Republic of The Gambia

Ministry of Health and Social Welfare

THE NATIONAL INTEGRATED POLICY FOR NON COMMUNICABLE DISEASES PREVENTION AND CONTROL IN THE GAMBIA 2012-2016

"WORKING TOGETHER TO REDUCE THE BURDEN OF NCDs IN THE GAMBIA"

September 2011

FOREWORD

On behalf of the Government of The Gambia, I am pleased to introduce the National Integrated Policy for the Prevention and Control of Non Communicable Diseases (NCDs) in The Gambia. The vision for A HEALTHY GAMBIA gained momentum since the adoption of the Primary Health care Strategy in 1978 in response to the "Health for All" goal. This policy is intended to provide strategic direction for the prevention, management and control of Non-Communicable Diseases in the country. The instrument will guide the Ministry of Health and Social Welfare, partners and stakeholders in the planning, implementation, monitoring and evaluation of the National NCD Programme. It will also help the health system to address the challenges posed by chronic disease with **e**mphasis on the best approach to reduce the social determinants responsible for unhealthy lifestyle.
The development of this policy comes as a joint collaboration between the World Health Organization and the West African Health Organization, aimed at providing appropriate assistance to ECOWAS countries, multidisciplinary and multisectoral policies and strategies for the prevention and management of NCDsFurthermore, this policy examines some of the socio-economic impact and burden of NCDs and discusses various strategies for the prevention and control of such diseases in The Gambia with emphasis on health promotion, surveillance, capacity building and management. This policy will be implemented in harmony with an action plan. The policy also recommends that evidence based clinical practice and appropriate use of technologies should be promoted at all levels of health care, including tertiary services.

As in other countries, non communicable diseases such as diabetes and cardio-vascular disease are on the rise in The Gambia. Adverse trends in diet, exercise, obesity and other risk factors, means that the level of chronic conditions will continue to increase. These conditions affect general wellbeing and quality of life as well account for most of the healthcare resources used, and present a significant economic burden in The Gambia.

The socio-economic factors that drive NCDs and their risk factors are complex and multidimensional in nature and can only be addressed through multisectoral approaches. It is therefore important that all stakeholders are committed to the effective implementation of the policy and action plan. The prevention and management of NCDs is everybody's concern, from the level of Government to individual choices that are made regarding lifestyle and habits. My Ministry will provide the necessary institutional, financial and technical support in collaboration with partners in this endeavor. My Ministry maintains an open door policy where all the stakeholders are encouraged to seek and offer advice.

I welcome the measures set out in the policy and I would like to thank all those who contributed towards the development of this policy and action plan (2012-2016).

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Honorable Fatim Badjie
Minister of Health and Social Welfare

ABBREVIATIONS

ADB	African Development Bank
BCC	Behaviour Change Communication
CBO	Community-Based Organization
ERP	Economic Recovery Programme
ESAP	Enhanced Structural Adjustment Programme
GDP	Gross Domestic Product
GAVI	Global Alliance for Vaccine Initiative
HDI	Human Development Index
HDR	Human Development Report
HMIS	Health Management Information System
IDB	Islamic Development Bank
IOGT	International Organization of Good Templers
MoH&SW	Ministry of Health and Social Welfare
MTWG	Multi-sectoral Technical Working Group
M&E	Monitoring and Evaluation
NHMIS	National Health Management Information System
NMAC	National Multi-sectoral Advisory Committee
NHIS	National Health Insurance Scheme
NGO	Non- Governmental Organization
NCDs	Non Communicable Diseases
PHC	Primary Health Care
PSD	Programme for Sustainable Development
WAHO	West African Health Organization
WHO	World Health Organization
WB	World Bank

