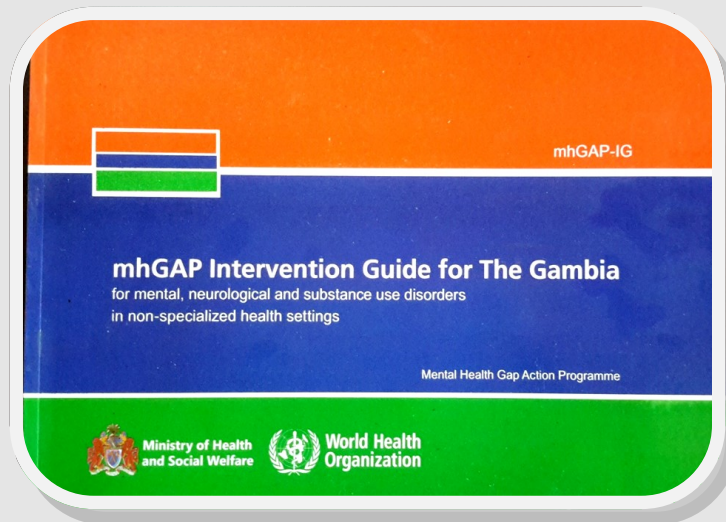
*Everybody can contribute to healthier nation by being physical active*





*Healthy foods for better health*

## 2.2 MENTAL HEALTH AND SUBSTANCE ABUSE



In this area of work, support was provided mainly to strengthen national capacity for the development of a new mental health legislation to replace the archaic Lunatic' Detection of 1917 as well as building capacity for the diagnosis, treatment and management of common mental disorders to facilitate organization of mental health services and their integration into primary care in line with global mental health action plan.

### Key achievements/milestones:

- establishment of technical working group to coordinate development of the new mental health legislation.
- orientation of mental and non-mental health professionals on WHO and tools guidelines as well as international human rights instruments for developing a mental health legislation.
- engagement of legal draftsmen at the Ministry of Justice to guide the process of drafting a new mental health legislation.
- development of a draft mental health legislative framework to be finalized in 2017.

*Training of health workers to maximize use of treatment guidelines*



- development and dissemination of a national mental health treatment guidelines in line with WHO Mental Health Gap Intervention Protocol. This was followed by a week's orientation of health care workers on the use of the guidelines .
- promotion of mental health advocacy through mobilization and engagement of mental health advocacy groups and traditional healers for the commemoration of World Mental Health Day and through partnership between WCO and the Mental Health Leadership and Advocacy Programme (mhLAP) based at University of Ibadan in Nigeria from



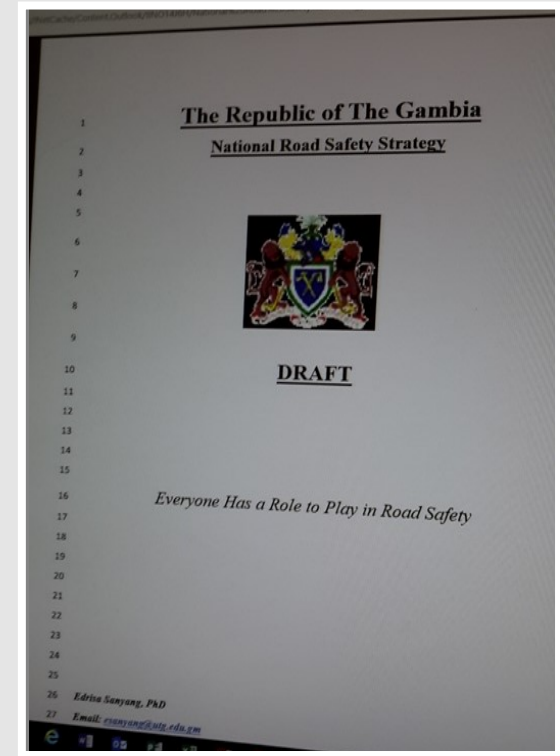
*Advocacy has strengthened partnership and mobilized resources for mental health*

## 2.3 VIOLENCE AND INJURIES PREVENTION

In this area of work, support in this area of work focused mainly on the development of a national road strategy and the promotion of road safety dialogue as a contribution to promoting multi-sectoral collaboration and building national capacity towards the achievement of the United Nation Decade of Action for Road Safety.

