

Country Cooperation Strategy

2024–2028

The Gambia





World Health
Organization

African Region



Country Cooperation Strategy

2024–2028

The Gambia

Country Cooperation Strategy 2024–2028, The Gambia

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Message from the Minister of Health



The Gambia has clearly mapped out in the National Development Plan a strategy for socioeconomic development that aims at raising the standard of living of the Gambian population by transforming The Gambia into a dynamic middle-income economy. This Country Cooperation Strategy (CCS) is in line with the Gambia National Development Plan and the National Health Sector Policy 2021–2030 to achieve the SDG health-related goals of a three-quarter decline in maternal mortality and a two-third decline in mortality among children under 5 years; to halt and reverse the spread of HIV/AIDS, provide special assistance to the most vulnerable people and put the country on a strong footing to attain the Vision of the Government.

The development of this CCS has been based on lessons learnt and experiences gained during the previous CCSs, as well as through extensive consultation and policy dialogue involving the Government and relevant stakeholders. With the development of this strategy, we are optimistic that WHO will work to maximize synergies and achieve optimum complementarity with stakeholders and other development partners, in line with the strategies developed in this document. Furthermore, the document will provide general guidelines for WHO operations in The Gambia for the medium term and will influence the work of the Organization at all its levels.

In view of the foregoing, I wish to take this opportunity to thank the WHO Country Office, Ministry of Health officials, and all other relevant stakeholders for their active engagement in the development of this strategic document. Finally, I implore all stakeholders to ensure its full implementation for effective service delivery, hence improved health for the Gambian population.

A handwritten signature in black ink, consisting of a large, stylized 'A' followed by a long, sweeping horizontal line that ends in a small loop.

Dr Ahmadou Lamin Samateh
Honorable Minister of Health

Foreword by the WHO Regional Director for Africa



The World Health Organization's (WHO) fourth generation Country Cooperation Strategy (CCS) crystallizes the major reform agenda adopted by the World Health Assembly to strengthen WHO's capacity and ensure that its delivery better meets the needs of countries. It reflects the Transformation Agenda of the African Region as well as the key principles of the Thirteenth General Programme of Work (GPW 13) at the country level. It aims to increase the relevance of WHO's technical cooperation with Member States and focuses on identifying priorities and effectiveness measures in the implementation of WHO's programme budget. The role of different partners, including non-State actors, in supporting governments and communities is highlighted. It builds on lessons learnt from the implementation of earlier generations of the Country Cooperation Strategy. Its implementation will be measured using the regional key performance indicators, which reflect the country focus policy.

We note that recommendations and lessons from the evaluation of the third generation CCS, and insights from engagements with the Government and other health sector stakeholders informed the priorities of the fourth Country Cooperation Strategy 2024–2028. I commend the Government of Gambia and its partners for the significant achievements in improving the health and well-being of its citizens, resulting in the reduction of crude and child mortality. The introduction of an all-inclusive National Health Insurance Scheme is a step in the direction of financial risk protection.

Gambia's commitment to achieving the health-related Sustainable Development Goals by 2030 ensures that the authorities are poised to make a substantial impact on the overall health status of the country. Significant challenges however remain, including the double burden of communicable and noncommunicable diseases, and the plateauing and reversal of newborn, infant and under-5 mortality indicators. WHO is committed to collaborating closely with the Government and key stakeholders in health to overcome these challenges and enhance achievements by 2030.

I call on all WHO staff to redouble their efforts to ensure the effective implementation of the programmes described in this document for the improvement of the population's health and well-being, which are essential elements for Africa's economic development. For my part, let me reassure you of the full commitment of the WHO Regional Office for Africa and headquarters to providing the necessary technical and strategic support for the achievement of CCS 4 objectives with a view to achieving the "triple billion targets and the Sustainable Development Goals.



Dr Matshidiso Moeti
WHO Regional Director for Africa

Preface by the WHO Country Representative in The Gambia



The fourth Country Cooperation Strategy (CCS) 2024–2028 between the Government of The Gambia and the World Health Organization (WHO) is the strategic framework that guides our partnership. It reflects WHO’s medium-term strategic vision for cooperation at various levels of the Organization.

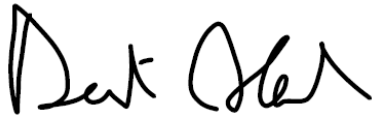
Reflecting the need for an evidence-based CCS, its formulation was preceded by an evaluation of the previous CCS (2016–2022) and a comprehensive health situation analysis. The process entailed a review of the United Nations Sustainable Development Cooperation Framework (UNDSCEF) priorities for 2024–2028 to ensure their relevance and importance to The Gambia’s health agenda and by extension to the Sustainable Development Goals (SDGs). This approach has guided the identification of four strategic priorities and corresponding focus areas for the CCS.

Given the inclusive approach of the CCS formulation process, its implementation calls for multifaceted strategies. These include capacity development, evidence generation, policy dialogue, communication, knowledge management, partnerships, and South-South and triangular cooperation, among other things. WHO will continue to support the Ministry of Health with the coordination of health partners in The Gambia to maximize synergies, coherence and complementarity. It will build strategic partnerships that will facilitate the implementation of the strategic priorities defined in the CCS and related national policy and strategic documents. During the period, WHO will also work closely with the agencies of the United Nations system, bilateral and multilateral partners, civil society organizations and the private sector.

The CCS, which is guided by the Sustainable Development Agenda, is aligned with the national health and development agenda for The Gambia and builds on the priorities identified in WHO’s Thirteenth General Programme of Work (GPW 13) and takes into account the 15 strategic priorities of the Fourteenth General Programme of Work (GPW 14), which are expected to be adopted in 2024 by the World Health Assembly.

The strategic priorities and focus areas are well aligned with the national health policy and strategic documents to ensure country ownership. I am confident that the participatory approach used in the formulation of this document will continue throughout the implementation and facilitate multisectoral cooperation, which is key to achieving the health-related SDGs.

WHO looks forward to fruitful partnership with the Government of The Gambia that will guarantee the attainment of improved health and well-being for all the people of Gambia.



Dr Desta Alamerew Tiruneh
WHO Country Representative,
The Gambia

Abbreviations

AMR	antimicrobial resistance
CCS	Country Cooperation Strategy
CFR	case fatality rate
CMR	crude mortality rate
CPR	contraceptive prevalence rate
CRC	Convention on the Rights of the Child
CSOs	civil society organizations
DHIS	District Health Information System
EBS	event-based surveillance
ECOWAS	Economic Community of West African States
EDC	epidemiology and disease control
EFSTH	Edward Francis Small Teaching Hospital
FSW	female sex workers
GAFNA	Gambia Food and Nutrition Agency
Gavi	The Vaccine Alliance
GBoS	Gambia Bureau of Statistics
GDHS	Gambia Demographic and Health Survey
GDP	gross domestic product
GFATM (The Global Fund)	The Global Fund to Fight Aids, Tuberculosis and Malaria
GLASS	Global Antimicrobial Resistance and Use Surveillance System
GLFS	Gambia Labour Force Survey
GPW	General Programme of Work
GYTS	Gambia Youth Tobacco Survey
HALE	healthy life expectancy
MSM	men who have sex with men
HDI	Human Development Index
HIV	human immunodeficiency virus
HMIS	health management information system
HRH	human resources for health
IBD	indicator-base surveillance
IDSR	Integrated Disease Surveillance Response
IHR	International Health Regulations

IPC	infection prevention and control
LGA	local government area
MCA	Medicine Control Agency
MDR	multidrug resistance
MDR	multidrug-resistant
MMR	maternal mortality ratio
MoH	Ministry of Health
NAPHS	National Action Plan for Health Security
NCDs	noncommunicable diseases
NDP	National Development Plan
NGOs	nongovernmental organizations
NHSP	National Health Sector Policy
NHSSP	National Health Sector Strategic Plan
NIR	National Inventory Report
NRA	National Regulatory Authority
NTDs	neglected tropical diseases
ODA	official development assistance
OECD	Organisation for Economic Co-operation and Development
OPD	outpatient department
PHC	primary health care
PHSM	public health and social measures
PLHIV	people living with HIV/AIDS
RHD	Regional Health Directorate
RMNCAH	Reproductive, maternal, newborn, child, and adolescent health
SDGs	Sustainable Development Goals
SPAR	State Parties Annual Self-Assessment Reports
TANGO	The Association of Non-Governmental Organizations
TFR	total fertility rate
THE	total health expenditure.
UN	United Nations
UNCT	UN Country Team
UNDAF	United Nations Development Assistance Framework
UNDP,	United Nations Development Programme
UN-HPG	UN Health Partners Group

UNICEF	United Nations Children’s Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
WASH	water, sanitation and hygiene
WB	World Bank
WHO	World Health Organization
WHO-FCTC	Framework Convention on Tobacco Control

Executive summary

The fourth generation Country Cooperation Strategy (CCS) reflects the World Health Organization's (WHO) medium-term strategy to guide its work in and with The Gambia. It is anchored on WHO's General Programme of Work (GPW) framework, Gambia's National Health Policy (2021–2030), and the National Health Sector Strategic Plan (NHSSP) 2021–2025 as a strategic vision for cooperation to strengthen The Gambia's health sector. These policy documents were used to prioritize and maximize WHO's contribution to achieving The Gambia's health goals, and by extension the SDGs.

The development of the CCS began with an evaluation of the previous CCS (2016–2022) and a thorough analysis of the health situation, which informed the identification of priorities and corresponding focus areas. This process was carried out through a participatory and inclusive approach led by a task force established by the WHO Country Office in The Gambia. The task force facilitated an extensive identification of priorities by utilizing the WHO planning framework and collaborating with the Country Office. Subsequently, two stakeholder dialogues were held: one involving the Ministry of Health, and the other engaging relevant ministries, agencies, various development partners (including UN agencies) and civil society organizations. These dialogues were aimed at enhancing programmatic alignment, synergy and partnership.

Over the years, The Gambia has made significant progress in overall health sector performance. For example, there has been a remarkable decrease in the crude mortality rate, which dropped from 278.44 deaths per 1000 population in 1971 to 62.74 deaths per 1000 population in 2020. Similarly, the child mortality rate (CMR) declined from 15 per 1000 live births in 2020 to 20 per 1000 live births in 2013. Additionally, The Gambia has demonstrated notable advancements in managing public health emergencies (PHEs). For instance, the Health Emergency Protection Index increased from 50.1% in 2018 to 60.8% in 2019, indicating that an additional 250 000 people were protected from health emergencies during that period. Furthermore, although the health emergency preparedness score remained at 35% from 2018 to 2020, both the prevention score and the detection and response score exhibited improvement. The prevention score rose from 68.7% in 2016 to 73.3% in 2020, while the detection and response score increased from 46.6% in 2018 to 70% in 2020.

However, despite these achievements, challenges remain to be addressed. The under-5 and neonatal mortality rates saw an increase from 54 to 57 deaths per 1000 live births and 22 to 29 deaths per 1000 live births between 2013 and 2019, respectively. Consequently, meeting the Sustainable Development Goal (SDG) targets of 25 and 12 per 1000 live births for the under-5 mortality rate (U5MR) and neonatal mortality rate (NMR) continues to be a challenge. Similarly, health sector financing has posed a significant challenge for The Gambia over the years, with the country maintaining a low per capita total expenditure on health (THE) of US\$ 25.1 in 2019. The greater part of the funding has traditionally come from donor contributions and out-of-pocket payments. To address this issue, the country has implemented a national health insurance scheme as an innovative financing solution. This scheme aims to provide coverage for all residents of the country, thereby helping to alleviate the financial burden on the health sector.

Sustaining the progress achieved and addressing ongoing challenges in the health sector necessitates collaborative efforts from various stakeholders, including the Government, health development partners, and communities. As such, the identification and agreement on the following four priorities and their corresponding focus areas for the CCS 2023–2027 have been structured to align with this collaborative approach. These priorities are interlinked and mutually supportive; they aim to realize the vision of a healthier and more productive population.

Strategic priority 1. Strengthening access to quality and affordable health services across the life course through the primary health care (PHC) approach.

- Strengthen PHC with enhanced quality of integrated services and improved health financing.
- Enhance access to quality health products and technology and address antimicrobial resistance.
- Foster community empowerment while ensuring accountability and delivery of health services that are responsive to the needs of the population.
- Strengthen health workforce availability and efficiency through evidence-based policies.

Strategic priority 2. Enhance national capacities for detection and response to health emergencies through full implementation of the National Action Plan for Health Security (NAPHS).

- Enhance national preparedness for health emergencies and ensure readiness for all hazards.
- Enhance national capacity to prevent health emergencies and mitigate their impact.
- Improve surveillance for rapid detection and response to emergencies.

Strategic priority 3. Strengthening multisectoral collaboration and action to promote the health and well-being of the population.

- Enhance the legal and regulatory mechanism to implement multisectoral policies and promote health equity and protection.
- Improve healthy lifestyle through promoting multisectoral actions on risk factors.
- Tackle environmental health determinants including access to clean air, water and sanitation and impact of climate change in health facilities.

Strategic priority 4. Strengthen WHO's role in health information, leadership, and governance to support the national health priorities.

- Strengthen capacity in digital health, data and technology.
- Boost institutional capacity in research and knowledge management.

- Enhance coordination, partnerships, leadership, resource mobilization and accountability for better health outcomes.

The implementation of the CCS will be overseen by a multisectoral steering committee, the composition and operating procedures of which will be outlined in official terms of reference issued by the Honourable Minister of Health. Among its responsibilities, the committee will monitor the implementation of the CCS, facilitate progress evaluation and identify areas for improvement based on the results and impact framework. Additionally, the committee will adjust strategic priorities and expected outcomes as necessary throughout the CCS implementation period.



MOH-led health sector meeting

1. Introduction

Since 1971, the World Health Organization (WHO) has been aiding The Government of The Gambia in developing and bolstering the country's health care system. WHO established its first office in The Gambia in 1975 to formalize this support.

The Country Cooperation Strategy (CCS) is WHO's strategic vision to guide its work in and with The Gambia. The CCS reflects WHO's medium-term framework for cooperation at all levels of the Organization.

The first generation Country Cooperation Strategy in The Gambia was developed for the period 2002–2005. This was followed by the 2008–2013 edition, which was extended to end in 2015, and the latest third generation CCS, which covered the period 2016–2020, was extended to 2023 during the COVID-19 pandemic.

The WHO Gambia CCS 2024–2028 is shaped by The Gambia's National Plan 2023–2027 and other key policy documents, which reflect WHO's General Programme of Work (GPW) priorities and the WHO African Regional Transformation Agenda. This strategic framework aligns with national health policies and sector plans, such as the National Health Policy 2021–2030 and the National Health Sector Strategic Plan 2021–2025, as well as the WHO's 13th GPW (2019–2025). The CCS aims to maximize WHO's contribution to achieving the Sustainable Development Goals (SDGs) by prioritizing country-level impact and aligning with the objectives of WHO's 14th GPW (2024–2028). Furthermore, the WHO Gambia CCS 2024–2028 is in harmony with The Gambia's United Nations Sustainable Development Cooperation Framework (UNSDCF) 2024–2028, which is crafted under the guidance of the United Nations Country Team (UNCT) and the Government of the Republic of The Gambia and is rooted in the Government's National Development Plan (NDP).¹

The CCS was developed based on the lessons learnt and experiences gained during the previous CCSs, as well as through extensive consultation and policy dialogues with the Government and stakeholders, including academic institutions. Other stakeholders include United Nations (UN) agencies, nongovernmental organizations (NGOs), other development partners, the private sector, and civil society organizations (CSOs).

The following principles guided the formulation of the CCS:

- the process is transparent and promotes country ownership;
- the use of evidence-based information and equitable approaches focused on results;
- the development of partnerships involving multiple health and development stakeholders;

¹ World Health Organization (2019) WHO Thirteenth General Programme of Work, 2019–2023. Promote Health, Keep the World Safe, Serve the Vulnerable. Available online at <https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf>

- harmonization of the efforts of various UN organizations in term of synergy and complementarity.

The priorities outlined in the CCS were identified through inclusive and interactive processes, including consultations with a wide range of stakeholders. These processes ultimately led to the development of a 'theory of change' and a results framework, which underwent further dialogue with the Ministry of Health, and other relevant ministries and agencies to review and enhance the pre-identified priorities. Focused consultations were held with development partners, UN agencies, national and international CSOs with the objective of building alignment and synergies for the successful implementation of the CCS.

The process also entailed a review of the UNDSF priorities 2024–2028 to ensure their relevance to the national health agenda and SDGs. Finally, a review of the recommendations from the CCS (2016–2022) evaluation and analysis of the WHO biennial reports was undertaken to determine key operational considerations for increased impact during the period of the new CCS.

2. Country context

2.1 Political, social and economic context

The Gambia is one of the smallest countries in mainland West Africa with a total area of 11 300 km² (4388 square miles). The country shares all its border with Senegal, except its 80 km of coast on the Atlantic Ocean to the west.

