



**National Assembly, New Assembly Building, Reverend
Pyne Lane, Banjul, The Gambia**

PARLIAMENTARY DEBATES

[HANSARD]

**OFFICIAL HANSARD REPORT
SECOND SESSION - FIRST MEETING
TUESDAY 17th MARCH, 2020**

SESSION - 2020



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

PARLIAMENTARY DEBATES

[HANSARD]

OFFICIAL HANSARD REPORT

VOLUME: 2

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First Meeting of the First Session of the Fifth Assembly

Of the Second Republic of The Gambia.

Proceedings of the Sitting of the House of Tuesday 17th March, 2020.

Content:

Prayers:

Correction and Approval of Record of Vote and Proceedings of the National Assembly Sitting of Monday 16th March, 2020

LAYING OF PAPERS AND REPORTS:

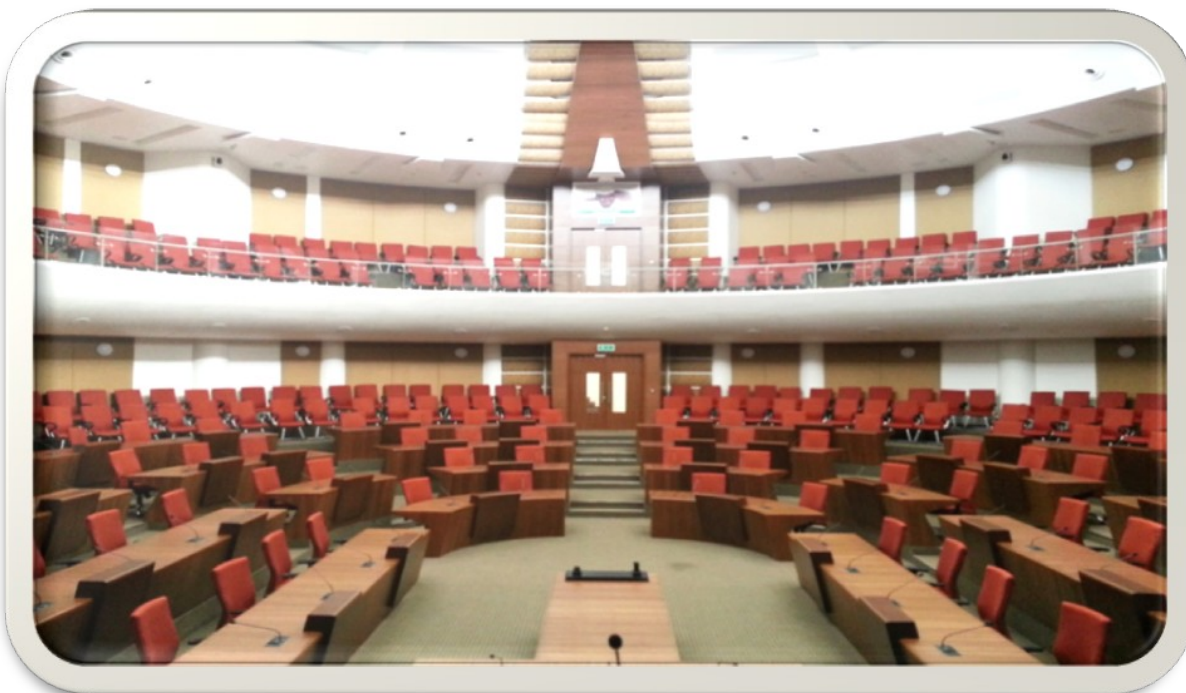
Report of the National Assembly Select Committee on Health, Women, Children, Disaster, Humanitarian Relief and Refugees on Inspection visits to official International entry points, holding and isolation centres on the state of preparedness for the Covid 19 (Coronavirus) (By: Hon. Ousman Sillah, Chairperson)

4. MOTION

“Be it resolve that this august assembly do consider and ratify:

- i. The Agreement between the Republic of the Gambia and the Government of the Republic of Turkey on Cooperation in Military field of Training, Techniques, and Science, Signed on the 05th May 1991. (By: Hon. Minister for Defence)**
- ii. Amendment Protocol No.1 on the Agreement between the Republic of the Gambia and the Government of the Republic of Turkey on Cooperation in Military field of Training, Techniques and science, signed 05th may 1991. Signed 22nd, June 2012 (By: Hon. Minister for Defence)**
- iii. The Implementation Protocol Regarding the Financial assistance between the Republic of the Gambia and the Government of The Republic of Turkey signed on the 02nd May 2019. (By: hon. Minister for Defence)**
- iv. The Military Financial Cooperation Agreement between the Republic of the Gambia and the Government of**