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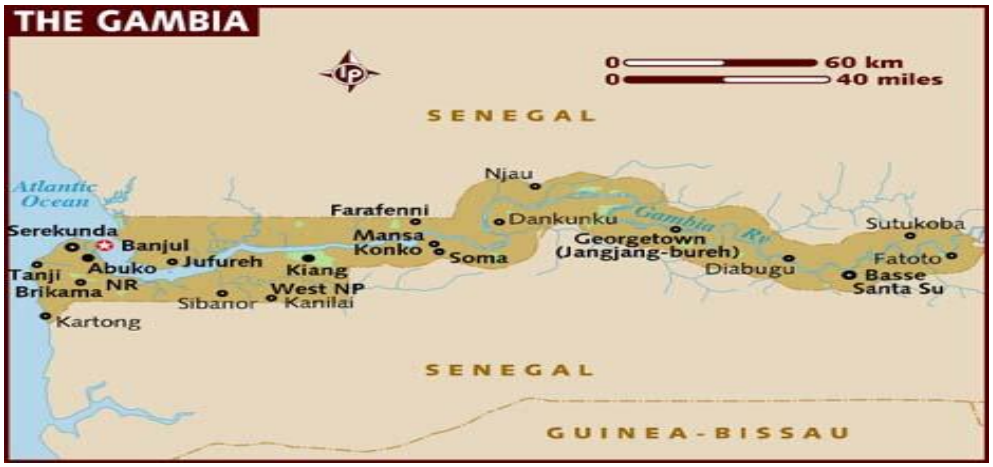
Map of The Gambia



Geography

The Gambia is located on the West Coast of Africa and forms a narrow enclave in the Republic of Senegal except for a short seaboard on the Atlantic Coastline. It is the smallest country on mainland Africa, spanning only 10,680 km2. The country runs in an East-West direction and lies between latitude 13 and 14 degrees north. The country varies width from 28 to 50km and is flat, with an altitude not exceeding 50 meters. The River Gambia divides the country into two halves, North and South banks.

The country lies in the sahelian-Sudano Region and it has sahelian climate characterized by two seasons – a four month rainy season (mid June – mid October), with rainfall highest in August, and an eight-month dry season.

Economy

The Gambia ranks among the least developed and poorest countries, and her Gross national income per capita is estimated at US$ 2,904. Human Development Indicators in the Gambia have shown little progress and some have declined. According to the Human Development Index (HDI), the Gambia ranked 151st country out of 169 countries (HDR, 2010).

The Gambia's economy is heavily dependent on agriculture, with groundnuts being the main source of foreign exchange. Due to The Gambia's location and favorable tariffs, the transit and re-export trade continues to be an important contributor to national revenue. Since the early 1980s tourism has become a major foreign exchange earner contributing over 125 of GDP.

Like many developing countries, The Gambia's economic performance deteriorated substantially in the late 1970s and early 1980s, following the world oil shock. Since the mid-eighties, The Gambia has undertaken major and comprehensive economic reform such as the Economic Recovery Programme (ERP), Programme for Sustainable Development (PSD) and the Enhanced Structural Adjustment Programme

(ESAP) to re-establish macro-economic equilibrium. In 2007, macro-economic performance was very strong, and the economy grew by 6.3%.

Though the country has implemented several programmes aimed at addressing poverty, still poverty reduction continues to be elusive. According to the last National Household Poverty Survey in 2003, 61% of the population lives below the poverty line. Over the past 15 years poverty has shown little sign of improvement. In rural areas 68% of the population is poor. Urban poverty is also on the rise and effects 40% of the population living in urban areas. Youth unemployment particularly in the urban areas and low productivity in the agricultural sector combined with inappropriate market and marketing system for the produce becomes contributing factors to income, poverty and food insecurity. In rural areas limited access to social service is making poverty worse. Poverty is a fundamental cause of household food insecurity and under-nutrition this is evident by findings from the Household Poverty Survey (1998) which shows food poverty in 37% of the population.

Political Structure

The Gambia attained political independence from Britain in February 1965. Republican status was attained in April 1970 when the first president of the country became Head of state. Presidential and parliamentary elections are held every five years. The Gambia is one of the most stable and peaceful countries in the region; and maintains a parliamentary system of government. The country is divided into 48 constituencies, each represented by an elected member in the National Assembly. In addition the President of the Republic nominates five members to the National Assembly and also appoints ministers in accordance with the constitution.

The local government system dates back to the 1960s. There are five provincial regions and two urban municipalities headed by governors and mayors respectively. Constituencies are divided into wards that are represented in Area and Municipal Councils by elected Councilors. The Area Councils in the provincial regions are headed by Chairpersons.

