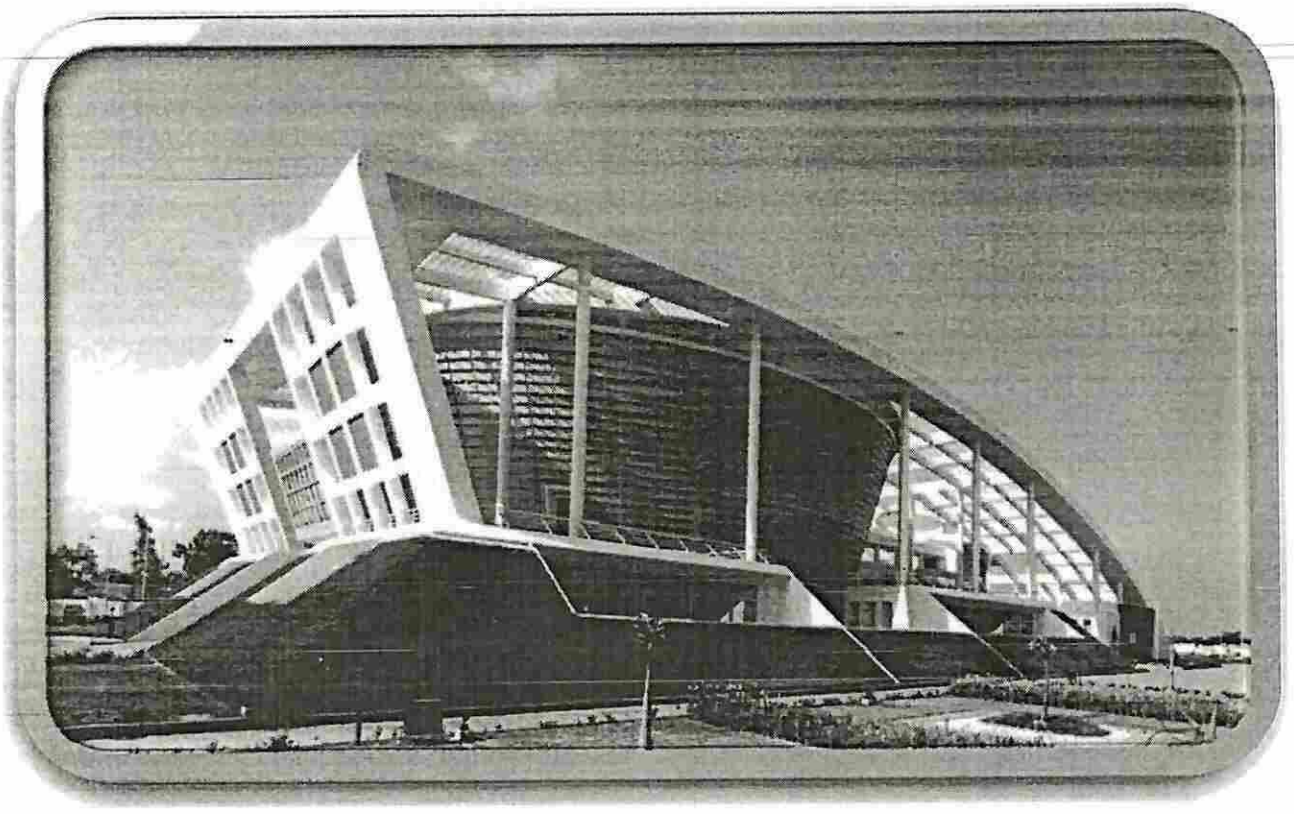

National Assembly, New Assembly Building, Reverend Pye Lane, Banjul, The Gambia

PARLIAMENTARY DEBATES

[HANSARD]

OFFICIAL HANSARD REPORT

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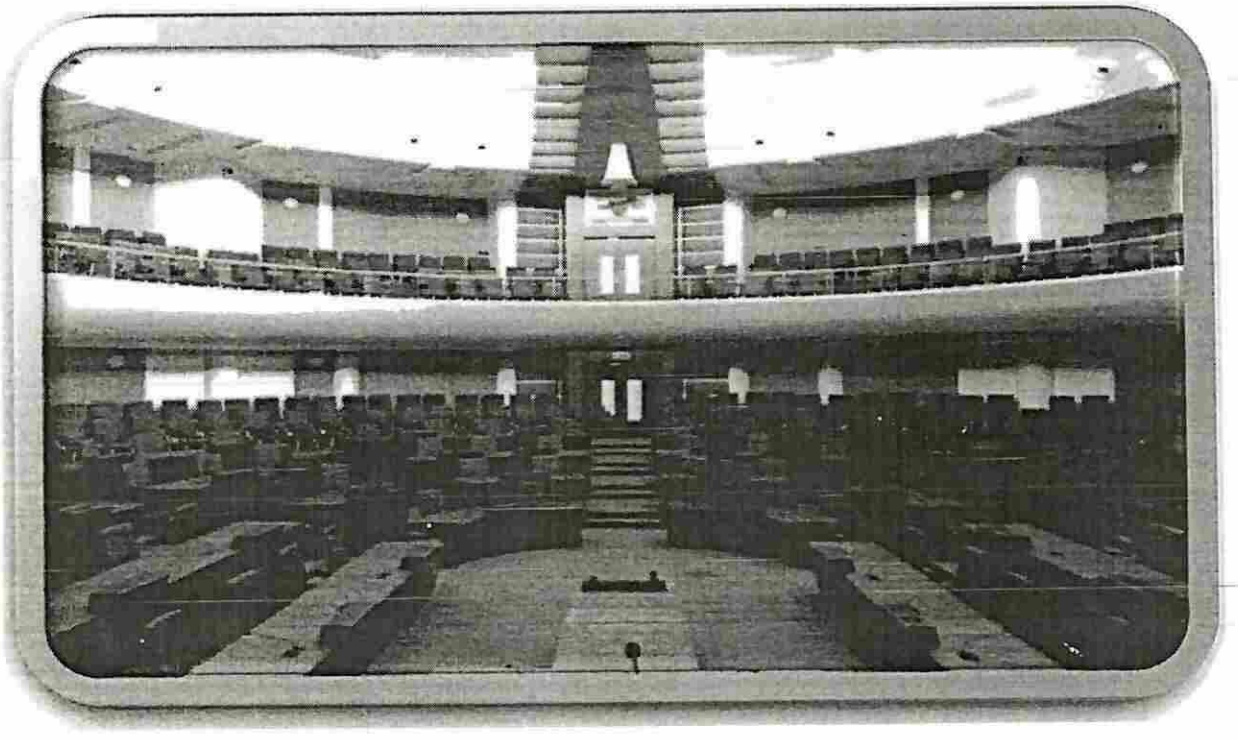
Second Meeting of the Second Session of the Fifth Assembly
Of the Second Republic of The Gambia.

Proceedings of the Sitting of Tuesday 11th June of the House, 2019.

Content



THE CHAMBERS OF THE NATIONAL ASSEMBLY OF THE GAMBIA

OFFICIAL HANSARD REPORT OF THE PROCEEDINGS OF THE HOUSE

SECOND SESSION – SECOND MEETING
OF THE FIFTH ASSEMBLY
OF THE SECOND REPUBLIC

TUESDAY 11th JUNE, 2019

1. PRAYERS:

[The Speaker, Hon. Momodou LK Sanneh, Reads the Prayers*].*

[The House met at 10:00 a.m. in New Assembly Building, Reverend Pye Lane, Banjul].

[The Speaker, Hon. Momodou LK Sanneh, in the Chair*].*

The House was called to Order

2. Correction of Record of Votes and Proceedings of the National Assembly Sitting of Tuesday 13th March 2018.

THE SPEAKER: Honourable Members, the Records of Votes and Proceedings of the National Assembly Sitting of Monday 10th June, 2019 is before us for consideration and adoption. Can someone please move that the Record of Votes and Proceedings of the National Assembly Sitting of Monday 10th June 2019 be considered and adopted?

HON. SAINEY TOURAY [JARRA EAST]: Thank you Honourable Speaker. Page 5 where you have laying of papers and reports. The Honourable Minster for Finance and Economic Affairs tabled the report for consideration by the Assembly, which read; for the consideration for, the "for" is repeated twice.

HON. ALHAGIE MBOW [UPPER SALOUM]: Thanks, on the same page, which is page 5, the same line the Member for Jarra East mentioned, the Honourable Minister for Finance and Economic "Affairs" is missing.

HON. BABA GALLEH JALLOW [SANIMENTERENG]: On page 6, Honourable Mahtarr Jeng, Member for Lower Niumi moved that the report be referred to the "Finance", finance is wrongly spelt." In the same vein, question put and agreed to, it has been moved and seconded that the Assembly do refer should be in the past "referred".

HON. ALHAGIE DARBOE [LOWER FULLADU WEST]: Question put and agreed to, I think it should be considered, it has been moved and seconded that, this Assembly do "consider" the report of the Auditor General instead of referred and if you go down the last sentence, the report was referred to the [FPAP] thank you.

HON. ALHAGIE MBOW [UPPER SALOUM]: Thank you. I am on page 9, number 23, my name is wrongly spelt.

HON. ALHAGIE DARBOE [LOWER FULLADU WEST]: Ensuing debate continued, number 21, it should be Honourable "Alhagie S. Darboe" Member for Brikama North instead of Honourable Alhagie Darboe.

HON. SAINEY TOURAY [JARRA EAST]: Page 9, after number 31, at this juncture, the Honourable Speaker called on the mover of the motion to respond to the issues and concerns raised and "wind up".

HON. SUNKARY BADJIE [FONI BREFET]: Thank you Honourable Speaker. I did participate but my name did not appear on those who participated in the debate, my name is missing.

HON. DAWDA KAWSU JAWARA [UPPER FULLADU WEST]: Let me draw your attention back to page 3, I just noticed that my constituency name is Upper Fulladu East instead of Upper Fulladu "West". Thank you.

THE SPEAKER:

[Question Proposed, put and Agreed to]

[The Record of Votes and Proceedings of the National Assembly Sitting of Monday 10th June, 2019 was adopted with amendments]

3. QUESTIONS FOR ORAL ANSWERS [BY THE HONOURABLE MINISTER FOR HEALTH]

THE SPEAKER: Thank you. Questions for which due notice was given to the Honourable Minister for Health by Honourable Members for oral reply.

QUESTION NO. 082/ 2018 [BY: HONOURABLE MEMBER FOR JARRA CENTRAL]

HON. KEBBA JALLOW [JARRA CENTRAL]: Thank you very much Honourable Speaker. Honourable Speaker, can the Honourable Minister for Health tell this august Assembly how many scanning machines are functioning at the Edward Francis Small Teaching Hospital? Thank you.

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Honourable Speaker, distinguished Honourable Members, good morning. Honourable Speaker, my Ministry is committed to the delivery of quality healthcare to all living in The Gambia and I am aware that the equipment that is CT SCANNER, is indispensable. Currently the hospital has three ulterior sound scanners and one CT Scan machine, all of which are functioning. Sometime ago, the CT scanner broke down, it had a fault. It was not functional because it got problem with one of its parts. It is an expensive part of the equipment which we had to order. It costs the hospital a lot of money and - it costs the hospital sometimes a considerable amount of financial resources to get this part. As I talk to you now the CT Scanner is up and running.

The Gambia lacks capacity in biomedical engineering services and most of the time when equipment broke down, we have to look for experts outside this country to fix them. To address this challenge, the Ministry has plans to establish a biometrical engineering unit at the Directorate of the National Public Health Laboratories. It is hoped that with our wealth of capacities in the Biomedical Engineering Unit, many of the broken equipment will be fixed. This will not only increase access to their services but will also cut cost.

In the same vein the CT Scanner we have, there are two in the public health facilities in the whole country: one in EFSTH and Serekunda. They are quite old now over 10 years and even their sensitivities are not in standard with the world now. We have two slide CT Scanners and the average is 32 or 64 slide CT scanner with higher sensitivities. That means this is what we need. These ones are outdated, if I were to say that, it means the changes of anthologies of disease being mixed is higher, so we need to update. A new CT scanner costs about a million dollars so we need one as a matter of urgency.

It is important also to inform this august gathering that another piece of equipment called the MIR Scanner, that is the [Magnetic Image Scanner] that had been donated to the hospital over five years ago and was lying dormant, has now been put to use with the help of the Cuban technicians and some Chinese technicians. It is a new machine that was never used, because we did not have the knowhow. We did not have the experts to put it to use. But fortunately, it is now functional at the Edward Francis Small Teaching Hospital. It has a bigger scope when it comes to certain diseases than the CT scanner. So we have one MIR functioning in this country now. Thank you very much.

[Supplementary Question/s]

HON. KEBBA JALLOW [JARRA CENTRAL]: Thank you once again Honourable Speaker. Honourable Minister in your response, you said your Ministry has plans to establish a Biomedical Unit at the Directorate of National Public Health. How far have you gone on these plans? Thank you.

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Well, we look forward to the plan and part of the challenges we have is that certainly these people need to be trained. It is an issue of finance, we do not have a training school for biomedical technicians here. Although we have technicians but they need to be ... [not clear] ... and the consequences are that we get a lot of equipment ... [***bad recording***] ...

so we need to train people and then bond them so that they are able to service this piece of equipment for us, because it is not sustainable every few years, we buy new equipment, no country is able to do that. Thank you.

HON. FATOUMATTA NJAI [BANJUL SOUTH]: Thank you very much Honourable Speaker and thank you very much Honourable Minister for coming to this august National Assembly to answer our questions. I have two concerns. One is related to what you mentioned in your answer and that is the cost of the equipment. You said it will cost at least a million dollars and that there is a problem because it is made by Siemens and Siemens does not have a facility centre in The Gambia but in Senegal. If you buy equipment for one million dollars, you must have a very good after service agreement with them. So, even if they were in United States or in another planet that would not stop them from coming as soon as possible, because these scanning machines are life-saving machines for us. So, we cannot afford to lose any time when it comes to them being broken down. So, I think we need to look at the after service agreement that you have with them so that even if it is going to take time to repair them, they will give us a replacement, and alternative that we can use for the mean time because our future is here and they do not deserve to die. I just want to know the agreement you have with them. And also regarding the lack of capacity, I think this is a reason also why other Honourable Ministers need to be on the floor even if they are not needed, because the Honourable Minister for Higher Education should have been here to know that we lack capacity and then he will be able to find out. I think you have a good relation...

THE SPEAKER: Sorry Honourable Member, can you please go straight to your supplementary question.

HON. FATOUMATTA NJAI [BANJUL SOUTH]: How are you working with the Ministry of Higher Education and Research to ensure that we fill this gap in this capacity? Thank you.

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Thank you very much. With regards to expensive piece of equipment or any equipment for that matter, usually there are warranties, of course the warranty periods are about to expire, depending on what was agreed upon. And in this case, even though in the past, some of those agreements and how they were done I was not party to them, this was 10 years ago.

So, really it is difficult for us to access or to hold them responsible but at least they have taken responsibility for – at least it is good for their business also to make sure that they provide adequate after services for the equipment. I will give you an example, three months ago that happened, when this happened back and forth, the tube of the CT Scanner was changed and it costs over two [2] million dalasi. That is how expensive one part of this machine could be. The tube came, thereafter, the technician from Senegal said another part needed to be fixed, thereafter another one, then I got fed-up and I said to them, you know this is not acceptable, so I wrote a very stern letter to Siemens and even telling them that I do not think we will like to do any business with Siemens again which they took very seriously because it is not good for their corporate image. They wrote a letter and even some charges that they had earlier wanted us to be responsible for, they waived off those charges and that is how the machines got fixed this very last time.

So, of course the agreement subsequently, if you go into any agreement, those will be streamlined and we make sure that we get even the judiciary backing from the justice department, the legal backing, so that they will be held responsible. I have forgotten the second part, the training gap. Of course with regards to the specialist training, this is a specialized training, there are lots of gaps even with the Doctors, Technicians and so on. We try to engage with the PMO, the PMO trains people who are in-service when they get admissions in various facilities.

However, very soon we will be meeting with the Cuban Minister for Health and we hope to put this forward to them so that they are able to train some of our people for us in Cuba including the Biomedical Technicians.

HON. ALAGIE JAWARA [LOWER BADDIBU]: Thank you Honourable Speaker, my question has been addressed by the Member for Banjul South, that is the after-sale services, that is what I wanted to ask.