### Key achievements/milestones:

- mobilization and engagement of key stakeholders through the national platform established to coordinate road safety
- orientation of stakeholders including health staff on WHO road safety protocols and guidelines
- development of a draft road safety strategic framework which will be finalized in 2017
- mobilization and engagement of road safety advocacy groups – Youth for Road Safety (YOURS) – to increase public awareness on road safety



*Development of a Road Safety Strategy and engagement of stakeholders are some of the measures taken to reduce of road traffic crashes*

## 2.4 NUTRITION

In this area of work, support was provided mainly towards strengthening national capacity for nutrition and for the monitoring and implementation of national nutrition action plan in line global efforts to establish and monitor implementation of national nutrition systems and plans

### Key achievements/milestones accomplished:

- launch of Gambia Nutrition Society to enhance REACH and SUN initiatives
- training of community health nurses (CHNs) on the use of the MUAC tape to improve data quality
- training of traditional healers on basic nutrition and the use of the MUAC tape in identifying malnutrition
- quarterly monitoring of nutrition programmes in Western Health Region
- establishment of regional SUN platforms
- promotion of breast feeding to improve infant and child nutrition during commemoration of World Breastfeeding Week



*Mobilization and engagement of mothers contributes to the promotion exclusive breast*

### 3. PROMOTING HEALTH THROUGH THE LIFE COURSE

#### 3.1 REPRODUCTIVE MATERNAL, NEW-BORN, CHILD AND ADOLESCENT HEALTH

In this category of work, support was provided to strengthen the existing partnership among Ministry of Health, WCO, UNFPA and MCAI-UK for the implementation of the emergency care programme for pregnant women, the new born and children being implemented at Brikama Major Health Centre and other health facilities. This has strengthened capacity of this health facility to provide comprehensive emergency obstetric care, reducing the number of referrals to Edward Francis Small Teaching Hospital (EFSTH) and subsequent reduction in maternal, new born and child deaths.



*Providing skilled care contributes to reduction in maternal and new-born morbidity mortality*



## Postpartum and new born care improved through building capacity of health care workers

Support was also provided to strengthen partnership and capacity for cervical cancer prevention and control.

### Key achievements/milestones accomplished:

- Capacity building of midwives on infection control as well as providing cleaning materials to health facilities
- development of guidelines and training health workers on medical implications of Female Genital Mutilation/Cutting (FGM/C) in collaboration with the Women's Bureau
- Establishment of a National Cervical Cancer Committee
- development and costing of a five-year National Cervical Cancer Strategic Plan
- equipping EFSTH with a colposcopy machine through the partnership discussed above
- strengthening of cervical cancer screening services at 15 public health facilities and strengthening 5 other facilities to provide both screening treatment



*Maternal deaths averted through skilled and appropriated care*

Cases	1 <sup>st</sup> quar- ter	2 <sup>nd</sup> quar- ter	3 <sup>rd</sup> quar- ter	4 <sup>th</sup> quar- ter	Total
Number screened	151	172	138	292	<b>753</b>
Number positive	29	45	44	82	<b>200</b>
Number treated	29	40	44	82	<b>195</b>
Number referred	0	8	0	0	<b>8</b>
Full blown Cx cancer	1	2	0	0	<b>2</b>
<b>Total</b>	<b>210</b>	<b>267</b>	<b>226</b>	<b>446</b>	<b>1158</b>

*Table showing Cervical cancer cases by quarter in 2016 ( First accurate data as most activities started in 2016 no comparison could be made).*



*Availability and utilization of the right equipment has improved cervical cancer screening*