Demography and Health profile in brief

The population is estimated at 1.4 million inhabitants of which 676 726 (49.8%) were males and 687 781 were Females with an annual growth rate of 3.4% (GBoS, 2003). The fertility rate is 4.7%, while the population under the age 15 years comprise of 40.9%. The current rate of illiteracy among adults is 62.2%. According to the results of the 2003 census, the total population in the Western Coast Region is 55% while 5% live in the Lower River Region, 13% in the North Bank Region, 14% in the Central River Region and 13% in the Upper River Region.

Communicable diseases, such as malaria, tuberculosis, HIV/AIDS, are still some of the leading causes of morbidity and mortality in The Gambia, although The Gambia has made significant improvements in maternal and child health indicators over the years.

However, the Gambia like many developing countries is also grappling with the burden of non-communicable diseases/conditions (NCDs) such as diabetes, cancer

chronic respiratory infections and hypertension, to name but a few. The changing lifestyles due to urbanization and globalisation have resulted in tobacco use, consumption of unhealthy diets, physical inactivity and obesity. These demographic, nutritional and epidemiological transitions further aggravate the NCDs burden. Inadequate investment in prevention is also a major contributing factor to the rapid and continuous rise of the NCDs burden in The Gambia.

These conditions have serious implications both for the health service and the populations at risk. NCDs, for example, lower the quality of life of people, impair the economic growth of the country and place a heavy and rising demand on the family and national budgets.

NCD Situation in the Gambia

The Gambia is grappling with the burden of non-communicable diseases/conditions (NCDs) such as diabetes, cancer, chronic respiratory infections and hypertension, to name but a few. The changing lifestyles due partly to urbanization and globalisation have resulted in an increased tobacco use, consumption of unhealthy diet and physical inactivity. These demographic, nutritional and epidemiological transitions further aggravate the NCD burden. Inadequate investment in prevention is also a major contributing factor to the rapid and continuous rise of the NCD burden in The Gambia.

These conditions have serious implications for both the health service and the population at risk. NCDs lower the quality of life of people, impair the economic growth of the country and place a heavy demand on the family and national budget.

The 2009 Health Management and Information System Report (HMIS, 2009) based on the data obtained from public and NGO health facilities have shown that non Communicable Diseases such as hypertension accounts for 35.56% and 43.64% in male and female respectively compared to Diabetes with 1.78% and 1.87% in male and female respectively. 22.69% and 31.50% of admission due to non communicable diseases was a result of hypertension in male and female respectively. 34.71% and 22.89% of admission due to hypertension in male and female died respectively.

A population-based situation analysis by Nyan, (2001) revealed that 8.6% of the adult urban population and 1.4% of the rural adult population had diabetes mellitus. The same study revealed that between 10 to 20% of the population was chronically infected with hepatitis B, a risk factor for liver cancer. These findings are not at great variance from studies conducted by Van Der Sande et al (1996 & 2001) which showed 9.5% of adults over 15 years were hypertensive according to WHO criteria (a diastolic blood pressure of 95 mmHg or above and/or systolic blood pressure of 160 mmHg or above).

By less conservative criteria (a diastolic blood pressure of 90 mmHg or above and/or systolic blood pressure of 140 mmHg or above), the study concluded that 24.2% of the adult population was hypertensive with prevalence being similar in major ethnic groups in urban and rural communities. Although findings of the 2001 study do provide useful insights on the prevalence of NCDs in the country; they may not however reflect the true picture of the current situation given the time lapse.

Moreover, hospital data only provide information on official reports and do not therefore take into account cases that occur in the communities. Given the prevailing circumstances, Sande et al; (1996, 2001) recommended further research and action in the following areas as a means of addressing NCDs in the Gambia is very critical. These include:

- Surveillance to create a data base on NCDs;
- Effectiveness of current treatment practices;
- Primary prevention by tackling the determinants or risk factors for NCDs.