**the Republic of the Turkey, signed 02nd May 2019. (By:
Hon. Minister for Defence)**



THE CHAMBERS OF THE NATIONAL ASSEMBLY OF THE GAMBIA

OFFICIAL HANSARD REPORT OF THE PROCEEDINGS OF THE HOUSE

SECOND SESSION - FIRST MEETING OF THE FIFTH ASSEMBLY OF THE SECOND REPUBLIC

Tuesday 17th MARCH, 2020

PRAYERS:

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

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

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

The House was called to Order

Correction and Approval of Record of Votes and Proceedings of the National Assembly Sitting of Monday 16th March 2020.

THE SPEAKER: Honourable Members, the Record of Votes and Proceedings of Monday 16th March 2020 is before us for correction and approval. Can any Honourable Member please move a motion for correction and approval of the said Record of Votes and Proceedings?

HON. ALHAGIE H. SOWE [JIMARA]: Thank you Madam, I rise to move that the record of votes and proceedings of the National Assembly Sitting of Monday 16th March 2020 be corrected and approved.

THE SPEAKER: Any seconder?

HON. OUSMAN TOURAY [SABACH SANJAL]: I so second Madam Speaker.

[Question proposed]

Any issues, observations or corrections from Honourable Members?

HON. OUSMAN TOURAY [SABACH SANJAL]: On the attendance, number 31, Niamina West is mentioned.

HON. SAINÉY TOURAY [JARRA EAST]: page 3, the following National Assembly Members ‘was’ absent with permission. It should be “were” instead of “was”.

HON. AMADOU CAMARA [NIANIJA]: Page 4, second to last paragraph, the record of votes and proceedings of the National Assembly Sitting of Friday 21st February, 2020 was approved without corrections. I think it was with corrections.

HON. SIDIA S. JATTA [WULI WEST]: Page 4, the first sentence, it says Madam Speaker we commit ourselves “to” not ‘on’.

HON. ALHAGIE MBOW [UPPER SALOUM]: Page 5, the first paragraph the first word should be “due” not “dur”.

HON. ALHAGIE H. SOWE [JIMARA]: Madam the second to last paragraph, Hon. Member for ‘Tallinding’ should be “Tallinding Kunjang”.

HON. MUHAMED MAGASSY [BASSE]: Page 5, third paragraph, the Honourable Speaker using the relevant clause of 48(6) of the Standing Orders. I think “S” should be added to Order... The last paragraph before the Laying of Papers, the Honourable Minister for Finance & Economic Affairs responded to questions asked by the Honourable Members on the statement.

HON. AMADOU CAMARA [NIANIJA]: The paragraph that starts with “the Honourable Minister for Finance and Economic Affairs tabled the report for consideration”, and I think adoption, by the Assembly.

THE SPEAKER: It was for consideration at that point in time. It had not been approved or adopted.

HON. DEMBO KM CAMARA [ILLIASSA]: The first paragraph, “dur” what does that mean?

THE SPEAKER: That was the first correction that we dealt with on page 5.

HON. SUWAIBOU TOURAY [WULI EAST]: Where we have motion for FPAC to sit during session. The last line, during session, you just add “the” there because is referring to this session.

HON. MUHAMED MAGASSY [BASSE]: Thank you Honourable Speaker. Question Put and Agreed to, the second paragraph, the second line “committee”, “S” should be added to committee.

HON. AMADOU CAMARA [NIANIJA]: Sorry for taking you back but I am a bit confused here. Sorry let me start from the first so that it can connect: it has been moved and seconded that this august Assembly do consider the... then you continue report of the Auditor General on the audited financial statements of the central government of The Gambia for the year ended 31st December 2020. I think to FPAC and others it should come after the second “question put and agreed to”. I am a bit confused, please.

HON. BABA GALLEH JALLOW [SANIMENTERENG]: The second paragraph, report of the committee on selection on the nomination or members to the following committees of National Assembly. I believe we say the report of the committee of selection on the nomination of members to the following committees of the National Assembly.