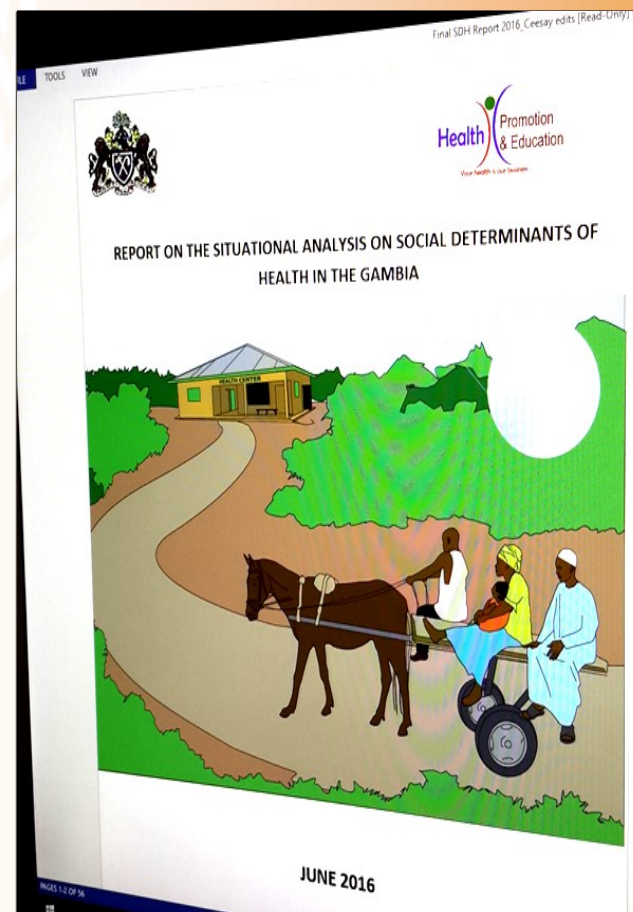


## 3.2 SOCIAL DETERMINANTS OF HEALTH

In this area of work, support was provided to generating baseline evidence on Social Determinants of Health (SDH) and strengthening capacity for multi-sectoral and multi-stakeholder action to address the social determinates of non-communicable diseases in particular.

### Key achievements/milestones accomplished:

- situational analysis on SDH conducted and a report prepared and validated by different stakeholders which will be used as a tool for mainstreaming health in all policies (Hiap) concept in Government development policies.
- establishment and strengthening of multi-sectoral/ multi-stakeholder platform to discuss/dialogue and address the social determinants of NCDs, mental health and road safety, which facilitated the enactment by Parliament of the new, comprehensive tobacco control bill as well as the development of frameworks for a new mental health legislation and road safety strategy



## 4 HEALTH SYSTEMS STRENGTHENING

### 4.1 NATIONAL HEALTH POLICIES, STRATEGIES, AND PLANS

In this area of work, support was provided for the implementation of the National Health Policy and Strategic Plan in line with International Health Partnerships+ (IHP+) as well as enhancing the functionality of Health Stakeholder Sector Committee and health coordination mechanism as contributions to global efforts to improve country governance capacity to formulate, implement and review national policies, strategies and plans. In particular, health coordination mechanisms – functional working groups - were established, as indicated below, to improve coordination of the NHSP implementation in the core health systems building blocks.