HON. ALHAGIE H. SOWE [JIMARA]: Thank you very much Honourable Speaker. Honourable Minister did your Ministry have any plan to provide scanning machines to all medical centers within the country especially the Upper River Region that is Basse medical center? Certainly it is a plan because our strategy is to strengthen all the major health facilities in the country for obvious reasons.

We have a very high infant mortality rate and we plan to provide scanning machines to most of the major health centres within the country especially the Upper River Region, that is the Basse Major Health Centre.

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Certainly it is a plan because our strategy is to strengthen all the major Health facilities in the country for obvious reasons. We have a very high maternal mortality rate which you are all aware of and it is a big concern to all of us. So our strategy is to make sure that the people up-country have a one-stop kind of healthcare services, they do not have to come here. We know the challenges when people leave their homes and their families and come and stay with other relatives here. Sometimes they sleep on the grounds of Edward Francis Small Teaching Hospital, where you see old men loitering around waiting for their relatives to get well. It is of concern to us so our strategy is, very soon we are going to roll that out to strengthen all those facilities so that the basic healthcare is given to the people in the provinces.

However, considering the cost of a CT Scanner, you will agree with me that getting four extra scanners is going to be a big challenge that means four million dollars if you will give us, we will certainly send them there.

HON. ALHAGIE MBOW [UPPER SALOUM]: Thank you very much Honourable Speaker. Honourable Speaker, the issue with public financing, I think it is a real issue across the world and there is a trend which I want the Honourable Minister to confirm. The trend goes forward, basically it is about public-private partnerships where you have organisations or individuals convey, deploy train and maintain certain facilities, would you consider or do you have any plan to consider this kind of arrangement where somebody will come, provide the MRS Scanners and train the people and also maintain them for a fee because of this new trend that is actually happening especially in the southern region of our continent. Would you consider those? Because I think again the equipment are very expensive but this is a new trend that actually many countries are going through. So, would you consider that? Thank you.

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Thank you very much. I think that is very important as a nation, for us to move forward, we certainly need that because government does not have the resources and the people of this country also desired and also demanded actually those kind of quality services.

But with the budgetary support we get, we are unable to provide those services, I must say it here clearly. So, we need the input of the private practitioners.

However, we have been quite hesitant for obvious reasons because it is a new thing, we also want to make sure that accountability is paramount when we deal with the private sector. Quite a number of people have shown interest but we want to do pilot first, do it at a minor scale to see how it works out. But I think we are very concerned that it does not add additional costs to the poor people of this country that has been an issue of concern to us because certainly, they will provide the quality services but they will equally be interested in their profits. So, how do we strike a balance? At the hospital level, where we are contemplating that is the Edward Francis Small Teaching Hospital, we are looking at services that we are unable to provide and we let them provide that at a cost. We would have provided the service for nothing more. So if that is still profitable to them, then they will take it up and that is what we are looking at, thank you.

HON. HALIFA SALLAH [SERREKUNDA]: Honourable Speaker, taking into consideration that the Minister established a correlation between the provision of biomedical services with the availability of the staff to provide it and having also said that there are trained personnel that left the service because of maybe reasons that he may be able to explain. Wouldn't he accept the need for going back to the drawing board to look at this particular problem and come with the short-term, medium, long-time solution to the problem including the provision of a linkage between getting a machine and training personnel to be able to service it? Would that be acceptable to those who are actually providing the machines?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Thank you very much. In the interim, the short-term, what we did was to ask for more biomedical technicians from Cuba because they are readily available and that is in the interim short-term solution. And fortunately, that has started to yield dividend, that is why the MRI Scanner is working now and there had never been an MRI in this country until few months ago and the machine was lying down, a brand new one for five years, no one could use it. So, that has started to yield dividend. But certainly for the sake of sustainability, we need to train our own people so that is for the long-term.

With the current equipment manufacturers, they tend to specialise, you would see even in Siemens, they produced various models of CT Scanners and a technician will be trained just to handle a particular type. When you ask them, I am sure it is for their market reasons, you ask the technician and he tells you "no I am not a specialist of this machine". So, what we are going to do now is, each time we procure any of those kinds of expensive equipment, we send one of our people to train on that machine. That is going to be part of the package now, thank you.

HON. MOMODOU CAMARA [FONI BINTANG]: Thank you Honourable Speaker, I think my question has been addressed by the Minister now.

HON. FATOU K. JAWARA [TALLINDING KUNJANG]: Thank you very much Honourable Speaker for giving me the floor. Honourable Minister, in this kind of situation whereby if an equipment was broken, it takes time to repair it. Does your Ministry have any plan in place or any connection for supplying emergency equipment to the health sector?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Now the Ministry, especially the hospital, has taken part in the procurement of essential equipment for the Edward Francis Small Teaching Hospital and the first batch has been supplied. The remaining ones are coming and all of them are life-saving.

Of course the idea is to have most of them in operation now. Where my view certainly is broadened, when they come, I certainly hope to ask rather than keep them there. I hope to ask Edward Francis Small Teaching Hospital if they can allow us to send some to Bansang and Basse rather than keeping them in the store because there is no point in keeping some on standby when others are suffering without equipment. But for big pieces of equipment like the CT Scanner, it is a big challenge because they are very expensive. Really, it would have been good to have the new one now, the 64 Slash 1, and be using that as the main machine and leave the old one as a backup. So that will be great if we get the new CT Scanner and I think the country needs that because the sensitivity of this other machine is not as high as the newer ones. That means newer technology has been developed, you know to ascertain the detection rate of lesions that the CT Scanner will pick up. So now they have advanced that.

That means, with the newer ones, we can pick up even very small cancer for example in the abdomen and in the chest. So, that is the advantage of having a new one, thank you.

HON SUWAIBOU TOURAY [WULI EAST]: Thank you Honourable Speaker. Honourable Minister, there is a lingering problem in Foday Kunda Health Centre relating to the lab which is meant for testing pregnant women. But for the last two years, we have been struggling with it but the problem is a lab technician and the promise that was given is that they are doing some training so that eventually they will be able to send a lab technician there. Could your Ministry do some assessment?

THE SPEAKER: Honourable Member for Wulli East please, supplementary should be directed to the original question.

HON SUWAIBOU TOURAY [WULI EAST]: Yes it is directed, we are talking about the lab technician. I am talking about the scanning machine.

THE SPEAKER: Scanning machine for RVTH or Edward Francis Small Teaching Hospital or Baja Kunda, which one are you referring to? [***Laughter!***]

HON SUWAIBOU TOURAY [WULI EAST]: I am talking about a lab technician for Foday Kunda because there is a scanning machine there but when they do not have a technician that is what am talking about.

THE SPEAKER: Excuse me Honourable Member, it is not related to the original question, please.

QUESTION. NO. 083/ 2018 [BY: HONOURABLE MEMBER FOR NIAMINA WEST]

HON. DEMBA SOWE [NIAMINA WEST]: Thank you very much Honourable Speaker. Honourable Speaker, there is still a shortage of drugs within the health centres in the Niaminas. Can the Honourable Minister tell this august Assembly why this situation, after having approved a significant amount of money in the budget for the Ministry?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Thank you very much. Honourable Speaker, my Ministry is aware of the drugs situation in all the health facilities in the country and the Ministry is doing everything possible to address this major challenge of the health sector.

Honourable Speaker, let me inform this august body that the Ministry of Health has an essential medicines list, which was established in collaboration with the stakeholders. These are the medicines that the Ministry will procure for the public health facilities and shortage of medicines should be measured against the items on that list. In recent years, there has been an increase in the budget allocation, however this is below the required amount needed to procure the entire requirement for the country. The Ministry has embarked on resource mobilization through World Bank and other donors, to fill in the gap.

The Ministry has transformed its procurement mechanism for the diversifying or diversification of its sourcing strategy and making it more competitive and value for money.

Alongside, we are embarking on strengthening public health supply chain management and logistics management information system so as to make it more responsive to the public's needs, by delivering the right product in the right quantity at the right health facility. The procurement process is sometimes cumbersome and not suitable for health commodities.

At this junction, I would like to inform this august gathering that essential medicines are available in the central medical stores and distribution has since started. I have been reliably informed that no patient admitted in any of our facilities should be asked to buy essential medicine prescribed for their treatment.

Honourable Speaker, it should be noted by this Honourable body that essential medicines are expensive and ensuring their continuous availability in our health facilities at all times is a daunting challenge and will require additional financing. Without the support of partners, such as the Global Fund, World Bank, through the Maternal and Child Nutrition and Health Resources Project, being a UN agency, the situation would have been more serious. I would like to register our sincere thanks to all of them.

It is important to know that quite a number of medicines, the one we call essential medicines, most countries, this is what they have actually in the public domain. We called them essential medicines and the list is compiled by WHO and it serves as a model for countries and countries use that to keep stock in their public services. I do not think there are any countries that have all the medicines actually in the public domain, even in the advance societies.

There are some medicines that patients and patient groups are advocating for them to be procured by the public sectors. This said and done, the recommended amount to be spend per person of population on essential medications is two dollars per person. So that being the case, if two dollars that is the minimum, we have about two million people that means that is 4 million dollars each year. Four million dollars is about 200 million dalasi and what we spend on even with the increment, which we were very grateful for, but what is spent on medications each year here is about a million dalasi. So that means, we are just 50 percent of the way to even be able to do away with this problem of medicines. And the reality with regards to medicine is that they are imported and they are brought from communities and we end up paying a lot more. The example I give is, if the patient in UK needs adrenaline to survive, the human body is the same in the Gambia, a patient with a similar problem certainly needs adrenaline to survive. You cannot say because it is Gambia we give water. And this adrenaline is manufactured in the UK and imported here and then the importers put on their profits and their overhead. So the same adrenaline will not mind our poverty level, it will cost more here than it will cost in the UK. So these are examples of how expensive dealing with providing free medication for our population is. Our request is, for us to have this problem done with, we need to still increase what is spent on medications. We are engaging partners and some have been forthcoming in giving extra budgetary support to close the gaps. But what we are doing, of course I am sure probably in the minds of other people, is what is happening with regards to the control measures. Yes, Ministry is putting in a whole lot of control measures to make sure that there is no pilferage or it is brought to the barest minimum. Of course with the enlightenment of the population, we are telling them that this is government property, it should not be taken away. We're are strengthening our monitoring and recording system. However, we are looking at a computerized patient monitoring system whereby even if patient A is given a particular drugs, it is punched in the system. If it is paracetamol, amoxicillin, it is pointed. At the end of the day, we know how many patients received paracetamol in Edward Francis Small Teaching Hospital. You correlate this with how much paracetamol left the pharmacy and you certainly know what happened, and at what point that something happened. To go beyond that, I have actually already asked our people in the subsequent procurement of medication, that is this batch that they are working on currently, to make sure that we get the label a little identification tag.

We suggested to them to put a little Gambian flag at the corner of any box of medicine that is procured for the public sector. If it is in line with the laws of this country. We are going to put a little Gambia flag on paracetamol boxes. So, anybody who sees that will know that this belongs to the people. So hopefully that will also reduce the pilferage, thank you.

[Supplementary Question/s]

HON. DEMBA SOWE [NIAMINA WEST]: Honourable Minister, you did mention that your Ministry has embarked on resources mobilisation through the World Bank and other donors. Can you please tell us, how many either in cash or in kind, the amount the Ministry has managed to mobilize from this donors?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: I cannot tell you the exact amount, we can furnish that later on, if you may. But part of what happened is, I am sure you are aware of the Global Fund support, they support the HIV program, Malaria program and the TB program. So all these medicines, actually are brought by them. It would have been catastrophic expenditure if the government were to buy these. You know, because what is spent on this is a huge amount and we will be able to give you the details. My people will be able to give you the details. But we do get quite a number of support from other partners as well, UNICEF supports, WHO supports a little bit, GAVIE supports. GAVIE buys most of vaccines in this country. Without GAVIE support through, probably we would have been requesting and all these people put together, we will have been requesting for closer to three hundred million dalasi to be able to buy even the vaccines. That is why you will not been having problem with the issue of vaccines. Now what we try to streamline with regards to the support of these agencies, it should look at what has been put forward. We are in the process of reviewing some, because when I look at others, I was not – I had my reservations that we have to prioritize, because the donors work on what you give. If you request on for A, B and C, they may negotiate with you but they are likely to give you A, B and C but some of the A, B and C that have been put forward, I have reservations and I think we should modify them, because we want to reduce the expenditure of donors funds on workshops and conferences and let it be targeted to the health facilities where the equipment are missing, thank you.

HON ALHAGIE MBOW [UPPER SALOUM]: Thank you very much Honourable Speaker. I will also want to equally thank the Honourable Minister and for the mere fact that they try to have something on our label on our drug to differentiate government own so that it cannot get into the market. Which actually I personally recommended here, sometime in 2017. So, that goes to show that this parliament is basically a partner in development for this nation. Now my question, Honourable Speaker, when you look at the answer from the Minister, two things come to mind: that is the shortage and availability. There could be a shortage in a particular health centre and yet drugs may be available in the Central Medical Stores. Now you have highlighted the issues about the supply chain management and I want to find out exactly whether you have anything, information technology-wise that will actually help you, to determine the drug that we actually have, where are they, what is the balance, to avoid these issues of availability not really of course affecting the shortage of this year. So I just want to confirm whether you have anything technology-wise that will actually help you to determine what kind of drug, when it is going to expire, what is in Banjul, what is in Basse so that it gives you a comprehensive outlook of what we really have in the health system?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Thank you very much. Unfortunately we do not and that is the way forward because what happened is, you realise that just as you said, sometimes when we hear that some facilities do not have certain drugs, we are surprised because at the central level the drugs are there. So the communication is not good enough sometimes. But that actually happened to the drugs too, because when a drug is issued at whatever facility no matter how far it is, it should be detected at some level, then we can determine the stock balances. The delay in the determination of the stock balances, is sometimes responsible for our responsiveness, our delayed responsiveness to crisis situations. Sometimes you get to know that, you have limited amount in-country when it is almost too late and they are delayed, so there is rather no overlap. So I think that is the in-thing, we need to go for it. We have asked some people to help, we got information that in part of the accountability measures the partners World Bank and IMF, more so World Bank is interested in helping countries established mechanisms like that. So we are going to explore that, thank you.

HON. OMAR DARBOE [UPPER NUIMI]: Thank you very much Honourable Speaker. Honourable Minister, this question was asked since 2018 and are you trying to tell us that this problem is still prevailing in our hospitals or in our health facilities?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: The problem of medication?

HON. OMAR DARBOE [UPPER NUIMI]: Yes, is it still existing?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: No we are telling you that it is no longer existing when it comes to the essential medicines. The essential medicine are available at our central level. But of course you know as time goes on the stock get depleted and then we are making sure that there is overlap so that we get new supplies before the other ones are exhausted. But we are saying that, the communication sometimes is a challenge, you may go to a facility, they ran out of it and they have not made a request from the central level. So, when that happens, the patient will get an enemy "not available" on his prescription part without confirming from the major health stores but we are trying to ensure that there is timely distribution. We also want to enhance the communication because of course human factors play an important role in many of these things. The responsiveness of those at the dispensing units is always critical.

HON. ALHAGIE S. DARBOE [BRIKAMA NORTH]: Thank you very much. Honourable Speaker, there is a question that I wanted to ask. The Honourable Minister said the situation is no longer existing but I want to further ask the Minister, what mechanism do you put in place in order to give those supplies before the various health centres run out of stock?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: The facilities are always in touch with the central stores. The central stores have information system, they use to track what goes on in the facilities. Sometimes the efficiency is not as it should be and information certainly depends on what is punched in. If what is punched in is inadequate, it is not done in a timely fashion, those gaps would be there. But of course we know now communication is not difficult if people are running out of stock. You see at many of this facilities, they have this tally cards, when they are giving drugs, the amounts given, what is disbursed, what is consumed are supposed to filled in and filled in on time. So they should know what is getting finished in good time for them to communicate and get a supply.

I think what needs to be done now probably is to enhance that, to enhance the communication between the central stores and the peripheral facilities and to also ensure good monitoring, because I realised that many of our problems in the facilities is monitoring. Monitoring, I must say, is not as we would have wanted it to be and without monitoring certainly people tend to be free to do whatever they want to do without consequence and that certainly needs to be strengthened. I went on tour to North Bank some time ago and yes it was sad to say that sometimes really the coordination was a little poor. Instead of the unavailability, it was rather an issue of poor coordination. Thank you.

