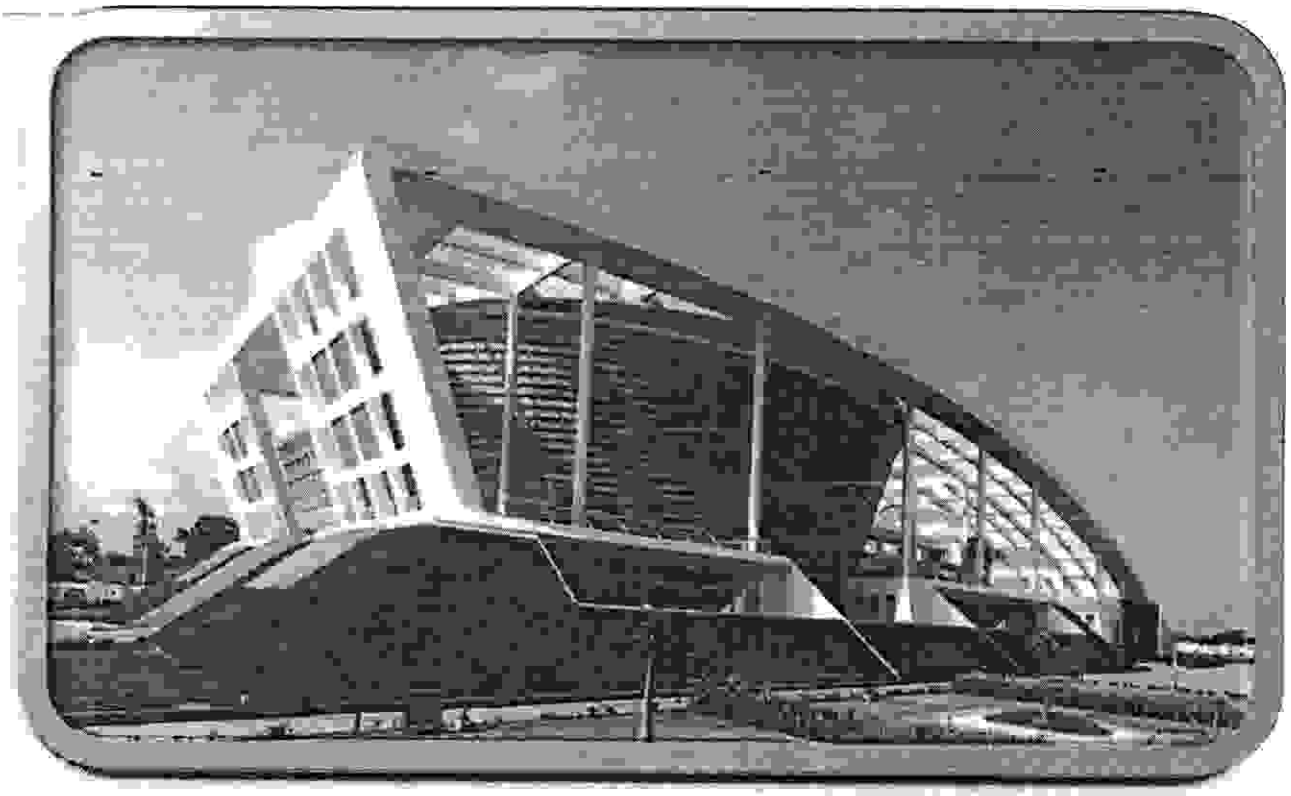

National Assembly, New Assembly Building, Reverend Pye Lane, Banjul, The Gambia

PARLIAMENTARY DEBATES

[HANSARD]

OFFICIAL HANSARD REPORT

VOLUME: 3

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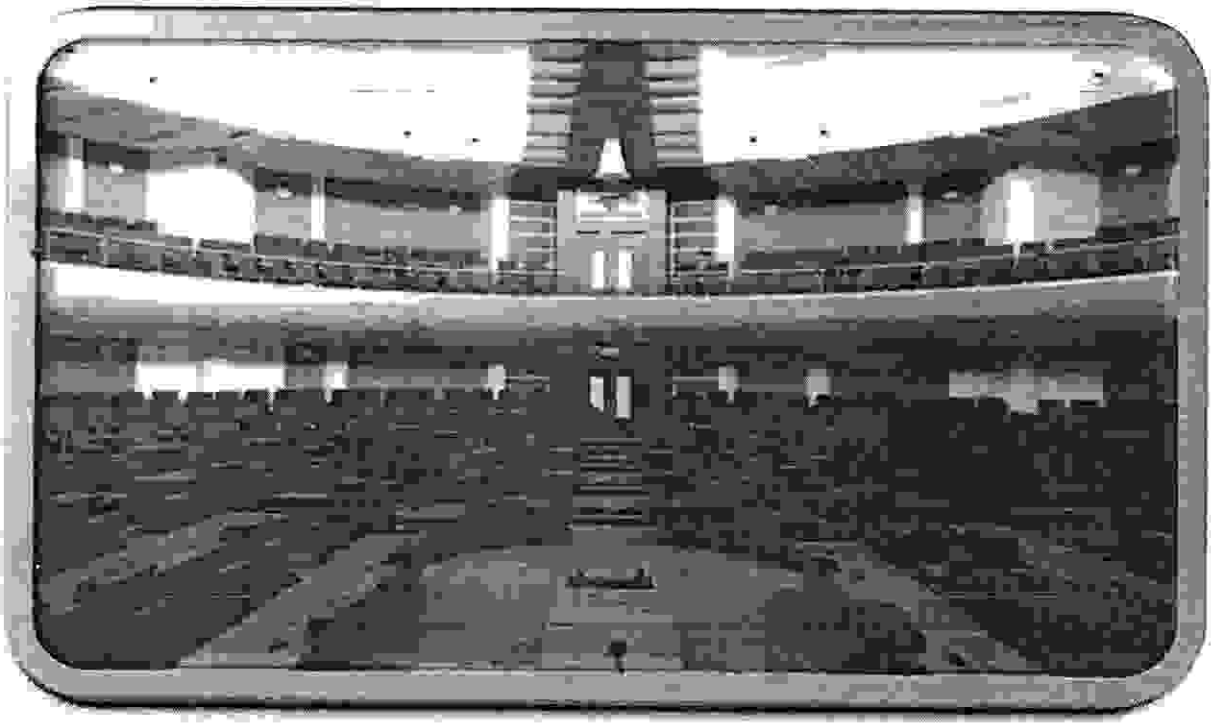
Fourth Meeting of the Third Session of the Fifth Parliament of the Second Republic of The Gambia.

Proceedings of the Sitting Thursday 6th September of the House, 2018.

Content



THE CHAMBERS OF THE NATIONAL ASSEMBLY OF THE GAMBIA

OFFICIAL HANSARD REPORT OF THE PROCEEDINGS OF THE HOUSE

THIRD ORDINARY SESSION OF THE FIFTH ASSEMBLY OF THE SECOND REPUBLIC IN THE 2018 LEGISLATIVE YEAR

THURSDAY 06TH SEPTEMBER, 2018

1. Prayers:

[The Speaker, Hon. Mariam Jack Denton, Reads the Prayers].

[The House met at 10:30 a.m. in New Parliament Building, Reverend Pye Lane, Banjul].

[The Speaker, Hon Mariam Jack Denton, in the Chair].

The House was called to Order

2. Corrections of Votes and Proceeding of the National Assembly Sitting of Thursday 06th September, 2018

THE SPEAKER: Honorable Members, the Records of Votes and Proceedings of the National Assembly Sitting of Wednesday 5th September 2018 is before us for consideration and adoption. Can someone please move that the Record of Votes and Proceedings of the National Assembly Sitting of Wednesday 5th September 2018 be considered and adopt.

BILLAY G. TUNKARA [KANTORA]: I thank you Madam Speaker. I rise to move the motion that, Records of Vote and Proceedings of the National Assembly sitting of Wednesday 05th September, 2018 be considered and adopted.

THE SPEAKER: Any seconder?

HON. ALFUSAINEY CEESAY [SAMI]: I so second, Madam Speaker.

THE SPEAKER: It has been moved and seconded that the records of vote and proceedings of the National Assembly sitting of Wednesday 05th September 2018 be adopted. Any issues or observations from Honorable Members?

HON. ASSAN TOURAY [BAKAU]: Page '1' number 4, Questions instead of Question.

THE SPEAKER: Page '2', any corrections or observations? If none page '3'.

HON ABDOULIE CEESAY [OLD YUNDUM]: I thank you so much Madam Speaker. Page '3' observations and corrections; Honorable Members, scrutinised should be "scrutinized" instead of scrutinised

HON. ALHAGIE DARBOE [LOWER FULLADU WEST]: page 3, where he reads Honourable Mahtarr Jeng Member for Lower Niumi and Member of the Delegation of the ECOWAS Parliament, tabled the report "for consideration" and not for the consideration and adoption by the Assembly.

Also Page '6' where you have question put and agreed to. It has been moved and seconded that, the report be amended as read not "as has been moved and seconded". I thank you.

THE SPEAKER:

[Question Proposed, Put and Agreed to]

[The Record of Votes and Proceedings of the National Assembly Sitting of Wednesday 05th September, 2018 was adopted with amendments].

1. **Laying of Papers and Reports:**

   Report of the National Assembly Select Committee on Health, Women, Children, Disaster, Humanitarian Relief and Refugees final report 2018. [By: Hon. Ousman Sillah, Chairman of the Committee].

HON. OUSMAN SILLAH [BANJUL NORTH]: I thank you very much Madam Speaker. I rise to move that this august Assembly do consider and adopt the final oversight report 2018 of the Select Committee on Health, Women, Children, Disaster, Humanitarian Relief and Refugees covering the period November 2017 - July 2018.

Madam Speaker, the Select Committee was set up with accordance to section '102'A and '109'E of the 1997 constitution and Standing Order Number '85'. The key oversight goes are to review how effective the resources are being spent in accordance with budget appropriations and whether performance targets are met with the achievements of results in line with the existing national health policy and strategy plan?

Madam Speaker, these 50 pages report which is before the august Assembly, is the outcome of the engagements undertaken over a period by the following Honorable Members who constituted the current Membership of the select Committee.

Hon. Ousman Sillah -	**Chairperson,**
Hon. Fatoumata Jawara-	**Vice Chairperson**
Hon. Sulayman Saho -	**Rapporteur**
Hon. Saikou Marong-	**Rapporteur**
Hon. Amadou Camara-	**Member**
Hon. Musa Amul Nyassi-	**Member**
Hon. Bakary Camara-	**Member**
Hon. Omar Darboe-	**Member**
Hon. Kaddy Camara-	**Member**
Hon. Momodou Sanneh-	**Member**
Hon. Dawda kawsu Jawara-	**Member**
Hon. Ndey Yassin Secka-	**Member**

Support Staff

Modou Sillah-	**Committee secretary**
Madam Alarie Gillen-	**Committee secretary**

Subject Matter Specialist

Mr Tamsir Ann

Sekou Omar Dibba

Aminatta L.R. Ngum

Dr Ayo Palmer who provided invaluable support.

Madam Speaker, since is a bulky document I have a brief summary of it and I will skip the social objectives as I think the National Assembly Members, are now au-fait with the social objectives and of course the documents that are before them clearly out lined what these objectives are.

On Health Sector Strategy Plan 2014/2020; highlights inadequacies in the health delivery system which are high attrition of skill, health and social workers. Inadequate skill and competent health workers, low staff production from health training institutions, inadequate basic equipment, consumables and other logistics, insufficient drugs and other logical supplies, week referral systems, inadequate infrastructure and ICT equipment. Sustainability of health management information system [HMIS], inadequate facilities and services at the tertiary care level against the background of increasing population and ...growth and poverty levels and constraints in maintaining the achievements made in the health sector.

Madam Speaker, the first part of this oversight engagement, ran from 7th to 21st November, 2017 which comminuted in the development presentation and adoption of a preliminary report by this august Assembly.

The second phase was conducted from the 6th of March to 23rd of July, 2018. The Select Committee, in its approach developed and distributed reporting guidelines prior to the meetings and visits and meetings with officials to ensure that, the data collected would be standardized and propelled in-depth information on the current status of the health sector and the services provided by the institutions visited.

The Committee used three methods to carry out its oversight functions namely;

Face to face meetings with concerned officials

Review of documents and sight visits.

However, the review process is not yet completed as many issues arose from responses provided by the Ministry and the other secretary institutions within the sector, which need further clarifications and answers. The Committee, also directed the officials to undertake certain actions which are yet to be fully complied with as at the time of finalizing this report. As a Select Committee, is also mandated to perform

oversight on the other sectors and areas of intervention under its purview, the sight visit this time round where only conducted on the facilitates of the department of social welfare and its implantations center and also forefront prompt areas within the Kanifing Municipality.

As I indicated earlier since the Honorable Members, are provided with copies, let me just go straight to the recommendations.

Findings, Conclusions and Recommendations of the Committee

Madam Speaker, the Select Committee reflected on the findings derived from multiple sources for the entire period from October 2017 - July 2018. The Committee understands that the Ministry of Health and Social Welfare and partners are conducting a comprehensive assessment of the health sector, which will inform future reforms within sector. However, the Committee awaits the final report.

The overall impression is that the health sector has shortcoming in its governance structure is critically under-financed and is hampered by inadequate human resources both in quality and quantity. We still hold the view that are given the widespread extent of these gaps, these individual components should not be addressed in isolation of the other components. A piecemeal approach that addresses select operational issues will not accomplish the intention of improving the delivery of services to the population. The recommendations for strengthening the health sector to deliver services have therefore, been formulated on the basis of a comprehensive system's approach.

The conclusions and accompanying recommendations are arranged under five headings: Policy Context, Governance arrangements, health sector financing, human resources and regulatory oversight. As planned, the Committee will be monitoring outstanding and on-going activities as outlined in the monitoring schedule developed for this purpose which is the last part of the document that are circulated to honorable Members.

A. POLICY CONTEXT

CONCLUSION 1

The Select Committee on Health has reservations about the plans of the Ministry of Health and Social Welfare (MOH&SW) to expand the number of unskilled health workers to provide primary health care. Primary Health Care as defined in the Alma Ata Declaration states that "The people have the right and duty to participate individually and collectively in the planning and implementation of their health care". This means that the governance of the health sector resides with the general public. People living in The Gambia, should decide what type of health system they want, what quality of health care is acceptable and monitor the extent to which the health sector is meeting their health needs. There is evidence that the public wants the health system to:

1. Provide skilled health care at the first level of contact with the health system in both rural and urban settings.
2. Improve the quality of care at all levels.
3. Address persistent inequities in the quality of care provided within the health system.
4. Develop a more inclusive health system that is not unduly biased towards maternal and child health.
5. Respond to emerging non-communicable diseases (NCDs).
6. Provide the most cost-effective health system for the population.
7. Make health providers more accountable for the health care they provide to the public.

RECOMMENDATION 1

The Select Committee requests the Ministry of Health and Social Welfare [MOHSW] to present a position paper to explain how it plans to respond to the demands of the public noted under CONCLUSION 1.

QUALITY OF CARE

CONCLUSION 2

The Select Committee is concerned about growing public fears about the quality of care currently being offered to the population. The Committee perceives the Board of Health as envisaged in the National Health Policy, 2012-2020 as a critical step towards improving the quality of health care. The reasons for the delay in setting up such an important mechanism are unclear.

RECOMMENDATION 2

The Select Committee requests the MoHSW to provide details of its plans, including the timeline, to set up a functional Board of Health to provide oversight of the quality of healthcare being delivered in the country.

MATERNAL MORTALITY

CONCLUSION 3

The data that Ministry of Health provided on reported maternal deaths is worrisome as there was no appreciable decline in the reported number of maternal deaths between 2014 and 2017. It is a concern that nearly three quarters of all maternal deaths occurred in just three regions; Central River Region, Upper River Region and Western Region 1. The MoHSW mentioned social determinants of health relating to maternal deaths but did not provide further details on this and, on; a) the causes of the reported maternal deaths and b) a description of the existing real-time surveillance system in place for monitoring maternal and neonatal deaths.

Additionally, although the MOHSW intends to provide 24-hours comprehensive emergency obstetric care services in nine (9) health centers, only two(2) out of the nine health facilities, Bansang and EFSTH, currently provide these services.

RECOMMENDATION 3

The Ministry of Health is requested to;

a) Indicate how many Caesarean sections were carried out in each of the nine (9) health facilities compared to the total number of deliveries in 2016 and 2017;
b) Provide details of the plan, including the timeline, to provide 24-hour comprehensive emergency obstetric care in all hospitals and major health centers.
c) Explain how the existing surveillance system can be built upon to foster a sense of individual responsibility and accountability for maternal deaths.
d) Explain the social determinants of health relating to maternal deaths and how they specifically contribute to maternal deaths in the various regions.

MENTAL HEALTH

Conclusion 4

Severe mental disorder and or substance abuse disorder is a growing problem in The Gambia affecting an estimated 27, 000 of people in The Gambia. A further 91, 000 Gambians have a mild disorder but still require treatment. Limited health resources and the absence of a comprehensive and effective mental health service make it hard to promote the mental health of people living in The Gambia and provide effective treatment and support to people with mental health disorders. Resources are needed to strengthen the mental health system. The Committee was informed that a revised Mental Health Policy 2015 – 2024 and Strategic Plan 2015-2019 and mental health Bill have been developed but neither document has been validated.

Recommendation 4A

The Committee tasks the Ministry of Health to organize a multi-stakeholder forum to review and validate the draft mental Health Bill [2017] for submission to the National

Assembly to promulgate into law and to provide for the repeal of the existing Lunatic Detention Act of 1917.

Recommendation 4B

The Committee task the Ministry of Health to organize a multi-stakeholder forum to validate the revised Mental Health Policy 2015-2024 and Strategic plan 2015-2019 and commence their implementation.

DISABILITY

CONCLUSION 5A1

A Disability law is an important piece of legislation that needs to be enacted in The Gambia to promote and protect the inherent rights of an important segment of the population who are living with a disability. The Committee was informed that the draft Disability Bill (2017) is still not finalized because of a misunderstanding with a provision in the draft Bill that makes it mandatory for all public buildings to be made accessible to persons with disabilities.

Recommendation 5A

The Committee requests the Ministry and Social Welfare to expedite the process of resolving the question of public access for disabled persons issue and re- submit the draft Disability Bill (2017) to the National Assembly for promulgation into law.

CONCLUSION 5B

There is only one Rehabilitation Centre in the country which produces and repairs artificial limbs or mobility aids for the physically challenged. As a Unit that is under and premised within the Department of Social Welfare at its head office in Banjul, the Rehab Centre is poorly staffed, resourced and housed thus hampering its operations. Considering the fact that, there is high demand for the services it offers due to the increased in amputations at the hospitals, the unit could no longer cope with it as the resources are not available to produce and repair artificial limbs. This

has led to the situation in which the persons needing the service are compelled to travel to a neighbouring country to get the service which costs a fraction at a much higher cost.

Recommendation 5b

The Committee is recommending for the ministry to focus attention on the Rehab Centre by increasing its budgetary allocation to enable it to continue the much needed service of producing and repairing artificial limbs for amputees and at affordable rates to rehabilitate the facility which need serious repairs and consider its staff to undergo further professional training.

EDWARD FRANCIS SMALL TEACHING HOSPITAL

CONCLUSION 6

The Select Committee, is concerned about the deteriorating quality of care being offered at the EFSTH though, we recognize that steps are being taken to improve the situation and that under financing of the institution is a contributing factor.

RECOMMENDATION 7

The Select Committee requests the Management of the EFSTH to:-

a) Provide information on how much it will cost, based on accepted norms and standards, to run the institution as a Teaching Hospital.
b) Provide a position paper to explain what reforms it plans to undertake to turn the hospital into a Teaching hospital with fully functional departments.

B. GOVERNANCE ARRANGEMENTS

CONCLUSION 1

The Ministry of Health and Social Welfare is organized at central level in a way that weakens its technical responsibilities. Technical issues are handled by separate directorates. There are fifteen directorates, nine at central level and seven in the

health regions. There is however, no overall technical leader in the Ministry to review, analyses and synthesize technical information from each of the technical directorates. The absence of such an individual hampers the quality of technical advice in the Ministry and technical directives sent to the peripheral health system.

RECOMMENDATION 1

Restructure the Ministry of Health and Social Welfare at central level to create a technical oversight role such as a Director General of Health with high level technical expertise to provide technical guidance to all the technical directorates individually and collectively.

CONCLUSION 2

The Ministry of Health and Social Welfare has not fully decentralized decision-making to hospitals despite their semi-autonomous status under existing laws. Furthermore, there are anomalies in the membership of Hospital Management Boards.

RECOMMENDATION 2

The Ministry of Health and Social Welfare should review the Acts and Regulations for the governance of hospitals to identify gaps that would need to be addressed through amendments or the promulgation of new laws.

CONCLUSION 3

Donor funding provides an opportunity to strengthen the delivery of health services. Yet even though Cabinet has approved a partnership coordination mechanism this is not yet functional.

RECOMMENDATION 3

The Committee requests the Ministry of Health and Social Welfare to submit a detail roadmap on the implementation of the donor coordinating mechanism.

C. HEALTH CARE FINANCING

CONCLUSION 1

The Select Committee reviewed the comments of the Ministry of Health on inadequate health system financing and the quantification system for the Basic Health Care Services and the National Health Sector Strategic Plan (NHSSP 2014 - 2020). We note important gaps, for example, the cost of treating NCDs, including dialysis and cancers and the operational cost of tertiary health facilities, including the Teaching Hospital.

RECOMMENDATION 1

The Committee requests the MOHSW to provide an estimate of the cost of running the Gambian health system that includes envisaged costs at all levels. Specifically, how much funding is needed, what is it needed for, how much is available, has an evaluation been done to examine efficiencies within the health sector?

CONCLUSION 2

We commend the Ministry of Health for advocating for a comprehensive and universal health insurance scheme for the whole population of the Gambia. However, based on the reports submitted we have three concerns about the breadth and depth of such a scheme:

1. It appears that the insurance scheme will not extend to communities due to "difficulties in administration of largely informal sector of employment in rural communities".

2. It is unclear what kind of health problems will be covered under the scheme.
3. There was no clear statement about the extent to which the General Public will be involved in the design of an insurance scheme.

RECOMMENDATION 2

The Committee requests the Ministry of Health and Social Welfare to provide more information on the above concerns.

D. HUMAN RESOURCES

CONCLUSION 1

The delivery of services is currently compromised by staff shortages especially for medical and surgical specialists, low salaries and low motivation of available staff. Staff attrition particularly of nurses and poor attitude of staff in the public sector. All these factors affect the performance of staff and in turn the quality of services delivered to the population. Thus, adopting strategies to improve motivation of health service providers is vital to improve the quality of care and to address the health service provider crisis.

RECOMMENDATION 1A

The Ministry of Health and Social Welfare should provide evidence of the level of attrition of health workers with respect to trends over time and what cadres are affected. The 15 years human resources for health plan should be updated to clearly identify gaps in human resources to meet the health needs of the nation.

RECOMMENDATION 1B

The Ministry of Health and Social Welfare should review and revise the existing posting and incentive policy. The salaries of health workers should be revised in line with increase in the cost of living in the country. There should be an integrated

package of incentives drawing on all available sources of resources. The package should be designed to encourage deployment to underserved parts of the country. Non-financial incentives such as housing loans should be part of any incentive package.

REGULATORY FRAMEWORK

Medical and Dental Council, Nurses and Midwives Council, Pharmacy Council and Medicine Control Agency.

CONCLUSION 1

The Select Committee periodically receives reports of the behavior activities of members of professional bodies that adversely affect health care delivered to members of the public. The Regulatory Bodies are subsidized with public funds and are, therefore, accountable to the public. The Select Committee notes that though the Regulatory Bodies are to varying degrees and carrying out their oversight roles with respect to their respective mandates- there are shared aspects of their mandate that need to be strengthened.