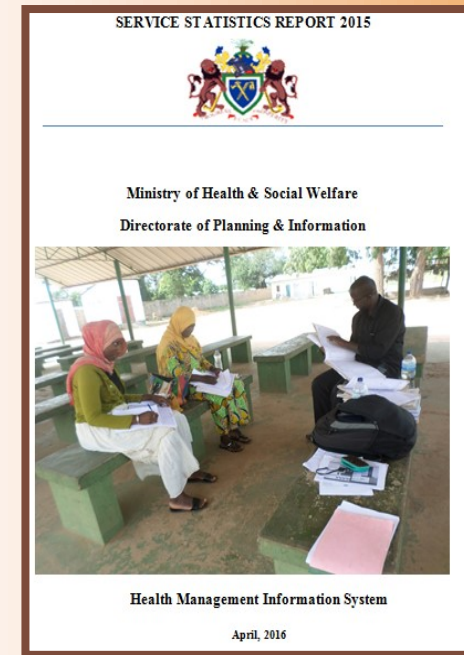
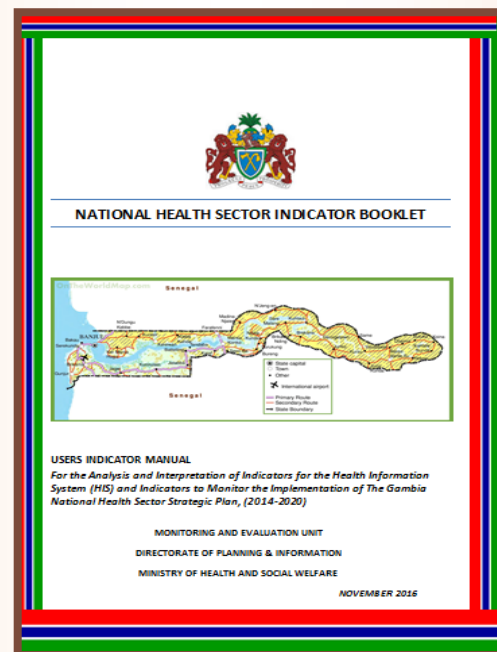
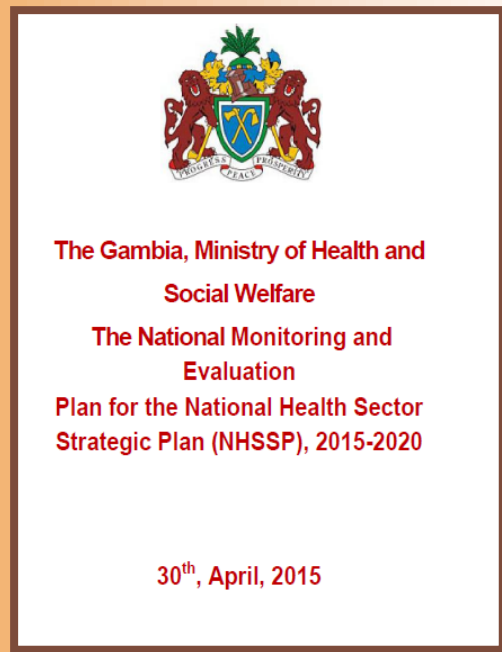
#### **Key achievements/milestones accomplished**

Human Resources Development & Management Working Group to oversee health workforce planning in the medium term and especially the deployment and retention of skilled staff across the health system  
Health Financing and Financial Management Working Group, which was able to hold periodic meetings, produce quarterly health reports on Health Budget expenditure and sensitized on the Universal Health Coverage through financial support from WHO and UNICEF.

Health Infrastructure Development and Maintenance Working Group which had conducted a physical assessment on the status of health facilities and other health buildings.

Health Information, M&E and supportive Supervision Working Group to monitor Implementation of the Operational plan derived from NHSP (2014-2020) and coordinated the development of the Health Indicator Booklet.

- Human Resources Development & Management Working Group to oversee health workforce planning in the medium term and especially the deployment and retention of skilled staff across the health system
- establishment of a Health Financing and Financial Management Working Group – Established in late 2015, the working was operational from the beginning of 2016 with periodic meetings held and quarterly health reports on Health Budget expenditure produced. A sensitisation workshop on Universal Health Coverage was organized by the Working group with technical and financial support from WHO and UNICEF.
- establishment of a Health Infrastructure Development and Maintenance Working Group which had prepared a of 2016 and a report prepared on the physical status of health facilities and other health buildings
- establishment of a Health Information, M&E and supportive Supervision Working Group, which had produced two reports on the implementation of the Operational Plan derived from NHSP (2014-2020) and also coordinated the development of the Health Indicator Booklet