THE SPEAKER: What is your issue with the sentence on the nomination?

HON. BABA GALLEH JALLOW [SANIMENTERENG]: Committee of selection of membership to the following committees.

HON. SUWAIBOU TOURAY [WULI EAST]: Where you have under Hon. Kebba K. Barrow, the Honourable Speaker called “on the” mover of the motion to table the report. The same correction done by the Honourable Nominated Member, the public petition down the last line on page 8 Public Petitions that is how we call it.

THE SPEAKER: I even observed another correction probably the report of the committee on selection, it should be “committee of selection” instead of “on” the nomination of membership to the following committees. On page 8 starting from report of the committee.

HON. SUWAIBOU TOURAY [WULI EAST]: The report of the committee of selection on the nomination of membership to the following committees of “the” National Assembly.

THE SPEAKER: That was my observation that is what I just said. Maybe you did not get me, and we put an “S” after committee to read committees of the National Assembly.

HON. SAINÉY TOURAY [JARRA EAST]: Where you have Honourable Speaker Mariam Jack Denton in the Chair. The spelling for Corona, it says “Coro” instead of “Coronavirus”.

HON. OUSMAN TOURAY [SABACH SANJAL]: The first sentence where the Honourable Member referred to, considering the fact that I think “that” should be added there.

HON. MUHAMED MAGASSY [BASSE]: Madam Speaker let me read the paragraph for all of us to look at it together. Considering the fact that the National Assembly Select Committee on Health is scheduled to table its report on its visit to the border centres and other related matters about the coronavirus, the Honourable Speaker decided to adjourn the sitting until tomorrow Tuesday 17th March, 2020 to avail Honourable Members time to read the report before the Honourable Minister for Health could make a statement to the Assembly. The problem is at the last sentence, the last line where you have to avail Honourable Members time to read reports before the Honourable Minister for Health could make a statement. Between Minister of Health and could make a statement, is there any link or connection?

THE SPEAKER: Let us have an option, it is either that or the report is tabled and then the Honourable Minister makes a statement. Whichever...

HON. MUHAMED MAGASSY [BASSE]: What I want to understand, are they reading the report before giving the floor to the Minister to make a statement on the report? I do not understand, what is the purpose of reading the report before the Minister?

THE SPEAKER: We will understand each other. If you recall we requested for the Minister to be here yesterday and I think we took a decision that because of the nature of the issue at hand, the urgency and emergency of

it all, let us allow the Honourable Members of the Select Committee to table their report first and then we hear from the Minister. Because the time was short, we did not have enough time to go through the report that is why I said we all agreed to adjourn for this morning.

HON. KEBBA K. BARROW [KOMBO SOUTH & MAJORITY LEADER]:

Honourable speaker I think what the Honourable Member for Basse wants clarity on is, what the Minister is going to make the statement on. So we need to qualify it by saying that for the Minister to make a statement on the state of coronavirus in the country.

HON. ALHAGIE MBOW [LOWER SALOUM]: Madam Speaker I was going to say exactly the same thing. We need to qualify what the Honourable Minister is going to talk about. The report of the Committee is independent of what the Minister is going to present to us so we need to say that the Honourable Minister is going to make a statement on the situation of the coronavirus in the country I think the sentence needs to continue.

THE SPEAKER: Maybe for us to be specific but I think it is understood now. The report deals with the coronavirus so obviously it stands to reason. Thank you.

HON. NDEY YASSIN SECKA [NOMINATED]: Madam I want us to delete the word tomorrow because if we say till Tuesday the 17th, I don't know I may be wrong but to say to adjourn till tomorrow Tuesday the 17th, why not we just say to be adjourned till Tuesday the 17th and do away with the tomorrow.

THE SPEAKER: That amendment, for me, is just a record of what was said yesterday.

HON. SIDIA S. JATTA [WULI WEST]: There is absolutely nothing wrong with the sentence as it is, it is just explaining. There is nothing wrong to say tomorrow, Tuesday 17th of March, there is nothing wrong with it. Is

just spoon-feeding you to explain everything that you want to know that is all but the sentence is perfect as it is.