RECOMMENDATION 1

The Committee requests all the Regulatory Bodies to proactively expand their activities to engage the public using various media to;

1) Increase awareness of their mandate

2) Provide periodic update of their professional membership, where relevant.

3) Disseminate periodic reports of their activities.

RECOMMENDATION 2

The Committee recommends that all Regulatory Bodies provide a straightforward and fast system that would enable different segments of the public to

present their complaints, considering the level of literacy and limited availability of internet services in the country. A summary of the actions taken in response to complaints should be shared with the public.

RECOMMENDATION 3

The Committee urges Regulatory Bodies to work with the Ministry of Health and Social Welfare to ensure the standards of health care practice are widely disseminated periodically to practitioners and continuing professional development programs are compulsory to improve the quality of care offered to the general public.

DISASTER MANAGEMENT

CONCLUSION 1

Some areas in the Kanifing Municipality are prone to flooding due to poor urban planning and management, topography and indiscriminate settlements. This is exacerbated by the lack of a properly planned drainage system, blockages in existing drains and continued settlement of people on natural waterways. There is also the dumping of refuse by the people in gutters and drains thus causing blockages. Although, the National Disaster Management Agency (NDMA) is in place to engage in operations to mitigate and manage disasters at both the national and regional levels. The regional disaster management team in the Kanifing Municipality is ill- equipped and ill- prepared for any disaster due to the lack of timely access to resources for this purpose. The Municipal Council, which is responsible for the cleaning of the gutters and drains to allow free flow of water, is also not regularly providing this service. However, with the arrival of the rains there is nothing in place in terms of preparedness that can prevent the occurrence of flooding and mitigate disaster in these identified hotspots within the municipality.

RECOMMENDATION 1

The Committee urges the National Disaster Management Agency (NDMA) to put in place the necessary arrangements and support through its regional coordination office in collaboration with the Kanifing Municipal Council (KMC) to prepare for and mitigate any potential flooding and disaster in the municipality during the raining season.

Madam Speaker, to conclude, I wish to call on the Honorable Members of this august Assembly to consider and adopt this motion before them which seeks to ensure the provision of an effective and efficient health care delivery system to the population which is accessible, affordable and of quality.

I beg to move.

THE SPEAKER: Thank you very much Honourable Member. Any seconder?

HON. MAHTARR M. JENG [LOWER NIUMI]: I stand Madam Speaker, to second this motion. I also would want to contribute by outlining certain areas that have been highlighted in this report. This is one of the most lucid, explicit and one of the best reports this House has ever had. The report is timely and very evident that it explains the sufferance our people are going through in the hospitals, health centers and in the provincial areas. It is therefore, very apt that Honorable Members, give it their tacit support and without any amendment or amendments we move that we pass it. Thank you very much.

THE SPEAKER: Honorable Member, to come up with your suggestion, moving it is another issue. I thank you. ***Laughter***....

[Question proposed]

[That for the House to consider the report of the National Assembly Select Committee on Health, Women, Children, Disaster, Humanitarian Relief and Refugees final report 2018].

Any Honorable Member who want to take part in the debate can raise his constituency tag.

HON. BAKARY CAMARA [KIANG CENTRAL]: I thank you very much Madam Speaker, for giving me the floor. A healthy nation is a developed nation as a result health care service delivery should be everyone's business. If you go to the report Madam Speaker, you will find out that series of constraints or problems have been highlighted in the report. Identifying a problem is one thing and finding a solution to it is another. We know our problems and going through the report, you will know exactly what obtains in our health sector. So, what is the next step is to find solutions these problems. If you look at the mental health Act, we have an ac... mental Act and there is a need for it us to have a better one. Again, the disability Bill which is still pending, I do not know what are the problems, what are the factors hindering the passing of that particular Bill? It has not been brought to the National Assembly yet but disability does not mean inability. Therefore, there is need for us to cater for our disabled people in our society. If I could borrow the word from the Honorable Nominated Member Ndey Yassin Secka, disability is a package whether you like it or not.

Madam Speaker, if you look at our health facilities, the problems that are in 'A' are the same problems that are found in 'B' in fact the problems are very similar. So, what do we do? Last December, a budget has been approved for our health sector. So, sometimes when people go the health Centre and they complain about unavailability of certain health care items, I keep on asking myself where did that money go or why is these things happening?

Madam Speaker, if you look at the Ministry of health, there is a department call social welfare and that particular department seems to be forgotten and the staff are disinterested in whatever they are doing. The facilities are poor in fact we were told that the budget allocation for that particular department is very low. So, if you go there you will see what is obtained on the ground and it is really disheartening. We have problems in our health sector, we identified them and what is the solution

now? What do we do, are we moving or not and what do we do in order to solve these problems?

Yesterday, I have seen it in this Assembly, that people are tired of talking-let us apply solutions to these problems. We already have problems and we continue coming here to talk about them, we all know our problems and from here what do we do? Let us start solving our problems now and see how best we can improve the system.

The health care personnel or the doctors and nurses together with the other staff you will see how they struggle in order to make sure that, they do what is expected of them. Their services, are not better and sometimes even to get a paper to write on or basic health care items are total absent and you see them running helter-skelter and we have a budget for our health sector. So, what are the problems?

Madam Speaker, if you go through the report the health financing, I think this is the only country where you go, you pay D25 [twenty-five dalasi] or D5 [five dalasi] and you are given whatever. What is happening or what I have observed is that one is not sustainable let people be charged and paid. Once that is done, you paid the services and then better services will be provided. If you pay D25 [twenty-five dalasi] and what can that give to the health sector in order for them to get the basic items in place? So, these are some of the things that – health care services can never be free anywhere you go in this world. So, is better if sustainability is the problem, let people pay the services and then the services are delivered to them. Is better rather than calling for a free health care system when in actual sense things are not available so is like we are fooling ourselves. Is like what obtain in the education sector, free education when people are parents are charged.

Apart from school fees, there are other payments that even more expensive than the school so the health sector, let people pay. We do not want to have a situation where in the health care service or the maternal care or whatever is free in the Gambia and at the end of the day you go to the hospital, you are given nothing absolutely. Is better than people pay and they are given better services rather than

going there for the sake having.. you have name that free health care system in the Gambia. So, these are some of the observation that are made. Been part of the committee, let me also join my colleagues to thank the committee for a better report. Thank you very much Madam Speaker.

HON. MUHAMMED MAHANERA [SANDU]: Thank you Madam Speaker. I also want to join my colleagues to express my views on the report.

Madam Speaker, on the report they talked about the worker's attrition and according to world health organization, their recommendation is at least one physician to every five thousand in habitants but this is not the case in Africa where Gambia is inclusive. Worker's attrition, we all know where the problem lies. When the Minister for Finance and Economic affairs came here, we made a recommendation that the salary scheme or the salary and pension Act should be looked at. Because, workers who are working here in the Greater Banjul Area, they feel that they are more opportune than the workers who are posted in URR example in Diabugu or may be a village in Wuli. So, these people also need a better living standard if they are not motivated then the result is, they have to leave and look for better opportunity else while.

Madam Speaker, in our regime we say health service providers, are complementing government efforts in the kombos here but if you go to the rural areas, kombo is not only Gambia- Gambia is wide and large. You move beyond West Coast Region, you see things that are definitely concerned to health.

Madam Speaker, in the report they also talked about neonatal and maternal death. I did not see any recommendation in the report as to what causes it and how to remedy it. If you go to URR North or generally if you go to the Northern, side of the Gambia, from Karantaba going up to the last village in Wuli, there is no place where you can see an operation theatre and we all know that again that we need this in the North also. Every development is centered in either in the Kombo here or the Southern part of the Gambia. Go to the Northern part of the Gambia, there is nothing like operation theatre and also the ...is an obstacle. Let us assume that a

patient or a woman in labour and you want to transport that woman from Sandu or Wuli to cross the river and there is no river ambulance that is another issue. So, the tendency is either the woman lose her life or the baby will go under difficulties.

Madam Speaker, they also talked about inequality in health service delivery then in the case of Gambia, say is health service disparities. Looking at in the Kombo here, everything that comes, Government will build institutions here then you go URR North, the only minor health Centre we have there is yorobahol and in the report, we did not see whether the committee has cross the river to go to the Northern part and look at the condition of yorobahol health centre and it is the only health centre in URR North that is providing the service but you reach there today and you look at the lapidated condition of the hospital, even to get paracetamol is an issue. So, Yorobahol I think is a health centre that need to be looked at and also need to equipped so that, it can serve the URR North from Sandu and the two Wulis but now when you look at their report, we have suggested that we need a river ambulance. For example when you go to yorobahol and you have a patient, you have to fuel the ambulance or you have to look for another means to transport your patients and we all know in the Gambia, everybody is a tax payer. So, if government efforts are complemented by private health service providers, I think is been necessary also to look in to the issue of the Northern part of the country. What is hindering this, to my opinion is to encourage the private sector to invest in the –we must make sure that we work on our energy sector. Because, these are equipment that need energy and in most of the provincial villages or towns do not have electricity is an issue so most of development are hindered by energy and I think we need to look at it.

On disability Bill, I do not think to me you should set time more than it is to bring this Bill in here and rectify. Because, what we do not want is attitudinal change and we must change our attitude and transform this country. So, if there is no accessibility for these to access public buildings then we should provide it-we should not wait. We are waiting until time comes then we cannot be able to do it again. We must change and without that, we are not going anywhere. We said we want to transform and we are reluctant to changes. Madam Speaker, health sector also

needs to be strengthened. We embark on workshops and at the end of it, nothing is done so it means workshops are meant to get money. You make recommendations, suggestions and after the workshop, nothing is done. Therefore, these are some of the contributions I have Madam Speaker and I beg to resume my seat.

HON. OMAR DARBOE [UPPER NIUMI]: I thank you Madam Speaker, for giving me the floor and my intervention will be short and brief. Let me first seize this opportunity to thank the select committee of health for bringing this important report. To give my especial thank and care for his meticulous and proactive receipt and the entire committee as well for their perseverance and their commitment in compiling this important report which I am part.

Madam Speaker, the problem of health in this country is unanimous everywhere and as it was briefly highlighted in the report like the poor attitude of the staff in the health sector which is really a problem. When you go to my constituency Upper Niumi, we have three health centres or health post that are strategically it located in Nema-Kunku, Albrada and Kerr Cherno. This week, I have been receiving reports from that end which is dishearten concerning the attitudes of the health workers there. A woman in labour taken to the health centre and there was no light in the whole health premises and the person who accompanied the woman in labour went to the nurse in charge and asked but she was told it was not time yet for her to deliver and this woman went and sat inside the hospital. Within ... another girl also came the same thing the place was really dark and there was no light at all in the whole of the health premises.

Yesterday night, a girl was unconscious, they took her there and they found the nurses eating and none of them bothered themselves to come and see what has really happened to the girl until the escortee has to call their attention because it was an emergency. I think it is a concern for everyone as it was said by the Hon. Member for Sandu, we have to change our attitudes if we want this country to develop and move forward. It is not about lip services, it is not about writing nice things on the paper, it is about the attitude and action. It is time for us to act as a

country if we want to move forward. We should stop talking, we should stop developing book policies and we have to act now. Some of the problems we have in our hospitals is not about money probably is about the attitude of the people. We have to change and this attitudinal change it is not from top to bottom and from bottom to top may be it has to be horizontal and vertical otherwise we will not move forward. On that note Madam Speaker, I am proud of this Committee and I thank you very much for giving me the floor.

HON. HALIFA SALLAH [SEREKUNDA]: I thank you very much Madam Speaker. The report, speaks for itself in terms of quality it has inspires us. It starts in the front page by saying final report, we should delete final this is just the beginning of a process. It is the beginning of a process because the content indicates that. It tells us the shortcomings in resource and some did indicate the need to visit other hospitals the eye clinic is there. There are many places that required to be visited in other to be able to gather best information to be able to information the legislation and policy. So, that is why I am saying it is not a final report is a report fit for its purpose but a report that is the commencement of a whole process.

Madam Speaker, the first element is policy context and we have seen the debates been unreached when a visit was made by the committee and on page '33', we have seen the doctors said on paragraph '6' in response to a question raised by a subject matter specialist regarding the concept of primary health care as per the position of the Ministry and the response was, primary health care is an initiative which is anchor on the preventive approach. He said during the 1970s and 80s, primary health care, was implemented in this country with impressive impact on the health delivery system. He said focus has seems been shifted from primary health care to the tertiary form of health care which he added is exorbitant and faces challenges to the health care delivery system. He said in recognition of the significant primary health care, as the most important option for development countries, the Ministry, is now trying to revitalize primary health care to provide quality health care to the citizenry. Therefore, in short, we are seeing in terms of policy initiative and issues been raised here that, primary health care was designed to have a preventive

impact. There is no doubt that health has those four components; it has a preventive, curative, rehabilitative, as well as restorative dimensions. Because, if you talk about plastic surgery is replacing and restoring. They have talked about **autodidact** sector where we are told that people are going to neighboring country spending over 20, 000 [twenty thousand] to get **autodidact** aid when it could be produced here for 3,000 [three thousand]. We talk about health financing, what is wrong?

Therefore, anytime so far, the dimension of primary health care emerged from China when it had no health system and what they did was to train barefoot doctors. They go to the villages and recruit people who were motivated to serve their people and started to train them so that, they will have basic health knowledge to be able to assist and then they increased the education and expanded that is what primary health care is all about it is not all about prevention. Is a holistic system which the world took over and transform in to all these technicalities, all the jargons are really not concentrating on the essence that, where you have poor service delivery and you do not have the resources, then you must innovate on what to do as a mechanism to be able to address the problem and we need to go back to basics there is no doubt about that because we have that same problem. So, it is important for us to look at the primary health care system and seeing what essentially ought to be done to become to provide health so that it will not only be accessible but it will also be affordable that is a challenge in terms of policy.

In terms of policy also, we are told that primary health care is about implementation, is about participation of the people in determining their health systems as well as finding out what ought to be done to ensure that is implemented. I am just concerned about page '35', where it talks about the policy context and then paragraph '4' to develop a more inclusive health system that is not on duly bias towards maternal and child health. I do not understand that. There is absolutely no doubt that, our health system should be biased on maternal and child health that is the foundation society. Once you address that you address all the other elements as you move so, the biasness should be there. Because, they are the reproducers of

human society and if they do not exist, human society will become extinct and I do not agree at all with paragraph '4' somehow, I will need explanation maybe it has another meaning other than what I have read. Therefore, it is important Madam Speaker, to look at the issue of quality of care and in terms of policy context, it must be linked to the other issues of quality of care.

We are told that, the recommendation is that the select committee request for the Ministry to present a position paper to explain how it plans to respond to the demands of the public noted in what has already been mentioned in the policy context. I will presume that the policy paper is the national health policy 2012-2020 and I will believe that, that is augmented by introducing a national health sector strategy plan 2012-2020. What ought to be done which hardly is done is that, when you have these policies, you must be able to have midterm review from 2012 now we are in 2018. May be it has been done I do not know but what should have been done in the first place in 2016, at least you have a midterm review of the policy. Midterm review of the strategy plan, know whether you are on target or you not on target, to know what ought to be done to be able to address the problem. That should be recommended if it is not done, then we need to know exactly what is the status of this policy or strategy plan, are they just collecting dust or are they serving as guide in terms of implementation of what needs to address the problems of the health sector?

Madam Speaker, it talks about maternal mortality. I know fore fact that, in terms of applying the primary health care principle, what use to be done is to look at the traditional birth attendance then give them training so that they will be able to address the problems of a childbirth of cause they do not live forever. This is 30 -40 years ago may be many of them had already gone out of commission. So, what was done to improve because the idea was just addressing a problem if you have maternal mortality now why are we saying that, the situation oat to be addressed only by one means? It seems that, there must be a combination of means through which the problem will be addressed. How was it addressed in the past, what was the role of the traditional birth attendance, what is their status now, are they replace

by the community health nurses? Etc. which should have been a process. The process would have been to utilize the services of those people for a while then find out ways and means of developing training so that others will take their role so on and so forth. So, it is important to look at the system, what type of system is in place, who is actually replacing those people who are carrying the services, how are they been empowered now and to concentrate on building a system that will address the needs of the society?

Madam Speaker, the issue of mental health, we have seen the statistics given to us. They have come up with mental health policy, mental health strategy plan and this seems to be a sectoral plan within the health sector. Therefore, essentially this is the problem we always start again to reinvent the wills. This should have been integrated when you say national health policy and national health sector strategy plan. This should have integrated all these elements so we should be talking about implementation rather than reinventing policy but since the policy, then you have the policy gap then you should make a plan without addressing the other plans then you can come up with this type of situation. So, what we want to know exactly is what this new plan and policy is and we will be reviewing that in terms of improving the legislation? There is no doubt that, they use to called people who are mentally ill lunatics it shows the level of consciousness at the time of not understanding what the problem of mental illness is all about. That it is curable and nobody is immune to it and some in fact pick the behavior without been categorized as mentally ill so this is a human problem and not something that is there isolated, where we castigate others or stigmatize them. So, it is important to look at the issue of the disability, the Bill is long overdue, the recommendation is accepted and I think if it fails to come from the angle of the executive well I think private member's Bill should come, I think we should now strengthen this Parliament that nobody can stop this Parliament from making law.

We are the law-making body of the land and even if we send a Bill and it is not accented to by the President, it comes back here, and when we send it back by force it must become the law- that is the country language of the constitution. So, this is

the law-making body of the land. Nobody can stop this body from making law and collectively, if we agree that we are morally bound for a law to come in to been if it is not brought here by the Executive, the National Assembly will bring the law. That is the, language we should start to speak in order for this National Assembly to have.... So, it important Madam Speaker, to look at the issue of Edward Francis Small. From page '9' - '11' really, that serves the most incisive part of this report.

Looking at the presentation, they are very convincing. Madam Speaker, I look at the presentation that was given in terms of Edward Francis Small on page '10' paragraph '5' and you can see that, these people where or already prepared to give information that our committee desired to have. It states that in the presentation, he gave a brief background of the history of the hospital, explained how the transition was made from the Royal Victoria Hospital to the Edward Francis Small Teaching Hospital. Is a main referral hospital with five hundred and sixty-four-bed capacity. It became a teaching hospital in 1999 to cater for the practical training needs of the newly established school of medicine of the University of The Gambia. The hospital is also responsible for the management of starlight units, the sanitarium which is a facility for the ... of TV -just imagine I think and I hope the committee visit. Is that a place where a sanitarium should be? So, essentially and Tanka -Tanka. So, we are getting the reports then from the hospitals showing also the hospital sees an average of 1,214 patients each day.

In 2016, the inpatients mortality rate was 9% approximately, 62% of referral comes from other health facilities. This is a total of 184 medical doctors and 103 trained registered nurses and on and on. So, detailed information Madam Speaker, is actually been provided and this shows the importance of our committees. One would need to have researchers going to collect this data. What we definitely need is to, rely on this report and recommend for the Ministry to maintain that database of beds to population of doctors and nurses. So, this should be maintained and easily available. Once the database is made, it means that our committee will continue to follow and obviously we will be able to make comparative analysis to know whether our conditions are detonating or they are improving or percentage wise they not

improving according to our capacity. Therefore, this leads us to other hospitals as they provided information it became scantier so, the committee should use this as base document to prepare a format and sent it to each hospital that when we come to visit you, this is the Information we expect from you and it means that we will be preparing the ground to be able to have the concrete information that we need for actual planning.

Madam Speaker, the recommendation did go in to the financial dimension. You see public hospitals, are meant for public services, the taxpayer is already paying by paying tax nothing is free. Because, is the taxpayer who pays for the services to be delivered so people should not assume that they own Government and they can say that we cannot provide this and you must pay this. People should assume their responsibilities as servants of the other people and that you are custodian of the public ...., you have their resources and you must sit down and prioritize where you are going to put those resources. We are told by the Permanent Secretary that, they already assessed what they need and what they said is 1.1,000,000,000. So, why are we asking again, what they need? That is what they said, we can tell them to break that down but they said, if they argue the resources to 1.1, 000,000,000, they will able to deliver the services that the people are requesting and we are the ones who allocate the resources of the land. We should set our committee to go and work with them and tell us concretely what to expect from the 1.1, 000,000,000 before the next budget session and if we are convinced that is going to improve the health services of our people then let us give it to them ***Applause...***

This is our duty and this is how we ensure that, service is delivered to our people, assessable to them and affordable to them and it is after all that assessment that you can talked

about other measures where you can rise funds but essentially, we talking about public funds delivering public services according to the capacity of those who are given that responsibility.

Madam Speaker, well I do not want to continue, I think I have dealt with the main elements and others would have to make their contributions but I must say that, we have a good starting point, credible report and now all of us can add value to it and I am sure that at the end of the day, this Parliament, will be fit for purpose. Thank you very much ***[Applause].***

HON. BILLAY G TUNKARA [KANTORA]: Honourable Speaker in 2018 this august Assembly allocated nine hundred and fifty-five Million, one hundred and seventy-one thousand, nine hundred twenty dalasi [D955, 171,920] to Ministry of Health. That showed the seriousness and the importance of the Ministry to this Assembly. There is an increment yearly and what they are requesting for; is 1.1 Billion and our 2018 Budget allocation, the Ministry was allocated close to D1 Billion that is 955 Billion Dalasi to the Ministry of Health. What is really important, is not about the number of funds or the amount of money been given. But it would have interest this particular august Assembly for the committee to go and try to find out the amount of money given to you, how far you have gone in implementing it at to a certain value for Money, which is very key.

looking at the report also, it has a linkage with their first face report, in trying to give an update upon the recommendation given to them by the Assembly to say ok, this further report also try to look at the recommendation made in this chambers as a matter of follow up, will really interest us and that might even trigger us in terms of giving an increment of this money, because recommendations are meant to be implemented and it is also incumbent by the committee to make a follow-up upon this recommendation, because you cannot be making recommendation here-in, here-out without followings.

It is clear to every Gambia; that there is no doubt about that, we do have a very challenging health system which the first face and the second face of the report absolutely surcease the challenges and recommendation. But what is really key here is; to ascertain the value for money. Nine hundred Million Dalasi allocation at least the statutory obligation of this committee, when you allocate resources, it is incumbent for the committee under section [109] to go and have an oversight

function upon the resource or tax payer's money given to them. How well or judiciously utilize those results are.

If you look at the report on page [31] meeting with the medicine controller as well is very interested. As they fail to provide detail comprehensive documents as provided by the guideline, I think the committee was not welfare with a detail report or document to understand the procedures and manners in which this medicine are actually been distributed. I want to strongly recommend that hence the committee is still waiting to have that document requested by the committee that they should also try to make sure that we inculcate this ICT or the data base system in our health sectors and this will really inform you which health post will actually be supply this certain amount of drug. I said it here in the last health report laying that I recommend that we take the 6 building block or building pillars of any health system and there should be that correlation or information flow between the various health centres in the country from region 1 to region 6 as a form of informing the major health centre and the cases of sickness and illness that they are prone to in that area and that will also inform the type of drug that should be dispose in that area. That communication is key, because is when you have information that will actually give you an inform decision to distribute these drugs.

Well I know the cases in URR, there are Diarrhea and Malaria's here and there that will also link or informed my method of drug disbursement or distribution to that area. So therefore, that is where measures that connection to understand, some of the cases that are found in those areas and which I still recommend to the committee that we should really adopt those kind of systematic informing the major hospitals.

My recommendation as well; which was even alluded to by other Members that is, there should be performance indicator to actually track them on their performances that relation has to exist within the select committee and the relevant Ministry under the purview that they should embark on KPI [Key Performer Indicator]; in terms of what have you done after this recommendation given to you and the follow up for us

to understand that they are also adhering to those recommendations and to also put the Ministry on its toes.

Finally Honourable Speaker, the issue of disability bill, I think it should not be delay, we should fast track it to make sure that it is brought to the chambers for consideration and adoption of the bill, because they are also human being and Gambians as any other citizen to make sure that their case is considered because they are also part of this country and therefore should be regulations to support their welfare as far as Gambia is concerned. So with this few contribution, I want to take my seat and I thank you for your indulgent.