*Development of operational plan and monitoring tools has enhanced the implementation and monitoring of the National Health Policy and Strategic Plan*

## 4.2 HEALTH SYSTEMS INFORMATION AND EVIDENCE

In this area of work, support was provided towards ensuring availability of a functional Health Information System and monitoring and evaluation for planning and decision making as an overall contribution to improving health service delivery

### **Key achievements/milestones accomplished:**

- development of a new Health Indicator Booklet using the WHO document “Global Reference list of Core Health Indicators” as a guide to enhance implementation, monitoring and evaluation of the National Health Strategic plan
- development of a special dashboard in the web-based District Health Information System (DHIS) to facilitate the monitoring of health indicators and provide easy access to all partners/stakeholders to do online monitoring of health indicators

## 3RD GENERATION COUNTRY COOPERATION STRATEGY (3G CCS) DEVELOPMENT

During 2016 The WHO Country Office Professional Staff embarked on a series of bilateral consultations with 31 stakeholders of the health sector to discuss the critical issues affecting health and identify the priorities that should be considered by WHO In the next five years. Findings from the consultations would form the basis for the strategic Orientations in the new 3rd Generation Country Cooperation Strategy (CCS) that WHO will focus its support to the Government in the Health Sector for the next five years. A strategic prioritisation meeting was organized by the WHO in May 2016 with all key partners to discuss the outcome of the bilateral consultations and agree on priorities for the 3G CCS.

The 3G CCS preparation process is at the finalisation stage following the participatory development process that came at an opportune time in 2016 with the development of the new UNDAF and the release of the Sustainable Development Goals indicators and outcomes.

### **Key achievements/milestones accomplished:**

- engagement of partners and stakeholders to identify health development challenges and priorities in the Gambia and areas of focus for the WHO
- Prioritization exercise and identification of strategic priorities

## 5 HEALTH SECURITY AND EMERGENCIES

### 5.1 SURVEILLANCE

In this area of work, support was provided to build capacity for the implementation of national ant-microbial resistance strategy as a contribution to strengthening national action against antimicrobial resistance including the development of plans and improving surveillance systems in line with the global action plan on antimicrobial resistance.

#### **Key achievements/milestones accomplished:**

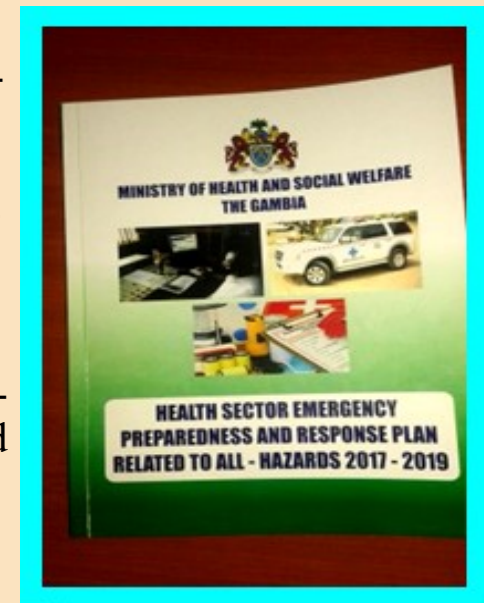
- assessment of the National Disease Surveillance
- development of a plan of action to strengthen early warning systems, immediate and weekly reporting following a comprehensive assessment of the national surveillance system.
- establishment of antimicrobial resistance surveillance systems/sites at both Edward Francis Small Teaching Hospital and Bansang Hospital following the development of National Antimicrobial Resistance Plan in 2014.
- Knowledge, Attitude and Practice survey with regards to Antimicrobial Resistance among health care workers
- development of a National Public Health Laboratory Policy to enhance delivery of effective, efficient and quality laboratory services across the country
- distribution and repositioning of laboratory reagents at the different health facilities for meningitis surveillance
- development a Meningitis Preparedness and Response Plan following a regional review workshop organized by the WHO Regional Office for Africa

## 5.2 PREPAREDNESS AND RESPONSE

In this area of work support was provided towards the establishment and strengthening of national systems, tools and mechanisms to enhance establishment of in-country team for technical operations as well as health sector leadership and coordination for emergency preparedness and response.