HON. ASSAN TOURAY [BAKAU]: Thank you very much Honourable Speaker. Honourable Minister, according to my own understanding when a patient is being admitted at the private block, he or she needs special treatment. In an instance where that patient needs a drug that is not available in the hospital, how do you go about that issue?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Just as we said, if the drug is on the essential medicines list, the drug should be available in the facilities. But of course there are some drugs that are not on the essential medicines list. Those drugs are sometimes available but it is not like it will be mandatory for them to be available and usually they tend to be more expensive drugs. They tend to be the more expensive antibiotics and so on and so forth. So under the circumstances, those patients – in the private block in the EFSTH, actually what is paid here covers just for the rooms. That is about 1000 dalasis. It does not cover for medications. So, under the circumstances the people buy.

HON. NDEY YASSIN SECKA [NOMINATED]: Thank you very much Honourable Speaker. I am very grateful to hear that we want to put on mechanisms by labelling the drugs to be able to control it. But you know human beings sometimes they can do anything. In case, sometimes you can see they may want to tamper with the boxes. Are there any other mechanisms that we can put in place, so that they cannot do anything in taking out the drugs? Because sometimes, you see them going out selling this "nuiket" (pain killer) and this paracetamol in other boxes, you know what I am talking about.

And then the other issue is, you are talking about essential drugs so I want to know, can you please elaborate on essential drugs?: Is it that the cheapest drug are the essential ones or the expensive drugs, thank you.

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Because there is a whole question on that, so if you will allow us when we get to that, we can talk a lot more about essential medicines. Yes, we anticipate what you are saying because quite a number of those medications come in tins. So if you label the tin and then someone goes and pours the contents of the tin and start to sell them in small bags, it is a big challenge. So there is no simple solution to the problem and we certainly will also ask you to kindly do some advocacy for us too, by talking to your constituencies like these are government properties, they are for the people and we should all be vigilant, Nation building is for everybody not just for the Ministry of health so certainly you are in touch with the people at the grassroots so we will ask you to kindly help us in that regard. But we are also going to use our Health Education Unit very actively so that people desist from this. And certainly, measures should also be there, some preventive measures to discourage those kinds of things because it is certainly criminal behaviour, it is also theft you know. It is similar to breaking people's doors and stealing from them even though sometimes people think stealing from government is different but it is the same. So there should be very strong preventive measures to discourage that.

HON. HALIFA SALLAH [SEREKUNDA]: Honourable Speaker, the Minister has explained very clearly that there is drug supply chain which comprises right medicine, right quantity, (I would assumed) right storage, right use, right dispensation and timely replenishment of stock. Would that be linked to quarterly reporting of stocks levels and would the Honourable Minister also consider an all-Africa, all-ECOWAS skill to ensure that a drug supply chain, that is manageable, that is sustainable, is actually established, so that we link ourselves to a world market for drugs that will enable us to get the right type of medicine, right type of price and avoid what is happening at the moment? Drugs that are not medicine being sold in our markets and undermining the very health of our population, thank you.

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: With regards to the monitoring, there is quite some vigorous monitoring. I am not sure about the frequency, I can find out from the department of pharmaceutical services. However, with regards to the supply of drugs, it is a quit an important aspect in the delivery of health services all over and we have a big challenge in our region. So there has been various initiatives at the WAHO level, the [West African Health Organization], to harmonize what happens in the West African Health Community in the WAHO Countries.

Now there has been talk of getting a central manufacturing plant that is co-owned by the WAHO Countries, to assure quality. Of course that will need the commitment of our various partners, especially our bigger members of ECOWAS. But one thing that has been forthcoming, and they are working hard on that, is to have a WAHO-wide, drug licensing process, so that a drug could be licensed in Nigeria and when they come here they do not need to be licensed here, because there would have been robust ways. But of course you know with international partnership sometimes there is a big degree of suspicion with regards to what do we allow to be licensed in country A, do we trust to give that to our people, so that resistance is still there. So for us to be able to open to those kind of mechanisms, we have to get very robust licensing processes that are immune to interferences. So that is very important.

But we are also entertaining through WAHO, [West African Health Organization], to look at bulk procurement because when countries procure together or when groups procure together, they tend to get some savings, it becomes cheaper. Our procurement, when compared to other bigger countries certainly, is very limited. So we are looking at a situation whereby we can join with bigger countries to be able to procure medication for our country, hopefully that will bring down the cost. But of course, it all has to do with quality medications and when we come back to the quality, it is a big challenge. So our medicines control agency, we are trying to capacitise them so that we have very importantly a quality assurance lab in this country. We do not have one as I speak.

So, that means if we see a medication, how sure are we that it is Paracetamol? How sure are we that it contains 500 milligrams of Paracetamol and not 50 milligrams?

Because the issue of counterfeit drugs is a big problem, it is a multi-billion dollar market and they target countries like ours in the sub-region that do not have the capacity to be able to determine the quality of these medications, and of course selling counterfeit medicines we all know is more criminal probably than selling cocaine. The cocaine seller knows, the buyer knows that he is buying cocaine and he decides to consume it. But for the counterfeit medicine, a person goes and buys medicine hoping to get better and gets worse and sometimes people end up dying because of that. So it is a very serious thing, we are engaging with partners.

The last time we spoke with the Director for Medicines Control Agency to see whether we can get this lab. We are hoping to engage with the Chinese to see if they can establish such a quality lab for us because what happens is that you may see something you are suspicious of, it does not look the product, the appearance looks faulty but you have no means of checking that it is actually good quality, so that is essential.

THE SPEAKER:

[Supplementary Question/s]

HON. SUWAIBOU TOURAY [WULI EAST]: Thank you Honourable Speaker. Honourable Minister we want to help the Ministry to explain this thing to our people. You know that we are always confronted by the issue of medicine but then if we don't know what is essential medicine in your list, can you provide that list to us?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Yes we have a list, we will give you the list. Thank you.

HON. LAMIN J. SANNEH [BRIKAMA SOUTH]: Thank you very much Honourable Speaker. Honourable Minister, I just want to know what comprises of these essential drugs and again as a Ministry you have any intention to go outside the box of the essential drugs in case of emergency that needs immediate attention, for example a disease outbreak.

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Thank you. The essential list as I said, we have the list and we have a question just to answer that. Yes, we do occasionally go out of that list of essential drugs. For outbreak certainly, you will certainly have to go outside the box and sometimes we also look at the disease pattern and we see at the levels of the hospital we do that and we hope to strengthen that to look at disease patterns.

For example, if we talk about anti-cancer drugs, we are going to buy a whole range of anti-cancer drugs for the people because we know they are expensive and the fact that they are expensive they become not affordable to the majority of the people and what does that imply? That means no treatment for the cancers so Ministry is looking very seriously at that and very soon we will increase the compliment because there is a wide range of anti-cancer drugs as well. Thank you.

HON. ALAGIE JAWARA [LOWER BADDIBU]: Thank you very much Honourable Speaker. In the Minister's response Honourable Speaker, he talked about the procurement process is sometimes cumbersome and not suitable for health commodities. We will like to know what makes it cumbersome and why it is not suitable for health commodities thank you.

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: What the government inherited some time ago, we learned was single sourcing, the previous government. They had suppliers in Egypt I think, and some other countries, and they had instructions to procure from those people and no one could ask. You either procure from them or something else happens. So, that was the system so you could not even question the quality of the medications you were getting that time. The quality of other products you could not assess. Of course we think that is not good practice because those people had the monopoly and they could give us anything we could not complain. And also, in line with good practice and in line with what is acceptable to the partners World Bank, IMF and so on, there came into being what is called International Competitive Bidding. That means the market is now open, it is open for competitive bidding for the local and international companies as well.

Certainly it is cumbersome, the volume of documents that need to be looked at and verified to make it thorough to query (BAD RECORDING) and then the fact that many people participated in the bidding process and they are usually in lots. Sometimes one person is able to get one lot, another person another lot, and so on and so forth and all these have to be looked at and correlated. That is what makes it cumbersome. Sometimes why we say this procurement methods are not health-friendly, of course is good practice too because it brings about competition and it reduces malpractice so the competitive bidding and the tender processes are usually better but because of the timeline, because this takes time. Presumably, in fact that had been the.....

I am sure you are all aware of the time when there was big shortage of drugs in the health facilities. That was part of what was responsible because then the International Competitive Bidding was new to the Ministry and the Staff so the understanding was even very low. So it took then a long time to be able to complete it in good time for them to get the drugs.

So that means the responsiveness is not as fast so that makes it cumbersome. It is an issue of the time because sometimes for health products time is very essential and our system is such that the time you get the money probably, is when you don't have anything or you just have very little. Yes, it is good to plan but you plan and three months before the exhaustion of your stock you plan and you have come to an agreement but you don't have the money. You only get the money one month or two weeks before your stock got finished.

So when you now pay those suppliers, it takes then a stipulated period for then to supply you those drugs. If that is two months that means there would have been a gap of two months and you wouldn't have anything to give your people. This is why we said it is not health-friendly. And of course we all know that the procurement rules have their flaws too because in situations whereby they say you have to get quotations from three supplies, the challenge I had in the hospital sometimes was they said to us if you do RFQs 3 supplies: the 3 supplies come supplier number 1 says D100, supplier number 2 says 120, supplier number 3 says 150 we will be obliged to buy from supplier number 1 who said D100 but I know that this item cost D20 in the market but because the suppliers who offered to supply it, the least was D100. So you see in the system that means we are not even getting value for money. We are fulfilling the requirement of the rules. So this is the answer to that, thank you.

THE SPEAKER: QUESTION No. 84/2018, [BY: HONOURABLE MEMBER FOR NIANIJA].

HON. AMADOU CAMARA [NIANIJA]: Thank you very Honourable Speaker. Honourable Speaker, the Public and Environmental Health Council Act, 2016 was enacted and a budgetary allocation was made in the 2018 budget, likewise the 2019. Can the Honourable Minister tell this august Assembly whether the council members have been appointed? Thank you.

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Thank you very much Honourable Speaker, I agree with The Honourable Member for Nianija that the Public and Environmental Health Council 2016 Act was enacted and budgetary allocation was made in 2018. Of course I will just read this but the fact has changed. Well it says I will like to inform this august assembly that the office of the Permanent Secretary and the Director of Public Health Services are closely working with me. The terms of reference for the registrar has already been developed and a request to advertise the position of a registrar of the Council will be sent to PMO soon.

Fortunately, this has been done and a Registrar has been appointed and the Administrator has also been appointed and they have an office. They are housed in the Health Research Office along Pipeline Road so they are in place now.

[Supplementary Question/s]

HON. AMADOU CAMARA [NIANIJA]: Thank you very much Honourable Minister. Well the Registrar has been appointed likewise the other people but what about the Council Members? Because, it is definitely a council and then I can remember the 2018 budget allocation was made likewise the 2019. And then if they are appointed maybe of recent but still now their operational activities are not being felt actually. So can you please just help us?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Thank you. The Council Members, to the best of my knowledge, have not being appointed yet but that is going to be expedited to make sure that they get appointed and they swing to action. Because the Public and Environmental Health issues are of very great concern to our Ministry and we think they need to be very active. The Act itself, we want to look at it again and hopefully soon will bring the Act to your august body to help us review the Act to empower the Public and Environmental Health Unit of the Ministry to be able to do what we need to do. Because I have already also seen a whole lot of areas where we need to be active but you look at the old Act that we have, the legal framework does not seem to be there to be able to carry some of our mandates out and we think we need to look at that.

THE SPEAKER: QUESTION NO. 008/2019, [BY: HONOURABLE MEMBER FOR TUMANA].

HON. FODAY NM DRAMMEH [TUMANA]: Thank you Honourable Speaker. Honourable Speaker, can the Honourable Minister for Health tell the august Assembly whether there are plans to construct a Health Centre in Tumana Constituency since access to health is not a privilege but a right.

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Thank you very much. Honourable Speaker, I would like to inform as well as to remind the Honourable Member for Tumana that in 2017 approval has been granted to community of Sare Alpha in Tumana district for the construction of a health facility. The block laying was graced by the then Minister, Honourable Saffie Lowe-Ceesay who was delegated by His Excellency the President of the Republic, Adama Barrow and yourself was said to be present, that is the Honourable Member for Tumana. The construction we learnt is still in progress. What I will add to that Honourable Member is we are going to monitor, we are going to see how far it is gone and to see the level of completion. If it is completed we are happy, if it is not yet we will try to include it in the group of facilities that we are looking at to upgrade and to construct.

As we speak to you we are engaging with partners, a partner called Project Aid has taken up the responsibility of upgrading quite a number of facilities. The last time we were here, we had complaints and request with regards to a number of facilities. They were 15 in number and we sent as assessment team to assess all those facilities and their report is out and what was assessed is supposed to be costed so that we see if the Ministry of Health can do it on its own. But in the interim, an NGO came up called Project Aid. They wanted to help us deal with some of the challenges of the health facilities so we give them the whole 15 to look at and hopefully within a very short period we will hear something from them. Thank you.

THE SPEAKER: Thank you very much Honourable Minister. Honourable Member for Tumana, I will give you an opportunity but I believe your question has been answered by the Honourable Minister.

HON. FODAY NM DRAMMEH [TUMANA]: It has been answered but not to satisfaction.

THE SPEAKER: So what else do you want?

[Supplementary Question/s]

HON. FODAY NM DRAMMEH [TUMANA]: Maternal mortality is very high in this country and my region is not exceptional, neither my constituency, and we all can attest to that. You know the people in URR are suffering. So now I am not just asking this questions for the sake of asking but I am particular about the health condition of my people, would you like to give a helping hand and in a shortest time because as I made mention in the question, health is not a privilege but a right. It is a right and we are demanding for it.

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Yes, I totally agree with you. The maternal mortally in the Gambia is high, sadly so as a result of a number of factors. It is not just the availability of health facilities, so it is a very important thing we are going to deal with and we just had quite a very important meeting and as I selected as a legacy goal to reduce maternal mortality in this country so we are in it together because that is my legacy goal. And I have studied the causes, the causal factors are many. It has to do with, first of all, the communities. The community preventive mechanisms we hope to engage the health information services to do extensive education of the people when they should report to the health facilities. We want to build the capacity of the village health workers so that they detect the danger sites.

A lot of maternal mortality is as a result of causes like eclampsia that is high blood pressure in pregnancy, we lose a lot of women to that. We also lose a lot of women to obstructed labour and its complications and of course the babies are lost also, but of course also to haemorrhage, bleeding after delivery or even before they deliver. A lot of women get to the hospital in shock when they would have lost a huge amount of blood. So our strategy is, of course we would like to make you aware that we are very particular about universal healthcare, health is a right we all deserve good health irrespective of our status: education status, poverty status whether we poor or rich we all deserve good health services and this is fundamental to the goals of the Ministry of Health universal health coverage. Equally the WHO advocates for that but of course universal health coverage, to achieve it, we need to go beyond our way of financing health care services and we will get to that.

We need universal insurance cover for our people because without that, we will not be able to achieve universal health services. But what we what to do now, all the major health facilities will get theatres we have asked for more obstetricians from the Republic of Cuba so that when the women even get to the hospital they get someone who can do an emergency caesarean section to save the life of that mother and baby. So that is what we are starting, an example is Essau. We have heard of stories where women come all the way to Essau, as they waited for the ferry a mother is lost in the ambulance. It is a very sad situation and that, In Sha Allah, will be a thing of the pass. So Essau for example, the theatre will be functional and it will get a gynaecologist when that woman comes she does not need to come to Banjul. They could do a caesarean section there and the woman goes home. Thank you.

THE SPEAKER: Thank you very much Honourable Minister for ably answering the question from the Honourable Member for Tumana. But your original question was construction of health centre in Tumana, so you have diverted your course or line of action. Anyway you are the person who raised this question I give you the opportunity but in the future you have to make sure that you go straight to the point. Thank you.

[Supplementary Question/s]

HON. MUHAMMED MAHANERA [SANDU]: Thank you Honourable Speaker. Also my question will be directed to the construction of health center and health post particularly in the rural areas. Like, example at Allunhareh, the natives have constructed one there just entering Koba Kunda. And Sare Alpha by a native called Aji Banko Sissoko and many others in URR particularly Darsilami Sandu they have one, Kuwonkubato has one, so would your ministry consider synchronizing these posts in the supply chain?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Thank you very much. I think one of the challenges we have is certainly the construction of health facilities by the communities. It is a very good venture and is a good gesture on their side to help the people and certainly to help the Ministry and the government but the challenge we have is, sometimes it is not done, it is not synchronized with the Ministry's abilities at that point in time. Sometimes we even have challenges with the design, how a health facility should be designed.