HON. FODAY N.M DRAMMEH [TUMANA]: Thank you Honourable Speaker for giving me floor. I join my voice to other speakers before me in thanking the Select Committee on Health for bringing this report or laying it before us today.

Honourable Speaker, looking at the motility rate, there is something that I read which is honestly serious, with you permission if I may read; the data that the Minister of health and Social Welfare provided on reported, is on the summary where you have the maternal materiality. The Minister of Health and social welfare provided on reported maternal death which is worrisome as there was no applicable decline in the reported number of maternal death between 2014 and 2017. It is of concern that nearly three quarters of all maternal death occurred in just three regions namely; Central River Region, Upper River Region and Western Region.

I will refer you to page 5, number 6 where the PS quoted; "the prevalence of three main diseases, namely, Malaria, pneumonia and diarrhoea". He discussed the numerous challenges facing major and minor Health Centres; he stated that the Upper River Region has the highest number of registered death compared to the North Bank Region which has the lowest. So, this is very interesting Honourable Speaker, looking at the Local Government Act, provinces start from West coast that is Brikama, going towards the last village that is Koina and this other side from Barra up to Passamas. So, I think there is high time now, the Ministry look into the issues of the rural Gambia. There are lot of issues happening in the rural Gambia, these

have shown that people are dying like flies in the rural Gambia and there is need for us to look into the issues that are imaging from the rural Gambians, most particularly URR. In two to three years ago, I attended a health forum in Basse, where they were showing us some of the data that they have collected in term of maternal maternity and infant maternal rate. If you add URR and CRR together, the infant maternity case in URR and CRR combined, is far more than the rest of the country Honourable Speaker. But it did not only stop there, looking at the combination of URR and CRR, is even far more than that of the whole of Senegal, looking at the Population of 13 Million people Honourable Speaker. This is just too much, I think we have the advantage that the Minister is here with the team to look into the issues that are related to these maternal maternity rate and infant maternity rate, is high time, because the people of URR are paying their taxes, they are part and parcel of this country and looking at the trend at which people are migrating from the rural Gambia to the urban Gambia is very high, and these are some of the reasons why we are all moving from the rural Gambia to the urban areas.

Honourable Speaker, on page 6, number 14; the PS discussed administrative challenges such as; inadequate staff allowances that are not paid on time and lack of constant maintenance of ambulances. Honestly this is serious again Honourable Speaker, because there are some ambulances in the URR, if you are 20 kilometre away from them, you can hear their noise honestly. This is serious, we have to look into this issue.

Page 7, number 22, if you read, it goes on; he stressed the need to increase the salaries and allowances of the Health workers to motivate and retain staff in the public sectors as well as addressing the high attrition rate in the sector. This is very key, because I said it here last year, people are train by the government and in doing so, they used tax payer's money to train these people and at the end of the day they are posted to URR or CRR, they are not willing to go to URR or CRR why? Because of the issues that are in those regions, people do not want to go to those regions. So, what do we want to do for those regions? Health personals, those in URR, who are send to URR, they do not want to stay there, what can we do for

them? Let us increase their salaries or the incentive given to them, let us give them those incentives so that we can detain them comparing a personal in URR and a personal in the greater Banjul area, those in the greater Banjul area have more advantage than those in the URR. So, this is what everyone is looking after and the most important thing is, there is one thing that should be make clear to the people, we join the civil service to scarify for this country but not only to better our lives but to scarify for this country, this is what we are all doing and this has to be made clear to each and every individual in this country most particularly the civil servant where the tax payers money are use on them. Some of them are trained from the government coffers, some of them are send to outside using tax payer's money. So, when they come back, they have to see Gambia first scarify and work for this country for the best interest of this country but they should not just look into their own personal gains or any other thing.

The other issue that I also wants to talk about is the issue of Social Welfare; this plays a vital role as far as Ministry of Health is concern. But looking at the amount that is allocated from the budget that is allocated to the Ministry of Health, is very small. Less than 1% of the budget allocated to the Ministry of Health, I think the Ministry has to look into this issue and adjust it at list a bit. Because, I personally, there is a possibility that I would have not even completed my senior secondary school without the help of these people. I was sponsored by the Social Welfare under Ministry of Health. So I think there is need for the Ministry to adjust the allocation that they are giving to the social welfare.

Page 8 Number 31; where it goes, he emphasize the need for Executive to be engage to do more improving, the condition and infrastructure in the rural areas. I think this is a very good report, we cannot just forget about our rural Gambia. I am also trying to make an emphasises on the rural Gambia, I can say URR most particularly Tumana but I want to speak for everyone, those that are coming from the rural Gambia please, if you go you can extend this message to the rest of the line ministries.

There is also a question that I have on page 10, number 7, according to the CMD; "*Edward Franchise Small Teaching Hospital is facing several challenges with the procurement procedures especially with the newly introduced international competitive bidding (ICB)*". The question is, I don't know whether the committee asked these people because they are also recommending for something else, which is the single sourcing procurement. So, is this not in line with the best international practices? The procurement procedures given to them is it not in line with the best international practice?

There is also another question on page 11 number 5, where it says; "The serious challenged regarding the management of clinical waste and inadequacy of the law governing hospitals [SIC] there are politically interference somewhere that is where looking at and I do not know whether it is still happening?

I have a recommendation Honourable Speaker, I think there is high time for these people to furnish you and your committee the number of infant maternity rate in the whole of the country, I feel there is need for us to lay our hands on it, because if there is need for us to allocate another money for the ministry come 2019, we will do so because "health is wealth", when you are not healthy you do not think of doing any other thing, we would have not been in this chambers if we are not healthy or in a healthy condition. On that note I thank you all.

THE SPEAKER: Thank you Honourable Member. But before moving forward can an Honourable Member move that this Assembly sit beyond 1'oclock?

HON. MAHTARR M. JENG (LOWER NUIMI): I so move, Honourable Speaker for the Assembly to sit beyond 1o'clock to continue today's business.

HON. SAINEY TOURAY (JARRA EAST): I so second Honourable Speaker.

[Question Proposed, Put and Agreed To]

For the Assembly to sit beyond 1'oclock

Before calling on the Honourable Member for Brikama North, let me recognize the presence of Honourable Minister of Health and Social Welfare in the National Assembly.

HOH. MUHAMED MAGASSY [BASSE]: Thank you Honourable Speaker, I rise to move the motion that this Assembly stand adjourn at 2 o'clock.

THE SPEAKER: The motion was moved by the Honourable member for Lower Nuimi for this House to sit beyond 1 o'clock.

HOH. MUHAMED MAGASSY [BASSE]: Honourable Speaker, I know but this is a counter motion, yes we can sit beyond 1 o'clock but it is not necessarily we can sit beyond 2 also.

THE SPEAKER: Honourable Member I will move that the first motion for the Assembly to site beyond 1 o'clock was agreed by the Assembly and that is what stands.

HON. ALAGIE S. DARBOE [BRIKAMA NORTH]: Thank you very much Honourable. I must join my colleagues in commending the select committee that presented this quit compressive report and explosive for that matter. In doing so, I would also like to seize the opportunity to join my colleagues in commending the minister and her well represented team to witness this presentation and adoption of this report. It has make the work of the committee very easy, whenever this report is adopted, is not going to serve as a working document not only for the select committees but for the Ministry concerned.

The committee may not to follow issues with the ministry henceforth from this august Assembly, the ministry would now take up issues that are contained in this report as action points and I do hope this report like any other report would not be there to be gathering dust but to be put into very good use because the issues that are highlighted are very pertinent, many a time people cried about rights, most of the time freedom of speech and freedom of Assembly, there is no data right than the right to life, the health workers and health officials they are not God to make life but they safe life. Now if we have something to present on what is to safe life that is

very important and their role in this juncture is very important and they should actually try to adhere to that.

I just returned from Nairobi, when I had attended a high level meeting regarding human rights and right to life. I promised that on behalf of the National Assembly and on behalf of this committee in particular, it is adherence to the Abuja protocol that out of 54 countries in Africa only 2 has met the Abuja declaration that at least 15% of our budgetary allocation would be allocated to health. Gambia as it stands, is just about 10.6 percent. We are not going to wait until when others go then that is the time we will also do, we are going to attach serious importance to that right to life and henceforth, commencing this year the health sector will be allocated that 15% of the allocation of the budget. Our lives are included and we must stand to show interest and commitment to that not only the patience at the hospital, who knows who is going there next it could be my humble self, it could be the Chairman of the select committee or the Speaker or the Honourable Minister herself it should not got to be continue story then we cannot have facilities to be treated in the Gambia but to Dakar or elsewhere. We want to find all our treatments right at home here.

It is mentioned that there are constrains and key constrains of that matter is the lack of funding and if that fund has to come from the government offers it has to be increment of this 15% allocation to the health sector the minimum.

Hon. Speaker, I noted the concern raised in the report, the quality of care. The select committee is concerned about the growing public fears about the quality of care currently been offered to the population and there have been a delayed on the formation of the board to ensure that this is regulated and a recommendation was made to that effect so that, that can be addressed to and this is a general concern in the Gambia, the quality to health service that has to be improve. If we are crying that the allocation should be increased and the allocation has been increased, will look forward to say the better quality been provided in our health sectors.

I think Honourable Speaker is not only going to be crying to increase the allocation but where our monies are put should be put into good use. Is one thing we put our money but it is another for the money also to put in good use and people are crying that if you go hospitals, yes drugs will be purchased but many a time the only drug that is available is paracetamol. Prescription is given to you what could the pharmacy of the hospital could provide is paracetamol, the rest you go outside and buy. We do not know where the monies that are being given are spent.

The select committee would now do that as an ought most responsibility to make sure and follow up that the money that is being given to the said ministry is put in good use so that we don't go to the hospital only to be told to go to private pharmacy to buy your medicament. Is very hard sad there was a time a minister said so and certain people felt offended. The Doctors and Nurses have connections with these pharmacies owners outside, I do not know whether they are the ones who own those pharmacies but they have that connections. Sometimes they will even refer you go so and so places to get your prescription, we would not know how that comes about, we want to get everything in the hospital.

Hon. Speaker, maternal maternity rate is high and key regions have been specified in the report. Unfortunately, where I come from has been part of the regions that are affected and I also said in the report the rate of referral in the Edward Franchises Small Teaching Hospital with that I have the belief that, the teaching hospital is overloaded and there is need for the ministry to decentralise the referral hospital. There is a need we have the Bansang Hospital upgraded to reduce the load on Edward Franchise Small.

At this juncture, I will commend the President for making the pronouncement in Brikama during his tour, that Brikama is going to be blessed with a state of earth hospital and that will reduce the load on Edward Franchises Small Teaching Hospital and I believe this should not be as usual a promise but a promise that will be realized very soon for Brikama to be blessed with a state of earth hospital and to reduce the load at the Edward Franchises Small Teaching Hospital.

Honourable Speaker, I do not think we will be offending God, if I should say some people die before their actual time of death. Of course those other people who are poor and cannot afford the cost of their treatment imagine, you go to the hospital and you are told you will be refer to Edward Franchises Small Teaching Hospital, there is no Ambulance or a taxi to ferry you to Banjul, when you don't even have a penny in your pocket. There is an Ambulance but without fuel, when you don't even have a penny and your condition is so serious that if you cannot get to Banjul in 1 or 2 hours' time that will be the end of it. If you happen to die in that condition, who made you to die? You did not die before your actual time of death, your death could be avoided, this is total negligence that cause your death, is not God who made you to die, God had no hand in that, we have to stand to avoid those kind of things that can be avoided and it is not impossible. In fact there is nothing impossible on earth even the word impossible itself, there is a degree of possibility in it. We cannot say those kind of things are impossible, we cannot avoid it, it is God that has decided, God's time has come, is not God's time; this is our own making, is time, we are the one who made that person to die and if you are the person in charge of the hospital, in the next world you have something to share with that person.

These are the things we want to joke with and we should not be discipline of the people is mentioned in the report, no one can force anybody to be sincere, sincerity is in our inner selves but we cannot be proud as citizens of a nation if we do not harbour that. Am proud to be a Gambian if I am sincere to serve the Gambia honestly, wherever sector you have, you must have that in you and I said is very important in the health sector because you are there to serve our lives, we want to see sincerity demonstrated in our hospitals, it is not amount of money that we receive, no amount of money can pay health workers be it a doctor or nurse no amount of money, can we pay money to serve life? No amount of money can bring life and you people safe our lives we cannot afford to pay you, whatever we may pay you is still so small to pay what you are serving. Then what we need from our health workers, our doctors and nurses is sincerity in saving the lives of the people. I think that worth for our health workers is enough if they have to respect the lives of the Gambians, if other areas can do, their health services is excellent, why can we

say Gambia cannot do it when we have about hundred plus doctors. All people that will be interested in what can they gain from their private judgement but not from their official judgement, is not the Minister who can stop this but your sincerity is what counts, judge yourselves rightly and try to deliver rightly.

This report is heart touching, but is not the select committee that can make this report to be realized but ourselves and when I say ours I mean collectively as Gambians we want to see a better Gambia, a better health service. With that I thank Honourable Speaker.

HON. MOMODOU CAMARA [FONI BINTANG]: Thank you very much Honourable Speaker for giving me the floor. May I first and foremost join my colleagues in thanking the select committee on health for coming up with report although is bulky but is a very good report. My observation on this report is we need some of these institutions or ministers immediately after report of any concern ministry, the ministry should make their recommendations and conclusion instead of going back it is sometimes confusing, that is my only observation in this report. Apart from that the report is a very good.

My contribution goes to the late receiving of our reports which we always emphasize here, we received these reports and sometimes we need to consult, for me I received this report yesterday and I reach home lately I cannot go over the report until this morning which is not good for us. So Table Office should try and make sure that we receive our documents earlier may be 2 or 3 days before consideration of that particular document in order for us to prepare ourselves well. Because these are very important reports, is for the lives of the Gambians and we need to scrutinize, read and consult people and experts.

Hon. Speaker my next area of intervention is on health issues, is a concern for every Gambian and the concerns are almost the same, we repeat each other. The Gambian health system for now is very poor as mentioned by the Honourable Member for Brikama North rightly said; you go to a clinic only to write a prescription and refer you to particular pharmacy to buy the drugs. This is a concern to every

Gambian, this is what our people will tell us, because of that when people got sick, they will prefer going to the pharmacies instead of going to the hospital because if you go the public hospital you will end up in a pharmacy and also for the pharmacy too you just go and complain of headache, they will not bother to check you some once you say your head is pining straightway you will be given paractamol [malaria] treatment while-sometimes you don't even have malaria. This-is why it is important - to go to the hospital, to have proper check-up in order to know what exactly happen to you but because of lack of drugs at the hospital most of our people are going to the pharmacies when they got sick.

My other concern Hon. Speaker I have seen in this report where the summary of maternal rate of death, I think the member for Tumana has touched on that, as mentioned in the report about three quarter of the maternal death occur in 3 regions that is West Coast, CRR and URR and we all know that these regions are well populated. if these regions are having three quarter death of maternal and in the report it is stated that the ministry mentioned social determinacy of health relating to material deaths, but do not provide further detail of the cause of reported maternal deaths then what are they telling us? Are they prepare to reduce the rate of maternal death rate in these regions? No, because they should have provided, they should have all these with them. From 2014-2017 they cannot reduce the maternal death rate, meaning we the people of West coast, CRR and URR regions are expecting our people to be dying on the maternal death, because there is not mitigation on it. So, I am appealing to Minister and the Ministry to note a special attention to these regions about maternal death and try to reduce it drastically.

The other thing Honourable Speaker, going through the report, the Ministry has certain problems that need specialist especially surgical specialist, it is very expensive, the Government of the Gambia is a taxi base economic, we know we cannot do it all but the little allocated for the ministry should be put into good use. Because we wander the allocation given to ministry for one year yet still we don't have enough drugs at the hospital then where is the money going to? The ministry should make best use of the money given to them and put it in the right places. We

need specialist specially surgical specialist, the ministry need a training package for the staffs and motivate the staff, because most of the things notice in the private clinic or pharmacies three quarter of them are trained by the government but they don't work at government owned hospital because of the under payment or lack of motivation. So the ministry should look into this if we want to retain our staffs our nurses or doctors we should try to motivate them.

If we have surgical specialist and the public hospitals don't have the equipment it makes no use. This is all geared towards funding and I want to appeal to the international community, the donors, the philanthropies and individuals to come to the aid of the Ministry of Health, so that they can deliver as expected.

On that note I thank you Hon. Speaker.

HON. LAMIN J. SANNEH [BRIKAMA SOUTH]: Thank you very much Honourable Speaker. First of all I want to seize this opportunity to thank the select committee through their able leadership and the entire committee for this detailed report. And also thank the minister and the entire team for attending the laying of this important report.

As we know that, health delivery service in the country is posting a lot of serious outcry by the entire nation which is very alarming. Most of my intervention, where addressed by the previous speakers notwithstanding, I have few areas of concern that I want to lay emphasis. If you go through the report, there is a pathetic area that talks about infant and maternal maternity which is very serious and it is prevalence in CRR, URR and West coast where I came from which is very interesting and unfortunate too.

I want to believe this particular issue is attributed to certain areas like you look at in the report, a constrain like if you look at the doctor, nurse and midwife ratio to the population which is very serious, because you never know when you are going to fall sick. The major aspect of the contributing factor to this problem I want to believe, is the budgetary allocation. As far as we are concerned, we need to be rest assure that if there could be an increase in the budget allocation of health sector to meet the

Abuja declaration, we also get the assurance that, quality drugs are going to provided and the health delivery system is going to improve significantly which is extremely important.

Also there is one thing that is my own personal thinking, the training of traditional birth attendants which is very key. Shortly I was working with Child Fund International where the wellbeing of the child is our priority, we conducted series of training on traditional birth attendance where the workers also will be going round to the families on quarterly basis to meet the pregnant women in those families to ascertain that they get the right immunization and also provide them that traditional birth attendance if they are not opportune to a health facility which I think we need to improve and look at it.

The other aspect also that I want to talk about, is the issue of drug supply which is in the report as a major challenge with regards to a change in the procurement from the single source to that of international competitive bidding. Is it possible for us to come up with policy regulation that will make sure that this thing is changed to address the issue of shortage of drugs in our health facilities? Because is very pathetic sometimes you go to certain health facilities as highlighted by my colleague only paracetamol is available the rest are nowhere to be seen. If this policy can be change, because here we are in the Bantanba, we can change the policy.

The other issue that also contributed, as highlighted by other colleagues that the workers attrition, I think this is identical not only in the health sector almost in the civil sector attrition is a problem, people looking for greener pasture. One thing is the salary and the numeration which is very key here. For me personally I did not believe in the salary increment but salary restructuring, there should be a market survey to ascertain the cost of living in this country, so as to structure the salary which will even contribute in taking care of the manners of corruption in the country. Make a market survey, what is the basic cost of living in the country, how much do you buy a bag of rice, the daily fish money and all the other needs you factor them, we structure the salary, this will make a trained personnel in a particular area to stay and do their job because the issue of going to a certain field you must have Pasion

for it. But after training you run away looking for greener pasture. There is problem with the salary and the total remuneration that needs to be looked at.

Order than that I believe most of my areas have been touched. But I have an issue finally we before I conclude with regards to Brikama District Hospital like if you look at Maternal Mortality, last year it has improved only two cases where recorded as I was told and this year also at the moment we have only three cases. I definitely want to seize this opportunity to thank the entire medical staff of that particular hospital who are doing very well. I believe they have passion for the job and the resilient nature in them is laudable.

Notwithstanding, since the Honourable Minister is here I also want to appeal to her if we can look at it whether there could be this possibility of creating a board because not government can do everything but if there is a board we can see ways and means of getting funding to make certain things available not to sit and wait for the Government. If you go to Brikama District Hospital, there is a fridge that take care of 4 corps the same time and it was brought in by some philanthropies, a native that are in abroad. So, there is a lot of things are been going on but if we have a proper board this thing will channel and we will be able to impact without waiting for the Government. If you look at that district hospital, the volume of the work compare to the number of staff you cannot imagine. But all these can be possible if there is going to be a proper monitoring and evaluation, a constant monitoring needs to be there because the issue of health at the moment is very alarming and we cannot afford to see those things happening. If there is going be this allocation and all these things is going to be done there should be that monitoring to make sure that things are in place, the health delivery system in the country is improve. On that note Honourable Speaker I thank you so and I beg to resume my seat.

HON. ALHAGIE DRAMMEH: [JESHWANG]: Thank you very much Honourable Speaker. I would like to join my colleagues in congratulating the select committee on health for a concise and informative report. I will also like to acknowledge the present of the Minister with his team, I think this is the first time that we are having

this side of the gallery that much full. Thank you very much for attaining today's presentation.

Honourable Speaker, I would like to concentrate on the second part of the report, which talk about the site visits to the disaster prone areas. I think most of my colleagues are concentrating on the health issues and if this opportunity passes, I do not think there is anybody who is going to talk about, because the other Member it concerns are not around. Most of these areas, three out of the four areas highlighted in the report directly affect the Jeshwang Constituency. May I just start from the first one; that is the main drainage along the Sankung Sillah highway? I think the report has gone to identify the numerous problems but it has failed to put forward the relevant recommendations.

Honourable Chair of the committee, I think you may be aware that, that stretch is around 400 meters and is not covered. It is just recently around two months ago, the Municipal Council undertook to drainage the whole stretch but it is full to the bridge as of now. I think it is not sustainable, I would suggest that all those types of drainage system be cover. If you could remember four years ago, a school girl lose her life around Westfield and I think last year also someone also lost his life around Churchill Town all because it is not cover.

The second point, I have talk about is "Gagembari", I think you have been there? That area you see how wide it is, it is not accessible throughout the year and there is nowhere in your report that has put forward what its recommends the relevant stakeholders to do.

The third place would be the main gutter between Tallinding and Ebotown, starting from Churchill Town down to the swamps and I think last year, this was the first area to be flooded. This year why it was not flooded, is not the action of the Municipal council or Government but the action of the residents of the place. They undertook it upon themselves to clear that end where that flooding was, so that this time when the rains comes, the water will flood smoothly. I think the main reason is, you have seen where the drainage stops, it has stopped in the middle of residents, it

need to be extended further to around 200 meters toward the swamps and it needs to be covered. I would have love to see that in the report.

Also the report did not capture Bundung area, you highlighted that, the contract was awarded in 2011 and we are in 2018 and it is still not completed. I would have loved to know the reason why it is still not completed. Is the contractor unfaithful? If yes why the contract has not be completed. If no, he has not been fail, I would have love to know the ratio of completion and payment. Otherwise, I think as I said earlier, the report is concise and very informative, but I think the committee has not done much to address or put forward recommendation for the solutions of the problems highlighted on the visit to those disaster prone areas within the K.M.C. I thank you very much Honourable Speaker.

HON. SIDIA S. JATTA [WULI WEST]: Thank you very much, Honourable Speaker allowed me to begin my intervention by making a special commendation for this particular committee. I think the Assembly will agreed with me that they deserve it. This is their second report and some of the committees have never summited a single report up to now. So, this committee deserves the commendation of the Assembly.

Secondly, I think we should thank the Ministry of Health or the Minister in particular because we have never had such attendance from any Ministry since the inception of this Assembly. This is very essential, because the essence of this report, is to help to reshape your policies. That is the fundamental essence of it and you cannot do that unless we interact. We are now interacting because you are hearing what we have to say about the implementation of your health policies.

Honourable Speaker, no development can take place without strategy thinking, strategy planning and strategy implementation. We always have problems in development, if we don't think strategically and having thought strategically, we must plan strategically and implement strategically.