Another survey conducted by the Medical Research Council (Nyan, 2001) estimated the prevalence rate of diabetes among the adult population (35 years and above) of the capital, Banjul, at 8.6%, while the rural prevalence was estimated at 1.4%. This study showed a rural urban gradient reflecting differences in obesity, physical inactivity and other aspects of urbanization/westernization. Overall, the study indicated 21.7% of the subjects as being obese.

Whilst obesity has been singularly cited as the main risk factor in this study, there could be other risk factors in the general population that have not been captured by the study. The two studies, mainly hospital based, were not designed to collect data on or determine the prevalence of risk factors for NCDs in the country.

An isolated study (Maassen, 2000) to establish determinants of cigarette smoking among Gambians (14 – 18 years old) showed a correlation, among others, between tobacco companies offering cigarettes and children smoking. This was a school based study and was mainly looking at a single risk factor – smoking. However, it could not establish the prevalence of other risk factors. Besides, the study did not include the youth outside schools, and might therefore not give a representative picture of the entire population.

A similar study conducted by WHO and a local Non Governmental Organization (NGO) called the International Organization of Good Templers (IOGT) in 2008 showed a 24.5% prevalence rate of smoking amongst 13-15 year olds. Provisional results of the 2010 WHO STEPWISE Survey on NCD risk factors also show a 31.3% prevalence rate of smoking among youths aged 25 to 34 years. The same survey reveals the prevalence of other NCD risk factors as follows:

- About 2% of the adult population, aged 25 – 64 years, drink alcohol;
- Low consumption of fruits and vegetables, with the average mean number of days for fruits and vegetable consumption among adult males and females estimated at 3.3 and 5.0 respectively;
- About 22% of the adult population (males and females) have a low level of physical activity, whilst nearly 59% of adults do not engage in rigorous physical activity. In the same vein, on average, Gambian adults spend 231 minutes per day on sedentary activities;
- On average, 41.4% of adults Gambians never had their blood pressure tested. Similarly, about 24.4% of the adult population have raised blood pressure (25.5% for men and 23.4% for women);
- About 90.5% of adults (92.1% of men and 89% of women) never had their blood sugar tested;

- About 39.5% of the adult population (33.7% for men and 45.3%) are considered overweight with mean BMI >25kg/m^2.

Justification

Today, noncommunicable diseases (NCDs), mainly cardiovascular diseases, cancers, chronic respiratory diseases and diabetes represent a leading threat to human health and development. These four diseases are the world's biggest killers, causing an estimated 35 million deaths each year - 60% of all deaths globally - with 80% in low- and middle-income countries. These diseases are preventable. Up to 80% of heart disease, stroke, and type 2 diabetes and over a third of cancers could be prevented by eliminating shared risk factors, mainly tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol. Unless addressed, the mortality and disease burden from these health problems will continue to increase. WHO projects that, globally, NCD deaths will increase by 17% over the next ten years. The greatest increase will be seen in the African region (27%) and the Eastern Mediterranean region (25%) .We have the right vision and knowledge to address these problems. Proven cost-effective strategies exist to prevent and control this growing burden. However, high-level commitment and concrete action are often missing at the national level. NCD prevention and control programmes remain dramatically under-funded at the national and global levels and have been left off the global development agenda. Despite impacting the poorest people in low-income parts of the world and imposing a heavy burden on socioeconomic development, NCD prevention is currently absent from the Millennium Development Goals. However, NCDs account for a large enough share of the disease burden of the poor to merit a serious policy response.

A health policy translates the commitment of a government; it provides a broad framework for the planning, implementation, monitoring and evaluation of a health programme. Even though the National Health Policy (2011-2020) emphasizes NCD prevention and control, there is no policy to provide strategic directions. An Integrated National NCD Policy and Action Plan as a road map will also provide basis for legislation and regulations in respect to prevention and management. It will also be in conformity with other health and social policies and plans including The Gambia National Health Policy and Strategic Plan. In addition, the policy will be in line with WAHO 2010 Resolution on the prevention and management of NCDs (which was adopted by the Assembly of the Health Ministers of ECOWAS and the council of Ministers of ECOWAS) and the WHO Country cooperation strategy (2008-2013) for the prevention and control of NCDs. Furthermore, the situation presented below justifies the development of a policy:

I. The burden of NCDs and their risk factors are on the increase in The Gambia. Therefore, prevention and control needs massive sensitization and public education couple with the required policy support at all levels.

