

WHO COUNTRY COOPERATION STRATEGY 2008-2013

GAMBIA



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CONTENTS

Abbreviations and Acronyms	iv
Executive Summary	vi
Preface	ix
Section 1 Introduction	1
Section 2 Country Health and Development Challenges	2
2.1 Population Trends	2
2.2 Socioeconomic Situation and Governance	2
2.3 Health Profile	3
2.4 Health Care Delivery System	3
2.5 Health Policy	3
2.6 Health Financing	4
2.7 Health Service Management	4
2.8 Health Challenges and Emerging Issues	4
2.9 Unfinished Agenda from the 1 st CCS – Challenges and Gaps ...	9
Section 3 Development Assistance and Partnerships	11
3.1 Aid Flow	11
3.2 Partners in Health Development	12
3.3 Partner Coordination.....	13
Section 4 WHO Corporate Policy Framework: Global and Regional Directions	15
4.1 Goal and Mission	15
4.2 Core Functions	15
4.3 Global Health Agenda	16
4.4 Global Priority Areas	16
4.5 Regional Priority Areas	17
4.6 Making WHO more Effective at the Country Level	17
Section 5 Current WHO Cooperation	18
5.1 Country Office Operations.....	18
5.2 WHO Technical Cooperation Programmes	18
5.3 WHO Regional Office and Headquarters Support.....	21
Section 6 Strategic Agenda: Priorities Agreed for WHO Country Cooperation	22
6.1 Functions of WHO Country Office.....	22
6.2 Components of the Strategic Agenda: The Strategic Priorities	23
Section 7 Implementing the Strategic Agenda	27
7.1 WHO Country Office	27
7.2 WHO Regional Office	28
7.3 WHO Headquarters	28
7.4 Monitoring and Evaluation	28
References	29

ABBREVIATIONS

ACT	:	Artemisinin-based combination therapy
ADB	:	African Development Bank
AIDS	:	Acquired immune deficiency syndrome
APO	:	Associate professional officers
ART	:	Anti-retroviral therapy
CCA	:	Common Country Assessment
CCM	:	Country Coordinating Mechanism
CCS	:	Country Cooperation Strategy
DSHSW	:	Department of State for Health & Social Welfare
DOTS	:	Directly observed treatment short course
EmOC	:	Emergency obstetric care
EPI	:	Expanded Programme on Immunization
EU	:	European Union
FCTC	:	Framework Convention on Tobacco Control
FGM	:	Female genital mutilation
GAVI	:	Global Alliance for Vaccines and Immunization
GBOS	:	Gambia Bureau of Statistics
GDP	:	Gross domestic product
GF	:	Global Fund to Fight AIDS, Tuberculosis and Malaria
HARRP	:	HIV/AIDS Rapid Response Project
HHA	:	Harmonization for Health in Africa
HIV	:	Human immunodeficiency virus
HIPC	:	Highly Indebted Poor Countries
HMIS	:	Health Management Information System
HQ	:	Headquarters (of WHO)
HRH	:	Human resources for health
ICC	:	Inter-Agency Coordination Committee
IDB	:	Islamic Development Bank
IDSR	:	Integrated Disease Surveillance and Response
IEC	:	Information, education and communication
IHR	:	International Health Regulations
IMCI	:	Integrated management of childhood illnesses
IMF	:	International Monetary Fund
IMNCI	:	Integrated management of neonatal and childhood illnesses
IPT	:	Intermittent preventive treatment
IRS	:	Indoor residual spraying
IST	:	Intercountry Support Team (of WHO)

ITN	:	Insecticide-treated net
IVD	:	Immunization and Vaccine Development
MDG	:	Millennium Development Goal
MICS	:	Multiple Indicator Cluster Survey
MMR	:	Maternal mortality ratio
MTSP	:	Medium Term Strategic Plan
NaNA	:	National Nutrition Agency
NCD	:	Noncommunicable diseases
NEPAD	:	New Partnership for Africa's Development
NGO	:	Nongovernmental organization
NID	:	National Immunization Day
NHA	:	National Health Accounts
NMCP	:	National Malaria Control Programme
NPO	:	National professional officer
OS	:	Other Sources
PHC	:	Primary Health Care
PHPNP	:	Participatory Health, Population and Nutrition Project
PLWHA	:	People living with HIV/AIDS
PMTCT	:	Prevention of mother-to-child transmission (of HIV)
PRGF	:	Poverty Reduction and Growth Facility
PRSP	:	Poverty Reduction Strategy Paper
RB	:	Regular Budget
RBM	:	Roll Back Malaria
RH	:	Reproductive health
RHT	:	Regional Health Teams
SWAp	:	Sector-wide approach
TB	:	Tuberculosis
UN	:	United Nations
UNCT	:	United Nations Country Team
UNDAF	:	United Nations Development Assistance Framework
UNDP	:	United Nations Development Programme
UNFPA	:	United Nations Population Fund
UNICEF	:	United Nations Children's Fund
VCT	:	Voluntary counseling and testing
WCO	:	WHO Country Office
WHO	:	World Health Organization