In the report, you mentioned about poor road infrastructure. You even talked about the difficulty of providing fuel these are facts, it is not uncommon to take a patient

to a health facility in this country and you will be told here is an ambulance but there is no fuel. There are people here who can attest to that, people have lost their lives because of that, pregnant women. So, since we have that difficulty situation, poorest infrastructure, difficulty of providing fuel for mobility of ambulances, then strategically what we need to do? You have a health facility right up there in Foday Kunda, one in Bajar Kunda, one in Yorrobawo which is degenerating, because historically what it was before is no longer what it is, it was better before than it is now. I know it because historically it was created to serve both Sandu and Wuli and in fact to become a hospital to have two doctors there and nurses. But there is nothing like that now. So, strategically what do we do in a satiation where you have poor road infrastructure and no ambulances? That means that a minor health facilities like Foday Kunda, should be so stocked that it will be cable of providing the immediate needs of the people in that area. Then it reduces the boarding on the major health facilities. Then in major health facilities, if there is any, because Bajar Kunda or Garawol which is supposed to be a major health facilities, it is not a major health facilities at all. Historically, that is what it suppose become but it is not. So, what do you do? Yorrobawol, Bajar Kunda and Foday Kunda, should be so stocked, when I said stock I mean both in terms of drugs and in terms of associating with qualified personnel. If you do that, it means that it will be very real for them to transport patient from those areas to Bass which is difficult, because the road is bad and there is no ambulance. But you go to Foday Kunda no drug, no ambulance the facilities are extremely bad. Bajar Kunda is better, because the people have taken upon themselves to build it and stock it and right currently now; am going to say this, because the Member has failed to say it but I am going to say it. They have provided an ambulance, it is stocked here in the port, for what? For a duty waver, the Member and the people having been going up and down to the Ministry to the health department to get a duty waver for that ambulance to come out to go and serve, it is still a problem why? You cannot provide ambulance for the people, the people have provided ambulance for themselves and you are not allowing them to have it free, it is stocked there in the ports that is not correct.

I agree with the Member for Kombo North, that we try and decentralize referral hospital, what do we do with referral hospital? Minor health centre should be so equip that they help to ease the boarding on the major health centres and Major Health should be so equip, that they reduce the boarding on the hospital and the hospital are so stocked that the so-called referral hospital [I am sorry to say it, the so-called referral hospital] is less boarding, if you do not do that, the referral hospital become as boarding as the hospital and the hospital as the major health centre, major health as the minor health centres. So, you have a problem. Strategically, the implementation is incorrect and it is here. You know the philosophy underling everything in this country is one step forward and two steps backward.

Now we are talking about recreating or reintroducing the primary health care. It means that, it is either death or if not death, is badly handled and therefore we are now thinking that yes! The whole thing was possible, it was good so let us bring it back. So where did it go in the first place, if it was properly re-evaluated, you would have known that the primary health centre is helpful in facilitating health services. But now you are going to re-introduce because it was neglected and you cannot do without that in our circumstances. Everything is so poor in this country and these are the things that we must use until we are capable of doing thinks in the proper way. You complain about the lack of funds, infrastructure. When Yorrobawol was first created, it was the best health facility in the Gambia.

[Point of Order]

HON. SAIKOUBA JARJU [BUSUMBALA]: Honourable Speaker! I want the Honourable Member to address the Chair instead of the gallery.

THE SPEAKER: Honourable Member you are not given the floor. Can you sit down please? And allow the Member to continue with his intervention.

HON. SIDIA S. JATTA [WULI WEST]: Thank you very much Honourable Speaker. I was saying that Yorrobawol, when it came to being, it was the best health facility why? Because the infrastructure there was excellent, staff quitter was excellent, but it has all degenerated now, you go there and you would say that this

was not Yorrobawol. The generator there then, could have served even the whole of that village. But it broke down, there was no generator, there was no light. It was not uncommon to go Yorrobawol at night finding a nurse helping a woman to delivery with a torchlight here at night. I saw that and once upon a time, I went there with a woman that was her first child was in labour for 2 good days before I went there and they had no telephone, no ambulance. Coincidently I happened to be passing to go Sutocoba with my land rover went in there and I found them in that situation. First I used my mobile and phone Basse, before I left, MRC sent an ambulance, the woman was taking to Basse from Basse to Bansang and she passed away and that was her first child. So, is it not also necessary for some of these health facilities to be so equipped that they also have a minor theatre, certain operation should take place there, because of the conditions in which they exist, you cannot move certain patient requiring those operations to Basse and to Bansang.

Honourable Speaker, I was also bagful when I read in the report the main disease; malarial pneumonia diarrhoea. I am a layman but for me these are not main diseases any more in this country. Malarial is only declared according to the reports, with all the interventions malarial disease is gradually going away. Pneumonia is controllable but what about the cancers? There is an increase in the cancers in this country, many of us are dying of liver cancer and this is common and the report did not talk about it. For me this is more danger today than malarial and of course prostate cancer, you see 10 men of 60, 5 of them are all prostate and just few days ago a friend of mine die of prostate cancer, just few days ago about 3 to 4 days ago and what about diabetes, what about hyper tension, almost everyday somebody is dying of high pretension in this country. For me these are the crucial things which are affecting us today in this country. Diabetes, high pretension and cancers, breast cancer, is now also becoming common in this country. So, we have a lot to do. But we must be addressing issues strategically in our circumstances, if we don't do that, we always have problems, we can do away with these problems, for me there is no problem; we are our problems.

When he said God does not kill, people are laughing, they think he is Anti-God no! He is right [quoted a verse from the Quran] .....So that is the truth. God does not kill, special way of explaining something that you do not understand. People die in this country before their time every day. Bring any Quranic person before me and I will proof to him that is the truth. That is why God said don't kill, so people can die without their time and it is a sin that is not forgiven. So, you can die before your time.

A patient was being operated in Basse and she passed away, because while the operation was in progress, electricity when off. In Europe if that happens, those doctors will go to jail. Because there should have been an emergency generator standby, automatically it should go on, so that, that live would not be lost. A similar thing happened to somebody in Bajar Kunda health facility when they were operating his eye, he was very lucky, just before it happen the person concerned was ready otherwise he would have lost his eyes and that is why I suggested here and I am happy, the Minister and her team, the medical personnel are here. I suggested here and I want the Minister to think seriously about it because this is a problem even in the so-called referral hospital.

A month ago, an old man was brought here and they said he needed blood, for 3 good days he was there no blood. The sons and their friends who accompanied the old man there, all of them were tested, none of them could only one could donate blood, all the others did not match. What was wrong with the blood bank, is there no blood bank in this referral hospital. It is a duty for that blood bank to be there all the time for emergency purposes and that is why I suggested that, every health facility in this country be it minor, major hospital should have a blood bank. Somebody in Foday Kunda health facility needed blood urgently, there is no blood bank there, there is no transport, so what happens? he or she is going to go away, despite there is a need for every health facility to have a blood bank and you most sensitizes the population the need for them to denote blood they will do it. People have been donating blood and they are still donating blood, is only that people are not taking care of it properly. I have never been to that hospital there with

somebody in need of blood and the blood is available never! We have to go and look for people to come donate blood. A referral hospital for me is terminus, you come there with an element if it cannot be treated "cest finir" [is finish], you can only go to the next world. But you cannot be treated anywhere else. That in my definition of referral hospital is terminus, this one is very far from terminus, The Gambia Dakar. How many of us can afford to get treatment from Dakar or go to Ghana. Those one are terminus, if you cannot be treated there, do not go anywhere in Europe, you can be treated nowhere again. Why can't we have that? Honourable Minister, for 52 good years, this country has existed as an independent Republic or at least from 1970 up to date as an Independent Sovereign Republic and you cannot have a single hospital, a referral hospital where every illness can be treated, that is un-terminable. Go to the hospital and have their board list, those who have been referred to go and have treatment elsewhere. I know somebody who's two kidney are all defective, for 7 good years - few months ago she had possibility to have money to go and get the operation in Dakar. So that could not be done here but it was done in Dakar. But it was here that it was discovered that the kidneys are all infested. 7 years he was struggling here but if it was somebody else and this my other intervention here, health. We have to think seriously, if it were somebody else, he or she would have been flew to London, Praise, US and taking care of. But that one also is a citizen of this Republic, a tax payer, many of them, go to the hospital the list is long. Why is that list existing? They are all contributors to the funding of the National coffers, in essence it seems this country cannot provide them with the necessary request service, they should be transported anywhere where they can be treated. That is how it should be and since that cannot be done, that is why there is need for us to have a hospital where that can be done that is cost effective.

Economically, we cannot afford to send every citizen needing treatment outside, but we can afford to have a hospital here with specialists who can give any Gambian who is sick and requiring special treatment to be treated here at our cost rather than saying diagnosing them, this cannot be treated here, full stop, the person has either to die here or go and beg. If she or he does not have money to go and be treated elsewhere. They are many, "walliahi" you know that they are many, the list is long,

everyday there is somebody added to the list, because it is money, special treatment cost money, that is why it is imperative for a Republic like Gambia to have a specialist hospital. Why not? We have money for it, we are putting money unnecessarily into areas, and we hardly can save it and put it into this to serve our common purpose. If you don't do that we are failing and we here, we should think about that. We here must start thinking about the lead for the emergence of real referral hospital. We cannot be without it, we most think about that, we must provide money for that to exist, because there are many people who are laying here needing special treatment they cannot go anywhere because they don't have money. If you deny me go to the hospital and ask for the list and you see it, you will cry. Why? We can afford not to have such a thing.

That is my suggestion, every health facility in the Gambia most be equip with a blood bank, because our people die, particularly we who are at the end of the country. The road is terribly bad, particularly now, the road is bad, no ambulance. But if the blood bank is there, you just give it to the person requiring it rather than allowing him or her or helping him or her to die. Honourable Speaker, I thank you very much.

HON. SAINEY TOURAY [JARRA EAST]: Thank you very much Honourable Speaker for giving me the floor. Honourable Speaker, we are fun of saying that Africa is one of the richest continent in the world but yet her people enjoy the lowest standard of living.

Honourable Speaker, this is an insult to African independence. When you say Africa is one of the richest continent in the world but yet her people enjoy the lowest standard of living and the lowest standard of health service, is an insult to our independence, insult to the memories of our SIG of Ghana, Kwame Nkrumah, one of the proponent of the African independence. What is meant by independence Honourable Speaker? That is to be able to stand on our feet, to be able to tackle our problems head on without been assisted. We are able to stand whenever we meet with opposite numbers, with our heads up as oppose to down. So, there is need for

us to revisit our plans Honourable Speaker. We are not yet out of the woods, when it comes to health care system in the Gambia.

Honourable Speaker, who is to be blame? If you go to bed without food in your stomach in the abundance of food that is within your reach; who is to be blamed if you are testy and there is an ocean of freshwater within your reach, I think it boils down to commitment, it boils down the sense of ownership. We do not have any excuse whatsoever to blame anyone for our retrogression, for our ricketiness, we have to blame ourselves. We have what it takes to develop, but what is lacking is sense of sacrifice, that audacity of hope and commitment that is what is lacking and we cannot develop when these things are not taking into account, when these things are not treasured. It goes without saying; that no "nation is an island", I agreed. But when it comes to certain things, we can be an island of our own. When it comes to purchases of certain medical consumables, we do not need to go to Senegal for that. If we say we are independent, if we are ready to back our independence or if our independence will have any meaning and I came across it in one of the pages here concerning about the postages, that the one that is produce here, I cannot recalled the page number but it is stated that here you can have at least three thousand dalasi [D3000.00] as opposed to twenty thousand dalasi [D20, 000.00] in Senegal. If you can have it here at three thousand dalasi [D3000.00], you do not need to be an economist to know that there is no economic sense in going to Senegal.

I for one will prefer the Gambian one to that of the Senegalese one, because there is economic sense in that. The Gambian one is cheaper as opposed to Senegalese one. But there is no commitment, no sense of scarifies, what we are good at is lip service, this nation will never move in lips and bounce when you are condemn to lip services. We must sacrifice and sacrifice in both "letter and spirit".

Having said that Honourable Speaker, I must commend the Honourable Minister and her able lieutenants and plus all those who have business in the health of this country. If the gallery could speak, it will speak in a happy way. The gallery is fairly filled as opposed to the pervious in our proceedings. So, toms-up for the health team I am quite happy.

Honourable Speaker, no Nation can develop with sacrifices. And we cannot leave matters at the mercy of chance, no way! We must be proactive, we must be ready to "bell the card" so that we can develop.

Mr Speaker, if we can kindly go to conclusion 3, were you have maternal mortality after conclusion and recommendations the next page, maternal mortality conclusion 3 with your permission Mr speaker allow me to read.

Maternal Mortality Conclusion 3

It reads "The data that the Ministry of Health and Social Welfare provided on reported maternal deaths is worrisome as there was no appreciable declined in the reported number of maternal deaths between 2014 and 2017. It is a concern that nearly three quarters of all maternal death occur in just three regions - Central River Region, Upper River Region and Western Region 1".

Mr Speaker, am really concern about this worrisome, I think the Select Committee on Health have done a wonderful job but I will be very happy if we can have some data to put a face on this data so that we can know the statistics because when you say Worrisome it means is alarming so, there is need to provide data in term of life bag, of thousand bags. How many life bags are in embedded in one thousand bag because you said worrisome so am expecting to see some data so as to give us a face.

Recommendation 3, with your permission Honourable Speaker, it reads

"The ministry is requested to:

a) Indicate how many caesarean sections were carried out.

I want to suggest how many caesarean operation are support to sections? My suggest is how many caesarean operations were carried out in each of the 9 facilities as opposed to section? Maybe is an oversight.

Honourable Speaker moving to page 42, for consistence purposes, mentioned is made of the Permanent Secretary as former, I want to know whether still he is the

substantive holder or is the former because yesterday night I was watching GRTS news and he was the one featured as the substantive holder but if you go the report it reads former Mr Muhammed Lamin Jaiteh – Permanent Secretary (former) so I want clarification to that. Annex 1: list of individuals, for consistence purposes and for references and for the sake of prosperity.

Mr Speaker, we have proliferation of pharmacies in the country, I want to know whether the Health Committee have forgotten to make recommendations with regards to the operations of pharmacies because it doesn't require much intelligence to know that we have pharmacies around, they are highly proliferated so, I want to know whether it takes what its require for them to be operated, whether they fulfil the requirements for them to operate. And when you have these pharmacies most of them they are manned/run by qualm personnel's, doctors and nurses who are not tested and trained. So, am worry, there is need for that to be highlighted maybe is an oversight.

Hon. Speaker, the sanatorium we are the ....of the Gambia the environment committee we are the.....the environmentalist, we are worried and am worried, where the sanatorium is situated is not environmentally friendly, the environmentalist like me cannot afford to keep quite. The psychiatric, you have gone there but I think there is need for the place to be expanded because is about the congestion, if the place can be expanded, well-structured and well staff and the sanitation taking into account the better.

Mr Speaker, Edward Francis Small Teaching Hospital, when we were dealing with money matters Central Bank is epics Bank but when we are dealing with health matters we say Edward Francis Small Teaching Hospital is the epics hospital, is the parent hospital but the state of the parent hospital and the state of the parent hospital lives more to be desire. I know when you are overwhelmed with problems some of them might need elements, are likely to sleep out of the net but the hospital should answer to its description, is the main referral hospital of the Gambia so, it must be kept in good order. If you go to the hospital, you know that it doesn't require to be called the main referral hospital because lot of things are lacking

ranging from consumables to other essential elements and must of the time if you go to there with your description, you are likely to be betray because you will be asked to go and get it elsewhere so if the referral hospital is asking you to go to my youngest child for assistance is worrisome. So, there is need for us to be revamp the main referral hospital so as to answer to its descriptions. Because what is in a name is to projecting, what is in a brand is to protect the brand, is the brand of the country so, there is need for us to protect that brand so as to help us.

Honourable Speaker, I was raised from the eastern Jarra constituency, Jarra East there is a philanthropist in Ndorrobah who build a hospital single handily, I said it here over and over that there is need to encourage this good Samaritan who dip inside his pocket to build a hospital, a minor Health centre for matter.

The last time I visited, it was seriously under stocked, under resource and under staff. I said it here some time ago, the substantive Minister was not available, it was the Minister for Tourism and Culture who held brief for the Minister and we had a serious push and pull because I had to stand my ground because that's where I held from. You cannot work to their motherland kaudan that is out of it I am from that end, I was born and brought in LRR in particular Jarra East so we knew where it pinches. I will urge the present occupant of the portfolio to give a rethink so, as to encourage other good Samaritans that are in the orphaned because that health facility is there for all and sundry not for the people of Jarra East but for the entire country so, I will be very gratefully if the Health Centre can be taking into account in terms of posting more nurses and restructuring it that I will be very glade and my people will be very glad because they are also tax payers and I said it here the people of Jarra East are tasked compliant as supposed to the Niumikas, they have never been found wanting in terms of paying tax, we are tax compliant.

Mr Speaker, to cut a long story short it will be a rainiest on my side if I fail to congratulate profusely the Health committee for a job well-done. If you look at the report, I want to call it a masterpiece, I know it has some defects here and there but that is to my own definition, is quite orderly, it's structured, detailed and is reader friendly so, thumps up to the committee thank you so much. I bet to take my sit.

HON. ALFUSAINEY CEESAY [SAMI]: Thank you very much Honourable Speaker, for giving me the floor. I also like to thank the committee for the job well-done and also I would like to thank the Minister and his team I think this is the first time laying a report, a particular Ministry comes with his team this is the first time if my memory can serve me well. We are very happy to see you here.

Honourable Speaker, Health is a problem in this country much more the rural areas and if everybody is talking about health, I think the rural areas are the areas that are suffering a lot, because when you look at there especially the people of Sami, only one minor Health Centre in Karataba. If the resources are not there in terms of drugs, competent nurses and others, if patient have gone there, those things are not available and pharmacies are not available to other areas, areas like Sama-kunda, Salikenni those people there is no pharmacies there even if they are giving prescription the only place they can get it is Bansang which is almost 30 kilometres to Bansang. So I think karataba should be upgraded so that will ease the burden on people.

But I most thank the then Minister and his team for the simple fact that there is philanthropist that constructed a Health post in Sami medina, they have opened that health post within one week the second week they brought in nurses there so, I most commend them for that.

Looking at the population there Pachonkeh cannot be compare to any other places in Sami so now that has ease the movement of people from Pachonkeh to karataba but they have serious challenges, the philanthropist have provided an Ambulance for them but now maintenance, fuel is a big problem for us when there are referral people find it very difficult, somebody who is thinking of how to buy a cup of rice if you tell that person to fuel an Ambulance to go to Bansang is a problem and I have written letters to the Minister and his team I think they have seen that letter, I hope they will put that into consideration.

Honourable Speaker, according to the report it is stated that the maternal death occurs in three areas that is; CRR, URR and West Coast Region but it not specified

which constituency, at least they should be specific to say in this particular area that will help us a lot. I must thank the committee as they have done a very good job but what I have seen in their visit, they visit more areas at the urban areas than the rural areas because the whole of CRR there is no Majority Health Centre/Minor Health Centre that they visited. They jump and go to Basse and Bansang we are in a very critical situation because those from karataba area when they come to Bansang sometimes the ferry will not be in a good condition. Those from McCarthy also sometimes you go there, they say the ferry is not good maybe those in Niani they can go to Farafenni and other areas but for us we cannot go to Farafenni, sometimes patients die on the way at the river side because the ferry is not good yes! It happens. So, I think as I said earlier on karataba should be upgraded to a major health centre so that that can ease the crossing because we know wherever there is crossing is always a problem no matter worry you are if you reach to a river you most stop so, therefore at least in such situations, the select committee at least should contact the relevant authorities to look at those conditions to tackle them.

If the other areas are saying that they don't have health facilities but we all know that rural areas cannot be compared to urban areas, it cannot be I think this present Government I always say, they should consider rural areas very well am not saying that they should not consider urban areas but their considerations should be more on rural areas because they had been suffering a lot and they are paying taxes. Some of them in fact they say it at the Bantanba and say you pay this and that, they are tax compliant but they are not getting back what they need from the government.

Honourable Speaker, the report also talked about Human Resource, yeah that is true it is a problem especially in my own area like Sami-medina there is only one competent nurse there, only one and if he happens to travel it mean they will closed I think the sector should train more nurses hence we have Hospitals, Minor Health Centres and Major Health Centres hence we cannot close the major or minor health centres then let the ministry train more nurses at least 2 or 3 nurses should be there so that if one travels the other one can take up but if all the competent nurses travel

others who are there aren't competent what will happen they will run into serious situation, they should train more. And their salaries also should be looked at.

Looking at Ministry of Education, I don't know whether the Ministry of Health have that, Education ministry have special allowance for teachers in rural areas all to courage teachers to go rural areas. I think the ministry of health should also try to come up with that plan so that more nurses and doctors will be willing to go to the rural areas to serve the people that will be a kind of motivation for them. If you want to know sometimes don't try to make yourself as a big man sometimes when you go to other places just be down to earth you will know what actually happen. Sometimes you go to some of these Health Centres, you will be on the queue for hours, and others will be going through the back door which at times create problems because we all have problems, you leave your home early in the morning you come and join line and you see others going through the back door. No matter resources that is put into health if we don't change our attitude and believe me we will be talking here we will not move forward

The only thing that can lead any sector is attitudinal change and know that this country belongs to us, nobody will come and develop this country for us, nobody will do that, we have our brother, sons and daughters nobody will come and develop here for us so the little resource that we have let us scarify and work so that we will move forward but if that didn't happen Honourable Speaker, all what we are saying here is attitude we must change.

Honourable Speaker, according to the Report, the Select Committee stated that there are three areas that they looked at when they are doing there oversight functions that is face to face, that is meeting with senior officials and review document and side visit ok that's fine but my question is did you go to the Health Centres where the patient are and ask them some of their constraint did you do that? Because that is not feature here, if you go to only the officials ask them about their constraints and review their documents but you don't face the communities, the patient there, if you don't face patients you will not know the first hand information, their constrains and so on. Always when doing a site visit like this, let

us try and meet the communities also hear from them that will also ease the problem.

Honourable Speaker, as I said earlier on am definitely happy when I saw the Minister and his team here I know that definitely they are committed so, on that note I thank you very much Honourable Speaker.

HON. MOMODOU S. CEESAY [JANJANBUREH]: Thank you Honourable Speaker for giving me floor. Well most of my intervention areas has been covered by other Members except a few but I would want to elaborate on particularly this Maternal Mortality.

I think the committee this is benchmark from now on we will be monitoring what development will be carryout in this area particularly in these three regions. On page 2, I think the select committee did a good job these are exactly our health system problems from one point to another they had been highlighted. I want to recognise the presence of the Honourable Minister and her team.

Under low staff production, would it be possible to emulate the Kenyans scenario previously when Kenya needs hundred and fifty (150) SRN a year they train three hundred (300) so, that after taking the 150 the government takes 150 the other 150 is left for the private sector and sometimes some of them are sent to European countries to work there which are all incentive for the country. Probably if that could be emulated also to reduce the staff attrition.

I would have thought by now in the Ministry there is a committee that is responsible of yearly accessing a drug need in this country because almost everybody spoke about drug scarcity in the hospitals. We are in September now I would have thought before the budget session that committee would have sat-down to look at all the drug requirements for the country for 2019, so, that if allocations are given to them immediately they can be able to place the order. Because I cannot understand just recently last week I was at the hospital donating blood and I was asking this guy he said blood bag were scared, are not available in this country at one point in time so,

how those things are occur is a problem, the public needs to know because its affect people's life.

For the 1.1billion that they are requesting for this is possible, last budget we gave them 955million, if they are requesting for 1.1 now is only 144 billion above that is left so, with a proper budgeting probably is could be done, it should not be a problem.

Most my other intervention areas Mr Speaker were already addressed by other speakers so, I don't want to waste time of the Assembly. Thank you.

HON. OUSAMAN TOURAY [SABACH SANJAL]: Thank you Honourable Speaker, and good afternoon to everybody. As the previous speaker have highlighted, I will have reflect on next time so that you see me early. I was among those people who raise their tags earlier but I happen to be the last among the speakers.