HON. AMADOU CAMARA [NIANIJA]: I just want to correct something here on the paragraph where the Honourable Member for Basse was reading. If you look at it “considering the fact that the National Assembly Select Committee on Health is scheduled to table its report on its visit...” how it should read here, not border centres and other related matters. It should read as “border posts, holding and isolation centres”, then about the coronavirus”. Thank you.

THE SPEAKER: Honourable Members can we expedite this because we need to understand that there is a report to be tabled, the Minister is here and he has so many other things to deal with taking into consideration the emergency at hand. So can we move a little bit fast so that we start in earnest?

[Question Proposed, Put & Agreed to]

[That the Record of Votes and Proceedings of the National Assembly Sitting of Monday, 16th March, 2020 be approved with amendments]

Laying of Papers and Reports

“Be it resolved that this august Assembly do consider the report of the National Assembly Select Committee on Health, Women, Children, Disaster, Humanitarian Relief and Refugees on visit to official international entry points, holding an Isolation Centres on the state of preparedness for Covid-19 Coronavirus [By Hon. Member for Banjul North, Chairperson of the Committee]”.

HON. OUSMAN SILLAH [BANJUL NORTH]: Honourable Speaker, I rise to move for the consideration and adoption by this august Assembly, the

report of the Select Committee on Health, Women, Children, Disaster, Humanitarian Relief and Refugees for the two-day visit to selected international entry points and holding an Isolation Centres to assess the state of preparedness of The Gambia in response to the Coronavirus or Covid-19 outbreak.

This mission was in fulfilment of the committee's statutory mandate to perform oversight on the health sector which is under its purview and any health related issue concerning the country such as this Public Health Emergency.

[Point of Observation]

HON. ASSAN TOURAY [BAKAU]: Madam Speaker, I want to observe something. Initially when reports are laid before the National Assembly it is a final report but the report that is laid before us now is a draft report so I am not convinced with the word "draft".

THE SPEAKER: It cannot be a final report until it is adopted by the plenary. It is still a draft. It is subject to amendments.

HON. OUSMAN SILLAH [BANJUL NORTH]: It is a report that has been finalised by the Select Committee. We have done our validation, finalised on it and then we are presenting it to the plenary for adoption. If that is the case, it can become a draft until it is adopted by the Select Committee... ***---interruption---***

THE SPEAKER: We are not going to open a debate, Honourable let us strike a compromise. This is your final report from the Committee to be presented to the plenary. Then whatever decision the plenary takes, whether it is in the form of making amendments here or there, we can safely delete the word "DRAFT".

HON. OUSMAN SILLAH [BANJUL NORTH]: This inspection and assessment visits from 3rd to 4th March 2020 are the follow-up on the 7th February 2020 meeting convened by the Select Committee inviting the

officials of the Ministry of Health to provide an update first to the committee and through the committee to the population on the country's level of preparedness in terms of measures put in place for screening, prevention, control and containment of the Covid-19 disease outbreak.

As an oversight body, the committee realised that in the face of the looming threat caused by this pandemic as declared by the World Health Organisation, the state needs to prepare for the timely and effective response to this Covid-19 outbreak in order to protect health and save the lives of people, Gambians and non-Gambians alike residing in The Gambia, from this highly contagious and deadly disease.

Although there is no reported case of infection in The Gambia as at now according to the health authorities, there is no room for complacency knowing that there is no cure or vaccine yet for the Covid-19 disease and with the travels and our various land borders as well as the fact that Senegal, our closest neighbour, has confirmed several cases of Covid-19 infections, The Gambia needs to be more vigilant as a country to prevent exogenous sources of transmission.

The tour party comprising the Honourable Members of the Committee, Support Staff, Researcher, Subject Matter Specialist as well as the Print and Electronic Media visited and held discussions with the managements and senior officials at the Banjul Seaport, Banjul International Airport, land border post at Giboro and Amdalai, Edward Francis Small Teaching Hospital and the identified Isolation/Treatment Centre at the Sanatorium in the outskirts of Banjul.

The general objective of this oversight is for this statutory oversight committee to make a follow-up on the update meeting it had with the Ministry's officials which was scheduled by the Honourable Minister to assess the level of preparedness, identify challenges, recommend for interventions and provide support.