A lot of these facilities built by the communities are not in line with good practice. Some of them, even the ventilation is very poor so what we suggest is they engage our Planning Unit. We have technicians, we have architects and engineers who can help them in the design process.

At that juncture, through the Ministry, we will also be aware because when we do this budgetary issues certainly, we would have budgeted what we have at hand at that point in time so if new facilities come up between the budget cycles then it becomes difficult to incorporate them. So those ones will be looked at, we hope to get a comprehensive list of all these facilities for the next budget cycle. Thank you.

HON. ALHAGIE H. SOWE [JIMARA]: Thank you Honourable Speaker. Honourable Speaker, in 2017 I asked a similar question to the then Minister of Health and whether they have plans to construct a health facility in Jimara and her answer was yes. In fact, she said the health facility will have the capacity of 300 to 400 beds but then yet still we did not see even a single trip of sand to start the work. I don't know what delayed it, can you tell the august assembly what are the delays?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Did she give you a timeline? Maybe it was not part of the plans but we will look at this and I am happy you mention this. We will look at this because we want universal health coverage. It cannot happen without having these facilities, but we know the same budgetary constraints. So what we will do, we will look at this coming year's budget very closely and these are all things that we will put in there, In Sha Allah. So we hope because the partner support sometimes is difficult to build all these facilities but fortunately, we are getting a lot of goodwill from the partners who are coming in and they want to help build facilities somewhere.

In fact the goodwill is increased, recently UNICEF has pledged to help us. They have pledged to help us because they are very happy with the strategies we have put in place with regards to streamlining, with regards to making sure the funds they provide are not all spent on conferences and workshops and to the provision of equipment for the facilities. So when they got that information they were very happy and they made a pledge and the UNICEF Director pledged that they are going to give about $500,000 which is very good out of the blue.

So with that we hope to upgrade to a standard level the Brikama Major Health Centre because it is in a very big catchment area. I am sure that your constituency will also come another time.

HON. MAHTARR M. JENG [LOWER NIUMI]: Thank you very much Mr. Speaker. Honourable Minister, could you please make available to the National Assembly the copy of the list of the selected facilities to be refurbished or upgraded?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Thank you very much. We have copies here. Fortunately, after our meeting with you the last time which we saw as a way of really telling us what the people actually need, we dispatched a team and the team when around to look at those facilities and they have even taken pictures and made an assessment. We have copies here 3 copies that will be circulated and you see pictures of your facilities there, so those have been handed over to Project Aid and Project Aid is hoping to start work on them as soon as possible and we are going to follow it up. So we will circulate copies at the end of my answer session. Thank you.

HON. SULAYMAN SAHO [CENTRAL BADDIBU]: Thank you Honourable Speaker, Honourable Minister thank you for coming to this assembly. Honourable Minister, do you have any plan to upgrade the health post or health facilities in the rural Gambia particularly in Central Baddibu? Njaba Kunda and Salekenni, they are very strategic but the wards there are very small particularly labour ward, and sometimes you find health posts you have both male and female sharing the same ward. Do you have any plan to see to it that they are improved?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Well noted, I do not know of any plans yet but it is noted. We can have a look at it and see the need and you know, plan work accordingly. Thank you.

HON. KEBBA JALLOW [JARRA CENTRAL]: Thank you Honourable Speaker. Honourable Minister I may congratulate your Ministry through you, for the construction of a health facility in the community of Sare Alpha. But Honourable Minister, this was one of the cries I made here in this assembly during the past adjournment debate for the lack of a health facility or a health center in Jarra Central constituency. So what are your plans in making sure that we have a health center in Jarra Central constituency thank you?

THE SPEAKER: Honourable Member please this question is out of order and you are talking particularly about Jarra Central so please. Honourable Minister, let us move to Honourable Member for Illiassa, supplementary.

HON. DEMBO KM CAMARA [ILLIASSA]: My question has been asked by Lower Niumi, thank you.

THE SPEAKER: I will give you an opportunity but I did not see your tag all along, but anyway I will give you the opportunity.

HON. HALIFA SALLAH [SERREKUNDA]: Thank you very much for your generosity. Honourable Speaker, the Minister did indicate that a health facility is being constructed. Is it a minor health center, a major health center, a hospital or referral hospital?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Unfortunately, I did not take note of that. I could find out from my people and they will let me know before we leave. So he says it is a minor health center.

THE SPEAKER: Honourable Member for Lower Fulladu West.

HON. ALHAGIE DARBOE [LOWER FULLADU WEST]: Thank you very much Honourable Speaker. Honourable Minister, there is a construction work at Brikamaba Health Center since last year but the work has stopped automatically and I do not know what is the Ministry's take on that.

THE SPEAKER: Honourable Member for Lower Fulladu, this I have just rejected. The Honourable Member for Jarra Central is talking about Jarra Central, you are talking about Lower Fulladu so please the question is being withdrawn.

THE SPEAKER: QUESTION NO. 009/2019, [BY: HONOURABLE MEMBER FOR BANJUL CENTRAL]. Honourable Member for Upper Fulladu West I understand you have been given authority.

HON. DAWDA KAWSU JAWARA [UPPER FULLADU WEST]: Yes thank you. On behave of the Honourable Member for Banjul Central, I would ask the question. Honourable Speaker, can the Honourable Minister of Health tell the august Assembly why there are no enforcement mechanisms to stop the sale of medical drugs by uncertified personnel in public places such as markets, ferry terminals, streets etc.?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Thank you very much Honourable Speaker. The Medicines Control Agency which is one of the specialized arms of the Ministry of Health has an enforcement mechanism in place which is carried out by the Inspectorate Unit. The unit is responsible for the enforcement of the illegal manufacture, import, export, storage and sale of medicines and related products nationwide.

The Inspectorate Unit has inspectors in all the Regions of the country who conduct routine, follow-up and investigative inspections at all pharmaceutical premises. Some of the inspections or raiding activities and enforcement are conducted in areas such as markets, streets, "Lumos" and ferry crossings nationwide, as we will mention below.

At the Banjul Ferry Terminal, the site was raided by MCA (Medicines Control Agency) Inspectors in November 2017 and five medicines peddlers were arrested, medicines confiscated and taken to the police. In Banjul, another raiding was carried out at the Albert Market by MCA Inspectors and the Police in February 2018 leading to a discovery of an illegal pharmaceutical warehouse and the culprits were arrested and taken to the Police.

In West Coast Region, the Brikama Market was raided in November 2017 and eight people were arrested, medicines confiscated and taken to the Police. The Brikama Car Park was also inspected in November 2017 which led to the discovery of an illegal pharmaceutical store and all the medicines were seized.

In the Kanifing Municipal Council, the Westfield junction was raided in July 2018 by the MCA Inspectors in collaboration with the Serrekunda Police and eight drug peddlers were arrested and taken to the Police. Latrikunda market was inspected in July 2018. This led to the arrest of one person and his medicines were confiscated.

In the North Bank Region, the Bambatenda-Yellitenda Ferry Crossing and the Farefenni Lumo were raided several times by the MCA Inspectors in collaboration with the Police in March 2018, and October 2018.

In the Central River Region, Wassu Lumo was inspected in March 2018 and three people were arrested and their medicines confiscated.

In the Upper River Region, Sare Bojo Lumo was raided in March 2018 and six people were arrested and their medicines confiscated. Sare Ngai Lumo was also visited in March 2018 and one person was arrested and the medicines seized.

This activity however should be conducted more frequently to be effective but due to inadequate human capacity and financial resources, it is conducted on a quarterly basis. However, there are plans to gradually increase the human resource and also cooperate with the security institutions for additional support. But in addition to this actually Mr. Speaker, we think rather than even having it on quarterly basis we want to do it when they don't expect it and that has also started especially with the inspections.

THE SPEAKER: Thank you very much Honourable Minister. Member for Upper Fulladu West the floor is yours for supplementary but by following what the Minister has answered I think I am not sure but I think it almost covers everything that you wanted to know. So really I will allow your supplementary question but it is going to be within the range of the question asked.

[Supplementary Question/s]

HON. DAWDA KAWSU JAWARA [UPPER FULLADU WEST]: Thank you Honourable Speaker, thank you very much. Yes I think the Minister has done quite a good job in answering the question raised. However, the Minister did raise about seven or more instances where raids were conducted and people were arrested and medicines confiscated but you did not elaborate on the punitive measures, that after arrest and taking to the police what the laws says about what kind of punitive measure that should be given. Thank you.

THE SPEAKER: I think the Police has done their job. I do not think it is the duty of the Minister to answer on behave of the Police please, thank you. Honourable Member for Sami.

HON. ALFUSAINEY CEESAY [SAMI]: Thank you very much. My question has been addressed by Honourable Member, I also want to know after arrest and confiscation of their drugs what happened to them, were they charged?

THE SPEAKER: So you want the Minister to be a Police and at the same time a Minister? No, I overrule that question please.

[Point Of Observation]

HON. NDEY YASSIN SECKA [NOMINATED]: Point of observation Sir, I think if the drug dealers were arrested and their things confiscated, really the Minister should be in best position to let us know what had happened after, because he must follow up. You know that is the problem of The Gambia, we don't want to continue to know what had happened.

THE SPEAKER: Hon. Nominated Member, really I think they have been arrested. That is the responsibility of the Police. The Minister will not be able to be in position. I think when the Interior Minister is here you can put that question before him, thank you.

[Supplementary Question/s]

HON. MOMODOU S. CEESAY [JANJANBUREH]: Thank you Honourable Speaker for giving me the floor. I just want to ask the Minister, considering that some of the raids were done at pharmaceutical warehouses, this shows that this drugs are either manufactured there or being removed there to be sold on the streets. Is the MCA going to inspect those warehouses to ensure that this does not continue again?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: The MCA has an Inspectorate Unit so they go round, the frequency of course we have just lamented on that. It is not as we would have wanted to because of capacity problems but that is going to be enhanced, and unannounced, unexpected rather than on quarterly basis when they know it is time certainly. But the issue of illegal peddling of drugs is a big problem and I think is a national issue we all need to participate in because it is also an issue of supply and demand. The people buy from them, some knowingly some unknowingly and thinking because they are gullible and they do not understand and they think it is the same so the enforcement is very important. But sometimes also people who know, do not want to be seen in pharmacy buying particular types of medications so they rather go to Westfield. Even Westfield junction, you will be surprised to know that quite some prominent people in society buy from Westfield peddlers. Yes they do, because they do not want to go into a big pharmacy and the pharmacies will know the type of medication they are buying.

So these are the kinds of thing that we deal with, so sensitization is very important because it is dangerous. I will give you a stark example with due respect. We had a patient at Edward Francis Small Teaching Hospital who went and bought a version of medicine he thought was Viagra and he had an erection that could not go down. He sustained painful erection and was brought to the hospital unfortunately he was brought late and then with that complication when they are brought late the desired (*BAD RECORDING*)... People do not want to buy from accredited places but it is a reality, it is happening. And people have also come, so the society also needs to help us you know, to reduce the consumption of these. But I think sensitization, so what the Ministry hopes to do is to make our health information system very vibrant. Our information unit you are going to be seeing around a lot more talking to people because the majority of people too when they get to hear the risk associated with these they certainly will abstain. Thank you.

HON. HALIFA SALLAH [SERREKUNDA]: Thank you very much Honourable Speaker. The Minister has indicated that the Medicines Control Agency has challenges of staff and resources. So would the Honourable Minister indicate to this National Assembly whether actual assessment has been done of what is needed in terms of number of staff, regionalization of staff and the resources needed or to be fit for purpose? And if so would that be communicated to the National Assembly at a later date so that we know how to accompany the process, if not would the Minister be willing to do that assessment? Thank you.

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Thank you I think that has already been done and we will communicate to you, thank you.

HON. ALHAGIE H. SOWE [JIMARA]: Thank you Honourable Speaker. I hope you will not rewrite my question? I see Sare Bojo here that was in 2018 six people were arrested and I can tell you last Tuesday, I was at the Lumo but then you see old people some of them are not even from the country going round the Lumo saying "Kee Boro, Sasa Boro" you cannot understand. I think your Ministry should help us to put somebody who is a public officers at that village so that he will control these people because they are creating a lot of problems at the Lumo there.

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Where is it, Sare Bojo? Okay, thank you.

HON. OMAR DARBOE [UPPER NIUMI]: Thank you very much Honourable Speaker. Honourable Minister, you made mention in your answer that the unit is responsible for the enforcement of illegal manufacture, import, export, storage and sale of medicines and related products nationwide. And you made mention of that 2018 raid leading to the discovery of an illegal pharmaceutical warehouses and the other place. You said it also led to the discovery of an illegal pharmaceutical store. Is there any instance where the raiding led to the discovery of illegal manufacturing unit in the country? Thank you.

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Yes, I have heard of that as well, that basic equipment were confiscated as well. You know some of these things they could be rudimentary hand-held equipment. If you typically see a capsule-making machine, it is very easy. They bring the cover, they put any type of powder, it could be chalk it could be cassava powder and they put it in there and they bring the capsules out of them and seal them. So there are very simple technologies now that are available and I was informed sometimes ago that they had some people that they got those items from and those were also confiscated, thank you.

HON. MAHTARR M. JENG [LOWER NIUMI]: Thank you very much Honourable Speaker. Honourable Minister, how could the National Assembly help with information at their respective constituencies in case such sales are seen to be or being peddled around in Lumos or in villages, for me particularly at the terminals and the surroundings? How soon could we be able to have access to information so that we could forward it to the relevant bodies that could help in the arrest, seizure of these medicines? Thank you.

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Thank you very much Honourable. I think I am excited that you asked because I believe you have a very important role in whatever happens in this country because you cover the length and breadth of the entire country and you interact with people at all levels. So we will kindly be proving information and our ministry hopes to work with the National Assembly Members very closely because we believe you are in touch with what happen in the communities.

And that is why the last time when we came here the facilities that you talked about, they were 15 and we just went and made an assessment of them and then when we deal with that and I am sure when we come again there will be a request for other facilities and we deal with them before we know it that we would have dealt with the entire country.

So that is one way of actually looking at development issues, health related issues and so on. So with regards to this we will be willing to and in fact we are very ready to provide information. We will engage our representatives in the communities, in the districts to liaise with the National Assembly Members of the constituencies so that you know what they are looking for. And I am sure when you communicate that to the village heads, the chiefs you say to them we do not want any medicine peddler around, the chiefs listen to you, the youths listen you. When you say please when we see anything that is detrimental to our community, in fact, I think that is one of the best ways to help us deal with this problem, thank you.

HON. ALAGIE S. DARBOE [BRIKAMA NORTH]: Thank you very much Honourable Speaker. Honourable Minister, you did indicate that the Inspectorate Unit has inspectors that conduct investigative inspections. I want to believe by now you have made some findings regarding the sources of these drugs to the peddlers. If so, what means and mechanisms have you put in place regarding those findings that might have been advanced to you in order to check those sources of the drugs? And also Honourable Minister, if the Speaker may try to put that you are not in a position to answer a question that the Ministry of Interior or the Police should report to regarding a case that have been filed by your Ministry to the Police, here we are put in a situation not to rely on what will be the outcome of the case that you give to the Police but rather what alternative can you put in place in order to check the parties instead of relying on the Police.

THE SPEAKER: Thank you very much Honourable Member, but the issue of Police and arresting as I said earlier on is the responsibility of the Police and then I do not think the Minister will be able to be in a position to answer that question, thank you.

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Thank you very much. You know most of this drugs are actually smuggled in, that is why in the first place most are illegal. So our people have been working in close collaboration with the Police and the Custom officials because they are smuggled in and you know the state of our national borders, they are porous in most areas and people bring in a host of items into the country. So we work together with the Custom and Police and in fact sometimes when they go on the raids they do go with these people, thank you.

THE SPEAKER: Honourable Member for Brikama South, supplementary. Thank you for withdrawing. Honourable member for Tallinding Kunjang, supplementary.