However, most of the interventions I have are already been dealt with but I just want to highlight on few points, my submission is going to be brief. After thanking the committee, they deserve to be commended and this is the second report and their first report was really enticing, this one equally come with lot of substance so, on that note Honourable Speaker I want to take the opportunity to thank the committee and convey my sincere gratitude to them for a job well done.

My first intervention is just to highlight about the primary healthcare, there is a saying "*if you go up to level and you don't know where you are going you have go back to where you come from*" I think this has been highlight by the Member for Serrekunda, during those days when primary healthcare's were in full-fledged the Health Service Delivery was very good but those things are gone now, people are suffering from getting the service delivery. I think it is important we reactivate them and give them more importance because now if you look at the delivery system even maternity when you go to the village the traditional birth attendance now called the community birth attendance.

So, those comparison some of them were trained in those days and some of them are no more in life and some are very old so that training needs to come up again

and the health is discouraging home delivery so, if that is the case I think we need to look at that area critically. Primary healthcare's are very important and I think we need to waste no time in bringing them back.

Regarding the human resource, looking at the report it talks about the human resource but my point there I think the Public Health and School of Nurse are training some nurses but then why are we having the problem of low staff and so on?.

When I visited some of the Minor Health Centres there two of them Sarra-Kunda and Ngel Sanjal I happen to found that in Sarra-Kunda there are only three people, one CHE nurse, one SRN and one midwifery and if you look at the area it has a catchment villages of 16 and some of those villages entirely depend on that hospital so, the flow of present into hospital cannot be attend by 3 nurses because some of these nurses are also making rotating visit and in days where they are not available in the hospital is always difficult. So I think they need support in that and am requesting from the Minister to help staff that hospital.

The same problem happen to Ngel Sanjal, in fact Ngel Sanjal the main problem is stocking the hospital, if you look at the Ngel Sanjal it has a total of 13 villages that are seeking a medical care there but nowadays the Saloum are coming, Ballangharr and other areas if you look at the Senegal side health has no boundary all those areas are coming there to seek for medical services so, I think they also need to consider that.

I must commend the committee they have start a very good job as the Honourable Member for Serrekunda this is a process and it's on the start I expect them to go further in the provinces as many have said especially to my area. If you look at the visit in the Greater Banjul and the KMC Area I was suggesting that you would have gone to the private sector as well so, that you compare the delivering of service between these two groups that will also give us an insight about how we manage our public health so I think that will be an added advantage.

Another point I want to highlight is about the terminology for disability, I feel it is serious discriminatory, you cannot just say disable but I rather want us to use the differently able I think everybody is able at your own point in a different way that one is more acceptable than disable actually so, that is the suggestion I am making.

Honourable Speaker, I don't want to repeat what others have said because most of what I wanted to say have been highlighted by other speakers like maternal mortality and all these things are part of my point but actually people have talked on them sufficiently and am content with that.

The other issue I want to talk about is the motivation, motivation of the staff if you look at these nurses, I just take the example from myself, is not about money but if you are doing a tremendous or a difficult job like nursing, you need some incentives that will keep you and encourage you in doing the work, if you see these people are train and they are not working in the health sector is because they get better somewhere. So, this is why is important we also consider that as mentioned earlier by one of the Honourable Member if the ministry of education can create hardship allowance for teachers, why not the ministry of health, they should also provide provincial allowance for it staff. Some of the rural hospital have the RBF project, which is helping them in that because some of them are getting something there and the nurses are very happen with that. But not all the health sector can get that project. So, I think is important that the health also think in that line so, and that we can retain our nurses and those who are already trained to be deploy to the Public service.

If you go to the private health centres, most of the nurses and doctors working there are being trained by the Government but instead of serving the Public Health Centre they prefer the private hospitals looking for greener pasture and the Public Health Centre are really in need of them why? Let us look at those policies, if you are trained you have to be bonded for the number of years before you go to any other place that is important because is tax payers money that is used to pay for your education I think we need to look into that, order than the committee I really thank you and that is my submission Honourable Speaker.

HON. SULAYMAN SAHO [CENTRAL BADDIBU]: Thank you Honourable Speaker for giving me the floor. Today is another important day in the history of this Assembly, not only the laying of the report but stakeholder been invited to listen to our concerns and to work as it is expected? So, therefore I would like to thank the Minister and the team and all our partners that help this committee one way or the other to do their job successfully.

To mention but few UNICEF, UNDP, WHO, NANA, CRS, UNFPA and Child Protection Alliance were very supportive to this committee and they engaged us so that we can do our oversight functions so, I will say thank you for the effort done.

Honourable Speaker, I will start with the Social Welfare, the situation there is really discouraging and lot of my colleagues talked about it and I believe the Minister and the team are taking note of that and they should try and visit the site, the condition there is unbearable because nobody knows what is going to happen in the next minute, you can be a victim I can be a victim and where you seek support if it happens to us. The staff there in fact most of them are planning to leave, there is no motivation at the place, so the Ministry need to work on that urgently to see to it that issues at that place is address if not we still move nowhere.

Honourable Speaker, if you look at the sustainable development goal, made a ball commitment to end the epidemic of AIDS, Tuberculosis, malaria and other communicable diseases by 2030. The aim is to achieve universal health coverage and provide access to save an affordable medicines and vaccine for all.

I think Gambia is part and parcel of this in the strive to ensure that the goal is achieved. I think the Ministry should be ready to show commitment to work towards this particular goal which is goal 3 because health is universal once you not healthy you can't deliver and it should be in mind that during our campaigns, we made promises to the people that health will be affordable and accessible I think this is a commitment that we need to ensure is really done.

Honourable Speaker if you look at the disables, we said in the constitution section 31 clearly stated that

- *"The right of the disable and handicap to respect and human dignity shall be recognized by the state and society.*
- *Disable person shall be entitled to protection against exploitation and protection against discrimination in particular as regard access to health services, education and employment.*

This issue need to be critically look at, our disables are they recognise? Are there fundamental rights are protected? Do we carter for them in terms of infrastructures, in term of having accessibility to the materials that they need, the equipment?

Mr speaker the lunatic detention Act that form in 1970 and enacted or became an act in 1964 it was more of colonial work which deprived ancient people/lunatic people their fundamental rights, they were chained, beating put into the cells, I think we most put an end to that they are human beings, they need to be treated with dignity.

Moreover the Ministry should try to visit the Traditional Healing Centres because there are lot of abuses happening there to the mad people because some believe that they possess spirits if you beat them the spirit will go away so, they torture some to death, in fact the situation will get aggravating with the treatment there, some died there, some don't have enough food so, is the responsibility of the Ministry is our recommendations to still collaborate with the traditional healers and see what is happening their whether we can improve on the situation.

Honourable Speaker, other colleagues talk about pharmacies we have lot of pharmacies in this country as the report indicates, we met them and recommendations were put to them but the Ministry needs to be very vigilant and try to see to revisit the pharmacies policies or whatever system they have there because some of the pharmacies are owned by foreigners and our own Gambians have problems in having licences to operate pharmacies I think is high time we look at it and control it.

Somebody made mentioned of "lunatic", sorry to say but they are selling drug at the terminal, go there you will see them those people need to be treated and they are

selling drugs to people that's a big irony that is happening at the terminal and not only at terminal is all-over, when they come to my vehicle and say they are selling drugs I said sorry you need the drug so, I think we need proper monitoring.

Mr Speaker, coming to disaster hot spot, because we say healthy mind stay in a healthy environment, environment if it is not healthy then we move nowhere. Now look at the city, Banjul and you look at the drainage system and the sewage system in Banjul, Mr Speaker, what is the Ministry of health doing with the current situation in Banjul? If we look at our environment we don't control our environment we don't prevent ourselves, it will cost the Government to spend a lot in treating people. Prevention is key, Health talks are necessary, we need to be informed what type of food we should eat, and we need to know what we consumed.

Mr Speaker, I disagree with some of my colleagues who said medical services should not be free is expensive, we must have a direction as a country, we must be ready somebody said health service is expensive but at what level are we talking about? At primary level you can have free access to health facilities/health services, it is important, countries are trying to ensure that the people are served well, if you attach cost to everything you look at the earning of average Gambians, will you be able to afford it that's the responsibility of Government that is why we are paying tax to come in.

The other issue is a recommendation too for the Ministry to see the workload on them is too much we need to have Ministry of Gender Children and Social Welfare separate this is a recommendation because once we get out we see what is happening the Ministry seem overloaded and in the distribution of the budget we realized that some of the sectors under the Ministry of Finance are not getting their allocations or timely allocation is a problem so, to reduce the burden it is high time the Government of the Gambia to think of creating a Gender Children And Social Welfare Ministry of its own so that they can monitor and work efficiently and effectively.

Mr Speaker, someone made mentioned of Ambulances, the only and one Ambulance in my constituency, salikenni health facility has been taken away from the community more than 4 months now and it's in Farafenni and salikenni health facility is without a Ambulance then if people get sick in the middle of the night or they are bitten by snakes because is common in my areas snake bite. When I am there my vehicle is used as ambulance to Farafenni. We want the Ministry to see how best to correct the situation

And moreover, there is a village called Mandori, a similar situation to what was expressed by Honourable Member of Wuli East, they are brothers and sisters in diaspora send an ambulance but is still at the port they couldn't get it out up to now, we are waiting for you (Minister) because we learned that you travelled but now am glad that I see you here today so if you see me in your office in next minute know that is for the facilitation of the ambulance from ports because the ambulance will help bring sick people especially pregnant women to the health facility and this is a concern.

Mr Speaker, the other thing that I would like to talk about is the health post or facilities that we have in the country in generally they need to be upgraded they need to be operated to standard most of the health post or facilities are in horrible conditions they are without even Paracetamol as am talking I am a living living witness, salikenni I went there is no paracetamol so, I don't know what went wrong, is high time we see, is it not the problem with the purchasing of drug is that an issue or is the distribution, tracking, management, where those the problem lies? I think is the responsibility of the Ministry to find out, to see what is happening to the country men and women in any part of the Gambia.

Mr Speaker, the mortality rate, somebody talked about it but the mortality rate for children under 5 years of age globally was 43 death per 1000 life birth in 2015 that rate represent 44% reduction since 2000, mortality amount children under 5years of age remind high in sub-Saharan Africa with a rate of 84 death per 1000 life births in 2015 Sustainable Development Knowledge Plat Form. Which Gambia is not an exceptional, we are part and parcel of the sub-Saharan Africa and we have an issue

as far as mortality rate is concerned so, the government has lot to do and as the saying goes " *To whom much is give much is expect from*" and this new dispensation we want to get better health services delivery.

Mr Speaker, on that note I would to thank our able Chair of the committee and our Members, the committee clerks, subject matter specialist for the effort done on this document. Thank you all for your attention I beg take my seat.

THE SPEAKER: Thank you Honourable Member, may I called the attention of the Honourable Members, we still have a lot on our list here though the big participation is not timely it cannot be controlled, but I think repeating ourselves over the issue I think we should try to limit ourselves in our contribution so that we can called on the mover to win-up.

HON. YAYA GASSAMA [KIANG EAST]: Thank you Honourable Speaker for giving me opportunity. I would like to begin by recognising the presence of the Honourable Minister for Health and her team of experts who are here and then I would also want to thank the health committee for the report.

The report is loaded with lot of information although the unfortunate thing is that the committee probably due to logistic problems couldn't reach every part of the country in their first over side visit but that is understandable. A lot of things have been said here, the Honourable Members who spoke on this report have done justice to the report and because of that people who were at the tail end of list have very little to say other than to repeat what other Honourable Members have already mentioned.

However, I would like to refer the Honourable Assembly to page2, this is the very beginning pages of the report actually the background to health sector, in the second paragraph the purpose of the report have actually given synopsis of the health problems of the entire country where it says*; the NHSSP 2014-2020 highlights inadequacies in the health care delivery system because of limited human, financial and material resources.* I think that sums up the entire problem of the health sector, well for me as far as health is concerned, the situation has been always the same

since I know myself, there has never been any significant improvement in provision of health in this country and they can keep talking about it until the cattle come home the situation is likely going to remain until we are able to translate our ideas into reality, until we are able to translate the ideas into practical actions, until we do that the situation will still remind the same.

Now of the 3 issues that are mentioned in this particular section, everything seems to revolve around financial resources, why because health is not cheap at the individual level is expensive it's even more expensive at the state level so, what needs to be done is that more resources be invested into the health sector and those people who are entrusted with the health sector, will be held accountable but I think is a good starting point when we increase the budgetary allocation to health and I can tell you this Honourable Assembly had health issues very close to our hearts and I can assure you that we will be here to speak, to advocate for you when it comes to increasing the allocation for the Ministry but that is not going to be end of the story.

Because the financial resources everything was revoked around financial resources because people have talked about staff attrition likely because they are not motivated I can understand the kind of difficulties, challenges that health workers go through right across the country there is nothing more frustrating than watching a patient died, without any materials or drug to help the patient I know these are the kind of challenges that the health workers are going through and definitely this is something that cannot be allowed to continue, the health sector needs to be well resourced in term of infrastructure, equipment, and human resource this is what they need and until we are able to provide them with those things then we forget it, we are not going to make any improvement as far as health is concerned.

Am going to make my intervention shortly because whatever I may say has already been mentioned. However, I want to say something that nobody mentioned and that is provision of health care services in Kiang, this is a serious issue actually, because kiang is actually a deprived region when it comes to the provision of health services, I am calling it deprived because there is no reason why we should not be provided

with the services that are existing in other places, this is why I called it "deprived region", the privation is actually deliberate action so deliberately we are deprived.

My people understand that until they take the initiative, it is going to take a long way before assistance comes to them, now what we have done especially in my constituency there is a settlement call koliyoro out of their own community initiative they have constructed a Health facility and now the question is what they need is health personnel to run that Health centre and because the Honourable Minister is here, in fact, I would like to take advantage of her presence to draw her attention to the situation in that Health centre.

In kayaff, there is a Health centre since the colonial period but there is no improvement at all, now just before recently when the people though it is necessary to fence the health centre was in the open whoever passes by could hear women screaming in pain during labour, the health centre is almost on the highway people who go in and out of anytime of the day, which is not good. When people are sick, sickness actually is a weakness and it shouldn't be exposed to everybody at every time so, this is what the people realize and they came together mobilize funds and now they have fence the Health Centre but then that is another issue. A van was donated to the Health centre to be used as an Ambulance, it has been standing there since last year and now it is depreciating in value why because the community cannot afford fuel for the Ambulance, you cannot ask a person whose relative is sick to buy fuel to transport the sick to a referral health centre, you cannot do that especial poor people so, since last year that Ambulance has been sitting in the Health centre now depreciating because people cannot fuel it and I think we have made several attempts to seek assistance from the Ministry of Health but we are yet to receive any result so, this is something that I want the Honourable Ministry to look at.

Now going from my constituency Kiang East to the entire region, the only referral Health Centre there is the Soma Health Centre and for me, Soma Health Centre instead of a referral Health centre is actually a deaf camp, I called it a "deaf camp" because it is a death end whenever you are referred to Soma that is the end of it

and sometime you wonder why some of the minor health centre can even have better drugs than those health centres...*interruption*

In fact, am at the tail of my intervention this is all what I wanted to say and thank you Honourable Speaker.

HON. AMADOU CAMARA [NIANIJA]: Thank you very much Honourable Speaker for giving me the floor. Actually we fought all the concern, I remember of a committee before I go forward and we fought and then we really appreciated all of it and then I just want inform this August Assembly that this is just the beginning of many interventions of many of other side that will be performing, has a committee because we are a committee that consists of committed members like other committees too but we are a committee with special character and abilities so, on that note, I just want to inform this Assembly this is the beginning and we will continue to engage the relevant departments and agencies under purview of the committee. So, on that note I just want clarify just few issues because I will refer the Honourable mover of the motion to respond, I just want to clear issues because as I always said, I am a Member of the committee and I am always proud to say that I am the most important member of the committee.

On the issues of tradition birth attendances we have been reliable inform by the Ministry that this is no more and now we have community birth companion whom we know that there are not to conduct delivery at the community level but just to manage and escort the antenatal study nearest facilities because now what they are advocating for is skilled and trained personnel.

So, on the issue of information the Honourable Member for Kantora was talking about Centralize Information for Health Centres so that they can have the unique way of reporting, I just want to let him know that is already in place. They have what they called the Health Management Information System that is HMIS and then every health facilities at the end of the month they report the same data and it's all centralize at one source so, whatsoever information needed you can get it from that.

So, on that note I just want to talk about staff motivation because you cannot talk about the challenges of the health facilities without talking about the challenges of the personnel on the ground. If you go to facilities at the rural Gambia and also on the urban areas here what they will keep on telling you is that, we are not motivated due to the fact that our pay scale is low and if you go to the provinces some of them they say they do not have quarters or whatsoever so, these are issues that also need to look at and as a committee Insha, Allah we will continue to look at this and we will advocating for the motivation of staffs under the Ministry of Health so, on that note, I just wish to take my seat and thank you very much Honourable Speaker.

HON. SAMBA JALLOW [NIAMINA DANKUNKU]: Thank you Honourable Speaker for giving me the floor. Honourable Speaker let join my colleagues to thank the committee on health as alluded to the previously the Member for Wuli West have made mention of such the committee definitely have did well this is their second report and also let me thank the Ministry of Health has other Members also alluded to, this is the first time we have a report from particular Ministry and you have the Minister and his entire management team so, thank you.

Honourable speaker, the other issue also the Health Committee presented their report at a very crucial time so, this is why for me...that the health committee is commitment now all of us is a commitment they are now commitment all of us because they went out but they don't go country wide but I believe the problem of health in this country if you visit only one hospital, you have known all the problems, now they have reported back to us the budget is to be laid in next 3,4 months so, this is why am saying it's a commitment because all this problem we are talking about here now if you called the Minister now what they will tell you is lack of resources, anytime you call a Minister here if they come to the podium here they will tell us as soon as I get resources.

Now Health is paramount and is the most important thing in life because if you see we are debating here giving out ideas we are healthy, if we were sick we will not come here. So, Honourable Speaker, as I just mentioned health is very important now what are we going to do? Because we already know the problem but how are

we going to mitigate the problem? is the question that is the biggest question, others have suggested that we allocate the budget in relationship to Abuja Declaration but whether we give them that percentage and whether it will solve our problem that is another question. If they want, we give them the Abuja Declaration requires 15% of our National Budget. The other question is whether that also will mitigate all this problem we talking about country wide, remember we are not talking about one hospital but almost the entire health delivery in this country. Another member made mention that they need 1.billion so, another question again let us look at what problem we are facing.

I think Honourable Speaker, is better you work at a hut house that have the entire health materials get treatment and go out rather than going into 15 story building hospital without treatment, now we have almost in every corner in this country the super structure are there what is remaining now is to stop with medical facilities. For me, if I should decide for any government I will not build any structure anymore what I will do is stop the structure we have in place with the necessary materials and equipment. Just look at when on the report page 12, Jammeh foundation they have super buildings;

> *He enumerates the challenges as inadequate power supply; inadequate clinical waste collection and disposal service by KMC; inadequate specialist doctors especially paediatricians, neonatologists, obstetrician and gynaecologists and capacity building etc.* if you don't have all this discipline in a particular hospital is that a hospital is not a hospital, if you have one that cannot attend the patient still now is more less as if nobody is there so, I think what is important now is not building but stock in what we have.

Honourable Speaker, the Member for Kiang Central during his deliberation he made something in fact this was an issue with the previous parliament when then majority leader will just tell us with D25 you get....for me I always disagree, can D25 give a treatment? It cannot but I am looking into in different perspective the consultant at the Royal Vitoria Hospital you go there has a person you meet the doctor he do all his consultation. You pay D25 I agree then the prescription he gave you can only get

paracetamol now what you do you go out to the pharmacies you spend more than D300, D400, D500 on drugs and that person doing the consultation and the diagnosis there is paid by tax payers' money so, and to me he is now working for those pharmacies outside because all that he diagnosis, you cannot get it at the Public Hospital at the end of the day you go and spend a lot of money outside. I think the ministry also look onto those ones.

The issue of staff Members also talked about it actually everybody for me I believe the first treatment a patient got is the first hand that receive you while you are sick the health personnel if you are received positively in fact improvement may start from there so, I think the ministry also should actually keep on when they employ their staff especially new staff have an induction with them train them how to approach patients when they came in.

Honourable speaker, on that note I thank you very much.

HON. ALHAGIE MBOW [UPPER SALOUM]: Thank you very much Honourable Speaker, I gest this is the advantages of going last because normally all your ideas are taken by people but is ok. I want to thank the Ministry for their present here today like other members have alluded to earlier.

We are a team and there is need for us to work together both the Parliament and the Executives we cannot do things in isolations and that is the reason why is always important that when we have report like this such an important report like the people it actually affect in fact all the stakeholders if I may say their present is very good and I comment the Ministry for been in here today.

I also want to take this opportunity Honourable Speaker, to salute all the Health workers in this country regardless of what position you are in because I do know to work in health care industry which both system delivery and management, it is not an easy task anywhere you go in this world especially in the developing country. Now if we think for a moment that we will get somebody out there that would actually help to improve our health care system here we are actually joking, there is no way somebody could come from anywhere else in this world to come and fix our

health care system rather than us here we have to put head together because when you look at the report even though bulky and then we also get very short period time but it has substance lot of substances actually.

Now if you look at the issues that are highlighted by the committee in general what actually affects our health care delivery system, you will realize that actually all of them we can actually solve it in this country here but what exactly are we doing, do we have the resources, no we do not, that is the question what actually are we going to do to solve those things out.

And for me is a matter of investment in infrastructure and human capital and more sure investment in ICT as well because in this an age when you talk about health care delivery system it goes hand in hand with technology and I think it is very important for us to really think and look that carefully and know that if you want to fix the issues in the health care system in this country here we must invest in infrastructure and people, invest in people doesn't necessary mean that training them no but try to attract people and also maintaining them is also crucial we must find ways to attract people and help to retain them in the health care system.

And to do that Honourable speaker, we have lot to do has a parliament because at the end of the day the budget for the Ministries actually comes here for final approval and we must support them in all the ways that we can just to ensure that actually all the issues that are highlighted actually are reduced.

If it somewhere around the world then you will actually realize that is actually not easy anyway, we must develop economics here they even struggle in health care system here they struggle and bulk of it is actually pushed back to the private sector in term of where you work there have insurance medical insurance they pay for you but when you come to the developing world that is another thing and we most put that ta the back of our mind.

Honourable speaker, I think there is need which I did mention here the last time when we had the previous Health Minister here, I did make a proposal to her, I said we are spending lot of money on curing diseases but some of the issues that we

actually have in this country is moral and life style can we have health education has part of the policy that we actually have to teach people some of the life style that we live is actually not good health wise we need to look at that.

I must say myself Honourable speaker, because I am a runner way health worker but if yesterday was today probably was going to continue to be in the health sector but am not asking to stand anywhere else to say that am a runner way health worker because I should have been in the field am sure my brother Marena no exactly what am talking about.

Honourable speaker, the issue with the kind of food that we import we really need to look at that why when I realize on the food safety and quality assurance Act of 2011 when it actually said that we have this particular institution authority only the office of the President I wonder for what you are talking about the food quality imported and exported into this country, for me what that is doing with the Office of the President this must be directed under the Health Ministry because what we consume in terms of food or what we drink also has a direct co-relation to some of the issues that we actually have here and again that also take back to the lifestyle we are actually having in this country.

Just recently, I was sitting in one shop on the coastal road, I saw a carton actually saying "*the authorize and the colourize palm oil*" but the bottle inside there says "vegetable oil", I study Agriculture long time ago but I did not know that a palm oil is actually a vegetable I did not know that so, again if you look at that there is too much fraud labelling in the kind of food that we import in this country and I think the Ministry through the Food Safety and Quality Authority should work together and that is the reason am saying that particular authority needs to be under the authority of the ministry so, that they can work together.