It is among the most densely populated countries in Africa with major concentration in the Greater Banjul Area. The country faces an urban sprawl due to high rural-urban migration. The 2013 Census indicated that over 50% of the population lives in the western part of the country leading to a high density of population in Banjul, Kanifing and Brikama. The population was estimated at 2.3 million in 2018² while projected figures from the Population Reference Bureau, (2020) indicate that the population will be 3.6 million and 4.9 million respectively by mid-2035 and mid-2050.³ The country has a youthful population with lower median ages of 17.8 years and 18.6 years respectively for males and females. Adolescents aged 15–24 years and youth aged 15–35 years, respectively account for 21.4% and 38.5% of the total population in 2013.⁴ This presents an opportunity to harness demographic dividend and makes adolescent health a priority.

The Gambia practises a multi-party system and the President is both the Head of State and Head of Government. Executive power is exercised by the Government. Legislative power is vested in both the Government and parliament. The current Government, which was elected in 2022 for a second term, has adopted a reform agenda that includes several initiatives to improve governance and access to equitable justice, and to strengthen the security sector.

² Gambia Bureau of Statistics, Population and Housing Census 2013

³ Gambia Bureau of Statistics, Population and Housing Census 2013

⁴ Gambia Bureau of Statistics, Population and Housing Census 2013

According to the latest Human Development Report 2021–2022, The Gambia ranked 174 among 191 countries in the Global Human Development Index.⁵

The Gambia aims to solidify advancements in democratic governance, expedite green economic and social progress, and enhance resilience to crises, as outlined in its National Development Plan (NDP 2023–2027). However, the country faces challenges due to its highly undiversified economy, which relies heavily on a limited range of industries. This lack of diversity renders the economy susceptible to various shocks, including climatic events and external factors. From 2016 to 2022, the GDP experienced fluctuating growth rates, ranging from 1.9% in 2016 to 6.5% in 2018, primarily driven by tourism, remittances and rain-dependent agriculture. This vulnerability underscores the importance of bolstering economic diversification and resilience-building efforts, including building health sector resilience.⁶

The high volatility in GDP growth has direct ramifications on health, livelihoods, wealth creation and government’s poverty reduction efforts, mostly affecting the most vulnerable people. Overall, 53.4% of the population lives below the national poverty line, which is an increase of 4.8% above the 2015 poverty levels according to data from a 2020–2021 household survey.⁷ The poverty rate in rural areas was estimated at 76% in 2020 compared to 34 % in urban areas.⁸ The COVID-19 pandemic had huge negative implications on poverty. The key challenges facing The Gambia are the diversification of economic activity from the public to the private sector and from tourism to other sectors. Most of the country’s population lives in rural areas and is heavily reliant on subsistence agriculture, with very limited access to markets.

2.2 Gender, equity and human rights



Nurse talking to a mother's support group at a local health facility

Gender, equity and human rights (GER) issues impact access to health services. A GER assessment study conducted in 2023 revealed that gender norms, roles, values and beliefs significantly impact immunization coverage for women, men, adolescents and vulnerable and disadvantaged groups in The Gambia.⁹

Gender-based violence (GBV) in The Gambia has long been recognized as a challenge that needs to be addressed. The Demographic and Health Survey (DHS) 2019–2020 found out that the percentage of women who have experienced physical violence since age 15 increased from 41% in 2013 to 46% in 2019–2020. However, over the same period, the percentage of women who have experienced

⁵ Human Development Report 2021/2022. Overview

⁶ Gambia 2020 Voluntary National Review

⁷ World Bank data, 2023, <https://blogs.worldbank.org/african/poverty-trends-gambia-tale-two-crises>

⁸ World Bank data, 2023, <https://blogs.worldbank.org/african/poverty-trends-gambia-tale-two-crises>

⁹ Rapid GER Analysis of Health Services with a focus on immunization services delivery in The Gambia, 2023

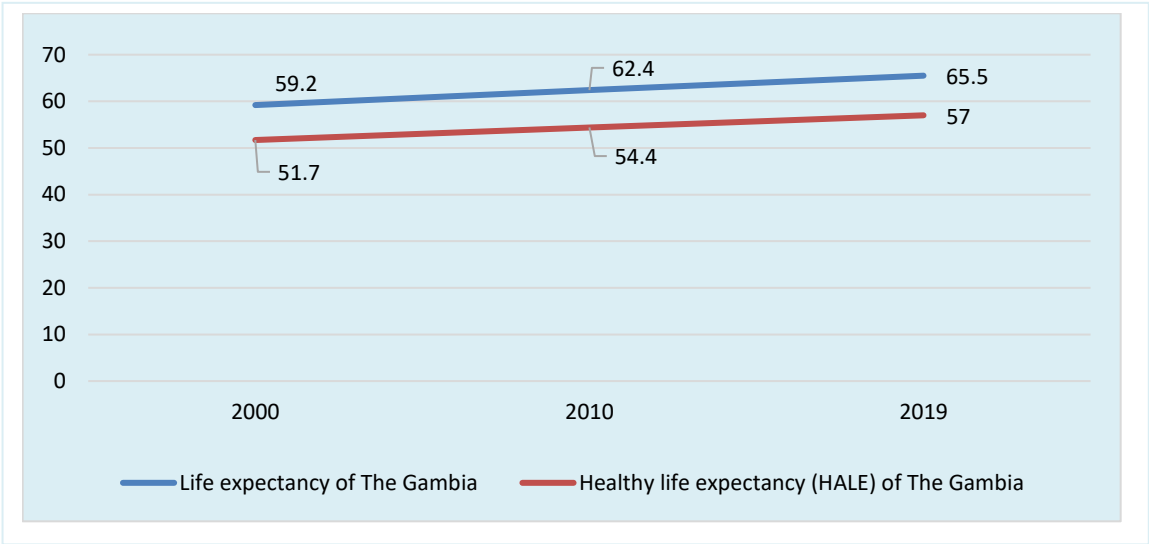
physical violence in the last 12 months remained relatively stagnant (10% in 2013 and 11% in 2019–2020).¹⁰ The Government of The Gambia has demonstrated commitment to promoting women’s empowerment through the Women’s Act 2010. However, women’s participation in decision-making is still low. Overall, only 27% of currently married women aged 15–49 make decisions regarding their own health care, major household purchases and visits to their family and relatives either alone or jointly with their partner.¹¹

3. Health profile and health of the population

3.1 State of health and burden of disease

In The Gambia, life expectancy at birth improved from 59.2 years in 2000 to an average of 65.5 years in 2019¹². During the same period, healthy life expectancy (HALE), a good summary measure of the overall health of the population improved by 5.37 years¹³.

Fig. 1. Improvements in life expectancy at birth and healthy life expectancy in The Gambia, 2000–2019



Source: WHO data

Over the past two decades, significant progress has been made in enhancing the overall health of the population. The crude mortality rate decreased from 278.44 deaths per 1000 population in 1971 to 62.74 deaths per 1000 population in 2020.

¹⁰ The 2019-20 Gambia Demographic and Health Survey
¹¹ The 2019-20 Gambia Demographic and Health Survey
¹² World Health Organization Data, <https://data.who.int/countries/270>
¹³ World Bank, IBRD.IDA: <https://data.who.int/countries/270>

Regarding child mortality indicators, there was a sustained decrease in infant, under-5, and child mortality rates between 1976 and 2013, with respective percentage decreases of 78%, 81%, and 82%. However, between 2013 and 2019, there was an increase in infant and under-5 mortality rates, rising from 34 to 42 deaths per 1000 live births and 54 to 56 per 1000 live births, respectively. Consequently, The Gambia still faces challenges in attaining the SDG-3 target. On a positive note, Gambia is making progress towards achieving SDG-3 targets related to child health, with data indicating a decrease from 20 to 15 deaths per 1000 live births between 2013 and 2019–2020 (Fig. 2).

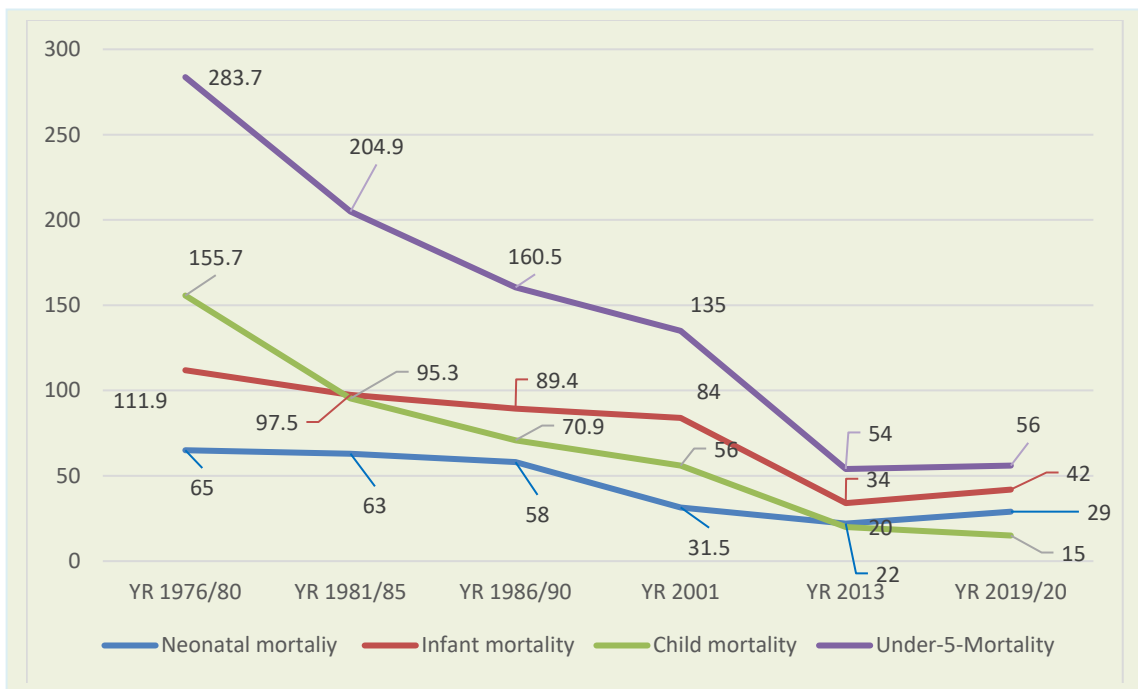


Child gets vaccinated during Measles campaign

However, despite improvements over the years, newborn and perinatal health still presents challenges, with current levels remaining unacceptably high. Neonatal mortality increased from 22 to 29 deaths per 1000 live births between 2013 and 2019, significantly falling short of the SDG target of 12 per 1000 live births (Fig. 2).

However, despite improvements over the years, newborn and perinatal health still presents challenges, with current levels remaining unacceptably high. Neonatal mortality increased from 22 to 29 deaths per 1000 live births between 2013 and 2019, significantly falling short of the SDG target of 12 per 1000 live births (Fig. 2).

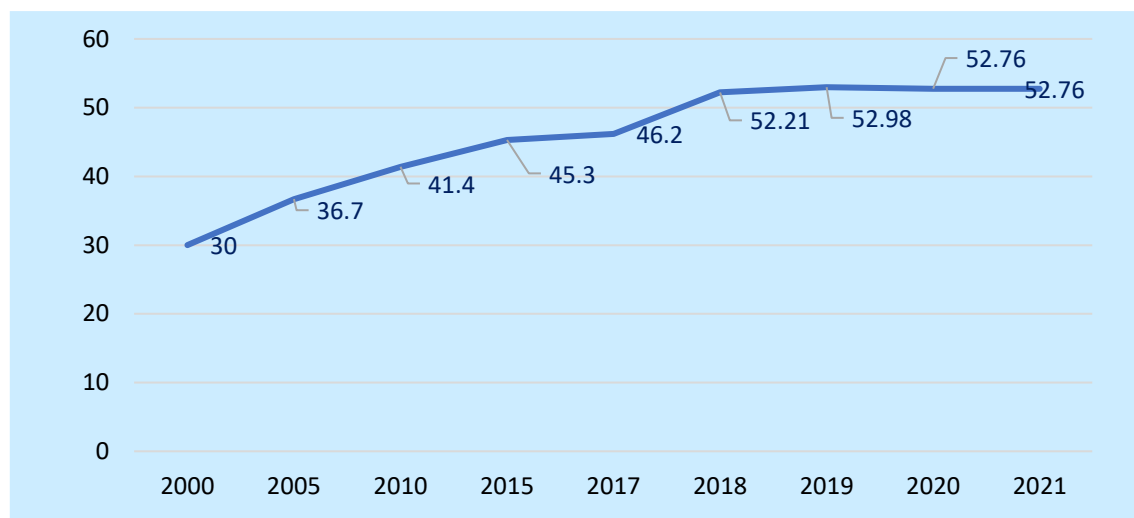
Fig. 2. Trends in childhood mortality (death rate) in The Gambia 1976–2019/2020 (number of deaths per 1000 live births)



Source: GDHS 2013 and 2019–2020

Child and maternal health mortality reduction has been paralleled by a steady improvement in universal health coverage (UHC). The Gambia has made steady progress towards UHC with a coverage index that rose from 30% in 2000 to 52.6% in 2021.¹⁴

Fig. 3. Trends of the universal health coverage index in The Gambia 2000–2021



Source: Triple Billion target WHO

The Gambia also recorded a 36% reduction in the maternal mortality ratio from 932 deaths in 2000 to 597 deaths in 2017 and 289 per 100 000 live births in 2019.¹⁵ However, this rate is unacceptably high and is higher than sub-Saharan Africa and world averages.¹⁶ Several factors contribute to the high maternal mortality in The Gambia, including restricted access to life-saving obstetric and emergency obstetric care, substandard quality of referral care, and haemorrhage and related conditions.¹⁷

In 2020, the prevalence rate for HIV among individuals aged 15–49, based on data from sentinel surveillance sites, was 1.5%. However, among key populations, the prevalence of HIV remains significantly higher. For instance, among female sex workers (FSW), the prevalence is 11%, while among men who have sex with men (MSM), it is even higher at 35.5%¹⁸.

The incidence of tuberculosis (TB) dropped by 12% from 2015 to 2022, while the number of deaths attributable to TB increased by 10% within the same time frame. The increasing incidence

¹⁴ Triple billion Target

¹⁵ The 2019-20 Gambia Demographic and Health Survey

¹⁶ Retrieved on 28 September 2021 from: Maternal Mortality in The Gambia – Mbama Care Foundation

¹⁷ National Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH) Strategic Plan (2022 – 2026)

¹⁸ Country progress report - Republic of The Gambia, Global Aids Monitoring 2022

of multidrug-resistant (MDR) TB also threatens to undermine the gains recorded in combating the spread of TB in the country.¹⁹

The country has made remarkable progress in malaria control and was among the few African countries to have achieved the Global Technical Strategy goal of 40% reduction in malaria case incidence by 2020. The current Strategy's focus is on malaria elimination.²⁰

Fig. 4. Top 10 causes of death in 2019 and percentage change between 2009 and 2019, all ages combined in The Gambia

Cause	2009 rank	2019 rank	Change in deaths per 100k, 2009–2019
Lower respiratory infect	2	1	↓ -15.8
Ischemic heart disease	5	2	↑ +4.6
Neonatal disorders	1	3	↓ -37.2
HIV/AIDS	3	4	↓ -20.7
Stroke	8	5	↑ +1.6
Tuberculosis	7	6	↓ -8.9
Malaria	4	7	↓ -37.9
Diarrheal diseases	6	8	↓ -18.3
Liver cancer	10	9	↑ +1.5
Cirrhosis liver	11	10	↓ -0.3

Source: <https://www.healthdata.org/research-analysis/health-by-location/profiles/gambia> (download on 20 February 2024)

Hepatitis B virus infection is endemic in The Gambia with a prevalence of about 10% among the general population. In addition, current data show that the prevalence of hepatitis C virus among the population is 2.9%. Although hepatitis B vaccination coverage is above 95%, recent findings suggest that the birth dose coverage is only 1.1%, and 41.6% of infants receive the birth dose after the neonatal period.