Specific Objectives:

1. To pay a visit to key identified international entry points or border post to assess the state of preparedness and the measures in place for the screening of travellers entering the country;
2. To visit and assess the measures in place at key holding places for suspected and confirmed cases of Covid-19 infections. By the way, the virus is a Coronavirus for the information of everybody on behalf of the health officials and is called Covid-19;
3. To visit and assess the measures in place at the isolation and treatment facilities for confirmed cases of Covid-19 infections;
4. To assess measures put in place for the protection of officials in the frontline of duty at the entry points and treatment facilities;
5. To be informed of the needs on the ground for a strengthened and robust national system for prevention, management and containment of the Covid-19 outbreak and other public health emergencies;
6. To have informed knowledge of the current situation on the ground to be able to make recommendations or task the Ministry and other relevant partners to implement or undertake actions towards addressing this Covid-19 outbreak;
7. To have informed knowledge to be able to give support through legislative, budgetary, policy and advocacy processes to issues of public health emergencies in general.

As I am presenting a summary, the full report is with you. Summary conclusions and recommendations are in the detailed report presented to you.

Following the two days of visit to selected points of entries (POE), holding and isolation/treatment centres, the Select Committee on Health, Women, Children, Disaster, Humanitarian Relief and Refugees met to review the oversight engagements and they are ready to present some key conclusions and recommendations based on the observations made and discussions held with the officials.

1. BANJUL SEAPORT [GAMBIA PORTS AUTHORITY]

The Committee Members, whilst standing on the quay near a container discharging vessel, observed that the dockworkers on board were not putting on protective masks. It was therefore, recommended by the committee there and then that all workers on board vessels who would obviously come into contact with the crew should be putting on mask for their own safety and that of their co-workers and larger society including their families. When vessels dock at the harbour, the committee was informed by the health officials that the health officials are the first to meet with the crew in order to perform the necessary and internationally accepted screening protocols and procedures.

RECOMMENDATIONS

- i. The provision of more protective materials e.g. mask, gloves detergents or antiseptics. We have found them to be in shortage as reported by the health officials.
- ii. In situations of public health emergency, as is the case presently in The Gambia and elsewhere, it should be a policy for not only the health officials to put on protective mask but all the other workers coming on board the vessels, given the fact that vessels do dock at countries that may be affected by the Covid-19.
- iii. GPA to identify space for the Ministry of Health to use as a holding centre for any suspected case before evacuation to Edward Francis Small Teaching Hospital.
- iv. GPA management to consider providing more space for the health officials as that was found to be a challenge. They were occupying a very small room as an office and considering the nature of their work, they needed more space.
- v. Ministry of Health needs to review and amend the Public Health Act to adjust gaps that are proving to be a challenge to public health workers. They would want the law to be reviewed and amended so as to empower, protect and enhance their inspection work at the Ports.

- vi. Minister of Health to consider placing a ban on the importation of old or use newspapers which are used for wrapping food e.g. bread and other foodstuff which according to them causes a health threat to the population.
- vii. Ministry of health to consider providing mobility for the public health staff at the Banjul Ports, this was also identified as a challenge.

2. BANJUL INTERNATIONAL AIRPORT

The visiting team was taken around, on a conducted tour, of the Arrivals Terminal to see how passengers are processed or screened by the Health Officials before entering the main building. The visit coincided with the arrival of an aircraft which enable Members of the committee to have first-hand knowledge on how the screening and control of the arriving passengers is done by the health personnel at the airport. All other officials from Health, Civic Aviation, Immigration, etc. were seen putting on protective mask and gloves. We were shown the newly installed air-conditioned, holding tent that can hold up to six suspected cases before evacuation to Banjul.

RECOMMENDATIONS

- i. The Ministry of Health to provide transport for the staff on duty to facilitate timely report to work and return home.
- ii. Adequate supplies of protective materials and temperature testing equipment.

3. GIBORO BORDER POST

After the briefing session, the Committee Members went round and observed that there was arrangement in place at the time of our visit for hand washing for in-coming travellers before presenting themselves to

immigration. Members were also taken to the facility built for the Ebola outbreak and which is identified as holding centre for any suspected case before arrangements are made for evacuation.

However, the rooms were not found to be prepared for holding any case as they need cleaning and other basic things to be found in a ward. There was no electricity or running water at the facility at the time of our visit.

