



THE GAMBIA NATIONAL HEALTH ECONOMICS AND POLICY UNIT: FINAL CONCEPT NOTE

THANZI LA ONSE RESEARCH REPORT

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Background and Context on Health Economics in The Gambia

The Gambia is located on the West African coast and extends about 400 km inland, with a population density of 176 people per square kilometre (The Gambia, 2013 census). The width of the country varies from 24 to 28 kilometres and has a land area of 10,689 square kilometres. According to the Population and Housing Census (2013) projections, the population is estimated at 2.4 million in 2020 (50.7% female) with an annual growth rate of 3.1%. The population size is set to reach 2.8 million in 2025. The crude birth rate is 46 per 1000 population while the total fertility rate is 4.4 births per woman (GDHS 2019-20). The high fertility level has resulted in a very youthful population structure. Nearly 44% of the population is below 15 years and 19% between the ages 15 to 24. The average life expectancy at birth is 61.5 years overall (62.3 years female; 59.6 years male) (Census 2013).

Access to health care services in The Gambia has been clearly articulated in the National Development Plan (2018 – 2021). The Government, during the lifespan of the NDP, will give priority to boosting investment in its people to build the requisite human capital for improved living standards and to power the economy. The goal for human capital development in the NDP is therefore: “quality health, education, and basic social services accessible and affordable to all and improved social and child protection systems in place for the most vulnerable”.

Although The Gambia has registered significant achievements because of improved access to basic health services across the country, Primary Health Care (PHC) has substantially changed overtime and services such as delivery of birth are no longer encouraged to be conducted by unskilled birth attendants. As the country is going through an epidemiological transition, there is considerable growth in Non-Communicable Diseases (NCDs), high out-of-pocket expenditures for healthcare, serious challenges relating to maternal and women’s health, and inadequate supply of skilled health personnel are affecting the performance of the health system.

To address these issues and other challenges mentioned earlier, it is recognised that the government should invest in health system research especially on health economics and building, re-orienting and re-aligning the health system in The Gambia towards Universal Health Coverage (UHC), with an emphasis on the revised PHC structure, and maintaining effective systems to ensure improved financial protection and affordability for the most vulnerable populations, including women, children and the youth while intensifying focus on quality and equity (NDP, 2018 – 2021).

Overview of key priorities for strengthening health research-to-policy and capacity building in health economics

In general, research capacity in The Gambia is weak, particularly for health economics, health policy and health financing. Outside the Ministry of Health's Directorate of Planning and Information, there are few people with BSc, MA and MSc training on health economics and Advance Course on Health Financing offered by WHO. However, during the health system assessment, it was recognized that most financing for health research is provided by international development partners; little domestic resources are allocated for health research and poor financing constrains the development of a human resource base for health policy research.

Translating Health Economics Research to Policy

Interestingly, capacity and research output are greater for health services and clinical research in The Gambia, however, much of this research is defined and led by external players such as the Medical Research Council The Gambia. The demand for research evidence in health economics to policy and planning processes is absolutely minimal. This is characterized as being largely a function of the need to strengthen the culture, experience and capacity to interpret and use research output among policymakers, and low capacity and effort devoted by The Gambia research community to translating research into material that is digestible by policymakers and planners. Training programs at the University of The Gambia and The Gambia College integrate some health economics and research methods content into their public health curricula but research capacity among teaching staff in health economics is itself in need of building and strengthening as well.

It is common knowledge that several endeavours to apply research to policy (and health economics to be specific) have been ineffective owing to impracticable expectations, a lack of comprehension of the policy-making process and unclear definitions (Onwujekwe, O. et al 2019 and Ezenwaka, U. et al 2020). Studies reporting low rates of utilization of research have been criticized for using narrow definitions of utilization, and for paying too little attention to actual decision-making processes.

Generating locally relevant health economics evidence

Health economics evaluation provides valuable information to policymakers about the financial implications of decisions regarding the functioning of the health system. In The Gambia, there are six Health Economists with various levels academic training (BSc, MA and MSc) and they are responsible for the prioritization and compilation of budgets under four main budget programs (Strategy, Policy and Management, Health Promotion, Disease Control and Family Health) which have various sub-programs. They are also responsible for defending the ministry of health's budget at Budget Bilateral with the Ministry of Finance and Economic Affairs. In this regard, decision-makers would benefit from using high quality research to inform decisions on resource allocation to determine which program, sub-programs and activities require more resources based on priority intervention areas and their direct impact on the healthcare delivery system. However, there are limited published health economic research papers from The Gambia; health economic data for research is often

limited and where they exist there is considerable difficulty in accessing such data especially when conducting the National Health Accounts survey.