HON. FATOU K. JAWARA [TALLINDING KUNJANG]: Thank you very much Honourable Speaker for giving me the floor. Honourable Minister, as stated in your answer, that the Inspectorate Unit has inspectors in all the regions of the country who conduct routine follow-up and investigation inspection in all pharmacies and premises. I think their work has no boundary, so why did they go to specific areas like Markets, Streets, Lumos among others, why didn't they go to the medical practitioners who are occupying pharmacies without licenses or who are selling illegal drugs?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Thank you very much. I think the fact that they go to the Lumos and such places is because as the people take their produce to the Lumos because the market place is created, the peddlers also hope to make a lot of money on Lumo days especially after people have sold their produce they have some money to buy these drugs. So that is one reason why, where people gather and where there is commerce certainly money changes hands so they tend to get quite a lot of money but it is not limited to the Lumos. They have been following up with regards to the inspection of facilities in the country. We have seen a whole lot of drug stores coming up. But Honourable Members I must say at this juncture that we are going to look at that very closely. Our Ministry is committed to scrutinize very closely the sale of drugs in this country, we are going to look at that.

I take your concern very seriously and even the pharmacies that have been given a license, there are categories of licenses. Some pharmacies are not supposed to sell particular types of drugs. They are prescription-only drugs, drugs that can only be issued to a patient when it is prescribed by a certified practitioner.

So those drugs and unfortunately we know in many of our developing countries patients can virtually buy any drug when they have the money and they enter into the pharmacy and that is not right. That should stop and we are going to look at that. So we are going to look at our rule books to see if the mandate is there for that and I think it is there. If it is not there, we will come to get further mandate from your august body so that we are able to enforce that.

Because in some countries people cannot go into pharmacies and buy antibiotics by their own, but here whatever antibiotic one wants to buy they tend to buy so we will sensitize and we will be a little bit more aggressive. It is likely to be noisy, we expect quite a lot of resistance when we want to implement that but we will need your help, your support, because that is the best thing to do. The challenge is that in lieu of that, what we get is abuse of medications, but more importantly antibiotic resistance. We have very strong antibiotics and you give it to your patients here it does not work because it has been abused and abused and the microorganisms have adapted, they have developed resistance against those antibiotics so they become ineffective. And at the end of the day, it costs the life of patients and it is very expensive for the nation so we will continue to look at that Madam, thank you.

THE SPEAKER:

[Question proposed]

[For the House to sits beyond 1:00 o'clock?]

HON. MAHTARR JENG [LOWER NIUMI]: I move that House sit beyond *one o'clock* Honourable Speaker

THE SPEAKER: Any seconder?

HON. BABA GALLEH JALLOW [SANIMENTERENG]: I so second Honourable Speaker

[Question Proposed, Put and Agreed To]

[For the House to sit beyond one o'clock]

THE SPEAKER: Honourable Member for Upper Saloum, supplementary.

HON. ALHAGIE MBOW [UPPER SALOUM]: Thank you very much Honourable Speaker and thank you very much Honourable Minister for the work done by the Medicines Control Agency. Honourable Speaker I need to be guided here, because the Medicines and Related Products Act of 2014 which was enacted by Parliament, Section 52 clearly indicates forfeiture, disposal of seized medicines and Section 60 also deals with the penalty meaning if you are caught with an offence you can be charged up to D500, 000 or imprisonment of up to 5 years. That means the Agency actually has been empowered by Parliament to do their work in terms of, you know, this people they should assist actualize this. So they have the powers to do so and I think it is also of interest for us to know what actually happened with these ceased medicines and also the offences that we have already empowered them to do what actually happened, we need to be guided accordingly. Because they have been empowered by the Act of 2014 to seize and to destroy, what happened? They have also been given the mandate to fine up to half a million dalasi and also to imprison by the courts, so we need to know exactly what happened to those people. All these things we are seeing across the country, what happened? Thank you.

THE SPEAKER: Thank you Honourable Member, but according to the answer that the Minister give that MCA Inspectors and the Police, so this is the reason why... I said the MCA Inspectors and the Police made these arrests and confiscated these drugs from them. So when the Police is being identified that was the reason why I said it should be the responsibility of the Ministry of Interior. When they arrest, charge, the Minister cannot answer. That was my reason of argument, thank you.

HON. ALHAGIE MBOW [UPPER SALOUM]: But Honourable Speaker with all due respect, with point of information, with all these forfeiture they made, it is not they are going with the Police all the time. There are instances when they went on their own and that is even what I am trying to find out what actually happened when they went on their own. I do understand when they go with the Police, I do understand, but what happens when they go on their own? Thank you.

THE SPEAKER: But according to the answer it is the Police which was mention here that is the reason why I still insist that it is the responsibility of the Ministry of Interior who effect the arrest, charged and taken them to the court not the Minister, thank you.

HON. SULAYMAN SAHO [BADDIBU CENTRAL]: Thank you Honourable Speaker. Honourable Minister, we know that there was a point in time a health program, weekly health program, I don't know whether it is still existing. I think that avenue could be used to talk to people not to buy drugs from any person on the street I think that can also work well. I said there was a health programme before, I do not know whether it is still existing on Radio Gambia, I think that avenue could be used to sensitize people to talk to them not to buy or to desist from buying drugs from any person on the street. I think that can also work well.

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: It still exist in the TV programmes but we want to intensify that. We want to intensify the health education a bit because you will be surprised to know that a whole lot things that we take for granted, people in the communities do not know. I will give you an example, we have a young patient of 28 years from close by within the Grater Banjul Area who presented to us with a lump in the breast. On interrogation, she said to us she saw the lump two years ago and she show it to a friend and the friend said that women do get lump in the breast but when we did what we needed to do, it was at once breast cancer and the young lady past away. If she knew there was something like breast cancer probably she would have survived. So this is how we want to inform people with regards to all the major health problem in this country. So our health education unit is going to be very busy within the next couple of months.

THE SPEAKER: QUESTION NO. 010/2019 [BY. HON. MEMBER FOR SABACH SANJAL]

HON. OUSMAN TOURAY [SABACH SANJAL]: Honourable Speaker, can the Honourable Minister for Health tell this august Assembly what is holding the operationalization of the village health care services?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: The Republic of the Gambia have been a pioneer in implementation of the Primary Health care [PHC] strategy since the first international declaration on PHC dating back to 1978 in Alma-Ata, of the former USSR.

The Gambia adopted primary Health care [PHC] in 1979 following the Alma-Ata declaration in 1978. Subsequently a PHC plan of Action from 1980/81 to 1985/86 was formulated, and this formed the basis for the National Health Policy.

In the PHC plan of Action PHC has been defined as: *"An approach aimed at mobilising all potential resources including the communities' own resources, towards the development of the National Health Care System, the aim being to extend health services coverage to the entire Gambian population and to attack the main disease problems of the communities. PHC is also a mechanism for ensuring an equitable re-distribution of the limited health resources available in the country in favour of the under-served majority, who live and work in the rural area".*

Since the PHC has been operationalized to date with great success, albeit with some challenges, our country took a steadfast approach to introduce the strategy through provision of comprehensive essential health services that address the health needs of the Gambian population. The package included the delivery of preventive, promotive, curative and rehabilitative services in favour of the rural majority of the country.

PHC is the backbone of the current health system in the Gambia. Its implementation is actually ongoing at all levels being Primary, Secondary or Tertiary of the health delivery system. In our efforts to revitalized PHC, the Ministry has re-established a PHC Unit charged with the responsibility of coordinating PHC activities across the country and to expand PHC to the various communities aimed at reaching country-wide coverage, especially to the hard-to-reach villages.

With support from the partners such as UNICEF, the Maternal and Child Nutrition and Health Resources Project (MCNHRP) under the National Nutrition Agency (NaNA), the Ministry of Health through the PHC Unit has achieved the following key results:

a. Expand PHC from 634 Villages to 891 Villages in 2014 with provision of PHC Drugs to at least 161 PHC Villages.
b. Produced a Roadmap for the revitalization of PHC and Scaling up its expansion
c. Refresher training for 350 Village Health Workers (VHWs) and 350 Community Birth Companions (CBCs), formerly known as Traditional Birth Attendants (TBAs) across the country in 2018
d. An orientation on the concept of PHC for Community Health Nurses (CHNs) was conducted for 25 across the country in 2018

e. 113 CBCs have been trained from 2015 to date giving rise to a total of 747 including 634 CBCs as baseline
f. 123 Village Health Works [VHWs] have been trained from 2015 to date giving rise to a total of 757 including 634 Village Health Works as baseline
g. 241 Village Development Committees (VDCs) have been trained in collaboration with the Department of Community Development (DCD) from 2015 to date
h. 161 VDCs were provided with Sanitation tools from 2015 to date

Honourable Member, in summary, the PHC is still very active and it is actually our strategy to be able to achieve universal health coverage because without PHC we cannot achieve universal health coverage. And the instinct is, and the right thing to do certainly is, to provide health care service for every person irrespective of the person's purchasing power. PHC is fundamental in that using the preventive, promotive and of courses curative services as and when needed using the communities' own resources and appropriate technology. So you can see we have a new document here which is the road map for the revitalization of the primary health care services across the whole length and breadth of the country.

[Supplementary Question/s]

HON. OUSMAN TOURAY [SABACH SANJAL]: Thank you very much Honourable Minister for that explicit answer to my question. But still I am not satisfied because I am talking about the operationalization of the primary health care at the village level. If you look at the system initially, how it was and now is quite different. People require this services at primary level but when they got to this place they never get this support. This primary health care are very dormant now and there are plans as you said the roadmap is there. Since the establishment of the roadmap nothing is being done with regards to those villages. In my village, healthcare services were very active and strong and other villages were coming there to seek healthcare services but at this moment it's not happening. My question is, why is the service not being rendered still now?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Well, sometimes it could be isolated and I am not sure about that. But you see, primary health care service is a broad range, for everything to come to a halt is one thing but the service range is so broad. The health education, the teaching of basic things, preventative mechanism and primary screening are all part of primary health care. So we would certainly find out why in your village it is not happening but of course there had been a whole lot of challenges in the past and that I am reassuring you that primary health care is going to be the focal point of our new strategy to achieve universal health coverage. So if it is not happening this will happen, but of course you can see I elaborated a whole lot of progress that has been made over the period and this can only be strengthened. When we speak here, we are not by any means saying that the challenges are not there, that is the essence of coming here to make sure that things get better than where we took over from and this will be strengthened, we give you the assurance. Thank you.

HON. HALIFA SALLAH [SEREKUNDA]: Honourable Minister, would you like to illustrate by agreeing or disagreeing that the primary health care system comprises of Village Health Workers, Community Health Nurses, Community Birth Companions and it goes down the chain who provide services in each village is that the system? And would you confirm or disagree that there was a depict from the original objective of globalizing community resources to provide community services to the then Bamako Initiative of us in-covering in delivery way services. Would we be moving back to the original objective of globalizing the whole community in other to give affordable health services?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Thank you very much for that intervention. Certainly that is our strategy; we want to go by the old strategy which really remains the same. Of course healthcare has evolved over the period with population growth and so on but I think there is a realization that, that is the fundamental if we want to achieve universal healthcare and that is why the primary healthcare questions asked together with all the other questions are very crucial. So we hope to revisit and go by this and then implement. I must tell you Honourable Members implementation is a big problem here we all agree and I myself have noticed that. We know the challenges are there and there are lots of polices. I must confess, before coming here I say to them give me a list

of all the policies in the Ministry of Health and it goes over twenty something. Implementing all those, and implementation and monitoring is a big problem so the gaps are there and those are the gaps that we need to deal with to be able to achieve results.

The involvement of the communities, they have been doing it but we think we need to strengthen it. Because the idea of primary healthcare is, some of the things with guidance should even come from the communities so that it is accessible, affordable and available using appropriate technology. These are the strategies that primary healthcare embodies. Thank you.

HON. MOMODOU S. CEESAY [JANJANBUREH]: Honourable Minister, in your response you said the PHC expanded from 634 villages to 891 villages but only 161 villages were provided with drugs. Why and how was this 161 identified?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Unfortunately I do not know why, I will find out myself if there is a reason whether is a pilot case because sometimes we do want to pilot things but I do not know the right answer and I will find out and try to know why. Of course the same issue as we are talking about the essential medicine list also; there are categories that are given to various levels so I would also find out why only 161 are given. Thank you.

HON. SUWAIBOU TOURAY [WULI EAST]: Honourable Minister, my understanding is that the Community Health Nurses are working hand-in-hand with the Community Birth Attendants and the Community Health Nurses are given a cluster of villages to deal with. The experience in my constituency is that, the movement of these people is a problem, which is a big challenge. I would want to know if there are any plans at the Ministry to make their progress more effective.

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: We have identified the challenge and we hope it gets better with availability of funding, the movement will be enhanced. Yet, I must say at this juncture, without strategy of reducing maternal mortality we want to make movement easier for them to be able to detect complications earlier or at-risk mothers. The other thing we are looking at is to enhance the conveyance of pregnant mothers from the villages to the facilities. Riders For Health has recently provided some motorbike [pickup kind of vehicles] to enhance that. We realised that there has been challenges that the Village Health Workers and the Community Health Workers identified.

A woman is in a village and the woman is in labour, but before they are even able to get to that village we realized that some communities still used donkey carts to get women to the nearest facility to deliver. And we were told some time ago a woman fell off a donkey cart and those are very sad situations and we hope to be able to deal with it.

HON. BILLAY G. TUNKARA [KANTORA]: Thank you very much, Honourable Minister. You would agree with me that the reason is to serve as a preventive mechanism to limit the amount of referrals going to health centres. On page 5 you indicate a figure 161 PHC were provided with sanitation from 2015 to date. It will interest this august Assembly whether this number 161 does it cover the entire region in The Gambia or not?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: I say that I do not know why 161 was given and I would find out why and not the entire region. I also said sometimes it could be pilot purposes, we want to try with some and see how it is managed but I will find out.

HON. AMADOU CAMARA [NIANIJA]: Honourable Minister, the issue here is primary health care, then I make reference to the Astana declaration of October 2018 which also talked about the future of PHC likewise highlighted crises regarding PHC that is under development and funding. So would you, in your capacity as the Minister of Health, subscribe to that? It is also a challenge in this country and what can we do collectively to solve that problem underfunding and under development of PHC not only leaving it to project and donors. Thank you.

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Of course resource mobilization is a very fundamental thing to be able to provide adequate healthcare. We all are aware that adequate healthcare is not cheap, especially when we have to import virtually everything. It is certainly interesting and desirable that the health care people expect for example in the UK, is what we expect but look at the health expenditure; how much we spent on health per person in the Gambia [total health budget]. Can we get close to the kind of health care people receive in UK? It is an interesting question but this is the challenge. When we lament of course yes it is our right but sometimes we want the care, emergency, immediately and adequately satisfactory. Yes, that is the human nature and we are human beings that is what we desire but I think the funding is a big problem. We would like to rethink of healthcare funding because the current method is not sustainable.

What we try to do, one of the strategies we try to employ, is first of all to put in a lot of control measures to make sure that there are no leakages or leakages are brought to the barest minimum because that is one way of utilising one's resources adequately so that we prioritise.

You will also agree with us that we have inherited a very bad system. When you go to some of these facilities they are relatively new. Bwiam General Hospital is not an old facility but when you go there you feel very sad because the roofs are falling and leaking, the doors are bad, the toilets are bad and the floor where they are supposed to have been tiled they did not tile them, they just put cement. Now we have to come and deal with all that and if Bwiam had been dealt with properly now we would have been thinking of building a new facility somewhere but the resources would have to go back to Bwiam because it is a major strategic facility. So we are now going over the things that should have been done earlier. Of course not to continue to cry over things made, we have to move on but moving on (believe me) is not easy. It is a challenge with the resources, especially with what you get. If you are getting hundred million before to sustain to be able to carry out your operations, this years too you get hundred million and another year you get hundred million so when are you going to move on? But fortunately last year we got the increment, which we thank all of you for, but we hope that continues this coming budget session. We hope to make a very comprehensive one. Our Chairman of the Health Select Committee and his team have been very supportive, we have been given then feedback as to what is happening and the strategies that were taking place.

Even as an example of the Edward Francis Small Teaching Hospital, very soon a whole lot of work will start to upgrade and modernise the facility by using what you approve for us, for our development budget. That is what is going to be spent internally to renovate the hospital. Initially, what was used was our internally generated income at the Edward Francis Small Teaching Hospital. All the painting and renovation you have been seeing was from our internally generated income from the hospital. How do we get that? We chop the loopholes and the leakages to give us some little leverage to be able to carry out some development. So this is the strategy but for the funding issue we nurture the idea from some health financing, whether it is some form of interns, or social insurance that is sensitive to the people who cannot afford to pay anything.