RECOMMENDATIONS

- i. Minister of Health to deploy a minimum of three Public Health Officers to be stationed at the border and working on a shift basis.
- ii. Provision of more protective materials like protective masks, gloves, detergents or antiseptics.
- iii. Erection of a canopy outside in front of the Immigration office as the first port of call for travellers entering The Gambia and also to cover the health officials from the hot sun.
- iv. Water tank with chlorinated running water to be placed immediately before the canopy outside at a place where the traveller would first go to wash hands with soap or detergent before presenting oneself to the health officials.
- v. Provision of a special ambulance on standby.
- vi. Provide transport for the staff.
- vii. Cleaning of the holding centre or 'Ebola House' to make it ready for use and the provision of solar energy and running water

4. AMDALAI BORDER POST

It was observed that the place where the health official who should be the first port of call before the visitor comes into contact with anyone is wrongly situated at the time of our visit. I am saying at the time of our visit because we got reports that there are improvements done and I think the Honourable Minister is here he will be updating the Honourable Members.

Coming from the Senegalese border, the traveller passes through shops, traders, hawkers and motorists before reaching the table where the health officer is doing the screening. For the information of this Assembly, the tour party visited one official of Senegal on the other side of the border i.e. the *Police National*, Immigration, "*Duane*" and other health personnel who were there to inform them about the purpose of the visit and we solicit for further existing cooperation between the two countries by the two officials that are at the two sides of the border.

From there we visited the holding facility which is situated 100 meters away from where the border officials are stationed to assess the state of preparedness but there also we found the situation to be the same. The structure is there but it is not ready for use at the time of our visit because there was no electricity, no running water and then it was being used for other purposes than holding centre.

RECOMMENDATIONS

- i. The Ministry of Health to provide a canopy for the health desk, as the first port of call for every traveller entering the country and this should be erected immediately after the line, there is a marking on the tarmac that separate the two countries. The committee is suggesting for it to be erected immediately there so that for every passenger coming into the country, the first person to meet would be the health official. We are also suggesting to have handwashing to be the first procedure for every traveller before presenting yourself to the health official who will do the screening and then you to go to immigration.
- ii. The Border Health Post needs more deployment of Public Health Officers to boost the capacities of the three who are already posted there. Considering the current public health emergency situation, three are posted there but we are suggesting to be more so that at least we will have two or three, minimum two personnel, at every shift so that

once one is conducting the screening, if there is any case the other will be handling that case rather than having one for every shift.

- iii. The Ministry of Health should allocate a special ambulance on standby to be stationed either in Amdalai or the Regional Health Directorate in Essau. We are talking about special ambulance, ambulance that is used specifically/exclusively for this situation and not to be doing any other health service. We are recommending preferably for it to be stationed at the border if not at the health centre but to be on the ready.
- iv. The holding facility at the 'Ebola House' should be made ready for use to accommodate any suspected case awaiting for evacuation.

5. EDWARD FRANCIS SMALL TEACHING HOSPITAL

We visited the main referral hospital in the country where all suspected cases are eventually referred to for eventual testing and confirmation of cases in a state of preparedness in response to any suspected and confirmed case.

The physical setup or configuration at the Accident and Emergency Department of Edward Francis Small Teaching Hospital, which is the first port of call for patients, has changed with the attendance desk at the reception being relocated to an adjoining ward so as to ensure that any suspected case not have cause to transmit to any other patient or their escorts.

This is an improvement we found on the ground, a special ward that was said to be meant for use by VIPs is now transformed into a temporal holding centre where any suspected case is admitted for few hours before the Epidemiology and Disease Control Unit of Ministry of Health is contacted to facilitate the evacuation of the case to the Medical Research Council [MRC] Unit which is the only facility as at now doing the examination, the final testing to confirm whether the case is Covid-19 and

after which it will be referred directly to the isolation/treatment centre at the Sanatorium.

We are also expecting an update from the Honourable Minister whether there are other laboratory facilities that have the capacity to do the test in addition to MRC.