### Key achievements/milestones accomplished:

- development of a consolidated national outbreak preparedness and response plan (Emergency Preparedness and Response Plan related to All-hazards 2017-2019) based on risk assessment in place that will be the sole guiding document to be used by all partners in providing support for strengthening emergency preparedness and response systems in The Gambia.
- establishment of national incident management systems (IMS), tested through simulation exercises, to enhance coordination of response to potential disease outbreaks
- building laboratory capacity for sample collection, storage, packaging, shipment training of 35 laboratory technicians and support through refresher training was conducted for thirty five (35) laboratory technicians on sample collection, storage, packaging and shipment
- establishment of an emergency Operations Centre through technical and financial support from the WHO and UNDP respectively.
- strengthening the surveillance system through training of health facility staff in the Integrated Disease Surveillance System (IDSR) and by putting in place an early warning system for early detection and reporting of potential cases of infectious epidemic diseases, by leveraging existing event- and indicator-based surveillance systems, taking into account community surveillance regular monitoring, verification of rumours and clear and immediate reporting structure.



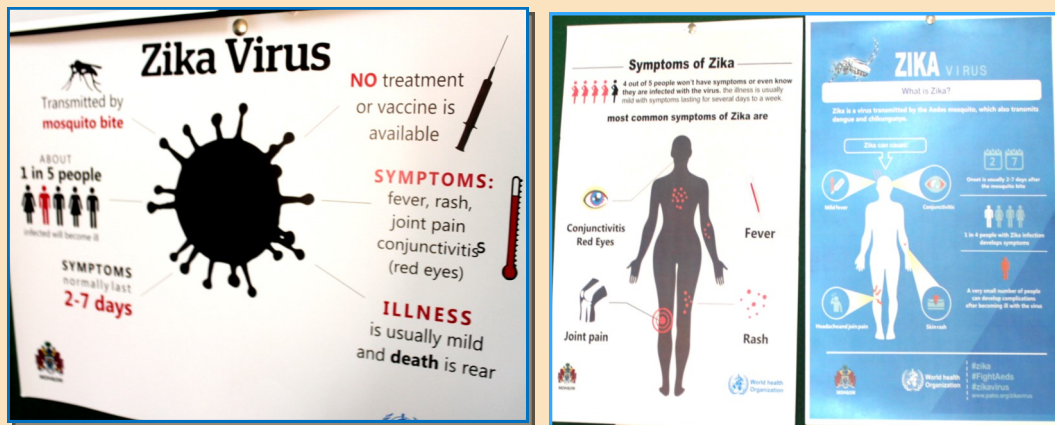
- In support of the above, a Training of Trainers was conducted for Community Health Nurses (CHNs) who will in turn train Community Health Workers (CHWs) in their respective circuits in the seven Health Regions



***A National Emergency Preparedness and Response Strategy and the establishment of Emergency Operation Centres (EOC) have strengthened national capacity to coordinate, prepare for and respond to emergencies***



- enhancing capacity (through training and table top simulations) of multi-functional Rapid Response Teams at central and regional levels to investigate suspected cases for infectious disease outbreaks under the IDSR framework.
- mobilization and engaging of community for Zika Virus Disease Prevention and response activities in selected high risk areas in the Country including spraying and destruction of mosquito breeding sites.
- development and dissemination of a monitoring and evaluation indicator booklet for the collection of all indicators from the various programme areas including Emergency Preparedness and Response to facilitate information sharing and planning.
- enhancing logistics support to emergency preparedness and response through an initial capacity assessment followed by training of health care workers from central level and the seven health regions as well as the logistics sub-committee on the management of logistics during emergencies.
- development and dissemination of materials, guidelines and posters and building knowledge and skills of 38 laboratory staff and six morgue attendants to strengthen infection prevention and control initiatives.
- procurement and distribution of medical and non-medical supplies including drugs and personal protection equipment to the isolation rooms situated at the different Point of Entries (POEs) has strengthened capacity for case management and infection control in preparation for emergencies.