Informing health income generation

In The Gambia, the main sources of funding for health are from donors and households. Government annual allocation to health over the years usually ranges from 7-10% of the National Budget and general government expenditure on health as a percentage of total health expenditure increased from 28.11% in NHA 2013 to 38.69% in 2016 and declined to 30.65% in 2017. The Out of Pocket (OOP) expenditure as a percentage of total health expenditure was 21%, 25%, 29.80%, 24.55% in 2013, 2015, 2016 and 2017 respectively. However, the donor expenditure on health as a percentage of total health expenditure was 37.80%, 32.16%, 27.34%, 41.04% in 2013, 2015, 2016 and 2017 respectively. Given this outlook, health economics will form an integral part of the evidence to inform policy on the need for increased funding for the health sector.

Evidence Informed Decision-Making

Health economic research has evolved over the years which has given it an increasingly important role in policy development. Health economic research can be used to make predictions about alternative interventions and policy paths. One such example is the use of Markov models to make predictions of the outcome of alternative interventions. Health economics research can also be used to assess the availability of budgetary allocation for health that is sustainable by the government, e.g. Fiscal Space Analysis for Health.

As The Gambia aims to move towards Universal Health Coverage, there is a need for more health economics and policy research capacity building such as needs-based resource allocation research, willingness to pay studies, national health account surveys, etc.

In The Gambia, many interventions are usually donor-driven or not informed by a health economics perspective. It would be interesting to use different health economic evaluation methods such as cost-effectiveness analysis, cost-utility, cost-benefit and cost-minimizing methods to find what alternative best suits our context.

Project Objectives

- i. To build the capacity of health economics professionals and researchers within the Ministry of Health and the University of The Gambia plus other relevant academic institutions in The Gambia, to deliver training and produce policy-informative research on resource allocation.
- ii. To build the capacity of health economic policymakers in the Ministry of Health to enable them engage, critique and use research relating to resource allocation in policy formulation.
- iii. To make materials publicly available and accessible online and other health archives to ensure knowledge sharing as widely as possible.
- iv. To support the University of The Gambia to develop a Health Economics curriculum and build the capacity of the academic staff to conduct in-country training.

Priority health economics research topics to inform health care policy

The importance of health economic research for The Gambia is well guaranteed as there is little health economics research conducted in The Gambia. Therefore, the emphasis should be on how to institutionalize monitoring of economic efficiency of the national health system in general, including some of the priority health economics research topics to inform health policy as follows:

- i. Cost benefit analysis of health interventions.
- ii. Cost effectiveness and efficiency analysis.
- iii. Health financing in broader terms (Revenue Generation, Risk Pooling and Strategic Purchasing).
- iv. Health resources allocation and expenditure tracking.
- v. Disease or outbreak modelling.

Recommendations for how such a Partnership may be implemented in The Gambia (thoughts on governance and funding sources)

The Ministry of Health has established two different units to manage the functions of health economics, planning and policy (Health Financing Unit and Planning & Policy Analysis Unit). The Planning & Policy Analysis Unit, through the director of planning and information, advises the Permanent Secretary on the formulation of national and sector plans; ensures planning feasibility, viability, and the efficient use of resources in the various operations; ensures policy implementation; and provides feedback to the Ministry of Health, in collaboration with the Monitoring and Evaluation Unit, on the impact/effects of implemented policies/programmes for possible review. The Health Financing Unit was previously called the Health Economics and Policy Analysis Unit but was later changed as stated. The main function of the unit is to ensure accurate financial reporting and payment mechanisms, and to coordinate the conduct of health expenditure tracking such as National Health Accounts (NHA). The unit also collects and analyses economic information for health planning as well as investment analysis for the health sector. In addition, the unit advises the Permanent Secretary of the Ministry of Health on health financing and expenditure tracking (budget execution).

Therefore, the implementation of this partnership project will be executed through the establishment of a Health Economics and Policy Unit at the University of The Gambia and working closely with the Directorate of Planning and Information at the Ministry of Health. As part of the support to the successful implementation of the project, both institutions will provide support by creating or establishing an office and paying the utilities that go with it for the Thanzi la Onse (TLO) research program. This will provide an opportunity for the University to initiate curriculum development for short and long-term training on health economics in The Gambia. This will provide extensive additional capacity for health economics and policy research in the country.

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