The food that we import in this country, the drinks that we have is really affecting our people and if we are not really careful, we are going to spend most of the money that we have on our budget in caring people instead of actually preventing, we need to look at that. And I also saw somewhere were the Permanent Secretary

were asked about whether they will seriously consider a policy shift in a preventive health instead of curative health. I have not seen answer to that but I think that is really important.

We most prevent issues before they arrive and I think as far as the health is concern I believe that there is need for us to prevent lot of things that may actually affect us or our children in their future.

Honourable speaker, I won't end my intervention without actually pointing out the issue at the Njawu Health post, I was glad when the Honourable Minister mentioned during the tour that they are planning in upgrading that and I think that is really essential, they called it Njawu Minor Health Centre but it does not even have all the facility in terms of structure, staff to even call that name so, I was glad when the Minister mention that it will be upgraded.

And again we are talk a district of 83 villages that are serve by that small health post again it become really very difficult and most of the people have to go to Kaur or Farafenni or those going back to Kuntaur I think that really important.

Now where I will end my intervention Honourable Speaker, is about the need for us to start thinking the Public Private Partnership are fast health and delivery is concern this is very common in the world nowadays, you will go to some other countries like for example South Africa you will see a partnership between the Government and also the private sector where they build hospital, provide all the necessary equipment and then they work together in recovering their money because these are people that have money they want to invest because Government cannot do it because it does not have that resources to do that.

So, why not engage the public private partnership and have people to do that and try to recover their money in some kind of way, we need to start looking at that direction because Government cannot do all and in fact there is no government in this world that is absolutely doing everything in the health care delivery system but there is going be more towards Public Private Partnership and I think it is about time for us to look in that direction.

To conclude Honourable Speaker, I think their need also for us to look at technology in helping us to manage our health care delivery system and when you talk about technology is not about just running network or putting servers their no but the end result what you get from those system that what matters because that is the one that is going to be informed the managers, the directors about what needs to be done in a particular areas and I give an example about drugs eg.

Can you imagine you sit here in Banjul with a click of a mouse you can know exactly the kind of drugs that in Basse Health Centre with the click of a mouse then you also know when those drugs will expire? and you know when does it send there and you know exactly who in terms of age, location who actually have access to whatever it is, it makes very easy for those sitting here and under technology in this modern age can do that for you.

It helps to manage the delivery system more carefully and systematically and I think there is also a need to also look at the technology at the Ministry level and I will even propose that you have a special directorate for ICT who work directly with the other relevant authority in this country to help guide the ICT policies for this particular Ministry. Thank you very much.

HON. ABDOULIE CEESAY [OLD YUNDUM]: Thank you so much Honourable Speaker, I want to withdraw because all my points have been said by my colleagues. Thank you.

HON. DEMBO KM CAMARA [ILLIASSA]: Thank you very much Honourable Speaker and I will very brief because in term of Health since before 1965 up to date we have been talking about heath but something has been done on health.

Because before I come to the report Mr Speaker, if you think about the certain part of my constituency for the past 55years even if you want to buy a paracetamol you have to go to Farafenni for the past 55years from Timimenk-Koto up to Lan-Sarr, there is no single hospital either a health centre where my people are living the Fulas and other people nothing absolutely from 1965 up to date nothing is there.

Now if you talk about.....almost about 15miles away from Farafenni that place is terrible because if a woman happens to be in a labour, there are 2 chances for her either you transport her through Farafenni River or the highway if you are not lucky she will died on the way.

If you come to Numon-kunda ward there is only one Health post... place in that constituency, as far as I am concerned, I will not talk about....where I was born but there are 6kilometre away from Illiassa nothing absolutely. Mr Speaker, on that note I am appealing the Minister and her team to put a particular consideration on side of **Balaygo** because definitely these people are suffering on that note I take my seat thank you.

HON. DAWDA KAWSU JAWARA [UPPER FULLADU WEST]: Thank you Mr Speaker. After hearing must the contribution here today it leaves very little to say but as alluded to the Member for Wuli East that we need to talk so I will talk, because to him is only through talking, we will able to get to the bottom of this situation.

After hearing the contributions, I must say on the behalf of this committee as a Member and behalf of the chairman I will say thank you very much for your encouraging comments, I think as create a plat form for us to do more but the tabling of this motion today is for us to do the job we are task to do as a committee and bringing before you as a plenary to hear from us our findings and recommendations and take ownership of this report so, that we can best inform us in decision making to make sure that we do what we are mandated to do because to him it is only through talking that we will be able to get to the bottom of this situation.

After hearing the contributions, I must say on behalf of this committee as a member and on behalf of the Chairman, I would say thank very much for your encouraging comments. I think this has created a platform for us to do more but the gathering today or the tabling of this Motion today is for us to do the job we are tasked to do as a committee and bring it before you as a plenary to hear from our findings and

recommendations and take ownership of this reports so that you can best inform us in decision making to make sure that we do what we are mandated to do.

We cannot take credit without actually passing some of the credits unto the Ministry and its satellite institutions because it takes through to TANGO and without their cooperation and collaboration. We would not be able to come up with such a detailed and explicit report as you all approved today.

Health service delivery is a complex business and is not a simple additions or subtractions to get it right. It takes years to get to your core objectives but I think what is more important and which unfortunately is missing in the National Health Sector Strategic Plan 2014 to 2022 is the self-assessment that was conducted and some of the adequacy that were highlighted unfortunately there are certain little factors that were missing that are very key for the country's health sector to be able to achieve their objective.

In page two, it highlights lot of inadequacies from the high attritions of the health skills and the social workers, constrains in maintaining the achievement made in the health sector. But most importantly also is the necessary reforms that should be highlighted. I think it is very difficult for one to assess yourself and see your weaknesses. Therefore, the health services sectors strategy plan report I would suggest is still not conclusive or exhausted.

So fiscal discipline is a very significant factor to ensure that all the set aims and objectives that are set are achieved and I think that should be captured in constrains that they should address.

Capacity building is another factor that I think coming from our history as a nation we all understand we need a lot of capacity building with the current players to ensure that they understand their job better and be able to make changes. In that capacity building includes attitudinal change because one can do your best but at the point of services delivery everything can go pear-shaped because if you don't follow the flow to ensure that the people who are coming in contact with the population are commercially and professionally aware of what is expected of them in

terms of standards your whole investment can be some ought not to be next to nothing.

The other factor I would want to raise is, I think today's gathering has cordially manifested the political will that is here for us to support the sector so that they would be able to achieve their goals. If you look at the budget allocation of 2017 to the budget allocation of 2018 fiscal years, there was a 20% increment. This is due to the resolved and commitment of this Assembly to see to it that the productive sectors of this country are giving priority with the perception of the Executive. Having said that, that 20% increment is still far below standard in comparison to the Abuja declaration because this is only amounted to 10.6% of our total revenue for GLF as other would called it. There is no amount of money that can actually push a sector if at all some of these little issues are not address. So I think we need to be very aware of that. There are policy gaps and there are no questions about that, so I think this Assembly will do justices to ensure that the policy makers and ourselves engage to see that those gaps are addressed. Because we are going back to the point that was raised here about the law that gives hospitals the semi autonomy to be able to make decision without having to go through all the red tapes and the protocols that are there so that they would be able to deliver their mandate at the local levels without having go through the Ministry every time something needs to be done. A classic example is the Bansang Hospital which is one of the territory health services hospital, in the National Health Service sector strategic plan, it clearly indicates that hospitals in the provincial regions are critical components of the territory health care system who are receiving patients for conditions and treatments that the village clinics and regional Health Centres are not providing. Between Bansang and Bwiam General Hospital, we see annually about 94,000 patients every year, 6,000 inpatient admitted for treatment and 2400 for safe maternal delivery but for these hospitals reliable access to electricity to give them that conducive environment is an issue which is a needed component to be to delivery their services to the nation in terms of surgery, laboratory testing and diagnosis, blood banks and blood refrigeration, critical life support equipment like oxygen concentration etc.

These are all workable if at all there is enough electricity to give them that conducive environment. But even with efforts made by myself [I am not claiming any credit here] through a donor [power Gambia] who has out of their own philanthropist gesture supported the Bwiam General Hospital over the years did approached us that they have solar systems that they would want to give us for free provided we can actually give them the approval through the Ministry. With all efforts this is becoming very difficult because unit now the donors are waiting for our response but we cannot actually responds because we cannot get that particular letter from the Ministry for the donors to come and help us. This is a very needed thing because the proposal is a win-win situation for both the Ministry of Health and NAWEC because with 250kw of power will give Bansang Hospital all the energy they need to independently run their services but also excess to sell to NAWEC on a PPA agreement. This I do not think anybody with a clear conscience can actually deny. It is a good case, but the frustration the donors are facing is something I would suggest we need to look in to avoid.

Apart from that Honourable Speaker, the permanent Secretary clearly showed his worries about some of the arrangement that are made with some of our partners like the Riders for Health, that the arrangement in his view is not viable and therefor, since we cannot lift the ceiling up in terms of revenue but in such circumstances what you do is to cut your cost down. So if such an arrangement is not viable to the Ministry and is taking a good toll of your budget allocation I think we should consider other ways of how we can get our referrals done with other logistics without resulting to one supplier.

In your adoption of the international competitive in drugs and vaccines, I think you should consider adopting similar strategy to entice other stakeholders who might come to see what might be offer. In my view I think we should stands as a country not to have the best deal possible and maybe cost ourselves quite a fortune which we can siphon into other areas.

Honourable members made mentioned of ways and means of how we need to look at our health sector. I would also suggest rather than taking the theoretic approach

on reacting to diseases, I think we should think even further to see how we can take other preventive measures by engaging other development partners to see to it that we prevent some of these occurrences even before they arrive to our sources. I think Honourable Member for Nianija did mentioned that recently about being proactive rather been reacting to issues. I would leave the Honourable Chair to do the rest but I thought this is the little contribution I can made so that we can collectively see that this kind of interaction will offer us the opportunity to be able to excel and move on from here. On that note Honourable Speaker thank you very much for the time.

HON. LAMIN F.M CONTA [KOMBO EAST]: Thank you very much Honourable Speaker. I must have to commend the select committee on Health for the job well-done a comprehensive report. I also have to commend the Honourable Minister and her team of experts for gracing this very important session and added great impetus. There is one recommendation in the report that I wanted to highlight on that there should be a decentralisation of psychiatric facilities across the country. If so Honourable Speaker I believe this centre should be properly secured because some of the mentally challenged are very aggressive therefore their security should be very paramount as far as the psychiatric units are concern. On that note I thank you very much and beg to take my sit.

HON. MUHAMMED NDOW [BANJUL CENTRAL]: Thank you Honourable Speaker for giving me the floor. I would like to thank the committee for the perfect report presented. This shows that they have done to their oversight functions. Thank you very much.

Honourable Speaker, one of the main concerns of Gambians is to have a perfect healthcare. So the main priority of the government should be a perfect healthcare because it's a major concern. The committee was able to see and know so many problems that the health sector is encountering and they have make some recommendations and I believe that the government should try and implement all the recommendations made by the committee, in other to motivate staff, provide better services and good facilities.

In Page 38 recommendation [1] which talked about the restructuring of the Ministry which is very paramount and a big concern to the Ministry that is appointing a Director General to whom all the nine [9] Directors will be reporting to and this Director General will be able to support the Permanent Secretary in terms of technical issues and this will help to solve health problems I believe.

Honourable Speaker, I am appealing to all my colleagues to reduce 20% from the budget of the Ministry of Defence and 10% from the office of the President during our next budget session and add it to the budget of the Ministry of Health. This will help to have a big achievement in the health sector because the 1.1 billion we are talking of if we cut from the office of the president and Ministry of Defence, it will be more than 1.1 Billion so that we will expect them to deliver up to expectation.

I would also want the Minister of Health to make sure that the two ambulances that the members are talking about (Wuli East and Central Baddibu) for the Minister to make sure that these ambulances are out before next week Thursday *[laughter]* never mind I will make a follow up for you, you don't need to border yourself, I will make sure that before next Thursday these ambulances are out of the ports. As far as we don't have ambulances to provide for the health sectors but if other people outside the country are doing it for us, we have to be serious and make sure these ambulances are out of the Port. For a long time now follow-ups are being made and this is not done. These are my short interventions I want to make. I thank you.

THE SPEAKER: Thank you Honourable Member for being a campaign manager for the Ministry of Health *[laughter].*

HON. ALHAGIE S.B SILLAH [NIANI]: Thank you very much Honourable Speaker for giving me the floor. Much have been said but I also want to join my colleagues to thank the Health committee for the job well done and to congratulate the Health Minister for her effort.

My concern about the kuntaur Health centre which has a well-equipped theatre and is not functioning. So I think what the Honourable member for Sami was saying is

commuting is a problem for them, so if the minor Health Centre of Kuntaur is well equipped they don't need cross, they just come to Kuntaur for treatment.

Also the staff quarters which have been taken by the wind some time ago and not been rehabilitated. The Honourable Minister at one time went there and I think she has seen the problem of those quarters and it should have been address by now.

My third point is under staff and lack of drugs is well needed at the health centre at Kuntaur. As many people also alluded on attitudes, attitudinal change is the most paramount. Staff should be sensitise a sick person who has gone to the Hospital with frustration need to be treated well. A sick person may be affected physiology but even without medicines consoling can help. In Kuntaur, most people acquired drug from pharmacy because there is no drug at the health centre and that should be well address.

An Honourable Member spoke about the disaster, I know everybody knows that Kuntaur was the most affected in the last year's flood. The problem with disaster is that people do not take action in time. I remembered addressed this to the former Vice President and money was given to us to solved the problem but yet still the money is still lying down without any actions. This bureaucracy is always a problem for the Gambians and by the time you want to do your actions everything gets late. Yesterday the Honourable Member for Janjanbureh made mentioned of the street dogs and we started, the NEA and Ministry of Health should be consulted and by the time those people move as a taskforce it will be one year again. So this is always a problem about bureaucracy, we need not to do those bureaucracy in taking action. For almost one year the money which was donated to us by China is not been taken into action almost D4.5million. The 6th of last month a philanthropy came to our assistance for our bridge and today the bridge is constructed within a month. So bureaucracy is always a problem in The Gambia.

On issue of ambulance, I am thanking a philanthropy called Go Africa who is really helping the people of Niani because he had issued an ambulance for Toubakuta, and

Toubakoto, Kayai and Nanga Bantang and those ambulances are operating but the only thing lacking in that hospital is drugs.

The issue of giving more money to the Health sector is good but depending that it is been used. The money that have been given to them is it exhausted? Because as at now people are saying there is no drugs and procurement is still a problem. So I think money is not the issue because the money allocated to the Ministry of Health cannot be exhausted within only nine months. So on that note I thank you.

HON. SAIKOU MARONG [LATRIKUNDA SABIJI]: Thank you Honourable Speaker and I would start by thanking the Honourable Minister and his team for coming here to listen to the Members of parliament on issues dear to the heart of the Gambian people.

Honourable Speaker, a lot has been said, everybody complains, everybody talked about the shortage of drugs and whatsoever and sometimes I heard people laughing when a hospital like EFSTH didn't have MRI scan, should we laugh about that? When a poor person who found it very difficult to buy a cup of rice should go to Banjul, EFSTH and he is referred to Senegal, Dakar to do a test how do you expect that person to afford that? There is this saying that a health nation is a wealth nation. If you want to make sure the wealth of our country is good then we have to look at our health sector. The Health committee did very well but is unfortunate that we also have some constrains as a committee. We would have love to go up to Basse as other says that we didn't reach at that end but we are also face with come constrains. Sometimes we would like to go outside to perform our oversight function but just to be told that there is no fun to carry our oversight function. These are some of the constraints that we are facing as a committee.

Honourable Speaker, everybody is talking about the 15% of Abuja declaration of GLF, our budgets that's fine, and let remember even if we give GLF 30% to health I don't think it will be enough. But let's also put at the back of our mind that it is not a matter of giving health a healthy budget but how they spent that budget matters a lot. Let's compare 2018 how much is been allocated to Health and before they tell us

that they need more let them first tell us how they spent the previous budget that was given to them and that will qualify them if more is needed.

Honourable Speaker, we paid a called to social welfare at Banjul here and if you come to know that they are under the Ministry of Health you will be surprised because of the state of the condition in that area. There is not even a proper toilet and yet still we saying that we should at least allocate 15% of the GLF budget to health when the department is not making any difference. During the 2018 budget session here everybody was in support of Health, everybody was in support of Health and debated very hard. A lot was allocated to them and we are not saying that is enough but we are saying that the little given to you, we want to see the difference, we want you to make difference with that one so that we can have the confident to give you more. If I give you D10 at least, I expect you to make a difference with that D10, if you demand D100 from me, you should be able explain to me how you spent the D10 I gave you before I give you the D100. I think in that way we will make difference in this country

Honourable Speaker, we have talked about disaster and I have always say this over and over and I will say it again. The only time that Gambians are good at talking is when disaster hits; when something happens that's when we talked about it. Ministry of Health came here with their budget and if you go to those department like Department of Disaster Management, Social Welfare and the rest will tell you until now we have not receive a penny of our budget and yet still the same Ministry wants us to give them more. If they need more, I am part and parcel of the health committee and I always advocate for help for the Health Ministry to have more budget and allocation but if they want that one let them show us the difference they are making. And then sometime Honourable speaker, I am surprised when Honourable Members of National Assembly would stand before this august Assembly and say to the executive please we don't have ambulance or a hospital please help us with this. No, that's not our work. What we should do is to recommend for the Executive to act on our recommendations *[Applause]*. This is what we should do, we are not telling them but give them recommendation, we are not telling to build a

castle in the air we know they cannot do that, we give them a recommendation that we believe that they can do. Let them come up with the disability Bill, give it us and we will pass it at the level of the National Assembly, is that difficult? How long have we been talking about this disability Bill? And up to date they are unable to tell us this is what is happening with disability Bill.

Honourable Speaker henceforth, we have given our recommendations and we want the Minister of Health to act upon this recommendations if they come across any problem or difficulties let them engage us. I think this is what we should be doing now rather than appealing to them every time that Bajakunda didn't have health centre, medicines or ambulance. Let's recommend and make sure that they act upon our recommendation, this is Assembly we have the power and we can do it. Every time the Executive come here being the Minister of Health or whatsoever will tell you we will try this and that every time this is what they will always tell us. Let us put a stop to those things now, not only the health committee but all the other committees, let us come up with recommendations and make sure that these recommendations are put in place. Thank you.

HON. MAJANKO SAMUSA [NOMINATED]: Thank you Honourable Speaker for giving me the floor. I rise to associate myself with the previous speakers by thanking the select committee for Health for the good job that they have done. This report at one time was brought to this august Assembly but incomplete and they promised they will finally bring the final report of which they did. Definitely I really appreciate...SIC

[Point of Correction]

HON. SAIKOU MARONG [LATRIKUNDA SABIJI]: The Honourable Member says that this report was brought here before; this is the first time that we laid this report. Our previous report we laid was passed and adopted.

HON. MAJANKO SAMUSA [NOMINATED]: Honourable Speaker, members don't know when to come for point of order as much as we want to learn we must reflect our mind in what has passed. The report was not adopted, it was brought here and

we were promised by the Chair that they will further bring an additional to the previous one...SIC

[Point of Observation]

HON. ALAGIE S. DARBOR [BRIKAMA NORTH]: Honourable Speaker I think the Honourable Member is misleading this august Assembly by saying that the report was a plenary report that was passed, considered and adopted.

HON. MAJANKO SAMUSA [NOMINATED]: Honourable Speaker, can the Honourable Member withdraw that statement. Can you please withdraw the word misleading because it is too expensive.

HON. ALAGIE S. DARBOR [BRIKAMA NORTH]: I am sorry but the Honourable Member is misleading the Assembly by saying the report was incomplete. The report was initially a plenary report and that was passed, considered and adopted. This is a new development and it was not ever an incomplete report. I will not withdraw that.

[Point of Clarification]

THE SPEAKER: Please let the Member proceed.

HON. MAJANKO SAMUSA [NOMINATED]: Thank you very much! I will not make any further augment Honourable Speaker, I withdraw my statement and accept the correction *[Applause]*.

Yes! This is beauty of the Assembly and democracy, this is where we bring the changed. I have serve the first and second Republic in the National Assembly. As I always say, this is the Assembly of its kind that has never been happening in the past were the interaction of members make the august Assembly more lively cause there is no political affiliation here we are the same family this is why we all focus on one agenda. I do not have much to say to the committee definitely except just to commend them. Bravo to the Chair and the team.

The health sector is a problem in this country but with the demonstration which I have seen here today by the Minister and her team I hope this august Assembly will

not cry for certain difficulties which has been recommended in the report. Also comments made here I believe the Honourable Minister and team are taking note of the concerns. Do not be surprised too am not commending the Minister to certain extend, here is the Minister who stake her life for change, I always quote, the best lady among the men who on that day raised her hand called for unity when at that time the population of this country was over 1.5 million. Honourable Speaker, here is the lady who sacrifices her life from the country and she came here today with her team to listen and take note. This has never happen since the beginning of this new dispensation. We have been crying here since 2017 to make sure that the Executive participates with the National Assembly so that they can know our concern.

[Point of Order]

HON. SAIKOU MARONG [LATRIL KUNDA SABIJI]: The Assembly is proceeding without a quorum.

THE SPEAKER: I understand that there is a quorum, one quarter of the Assembly is present. Thank you.

HON. MAJANKO SAMUSA [NOMINATED]: Honourable Speaker, this is the Minister who has set an example that is highly welcome by members of this august Assembly. She sacrifices and we expect her to work very hard with the Assembly because we are so much frustrated with some of the Ministers, could you believe since 2017 some Ministers failed to come and respond to questions pertaining to their Ministries. How are we going to work together to have good relationship with the Ministers to solve the problem of this country if some of them fail to come to the National Assembly and we asked for change? The same system is working because the people at the top should set the example. The Gambian people risked their life to bring change then people who should have demonstrated refused. I said it here when the cabinet reshuffled that the president had taken the bull by the horn. In my view, I am totally right since the first of December up till today the Gambians are crying in terms of their benefit problems. If you go to Education the same problem, Agriculture nothing has move, The president is one individual that is why he has

cabinet, these are the people who should work to expectation. The Minister is also one in the Ministry but the collaboration with the team to see the interest of the nation first. The Gambia is bigger than all of us and please let Gambians see the country first before you see yourself. Nothing has move up till now, when you point finger at health, you point finger at agriculture likewise education and security *[laughter]*. If it is in order, there should not be a commission on *Faraba* issue...SIC

THE SPEAKER: Honourable Member please confine yourself to the report.

HON. SAMUSA: Thank you Honourable Speaker. Lot of things are said about Health here and there, almost the whole Assembly has made their contributions and I hope the Honorable Minister and her team has listen because Health is number one. My compound is right ten meters to the fajikunda Health center and I think you have heard what the members had said in terms of your junior staff, their behavior towards the patients. Please take the bull by the horn. You are here to give the country a good name, yourself and the Honorable Minister and deliver this is what we expect from you people. Look at this woman, she has sacrifices, at least to be sympathize with her to accommodate and work with her and deliver for the interest of the nation.

THE SPEAKER: Honorable Member with due respect please sit down.

HON. SAMUSA: Honourable Speaker I cannot sit down because I am confining myself with the report. It is because of the report that has given me the mandate to say what am saying and I know what I am saying. With the parliamentary procedure I always make sure that I confine myself although nobody is beyond mistakes. If I commit/make a mistake I will accept it but I cannot be all the time bringing me down. On that note, I beg to go, very unpleasant indeed.