Suddenly whatever kind of insurance contribution we come up with, there is a group that cannot pay and who pays for that? Thank you.

QUESTION NO. 011/2019 [BY: HON. MEMBER FOR FONI BREFET]

HON. SUNKARY BADJIE [FONI BREFET] Honourable Speaker, can the Honourable Minister of Health tell this august Assembly what is considered to be an essential drug in Public Health facilities that should be accessible at any given time?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Madam Speaker, the term essential medicine is a broad term, defined by WHO as "the medicines that satisfy priority healthcare needs of a population". The WHO Essential Medicines List (EML) is prepared by the WHO Expert Committee, updated every two years and serves as a model or as a guide for the development of national and institutional essential medicine list. The Gambia has adopted the WHO EML since the 1980s as a national policy which was reviewed and updated in 2016. The selection of medicines depends on the public health importance of the disease or the condition being treated, good quality clinical evidence of efficacy and safety, along with comparative cost-effectiveness of the different treatments that are available.

In The Gambia, we have a three tier health system i.e. the Primary, Secondary and Tertiary care. All the different tiers provide different services, requiring different resources including medicines and equipment. With that being said, the medicines that are considered essential for a hospital will be different from those considered essential for a minor health centre. But of course I would add that some do overlaps, some in minor health facilities are equally present in major health facilities and even in tertiary health facilities. Certainly the higher you go the more you get.

The whole list of medicines procured by Ministry of Health is considered part of the Essential Medicines List. Due to financial and budgetary constraints, The Gambia is able to spend less than $2 per person per year. With this in mind, it is extremely difficult to guarantee the availability of all essential medicines at all times.

[Supplementary Question\s]

HON. OUSMAN SILLAH [BANJUL NORTH]: I want to say that the members of the Health Committee by and large consider this forum to non-committee members because we had a forum to engage the Ministry. In fact we felt that this is your show and for us if we had the opportunity we will be engaging them at the level of our committee. We also want to assure you that the members have been taking note of your issues and concerns, those that need following up will be followed up when we engage with the Ministry. As you can all see that there are lots of challenges with the sector particularly with regards to funding and I am coming in that regard.

Honourable Minister, we all agree that there are challenges in terms of funding. The sector needs more resources, because what we are giving to the sector is definitely insufficient as you know the county has not even been able to satisfy the 15 percent Abuja Declaration requirement. But is the Ministry considering other forms of funding like introducing tobacco tax... *[interruption]*

[Point Of Order]

HON. BILLAY G. TUNKARA [KANTORA]: I would like to give point of order clause 43, "Supplementary question may be put for the purpose of elucidating on the oral response". The question that the member asked is for the Minister to dilate on the essential drugs, which are considered as essential drugs. The member was asking more of funding issues. Thank you.

Honourable Speaker if you look at the answers, the last paragraph Honourable let me guide you. Look at the last paragraph, the Minister is talking about The Gambia not being able to... *[interruption]*

THE SPEAKER: Honourable Member, please allow me... Thank you very much Honourable Member, I will advise that you restrict your question on the question asked previously which is on the... *[interruption]* excuse me please, ... on the ways.

So I am making a ruling that you confine yourself onto the original question asked by the Honourable Member so that is my ruling. You can ask but go straight to your point.

HON. OUSMAN SILLAH [BANJUL NORTH]: Thank you very much Honourable Speaker. Honourable Speaker if you look at the response of the Honourable Minister, the last part, he is talking about the Gambia being unable to spend more US$2 per person. This is where I am coming, that this is a challenge. In order for Gambia to be able to spend $2, to be able to be spending $2 per person, he has noted that there are challenges which we all agree in terms of funding. So I am asking the Minister whether the Ministry and Government are considering introducing tax on tobacco so that they will be getting revenue that will be utilised to be funding health requirements. So this is my question and I think I am in order, virtually in order.

THE SPEAKER: Honourable Minister, you can please respond.

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Thank you very much, certainly funding is a big challenge. In fact, that is our major challenge because we have the knowhow when we coordinate it very well we should be able to provide the services that our people need but funding is a big challenge. We are trying to strategize to cross the loopholes but in addition to that we certainly need extra funding. Now tobacco tax Honourable Member, I think as I am told, is actually already in existence but it does not come to the Ministry of Health. So we want to follow that up because we think it should actually come to us. Since its initiation, we want to know how much was generated and that it should come to us and we hope we get it. But you see we were thinking, because we were made aware of another tax that is for example an agency like the GRTS gets from GSM Tax, that GRTS has been getting and it has made them able to, correct me if I am wrong, but I think that tax has been very useful for the operation and realisation of their programmes and activities. So if the health sector gets a similar tax whether it is part of motor vehicle licences, we will get some contribution because lots of our resources go to the care of road traffic accidents victims. When people pay for their licenses, if we could get an additional little amount that is dedicated specifically to the health sector. So there are a lot of ways and individually this may be small amounts but when you put it together

cumulatively, assuming everybody in Gambia pays hundred dalasis (those who can pay). But every individual hundred dalasis, hundred by two million is two hundred million dalasi. So, that for example will go a long way in building a whole lot of health facilities in this country. So there are quite a number of ideas, we will bring them forward, we will articulate them and bring them for your support. Certainly we need alternative ways of funding.

HON. FATOUMATTA NJAI [BANJUL SOUTH]: Honourable Speaker, I want the Honourable Minister to just clarify certain things here. He has mentioned that Gambia is able to spend less than $2 per person per year when it comes to medication. Is that what Gambia is able to or should Gambia prioritise and look at where they put their moneys into because the health of the citizens of The Gambia is very important and I think it should be prioritised. And he is saying that The Gambia has adopted the WHO EMI since 1980 and that $2 per person per year was it since 1980 that it was adopted or is it recently because $2 per year is only D100, taking the Dollar at a higher rate. I think the honourable Minister needs to consider that and tell us what he means by able, is that what we can afford or is that what the government thinks that The Gambia deserves. Thank you.

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: So rephrasing that statement, Gambia spends less than $2 per person per year, if you look at our population of two million, $2 dollars per person will be $4 million. $4 million is about D200 million but in the actual sense we spent about a dollar per person per year because we spent about D100 million sometimes a little more on medication so The Gambia actually spends less than $2 dollars per person on medications per annum.

THE SPEAKER: Honourable Member for Serekunda, supplementary.

HON. HALIFA SALLAH [SEREKUNDA]: Honourable Speaker, the Honourable Minister has indicated the model utilised for preparing a list of essential medicines. Would the Honourable Minister indicate to this august body whether there is a policy on essential medicines adopted by The Gambia and whether he would be able to favour the Assembly with the list itself, for our own consideration?

HON. LAMIN SAMATEH [MINISTER FOR HEALTH]: Thank you very much Honourable Member. Yes, there is a medicines policy that the Ministry has and we will be able to give you copies of that. The essential medicines list is also available, we have a copy here. After the session we can provide a copy of that. That is what guides our practice.

THE SPEAKER: Honourable Minister of Health, I seize this opportunity to thank you very much for providing answers to this august Assembly in a very effective manner as a result you are now released and I thank you very much for the time you take.

[Applause]

QUESTION FOR ORAL ANSWERS [BY HON. MINISTER FOR LANDS AND REGIONAL GOVERNMENT]

Questions for which due notice were given to the Honourable Minister of Lands and Regional government by the Honourable members for oral reply:

QUESTION NO. 044/2019 [BY: HON. MEMBER FOR SEREKUNDA]

HON. HALIFA SALLAH [SEREKUNDA]: Honourable Speaker, could the Honourable Minister of Lands and Regional Government indicate to this august Assembly the names of the Seyfolu and Alkalolu who have been removed from their positions and those appointed since President Barrow assumed office and the reasons for their removal?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: Hon. Speaker, the following Seyfolu had been removed from office:

1. Mam Demba Jallow – Sami District – replaced by Morro Jawla
2. Alh. Sait Gaye – Sabach Sanjal District – replaced by Malick Boye
3. Ebou Colley – Foni Bondali District – replaced by Omar Colley
4. Alh. Modou Ceesay – Upper Saloum District – replaced by Demba Sey
5. Alh. Bubacarr Camara – Jimara District – replaced by Kanimang Sanneh
6. Alh. Basirou Loly Bah – Sandu District – replaced by Alh. Junu Bah
7. Bakary Badjie – Foni Bondali District – replaced by Ebou Colley
8. Basirou Jarjou – Kombo East District – replaced by Bakary Sanyang

9. Sheriff Ajai Janneh – Kombo South – replaced by Lamin Darboe

The removal or retirement of the above chiefs was to uphold public interest and proper public administration. The following Alkalolu were removed:

- Mamud Faye – Alkalo of Old Yundum – replaced by Mr. Burr Jassey [public interest and proper public Administration]
- Nuha Kujabi – Alkalo of Faraba Banta – replaced by Omar Kujabi [as a recommendation of the Faraba Banta Commission of Enquiry].

[Supplementary Question/s]

THE SPEAKER: Thank you Honourable Minister, Honourable Member for Serekunda the floor is yours for your supplementary.

HON. HALIFA SALLAH [SEREKUNDA]: Honourable Speaker, would the Honourable Minister indicate which of the chiefs were removed as a result of retirement and would he inform this gathering whether there is a statutory retirement age for a chief?

THE SPEAKER: Honourable Minister...

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: I do not understand the proper version of the question.

HON. HALIFA SALLAH [SEREKUNDA]: The question is whether the Honourable Minister would be able to indicate which of the chiefs have been retired and to indicate whether there is a statutory retirement age for a chief in The Gambia?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: The Chiefs that were retired were Alh. Sait Gaye of Sabach Sanjal and Ebou Colley of Foni Bondali District. According to the Local Government Act of 2002 there is no statutory age limit stated there but there is a clause in that Act that provides retirement benefit for a Chief and if the Honourable Speaker permits me I will read that clause for the benefit of this National Assembly.

Section 138 of the Local Government Act 2002 "The Seyfo shall be entitled to sub-salary and retirement benefits as shall be determined by the Secretary of the State". If the intention was for the Seyfolu not to be retired, then there will not have been any provision for retirement benefit.

THE SPEAKER: Yes Honourable Member for Serekunda, supplementary.

HON. HALIFA SALLAH [SEREKUNDA]: Since Honourable Speaker the Honourable Minister has said that there is no statutory retirement age for a Seyfo, is there a policy governing the retirement of Chiefs in this country and if so, what does the policy indicate in terms of retirement age?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: I believe in some instances, retirement is a lesser punishment in trying to remove some of these Chiefs. It is an honourable decision that is extended to some Seyfolu, but some of the reasons that these Chiefs are retired should be dismissal but it should be noted that it is an honourable decision that has been reached, not a policy that has been developed in the Ministry, I must admit.

THE SPEAKER: Honourable Member for Serekunda this is your third time for supplementary. I will allow you and this will be the last time.

HON. HALIFA SALLAH [SEREKUNDA]: Honourable Speaker, I am not sure whether that is what the Standing Order says because you are still elucidating the answer itself and as you can see, the Minister is giving us how he conceptualise, so at your pleasure.

Honourable Speaker, the Local Government Act must have stated the basis of punishment a Chief and the Constitution must have provided how an authority assesses who should be punished. Would the Honourable Minister explain to this august body why section 200 in the Constitution talks about the establishment of a Commission of Enquiry, Section 200 1[b] establishes the provision for a Commission of Enquiry to examine the conduct of any district Seyfo? Wouldn't you agree that that is to be able to establish whether a Seyfo should be removed from office on the basis of section 146 of the local government Act

which deals with the issue of removing from office by the President and state the grounds that the President should rely on to be able to remove the Chief.

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: Can you simplify the question?

HON. HALIFA SALLAH [SEREKUNDA]: The question simplified, having the Constitution stated the rules through which the President would be able to determine whether a Chief is guilty of misconduct or not by the very provision, says that a Commission of Enquiry may be established to review the conduct of any district Seyfo or Alkalolu. Isn't that connected to this very provision of Section 146 of the Local Government Act which stated a Seyfo may be removed from office by the President on the grounds of misconduct or incompetence or inability to perform the function of his or her office for any cause arising from infirmity of mind or body or otherwise. Shouldn't the two be linked, an enquiry being done to be able to establish that before you punish a public officer?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: My understanding of what he read from the constitution is that "may constitute a commission of enquiry" which is not mandatory, is discretionary. If it were said "it shall" then we are being mandatory. At the time of removing these chiefs, the decision was relied on Section 136 of the Local Government Act, 2002.

[Point Of Observation]

HON. ALAGIE S. DARBOE [BRIKAMA NORTH]: The Minister is telling this august Assembly that his understanding of the question and even the language that is used by the Honourable member for Serekunda, "may" the word he used, and is trying to make emphasis that if it is "shall" that should be mandatory. I want to put that legally "may" also is mandatory legal language. So it is better that the Minister go and do better findings in order to guide this august Assembly very well.

THE SPEAKER: Honourable Member, take your seat. As I was saying, I do not think you are here to interpret the Constitution "may/shall". Now what is your point of augment on this issue?

HON. ALAGIE S. DARBOE [BRIKAMA NORTH]: My point of augment is, in as much as I am not here to interpret, equally the Minister also is not here to interpret.

THE SPEAKER: Honourable Member if you have a supplementary question to this effect, you can come up with your supplementary please.

HON. ALAGIE S. DARBOE [BRIKAMA NORTH]: Honourable Minister, the question post by the Honourable member of Serekunda, the original question is basically on the removal of Chiefs and the reason advanced to their removal. Going by the list I want to believe that there were some chiefs that were removed that were not captured in the... [*BAD RECORDING*]

I would not know what is surrounding the circumstance in Upper Saloum. Then, can you make those clarifications regarding those issues. Secondly Honourable Minister, you have Ebou Colley for Foni Bondali (I want to believe) replaced by Omar Colley and then again you have Bakary Badjie for Foni Bondali replaced by Ebou Colley. Can you clarify the removal and replacement of these said Chiefs in Foni Bondali.

And finally Honourable Minister, the reasons advanced as reasons given why the said Chiefs were removed just pregnantly limited to uphold public interest and proper public administration? This sound very vague. Can you dilate, for the purpose of good governance and transparency, what you mean here by upholding the public interest and proper public administration?

THE SPEAKER: Honourable Minister, the floor is yours.

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: Which one is the question, because he had a long remark and I want to know exactly what is the question so that I can answer it?

HON. ALAGIE S. DARBOE [BRIKAMA NORTH]: Okay, I will ask my questions one by one. The list of the Chiefs that were removed, I want to believe that there were some Chiefs that were left out. For example Foni Bintang, I want to believe that with the advent of the new regime a new Chief came. Upper Nuimi, Upper Saloum... the scenario surrounding Upper Saloum, we need clarification on that. This is about the removal of the Chiefs. And then clarifications on the issue surrounding Bondali, we have seen Ebou Colley being replaced by Omar Colley and we have seen Bakary Badjie being replaced by Ebou Colley, can you make those clarifications. Finally, the reasons that you advanced on the basis of upholding public interest and proper public administration, for purpose of good

governance and transparency, can the Minister dilate what he meant by this public interest and proper public administration?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: Mr Speaker, I think the Honourable Member said he was going to ask his question one by one but as you can see he has bundled up everything. Because of the pressure, I cannot answer I will have to refer it back to the ministry *[interruption]*

THE SPEAKER: Honourable Member please, Honourable Minister just a moment. Honourable member please come up with your supplementary question [1].

HON. ALAGIE S. DARBOE [BRIKAMA NORTH]: So you are sanctioning me?

THE SPEAKER: Go with your supplementary question [1] and after which I will decide whether I will allow you for the second part of the question. Please!

HON. ALAGIE S. DARBOE [BRIKAMA NORTH]: Okay, let me first bring the last part of the question then I guess you will allow me to come with the second part of the question. The last part is for the purpose of good governance can the Minister dilate what he meant by upholding public interest and proper public administration as reasons he advanced for the removal of the said Chiefs.

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: The reasons will not be the same but I want to inform this House that in some cases there has been public authentication, adverse representation about some of the chiefs that resulted to their removal. And some of them, it is due to their personal appearances or their inability to perform their functions as Chiefs in the districts. That was the reason why they were removed because they are there to serve the public interest.

HON. ALAGIE S. DARBOE [BRIKAMA NORTH]: Honourable Speaker, I just want a follow-up on the answer that he has advanced.

THE SPEAKER: Okay, you can go ahead with that let me hear it.