In The Gambia, several neglected tropical diseases (NTDs) have been identified as endemic and are targeted for preventive chemotherapy. These include schistosomiasis, trachoma, soil-transmitted helminthiasis, and lymphatic filariasis, among others. Additionally, other NTDs exist that require case management such as leprosy, human African trypanosomiasis, rabies, scabies, taeniasis, cysticercosis, dengue fever and snakebite envenoming. The endemicity of some other NTDs including chromoblastomycosis, other deep mycoses, Buruli ulcer, and food-borne trematodes has not yet been determined. Trachoma was declared eliminated in The Gambia in 2022. According to the 2015 Nationwide Preventive Chemotherapy-NTD (PC-NTDs) mapping

¹⁹ Annual report on TB and leprosy in the Gambia 2022, NLTP/Ministry of Health, https://files.who.int/afahobckpcontainer/production/files/The_Gambia_National_Leprosy__Tuberculosis_Control_Program_Annual_report_2022.pdf

²⁰ Gambia malaria strategic plan 2021-2025

survey, the combined prevalence of schistosomiasis (SCH) and soil-transmitted helminthiasis (STH) in the country was 6.8%, with 38% of districts nationwide being co-endemic for both STH and SCH.²¹

The Gambia is experiencing an epidemiological transition characterized by a growing burden of noncommunicable diseases (NCDs), including (but not limited to) cardiovascular diseases, diabetes, hypertension and mental illness, among others. In 2016, NCDs accounted for approximately 34% of all deaths in the country.²² According to a recent systematic review, the prevalence of hypertension ranges between 18.3% and 29%.²³ Moreover, a recent report by the Ministry of Health indicates that NCDs contributed to about 42% of all deaths in 2021²⁴. The same report suggests that about 3% of Gambians suffer from severe mental illnesses with suicide mortality estimated at 4.8/100 000.²⁵ A hospital-based study reported the prevalence of diabetes to be 0.3%²⁶ while another study among people over 35 years reported a higher prevalence of 7.9% among urban males (2.2% in rural males) and 8.7% among urban women (0.8% in rural women).²⁷ The prevalence of obesity is estimated to be 8% among men and 17% among women.²⁸

3.2 Health system performance and universal health coverage

3.2.1 Organization of the health care system and service delivery

Access to health care services is a fundamental human right for all the people living in The Gambia as clearly articulated in the 1997 Constitution: “the State shall endeavour to facilitate equal access to clean and safe water, adequate health and medical services, habitable shelter, sufficient food, and security to all persons.” The Gambia has recorded significant achievements because of improved access to basic health services across the country based on the PHC strategy. However, PHC coverage in rural areas is low, averaging 49.8% nationwide.²⁹

²¹ The Gambia Integrated NTD baseline mapping survey, 2015

²² National multisectoral strategy and costed action plan for NCD prevention and control in The Gambia, WHO, 2018

²³ Koller & Agyemang, 2020

²⁴ National Health Policy, 2021-2030

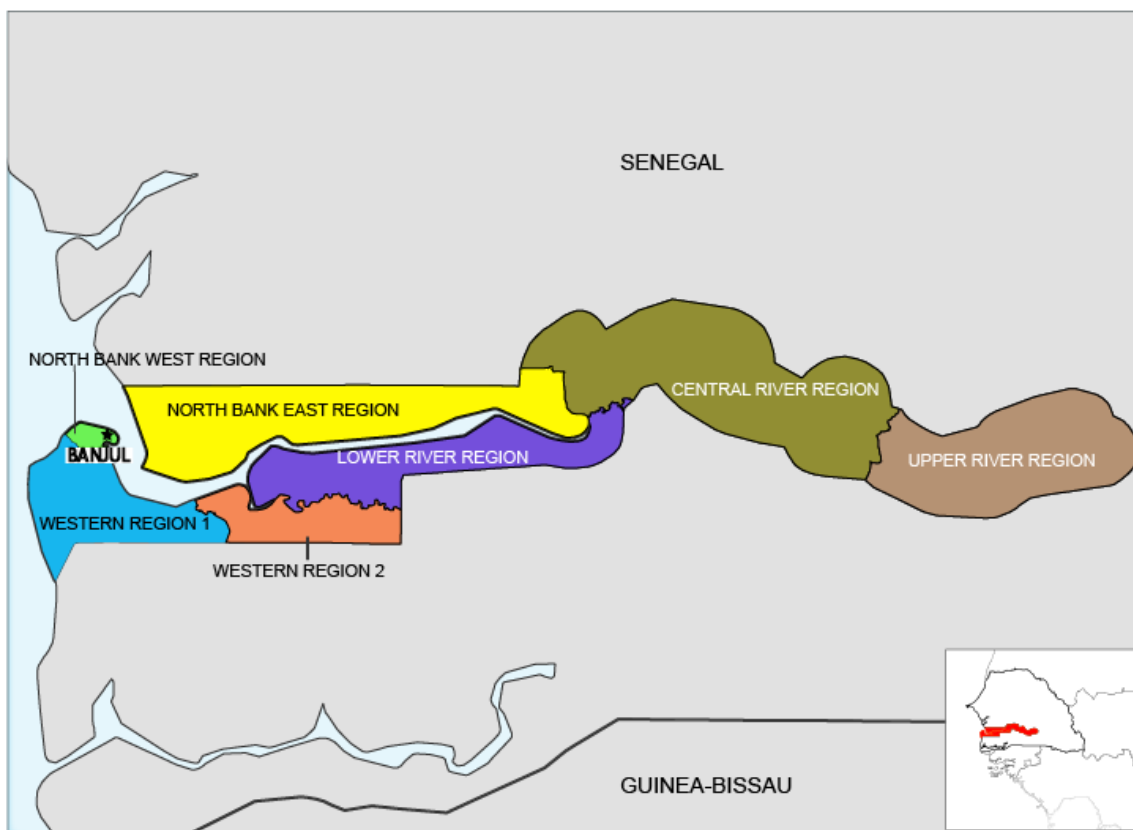
²⁵ National multisectoral strategy and costed action plan for noncommunicable disease prevention and control in The Gambia, WHO, 2018

²⁶ Van der Sande et al., 1997

²⁷ Van der Sande et al., 2000

²⁸ Cham et al., 2020

²⁹ National Health Security plan 2022-2026



Map of The Gambia with health facilities in each region

Devolution is constitutionally mandated in The Gambia, and the country is divided into five administrative regions and two municipalities. However, despite the enactment of the Local Government Act 2002, progress in decentralization has been mixed. The country operates under a three-tier system for delivering public health services. At the central level, the Ministry of Health (MoH) is responsible for setting health policies and regulations, conducting research and mobilizing resources. The regional level comprises seven regional health directorates (RHDs), which implement MoH policies and programmes. These directorates oversee health care delivery and provide stewardship to primary and secondary care at peripheral health facilities. However, inadequate decentralization at the regional level hampers the RHDs' ability to coordinate effectively. They receive minimal programmable resources and largely rely on central MoH units and external partners to finance health activities. At the primary level, health care is provided through village health services by village health workers who offer promotive and preventive care. Recently, minor health centres have been incorporated into the PHC level alongside village health services. The subnational systems, including leadership skills, are still developing, which may have adversely affected the success of the PHC Reinvigoration Plan.

The Gambia has a 10-year rolling National Health Policy to govern its health care provision in 2021–2030. The National Health Policy sets out the State's commitment to provide “quality, affordable and accessible health care services for all in The Gambia” and presents a vision for “a healthier and more productive population through universal health coverage”. In addition, the

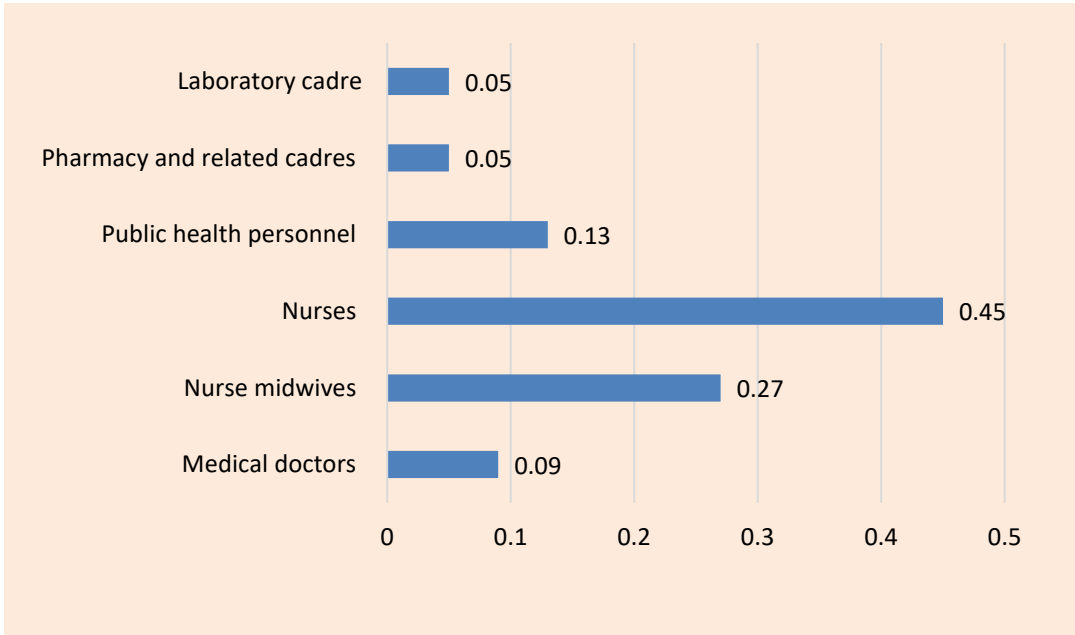
country has developed a National Health Sector Strategic Plan 2021–2025 that is aligned to the National Health Policy 2021–2030 and Sustainable Development Goals (SDGs), with the view to achieving UHC.

3.2.2 Health system performance

The country is facing several health systems challenges, among which is the acute shortage of health workers. In 2021, there were 6152 health workers employed in the public health sector and nationally the health workforce index was estimated to be 1.53/1000 population as compared to the WHO recommended density of 4.45/1000 population.³⁰ There are regional variations in the density of health workers, with the Upper River and Western Coast 2 Health Regions having the lowest health workers per 1000 population than any other region respectively with 0.73 and 0.86.³¹

The Gambian Government has made significant efforts to increase the number and competency of health workers, and the Human Resources for Health (HRH) Strategic Plan (2022–2026) provides overarching guidance. Currently, there are seven institutions with national accreditation that offer pre-service health training/education.

Fig. 5. Health workforce density threshold per 1000 population in The Gambia, 2021



Source: Annual service statistics report, 2021

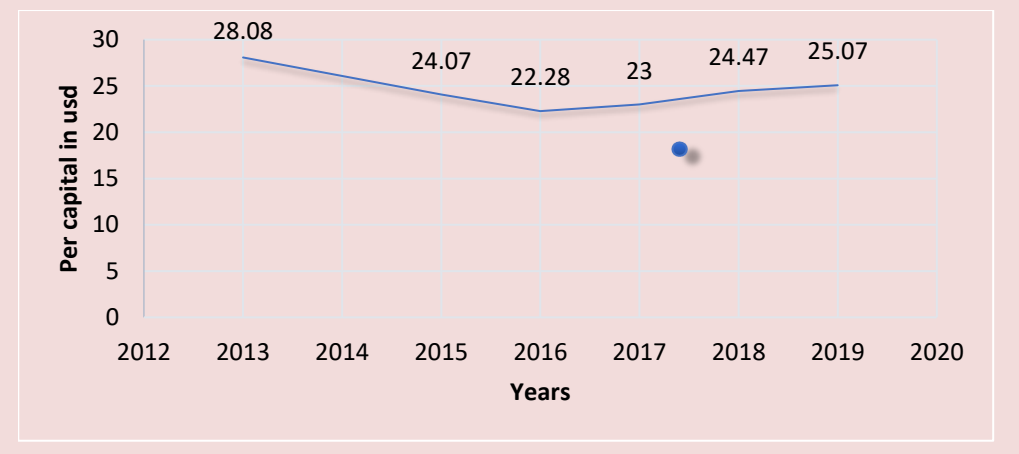
The health sector in The Gambia has been chronically underfinanced. Over the last 5 years, the country has maintained a low per capita total expenditure on health (THE) (see Fig. 6 below). Donor funding and out-of-pocket payments are the primary sources of financing for health care

³⁰ Annual service statistic report 2021

³¹ Annual service statistic report 2021

in The Gambia. Despite the limited number of health development partners, their contributions accounted for 38% and 27% of the total health expenditure in 2018 and 2019, respectively. In 2021, the Government of The Gambia enacted The National Health Insurance Bill, 2021, establishing a National Health Insurance Scheme (NHIS) to cover the cost of health care services for its members. The Gambia has also developed an Essential Health Benefit Package. Although the willingness of Gambians to pay (WTP) for an NHIS was assessed, the country has yet to operationalize the National Health Insurance.

Fig. 6. Per Capita expenditure on health as a percentage of total expenditure on health in The Gambia



Source: MoH/National Health Accounts (NHA) 2019 Report

Over the past decade, The Gambia has made steady progress in enhancing access to essential medicines and refining its supply chain. Despite these advancements, challenges persist, including periodic stockouts of essential supplies and reports of substandard medicines. Findings from The Gambia Service Delivery Report (2019) revealed that only 54% of health facilities had sufficient stocks of tracer medicines for maternal health. Similarly, just 52% of health facilities had adequate supplies of tracer childhood medicines (see Fig. 8 below)³². Additionally, a 2021 report on reproductive health commodity security indicated that only 60% of health facilities reported no stockouts of contraceptives in the last 3 months.

The stockout of medicines is due to several factors, including shortage of financial and human resources. The National Medicine Policy states that government’s contribution to the per capita expenditure of medicines procurement ranges between US\$ 0.4 and US\$ 1.04. The country still has a very low pharmacist/pharmacy technician to population ratio of 0.03. Most of these cadres reside in urban and peri-urban settlements.

³² The Gambia Service Delivery Report (2019)



Medical supply at a local health facility

The Medicines Control Agency (MCA) was established in The Gambia with the aim of ensuring the quality, safety, efficacy and proper use of medicines. Established by the Medicines and Related Products Act 2014, the MCA is a relatively new agency that is gradually expanding its impact in regulatory functions. However, the surge in acute kidney injury in 2022, subsequently linked to products contaminated with diethylene glycol (DEG) and ethylene glycol (EG), has highlighted the urgent need for

establishing robust registration processes, quality control measures, post-market surveillance and rational drug use practices. Unfortunately, the MCA currently faces challenges in terms of human and technical resources, including the lack of appropriate laboratory facilities, which hinder its ability to effectively execute its mandate.

Over the years several cases of resistance to antimicrobials have been identified in The Gambia. They include MDR-TB, resistance of malaria parasites to chloroquine and resistance of *Klebsiella* species to commonly used antibiotics. WHO has supported the MoH to conduct a comprehensive situational analysis of AMR. Subsequently, the National Plan of Action for AMR in The Gambia was developed.

The Gambia's health information system (HIS) is managed by different teams, while the central Health Management Information System (HMIS) team keeps custody of the District Health Information Software 2 (DHIS II). The Health Information System Assessment 2018 confirmed that some of the dimensions of HIS are still developing, particularly, the use of data, adequacy of data sources and limited resources have been identified as some of the major limitations in the subsector respectively 48% and 55% in 2018.³³ The Gambia is implementing the HMIS strategy (2017–2025) and there is positive progress in digitalizing the recording of vital events. As stated in the National Health Sector Strategic Plan 2022–2025, there is commitment to “establish a national e-health programme”. Moreover, procurement processes have been initiated to scale up electronic medical records and introduce an electronic logistics management system that aims to further deploy technology to health facilities.

³³ The 2018 Health Information System Assessment

3.3 Emergency preparedness and response

3.3.1 Vulnerability and health risk

The Gambia has been monitoring its International Health Regulations (IHR) core capacities annually through the State Party Annual Self-Assessment Reports (SPAR). The overall IHR core capacity index has improved from 27% in 2017 to 54% in 2023, with improvements noted across the 13 core capacities. Specifically, the country has enhanced its laboratory and surveillance capacities significantly. Following the revision of the SPAR tool and the inclusion of three additional capacities, the overall IHR core capacity index dropped from 38% in 2019 to 35% in 2022.

The country is prone to five major climate change-related natural hazards, namely, floods, drought, disease outbreaks, fires and storms.³⁴ In 2016, an all-hazard health sector preparedness and response plan was developed to strengthen the health system to better prepare for and respond to PHEs in the country. The national outbreak preparedness and response plan (Emergency Preparedness and Response Plan related to All-hazards 2017–2019) is the sole guiding document used by all partners in providing support for strengthening emergency preparedness and response in The Gambia.

Specific multisectoral endeavours have been initiated in The Gambia to ensure the implementation of IHR and adopting the One Health approach. The Epidemiology and Disease Control (EDC) unit of the Ministry of Health collaborates with the Ministry of Agriculture's Department of Livestock Services, Parks and Wildlife Management to institutionalize a One Health approach in outbreak prevention. For instance, The Gambia assessed and developed a harmonized, concrete and achievable joint road map to improve collaboration among the country's livestock, environmental and human health sectors to address the epidemiology and control of zoonotic diseases in The Gambia.

In April 2021, The Gambia declared a national PHE due to an outbreak of circulating vaccine-derived wild poliovirus type 2 in environmental samples. Remarkably, the country had been poliomyelitis (polio)-free since 2004. Despite this setback, The Gambia has consistently maintained a high polio vaccination coverage as part of its commitment to the global polio eradication goal. Notably, The Gambia has conducted two rounds of nationwide polio



Children at a local school awaiting their polio vaccine during the polio campaign

³⁴ Hazard and Vulnerability Assessment 2014, NDMA,

vaccination campaigns, achieving a coverage rate of 86% in the first round and 104% in the second round.³⁵

In 2024, the country conducted a Joint Risk Assessment (JRA) for pathogenic avian influenza (H5N1) and other zoonoses and developed a comprehensive risk assessment and management strategies for H5N1 and other zoonotic diseases.