II. The absence of a national integrated and multisectoral NCD Policy and Action Plan has seriously hampered management and coordination of the programme.

III However, opportunities do exist in tackling NCDs in the country. There is demonstrable Government commitment to NCD prevention and control evidenced by current efforts to develop a national policy and strategic plan to

ensure that preventive and curative services are provided in an equitable and cost effective manner.

V It is widely recognized that awareness at all levels (individual, community and policy) on management, prevention and control of NCDs in The Gambia is still inadequate. The high prevalence rate of the risk could be attributed to the low level of public awareness.

VI The Gambia is not spared from the global life style changing phenomenon characterized by the proliferation of modern supermarkets, fast food outlets, increase in motor vehicle ownership, there is a tendency for people to slowly but surely abandon their traditional diets and lifestyles and engage in risky lifestyles.

VII The capacity to manage NCDs is limited because the Royal Victoria Teaching Hospital (RVTH), the main referral hospital in The Gambia, is the only public health facility that has the capacity to manage adverse NCD cases. The major and minor health facilities which receive the bulk of patients in both the urban and rural areas have limited capacity to manage NCDs effectively.

VIII lack of adequate funds and budget line for the prevention and management of NCDs.

Vision, Mission and Goal

Vision

Attain best possible quality of life longevity by preventing and controlling NCDs in the Gambia.

Mission

Promote healthy lifestyles by empowering people, strengthening health services and creating conducive socio-economic environment.

Goal

Reduce morbidity and mortality related to NCDs.

POLICY OBJECTIVES

1. Reduce the major risk factors (tobacco use, alcohol consumption, physical inactivity and unhealthy diet)
2. Strengthen capacity of health personnel, institutions and other stakeholders for the identification of the major risk factors and to use comprehensive approach for health promotion and primary prevention.
3. Strengthen capacity of health system to prevent, diagnose and manage NCDs through standard guidelines and protocol appropriate to various levels of health care.
4. Develop a national surveillance system for NCDs and their risk factors

Guiding principles

The principles and values that guide the formulation and implementation of the National Integrated NCDs Policy include:

1. Using the policy as the main frame work for the planning and implementation of all NCD intervention programmes;
2. Protection of the rights to health;
3. Accountability, Equity and social justice;
4. Access to affordable and sustainable NCD prevention and control services;
5. Using evidence based information for planning, implementation monitoring and evaluation of programmes;
6. Cultural appropriateness of prevention and control programmes;
7. Community and family empowerment and participation;
8. Enhancing harmonisation of the NCD Policy with other national and sectoral policies
9. Promote partnership for the prevention, management and control of NCDs;
10. Population-wide health promotion and disease prevention activities.
11. Secure resources using a budget line to support program implementation

Policy development process

In response to recommendations from WHO and West African Health Organization (WAHO), in Ouagadougou in July 2009, the MoH&SW initiated the development of the National NCD policy in 2010.A joint delegation of WHO and WAHO Officials facilitated a sub-regional meeting in Banjul (in March 2010) to guide the five English Speaking West African countries in NCD Policy development. A draft policy outline was presented at this meeting and the policy development process was accelerated. The first draft was completed in June 2010 and reviewed internally by a multi-sectoral group in August, 2011.

The Scope of the NCD Policy and Strategy

Even though The Gambia has made significant improvements in maternal and child health indicators over the years, communicable diseases, such as malaria, tuberculosis, HIV/AIDS, are still some of the leading causes of morbidity and mortality. The country is also faced with the burden of non-communicable diseases (NCDs) such as diabetes, cancer, chronic respiratory infections and hypertension, asthma, mental ill-health and road traffic injuries. NCDs are as a consequence of unhealthy diet and lifestyle such as tobacco use, physical inactivity and harmful use of alcohol constitute a major public health problem and are known, for both their high financial and social cost for families, communities and countries. Like many developing countries, The Gambia is experiencing the double burden of malnutrition where overweight and obesity co-exist with under-nutrition. The emergence and prevalence of Diet-related NCDs can be largely attributed to changes in dietary habits and poor physical activity patterns, termed the 'nutrition transition' and the adoption of a more westernised lifestyle due to economic development and market globalisation.

