



Project Information Document (PID)

Concept Stage | Date Prepared/Updated: 17-Apr-2020 | Report No: PIDC28539



BASIC INFORMATION

A. Basic Project Data

Country Gambia, The	Project ID P173287	Parent Project ID (if any)	Project Name The Gambia Essential Health Services Strengthening Project (P173287)
Region AFRICA	Estimated Appraisal Date Jun 08, 2020	Estimated Board Date Aug 31, 2020	Practice Area (Lead) Health, Nutrition & Population
Financing Instrument Investment Project Financing	Borrower(s) The Gambia	Implementing Agency Ministry of Health	

Proposed Development Objective(s)

To improve utilization and quality of essential health services in The Gambia

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	50.00
Total Financing	50.00
of which IBRD/IDA	30.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	30.00
IDA Grant	30.00

Environmental and Social Risk Classification
Substantial

Concept Review Decision
Track II-The review did authorize the preparation to continue



B. Introduction and Context

Country Context

1. **Three years into transition, the Government of The Gambia has taken important steps to lay the foundations for democracy and set the country on a new development path.** Following Parliamentary elections in 2017, local elections were conducted in April 2018. The Government has allowed for a free press, rejoined the Commonwealth, and rebuilt relations with Senegal and international financial institutions. Further, it has taken critical measures to restore independence of the judiciary, strengthen the governance and operational independence of the Central Bank, establish a treasury single account (TSA), and audit the civil service, uniformed services, and strategic state-owned enterprises (SOEs). In February 2018, the government adopted a National Development Plan (NDP) 2018-2021 for more inclusive and private sector led growth, with strong financial support from donors. The Annual Progress Report on implementation of NDP for 2018 shows satisfactory progress, notwithstanding the challenges faced. A draft Constitution is now published for comments including strengthening and clearly defining term limits, limits of presidential powers, and accountability to the National Assembly. Secondary legislation is being strengthened to limit interference in areas of economic management.

2. **Poverty incidence remains high and is associated with low endowment in human capital and assets.** Due to lack of growth in per capita income, the proportion of the population living in poverty—measured using the national poverty line—remained unchanged between 2010 and 2015, at about 48 percent.¹ In absolute terms, however, the number of poor people grew from 0.79 million in 2010 to 0.93 million in 2015. Poverty remains concentrated in rural areas, with almost 70 percent of the rural population being poor. Inequality has been low and stable since 2010 with a Gini coefficient of 35.9 percent. Marked improvements have been achieved in literacy, especially among the youth (15-24 years) whose literacy rates doubled from 31.8 percent in 2010 to 67.2 percent in 2015. Chronic malnutrition (stunting) affects 25 percent of children under the age of five, and non-monetary indicators of poverty linked to infrastructure, health and nutrition illustrate that the country is lagging vis-à-vis peers in Sub-Saharan Africa. There remain considerable inequities in access to basic facilities and services such as electricity and sanitation facilities. Jobs are predominately informal, and lack of off-farm activities in rural areas results in underemployment and outmigration among youth.

3. **Important progress has been made in restoring macroeconomic stability and reigniting growth.** Following strong performance under the 2019 International Monetary Fund (IMF) Staff-Monitored Program (SMP), with a sharp reduction in the fiscal deficit, and debt relief from key plurilateral and bilateral creditors, The Gambia was able to exit from debt distress paving the way for an Enhanced Credit Facility (ECF) approved by the IMF Board on March 23, 2020. The fiscal deficit was reduced from 6.2 percent of GDP in 2018 to 2.6 percent of GDP in 2019, supported by increased tax revenues and strong donor inflows. Growth has remained robust at around 6 percent despite the fiscal adjustment and external shocks, including in the tourism sector. International reserves have been brought closer to prudential levels, interest rates have eased, and inflation has remained stable.