3.3.2 Capacities in health emergency management

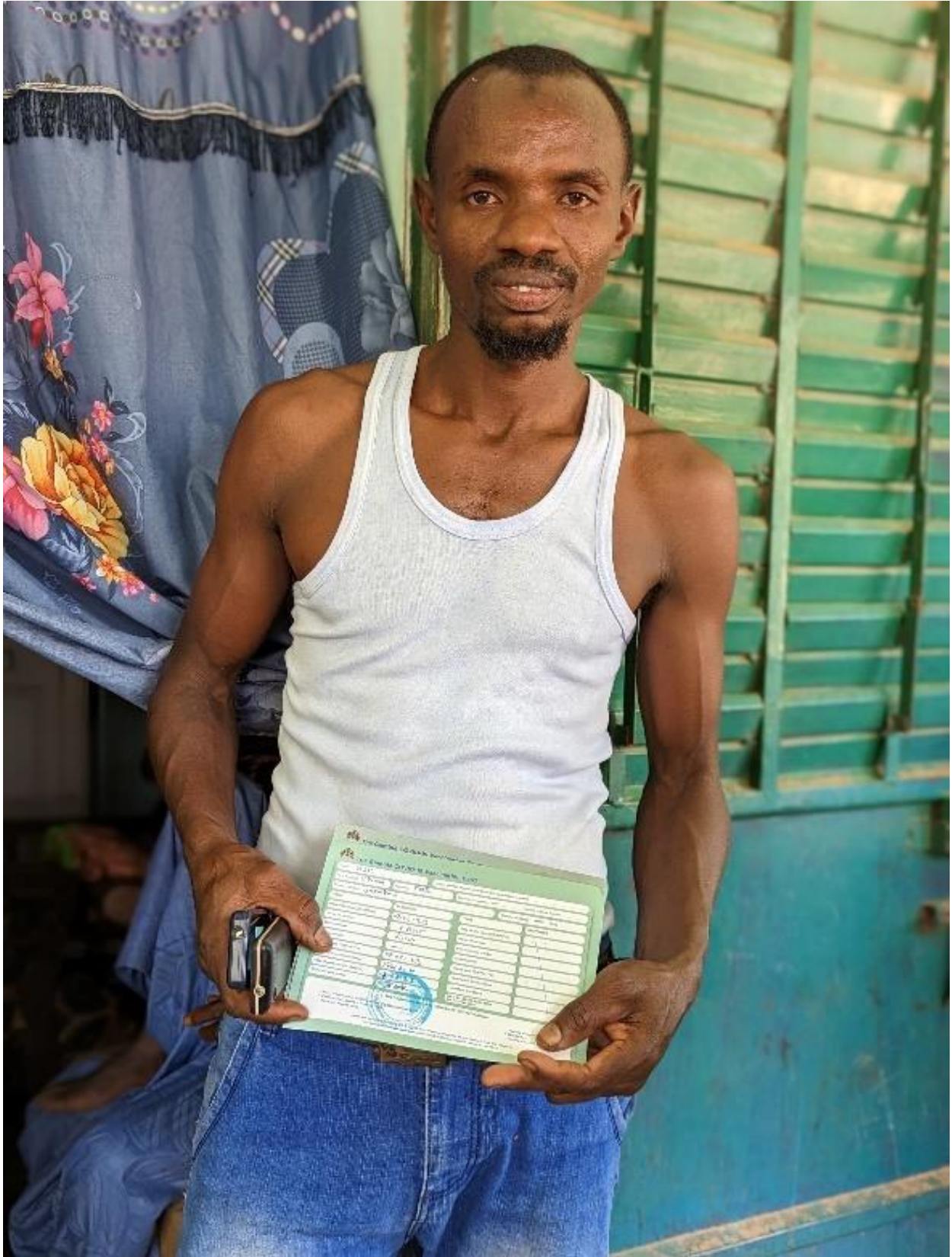
Substantial strides have been made in managing PHEs in The Gambia. The Health Emergency Protection Index, which stood at 50.1% in 2018, surged to 60.8% in 2019, indicating that an additional 250 000 people were shielded from health emergencies during that period. Although the health emergency preparedness score remained stagnant at 35% from 2018 to 2020, there were notable improvements in other areas. The prevention score increased from 68.7% in 2016 to 73.3% in 2020, while the detection and response score rose from 46.6% in 2018 to 70% in 2020.

The Gambia has been implementing the Integrated Disease Surveillance and Response (IDSR) strategy since 2003. In December 2022, the country adapted and validated the third edition of the IDSR Technical Guidelines. Both indicator-based surveillance (IBS) and event-based surveillance (EBS) systems are in place at the community and facility levels; EBS guidelines are available pending implementation.

Since 2016, The Gambia has faced several health emergencies, including outbreaks of measles, the presence of poliovirus in environmental samples, the COVID-19 pandemic and incidents of acute kidney injury linked to toxins in certain children's medicines. To effectively tackle these health crises, the Ministry of Health has developed the National Health Sector Emergency Preparedness and Response Plan. This comprehensive plan delineates strategies for preparedness, mitigation, response and recovery. It emphasizes a unified and collaborative approach to addressing emergencies that endanger the health of the vulnerable population, and consolidates all efforts into a single, cohesive plan.

The Gambia is implementing the NAPHS 2022–2026 that was developed through the One Health approach following the Joint External Evaluation (JEE) on the core capacity requirements of the International Health Regulation (IHR 2005), which was conducted in The Gambia in September 2017. The NAPHS is also aligned to the World Health Organization Benchmark for IHR (2005).

35 Ministry of Health, round 1 and 2 Polio SIA Report/The Gambia



Gambian man with his government-issued vaccine card, following a national vaccination campaign

3.4 Promoting a healthier population

In The Gambia, social determinants have had a major impact on health outcomes. In the early years, environmental risks strongly linked to social and economic development such as unsafe food and water, unhealthy diets, poor sanitation and improper handwashing were important risk factors. Recent data suggest the importance of behavioural risk exposure on the population's health status (see Fig. 7).

Fig. 7. Top 10 risks contributing to total number of DALYs in 2019 and percentage change 2009–2019, all ages combined in The Gambia (downloaded on 20 February 2024)

Risk	2009 rank	2019 rank	Change in DALYs per 100k, 2009–2019
Malnutrition	1	1	↓ -6,356.0
Air pollution	2	2	↓ -1,593.5
Unsafe sex	4	3	↓ -727.7
High blood pressure	5	4	↑ +73.5
WaSH	3	5	↓ -1,698.0
High body-mass index	8	6	↑ +227.2
Tobacco	6	7	↓ -236.1
Dietary risks	7	8	↑ +71.8
High fasting plasma glucose	9	9	↑ +137.5
Alcohol use	10	10	↓ -47.8

Data source: <https://www.healthdata.org/research-analysis/health-by-location/profiles/gambia>

Food insecurity poses a significant public health challenge in The Gambia. According to the Gambia National Food Security Survey Report from December 2023, over a quarter of Gambians, that is 29% of the population, experience food insecurity. Among them, only 2% are categorized as severely food insecure, indicating that they confront extreme food consumption gaps or significant loss of livelihood assets.³⁶

Malnutrition remains an important public health concern among children under-5 years of age. Stunting, wasting and underweight have declined from 25%, 12% and 16% in 2013 to 18%, 5% and 12%, respectively, in 2019–2023.³⁷ The same study also shows a decline in the prevalence of overweight among children under-5 from 3% in 2013 to 2% in 2019–2020. The Global Nutrition Report 2021 estimates that 17.4% of adult women aged 18 years and above and 7.1% of adult men of the same age group are obese. The Gambia's obesity prevalence is however lower than the regional average of 20.7% for women and 9.2% for men.³⁸

³⁶ UN The Gambia Annual Results Report 2023

³⁷ The 2019-20 Gambia Demographic and Health Survey

³⁸ The Global Nutrition Report 2021

The Government of The Gambia implemented the Food Safety and Quality Act in 2011, which led to the establishment of the Food Safety and Quality Authority. This agency ensures the safety and high quality of foods produced, manufactured, sold, distributed, imported and exported in the country. The Food Safety and Quality Act of 2011 aims to regulate the conditions of production, transportation and sale, with the objective of eliminating or minimizing known or potential hazards to consumer health to the extent feasible.

The Gambia has made significant strides in improving access to improved water supply and sanitation. Households using improved sources of drinking water have increased from 91% in 2013 to 95% in 2019–2020. However, inequities in coverage persist with the urban population having greater access to improved sources of drinking water (96%) compared to the rural (92%) population. Similarly, the urban population has greater access to improved toilet facilities (80%) than the rural population (44%).³⁹

Road traffic accidents resulting in deaths and serious injuries are on the rise in The Gambia. Police reports show that, on average, over 700 road traffic crashes, resulting in over 100 deaths, occur every year in The Gambia.⁴⁰ However, some progress has been recorded in road safety governance which includes the establishment of a multisectoral road safety committee and road safety working group, the development of a national road safety strategy 2020–2030 with clear targets and indicators aligned with global road safety standards and an increase in road safety education.

Air pollution presents new challenges, particularly in urban areas, and has a disproportionate impact on children. The heavy reliance on wood fuel significantly contributes to indoor air pollution. According to The Gambia's DHS 2019–2020, 7% of households cook indoors, with 85% using solid fuel for cooking, while only 6% use clean fuel. Additionally, tobacco is smoked daily inside the home in 17% of households.⁴¹

However, much progress has been recorded in tobacco control. The prevalence of smoking any type of tobacco among adults aged 15–49 years declined from 21% in 2013 to 19% in 2019–2020.⁴² Similarly, the prevalence of smoking among adolescents aged 13–15 years also declined from 10.8 % in 2008 to 6.5% in 2017.⁴³

The Gambia has made significant progress in the implementation of the WHO Framework Convention on Tobacco Control (WHO-FCTC), which includes enactment of the national tobacco control act in 2016, the development of tobacco control regulations in 2019 and the development of a tobacco control policy and strategic plan. The country has also implemented major tax reforms on tobacco control, which have reduced the volume of tobacco imported into the country and increased revenue generated from tobacco products.

³⁹ The 2019-20 Gambia Demographic and Health Survey

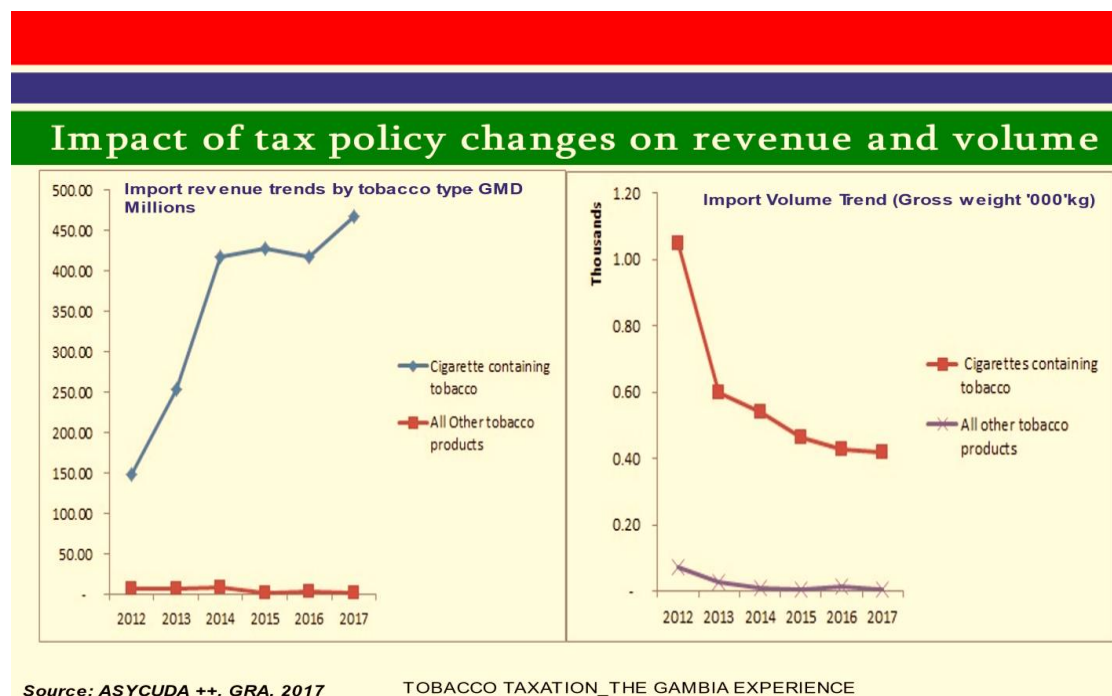
⁴⁰ National Transport Policy, 2018-2027

⁴¹ The 2019-20 Gambia Demographic and Health Survey

⁴² The 2019-20 Gambia Demographic and Health Survey

⁴³ Gambia – Global Youth Tobacco Survey 2017

Fig. 8. Impact of tax policy changes on revenue volume in The Gambia, 2012–2017



Overall, the harmful use of alcohol is quite low in The Gambia, with an estimated 0.8% and 0.1% among males and females respectively. Lifetime abstainers from alcohol consumption are estimated at 97.4% among Gambians aged between 25 and 64 years.⁴⁴



The Gambia's active youth partaking in sporting activities

⁴⁴ National multisectoral strategy and costed action plan for noncommunicable disease prevention and control in the Gambia/WHO

3.5 Challenges and emerging issues

Despite the progress made in improving the general health status in The Gambia, several challenges remain. The evaluation of the CCS for the period 2016–2022 and the prioritization exercise carried out have revealed the challenges outlined below.

Health system and governance

- Low coverage of PHC that has been outpaced by population growth has contributed to stagnating or loss of historical high coverage in some services.
- A weak internal and external coordination mechanism, fragmentation and limited coordination.
- Inadequate harmonization and integration of sectoral and regional plans into the national development planning frameworks have resulted in lack of synergy, duplication of effort, inefficient utilization of resources and conflicts of interest among sectors.
- The gradual roll-out of decentralization has probably contributed to limited power at subnational level, hence community health programmes are not strong, given that investment targeting community health workers has been inadequate from partners and the Ministry of Health.
- Community health programmes are not strong considering that partners and the Ministry of Health have not invested adequately in community health workers.

Health financing

- Given the high out-of-pocket health expenditure and low government health expenditure, the possibility of most vulnerable people crossing over into poverty is high; this may be addressed by the operationalization of the NHIS.

Health products and technologies

- Shortages in quality health products including blood products and technology due to inadequate supply chain management. There are challenges in procuring enough medicines and equipment in the event of a large-scale PHE.
- Lack of enough investment, limited engineering capacity and lack of a detailed strategic plan for capital investments have probably reduced the gains of recent constructions and procurements under the health sector, despite progress in the construction of multiple new health facilities, and the procurement of medical equipment and oxygen plants.

Health workforce

- The lack of a skilled health workforce and the inequal distribution of health workers, which is skewed in favour of the urban regions, have unfavourable consequences in rural and more remote regions (2.3/1000 in the public sector)

Health Emergencies

- Weak national laboratory systems due to: (i) the absence of policies, guidelines, and standards in line with the IHR (2005); (ii) limited availability of laboratory infrastructure; (iii) lack of coordination between human and veterinary laboratories; (iv) limited number of licensed and qualified laboratory staff in disease surveillance, preparedness and response; and (v) limited interoperability of different information systems and information and communication technology (ICT) infrastructure.
- The country has no plans for the elimination of yellow fever epidemics and cholera control and no preparedness and response plans for meningitis, viral haemorrhagic fever and pandemic influenza.
- Simulation exercises have not been conducted to test the health sector emergency preparedness and response plan.
- Floods and droughts have caused a lot of damage to the socio-economic life of Gambian people, contributing to slippages in the attainment of some national development priorities and impacting the health system.
- Failure to update public health laws and policies has led to a situation with no enabling environment to support the implementation of strategic and operational plans.

Determinants of health including climate change

- Inadequate enforcement of policies, regulatory frameworks and multisectoral action to address climate change, including climate resilient health systems and disaster reduction.
- Insufficient action and prioritization for creating enabling environments for healthy settings to reduce health hazards.
- Increased exposure to indoor and outdoor air pollution due to the use of solid fuel and environmental pollution.
- Although the country has started some multisectoral initiatives towards controlling risk factors, partnership with civil society and engagement on non-health sectors including the private sector is inadequate.
- Limited health promotion activities to address social determinants of health (SDH).
- Insufficient use of evidence to understand behaviours and social norms as driving factors for SDH.
- While progress has been made on tobacco and alcohol control, and food safety and quality through multisectoral initiatives, gaps still exist in the enforcement of the existing regulatory frameworks to support these initiatives.

4. Partnership environment for health

4.1 Main health and development partners in The Gambia

In 2015, the Government of The Gambia adopted the Aid Policy⁴⁵ as a means to provide the institutional, regulatory, operational and accountability framework for sourcing and managing external aid resources, especially grants and loans, that qualify as official development assistance (ODA). On the strength of this policy orientation, the Ministry of Health (MoH) has played a strong leadership role in the sector. In 2018, WHO supported the MoH to develop and implement the Country Health Compact, which paved the way for renewed strategic partnership among Government agencies and health partners in The Gambia, and fostered a renewed collaborative spirit to promote accountability, transparency, ownership and efficiency in the way health services are governed and delivered in The Gambia.

Presently, WHO is assisting the Ministry of Health in reviewing and enhancing its sector coordination efforts. As part of this support, WHO has organized a monthly "Health Partners Group" meeting to facilitate the coordination and alignment of financial and technical assistance from health sector partners across the country. These efforts are guided by the principles outlined in the Health Compact.