EXECUTIVE SUMMARY

The purpose of the WHO Country Cooperation Strategy (CCS) is to improve the efficiency and effectiveness of the work of WHO in the Gambia in supporting government efforts to achieve national health goals. This 2nd CSS sets out the strategic directions and medium-term agenda of work for the entire WHO Secretariat in the Gambia, covering the 6-year period 2008–2013.

Following an evaluation of the first CCS, the 2nd generation CCS was developed through a consultative process conducted by the WHO country team and national counterparts from the Department of State for Health and Social Welfare (DSHSW). It is based on a systematic assessment of the country's health priorities and extensive discussions with government departments, development partners, nongovernmental organizations (NGOs), private health care providers and other key stakeholders in health, with input from the other levels of WHO.

While the health status of Gambian citizens has improved significantly, important public health problems and challenges still remain. Malaria, acute respiratory infections, diarrhoeal diseases, noncommunicable diseases, and poor maternal, neonatal and child health services are the leading causes of morbidity and mortality.

A 2003 census in the Gambia estimated infant mortality rate to be 75/1000 live births, while the 2006 UNICEF Multiple Indicator Cluster Survey (MICS) puts the figure at 90/1000 live births. The 2001 maternal mortality ratio (MMR) survey showed some decline in the MMR to 730 per 100 000 live births, down from 1 050 per 100 000 live births in 1990.

Based on consultations as well as reports from the Department of State for Health during the CCS formulation process, the following health problems were identified: high maternal and child mortality ratios, high disease burden (malaria, tuberculosis, and HIV/AIDS), an increasing prevalence of noncommunicable diseases, and malnutrition. The main health challenges identified include development and retention of human resources for health (HRH), strengthening referral systems, health management information systems, mainstreaming traditional medicine, improving laboratory and blood transfusion services, health and the environment, health promotion, managing the essential medicine system and overall health systems strengthening.

The Gambia is highly dependent on external aid to finance development projects in all the different sectors, more so in the priority sectors. The results of the first National Health Accounts (NHA) for the fiscal years 2002–2004 revealed that 67% of the financing to the health sector comes from the donors, with rest of the financing split between the government (21%) and households' out-of-pocket expenditure (12%).

Donor coordination has been one of the main challenges facing the government of the Gambia in its development programmes across all sectors, including the health sector. With the development of a new health policy and master plan (2007–2020), the stage is set for better partner coordination in the health sector, as it is envisaged that all partners will buy into the policy and master plan. A biennial operational health plan will form the basis for the introduction of the sector-wide approach (SWAp) mechanism.

Key issues have been identified on which WHO will focus its efforts and resources for maximum impact. These areas cover:

- (i) Health systems strengthening;
- (ii) Health promotion, disease prevention, control and eradication;
- (iii) Reproductive health, and maternal and child nutrition; and
- (iv) Health, environment and sustainable development and emergency response.

The strategic objectives formulated to address the key issues in these areas are:

- To improve the health care delivery system in the country;
- To reduce morbidity and mortality due to communicable and noncommunicable diseases and conditions, and strengthen health-promotion capacity at all levels;
- To improve maternal health and reduce neonatal and childhood morbidity and mortality; and
- To contribute to the improvement in the general standards of health of the population and address health consequences of emergencies.

Under each of these strategic objectives, WHO has outlined a number of strategies that will be implemented during the 6-year period of the CCS. While implementing these strategies, WHO will carry out activities in partnership with the DSHSW, relevant departments in the government, other health development partners, and NGOs involved in the health sector, taking into account its own comparative advantages.

The WHO Country Office will continue to increase its role as a broker and advocate for health, and technical assistance will be intensified in areas where there is a critical shortage of national expertise. The WHO Regional Office for Africa will create an enabling environment that will facilitate organizational change and institutional development issues arising from the CCS. With regards to the need for additional resources to support the implementation of the agenda of the CCS, and in accordance with the principle of “One WHO”, WHO headquarters will work with the Regional Office to mobilize resources and provide technical support for the implementation of the Gambia CCS, and to document lessons arising from the approach and its impact on WHO’s work as a whole. The monitoring of the implementation of the CCS will be through semi-annual monitoring, midterm review, and biennial evaluation of the programme budget.

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