4. **The unfolding global COVID-19 pandemic is expected to have severe socioeconomic consequences and slow efforts to consolidate public finances and enhance debt sustainability as well as the pace of poverty reduction.** The tourism sector, which represents roughly 10 percent of GDP and drives overall economic performance, will be affected by travel restrictions in Europe - The Gambia's largest market. This will drag down tourism-related services and industries. Weakened remittances will delay construction activities given the importance of investment in the sector by the diaspora. Agricultural commodity exports may experience a price decline given subdued demand in the Eurozone, but on the upside,

¹ Based on the country's absolute poverty line of GMD 18,040 per person per year. These are the latest official data; a new household survey will not be available until 2020.



lower oil prices will improve terms of trade as The Gambia is a net oil importer. Trade and supply disruptions will also delay project implementation. Domestically, private consumption will be affected by containment measures and social distancing, while reallocation of government resources to emergency health and social expenditure will curb public investment. As a result, growth is expected to temporarily decline to 2.5 percent in 2020 while the external current account and fiscal deficits will temporarily widen. To mitigate the impact of the ongoing pandemic, the IMF is providing additional support through its US\$21.2 million Rapid Credit Facility (RCF), and the Bank is doing the same through its US\$10 million COVID-19 Preparedness and Response Project (P173798). This addresses the additional financing needs in 2020. The medium-term outlook assumes a V-shaped recovery and remains broadly favorable.

Sectoral and Institutional Context

5. **The Gambia's health outcomes have gradually and steadily improved over the last two decades, yet the country continues to face some important challenges.** The under-five mortality rate has decreased from 167 to 58 deaths per 1,000 live births from 1990 to 2018. The prevalence of stunting among children under the age of 5 decreased between 2010 and 2018, from 23.4 to 19.0 percent; wasting among children under 5 years also decreased, from 9.5 to 6.2 percent. Life expectancy at birth has increased from 52 years in 1990 to 61 in 2015. The maternal mortality ratio (MMR) has decreased by 36 percent, from 932 maternal deaths per 100,000 live births in 2000 to 597 per 100,000 live births in 2017. This is inversely correlated with the proportion of births attended by skilled health personnel, which increased from 44.1 percent in 1990 to 56.6 percent in 2010, and 82.7 percent in 2018. The limited provision of emergency comprehensive obstetric and neonatal care along with the low level of delivery by cesarean section at 3.7 percent (below the recommended 5 to 15 percent) may be contributing to the high MMR despite the relatively high proportion of births attended by skilled health personnel. The Gambia has achieved a high percentage of children who are immunized, although this percentage has decreased in recent years – 83.2 percent of children ages 12-23 months were fully immunized with the basic antigens in 2018, compared with 87.4 percent in 2010.

6. **Although The Gambia's Human Capital Index (HCI) score compares poorly at a global scale, it is in line with the sub-Saharan Africa (SSA) average with some progress in the health components.** The Human Capital Index (HCI) for The Gambia is 0.40; if key health and education outcomes and trends remain constant, the cohort of Gambian children born today will achieve 40 percent of their potential productivity when they reach adulthood. The HCI is a useful indicator for monitoring a country's trajectory on human capital as a core component of sustainable development. The five indicators that make up the HCI score for The Gambia are: the probability of survival to age five (94 out of 100 children), a child's expected years of schooling (9 years of schooling by the 18th birthday), harmonized test scores as a measure of quality of learning (338 on a scale where 625 represents advanced attainment), adult survival rate (74 percent of 15-year olds will survive to age 60), and the proportion of children who are not stunted (75 out of 100 children).

7. **The Gambia's health care delivery system includes primary, secondary, and tertiary levels of care.** Each tier refers patients to the next higher tier of services. The primary tier consists of village health services (VHS) and community clinics for promotive and preventive health care. The VHS are staffed by village health workers (VHW) and community birth companions (CBC). The community clinics are run by community health nurses (CHN) or midwives. The secondary tier includes minor and major health centers that serve as referral facilities for the first tier. Minor health centers provide core health services including basic emergency obstetric and neonatal care; when cases are beyond their capacity, they refer patients to major health centers. Major health centers carry out minor surgeries, comprehensive emergency obstetric care, and provide radiology and laboratory services, among others. Hospitals comprise the tertiary level of care; the highest-level referral facility is the teaching hospital in Banjul, the capital city.