The increase in life expectancy and changes in lifestyles have resulted in increased tobacco use, consumption of unhealthy diets and physical inactivity. These demographic, nutritional and epidemiological transitions further aggravate the NCDs burden.

The NCD Policy and Action Plan will be implemented within a five-year period with emphasis on the following national priority NCDs/conditions:

- diabetes,
- hypertension,
- Cardiovascular diseases
- cancers
- chronic respiratory diseases
- road traffic injuries

The national priority risk factors are:

- Harmful use of alcohol
- Smoking,
- physical in-activity,

Management and coordination

The National Integrated NCDs Policy will address the above risk factors, bearing in mind that the social and economic determinants of NCDs lay outside the health sector. A Multi-sectoral Technical Working Group comprising representatives from a number of ministries, civil society and NGOs involved in health will be set up. Institutions to be represented in the Working Group are MoHSW, Ministry of Youth and Sports, Trade, Local Government, Agriculture, Education; the National Nutrition Agency, The Gambia Diabetes Association, Association of Health Journalists, the WHO Country Office, Medical Research Council, Ministry of Works Construction and Infrastructure and the Private Sector. The Group will be chaired by the MoH&SW. The task of the Working Group will include the following:

- Monitor the implementation of the National Policy and Action Plan;
- Advocate for inclusion of NCD indicators in the National Health Management Information System;
- Support the process of establishing NCDs risk factor surveillance system;
- Strengthen cooperation among stakeholders;
- Access and analyze emerging issues related to NCDs;
- Advocate for the establishment of NCD Unit within the MoHSW for the prevention and management of NCDs.
- Support the mobilization of resources for the implementation of NCDs

The MoH&SW, through NCD programme, will coordinate implementation of the policy and act as technical adviser to all implementing partners in conjunction with the WHO Country Office, The Gambia. A National Multi-sectoral Advisory Committee for NCDs prevention and management will be established to promote inter-sectoral collaboration, resource mobilization and programme implementation.

PRIORITY AREAS FOR ACTION

Legislative and Regulatory measures

The promotion of positive behavior and healthy life style through Health Promotion and Education is essential for the prevention and control of NCDs. However, Health Education/Promotion and advocacy alone may not be adequate. It is therefore important that legislative and regulatory mechanisms are put in place to complement health promotion interventions.

The policy will therefore advocate for:

a) Full enforcement of the Food and Public Health Acts
b) full enforcement of the Prohibition of smoking (public places) Act of 1998

c) Developing and supporting mechanisms for controlling unsubstantiated claims in advertisements of un-healthy food stuffs and other products in the local and mass media.

Organization and Service Delivery

At the moment, NCDs service delivery is inadequate and needs to be improved at all levels of the health care delivery. Since NCDs constitute an important public health problem in the country, their prevention and management calls for reorientation of health services and concerted efforts at all levels of health care delivery.
In this regard, NCDs prevention and control will be an integral part of primary health care.

The policy recommends that:

a) An adequate structure is established for the organization, management and coordination of NCD programme implementation.
b) Capacity is built and the requisite resources made available at all public and private hospitals and health facilities for the diagnosis, treatment, management, prevention and control of NCDs.
c) Strengthen the health system?
d) People suffering from NCDs and the communities at large are empowered for the proper management and control of NCDs and develop ownership for programs to be implemented

Capacity building

The effective prevention and control of NCDs require the availability of a competent work force at all levels of health care delivery and other partner institutions. It is important that the capacity gaps are identified and addressed at all levels. NCDs should be an integral component of the curricular of all health training institutions. For the retention of skilled staff, the conditions of service affecting public sector health workers will be reviewed and emerging issues addressed accordingly.