Moreover, WHO provides extensive support to diverse health partners operating within the country and maintains close collaboration with donors to reinforce the national health agenda. WHO's collaborative endeavours extend to the coordination of NGOs, fostering partnerships with CSOs and advocating for inclusive programming within the overarching framework of WHO's support and the Ministry of Health's strategies. Similarly, WHO is steadfast in its commitment to advancing the One Health approach endorsed by the Government of The Gambia to address major public health challenges such as AMR and other health emergencies. In alignment with this commitment, WHO actively champions cross-sectoral collaboration, and ensures coherence and synergy in programming. By nurturing multisectoral support, WHO strives to comprehensively address the health agenda across various sectors, thus promoting a holistic and integrated approach to addressing public health problems.

Overall, nine development partners are supporting the implementation of the current National Health Strategy 2022–2025 through institutional, budgetary or technical support. In 2022, their contribution to the financing of the sector was estimated at 37%.

4.2 Collaboration with the United Nations System in The Gambia

The Gambia joined the United Nations Organization on 21 September 1965 as a new independent State. The United Nations (UN) agencies are committed to delivering as one to ensure effective collaboration and to increase the UN System's positive contributions towards The Gambia's development agenda, which is aligned to the Sustainable Development Goals (SDGs).

⁴⁵ The Gambia Aid Policy 2015-2020

To achieve this objective, the UN agencies support the national development priorities through three UN Development Assistance Framework (UNDAF) 2019–2023 outcome areas. These are: (i) governance, economic management and human rights–supporting initiatives aimed at strengthening national institutions responsible for economic and financial management and oversee reforms to guarantee human rights for the population; (ii) human capital development–supporting access to education and health care services, improving equitable quality and access to water, sanitation and hygiene, social protection and gender and youth empowerment; and (iii) sustainable agriculture, natural resources, environment and climate change management–covering agricultural production and productivity, food and nutrition security, environmental management, mainstreaming climate change in environment and disaster risk management.

WHO contributes predominantly to the second outcome area by supporting the health sector in achieving UHC and the health-related SDGs. The involvement of WHO in the other outcome areas has been an opportunity to promote Health in All Policies.

The United Nations Country Team in The Gambia has developed the UNSDCF 2024–2028 that will contribute to national development priorities and strategies of the Government of The Gambia outlined in the National Development Plan (NDP) 2023–2027. WHO participated in all processes and ensured alignment with the UNSDCF to ensure coherence and complementarity of actions and coordination among UN entities. The CCS will contribute to Outcomes 1.1 and 2.2 of the UNSDCF.

4.3 WHO’s work in The Gambia

The Gambia joined WHO on 26 April 1971, with in-country presence in 1975. Over the years and as elaborated below, WHO has supported the Government with the formulation and implementation of several policy documents and strategies, including the National Health Policy (2021–2030) and the National Health Sector Strategic Plan (2021–2025) respectively geared towards achieving UHC.

The Organization’s strategic support focuses on evolving technical matters including policy formulation, knowledge dissemination and management as well as monitoring the country’s health situation. Technically, WHO’s work in The Gambia during the previous CCS (2016–2022) recorded significant achievements as depicted in the table below.

Table 1. Key achievements over the past 6 years

Strategic priority (SP)	Focus area	Keys achievements
SP 1. Consolidation of gains achieved in communicable disease control	1.1. Scale-up of interventions in HIV/AIDS, TB, and malaria control	<ul style="list-style-type: none"> - Reduction in malaria cases (40.6/1000 population) in 2018 to (30.1/1000population) in 2021 and inpatient malaria deaths from 60 in 2018 to 42 in 2021. - Review of the previous National Malaria Strategic Plan (2014–2020) and development of the National Malaria Strategic Plan for Elimination (2021–2025) and Development of the Malaria Data Repository. - Declined trend of the incidence of TB from 174 cases per 100 000 people in 2015 to 158 cases per 100 000 people in 2020. - Development of comprehensive guidelines for antiretroviral therapy (ART) and prevention of HIV in The Gambia. - End-term review of the National Strategic Plan for TB (2017–2022). - Development of National Strategic Plan for TB (2023–2028). - Guidelines for the programmatic management of MDR-TB. - National MDR-TB treatment guidelines.
	1.2 Tackle the rising incidence of hepatitis and strengthen capacity for the control of NTDs	<ul style="list-style-type: none"> - Elimination of trachoma as a public health problem. - National Integrated NTD Master Plan (2022–2026). - Development of hepatitis programme and strengthening of capacity for the control of NTDs.
	1.3 Eliminate identified vaccine-preventable diseases and maintain the national immunization coverage above 90%	<ul style="list-style-type: none"> - Expanded Programme on Immunization (EPI) conducts immunization services for vaccine-preventable diseases and surveillance for early detection of outbreaks and offers 14 antigens for vaccine-preventable diseases from birth to 14 years. - The consistent support of WHO in maintaining high national immunization coverage, rendered crucial support during COVID-19 vaccination.
SP 2. Contribute to the reduction of morbidity and mortality from major noncommunicable diseases	2.1 Prevention and management of NCDs and reduction of NCD risk factors	<ul style="list-style-type: none"> - Governance and capacity for NCD prevention and control strengthened. - Development of national multisectoral strategy and costed action plan for NCD prevention and control 2022–2027.
	2.2 Strengthen national capacity for the development and implementation of mental health policy and legislation	<ul style="list-style-type: none"> - Development of Mental Health Bill and Mental Health Policy which safeguard equity and the protection of the human rights of people with mental disorders.
	2.3 Implementation of a comprehensive national plan to achieve targets on (stunting, wasting, breastfeeding, anaemia, low birthweight and obesity) to reduce the double burden of malnutrition	<ul style="list-style-type: none"> - Declining trends of some key malnutrition indicators observed over the past few years from 25% (stunting), 12% (wasting), and 16% (underweight) in 2013 (GDHS 2013) to 18%, 5% and 1.2%, respectively in 2019.
SP 3. Strengthen partnership and cooperation for the promotion of health through the life course	3.1 Provision of and access to quality reproductive, maternal, newborn, child and adolescent health care	<ul style="list-style-type: none"> - Maternal mortality rate significantly reduced from 433/100 000 in 2013 to 289/100 000 live births in 2020.
	3.2 Strengthen multisectoral cooperation, support and action for health	<ul style="list-style-type: none"> - Support for intersectoral strategies such as environmental health, nutrition and the One Health approach.
	3.3 Development and implementation of policies	

Strategic priority (SP)	Focus area	Keys achievements
	and strategies for the prevention, mitigation and management of the health impacts of climate change and environmental and occupational risks	
SP 4. Support health system in strengthening components of health sector governance and coordination	4.1 Health Sector Partnership Forum and institutionalization of Health Sector Reviews	- WHO leads UNDAF planning and monitoring including health sector interventions.
	4.2 System to ensure the availability of quality medical products	- Comprehensive Health System Assessment (HSA). - National Health Policy 2021–2023 National Health Development Plan 2021–2025. - National Health Insurance Scheme (NHIS) in 2021 and establishment and operationalization of the National Health Insurance Agency. - Health financing strategic plan and health insurance.
	4.3 Implementation of the Human Resources for Health Strategic Plan	- Capacity assessment for all existing health workers. - Development of the HRH Strategic Plan (2022–2026).
SP5. Strengthen capacity for emergency risk management and improved surveillance systems	5.1 Implementing the minimum core capacities required by the International Health Regulations (2005)	- Implementation of the Occupational Health and Safety Strategic Plan. - Establishment of an Emergency Operations Centre. - NAPHS 2022–2026 developed.
	5.2 Strengthen the country's capacity to conduct comprehensive surveillance	
	5.3 Manage public health risks associated with emergencies and adequately respond to threats and emergencies with public health consequences	- The national emergency response has been strengthened in terms of outbreaks, emerging diseases and other emergencies.

5. Strategic agenda for WHO cooperation in The Gambia 2024–2028

The Country Cooperation Strategy (CCS) delineates WHO's mutually agreed priorities and their alignment with the national context, while addressing health and development agendas. It identifies opportunities for collaboration and interaction among diverse partners and stakeholders. These priorities have emerged from extensive consultations and discussions with the Ministry of Health and other stakeholders involved in supporting health initiatives in the country. They were formulated based on challenges and insights gleaned from the previous CCS implementation and informed by a comprehensive theory of change. Additionally, they are grounded in a thorough analysis of the country's needs and leverage WHO's comparative advantage in addressing those needs.

5.1 Theory of change

Vision: - A healthier and more productive population

ASSUMPTIONS

- Continue to prioritize UHC
- Political will and stability
- Availability of adequate funding
- Effective coordination and partnership
- Epidemics and natural disasters detected and mitigated
- Multisectoral response
- Accountability and Compliance in public finance

STRATEGIC PRIORITIES

Strategic Priority 1. Advancing country progress to UHC with a focus on PHC and people-centred approach

Strategic Priority 2. Enhancing country capacity for preparedness, prevention and response to health emergencies
s Enhancing country's capacity for preparedness, prevention, and response to health emergencies

Strategic Priority 3. Promoting healthier populations through enhanced multisectoral actions

OUTCOMES

Outcome 1.1 Access to and utilization of quality health services increased, and financial hardship reduced for more equitable health

Outcome 2.1 Improved detection, investigation and response

Outcome 3.1 Vulnerabilities associated with environment and social determinants for health reduced

OUTCOME THEORY OF CHANGE (IF...)

IF equitable quality health services are provided to and utilized by all Gambians

IF the health services are designed based on a people-centred approach

IF out-of-pocket costs are reduced and more domestic resources are mobilized and fairly allocated based on evidence

IF quantification, procurement, supply chain and quality control improve, coupled with a motivated and distributed and sufficient health workforce

IF NAPHS is fully implemented, and enough resources including funding and FETP trained personnel are deployed with the right institutional capacity for PHE

IF the country is supported to enhance the use of data, community engagement, high vaccination coverage and improve its health system resilience to withstand shocks

IF epidemics are detected, investigated and responded to promptly

IF positive health norms and behaviours are promoted, and vulnerabilities to determinants of health are reduced

IF awareness of risk factors can be improved through promotive and preventive services that address cultural beliefs, traditions, misconceptions and misinformation

IF social determinants of health including road traffic injuries, healthy settings, food safety, air pollution, impacts for urbanization and climate change are addressed through evidence-based multisectoral, multi-stakeholder responses

THEN...

THEN the access to and utilization of quality health services will increase.

THEN financial hardships and barriers to access health care will be reduced.

THEN quality health service delivery in Gambia will be enhanced.

THEN preventable mortalities and morbidities will be reduced.

THEN country will have improved detection, investigation and response capacity for PHE.

THEN The Gambia will be better prepared for future health emergencies.

THEN the mortality and morbidity due to PHEs will be reduced.

THEN positive health norms and behaviors will be adopted.

THEN vulnerabilities of Gambians due to key social and environmental factors will be reduced.

THEN mortality and morbidity due to avoidable risks will be reduced.

RISKS

- Political will for decentralization
- Donor dependence
- Coordination of donor financing
- External shocks (health and other emergencies)
- Climate shocks
- Weak supply chain for medicines and medical supplies
- Potential for incidence associated with extremism
- Deployment of health workers

Core implementation strategies

Capacity development

Evidence generation, policy dialogue and Advocacy capacity development

Partnership

Communication

South-south and triangular cooperation

Identification and promotion of innovation

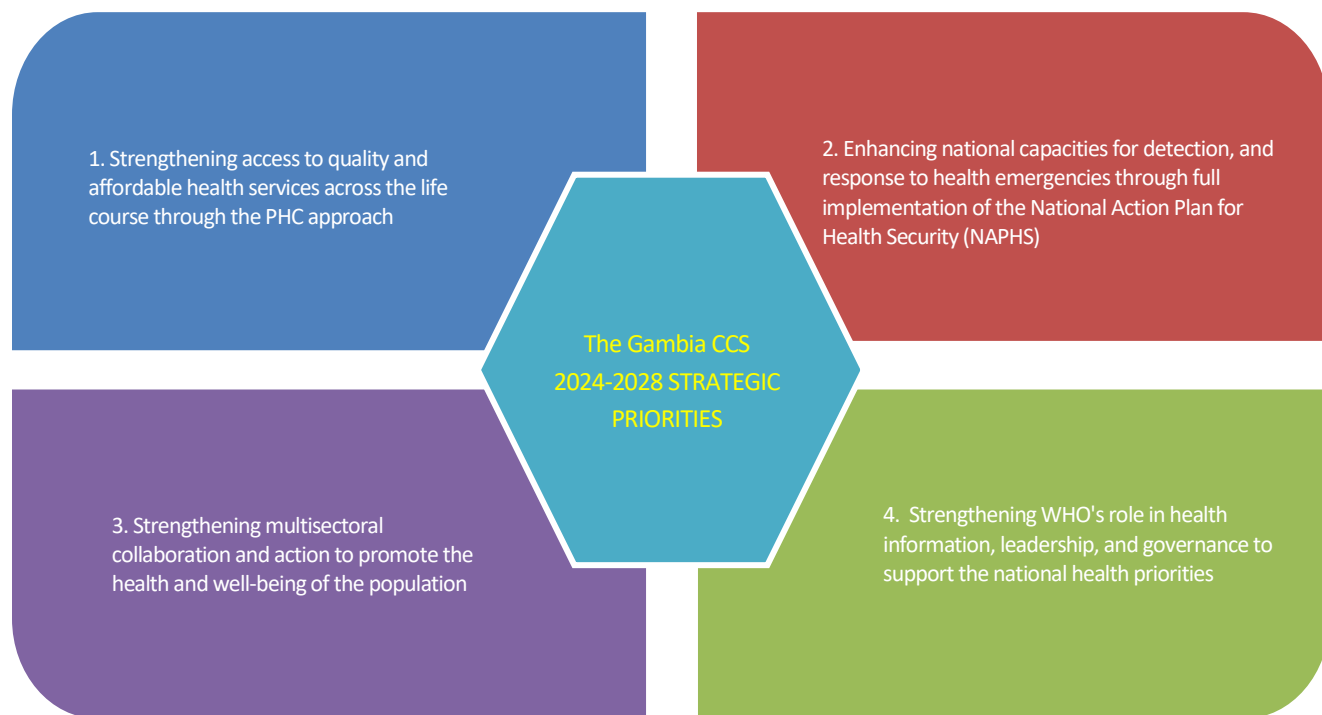
Integration and cross-sectoral linkages

Service delivery

Strategic Priority 4: Improving WHO Country effectiveness and efficiency for support

5.2 Strategic priorities and focus areas

The following four strategic priorities were agreed upon to support the country in addressing future health needs during the CCS 2024–2028 period.



These strategic priorities are consistent with GPW13, The Gambia’s National Health Policy (2021–2030), the National Health Sector Strategic Plan (NHSSP 2021–2025) and the UNSDCF 2024–2028. These priorities also consider the six strategic objectives and 15 outcomes set out in GPW14 which will be adopted by the Member States in May 2024 (see Table 10).

Strategic priority 1. Strengthening access to quality and affordable health services across the life course through the PHC approach

This strategic priority focuses on building health system resilience and improving equitable access to quality and affordable health care by strengthening the foundations of the PHC approach. The strategic priority will reinforce efforts to address preventable maternal and child deaths, improve access to quality health services, reduce the number of people suffering from financial hardship and improve access to essential medicines, vaccines, diagnostics and devices for PHC. WHO will provide support in developing, implementing and scaling up the Government’s planned initiatives and programmes as outlined in the NHSSP 2022–2025.

Table 2. Description of Strategic priority 1, focus areas and illustrative interventions

Strategic focus area	Illustrative interventions
<p><i>Strategic focus area 1.1</i> Strengthen PHC with enhanced quality of integrated services and improved health financing</p>	<ul style="list-style-type: none"> ▪ <i>Support the revitalization of the operations of the PHC services model in The Gambia with a focus on people-centred and life-course approaches</i> through the expansion of PHC, redesign service delivery based on a people-centred approach, enhance the quality-of-service delivery at all levels and establish a good quality management system. ▪ <i>Support the integration of health services across the life course and address communicable and noncommunicable diseases across the continuum.</i> <ul style="list-style-type: none"> ○ <i>Improve the coverage of reproductive, maternal, newborn, child and adolescent health (RMNCAH) interventions for all</i>, including vulnerable groups, by promoting PHC and building the capacity of providers in terms of the quality standards of RMNCAH care. Support meaningful engagement of adolescents and youth in health and well-being. ○ <i>Strengthen maternal and perinatal death surveillance and response (MPDSR) and mortality audits</i> to ensure that the underlying causes of maternal and neonatal deaths are examined to inform preventive interventions at the community, facility, district and national levels as appropriate. ○ <i>Enhance the routine and supplementary immunization strategies for the eradication and control of diseases targeted by the EPI.</i> These strategies include the introduction of new or under-used vaccines, the expansion of the immunization targets and the organization of catch-up campaigns conducted for zero-dose and under-immunized children, the integration of immunization with other child and maternal health interventions and the strengthening of the coordination mechanism (National Immunization Technical Advisory Group (NITAG), InterAgency Coordination Committee (IACC). ○ <i>For communicable diseases</i>, support to intensify efforts to control infectious diseases such as malaria, TB, HIV and NTDs through the reinforcement of prevention measures, supply of essential medicines and commodities, capacity-building of health workers to improve the quality of treatment and increased access to testing for priority diseases, especially among the vulnerable populations (adolescents girls, young men, keys populations, children and women) ○ <i>For noncommunicable disease</i>, increase the availability and quality of NCD services. This will include technical and financial support to enhance the preventive effort to reduce the burden of NCD in the country. Strengthening the capacity of health workers in NCD management will also be supported. To improve the quality and expand NCD diagnostic and treatment services in The Gambia, WHO will support the implementation of the National NCD Strategic Plan and the roll-out of the package of essential noncommunicable (PEN) disease interventions in all health service delivery points by assessing their progress and monitoring the use of guidelines and protocols to ensure the quality of NCD care services. One key focus of WHO support will be to assess and monitor the integration of NCD screening, treatment and care into other health services. During the lifetime of the current CCS, WHO will support the conduct of at least one nationwide STEPS survey to generate updated information on the NCD burden.