8. **There is a need to strengthen primary health care (PHC) services in The Gambia.** High-quality PHC is globally recognized as a key driving force for advancing universal health coverage (UHC) and the 2030 Sustainable Development



Goals Agenda. In The Gambia, minor health centers deliver up to 70 percent of the basic health care package, including basic emergency obstetric care. This implies an underutilization of PHC services. The healthcare financing landscape also shows a poor allocation toward the primary care level

9. **Government policies and strategies in the health sector are geared toward universal health coverage** by ensuring that everyone has access to quality essential health care services without creating financial hardship. Both the 2012-2020 National Health Policy (GNHP) and National Health Strategic Plan (GNHSP) 2014-2020, which are expiring this year, aim to accelerate provision of quality services and UHC. The MoH has initiated the process for developing 2021-2025 GNHSP and 2021-2030 GNHP. Further, The Gambia National Development Plan (2018-2021) calls for the establishment of a social health insurance scheme, as a drive towards UHC. According to The Gambia Multiple Indicator Cluster Survey (MICS) 2018,² only about 2.4 percent of women and 3.9 percent of men aged 15-49 years had health insurance, of which 93.2 and 92.6 percent, respectively, obtained health insurance through employer. However, a large portion of the working population in the country are engaged in the informal sector, signifying the need for arrangements for financial protection against impoverishing out of pocket costs of health care. A Bill has been finalized for the establishment of a National Health Insurance Scheme (NHIS). At the request of the MOFEA, the World Bank provided technical guidance to the NHIS Steering Committee to draft the NHIS Bill. The NHIS Bill was to have been approved by the National Assembly in March 2020 but has delayed due to the COVID-19 response. The Minister of Health has assured that it will be passed when the National Assembly resumes session or will be handled virtually. Subsequently, in April 2020, the national health insurance authority (NHIA) will be established to develop a suite of regulations and NHIS operational manuals. An essential health care package for the various levels of the health care system (village health services, community clinics, minor and major health centers, general/district hospitals, and the teaching hospital) is being finalized. It will feed into the development of standards for infrastructure and equipment, and for updating the essential medicines list, quality of care checklists, and staffing norms for the various levels of the public health care system as well as for the private health facilities. The benefit package for the health insurance scheme will be derived from the essential healthcare package.

Relationship to CPF

10. The proposed project is in line with World Bank Group (WBG) Country Engagement Note (CEN) for the period FY18-FY21 which has improving nutrition and PHC as one of its focus areas. The systematic country diagnostics (SCD), which is being finalized and will feed into the forthcoming Country Partnership Framework (CPF), indicated that inadequate access to and quality of health services undermine inclusive growth at all stages of the life cycle.

C. Proposed Development Objective(s)

To improve utilization and quality of essential health services in The Gambia.

Key Results (From PCN)

11. The two PDO-level results indicators are:

- i. Health Facility Quality Index*
- ii. Essential health services coverage index*

D. Concept Description

12. The proposed project will support the implementation of the 2021-2025 National Health Strategic Plan and has

² The Gambia Bureau of Statistics. 2019. The Gambia Multiple Indicator Cluster Survey 2018, Survey Findings Report. Banjul, The Gambia: The Gambia Bureau of Statistics.



four components.

13. **Component 1. Delivery of Essential PHC Services.** This component has two subcomponents: Subcomponent 1.1: Delivery of a defined package of essential health services and Subcomponent 1.2: Strengthening the national RBF program for expansion nationally.

14. **Component 2. Component 2. Health system strengthening.** This component has three subcomponents: Subcomponent 2.1: Renovations of health facilities; Subcomponent 2.2: Health information system; and Subcomponent 2.3: Supply chain, laboratory services, and human resources for health.

15. **Component 3. Project management**

16. **Component 4. Contingent Emergency Response Component (CERC)**

Legal Operational Policies	Triggered?
Projects on International Waterways OP 7.50	Yes
Projects in Disputed Areas OP 7.60	Yes
Summary of Screening of Environmental and Social Risks and Impacts	

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APPROVAL

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