Intersectoral collaboration and partnership

Intersectoral partnership is essential for the prevention and control of NCDs. This will be achieved through active consultations, harmonization of interventions and joint planning among government departments, the private sector, civil society organizations including traditional medicines practitioners, NGOs, faith based organizations and CBOs. Since the health sector only sees the outcome of complex interactions among an array of risk factors that lie beyond the purview of the mainstream health, it will be important to get other sectors fully participate in prevention and control of NCDs. The MoH&SW, the National Multi-sectoral Advisory Committee, the Multi-sectoral Working Group and other existing structures will be instrumental in fostering partnership at all levels.

Community participation and empowerment are key components in the prevention and control of NCDs as well as strengthening collaboration and partnership between the different stakeholders. Social networks at the community level will be mobilized

to take an active role in the prevention and control of NCDs in their various social contexts.

The policy will specifically advocate for partnership amongst the following sectors for effective implementation:

a) The Ministries of Basic and Secondary Education and Health and Social Welfare to work collaboratively in support of the school health particularly the health-promoting school initiative. Through this initiative, most of the NCDs risk factors can be addressed.
b) The Ministry of Agriculture to support initiatives that will enhance the production or cultivation of vegetables and other food stuff, and make them affordable for public consumption.
c) The Ministries of Youths and Sports and Land; and Municipalities to encourage and or support the establishment of recreational centers at strategic locations in support of physical activity, and to make such facilities accessible and affordable to the general public.
d) All government ministries and work places to create supportive environment for staff to engage in some form of physical activities at their work places.
e) Ministry of works, construction and infrastructure to advocate for 'active transport' in the revised transport policy to allow walking, cycling and other forms of physical activity on the roads.
f) Proactive engagement and support to the frontline communicators, CBOs and other organized community groups for promoting healthy lifestyles and positive health seeking behavior.

National Health Management Information System

Health Management Information System (HMIS) is critical for the efficient management of health service delivery. It is also important for evidence based planning, informed decision making, monitoring and evaluation of health services. Presently, the NHMIS indicators include NCDs such as diabetes, hypertension, asthma, cancer and cardiac disorders in the national data collection tools and database. However, access to data on NCDs at both Public and Private Health Facilities is still a problem. Measures will be taken to improve data collection on NCDs from these facilities. Information data related to NCDs will be integrated in the routine HMIS of the MOH&SW

Establishment of an NCD Unit

The establishment of an NCD Unit in the MoHSW is critical for the effective coordination and implementation of the NCD policy. As efforts directed at prevention and control of NCDs involves a large number of stake holders and sectors, it is important that a structure exist for coordination and management. The policy recommends that the NCD Unit be established by 2012.

Research

NCD prevention and management interventions will be based on research findings and best practices. In The Gambia, there is limited capacity and funding for research

on NCDs. Therefore a coordinated research agenda is an essential element for the promotion, prevention and control of NCDs in the country. The policy will put emphasis on building national capacity and mobilize funds for research on NCDs. In addition, the policy lays emphasis on collaboration at national, sub-regional and international levels to promote and support research on NCDs.

Tackling Major NCD Risk Factor

In The Gambia, the proliferation of modern supermarkets, fast food outlets, increase in motor vehicle ownership, to name but a few, create a tendency for people to slowly but surely abandon their traditional diets and lifestyles and engage in risky lifestyles.

Physical activity and personal fitness contribute to the proper maintenance of energy balance, and to health and health wellbeing in general. Lifestyle programmes offering a combination of exercise and diet would be most appropriate for the primary prevention of nutrition-related conditions such as obesity, high blood pressure and hypercholesterolemia.

In The Gambia, like many West African countries, the scarcity of financial and human resources, as well as inadequate infrastructure would suggest emphasizing more on primary preventive measures through the promotion of healthy lifestyles, and advocacy at all levels.

The constant availability and easy access to tobacco, alcohol and diets high in fats and sugars in The Gambia, increases risks for overweight, obesity, and nutrition related NCDs such as diabetes, hypertension and some forms of cancers. These risk factors were thought to be problems of developed countries but they are now established in developing countries as well.

Advocacy, Social Mobilisation, Behaviour Change Communication and Community Empowerment

Advocacy is about bringing an issue to the attention of those in authority or to mobilize support and get commitment to a course. Any national strategy geared towards prevention and control of NCDs must engage key policy and decision-makers in the public and private sector to solicit their commitment and support. The policy will emphasise the need for the MoH&SW and its partners in the public, private and civil society to undertake aggressive health promotion activities.