Strategic focus area	Illustrative interventions
	<ul style="list-style-type: none"> ▪ Develop health financing strategies aimed at accelerating progress towards UHC and facilitate the monitoring of implementation progress using the health financing progress matrix and UHC road map. ▪ Integrate <i>public health services and programmes into national health financing strategies and plans in order to strengthen the sustainability of coverage to address fluctuations and transitions in external financing</i> ▪ <i>Support the country to develop guidance on strategic purchasing and the use of digital technology financing through a deeper-dive diagnostic and analysis of the financial protection matrix to support the design of protective coverage policies to address financial hardship.</i> ▪ <i>Strengthen the public financial management system by supporting the MoH to engage other sectors more effectively on issues of budgetary space for health and public financial management to improve accountability and compliance to the Public Finance Management Act and increase the fiscal space analysis for health. This will engender more effective efficient, and equitable budgeting and budget execution in the health sector, including the introduction of innovative health systems financing mechanisms.</i> ▪ <i>Monitor the level of spending in health through national health accounts analysis, and “deeper dives”, including public expenditure reviews. WHO will support the production and use of high-quality data (catastrophic and impoverishing out-of-pocket payments, monitoring of financial protection, comparative health expenditure) and the use of the health financing progress matrix for tracking implementation.</i> ▪ Support the National Health Insurance Authority in operationalizing the National Health Insurance Scheme. ▪ <i>Enhance capacity in health financing through capacity-building, knowledge exchanges, managed study tours and peer-to-peer learning.</i>
<p><i>Strategic focus area 1.2</i> Enhance access to quality health products and technology and address antimicrobial resistance</p>	<ul style="list-style-type: none"> ▪ <i>Improve the quality, safety and efficacy of health products by enhancing the capacity of MCA.</i> ▪ <i>Foster more equitable access to health products by (i) strengthening the supply chain management to ensure availability of health products, (ii) promoting the rational prescription and use of medicines, (iii) advocating for effective national policies and regulatory system that will transform the Central Medical Stores into a semi-autonomous entity.</i> ▪ <i>Support The Gambia to address antimicrobial resistance through the One Health approach for implementation of the national action plan on AMR by strengthening (i) surveillance systems (ii) laboratory capacity (iii) infection prevention and control (IPC) (antimicrobial stewardship, strengthen AMR research and establish and monitor IPC services in health care service delivery centres) (iv) awareness-raising and evidence-based policies and practices.</i>
<p><i>Strategic focus area 1.3</i> Foster community empowerment while ensuring accountability and delivery of health services that are responsive to the needs of the population</p>	<ul style="list-style-type: none"> ▪ <i>Enhance the community and CSO engagement, ownership and empowerment by (i) engaging in capacity-building efforts to ensure that communities and CSOs are aware of their roles and rights and have the tools and resources to participate fully and enter into meaningful partnerships, (ii) supporting efforts by CSOs to engage more actively in improving health system performance.</i> ▪ <i>Create an enabling environment to strengthen partnership with the private sector, through the assessment of legal and regulatory frameworks, and support health sector reviews such as joint assessments of national health sector strategy policies and plans.</i>
<p><i>Strategic focus area 1.4</i> Strengthen the health workforce’s availability and efficiency through evidence-based policies</p>	<ul style="list-style-type: none"> ▪ Support the adequate supply and equitable distribution of competent health workers through (i) the development of evidence-based health workforce policies, strategies and plans that prioritize investment in the health workforce, with special emphasis on PHC; (ii) capacity-building, scaling-up of pre-service training, and a comprehensive training plan; (iii) implementation of retention plans; (iv) improving the transparency and use of the Human Resources Information System (HRIS) for deployment; (v) evidence-based staffing norm; (vi) implementation of a performance appraisal system and provision of performance-based rewards and incentive package. ▪ Strengthen the data generation for HRH through the monitoring, analysis and use of health labour market data, as well as implementation and reporting on national health workforce accounts. ▪ Strengthen collaboration between health training institutions and the MoH.

Strategic priority 2. Enhancing national capacities for detection and response to health emergencies through full implementation of the National Action Plan for Health Security

The WHO Country Office will work with other UN agencies and development partners to support the Government in implementing outlined interventions as well as other actions based on the NAPHS 2022–2026. This support will focus on (i) strengthening capacity to prevent and prepare for health emergencies; (ii) detection of threats; and (iii) effective and timely response to disease outbreaks.

Table 3. Description of Strategic priority 2, focus areas and illustrative interventions

Strategic focus area	Illustrative interventions
Strategic focus areas 2.1 Enhance national preparedness for health emergencies and ensure readiness for all hazards	<ul style="list-style-type: none"> ▪ Strengthen the quantitative and qualitative assessments for measuring all hazards, national preparedness and disaster risk management capacities; analysis and reporting of findings (through preparedness assessments, simulation exercises, and intra-action and after-action reviews). ▪ Strengthen national capacities for surveillance, detection, investigation and response through the assessment of strategic risk and vulnerability and support the implementation of the recommendations of these assessments (use of data for emergency action, build the human resource capacity and expedite the implementation of NAPHS). ▪ Strengthen community and organizational capabilities for effective response to health emergencies to ensure operational readiness for all hazards by enhancing community engagement to address cultural/attitudinal barriers and misconceptions, institutional capacity for PHEs, including decentralization.
Strategic focus areas 2.2 Enhance national capacity to prevent health emergencies and mitigate their impact	<ul style="list-style-type: none"> ▪ Strengthen capacities for early diagnosis, and case management to better implement prevention and control activities. ▪ Reinforce capabilities for the prevention, detection and control of cholera, viral haemorrhagic fevers, influenza-like illnesses, pandemic influenza, meningitis, yellow fever and unexplained cluster of events. ▪ Develop and readily implement generic and disease-specific plans, strategies, systems and tools (comprehensive plans for infectious hazards) including the full implementation of NAPHS.
Strategic focus areas 2.3 Improve surveillance for rapid detection and response to emergencies	<ul style="list-style-type: none"> ▪ Strengthen outbreak investigations, risk assessments and epidemiological monitoring by enhancing the detection, investigation and response, use of data for emergency action and ensuring that the Public Health Emergency Operations Centre (PHEOC) is operationalized. ▪ Ensure rapid and multisectoral coordinated emergency response at the national and regional levels through the enhancement of institutional capacity for PHE, including decentralization, increased stakeholder participation, enhancement of the emergency preparedness and response coordination mechanism and advocating for the allocation of dedicated funding for PHE. ▪ Maintain access to essential health services which remains a challenge in emergencies by enhancing community engagement to address social, cultural/attitudinal barriers and misconceptions, integrating PHE into MoH planning, budgeting and execution, and increasing the resilience of the health system to withstand shocks.

Strategic priority 3. Strengthening multisectoral collaboration and action to promote the health and well-being of the population

WHO will provide support towards the establishment of a national health promotion approach that supports people in leading healthy lives and leverages laws and policies to promote healthy lifestyles.

Table 4. Description of the strategic priority 3, focus areas and, illustrative interventions

Focus area	Illustrative interventions
<p>Strategic focus area 3.1 Enhance the legal and regulatory mechanism to implement multisectoral policies, promote health equity and protection</p>	<ul style="list-style-type: none"> ▪ Support the development and implementation of strategies and policies that affect health across all ages through a multisectoral approach and governance including better managing of urbanization and public health education, coordination of public health education to address cultural beliefs, traditions, misconceptions, infodemics and misinformation. ▪ Strengthen the policy and regulatory frameworks to mitigate the impact of urbanization, settings and climate change on health. ▪ Promote road safety by strengthening governance and enforcement of the legal framework, implementing multisectoral prevention strategies and making harmonized data available. ▪ Enhance the enforcement of legal frameworks that promote policy coherence to address the determinants of health through the Health in All Policies approach in line with the One Health principle by capacity-building and setting up multisectoral mechanisms to facilitate approaches. ▪ Enhance the availability of data needed for prioritizing action for policy formulation and planning and integrate social determinants of health and health equity into planning, implementation and monitoring. ▪ Support the implementation of comprehensive nutrition strategies to prevent all forms of malnutrition, including promoting the availability and use of a healthy, diversified and nutritious diet, implementation of food regulations and monitoring the implementation of interventions. ▪ Improve nutrition and food safety risk analysis capacity, implement risk communication activities and strengthen capacity to develop and implement evidence-based food safety policies and legislation through risk-based and One Health approaches and foodborne disease surveillance systems. ▪ Strengthen the traditional medicine programme through the provision of a legal and regulatory framework (policy or strategy among others) for promoting, managing, developing, regulating and conducting research on traditional medicine practice and products in the country. ▪ Support the development of a regulatory framework to prevent violence, injuries and disabilities, including the INSPIRE and RESPECT strategies for ending violence against children and women. ▪ Support the development, review and promotion of breastfeeding regulation.
<p>Strategic focus area 3.2 Improve healthy lifestyle through promoting multisectoral actions on risk factors</p>	<ul style="list-style-type: none"> ▪ Support the development and implementation of multi-sector strategic health promotion plans to more effectively address the risks to people's health. ▪ Support the development and application of standards and regulations relating to risk factors and well-being (texts on public health, hygiene, the environment, alcohol, tobacco and physical activity among others). ▪ Support the development and implementation of policies, strategies and regulations to combat tobacco use, while strengthening enforcement to protect people against the dangers of tobacco smoke, and implement the best buys contained in the MPOWER package for tobacco control. ▪ Support alcohol policies, regulations and action plan, as well as extend the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) programme to all health regions, implement the best-buy interventions in the SAFER technical package to reduce the harmful use of alcohol and promote physical activity through the ACTIVE strategy. ▪ Support the ongoing health promotion interventions at different levels (schools, workplaces and community) to promote a healthy lifestyle among the population, including regular physical activity as per the WHO guidelines, healthy eating habits, and tobacco and alcohol control. ▪ Implement new food regulations to better control salt intake (SHAKE) and trans-fatty acids (REPLACE) and regulate the marketing of unhealthy food through a new nutrient profiling model.

Focus area	Illustrative interventions
	<ul style="list-style-type: none"> Design and implement integrated care for older people (ICOPE) through a community-based approach that will help reorient health and social services towards a more person-centred and coordinated model of care that supports optimizing functional ability for older people.
Strategic focus area 3.3 Tackle environmental health determinants including access to clean air, water and sanitation and impact of climate change on health facilities	<ul style="list-style-type: none"> Improve access to drinking water and water, sanitation and hygiene (WASH) in health care facilities, by promoting risk-based approaches to ensure that WASH services are provided and regulated in a way that ensures safety, based on water and sanitation safety plans and associated monitoring. Strengthen health system capacity to address climate change through the establishment of a climate-resilient health system and the development of climate-informed integrated health surveillance and early warning systems for climate-sensitive diseases and interventions that monitor the impact of environmental pollution and climate change Build the capacity of communities to reduce their vulnerability by adopting effective measures to mitigate the health impacts of climate change and air pollution through the promotion of healthy environments and the provision of guidance and tools for the implementation of WHO air quality guidelines. Promote health and well-being in all settings and across the life course through policies and regulatory frameworks as well as initiatives and programmes that create an enabling environment for healthy communities, cities, villages, schools, universities, markets, health care facilities and workplaces. Improve the availability of data on the environmental determinants of health by supporting research and studies on the effects of the environment on health and promote partnerships with research institutes and universities.

Strategic priority 4. Strengthening WHO's role in health information, leadership and governance to support the national health priorities

This strategic priority focuses on strengthening the availability of regular and reliable health information to monitor health outcomes by enhancing WHO's leadership role together with the ability to generate greater resources for the health sector and increasing transparency and efficiency to be able to deliver results. WHO will enhance research and innovation capabilities and use digital health technologies to promote health and well-being for all. WHO will provide strategic support by working with the Ministry of Health, key stakeholders and partners in line with related areas of the National Health Sector Strategy 2021–2025.

Table 5. Description of Strategic priority 4, focus areas and illustrative interventions

Focus area	Illustrative interventions
Strategic focus area 4.1 Strengthen capacity in digital health, data and technology	<ul style="list-style-type: none"> ▪ Support the development of an e-Health strategic policy plan for MoH and strengthen national capacity to track progress. ▪ Support the country to disaggregate data so that progress made on gender equality and health equity can be measured. ▪ Build the capacity of MoH staff on the use of modern data security technologies. ▪ Build the capacity of MoH on artificial intelligence (AI) and machine learning on modern health care technologies. ▪ Enhance the capacity of the MoH and partners on HMIS (data analysis, use of information for decision-making and monitoring progress). ▪ Support the adoption of digital technology to deliver quality PHC. ▪ Strengthen Country Office capacity to provide independent technical and policy direction to MoH. ▪ Support with the coordination and implementation of monitoring and evaluation activities. ▪ Establish a health data repository, health metrics and a national health observatory.
Strategic focus area 4.2 Boost institutional capacity in research and knowledge management	<ul style="list-style-type: none"> ▪ Enhance institutional capacity on research, training and innovation, primarily focusing on PHC. ▪ Strengthen health surveillance and operational research capacity. ▪ Support evidence gathering, for instance, through the harmonized health facility assessment (HHFA), national health accounts (NHA), multi-cluster indicator surveys (MICS) and demographic and health surveys (DHS) in collaboration with other development partners.
Strategic focus area 4.3 Enhance coordination, partnerships, leadership, resource mobilization and accountability for better health outcomes	<ul style="list-style-type: none"> ▪ Strengthen coordination among UN agencies and other health development partners. ▪ Strengthen partnership with local stakeholders including NGOs, professional bodies, academia, the National Assembly and civil society (<i>recommendation from CCS evaluation</i>). ▪ Strengthen MoH leadership in internal and external coordination mechanisms. ▪ Support the Government of The Gambia to mobilize resources for health sector priorities, and coordinate partner interventions to ensure equity and maximize health outcomes in The Gambia ▪ Collaborate with the MoH in all planning, monitoring and evaluation processes to ensure accountability, transparency and the efficient use of resources. ▪ Build capacity on financial, human and administrative resource management to lead coordination among health sector partners and draw on expertise from the entire Organization by integrating and leveraging all WHO expertise. ▪ Ensure transparency, efficient use of resources and effective delivery of results at all levels.

6. Implementing the Gambia–WHO CCS 2024–2028

WHO Gambia has over the years exerted significant efforts in strengthening cooperation with the Government. The implementation of the Cooperation Strategy 2024–2028 will involve all three levels of WHO, which will respond to assistance needs based on the country support plan and centre around the following six WHO functions defined in its constitution.

- (a) Providing leadership on matters critical to health and engaging in partnerships where joint action is needed.
- (b) Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge.
- (c) Setting norms and standards and promoting and monitoring their implementation.
- (d) Articulating ethical and evidence-based policy options.
- (e) Providing technical support, catalysing change, and building sustainable institutional capacity.
- (f) Monitoring the health situation and addressing health trends.

6.1 Principles of cooperation

WHO's interventions for the implementation of the CCS 2024–2028 will be based on WHO core functions, missions, and comparative advantages and the four strategic priorities of CCS and their corresponding focus areas. As part of the implementation of the policy in favour of countries, The Gambia falls into category D (full technical support with emergency response) of the new typology of country offices for core predictable country presence (CPCP). WHO will provide a full range of long-term support services to build health systems foundations and programmes, address high vulnerabilities and inequalities, and respond to health emergencies with the principles of cooperation guiding WHO action outlined below.

- **Policy dialogue.** WHO will work with the Ministry of Health and other allied ministries to conduct policy dialogue. The policy dialogues provide opportunities for better coordination and effective harmonization, which ultimately reduce fragmentation of health interventions thereby improving health service delivery and avoiding wastage of resources. This will be supported by technical notes and policy papers on strategic health areas.
- **Strategic support.** WHO will provide strategic support to the health sector and related sectors for the implementation of policies and commitments engaged/adopted at the regional and global levels, like the World Health Assembly (WHA) and the WHO Regional Committee, other UN bodies and other relevant stakeholders. To this end, WHO will play a role in coordinating and supporting cooperation with MoH and other ministries, the UN System, development partners and other relevant stakeholders, and facilitate the production of strategic documents and advocacy tools for resource mobilization and monitoring/evaluation of priority initiatives and programmes.
- **Technical assistance.** WHO will support the adaptation of evidence-based normative guidelines, standards and tools to the national context. It will also help in the design,

implementation and monitoring of health programmes and services, for example, the strengthening of PHC and the implementation of essential service packages, HMIS, digitalization, evidence generation, innovation technology, research and data. WHO will support with capacity-building and equitable implementation of quality services for all, especially for the most vulnerable populations. This support will be provided through the combined strength of expertise at the three levels of WHO, namely, the country, region and global levels.