HON. MUHAMED MAGASSY [BASSE]: Honourable Speaker, I thank you for the opportunity. First of all I really want to thank the members of the select committee on health and related matters. They have been given an assignment by the plenary

to collect information relating to health situation within the country and to report to the plenary those data collected so that we discuss on them, analysis them and take a decision. They have done that assignment to the satisfaction and the way they have gather and arrange the information for our perusal is well commended. So I hope so far this model could be recommended for other committees, so if you gather information you arrange them in such a way that readers will find them so easy and understandable. On that note members of the committee I would want to thank you and congratulation.

Honourable Speaker, this report has provoke a meeting between the legislature and the Ministry of Health. Because of this report the team of expertise and the Minister of health are in this Chamber today. Why are we meeting here, what happens and what do you want to know and after knowing what we want to know what do we want to do with it? These are the questions we should ask ourselves so that when leaving the chambers everybody will know the assignment given to you.

Honourable Speaker, I think I will start with the cooperation, the parliament need to cooperate with the Executive. The parliamentarians are representing the citizens of this country and they are here to bring and table issues affecting the citizens of this country and the support of the parliamentarians in other to see those issues address is the cooperation of the Executive body. The Member for Banjul Central has spoken before me and I just want to say that he has read my mind. I just wanted to say could it be possible at the moment in time we are speaking to each other to have those two ambulances release from the ports *[Applause]* if at all we are cooperating to the welfare of the people of this country. The facility that we should provide for them jointly if we could not relate to the lack of resources, if they are able to get those resources for themselves what should obstacle those resources getting to their benefits, what should be the problem if the cooperation is there. By the political representative of the institution Honorable Minister in consultation with your team of expertise is it not been possible to have a declaration on that now that those ambulances will be out of the Port before we end this session.

On page 19 the sit down strike of Doctors: "he said the sit down strike will be ongoing until their demands are met". Meaning that if the demands are not met this sit down strike will not come to an end. A doctor is somebody who treat someone medically, somebody who should answer to the demand of somebody. If teachers go on strike it will not affect the student much, if I don't go to school for one week you will not see the difference but those patients on their dying bed and in need of the doctor and if he or she fail to get the attention of the doctor within the moment of need what will happen? The person will go off and when the person goes off that is minus one from our human capital to develop this country. The sector is not there because it should be there, but is there because it must be there. Because no country can be developed without the human resources and human resource will come relevant for socio economic development if they are healthy. Therefore this is information which is worrisome, I don't know how cooperative you will be in other to avoid such because it will not tell well for this country and it will never help us to go further.

Honourable Speaker, inter-sectorial dialog, sectors are interdependent. If you talked about an ambulance, do you know how sophisticated will be an ambulance if there is no good road network? It will not serve it purpose. Do you know how fast will be an ambulance if it has to cross a river at the point the ferry has stopped services, it will not serve it purpose. That will tell us, there is a need for inter-sectorial dialog so that good networks are provided and if possible sea ambulance are provided too. Remember somebody coming from Hakalan before reaching Barra or after reaching Barra you found the river as no tide the ferry cannot go or had to wait for three to four hours while the patient is in the ambulance, anything can happen. I think is time we think and think critically if we want to develop as a nation we must come together and dialog and I think the purpose of this report is into that direction.

Honourable Speaker, still with inter-sectorial dialog, NAWEC is one of the most important sector to be in support of Health delivery. A colleague mentioned it here when a patient is under surgical operation and the light went off and consequently

live is lost. That should be a lesson that is making a called to bring us together to dialog. What NAWEC can do in other to make the health centre's constantly electricity supply? It could be possible if we dialog. Go to some health centres to get water you have to ravel 10 of meters for you to get water. What could happen if we have dialog with NAWEC so that all health centres are provided with water. So you could see that we need inter-sectorial dialog in other to answer to our needs at the right moment.

Honourable Speaker, I am in support of the demand of 1.1 billion. When I did my calculation is corresponded to 15 percent of the Abuja declaration. But still as the Minority Leader said, if I was at your place, been a layman I will assess the needs of health sector and to correspond it to a figure that can at least satisfy the needs. Because technically what I want understand here, you are telling us parliamentarians if you are able to give us 1.1 billion the problems your people are facing will be a thing of the pass. Logically that's what I had understood. Is it real? If it is not real the parliament, it is your instrument to revised and see what is feasible. I hope that you will demand 20, 30, or 40% then we could tell you due to lack of resources we can give you at least 15% that will meet your satisfaction. Therefore I think you could be in that direction to make your own assessment and to know how much you need in order to answer to your demand.

Honourable Speaker, still in the report, the recommendations given by the select committee are also for your perusal, you can notice that recommendations and not time bound but they are time open. Why? Because we are concerned about cooperation and partnership. The recommendations that is made in this document is it feasible? if we ask you how to do this, can you do it putting in to consideration the human capital, the resources and the basis equipment are they available for you to carry the assignment that we have given to you, if it is not then come back to us and tell us that your recommendations cannot be implemented due to A, B and C. Then from there through a proper dialog we would come to find a solution. How the recommendation could be implement without creating a problem to your sector.

Honourable Speaker, I want to engage this Ministry to be appreciative of community initiatives, it will help your sector to grow faster and bigger. Let me call your attention that a community like *Sabi* in Upper River Region in Basse constituency was able to gather an amount of over D30 million to build a structure and to call that structure a health facility. We have two words health and facility, the facility is there but let us ask ourselves whether health is there and the purpose of the facility is to be a health facility. What makes a health facility you know that better than I. Are you having those instruments, elements and resources in Sabi health centre today? You know the answer better than I do. If they are not there how can we do it together in other to make the facility health facility.

At the point in time *Allunkharey* is also in Upper River Region in Basse constituency they are building a structure which they want to call health facility. At the moment they have spent over D50 million on that structure. But when we have a dialog with the community, to complete that structure cost them again another D50 million meaning a 100 million from a tax payer community who knows that they are taxpayers, who knows that I am paying taxes for me to get services from what I am contributing to the Government knowing that the Government cannot do it all, they are willing to participate. What should you do to encourage and maintain their courage, they could do more if you appreciate what they are doing. But can you tell me here how many time have you been to that community and have a dialog with them? This is the right moment that you can advise them on what that structure can be used for because that technical knowhow is lacking. They just have the zeal to build a structure in their community and to see their pride as a patriot that we also have done this in our country so that it will be in their legacy. If you assist them technically, it could be an instrument for the country as far as health sector is concern. That is why I always called for cooperation, if we do not cooperate whatever we are doing here it will be like a flying paper without destination at the end of the day where are we going to find ourselves? We will start blaming and

insulting each other while whatever we are discussing on, if we come together and discuss things together we will see the solution.

Honourable Speaker, Page 1, Policy context, on the first sentence "The Select Committee on Health has reservations about the plans of the Ministry of Health and Social Welfare [MOH&SW] to expand the number of unskilled Health workers to Primary Health Care". It might have a technical meaning as technicians' but for we the linguist we see it in other ways. To my understanding, a health worker is someone who provides Health services, that is my understanding and I stand to be corrected. Unskilled is someone who does not have the knowhow about a particular activity. *Therefore, if you are rendering Health services is an activity and the unskilled person is someone who did not have an idea about that activity and the Ministry is having a plan to expand the number of those unskilled people.* If this does not worry you it worries me. It could be I am a layman but please you may help me to understand better.

Honourable Speaker, then if you said "unskilled health worker", are you now stating that engaging a wrong person for a right duty? it is what they are planning; increasing the number of wrong people for the right services is my understanding and I stand to be corrected because I am not a technician neither a technocrat but a parliamentarian, a linguist and we do not joke with words. Then unskilled worker in providing health services instead of skill worker we now say unskilled person in health services delivery. Then we can understand but we say unskilled health worker and we know what health worker is, are you taking that to risk?, Are you ready to share this information with the Gambian people for them to know that people who are coming to render Primary Health services are unskilled health workers for that matter?.

On page 2, background to health sector- let us looked at the definition of primary healthcare. The primary level consist of the village health services and community clinics those are the villages and from the community, they are getting this

information that this is the plan of the Ministry and those villages and communities are taxpayers in this country. Are you not concern? If you are not we would like to share your concern too.

Page 37, Mental Health- "severe mental disorder and substance abuse disorder is a growing problem in The Gambia affecting an estimate of 27,000 of people in The Gambia". How many of us are been elected by more than 27,000 people because some of us are elected with less than 27, 000 people. That means the capacity of a constituency and electoral capacity of a constituency are in this situation so far in fact it is an estimate and it could be more.

A further 91,000 Gambians have a mild disorder but still require treatment. If you combine the whole of Banjul the number of electorate of the whole of Banjul is less than 91,000. These are people who are minus out of the human capital that needs to develop this country. This is related to problems and what are the problems? Could we know so that we come together and find a solution to these problems because they should not continue as problem but to be resolved? Without proper communication and collaboration and partnership, this will remain as problem because they will never be solved.

Honourable Speaker, I think with these few or many remarks I would like to thank again the committee but also the Minister and the Ministry and the whole stakeholders who have gathered today here to discuss issues affecting the Gambian people and together to come up with solutions that can help us all together to answer to the demands of the Gambian people,. Thank you very much.

HON. ALAGIE JAWARA [LOWER BADDIBU]: Thank you very much Honourable speaker. I will be very brief because speakers before me have said a lot but I have few observations. I would speak in the aspect of finance in the global name of resources because we have heard about constraints of resources these and that but I know cash is key in anything and the resources the Minister of Health is talking

mostly is cash. We would like to know through the chairman of the Heath committee like how other committees are doing whether it is the same.

We know that last year's budget, the Ministry of health had a lion share in the budget that is 955, 1071, 920 [Nine Hundred and Fifty Five Million, One Hundred and Seventy One Thousand, Nine Hundred and Twenty]. So statistically we should know how the Ministry spent tax payers' money before requesting another one. Whether each department or each major or minor health centre how much money is/was allocated to them or is their resources allocated to them base on quarterly, annually or what. We need to know all these things in other to know how they spent the tax payer's money, how did they work with the Ministry of Finance by fund disbursement which will help us to know how the tax payers money is spent and now if they request this, it is worthy for us to ratify and work on their budget.

The 1.1 billion they are demanding for. For example, if I happened to be a businessman, you give me one million and after sometime, I made another demand but before you give me that amount you will assess me to know whether I made profit from the one million given to me or losses before you can give me another money. These are some of the questions that we should ask ourselves whether a major, minor health centre or a health post or what, how much allocation do they have and how do they spend it? We know ourselves as a Government and how much we get, so we need to assess ourselves first before promising any of the department, Ministerial or institutions. So I think this will be very good if you could do that through your able select committee.

Honourable Speaker, the issue of pharmacies concerns me most in this country. We realised that most of the licence owners in this country are foreigners but our own brothers and sisters are not having access to this license to operate. What is wrong with the Ministry of Health? This a question that we should ask ourselves. If foreigners are having your licence and control your health sector it means we are not independent in all ways physiologically. Because if we are independent, the

language that we should even speak here should neither be a native language of this land but a foreign language which is a pity. So people are playing with our physiological mind-set and we accept that but we should not allow that to happen again and how are we going to stop that. I am a foreigner and you give me a licence to operate and I will operate base on my interest and that is profit. Maybe my fellow Gambians can operate base on rendering a social services and get profit. But is very hard for our own brothers and sisters who are qualified to operate on this only few people but let a Lebanese come from Lebanon he or she will given the license to operate. What destroy Gambia is underground commission; the licence is here is one million, give me seven hundred thousand then I will take three hundred thousand and write one million on the receipt and you go with your way. This is what is happening, I am a living witness to that. Go to KMC, their tax collectors this is what they do. For good two years I did not pay tax I myself walk to KMC to pay my tax, because one of their tax collectors tell me this and I record him so they all ran away. So I myself had to go to KMC and pay my tax. So this is what is disturbing this country, attitudinal change we need change. Yesterday was talking to a minister here, he was saying something and I tell him I can challenge you this will not happen. Whenever they are here what they do is sweet words, lip service and we should change because that generation has to pass.

Honourable Speaker, somebody has talked about the issue of ambulance. This is very disheartening and this is true. People nearly lost their lives due to the fact that there is no fuel here or you buy fuel we take your patient, if you don't have the capacity or the financial muscle to do so then you go to the next world. We are all brothers and sisters why are we doing this to each other as a nation. I was listening to the deliberation of many speakers here but I sometimes asked myself are these people really Gambians. We will not say things that on the table but neither bit by the bush, why? People have entrusted us, they gives us the power to come and speak on their behalf. I was reading one of the documents and realised that the Ministry for Health is paying Riders for Health almost 67million. If the Ministry of health can take that amount of money and buy ambulances then how many

ambulances are we going to have? But most of these contracts will be accepted for the fact that there is an underground commission somewhere.

Honourable Speaker, the issues of disability as highlighted by some of the members here. Someone has even borrowed the word from a Nominated, I will refer this august Assembly to section 216 of the constitution, for Members to read and the see social objective of this land page 110.

The issue of blood bank as mentioned by the member for Wuli West. We have a problem in the Gambia and we all knew the problem but I think an institution like parliament we can solve this and we can solve it by holding the bull by the horn. We have the power and we if you go to the constitution it has mandated us. If you cannot do the work leave the way let others come we don't have time. Go to other African countries and compare them with Gambia you feel that you are not even a Gambian. If you are a Genuine Gambian the physiology though that you will have is what are we doing as a nation? Should we always remain as carbon copy from this year to this years the same system. Honourable member for Basse was quoting from page 19 which regards to the sit down strike made by the doctors, I was feeling shame but I can tell the Doctors of the Gambia that they have already paint themselves, there is a stain in them. One particular person made me not to serve my state, this is a shame. Life is all about a sacrifice and I am proud of this Assembly we have made a sacrifices here for how many months there is particular thing that we don't have in this august Assembly and that's what all workers are working for but we still maintain and nobody heard it. I am proud to associate myself with your people. It is only sacrifice that can take this country somewhere. Go to Ghana, Senegal, Nairobi and others. We have gone through these countries to make a study tour member for Wuli West knows it when we reach at Ghana and they explained things to us compared to Gambia? The Honourable Member for Wuli West asked me why you are like this. I said am sad compare to the Gambia. Go to Rwanda, or Nairobi today, where are we as a nation, this is a shame.

Honourable Speaker, I would quickly rush to work ethics of our health personnel. There was a time by then in the 90s I was very young when you want to go to Kerewan health centre they will tell you that it is the best health centre so far in the 90s, I could remember I myself was a victim by then. When it is late night or what so ever if you go there they will tell you that yes Cham is there even if you go 3 a.m. you will find Cham there. Why is it that in our generation our people are not ready to work as those people did what is wrong, how can patient be before you and you are saying that I am eating or some will even tell you am watching football this match is very interesting hey, something is wrong with these people in Gambia I am telling you something is wrong somewhere.

Honourable Speaker, as people's representatives, I think we need to take an action now we cannot only recommend but we need to take an action. There must be a legislative policy making bodies or policy changing things here for us to have certain powers as parliament to act like Executives. I will urge Members to come up with private member bills to give us more powers because, honestly speaking the Executive ..... what is going let's ask ourselves what is going on, anyway I will rest my case here thank you.

THE SPEAKER: Thank you Honourable Member for lower Baddibu, since you are last on my list what remains now is to call the mover of this report but before doing that, I would take this opportunity since the sector Minister is with us since in the morning with her entire team I think it will be fair to give her opportunity to respond very brief after which the mover of the report will be call upon to respond to queries raise by the Honourable Members of the National Assembly. Honourable Minister the floor is yours but please be brief so that the mover of the report can be allow to come and respond. Thank you.

HON. DR. ISATOU TOURAY [MINISTER FOR HEALTH AND SOCIAL WELFARE]: Thank you very much Honourable Speaker, Honourable Members of the National Assembly, Members of the Ministry of Health and Social Welfare, observers, the media with all other protocols respectfully observed.

Honourable Speaker I am very happy to be here today to join you in this august building and august gathering to discuss issues of the government and the country that is important and to first and foremost to tell you that you have the powers, powers lies in you by virtue of the fact that the whole population gave you the mandate to represent them except you don't know it. That is why you maybe complaining about power but power is in your hands and it has been entrusted to you it is how you make use of that power, how you facilitate that power in the best interest of the nation is left to you.

On that note, I want to respond briefly as I have been asked I would have long it if I was giving a little bit of time but because of the fact that we have stayed for too long and a very long engagement I want to associate myself with you and my team from the Ministry of Health and Social Welfare that the job that was done by the select committee and other related matters is a great and phenomenal efforts in moving this country's Health Sector forward and other related matters.

The issues that have been discussed I want to validate most of them because I was also in my own way with my Ministry coming recently as the Minister for Health and Social Welfare I had to do some quick rapid appraisals, I had to run across the country to do something to understand for myself I was given a comprehensive report by the former minister, I read them and I wanted to satisfied myself, I wanted to engage constructively and I wanted to see how much I can build and make a difference in moving the sector that is very key to each and everyone in this population. So I have done that rapid appraisal with the various sector teams and we have come up with a very comprehensive report that talks about issues that you are raising here too and I want to validate most of them.

It is toward the right direction and that is what should be done if we really want to talk about professionalism, ethics of governance and being accountable to the population for the responsibilities in each and everyone of our dispensation were giving to do. Having said that, I want to also appreciate the lead realities that were narrated by the various National Assembly Members I think you have given the evidence, you have made the case because you have lived it, you have observed it

you have seen it and it is reported to you, so this report is to show and give you a feel of what you already know or you might have suspected but now is given to you. And our role in this partnership, we are partnering with you to respond to the issues that you have raised, we are partnering with you to fulfil our mandate as a Ministry to be able to move this country forward.

But I also want to call ourselves to a little bit of context, you look at the report or the various areas of the report which is well clearly specified which has actually articulated a lot of the issues. But also there is need to give you some of the imagining issues that came out of this and to assure you that my Ministry is ready and well poised to move with you on this journey because it affects each and every one of us so you are not doing it for yourselves we are doing it for ourselves and the whole country and the Ministry which is giving that mandate to take responsibility move it, is very appreciative of the fact that this type of study has been undertaken, it is setting the context as a new Minister to engage constructively in dealing with the issues that have immerged which all of us are responsible for.

We are not blaming anybody because this is a context we are immerging which affected institutions, institutions were almost failing we must acknowledge that a little was being done and even the technocrats or the technical people wanted to do something we all knew the type of governance that was interfering in the progress of work for this nation. So this is one thing I want to call your intention and we should all take responsibility to ensure that we want to move from that type of governance to governance were democracy, fundamental freedom and human rights and social accountability is what is needed to move a country that has just come out from that difficult situation. So I urge all of us to be patient these are doable I want to tell you anything you said here we can do it but, there are buts and that is what is want to raise some issues you talk about the policy context I agreed with you everything in governance, in administration you must be govern by policies you cannot just get up and said this is what I want to do, this is how I want to do it without being having a framework so a framework that you have will be either in a

policy or in a form of road map or in a form of a research information that comes with recommendations and so on and think we are moving towards that.

We also talk about the need to look at the existing policies review them and also to respond to the current situation and if possible to update or come up with new ones I think we have talked about that. I want to respond to you that I have read the handing over notes and I have done my own research that is happening, I am going to come up with a report to you it is happening and that is where I want to stop at because coming up with policy requires a process and the process is going on you have the subject matter specialists, you have the technical input, you also have the citizen participation bit of it when we come to the validation of the report listening to what people are saying if the report does not capture that for us to improve it.

There is a process and procedure a due diligent process which is being follow and am telling you we are. What I have learnt here today is I want to be more comprehensive and I will be tasking my team to find out whether all the policies regarding health and the concomitant sectors that we have are updated or need review or are at what level I will take note of that.

The second issue you talk about was resources, now resources can be look at from the financial which talks about budget, allocation and so on to the human which is about staffing and also technical which is about other competencies that are needed and we want to look at the capacity gabs. You have talked about the capacity gaps which are needed and that is very key since I came as a Minister I have been meeting all the various sectors and we have been told about capacity gaps.

I have also been looking at what is on the ground because sometimes we raise issues over matters when in actually fact we have them but, they have not been made us of as some of you have raised. There is indeed capacity gap but the capacity gap we have we need specialization but when you talk about specialization it takes a very long time we have more than 250 doctors who are trained, 5 are currently doing specialization it takes 5 to almost 7 years to complete a specialization but we have another capacity gap which are the nurses, the technicians to deal with

some of the issues because when you look at health as a component in a holistic way is not only about doctors it has to do with doctors yes which are very key and important it had to do with the nurses, it has to do with the midwives, it has to do with technical people who will be doing that holistic component and that is the innovation that I want to work with team to bring in so that at any point in time when we talk about capacity gap we know exactly where we want to go. And I have got a study that has just recently being completed by the MRC giving me indication of where the gaps are and there is responds to that and already as I am saying we have identified through scholarships and opportunities for Gambian doctors who will be going on specializations while we bring in technical support for that to happen for us to continue the work we are following the due process and diligent to make to make those issues.

You talked about infrastructure, roads and other related matters to facilities when I went round on my appraisals. I had a lot of ill feelings not because of us but it was the system that was in place and we allow the health sector to degenerate to the point that the facilities, doctors, nurses all the health care providers some were sleeping 3 in 1 small room less than 3meters by 3 meters I saw it we have the report and we have the pictures.

There were some who do not have some of the areas that were given were not there so therefore there is need if we are talking about decentralization, we talking about empowering the rural areas we have to put the facilities that will attract the people and give them the human dignity the doctors and nurses need to move forward and that is part of a project that I am going to follow with my team to make it happen, that is what I want to say in terms of infrastructure.

The issue of roads as you said is a multi-sectoral issue we have the ministry of works we have other issues that are there so, when you do this planning is not only about sectors working in silos but there will be a sort of a conversation, I think there needs to be a conversation were we have a project planning unit that looks at all these things and how this intersections do come in order for us to facilitate because health

if you have the ambulances and we are not responsible for roads it is another reason and roads are not there we have to discuss so that we can connect those things.

Drugs supplies and medicament were raise here essential drugs and dressings, and indeed the debate has been going on a lot of discussions have been going on a lot of complains a lot of issues were brought up and indeed some of them there is truth in some of them but there are some whiles it is true I want to say that processes and procedures due diligent must be followed to make sure that certain thing are in place. And to follow that it means we have to have what we call the value chain, when there is a break is one of the chains then it is no longer a chain so I want to explain to you that we have taken note of the fact that there were shortages of essential drugs and there were some hospitals because of their remoteness the lack of access and so on and lack of the mobility to take those drug, drugs were not there on time but I want to assure you that if you listen to the last couple of weeks I have gone to the pharmacy section, I have gone to the drug store and you have all seen with your eyes that procurement has been done, they have arrived they are still clearing the containers and thing are going down there.

The biggest challenges that we are facing is to get out own vehicles that will reach to the last point but I can assure that within the next 24 months drugs will not be a problem so, currently as I am speaking to you we are transporting drugs to the various health facilities, we are taking note of certain things that you have raise here which I will tell you am working on a very robust process to ensure that drugs will be used in the hospitals and they will reach the hospitals and when they are there is for the people and the people will get it.

You have raise other issues we are still going to work to address them, when you inherit a system that is so loose and that you dare not talk it creates a lot of lope holes so we are trying to engage everybody for us to close those lope holes in order for us to move forward and improve on what we have inherited.

Then you also have the dressings, is also part of that. The issue of motivation and retention came in a lot and we are talking about motivation and retention and I have

heard a lot of incentives being talked about, incentives is not only about money and I want to make this very clear there is no Government in the world that can pay any workforce to the best of its ability. That is why when you talk about incentives you are talking about incentives in terms of financial terms, in terms of policies that hygiene factor by making sure that in the rural areas where we want to decentralized, we must have good accommodation for the doctors and nurses, We must have proper facilities like supermarkets and so on where they could go and then make the market so that everything that is in Banjul and Brikama will be in Basse, Fatoto and Welligara.