RECOMMENDATIONS

- i. Provision of adequate personnel protective equipment (PPEs): gloves, masks and these masks for the health workers is different from the ordinary masks that you see because these people are directly in contact with cases. There is a special masks and it is called N-95. The committee is recommending for the provision of N-95 to all the health facilities and all the personnel who are on the line of fire, highly at risk.
- ii. The new arrangement at the Accident and Emergency [A & E] Reception of the Edward Francis Small Teaching Hospital should be replicated at the Polyclinic in Banjul because some patients do not present themselves to the Edward Francis Small Teaching Hospital. Their first port of call when they feel ill is the Polyclinic so the same arrangement at the Edward Francis Small Teaching Hospital [A & E] is being recommended for the polyclinic as well and not only Polyclinic but for all the other facilities around the country.
- iii. More trainings and step-downs on the Covid-19 for Doctors, Nurses, Auxiliaries, Orderlies, Ambulance Drivers, Cleaners and all other hospital Staff the Administration, Records and Pharmacy, at the EFSTH, Polyclinic as well as the Tanka-Tanka psychiatric unit.
- iv. Given the highly contagious nature of the disease and the risk of infection that the medical workers are exposed to, the committee is recommending for special risk allowance if ever we have a case. All those at facilities must be provided with this allowance. That is what the committee is proposing and the Honourable Minister of Finance is here; and other incentives as well, they are highly at risk.

6. SANATORIUM

Following the visit to the Sanatorium in the outskirts of Banjul, commonly called “WENCHO”, the Select Committee came to the conclusion that the place being identified as hospital or isolation and treatment centre for patients of Covid-19 is not an ideal place for someone suffering from a respiratory related illness as the Covid-19 is, considering the fact that the facility is neighbour to a waste dumpsite which emits smoke which is poisonous and other toxins.

The committee was informed that the facility is still being used to treat TB patients who are now transferred and confined to the other building, adjacent to the one reserved as an isolation and treatment centre for Covid-19 patients.

The number of trained staff is considered insufficient, considering the critical nature of the illness and the need for constant attention by medical workers.

RECOMMENDATIONS

We have Short, Medium and Long Term Recommendations for this facility.

Short Term:

- i. The two wards separately holding critical and recovering patients need air-tight separation, if this is the best thing to do, with aluminium and glass partitions and not the plywood and mesh that divide the rooms. As you understand, this was a facility for TB patients and TB patients need ventilation. So the structure that is there for that purpose might not be suitable for this surface-borne infection so the committee is therefore recommending for air tight partitions with aluminium and glass, separating recovering and critical cases.
- ii. The wards need functioning and air-conditioning systems once they become air-tight and start holding patients. We need to have 24-hour electricity with functioning air-conditioning system, if that is the best

thing to do. Medical advice is always sought. We are just speaking from a lay person's point of view based on our observations.

- iii. The facility should be provided with a well-equipped ambulance on standby for the purpose of evacuating patients from other facilities to the isolation centre.
- iv. The workers on shift duties at the hospital need to be provided with a utility vehicle to be transporting them to and from work which is a challenge they identified.
- v. More trained staff need to be deployed to the facility to compliment the few that are posted there in preparation for having to contain any eventuality of managing cases for treatment.
- vi. Considering the highly contagious nature of the disease, the committee is recommending for both the professional and auxiliary staff that are posted at the facility to be well remunerated with health insurance and other benefits, in the events of cases being admitted there for management and treatment. I hope the Honourable Minister of Finance is taking note.
- vii. More protective materials such as N-95 masks, disposable gloves, gowns, PPEs, detergents e.g. bleach, antiseptics, etc. to be provided in sufficient stock.
- viii. Water supply and ventilation system to be increased for sanitary and health purposes.
- ix. In terms of the management of dangerous and highly contaminable medical waste, the facility, particularly the wards, need to be provided with pedal and movable or wheeled waste bins. The waste bins that we found there are the ones you open with your hand. That was a recommendation from them to us, to be having the moveable waste bins that can be opened and closed by foot without hands.
- x. All the door handles in the building leading to the wards and toilets should be changed to revolving doors to avoid infection of staff, to avoid touching of hands. They just need sliding doors that can be opened with your leg that is the advice.

- xi. A high temperature modern fire-brick incinerator needs to be built for materials and clinical waste to be disposed. What we found there was an incinerator but it is not the suitable incinerator for disposing of this highly dangerous clinical waste.
- xii. Step down trainings on the Covid-19 for nurses, orderlies and security at the facility.
- xiii. Given the highly contagious nature of the disease and the risk of infection that the medical workers are exposed to, the Ministry should provide special risk allowance.