HON. ALAGIE S. DARBOE [BRIKAMA NORTH]: Yes, The Minister said the reasons may differ, but the Minister was so generous to give us one by one that the Chiefs or the Seyfolu that were removed. I think let us take that order for him to give us the reason one by one. Why those said Chiefs were removed one by one. I do not want him to join the

reasons like that but I want specifically, for example the first one, the reason why that person was removed so that we are better informed.

THE SPEAKER: Honourable Member, you asked your supplementary questions one by one so you allow him to answer one by one. Honourable Minister please, you can go ahead.

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: I think the question was general, why the Chiefs were removed? For the specific reason for why a Chief was removed, the information is not readily available here but we will go back to our records and I will inform him accordingly. *[Applause]*

THE SPEAKER: Honourable Member for Serekunda I saw your tag, are you coming up? Honourable Member for Serekunda, because you asked the original question.

HON. HALIFA SALLAH [SEREKUNDA]: Yes Honourable Speaker, would the Minister be willing to go back and conduct an enquiry into the removals and come back to this Assembly and submit a report? Would the Minister be willing to do that for the sake of good governance and transparency?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: As the Honourable Member is aware, we are not the appointing and removal authority, we will go back to the authority and find out as to the reasons why the individuals were removed and if it is available we will come to this Assembly and report.

[Supplementary Question/s]

HON. MOMODOU CAMARA [FONI BINTANG]: Thank you very much Honourable speaker, I think going through corrections some of the "Seyfolu" that were removed were mentioned here, Foni Bintang particularly our Seyfo was removed and replaced by Lamin Jobarteh but is not captured here and chief Alfusainey Jarju wrote a letter to the Ministry and the President's office to enquire why he was removed, for one year now he is unable to get his answers.

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: It might be an oversight but we will find out, I know that Lamin Jobarteh has been reinstated is true that somebody has been removed but it might be an oversight.

On the question of somebody being agreed for his/her removal, I think the person has a right to go to the court for redress also but for letters that were sent for the removal of a Chief, are not normally addressed to us we are only copied but in some instances we are not even copied but as I said we are not the appointing and removing authority, it is the Executive and we will go back there to find out as to what the situation is.

HON. ALHAGIE H. SOWE [JIMARA]: thank you very much Honourable Speaker, Honourable Minister, I am not okay with your answers. I know two chiefs that is the then chief of Jimara Abubacarr Camara.....

[Point Of Order]

HON. BILLAY G. TUNKARA [KANTORA]: Am raising a point of order.

THE SPEAKER: Honourable Member address the Chair do not direct your question to the Minister please, address the Chair. Go ahead the Honourable Member for Jimara.

HON. ALHAGIE H. SOWE [JIMARA]: I know two Chiefs that is then Chief of Jimara Abubacarr Camara who was removed because of supporting the APRC party and in fact the recent Chief which was appointed in Jimara, who is incompetent that is the former Governor of the region Kanimang Sanneh and also the Chief of Sandu who was also accused of supporting the GDC party that is why he was removed and replaced by the Junu Bah who was then supporting the UDP party when the UDP and the President were in good terms which is not correct.

And also you talked about retirement, if it is retirement, none of the Chiefs should be there because they are all old people in fact some of them cannot walk even 50 meters so they should all go. Thank you.

[Point Of Order]

HON. BILLAY G. TUNKARA [KANTORA]: My point of order is clause 20 of the Standing Order 2, no speech shall be made by any Member, Honourable Member, in asking a question and no debate shall be permitted on any question.

THE SPEAKER: Standing order clause 20 clause 2, no speech shall be made by any Honourable Member in asking a question and no debate shall be permit on any question.

So, 20 clause 2 we have to make sure that we go by that standing order section. Honourable Minister can answer his supplementary question?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: But he is asking me to comment on what his personal view is, his is not asking a question Honourable Speaker.

THE SPEAKER: Are you asking a question or you want him to comment.

HON. ALHAGIE H. SOWE [JIMARA]: There is a question that is the last one that is retirement issue he is talking about.

THE SPEAKER: I said what is your supplementary question? You are allowed to ask one question.

ALHAGIE H. SOWE [JIMARA]: It is ok.

HON. SUNKARY BADJIE [FONI BREFET]: Thank you Mr Speaker, my issue is already being addressed by Honourable Member for Brikama North.

HON. KADDY CAMARA [FONI BONDALI]: Thank you very much Mr. Speaker, I want the Honourable Minister to clarify the answer that was given here because I am a little bit confused, I am from Foni Bondali but I couldn't understand his answers here. He said Ebou Colley was removed and replaced by Omar Colley and again you have Bakary Badjie who was removed and replaced by Ebou Colley so, I want to know which is which?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: I understand that Ebou Colley is the one removed and replaced by Bakary Badjie.

Mr Speaker, my answer to that question will be, it may be a co-incidence that both districts are being represented by Ebou Colley that is my understanding.

THE SPEAKER: Honourable Minister, Foni Bondali is one district so, I don't think is divided into two and I think Bakery Badjie..... please clarify.

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]:

MINISTER: Bakary Badjie was removed and Ebou Colley appointed as the new chief replacing Bakary Badjie. It must be a typical error.

HON. KADDY CAMARA [FONI BONDALI]: Mr Speaker, if the Minister cannot answer this question, I will answer it. Bakary Badjie was removed and replaced by Ebou Colley and again Ebou Colley was removed and replaced by his own son so, it was not the two Ebou Colleys, there is one Ebou Colley in Bondali and Bakary Badjie was removed by this government and replaced by Ebou Colley.

THE SPEAKER: Who is the son?

HON. KADDY CAMARA: Omar Colley.

THE SPEAKER: Honourable Minister is that correct?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: That maybe correct but the removal of Bakary Badjie.....

THE SPEAKER: Honourable Minister allow me please, what she says as a National Assembly member for that particular constituency is that correct?

HON. MINISTER: She will be in a better position to know that more than me.

THE SPEAKER: This is what I am saying whether is correct, if it is correct please say yes.

HON. MINISTER: It is correct.

HON. MAHTARR M. JENG [LOWER NIUMI]: Honourable Speaker, the Minister in one of his answers to section 136 he referred us to section 136 mentioned appearance who determines the appearance of a Chief as per determining his removal from office who?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: Like I said Honourable Speaker, I am not the removing authority and the Honourable Member will agree that these Chiefs are working under Governors who are directly responsible for their supervision and in most cases it is through the recommendations from the regions that some of these decisions are taken. Like I said, some are adverse representation from the general public about some of these Chiefs but like I said, I am not the appointing authority neither the removing authority. I will find out more and let the house know as exactly this is why they are removed or retired.

THE SPEAKER: Thank you very much Honourable Minister. If I heard you well, it appears that the recommendations come from the Governors through your Ministry or was it a directive from the Office of the President to your Ministry?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: In some instances, the Governors are representing the President's office they deal with them directly.

HON. HALIFA SALLAH [SERREKUNDA]: Honourable Speaker, I raised the question and the minster accepted. The question is, would he be willing to go back to conduct an inquiry into these removals and come back to report to the National Assembly? And he said yes. Are we propose that we adhere to that and then move to another question until he comes back the next time? And I seek the indulgence of the Speaker if you want me to make an observation, could I?

THE SPEAKER: Yes, go ahead

HON. HALIFA SALLAH [SERREKUNDA]: The observation is that, the Minister should not be pushed to try to interpret what really happened in terms of this removal but when he goes to consult, he will come back to us because we know very well that the procedure does not involve Governors so, it's important if Governors are involved you can see that whole process is not going according to the law and I do not want to go into that now. We know that if a Chief is to be appointed go back to the Constitution and see what is the language who should the President consult to appoint a Chief, is it a Governor? So, I don't want to get into that let the Minster go back and do all the investigations and then come back to us fully prepared to answer our questions.

THE SPEAKER: Thank you very much Honourable Member. Honourable Minister this is a suggestion before you now we put this thing you go back and then give a full report to this august body do you agree to that?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: I agree.

THE SPEAKER: If you agree to that then we move to the next question please.

HON. MUSA DRAMMEH [MINSTER FOR LANDS AND REGIONAL GOVERNMENT]: Honourable Member is right, the Chiefs are appointed in consultation with the Minister for Local Government but he must agree that the Governors are directly supervising the Chiefs.

THE SPEAKER: It has been suggested and agreed to that, so I do not think we need any further explanation, you go prepare a report and submit to this august body. Thank you.

THE SPEAKER: QUESTION No. 045/2019 [BY: HON. MEMBER FOR TUMANA]

HON. FODAY NM DRAMMEH [TUMANA]: Thank you Honourable Speaker for giving me the floor. Can the Honourable Minster of Lands and Regional Government explain to this august Assembly the processes of leasing land in the country?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: Honourable Speaker, landed property depends on whether the property is situated in the state land area or in the regions.

a) Leasing process for a landed property commenced after the applicant purchases an application for lease form, fill it and submit it along with a completed Certificate Of Occupancy to the Department of Lands and Surveys (DLS).

b) A file is opened by the DLS for applicant and sent to the Department of Physical Planning & Housing (DPPH) for planning advice.

c) From DPPH, it is sent to the Ministry for Minister's approval for grant of a lease or otherwise to the applicant.

d) If approval is granted, DLS notifies the applicant to pay all the required fees of the leasing process, survey the property, prepare lease plans & documents and send the file to the Ministry for the Minister's signature.

e) Applicant pays his/her stamp duty at GRA and finally register the lease at the Ministry of Justice, thus complete the leasing process.

LANDS IN THE REGIONS AREA

a) Applicants obtain an application for grant of lease from the Governor's office.

b) The district authority members authenticate the ownership of the applicant by filling and signing the prescribed form (resolution forms).

c) Applicant obtains planning report from the Department of Physical Planning & Housing.

d) Application for lease is sent from the Governor's office to the Ministry of Lands for Minister's approval or otherwise for grant of a lease.

e) Leased documents are sent to the district authorities for signature.

f) If approval is granted, the Governor's office makes a request for DLS to prepare the lease plans and also prepare lease documents.

g) The lease documents and plans are then sent to the ministry for minister's signature.

h) Applicant pays his/her stamp duty at GRA and finally registers the lease at the Ministry of Justice, thus complete the leasing process.

THE SPEAKER: Thank you Honourable Minister. Supplementary questions.

[Supplementary Question/s]

HON. FODAY NM DRAMMEH [TUMANA]: Thank you Honourable Speaker. Honourable Minister what leads to the delay in the whole process when these things are very clear?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: In some instances, the lands department and physical planning also have their way of investigating as to avoid double acquisition or allocation of land.

HON. MOMODOU CAMARA [FONI BINTANG]: Thank you very much Mr Speaker. I think according to the Minister, the state land areas, you made mentioned of the occupancy before the occupancy I think I missed something here which I did not share which is Area Council because before you have your occupancy you have to have your... Area Council and for that form is given. There are four signatures, the Alkalo, Chief, CEO and the Chairman Area Council which is missing here is that part of the leasing process.

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: It is part of it.

HON. DAWDA KAWSU JAWARA [UPPER FULLADU WEST]: I want to ask the Minister, already this is the legal requirement to go about leasing ... but don't you think that this a bit cumbersome, is there any way of looking at and addressing the issue to make it a one stop short so that there are avoidances of complications because many people cannot get used to this kind of system of going back and forward to try to lease ...

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: I do not think I am getting the Honourable Member.

HON. DAWDA KAWSU JAWARA [UPPER FULLADU WEST]: I am asking is your Ministry looking into addressing this cumbersome step a process of trying leasing a land and come up with a comprehensive one stop short so that people can apply and all these things can be done within inter-departmentally without the person having to go and come to get the same result.

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: I do not think it is cumbersome, it is safer and easier for us to grant lease on these conditions than to grant a duplication of lease on a land that has already been leased. These are safety measures.

HON. ASSAN TOURAY [BAKAU]: Thank you Honourable Speaker. Honourable Minister, I believe you will agree with me that land issue is becoming a burning issue in the country. Can you tell this august House how Real Estate developers acquire lands in the country, thank you?

THE SPEAKER: Honourable Member I think that is a new element. Your supplementary should be directed to the original question. Please, I overrule.

HON. SUWAIBOU TOURAY [WULI EAST]: Thank you Honourable Speaker. Honourable Minister if you look at the steps that one takes to do the leasing, do all these stages there attract fees which are stipulated in the law because my experience is that if you go to the Alkali, you pay and the Chief also. When you go back to all these places there is always fees but there is no receipt.

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: Those payments are not official so they should not be paid. The official payment is for the survey fees and in some instances lands premium but other payments that are paid to the Alkalis and the Chiefs are not official.

HON. MAHTARR M JENG [LOWER NIUMI]: Honourable Speaker what the Minister is telling us is different from what is happening on the ground. In that, if you do not pay, it will be delayed, if it has to take one year, it will take two years. The process is so long, so cumbersome that some people died just applying for this, how possible would it be for the Ministry to think of shortening the period to allow Gambians to have the access of leasing their property Honourable Minister, please?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: I must admit that many people complained that the longevity of the leasing process and we are doing everything possible to try to shorten it as soon as possible and the plans are already on my table. And very soon, it will not take more than a month or two to be able to process the lease after completing your documentation.

THE SPEAKER: Thank you Honourable Minister for that promise you give to this august body.

HON. HALIFA SALLAH [SERREKUNDA]: Honourable Speaker, I was going to ask the Minister whether... sensitization should not be adopted to enable people to understand the process, prevent the type of abuse that people are complaining and with also the involvement of IT helps in speeding up the process which maybe what he is referring to.

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: On the first laying of the question, yes, we have developed a panel and very soon, it will be on GRTS to sensitize the public and also to digitalize the process, we are also in the process.

I think the month of April, I visited with my team in Dubai where they experienced some of these difficulties and we are yet to receive a proposal from a British firm to see if we can digitalize some of the process here, this is why I say very soon when plans go through within a month or two we should be able to process the lease.

HON. SAINEY JAWARA [LOWER SALOUM]: It is okay, it was an observation.

HON. SUNKARY BADJIE [FONI BREFET]: Thank you Honourable Speaker, the Honourable Minister in his response did mention that commission being paid to Alkalos and Chiefs are unofficial but I want the Honourable Minister to inform this august Assembly... [*BAD RECORDING*]. There are some Chiefs and Alkalos who charged exorbitant amount before a document is transferred and a lot of complaints are coming to this National Assembly Members and I want the Honourable Minister to inform this Assembly. What plan does his Ministry have?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: ...respond to supplementary questions, a panel is being developed at the level of the Ministry for television discussion and I am happy to report that we will be approaching the Select Committee of National Assembly to join us on that panel discussion to sensitize the people as to the process of lease or the process of acquiring a land anywhere in the country.

HON. SUNKARY BADJIE [FONI BREFET]: It appears I am not even understanding the Honourable Minister.

What I am trying to clarify here, some Alkalos and Chiefs have no mandatory because official transfer can never be effected unless a Chief or Alkalo appends his/her signature in terms of such issue, you cannot proceed with the process and the fees some Alkalos and chiefs will charge up to 15,000 or 10,000 before... which is illegal and the Minister in his response it appears that he is aware of it and as I mentioned that the process is illegal. Now I am asking what is his Ministry is doing in order to solve such practice and to make sure that they are stopped because the general public, citizens are suffering.

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: In response to that, I say yes, we are also receiving the complaints but we do not have the proof, we are saying we will sensitize the public as to what is to be the process of acquiring land of leasing process and we will make it clear that any amount that is charged outside the official fee is illegal and it should not be paid.

HON. MOMODOU CAMARA [FONI BINTANG]: Thank you Honourable Speaker. I think I have seen two forms of leasing for land. The first one is State Land Areas and the second is Lands in the Regions. Talking about West Coast, I think it is a region and when you consider Kombo Central, Kombo South and Kombo North, the leasing process is based on

this state lands and West Coast is in the region can you specify... state land areas or the region?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: State lands are allocations you do not need... it is a letter that has been issued by the Department of Lands, immediately they issue a letter, a file is opened and you do not need any Certificate of Occupancy. In the case of the regions you need a line to be authenticated by the district authority, the Alkalo and sometimes the councils that is the difference. State land is an allocation. *[Applause]*

QUESTION NO. 046 [BY: HON. MEMBER FOR TALLINDING KUNJANG]:

HON. FATOU K. JAWARA [TALLINDING KUNJANG]: Thank you very much for giving me the floor can the Honourable Minister of Lands and Regional Government explain to this august Assembly whether his Ministry or Council has any plans in place to provide street lights in Tallinding Kunjang highway?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: Hon. Speaker, the provision of the street lights for Tallinding Kunjang highway will be factored in 2020 budget of KMC. As for now the main GRIFITI Kunda highway is the main focus of council for completion.