So that incentive type of thing sometimes motivates people including allowances. Remember the resources you are talking about when I heard you speak I felt then if this is the case I can tell them today I am with you on the journey let it happen, let it be because I know I can trust myself to make things happen with my team I can do that I can assure you about that if the money is there. But you all know what are the procedural matters in terms of access to money, in terms of accountability already the issue of accountability is being raised and to respond to accountability there are certain processes that need to follow so that at the end of the day you can account for every diem or dalasi that was giving to you to be able to win the confidence of this august body to add the budget.

I want to tell you keep your you money, give me what I ask you, let me work with my team see what I can do and when I come with the real budget I want it to be giving to me and my ministry, because issues you have raise touches on ethics and integrity and as a Minister of Health and Social Welfare I am also committed to everything that you have raise here, everything that needs to be done because if the system we are all complaining about is affected and we happen to be there we have to accept responsibility.

I am ready to take the responsibility let us have what we have asked and then I will report back to you and ready to engage but I need to do that journey with all of you is not me alone and my ministry it is all of you, if there is policy in place for example a principle is there with regards to the pharmacies there is a principle that this

pharmacies have to follow a particular principle and standards if you don't qualify for it if you are a Gambian you are not supposed to get it.

We will help you to work towards achieving it but because you want it there is force this is what I have experienced in the few months I am there people will come to me and said my nephew this my nephew that this is what is happening why is this not happening, then when I go in to look at the needs is disappointing so we must be bold enough to respect rules if you are a rules base institution and democracy is about rules base, is about fundamental access to every citizen has a right like you have said is human rights and if you are following the human rights approach Banjul and Basse should be at par in access to all the resources.

So there should be no discrimination and the focus on the rural areas is because of the gaps that we have found and indeed it is important but all health facilities all regions should have equally access and opportunities to enjoy that fundamental freedom and right to health. That is very important so is a question of how do we make use of the resources and how do we plan to make those resources effective and efficiently for all the systems that are in place to enjoy this right that is part of our wellbeing and health we will do that.

The pharmacies owners there is this observation being made you know as politicians sometimes they come to us and tell us you see this is going on here they are giving us this one is doing that this one is doing there but let us also sit down and reflect a little bit and get out of our subjectivities and see this is a rules base issue, this is about drugs, about health live and death is not everybody who has the competence to do it not at all. That is why they have their councils, you have the medical and dental council, you have the pharmacy council, you have the nurses and midwives council, you have the public health council and so many other concomitant councils that guides standards and quality with regards to that.

If they don't go according to rules then they are corrupt and that is what I will not tolerate, I will not discriminate on the bases of the fact that this is a Gambia or a non-Gambian but we want to follow the principles of cost priority goes to our

country because this is where we are accountable to but then to say that we are because people are coming to complain and we want to pleased them to accept and compromise those things is not correct. So we will do what the law says, we will do how to help even if they don't need the criteria and we know that they are qualified but there are constrains it is our duty as a ministry and the pharmacies to come and that body to come and see how they will regulate to make sure that Gambians get the types of drugs and medicine that is needed for us to live a healthy life and not to shorten our lives. But to play on chances that because he is a Gambian we should give it to them is not money is about live and there is a lot of effort being done in that line were we are now looking at all the pharmacies across the country if you are not qualify, you are not a Staff you are not supposed to be a staff we will close you and move on with the process that is what we need now.

Energy, of cause these are facilitating things that we need not only for the health sector for everything in our lives we need energy and this has been the emphasis from His Excellency saying that is the priority key for him. One of the main priority out of the three is energy because if you have energy you will propel the countries business environment, you will propel the issue of health, you will propel education knowledge and when you talk about information technology you have to need energy to move it on and in what form. We are now considering the realities of the Gambian looking at what you have the solar energy, you have green energy you have all forms of energy looking at that, we are now trying to suit looking at that context of the Gambia and encourage sustainable energy supply across and already you are aware that the schools, hospital and other relevant facilities will be giving solar energy were by 24hours guarantee of electricity will be done.

We are working in the infrastructure, the infrastructure to have those things in place are being done it is not just because you said "yakun kunfa yakun" no it cannot it has to go through a process and it is those processes that are in place and the infrastructure that is being played, I think people have to understand that when you demand for certain things it has to go through procedures and that is going. There is the effort to introduce the solar energy and other forms of green energy and the

infrastructure is being prepare looking at what we have inherited and I urge you to understand that we will have a lot to report very soon.

The issue of decentralization is very key I don't know why whether it has been pass or not but I think you should focus your attention in putting the law in place that we should decentralized the framework when you talk about policy that is one because you cannot decentralized if there is nothing that gives you the framework for decentralization. So decentralization is key if you talk about a democracy, if you want to talk about the need for those in Basse, Fatoto, Welligara and all distance places had to reach places are going if the policy is there it is an onus on us to do it, so I will urge us to look at the whole process of decentralization and see what we can do to put it in place so that what we want will go all around the country.

There is need of cost to focus on the attention to the rural areas because of the fact being far is not a matter of choice nature has decided on that and that is not a crime but, as a government and as a people we need to recognize the fact that wherever people are there rights must be protected and promoted and it is the interest of this government to do that and we are going to do that.

We talk about the work ethics and that is very important, I was very happy when you talk about the work ethics because sometimes it is not lack of money you don't need money all the time and this I have experienced and currently in the ministry of health, yes we need money but I think there are avenues in which money's have already been there but to unlock those money's is the problem. Therefore attitude to work we should be selfless we all talked about it here commitment, sacrifices engaging ourselves and to take responsibility in knowing that is not only the money that they pay us but the fact this work the health sector is a noble divine responsibility and those who have been lucky to go out and study and be engage to take care of that, that great sacrifice should be there apart from money alone but they also need support they cannot sleep under the tree and they cannot sleep under a leaking roof.

So it affects your feelings if you get up in the morning and you are not sure of whether your house is going to be flooded or whether you will have where to sleep or so and where are they going you are trained as a doctor, a nurse, a technician, a midwife and you them to go to the rural areas to serve we must have something decent for them to be able to engage and remain there. There are certain people if you take them there they never want to come back home they will tell you I want to remain here because at least the basic essential things Gambia belongs to all of us and everywhere is home but what makes it home is if the basic things are there, that will make them feel comfortable that will give them the opportunity to be able to serve and remain there and feel that they are there.

People are very nice all the nurses and doctors I met there all said that if it were not for the communities I would not have been able to stay here they have appreciated that. So it is our responsibility to leverage resources for us to refurbish you don't even have to I am saying that before you build any new structure refurbish the existing ones upgrade them let us put them functioning because those buildings are state of the art it is the feverish of the weather the abandonment and lack of maintenance that has reduce them to rubbles even your dogs we would not want them to sleep there.

These are the things that is needed that the resources should be focus on to be able to decentralized take the nurses there take the technicians and if they don't go with all the facilities you can dismissed them, because there is a law and rule but you just cannot put the blame when we have not put in the structures in place for that to happen. I want to take the example of Farafenni there is a staff quarter when I went round I visited it, when I went there and I said I believe this is what every region needs to get if not more because is doable we can effort it if we plan the resources properly and we disallow interference because interference also affects the extent to which a person who is mandated to take responsibility to do certain things when there is interference it affects the vision.

So these are all things that we have to consider and the best practices are there for us to learn we don't have to go far to learn no to deal with that.

You talked about procurement now there are some technicalities in the issues that you are raising I appreciate I think you are very much offay with what I doing on in the society and within the health sector and I appreciate the fact that you are getting information but, sometimes as law makers and as Members of the National Assembly you should be careful of who comes to give us the information is it truth, half-truth or is it there interest. Whiles I agree and recognize and validate a lot of the report and some of the issues you have raise there are certain technicalities that we have to take place if we want to move the country forward.

We all talk about it how do we do that, there are certain procedures, some due diligences and practice of discipline that need to be follow if you want to give the best to our country and be accountable and governed the health sector properly. There are different forms of procurements am not the specialists in that but I know the dynamics of what is happening because I was in the ministry of trade and now I am here and I do research. There are two levels with regards to health, we dealing with life and death, we dealing with the need to respond quickly on emergencies we need to deal with certain things there are certain drugs there so potent that if it is not administered with technical competent and observation you die and that is not what we want so therefore, people who are competent and are responsible should take charge of that.

When it comes to procuring certain drugs, you have what we call essential drugs and then you have what we call statins and other potent drugs that needs serious control and you need to understand the source you are getting it, you need to follow the procedures and the value chain in order to protect lives. When you come to the procurement of those drugs I know that there is a whole discussion about it takes a long time, yes I agree we going to deal with that but then the issue of single sourcing and international due process are two models of procurement were the technique are because I have raise the issue with the technical people.

There are certain drugs you have to go through international bidding it is about democracy, transparency, accountability, due process and diligent and we want to know also were you are buying the drugs whether it is a criminal drug company or

whether it is an authentic drug which has the quality that we need that is why is a question of time management but those things cannot be compromised.

Then you have the issue of direct sourcing that only comes when there is an emergency, an emergency that the technical people can say because of this and this we have to do it but if you do you planning and put time lines to them planning is key these issues will not arise and I can assure you that we are going to do that. Some people will want you to come direct sourcing because somebody will go and squish somebodies back over there to say "ha demal fele li mofa hew" and then these are things we are experiencing and if we want to move the Gambia am saying it because I am not reporting anybody I am responding to you because you are the law makers, you are the people who are giving information to come here and talk so therefore you should know what is going on. We are also sitting on a very hot sit they will come tell you this direct sourcing it has to be credible and when the time comes it has to happen we are not inflexible we have to be flexible because is about live and death if we are not flexible what will happen things will not work.

So I urge the august body, the august law makers you have powers in your hands you are giving the mandate to represent the people but we must follow due process we must recognize and respect the capacity and expertise of institutions that are mandated to do certain things. We can deal with some of the ethical issues delaying, waiting time and so on we will address that but there are certain things I don't think interference will help.

The primary health care model of cause I agree with you and that is the ethos that is in my ministry at the moment we are ready to engage because we have looked at it, we have done the studies and there are so many pros, so many things and we have to learn from the past in order to build up a better one giving the current situation that the Gambia is and we are in line with you we will be ready to work with you on that and the technical expertise are there the structure are already there is a question of working on them.

But I want you to take not of the current realities, this is to let you know non communicable diseases is one of the leading killers of people on the continent is increasing we talk about the diabetes, hypotension, heart you have a lot of things a lot of them that are happening and maybe most of us here might have one form or symptom or the other. So it is an issue therefore, we will try to take a holistic approach to the whole process the model is primary health care but in responds to some of the realities on the ground because these diseases are already there and are on the increase we have to make efforts to look at them so that whiles we have the primary health care system going on we also have to look at models that will suit into it.

Finances and budget I agree with some of you we need resources we need budgets. This year I came at a time when the budget discussions were going on and I told ministry I am not going for anything if we want to deliver we need to sit down and make a realistic budget and not to go by ceiling that are given because if you give me you ceiling I will reduce it to where it is, so you don't expect me to give you what is needed.

And if we can improve on that, I told them while the ceiling is there let us now do a realistic budget giving the reality we are and it came to one point something billion when they did it they went for a budget bilateral that budget bilateral we ended up getting 750 million then I was told this is an increase so you can see is inadequate there is a whole lot of gap but I want to appreciate the effort of the ministry of finance because the resources available to them is not only for the ministry of health but the fact that health is a very important issue and the fact that you have giving the agency and its important is key, I want to urge you to us the 15% recommended ceiling and let's start with that so that we see what will happen and we report back to you and give you the indicators and see. But I want to assure you this august body I could see the feelings, emotions, commitment, conviction I have it more that you am telling you because as a Gambian and as a Minister I think we need to move forward, we need to move forward, sacrifice and engage so I am in sync with you I am with all of you, you might want to join me in this journey under

this ministry and on behave of other ministries maybe to say that let us leverage resources and then be strict with the follow up, the monitoring, call us here and question us and if you here any stories outside call us we will come and respond. We will be transparent, we will be ready to work with all of you and I will be ready to engage my staff for us we need attitudinal change and that starts with all of us is not only with the ministries but even with the National Assembly let us allow things to flow the way it is without interference. On that note I want to thank you.

THE SPEAKER: Thank you Honourable Minister let me take this opportunity to thank you for responding issues raise and also to thank you and the entire staff for being with us for the whole day. May I now call on the mover of the report to response to the issues and wind up the debate, but Honourable Chair you have to be very brief you know since in the morning the Members are here, you cannot answer categorically Member by Member but join them and answer as quickly as possible?

HON. OUSMAN SILLHA [BANJUL NORTH]: Thank you very much Honourable Speaker but I think that will be very difficult because they have raised pertinent issues and then they would want some responses and clarifications here and there. But anyway thank you it has been a long day I agree I would want to join my Honourable colleagues for acknowledging the presence of the Minister of Health, the Permanent Secretary, the Directors of the different directorates, the Deputy Permanent Secretary as well, the Deputy Directors, the Members of the Statutory Councils that are established within the sector, the Registrars of the Councils within the sector and in the morning they have stayed with us for a long time the representative of the WHO resident representative was here, the representative of UNICEF, UNFPA, other agencies that are working with the sector all the statutory institutions within the sector they were all here we acknowledge your presence.

I must admit that we have seen in you your readiness to partner with us and we are ready to engage to continue the engagement. We are ready to do everything within our capacity but of course in accordance with our statutory role to perform our oversight effectively and to support you in your work in terms of allocation of resources and advocating for issues that promote the sector, that develop the

sector. It has been demonstrate here this morning by the Honourable Members you can see there were 29 interventions and each and every intervention supports the sector, expresses its support for the sector of course there are some issues raised but generally they are all ready to support the sector.

I also want to say that the Committee is really humbled by the remarks made by the Honourable Members in terms of the report it was done by all the members of the Committee, the Secretaries that are attached to this Committee, the Subject Matter Specialists who have been working strenuously giving their time, their ideas in our meetings, in our conducted oversight tours to facilities, places and also in reviewing lots of documents that we have requested from the operators in the sector that is from the Executive and the outcome of this report is as a result of those engagements.

I also want to thank the Members of the Committee for the collaboration the corporation in being able to come up with this is not exhaustive though but is a comprehensive document which is of course the Honourable Member for Serrekunda was talking about asking us not to call it final document. The reason why it is final is that it is sequel to a previous document which we want to finalize and part of this report is finalizing that plenary report and it also touches on the second phase of our engagement which is highlighted.

I think the report speaks for itself and as a Committee, as a National Assembly we are expecting the Ministry, Honourable Minister, Permanent Secretary and all the officials that you will setup a team to look at this, to review the report comprehensively and act on the implementations.

Of course the Honourable Member for Basse was saying that it is loose, there is no time frame, but there is time frame if you look at the last parts the monitoring schedule there is a time frame and the engagement the monitoring starts in this lack quarter of the year starting from October. I think the Assembly promised to provide each and every one of you the hard copies after it is approved by this National Assembly.

I want to made mention of the that fact this is a land mark session for the first time in the history of this Assembly I don't know of the previous one but for this Assembly when we have the officials from the Executive coming to witness the tabling of a report that concerns their work and this was as a result of a request made by Committee through the National Assembly which they readily accept that henceforth, whenever a report is being table the sector that is concern the Minister, permanent Secretary and technical team, Directors would be present so that we will not be talking issues that will dissipate in the thin air.

There will be people who will be around and I think the session today has really been food for tough it has been very enriching to both us and you because you have seen the first-hand, the issues raised by the Honourable Members who are representatives of the people in addition to what is documented you heard it from them the Minister also acknowledge that. So it was really an enriching session and really a basis for us to start at intensive enriching result base engagement from now on that is between the National Assembly as a whole, the Select Committee on Health and the officials within the sector. There were so many issues raised and I really understand that it has been a long day but just I will beg your indulgence to at least touch briefly on some of them.

The issue of the disability bill, in fact I wanted to touch on the on the intervention of every Member but that might take time so let me just with your permission if that is not a problem to give a cursory remarks regarding your issues.

The issue of the disability bill, yes there is a recommendation in that regard that you would want it by the next ordinary session December so we would urge you to do everything possible to bring it before us. We don't issue treats but in the absence of that we will help will bring it through a private members bill and I don't think the Executive would run that.

Primary health care, it has been noted that is the focus of government now but according to the report we have seen that it is a model that is intended to be applied for a given area when it should be a national approach that should be taking with

regards to primary health care. And I think the report explains in detail you will see, so we really want the approach to be more rigorous, to be more extensive and not what is being plan as that is what we got from your interactions.

They have talked about traditional birth attendance, on mental health there are pending issues with mental health the law that exists and the bill that is in the making the policies as well the strategic plan. So National Assembly is really expecting the Ministry to fast tract that process. So we urging you to fast tract the process by involving everybody calling a multi stakeholder forum since mental health is also an issue that concerns everybody no one among us is immune so it is an issue that is dare to each and every one of us so we really expecting some efforts to be made to accelerate the process. We are also expecting this to come before us during the next ordinary session that is this December session.

the financing of health care, was also talked about, well according to the report what we want we want the details we are through our engagements and the guidelines that we provided to the ministry to respond to us we have seen that we have not been provided with the details so we are really you can see it in the report we are requesting for details.

The ministry was indicating that they would need 1.1 billion Dalasi and that would be sufficient for a start to be able to realize some of the plans it has been highlighted that we are not far away from that amount really because the current budget is 955 million dalasi and 1.1 is just less than 200 million I don't think that will be a problem for the National Assembly to approve. But it has also been said here that we will be doing everything possible to ensure that resources are allocated you can see the good will but we want justification come and justified to us tell us how much you need, what do you need it for, how are you going to spend it and then we are not also going to sit down we are going to be following you, we have to developed this monitoring model so henceforth, like I said we know that we have found new partners so we can really engage in a partnership that is going to be a win, win and at the end of the day benefit the whole country.

There is a issue with Edward Francis Teaching Hospital we really acknowledge the efforts that are made by the management that they are still around, but we have also task the hospital to come and tell us how much they need justified it and then we see what we can do as per the report. We talked about performance indicators the Honourable Minister dual lengthily into that, the issue of procurement about this single sourcing and international competitive bidding [ICB] she explained it quite articulately, so what we want is we want the ministry to come up with a position as to which process is needed for what, if there is need for single sourcing justified it if there is need for ICB justified it.

As being highlighted the Abuja declaration of 15% we are ready to support we can argue with the executive, is not a problem for us to get you the 15%, but at the end of the day what we want is result, we want it to impact whatever resources that is committed to health must impact on the lives and livelihoods of Gambians.

Somebody mentioned the late receipt of reports, the reason why this report was late is because of the engagements we have been engaging with the ministry and because of the urgency of the issue you all know and it has been said here it is very urgent and this is the only session that we have before the budget process starts, so we apologies for the lateness but I can see that it has not been a challenge to you it has not been a problem because I have seen the interventions that you really consume within this short space yesterday less than 24 hours what is contain in a 50 pages report.

We really appreciate that we thank you for that as well but this is the reason why the report came late we really wanted to table it this time during this session so that we will get ourselves prepare to engage in terms of budgetary allocation and in terms of monitoring of the sector and there is no better time than doing it now. And we also thank the National Assembly Service they have been very helpful they have to fight I understand to get this to be table, so they are also partners we acknowledge you we acknowledge the support all times.

The Honourable Member for Jeshwang the only Member who tailed about the issue of disaster, yes there are deficiencies, we acknowledge but the engagement was not a comprehensive engagement per say it was just a fact finding to see the state of readiness, the state of preparedness of the institution that is NDMA and in fact we are dealing with the regional coordination aspect of it not the national institution so it was only the regional coordinator, disaster coordinator at the level of the Kanifing municipality wanted to see because there was no time and all the time this Committee has been you bias with health and then some sectors were complaining so we feel that to do justice to our responsibilities there are so many issues on our purview so it cannot always be health so we said iet us just add disaster giving the fact that the rainy season you know is coming. But there is going to be a comprehensive engagement in terms of disaster preparedness were we will be engaging the NDMA at the national level to look at the whole arrangements that are in place the laws and the policies.

Decentralization, the Ministry hack on it as well there is need for decentralization Honourable member for Wuli talked about it that it makes the work easier if you upgrade the facility at the village level there will be less need for them to go to a minor health center and there will be less need to go to a major health center to regional hospital up to the referral. So we want the ministry to also focus on that how can we decentralize, how can we ensure that our facilities at all levels are fully equipped, well resource in terms of personnel, drugs and equipment's of cost we are not expecting a village in Wuli Baja kunda to have a hospital just like Edward Francis Small to have all that Edward Francis should have but at least there are basic things that should be in place which can really help the need for referral can at least reduce the need for referral.

NCD's it has been noted NCD's in fact in our exchanges with the officials our concern was that there is little been done with regards to NCD's of course the Ministry reported that there are strikes and we acknowledge the strikes that a directorate has been created directorate of health promotion which is taking care and there is also a unit that is specifically dedicated for NCD's, but you can see in the report we are

requesting for data to justify that NCD's are the leading causes of dead in this country as a result there should be focus if not primary focus on them. This report contains that so NCD's we have not forgotten NCD's is an issue that really needs to be---

HON. SPEAKER: Honourable Chair with due respect can you please wine up? Thank you.

HON. OUSMAN SILLAH [BANJUL NORTH]: Somebody talked about drugs and pharmacies for your information Honourable National Assembly we are engaging the statutory institutions within the sector like the medical and dental council, the pharmacy council, the nurses and midwives council and the medicines control agency. The process has started we have a series of engagements with them they have submitted the reports but there are still outstanding issues so we are still going to further engage with them and then you will be inform about the outcome of those engagements but the process is on, the issues that you have highlighted are all the Committee is really aware of them and we are pursuing them at that level.

What we will be doing from henceforth I will recommend this to the Committee that some of the information that we received from these sectors will endeavour to share it with all the National Assembly Members, of course we are going to encumber you with loads of materials if you don't mind so will be doing that a lot has been done a lot has been said in our interaction and that will help you to appreciate the extent we have gone. In all the hospitals that we visited we are privilege to be taking towards to talk to patients we have done that somebody ask about.

Basically, there are lots of issues and they really need responses. Each and every member has raised pertinent issues and issues that also required clarification. Honourable Speaker it was also fortunate that we heard the Minister here and then she pledge that she is ready to ensure that they are going to engage with the Select Committee by extension the whole parliament and that there are some promises that within the next 24 hours the problem drugs at the health facilities would be a

thing of the past we hope so we will be ready to ensure that materializes in 24 months yes.

I want to take this opportunity to thank the Honourable Members once again on behave of the Committee, I would say that am not sure with other Committee but for the health Committee there is no Member who does not give it support and we acknowledge that and we thank you profusely. Health is deer to you as it is to the Members of Select Committee, as it is to those that are entrusted with the task to be implementing decisions that promote health in this country.

I just want to conclude by reminding the ministry that we are expecting that you will be forming a team around this to extensively review, look into the recommendations and then start implementing some of them which are of course if you look at the last part of the report there is a monitoring schedule starting this October. For us we don't see any problem in working towards the realization of the objectives of this country in terms of making health accessible, making health service delivery efficient and then for health to be accessible, affordable and to be of quality I think that is the ultimate objective and that is also the objective of each and every one of us.

On that note, we thank the ministry once again, the Agencies, the Councils we have seen the registrars they have been here this is the National Assembly so this is how we spend the day here sometimes we are here up to nearly midnight so I think you bear with us. Thank you very much I beg to take my seat.

THE SPEAKER: Thank you very much Honourable Chair of the Committee. Let me first of all thank the Honourable Minister once more again with her team for being with us for the whole day and let me also thank the Honourable Members of this Parliament for the keen interest that they took to discuss this report.

[Question Proposed, Put and Agreed To]

[That the Report of National Assembly Select Committee on Health, Women, Children, Disaster, Humanitarian Relief and Refugees has been adopted].

Honourable Members let me seize this opportunity to thank everyone for their contributions and I now put the question:

[Question Proposed, Put and Agreed To]

[For the House to adjourn until Monday, 10th September 2018].

[ADJOURNMENT]