Social mobilization encompasses mobilizing all the social actors and allies that have a stake in an issue so that they can take affirmative action with regards to the promotion of healthy lifestyles and positive health care seeking behaviour. A coalition of social actors will be supported at various levels and settings and mobilised for action. These social actors will play a pivotal role in advocacy and health promotion.

Behaviour Change Communication (BCC) is a set of organized communication interventions and processes aimed at promoting healthy behaviour and lifestyle. BCC is therefore key to empowering communities to prevent and manage NCDs.

Community participation is essential to the successful implementation of NCD programmes and activities. This policy recognizes the fact that communities are active participants and have a role in influencing change in social norms and behaviour in the context of NCD prevention and control.

The production and use of appropriate communication materials is important in advocacy, social mobilisation and community empowerment. This policy places emphasis on the timely production and dissemination of relevant communication support materials to complement participatory methods of communication at community level.

Media Participation

Taking cognizance of the low level of literacy and health communication needs of communities in the country, media participation is important in the prevention, control and management of NCDs. Therefore the policy emphasizes building strong partnership amongst the media, health sector and other stakeholders such as Ministries of Information Communication and Technology and Basic and Secondary Education for the implementation of the policy. Both public and private media houses will be involved in the implementation of the policy.

Financing and Resources Mobilization

As NCDs are chronic conditions, the cost involved in their prevention and management can take a significant share of the national budget of a country. The mobilization and allocation of financial resources must be ensured in order to promote healthy life styles and manage patients at all levels.

Over the years, the health sector has benefitted from a lot of international funding mainly from the Global Fund, GAVI, IDB, ADB and WB, but there has not been any provision for NCD prevention and control. Henceforth the health sector will mainstream NCD prevention, management and control in its negotiation with funding agencies. Even though there is demonstrable Government commitment to NCD prevention and control, there are serious funding gaps in the national budget that need to be addressed. The Ministry of Health and Social Welfare will advocate for budgetary allocation to the NCD programme.

The MoH&SW will advocate for the introduction of National Health Insurance Scheme (NHIS) geared towards the management of NCDs. The MoH&SW will also negotiate for the payment of revenue accruing from taxation on tobacco and alcohol to the programme. Adequate financing for NCD prevention, management and control activities will be ensured by rational cost estimation and a specific annual budgetary allocation.

IMPLEMENTATION **ARRANGEMENT**

The plan will be implemented under the leadership of the MOH&SW; coordinating mechanisms will be put in place to support the efficiency of the interventions. The implementation of the policy and action plan of the Policy will be coordinated by the NCD programme unit in collaboration with key partners (public, private, civil society), A Multi-sectoral Technical Working Group (MTWG) will guide the implementation process, while the National Multisectoral Advisory Committee (NMAC) will address policy issues and advice the MoH&SW as necessary. The planned activities will have a budget, specific time-frames and indicators. In addition, responsible key partners will be identified and supported to ensure efficient implementation of the action plan.

Monitoring & Evaluation

Monitoring and Evaluation (M&E) constitute a major component of the policy. Evaluation has to do with measuring outcomes and impacts. Monitoring and Evaluation will be carried out systematically at all levels in accordance with standard protocols. Monitoring and Evaluation reports will include both the status of implementation of the NCD strategic plan and achievement of expected results. The reports will be presented by the NCD Programme Unit to the Director of Health Promotion and Protection for onward forwarding to the Permanent Secretary.

The NCD programme will provide direction and monitor the implementation of the policy and action plan. Monitoring and evaluation guidelines and tools will be developed by the NCD Programme Unit in consultation with partners and stakeholders which will be based on supportive supervision.

References:

The following documents were used as reference materials for the development of the policy:

The Gambia National Health Policy (2010 -2015) and Strategic Plan (2010 – 2014);

The Global Strategy on NCDs Prevention and Control and the 2008 – 2013 Action Plan of the Global Strategy for prevention and control of NCDs;

The data from the situation analysis in The Gambia including results of surveys, and reports;

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