- **Service delivery.** WHO will extend operational support to fill critical gaps, such as in the delivery of services during health emergencies, NTDs and EPI programmes, response to emergencies and critical shortages of supplies. WHO will promote active participation by vulnerable population groups and incorporate strategies for gender equality and disability inclusion to ensure everyone in society has access to health services.

The implementation of the CCS will be monitored by a multisectoral steering committee whose composition and operating procedures will be defined by joint official terms of reference issued by the Honourable Minister of Health. Specifically, and in addition to other functions that may be assigned, the committee will be responsible for the following:

- monitoring the implementation of the CCS;
- facilitating the evaluation of progress made and identifying areas for improvement in accordance with the results and impact frameworks;
- adjusting the strategic priorities and expected results as and when needed during the CCS implementation.

6.2 Role of the different levels of the Organization in implementing the CCS

The implementation of CCS4 is the responsibility of the Country Office and will be carried out in a spirit of synergy and complementarity between the three levels of the Organization to improve the effectiveness, efficiency and transparency of WHO's work in the country.

Table 6. Role of WHO levels in implementing the CCS

WHO's key contribution		
WHO Country Office	WHO African Region	WHO headquarters
<ul style="list-style-type: none"> • Provide technical assistance to strengthen the capacity of the national and decentralized health system to deliver quality and integrated health services, emergency preparedness and response, and effective health system leadership and management. • Ensure that the required policies, guidelines and protocols for effective health system governance are in place. WHO will support the operationalization of these documents. • Support the roll-out of the National Health Insurance Scheme to promote UHC. 	<ul style="list-style-type: none"> • Support the WHO Country Office (WCO) in adapting WHO technical products (norms, standards and protocols) to the country context. • Assist the WCO in the mobilization of resources for the effective implementation of the CCS. 	<ul style="list-style-type: none"> • Develop guidance and support for improving equitable access to basic technologies, research and boosting local production of essential medicines and commodities. • Mobilize resources and ensure the engagement of global health stakeholders in the development and implementation of

WHO's key contribution		
WHO Country Office	WHO African Region	WHO headquarters
<ul style="list-style-type: none"> Ensure partnership coordination across the Government and with development partners to address social determinants of health for the promotion of health and the well-being of all Gambians. Increase visibility and open engagement with CSOs on health determinants and collaboration on operations in health emergencies. 	<ul style="list-style-type: none"> Support the WCO with critical technical staff where needed for the implementation of the CCS strategic priorities. 	intersectoral actions through the Health in All Policies approach.

6.3 Strategic partnership at the national level for the implementation of the CCS

WHO will continue to support the Ministry of Health with the coordination of health partners in The Gambia to maximize synergies, coherence and complementarity. It will take the opportunity to build strategic partnerships that will facilitate the implementation of the strategic priorities defined in the CCS, NHSPS 2021–2025 and SDGs, in particular SDG3. Depending on the strategic priorities, WHO will work closely with the agencies of the United Nations System, bilateral and multilateral partners, and civil society (Table 5). In addition to supporting effective implementation of the strategic agenda of the CCS, WHO will enhance the competencies of its current country staff.

Table 7. Strategic partnership for CCS implementation

Strategic priorities	United Nations System	Bilateral partners	Multilateral partners	International organizations/NGOs	Associations/ CBO ⁴⁶ /OCS
Strategic priority 1. Strengthening access to quality and affordable health services across the life course through the primary health care approach	UNFPA ⁴⁷ UNICEF ⁴⁸ UNAIDS ⁴⁹ WHO	-	GAVI GF ⁵⁰ USAID ⁵¹	GMRC ⁵² GRCS ⁵³	
Strategic priority 2. Enhancing national capacities for detection and response to health emergencies through full implementation of the NAPHS	UNFPA UNICEF UNAIDS WHO	-	GAVI GF		
Strategic priority 3. Strengthening multisectoral collaboration and action to promote the health and well-being of the population	UNFPA UNICEF UNAIDS WHO	-		GRCS MRC	
Strategic priority 4. Strengthening WHO's role in health information, leadership and governance to support national health priorities	WHO				

⁴⁶ Community-based organizations.

⁴⁷ United Nations Population Fund.

⁴⁸ United Nations Children's Fund.

⁴⁹ Joint United Nations Programme on HIV/AIDS.

⁵⁰ The Global Fund.

⁵¹ United States Agency for International Development.

⁵² Gambia Medical Research Council.

⁵³ The Gambia Red Cross Society

6.4 Resources

Human resources

The current organizational chart of WCO Gambia is in Annex 1 (Fig. 9). The Country Office is classified in category D (full technical support with emergency response) for core predictable country presence (CPCP) that will enable WHO to effectively respond to the national health priorities. In addition to this approved organizational chart, the latest analyses have revealed that several important positions could not be taken into consideration due to the lack of financial resources. The table summarizing the additional human resource requirements is in Annex 2.

Financing the strategic priorities

Cost estimates for the biennia 2024–2025 and 2026–2027 are projected from the funding history of the various 2016–2022 biennial work plans and 2022–2023. The costs for the two biennial plans (2024–2025 and 2026–2027) were obtained by projecting a 5% increase from one biennium to the next, and the cost for the year 2028 represents half of the 2028–2029 biennium. These costs were estimated by referring to the costs regulated by the Regional Office (Table 6).

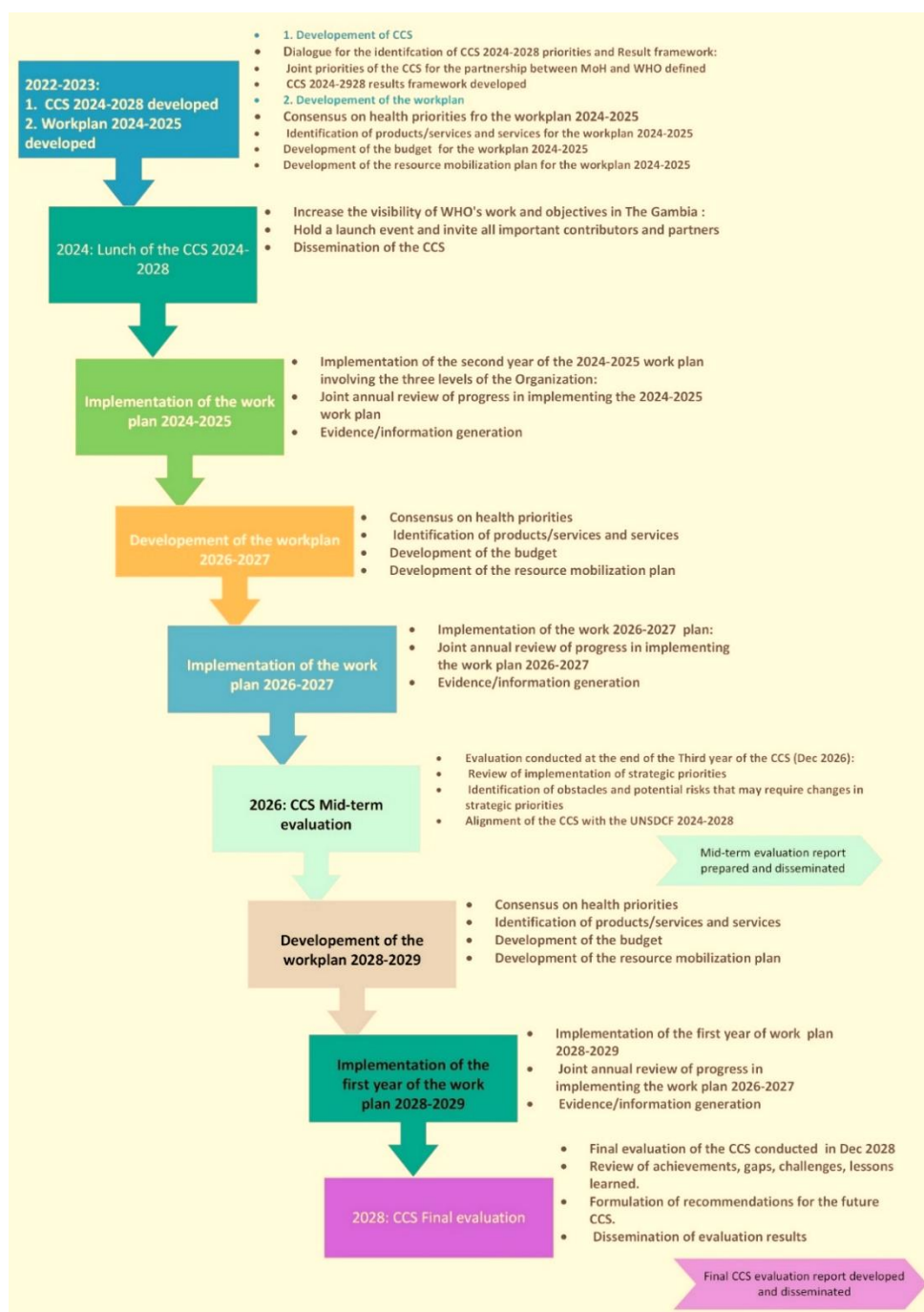
Table 8. Estimated 5-year budget for CCS 2024–2028, The Gambia

Strategic priority	Estimated budget (US\$)			
	2024–2025	2026–2027	2028	Total
Strategic priority 1. Strengthening access to quality and affordable health services across the life course through the PHC approach	905 962	951 260	499 412	2 356 634
Strategic priority 2. Enhancing national capacities for detection and response to health emergencies through full implementation of the NAPHS	3 664 622	3 847 853	2 020 123	9 532 597
Strategic priority 3. Strengthening multisectoral collaboration and action to promote the health and well-being of the population	190 379	199 898	104 946	495 222
Strategic priority 4. Strengthening WHO's role in health information, leadership and governance to support national health priorities	610 517	641 043	336 548	1 588 108
Total	5 371 480	5 640 054	2 961 028	13 972 562

7. Monitoring and evaluation of the CCS

Following the launch of the CCS in the first quarter of 2024, the monitoring and evaluation of its implementation will be done in close collaboration with the Steering Committee as illustrated in the figures below.

Fig. 9. Milestones in monitoring and evaluation of the CCS 2024–2028



7.1 Monitoring the implementation of CCS

The implementation of the CCS will be regularly monitored in close collaboration with the Government of The Gambia and partners, and with the active involvement of all three levels of the WHO. The purpose is to ensure accountability and encourage joint ownership of results. This will be conducted based on the analysis of data relating to the results of the 2-year work plans (2024–2025; 2026–2027).

The biennial work plans will be monitored twice a year (semi-annual 1 and 2), in June 2024, 2025, 2026, 2027 and 2028; and mid-term reviews will be carried out in December 2024 and 2026. The final evaluation of the 2024–2025 work plan will take place in December 2025 and of the 2026–2027 work plan in December 2027.

For each monitoring exercise, progress reports will be prepared and submitted to the Steering Committee and the WHO Regional Office for Africa.

7.2 Evaluation of the CCS

The evaluation of the Gambia CCS 2024–2028 will be conducted in accordance with the WHO corporate evaluation policy principles and the UN Evaluation Group Norms and Standards, complemented by the OECD evaluation criteria. It will be coordinated by the WCO with support from the Government, partners and independent consultants. In this regard, both mid-term and end-term evaluations will be responsible for measuring achievements, challenges and gaps in implementing the CCS. This is critical to enhancing accountability and learning to guide informed decision-making of WHO activities in the country.

▪ Mid-term evaluation

The mid-term review will be conducted after the third year of implementation. This evaluation determines the level of achievements made on the CCS health intervention programmes and outcomes and helps in determining if corrective measures are needed in the remaining years of implementation. It will focus mainly on implementation issues in respect to the relevance, effectiveness, efficiency and timeliness of activity delivery.

▪ Final evaluation

The CCS will be evaluated at the end of its implementation period in 2028. The evaluation will assess achievements, gaps, challenges and lessons learnt, and make recommendations for future collaboration between WHO and the Government. Key results and recommendations will be shared with actors involved in the implementation of the CCS.

8. Results framework

The CCS results framework has three interrelated parts representing different aspects of performance as indicated below:

- the impact framework
- the balanced scorecard
- the case studies.

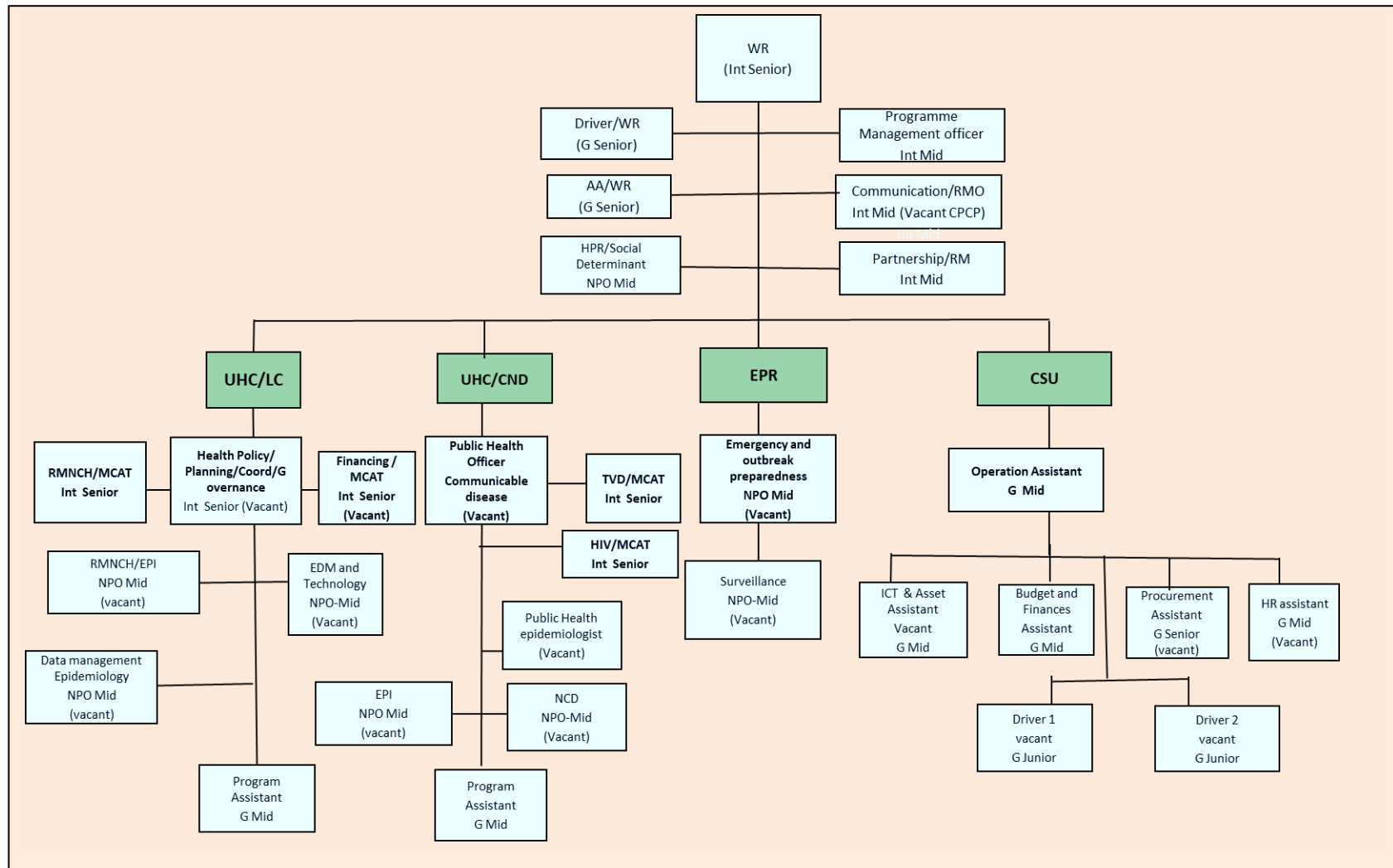
The impact framework includes a three-level measurement system that tracks impact through quantitative targets and indicators. These three levels are: (i) healthy life expectancy; ii) the Triple Billion targets; and (iii) programmatic outcome indicators and milestones. The indicators and programmatic milestones are aligned with the GPW13 outcome framework, the SDGs and the national health goals.

The balanced scorecard is an instrument that measures the country office's contribution. It measures six dimensions, namely: (i) leadership function; (ii) quality delivery; (iii) technical support to the country; (iv) mainstreaming of gender, equity, human rights and disability; (v) financial optimization; and (vi) achievement of results that drive impact through monitoring of key performance indicators.