[Supplementary Question/s]

HON. FATOU K. JAWARA [TALLINDING KUNJANG]: Honourable Minister, it will be very unfair for you to defer this street light issue in 2020 budget. Tallinding is having 528 households with 2 markets and tailoring shops who are paying tax to the Council and my community is at robbery threat since we have the tar road, the women cannot access the road to venture into fishing at that areas because there is no street light so, I therefore, urge you to work in consultation with Council and see how best you can help these natives of Tallinding to have street lights. Thank you.

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: Honourable Speaker we are very much sympathetic to the plight of the people around that area but as the Honourable Member is aware the budget for this fiscal year 2019 has already been approved and is being implemented and it is the responsibility for the local Councillors there to come up and Village Development Committees to come up with

projects for consideration during the budget of the Council. That is why it will be factored in the 2020 budget since it has not been factored in this one. *[Applause].*

HON. FODAY NM DRAMMEH [TUMANA]: Thank you Honourable Speaker. I just want to know whether Tallinding is the only targeted area in the 2020 budget for street lights in KMC.

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: The question is limited to Tallinding that is why the answer is limited to Tallinding. [*Laughing*]

HON. BAKARY NJIE [BUNDUNGKA KUNDA]: Thank you Honourable Speaker.
In the same vein, I would also like to know when Bundung street lights will be available. Thank you.

THE SPEAKER: Honourable Member but the Minister has answered he said the question is about Tallinding Kunjang and the supplementary should go to Tallinding Kunjang. I know you are a member for Bundung really but specifically the question is about Tallinding.

HON. SAIKOU MARONG [LATRIKUNDA SABIJI]: Honourable Speaker but Bundung is in KMC.

THE SPEAKER: He said he made mention of Tallinding.

HON. DEMBO KM CAMARA [ILLIASSA]: Despite of KMC but Tallinding is concerned.

HON. NDEY YASSIN SECKA [NOMINATED]: Honourable Speaker, I raised my tag pleased.

THE SPEAKER: I haven't seen your tag anyway we jump to question number 047 you can come up with your supplementary to that.

HON. NDEY YASSIN SECKA [NOMINATED]: Honourable Speaker please my question is very important can you please allow me.

THE SPEAKER: Can I allow the Member for Kiang East to read the question on behalf of the Member for Kiang Central?

QUESTION NO. 047/2019 [BY: HON. MEMBER FOR KIANG CENTRAL REPRESENTED BY HON. MEMBER FOR KIANG EAST]

HON. YAYA GASSAMA [KIANG EAST]: Honourable Speaker, could the Honourable Minister for Lands and Regional Government explain to this august Assembly whether there are plans to regulate the activities of housing agencies in the country since some of them are encroaching on state lands as well as individuals?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: Honourable Speaker, Ministry of Lands, Regional Government and Religious Affairs is cognizant of the impact the emergence of real estate companies are causing to spatial landscape of the country, especially in Greater Banjul Areas.

Consequently, and in the absence of an existing piece of legislation regulating the activities of Real Estate Agents, we have been working closely with Real Estate companies with the objective to developing a regulatory framework to regulate their activities.

The Ministry encouraged Real Estate companies to form a body/association which will deal directly with the State in the development of a regulatory framework as a primary stakeholder. We are happy to inform you that the body has been instituted and currently collaborating with us.

[Supplementary Question/s]

HON. YAYA GASSAMA [KIANG EAST]: Honourable Minister, given the fact that real estate business is a very lucrative one and real estate agencies are mushrooming, there appears to be a high positive correlation between the real estate agencies and land problems, conflict over land. Wouldn't your Ministry consider providing legislation that will regulate the activities of these Estate Agencies?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: Yes, we are considering presenting a bill for enactment very soon.

HON. HALIFA SALLAH [SERREKUNDA]: Honourable Speaker, taking into consideration that the land tenure system has created multiple type of ownership in the areas where now estate agencies are particularly interested in building their estates. Shouldn't the Minister agree that doing a study, a special study of the whole area to identify the different types of land tenure system and come up with a comprehensive policy on the issue is necessary commencement process of the whole exercise before actually coming up with legislation?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: Yes, we are considering it and hopefully UNDP will fund it.

HON. LAMIN J. SANNEH [BRIKAMA SOUTH]: Thank you very much Honourable Speaker, Honourable Minister in your response you stated in your last paragraph where you informed the estate developer to form an association. I just want to enquire whether that is formed. And the second part is, shouldn't these people be encroaching upon our agricultural land? Do you have any intention to come out with cadastral mapping in order to preserve land for agricultural production within the Greater Banjul Areas in particular?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: A mission in Dubai and the idea is to carry out comprehensive cadastral mapping of the whole country and hopefully very soon we will have proposal from them. Yes we are considering cadastral mapping of the whole country.

HON. LAMIN J. SANNEH [BRIKAMA SOUTH]: On the first part, do they form an association, the estate developers?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: Yes, that was what we have encouraged them to do and they have done so. Some of the major real estate agencies have now even approached the Ministry that they are prepared to form a workshop for all the stakeholders to be present and discuss regulatory framework to preparing a bill for enactment.

HON. MAHTARR M JENG [LOWER NIUMI]: Honourable Speaker if the Honourable Minister works with those offending instead of as suggested by the member for Serrekunda instead of making a study and then bringing a legislation, if you work with them they will be carving the whole scenarios to their advantage and where would you be? In trying to ascertain the fact that you will able to address this land issues given the fact of its predominance right now. Thank you.

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: I believe that it was a suggestion by the Member for Serrekunda that whether we will consider conducting a study to be able to come up with legislation to the enactment and I agree with him.

THE SPEAKER: QUESTION NO. 048/2019 [BY HON. MEMBER FOR KIANG CENTRAL, REPRESENTED BY HON. MEMBER FOR KIANG EAST]:

HON. YAYA GASSAMA [KIANG EAST]: Honourable Speaker, can the Honourable Minister for Lands and Regional Government inform this august Assembly if Government intends to constitute a Lands Commission, taking into consideration the number of land disputes in the country particularly in Greater Banjul areas and the Kombos?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: Honourable Speaker, the Lands Commission has been constituted and the Chairperson and members of the Commission are sworn in. The Commission has started operation and it held its inaugural meeting on 24th September 2018. And I am also happy to report to this august body that less than 2 weeks ago they were summoned by the Select Committee for Local Government and they were here.

[Supplementary Question/s]

HON. BAKARY NJIE [BUNDUNGKA KUNDA]: Honourable Speaker, the Honourable Minister knows that the Lands Commission did not have any secretariat and if you do what is the Ministry is doing to solve that problem? Thank you.

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: Accordingly the Acting Director of Lands and Surveys is to serve as a Secretary to the Commission and he is the Secretary.

HON. BAKARY NJIE [BUNDUNGKA KUNDA]: I mean the Lands Commission does not have a Secretariat yet.

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: It is because of space problem, we have provided them with a temporary one at the Department of Lands. Hopefully, we will approach government to allocate them somewhere completely outside the lands department but temporarily they are accommodating there.

HON. LAMIN J. SANNEH [BRIKAMA SOUTH]: Thank you very much Honourable Speaker, Honourable Minister since the Lands Commission has been established and they were sworn in after the inaugural meeting, currently what is their level of implementation and what have they achieved, if you look at the land crises that are driven up within the Greater Banjul area and West Coast in particular?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: I do not think this Commission is a court of law to make some releases and judgments, they are fact-finding commissions and to make recommendations to the Ministry as well as to the land administration. And also in some instances, to try to resolve some of the land disputes and I am aware that most of the disputes that we have received have been forwarded to them and they are looking into them.

THE SPEAKER: Honourable Member for Wuli East, I did not see your tag but you can go ahead now.

HON. SUWAIBOU TOURAY [WULI EAST]: Thank you Honourable Speaker. Honourable Minister since we are bombarded with all kind of complaints on land, we will be interested to know the terms of references. Would your ministry be willing to offer us the Terms of Reference for the Lands Commission since they did not come before the National Assembly? Thank you.

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: The Terms of References are in the Act itself that created the Commission.

THE SPEAKER: QUESTION NO. 049/2019 [BY: HON. MEMBER FOR LOWER SALOUM]

HON. SAINEY JAWARA [LOWER SALOUM]: Honourable Speaker, can the Honourable Minister for Lands and Regional Government inform this august Assembly how far has this new administration gone to establish CRR North as a Region?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: Honourable Speaker at the moment, I am not aware of any plans for the establishment of CRR North as a Region.

[Supplementary Question/s]

HON. SAINEY JAWARA [LOWER SALOUM]: Thank you Honourable Speaker, in the last regime we were informed that the foundation stone was laid in Kaur but still now I am not satisfied... are you in a position to differentiate both South and North in... Regional Governor's office for efficiency and effectively on work?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: I say I am not aware of any plan for creating a CRR North region.

HON. SAINEY JAWARA [LOWER SALOUM]: I am saying during the last regime, we were promised that CRR North will have their own region. Now what I am saying is that, are you in a position in your Ministry whereby CRR North will have its own office and the Governor's office?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: I simply said that plans are not there even if it is your wish. Yes, it is also our wish if it is possible we will create a CRR North region.

[Point of Clarification]

HON. MAJANKO SAMUSA [NOMINATED]: Mr Speaker, point of clarification. I do associate myself with the Honourable Member for Lower Saloum, it has been inaugurated, the foundation stone has been laid by the last regime which I attended the laying of the foundation for CRR North to be a region of its own, we were there when the foundation stone was laid so, I do not know since then, whether when this new transitional government comes, whether it is in their plan but actually it has been separated by the last government because I was at the inauguration when the foundation stone was laid.

HON. FODAY NM DRAMMEH [TUMANA]: Out of order.

THE SPEAKER: Honourable Member for Tumana, please can you withdraw that statement?

HON. FODAY NM DRAMMEH [TUMANA]: Yes, it is withdrawn.

HON. MAJANKO SAMUSA [NOMINATED]: Honourable Speaker, did he say something referring to me? I want to know.

THE SPEAKER: Honourable Nominated Member, he was not referring to you. Honourable Minister please go ahead with your intervention but I think if I heard you well you said you are not aware.

HON. MUSA DRAMMEH [MINISTER FOR LAND AND REGIONAL GOVERNMENT]: It maybe a wishful thinking but officially we are not aware.

HON. ALHAGIE MBOW [UPPER SALOUM]: Thank you very much Honourable Speaker, would the Honourable Minister consider the formation of a new region called CRR North considering the fact that this particular region CRR itself is too big and the administration of CRR itself actually is a challenge because for those of us who are from there? Now just an additional information, we set up a taskforce to help but we would want the Minister to confirm whether he will consider adopting that particular region as another region in the country so that in terms of administration it will be easier and because of the vast land size that we actually have, we want to see whether you will consider it or not?

HON. MUSA DRAMMEH [MINISTER FOR LAND AND REGIONAL GOVERNMENT]: We will go back and discuss it with the Executive and if it is possible, we will come back to you for the funding.

[Point of Observation]

HON. SAINEY JAWARA [LOWER SALOUM]: This refers to my Honourable colleagues, please we must respect each other's opinion here because we are representing people. Somebody cannot just stand up and say "out of order" whilst another member is on his feet.

THE SPEAKER: Honourable Member that issue has been resolved and the Member has withdrawn his statement. If you have any question you want to ask the Honourable Minister, you please go ahead with it if not we continue.

QUESTION NO. 050 /2019: [BY: HON. MEMBER FOR SAMI]

HON ALFUSAINEY CEESAY [SAMI]: Honourable Speaker, can the Honourable Minister for Lands and Regional Government inform this august Assembly whether all the Chiefs in CRR have their own Clerks?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: Honourable Speaker at the moment, all Chiefs are served by Court Scribes from the Ministry of Justice because all these Chiefs have their Scribes or Clerks including the ones in CRR.

[Supplementary Question/s]

HON ALFUSAINEY CEESAY [SAMI]: Honourable Speaker, these Clerks or Scribes, they assist the Chiefs in the day-to-day running of their activities. The question that I would like to ask is that, these Scribes or Clerks are they permanently posted to these Chiefs or are they called when their need arises.

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: They are permanently posted to the Chiefs as far as we know.

THE SPEAKER: Your supplementary has been answered Honourable Member for Sami. You want another supplementary again? Okay, I will give you the chance.

HON ALFUSAINEY CEESAY [SAMI]: Thank you, as I am speaking right now my Chief has no Scribe or Clerk.

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: There should be but we will take it up with the Ministry of Justice.

THE SPEAKER: QUESTION NO 051/2019: [BY: HON MEMBER FOR KOMBO SOUTH]:

HON KEBBA K.K. BARROW [KOMBO SOUTH/MAJORITY LEADER]: Thank you very much Honourable Speaker. Can the Honourable Minister for Lands and Regional Government provide a comprehensive list of all the NGOs in the country from 28 February 2017?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: Hon Speaker, there are 120 registered NGOs in the Gambia. The list of all NGOs is herein attached. Mr Speaker while I was seated there, I was approached by one of the administrative staff of the National Assembly that the list has not been provided, we try to give him the copies of what we have.

[Supplementary Question/s]

HON KEBBA K.K. BARROW [KOMBO SOUTH/MAJORITY LEADER]: Can the Honourable Minister inform this august gathering the fees attached to the registration of National and international NGOs and how much money do they pay annually for the service fees and who is in control?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: Honourable Speaker, the question is very specific, the list of NGOs is what we are asked to bring, if we were asked to bring the fees we would have brought it but I will have to refer back to the office.

THE SPEAKER: Honourable Member for Kombo South, I think your supplementary is a new element please.

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: I said the question is restricted and we gave the answer exactly as to the question. If we were provided with additional question as to the fees and who is in control we would have provided it. Nonetheless, we would do that...

HON. KEBBA K.K. BARROW [KOMBO SOUTH/MAJORITY LEADER]: Honourable Speaker, let me reframe my question again and they can provide us with the fees and all those things. Are you aware that CBOs are operating in this country and they are calling themselves NGOs?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: I am not, but Honourable Speaker let me inform the House that when I assumed the office, I found a very inactive board which has been dissolved, a new one constituted and we have mandated the board to go round all the NGOs, see them, look at their appraisals with a view to coming up with a comprehensive report and recommendations to the Ministry, we are still waiting for that recommendation.

HON. BABA GALLEH JALLOW [SANIMENTERENG]: Thank you very much. Honourable Minister, is there any monitoring mechanism from your Ministry, as many of these NGOs are using this platform to engage themselves?

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: We have a directorate of NGO affairs in the Ministry which is working in collaboration with the new Board and they have gone round countrywide to see the NGOs for themselves.

HON. MAHTARR M. JENG [LOWER NIUMI]: Honourable Minister, when was this body constituted and was it given a time frame that if it does not finish investigation within the time frame, it should submit its report that time?

THE SPEAKER: Sorry, Honourable Minister before you come in, I think I understand the list was circulated. The question is about the list and it has been circulated so I don't think there should be any repetition of that.

HON. MAHTARR M. JENG [LOWER NIUMI]: This is an answer emanating from the Kombo South representative. The Minister said he has constituted a body after dissolving that other one whether a timeframe had been given to that body to submit its investigation to the Ministry that is what I am asking?

HON. MAHTARR M. JENG [LOWER NIUMI]: No timeframe has been given to them.

HON. ABDOULIE CEESAY [OLD YUNDUM]: Honourable Minister, as per the list that was circulated, the list of NGOs operating in the country, can you tell this august Assembly whether those organizations that are under review... [NOT CLEAR].

HON. MUSA DRAMMEH [MINISTER FOR LANDS AND REGIONAL GOVERNMENT]: I have just informed the Assembly that a body is responsible for going round, see the activities and come up with a comprehensive report and recommendation to the ministry.

THE SPEAKER: Honourable Minister, let me take this opportunity to thank you for answering to the call of the National Assembly and you are released now.

[The House suspends until 3:30]

[There was no recording when the House resumed due to technical problems]

[Question Proposed, Put and Agreed to]

[That the House be adjourn until Wednesday 12th june 2019]

ADJOURNMENT

[That the House was adjourned to Wednesday 12th June 2019]