*Communication support materials and community engagement have enhanced awareness of and response to Zika virus disease prevention and control*



*WHO Rep. (l) and Health Minister (r) working together to provide the leadership for emergency preparedness and response*



*Provision and utilization of infection control materials strengthen capacity of health workers for disease control enhance*



*Destruction of mosquito breeding sites is one of the preventive measures to prevent and control Zika virus disease*



## 6 POLIO ERADICATION

The main focus in this area of work was to strengthen national capacity for polio vaccination and surveillance, withdrawal of Oral polio type 2 and introduction of IPV into routine EPI system as contributions to the implementation of the global Polio Eradication and Endgame Strategic Plan 2013-2018.

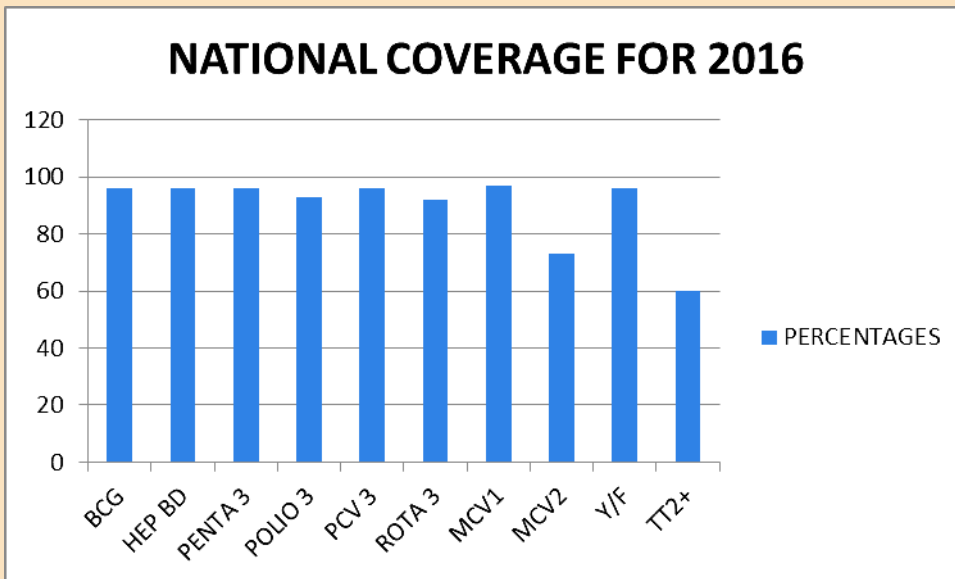
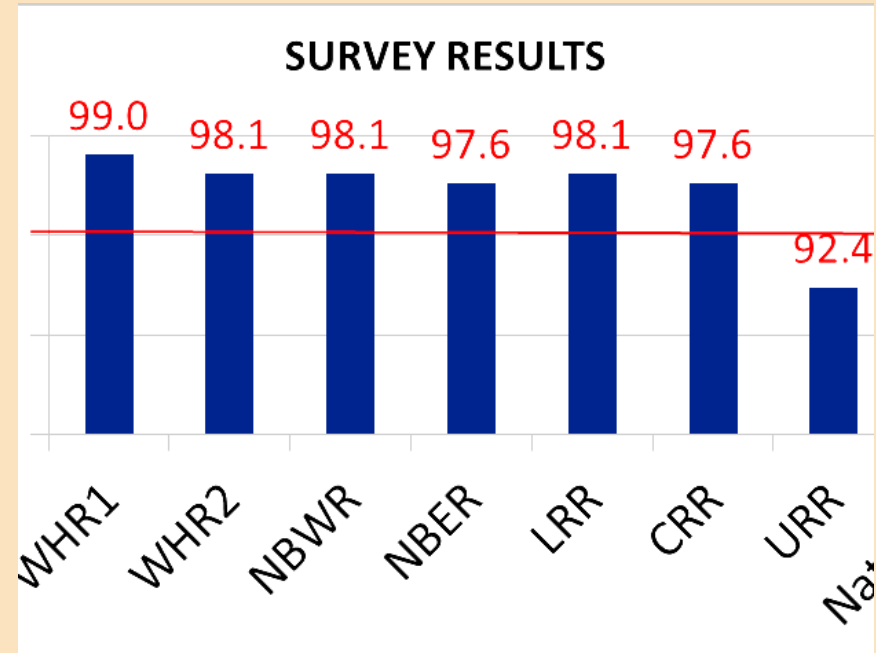
### Key achievements/milestones accomplished:

- technical and logistical support to help Gambia switch from tOPV to bOPV following the official launch of IPV in 2015
- withdrawal from the field and subsequent destruction of tOPV
- integration of bOPV into the EPI services
- laboratory containment exercise in which all labs within the country were inspected to ensure that no polio contaminated material or specimen was stored
- launch of measles-rubella vaccination campaign



*Gambia is on the road to making the Global Polio Eradication a reality by switching from tOPV to bOPV*





*WHO and MoH working together to improve immunization coverage as a contribution to the reduction of childhood morbidity and mortality*

## STRATEGIC PARTNERSHIP PORTAL (SPP)

WCO in collaboration with MOH developed a Strategic Partnership Portal (SPP), a WHO initiative intended to create a platform for donors to share information on their contributions to supporting the health sector in order to avoid duplication of efforts.

### Key achievements/milestones accomplished

- donor mapping through networking, data collection of funded activities, identification of gaps and aligning to the National Health Sector operational Plan
- donor visibility promoted and transparency enhanced to avoid duplication of efforts
- centralized information platform on donor contribution to the health sector



*WHO Representative launching the Strategic Partnership Portal (SPP) platform to monitor donor funds committed to the health sector*

## 8 Challenges

1. In spite of the achievements enumerated above, WCO had to deal with some challenges that affected its work:
2. Finalization and implementation of the Health Sector Strategic Plan coupled with weak health sector governance.
3. Presidential election campaigns and the political uncertainty following the December elections have slowed down the pace of POA implementation.
4. Inadequate human resources in the Ministry of Health and the WCO has directly or indirectly affected the pace of activity implementation.
5. Related to the above, late release of funds at the beginning of the year has also affected the pace of activity implementation .
6. Limited number of donors and partners in the country makes it difficult to mobilize additional resources to implement the POA .

## 9 Recommendations

- ⇒ Strengthen support towards the finalization and implementation of one Health Sector Strategic Plan as a means of improving donor coordination and resources mobilization.
- ⇒ Organize periodic forums for WCO and MoH to discuss progress and challenges regarding POA implementation and follow up on WHO Regional and Global Resolutions.
- ⇒ Organize joint WCO-MoH partnership forum to discuss resource mobilization.
- ⇒ In collaboration with AFRO and HQ, to strengthen capacity of programme officers in resources mobilization.

## 10 Conclusion

The achievements highlighted in this report go beyond what has been initially planned for in our current POA but rather as products of concerted efforts among the three levels of the Organization and the strategic partnerships WCO has established with sister United Nations agencies and other stakeholders.

Critically conscious of comparative challenges, we have endeavored to strengthen health governance by supporting the development/establishment and implementation of the requisite tools and mechanisms to take this forward

Mindful of health and its complex determinants, we focused on established strategic partnerships with non-health sectors which has facilitated the establishment and, in some cases, strengthening of existing national platforms to address health and its complex determinants.

Despite the successes, we did encounter some challenges along the way which included but not restricted to the mobilization of extra resources to bridge the funding gap in the POA and the difficult political and security situation before and after the presidential elections in 2016.



**Working together as a team will surely enhance our productivity**