The case studies will provide a qualitative, crosscutting and comprehensive view of WHO's impact or contributions at the country level. They will highlight achievements, successful interventions and the lessons learnt. Country experiences and case studies will be aligned with the GPW13 outcomes and outputs.

Annexes

Annex 1. Organizational chart of WHO Gambia (February 2024)



Annex 2

Table 9. Alignment of CCS strategic priorities with national, GPW13/GPW14 and UNSDCF targets

Strategic priority	National strategic priorities (NSP 2021–2025)	GPW13 outcome	GPW14 outcomes	UNSDCF 2024–2028	SDG targets
Strategic priority 1. Strengthening access to quality and affordable health services across the life course through the PHC approach	<ul style="list-style-type: none"> ▪ 3.1 Quality and equitable essential health services for all towards UHC (Strategic objective: 3.1.1) ▪ 3.2 Maternal, childhood and reproductive health services (Strategic objective 3.2.1) ▪ Communicable and noncommunicable diseases and injuries (Strategic objective: 3.3.1; 3.3.2) ▪ Resilient and responsive health system, (Strategic objective: 3.4.1; 3.4.2; 3.4.3; 3.4.4; 3.4.7; 3.4.11) ▪ Integrated health information system and health research (Strategic objective: 3.5.2; 4.5.2) ▪ Financial risk protection (Strategic objective: 3.8) ▪ Equity (Strategic objective: 3.7.1; 3.7.2) ▪ Continuum of care and tertiary health care service (Strategic objective: 3.8.1) ▪ Enhance Governance and Service Delivery (Strategic objective: 3.9.1) 	<p>Outcome 1.1. Improved access to quality health services</p> <p>Outcome 1.2. Reduced number of people suffering financial burden</p> <p>Outcome 1.3. Improved access to essential medicines, vaccines, diagnostics and devices for PHC</p>	<p>3. Advance the PHC approach and essential health system capacities for health equity and gender equality (Outcome 3.1; 3.2; 3.3)</p> <p>4. Improve equity and quality in health service coverage and financial protection to advance UHC (Outcome 4.1; 4.2; 4.3)</p>	<p>Outcome 2.2. By 2028, marginalized and vulnerable people in The Gambia enjoy efficient social and economic inclusion, and rights-based human development for reduced poverty and inequality</p>	<p>SDG 3.8:</p> <p>SDG 3.c:</p> <p>SDG 3.1:</p> <p>SDG 3.3:</p>
Strategic priority 2. Enhancing national capacities for detection and response to health emergencies through	<p>3.1 Resilient and responsive health system, (Strategic objective: 3.4.5)</p>	<p>Outcome 2.1. Countries prepared for health emergencies</p>	<p>5. Prevent, mitigate and prepare for emerging risks to health from all hazards. (Outcome 5.1 et 5.2)</p>	<p>Outcome 1.1. By 2028, women, children, displaced people, youths and people with disabilities (PWD), particularly in rural and urban</p>	<p>SDG 3.d:</p>

Strategic priority	National strategic priorities (NSP 2021–2025)	GPW13 outcome	GPW14 outcomes	UNSDCF 2024–2028	SDG targets
full implementation of the NAPHS		Outcome 2.2. Epidemics and pandemics prevented Outcome 2.3. Health emergencies rapidly detected and responded to	6. Rapidly detect and sustain effective response to all health emergencies (Outcome 6.1; 6.2)	disaster or conflict-prone areas are resilient to climate-related and other shocks and have access to sustainable food, WASH, and health systems, including education and social protection	
Strategic priority 3. Strengthening multisectoral collaboration and action to promote the health and well-being of the population	3.6 Environment, health promotion and social determinants of health (Strategic objective: 3.6. 1; 3.6.2)	Outcome 3.1. Safe and equitable societies through addressing health determinants Outcome 3.2. Supportive and empowering societies through addressing health risk factors Outcome 3.3. Healthy environments to promote health and sustainable societies	1. Respond to climate change, the greatest health threat of the 21st century 2. Address the root causes of ill health by embedding health in key policies across sectors	Outcome 1.1. By 2028, women, children, displaced people, youths and PWD particularly in rural and urban disaster or conflict-prone areas are resilient to climate-related and other shocks and have access to sustainable food, WASH and health systems, including education and social protection	SDG 3.a: SDG 13.b:
Strategic priority 4. Strengthening WHO's role in health information, leadership and governance to support the national health priorities	3.9 Enhance governance and service delivery 3.10 Partnerships	Outcome 4.1. Strengthened country capacity in data and innovation Outcome 4.2. Strengthened leadership, governance, and advocacy for health		Outcome 3.1. By 2028, broadened, inclusive and coordinated partnership landscape, and increased development financing	SDG 16.9 SDG 17.16 SDG 17.17

Annex 3

Table 10. Impact framework of the CCS 2024–2028

Focus area	Indicators	Baseline (Sources and year)	Target 2028 (%)	Data sources	Alignment with GPW13	Alignment with SDGs
Healthy life expectancy (HALE)						
	Healthy life expectancy (HALE)	57 years (2019)	59 (2028)			
Triple Billion target						
	UHC service coverage index	52.21 (2021)	60	UHC Global Report, WHO Global Observatory	Pilar 1	SDG 3.8.1
	Health emergencies protection index	60.2 (2021)	TDB	Triple Billion Dashboard	Pilar 2	
	Healthier population index	NA	TBD	Triple Billion Dashboard	Pilar 3	
Programmatic outcome indicators and milestones						
Strategic priority 1. Strengthening access to quality and affordable health services across the life course through the PHC approach						
Strengthen PHC with enhanced quality integrated services and improved health financing	Under-5 mortality rate (per 1 000 live births)	56 (DHS, 2019–2020)	34	DHS, MICS, UN IGME ⁵⁴	1.1.IND.3	SDG 3.2.1
	Neonatal mortality rate (per 1 000 live births)	29 (DHS 2019–2020)	11	DHS, HHS ⁵⁵ , MICS, IGME ⁵⁶	1.1.IND.4	SDG 3.2.2.
	Maternal mortality ratio (per 100 000 live births)	289 (DHS, 2019–2020)	215	DHS, HHS, UN IGME	1.1.IND.1	SDG 3.1.1
	TB incidence per 100 000 population	149/100 000 (NLTP ⁵⁷ , 2021)	(TBD)	Global TB Report	1.1.IND.8	SDG 3.3.2
	Malaria incidence per 1 000 population	29.7 (Global Malaria Report 2021)	10	DHS, Global Malaria Report	1.1.IND.9	SDG 3.3.3
	TB treatment success rate	84% (NLTP, 2021)	92% (NSP 2023–2027)	TB Programme,	MoH monitoring and evaluation	
	Proportion of people living with HIV receiving ART	31% (2020)	95%	Global AIDS Update	Pilar 1	
	Proportion of children aged under 24 months fully immunized	TBD	90%		Pilar1	
	Mortality due to cardiovascular diseases, cancer, diabetes or chronic respiratory disease	21% (1 113 of total NCD deaths) (based	16.5% based on global relative	STEPS, Sample registration systems; verbal autopsy	1.1.IND.12	SDG 3.4.1

⁵⁴ The UN Inter-agency Group for Child Mortality Estimation

⁵⁵ Household Survey

⁵⁶ The UN Inter-agency Group for Child Mortality Estimation

⁵⁷ Leprosy and Tuberculosis Control Programme

Focus area	Indicators	Baseline (Sources and year)	Target 2028 (%)	Data sources	Alignment with GPW13	Alignment with SDGs
		on WHO NCD country profile	reduction of 25%)			
	Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure of >140 mmHg and/or diastolic blood pressure >90)	22% for 2015 (WHO NCD country profile 2018)	18%	NCDs Survey, WHO (STEP-Wise)	1.1.IND.13	WHA 66.10
	Number of people requiring interventions against NTDs	168 221 (2020)	932 755	NTD Annual Report, World health survey, WHO report	1.1.IND.7	SDG 3.3.5
	Proportion of women (15–49 years) who received antenatal care (four visits or more)	79% (DHS, 2019–2020)	90%	DHS, DHIS2		
	Percentage of deliveries conducted by skilled health attendants in health facilities ⁵⁸	83.70% (DHS 2019–2020)	88%	DHS, HHS		
	Proportion of population with household expenditures on health > 10% of total household or income (%)	0.197 % (2015)		IFMIS ⁵⁹ report, Appropriation Bill, NHA, HBS ⁶⁰ , HIES ⁶¹ , SELSS ⁶² , World Bank-WHO estimates	1.2.IND.1	SDG 3.8.2
	Proportion of population with household expenditures on health > 25% of total household expenditure or income (%)	0 (2015)	TBD			
	Domestic general government health expenditure (GGHE_D) as a percentage of the gross domestic product	1.36%	2%	WHO global health expenditure database		
	General government Expenditure on health as a percentage of total expenditure on health	32.54% (IFMIS, 2019)	50%	IFMIS report		
	General government expenditure (GGE) on health as a percentage of total government expenditure	9.53% (IFMIS, 2022)	15%	IFMIS report		
	Out-of-pocket health spending as a percentage of total health expenditure	21% (NHA, 2019)	<15%	NHA, survey		
	Coverage of health care insurance (number of poorest families covered by health insurance)	5% (3% women and 4% men)	100%	DHS 2019–2020 report		

⁵⁸ Skilled health attendant: midwife, doctor, or qualified nurse

⁵⁹ Integrated Financial Management and Information System

⁶⁰ household budget surveys

⁶¹ household income and expenditure surveys

⁶² socio-economic or living standards surveys

Focus area	Indicators	Baseline (Sources and year)	Target 2028 (%)	Data sources	Alignment with GPW13	Alignment with SDGs
Enhance access to quality health products, technology and address antimicrobial resistance	Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis	54% (maternal tracers) 74% (children)	80% (maternal) 90% (children)	SARA ⁶³ , health facilities assessment	1.3.IND.1	SDG 3. b.3
	Patterns of antibiotic consumption at national level	Not available	TBD	National antibiotics consumption data, GLASS	1.3.IND.2	WHA 68.7
	Percentage of targeted PHC facilities reporting on antibiotic consumption annually	40%	100%	LMIS ⁶⁴	AFR KPI ⁶⁵ 1.3.5 b	
	Percentage of targeted monitoring centres reporting regularly on antimicrobial resistance	0%	100% (10 facilities are planned)	GLASS	AFR KPI 1.3.5.a SDG	
Foster community empowerment while ensuring accountability and delivery of health services that are responsive to the needs of the population	National Health Sector Plan reviewed and new plan developed	2021–2025 strategic plan developed	Plan for 2026–2030 to be developed	MoH annual report		
	Number of quarterly coordination meetings held between MoH and development partners	0	4 per year	MoH annual report		
Strengthen health workforce availability and efficiency through evidence-based policies	Health worker density and distribution (doctors, nurse and midwives, pharmacists, and dentists per 10 000 population)	0.9	1.5	HRMIS ⁶⁶ /IRIS/NHWA, MoH annual report	1.1.IND.15	SDG 3. c.1 WHA 69.19
	Public health professionals per 10 000 population	1.5	3	HRMIS/IRIS, MoH annual report		
	Doctors per 10 000 population	1.2	5	HRMIS/IRIS, ⁶⁷ MoH annual report		
	Nurses per 10 000 population	7.2	10	HRMIS/IRIS, MoH annual report		
Strategic priority 2. Enhancing national capacities for detection and response to health emergencies through full implementation of the National Action Plan for Health Security						
Enhance national preparedness for health emergencies and ensure readiness for all hazards	IHR core capacity index (Average of IHR Core capacities)	48% (eSPAR, 2022)	70%	WHO: e-SPAR public (IHR capacity progress) https://extranet.who.int/e-spar ; JEE		SDG 3. d.1
	Vaccine coverage of at-risk groups for epidemic or pandemic-prone diseases*	68% (2018)	80%	DHIS	2.2.IND.1	WHE ⁶⁸

⁶³ Service availability and readiness assessment

⁶⁴ Logistics management information system

⁶⁵ African Region key performance indicators

⁶⁶ Human Resource Management Information System

⁶⁷ Institutional repository for Information Sharing

⁶⁸ WHO Health Emergencies Programme

Focus area	Indicators	Baseline (Sources and year)	Target 2028 (%)	Data sources	Alignment with GPW13	Alignment with SDGs
Improve surveillance for rapid detection and response to emergencies	Number of cases of polio caused by wild poliovirus (WPV)	0	0	Joint Reporting Form (JRF)	2.2.IND.2.	WHA 68.3
	Percentage of districts that are implementing IDSR with at least 90% coverage of health facilities and communities	100%	100%	DHIS2	AFR KPI 2.1.2 b	
Improve surveillance for rapid detection and response to emergencies	Proportion of IHR events detected and responded to in a timely fashion	70% (2021)	100%	e-SPAR		
	Number of deaths, missing persons and directly affected persons attributed to disasters per 100 000 population	13 (2019)	TBD	NDMA ⁶⁹ report	2.3.IND.2.	SDG 1.5.1
	Proportion of vulnerable people in fragile settings provided with essential health services	No data	90%	HeRAMS ⁷⁰	2.3.IND.2.	WHE
	Government spending on emergency preparedness and response	US\$ 10 million (2020)	USD 700 million	To be confirmed during CCS validation meeting	-	-
Strategic priority 3. Strengthening multisectoral collaboration and action to promote the health and well-being of the population						
Enhance the legal and regulatory mechanism to implement multisectoral policies and promote health equity and protection	Age-standardized prevalence of current tobacco use among persons aged 15 years and above	15.6% (2010)	10.5%	STEP survey (the baseline is based on 2010 NCD STEP survey)	3.2.IND.1	SDG 3. a.1
	Prevalence of wasting among children under 5 years of age	5.1% (DHS, 2019–2020)	≤5%	DHS, MICS and HHS (targets are based on National Nutrition Policy)	3.1.IND.2.	SDG 2.2.2
	Prevalence of obesity for 5–19 years	2% prevalence 10–19 years (NCD country profile 2018)	No target but only to halt rise	Population-based household or school-based surveys, Nutrition Survey	3.2.IND.4.	WHA 66.10
	Prevalence of stunting among children aged under 5 years	17.5% (DHS, 2019–2020)	14.5 %	DHS, MICS and HHS (targets are based on National Nutrition Policy)		SDG 2.2.1
	Death rate due to road traffic injuries (road traffic mortality rate per 100 000 population)	29.7 (2018)	15/100 000	Global status report on road safety survey	3.1.IND.7.	SDG 3.6.1
	Total alcohol per capita consumption in adults aged 15+ (litres of pure alcohol)	3.5 (WHO GHODR, 2018) ⁷¹	3.15	(2021) Global health Report (global target of 10% relative reduction)	3.2.IND.2.	SDG 3.5.2
	Country has an epidemiological surveillance structure for foodborne disease with a score of at least three out of five under the JEE assessment criteria for surveillance of foodborne diseases	TBD	TBD	JEE		

⁶⁹ National Disaster Management Agency

⁷⁰ Health Resources and Services Availability Monitoring System

⁷¹ World Health Organization, Global Health Observatory Data Repository (apps.who.int/ghodata).

Focus area	Indicators	Baseline (Sources and year)	Target 2028 (%)	Data sources	Alignment with GPW13	Alignment with SDGs
Improve healthy lifestyle through promoting multisectoral actions on risk factors	Country has a national policy or strategy on physical activity	In development	Yes			
Tackle environmental health determinants including access to clean air, water and sanitation and impact of climate change in health facilities	Proportion of population using safely managed drinking water services	47.7 (2020)	100%	DHS, HHS, WHO/UNICEF Joint Monitoring Programme for WASH	3.3.IND.6.	SDG 6.1.1
	Percentage of households using an improved source of drinking water	72% (DHS, 2019–2020)	100%	DHS, MICS MoH		
	Country has improved air quality based on the latest 3-year mean	TBD	TBD			
	The country has adopted the global standards for health-promoting schools.	Yes	Yes			
Strategic priority 4. Strengthening WHO's role in health information, leadership and governance to support national health priorities						
Strengthen capacity in digital health, data and technology	Development and implementation of national digital health programme (strategy and road map)	No	Yes	National digital health strategy developed		
Boost institutional capacity in research and knowledge management	Existence of functional national health research and ethics committees in the country	No	Yes		AFR KPI 4.1.3 a	

The WHO Regional Office for Africa

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Africa is one of the six regional offices throughout the world, each with its own programme geared to the particular health conditions of the Member States it serves.

Member States

Algeria	Lesotho
Angola	Liberia
Benin	Madagascar
Botswana	Malawi
Burkina Faso	Mali
Burundi	Mauritania
Cabo Verde	Mauritius
Cameroon	Mozambique
Central African Republic	Namibia
Chad	Niger
Comoros	Nigeria
Congo	Rwanda
Côte d'Ivoire	Sao Tome and Principe
Democratic Republic of the Congo	Senegal
Equatorial Guinea	Seychelles
Eritrea	Sierra Leone
Eswatini	South Africa
Ethiopia	South Sudan
Gabon	Togo
Gambia	Uganda
Ghana	United Republic of Tanzania
Guinea	Zambia
Guinea-Bissau	Zimbabwe
Kenya	

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