Medium and Long Term:

- i. If the dumpsite cannot be relocated to another place, and we need the intervention of the Ministry of Environment and Local Government, the Committee is recommending for the eventual relocation of the Sanatorium to a more ideal and environmentally friendly area with a fit-for-purpose building, taking into account all that we have recommended in terms of infrastructure. That is a fit-for-purpose building for the treatment of communicable or contagious diseases that need isolation. This is an urgent matter for the Ministry of Health, Ministry of Environment, Ministry of Lands, and of course the Ministry of Finance to look into and find lasting solutions.
- ii. The patients undergoing treatment for Tuberculosis should be relocated to a more health-friendly environment away from the dumpsite that emit smoke and toxins that are hazardous to their weak immune system. The TB patients were there alongside these, although there are precautions, all the measures are taken into account but we are suggesting that they should not be at the same place with those that are under treatment for Covid-19. So they need to be relocated. In fact, that place is not even ideal for them.

7. MINISTRY OF HEALTH

The Select committee was duly informed, during the update session with the Ministry of Health under the leadership of the Honourable Minister that following the announcement by the World Health Organisation (WHO) of the outbreak of this highly contagious disease, later christened Covid-19 by the world body, in Wuhan, China and the call for governments to take the necessary measures to control its spread, the Ministry of Health of The Gambia started the process of national consultation to agree on the way forward. A press release was issued to that effect to inform the general public about the outbreak, followed by the convening of a central level meeting of technicians dealing with Public Health Emergencies to map out the way forward for the country's preparedness and response to the Novel Corona Disease outbreak.

According to the Ministry, a number of actions were also taken by the Ministry which includes the establishment of the National Health Emergency Committee (NHEC) charged with the responsibility to coordinate the implementation of 2019 Covid 19 in the Gambia. Orientation sessions were conducted with support from International Organisation for Migration (IOM), the Japanese government and the Ministry of Health for official at the points of entries (PoEs), including Health, Immigration, Revenue Authority, Civil Aviation, Airline Operators, Fire Service, Food Safety and Phytosanitary, the Security at the Airport and Seaport, Border Posts and Medical facilities to strengthen their capacities on the Novel Coronavirus.

They were trained in the control and proper use of Personal Protective Equipment (PPEs) and this was confirmed by officials on the ground that this training was done and all these measures as outlined have been undertaken a preparedness checklist was also completed by the Ministry and submitted to the WHO.

The Committee was also informed about the Points of Entries (PoE) support provided by IOM which includes thermometers, first aid boxes, stretchers and Blood Pressure machines as well as the sharing of the WHO

technical guidelines with Regional Health Directorates and Hospitals. The Select Committee acknowledges all the preparedness and response activities or measures being undertaken or instituted by Ministry of Health with the support of partners.

RECOMMENDATIONS:

- i. The Minister of Health should be taking the lead at all times in the coordination and implementation of the National Preparedness and response to Covid-19.
- ii. The Ministry should ensure that the Public Health Officials, hospital and the other frontline workers, who are at risk, are given priority in terms of their protection against infection of this highly contagious virus.
- iii. The Ministry should ensure additional resources to be given to hospitals and Public Health Offices at the points of entries for the provision of protective screening and testing equipment and materials, training for Doctors, Nurses, Auxiliaries and Public Health workers.
- iv. The Ministry should step up its risk communication, social mobilization and community engagement activities by utilizing various mediums or media to create public awareness for the prevention and containment of the coronavirus.
- v. The Ministry should engage in providing updates on a daily or every other day basis, based on its own compiled reports and the WHO and other credible sources on the state of the Covid-19 disease outbreak at the National, Regional and International levels.
- vi. The National Health Emergency Committee (NHEC), the committee is recommending for its enlargement, if the Ministry feels this necessary, to include all the health related statutory bodies e.g Councils, the Dental, Pharmacy, Laboratory, Nurses Council and other non-technical (Health) stakeholders to enhance its coordination and implementation capacities. For this, the NHEC can even constitute a Standing Consultative or Advisory Forum comprising retired Medical

Health Workers, Former officials of the Ministry e.g. former Ministers of Health, Permanent Secretaries of Health, Directors of Health, the Private Doctors, Consultants, Private Clinics, Pharmacies, NGOs, Civil society, the media etc. to all be part of this consultative forum.

- vii. The Ministry of Health should also include Veterinary Services, the government institution responsible for animal health in the NHEC. Considering that this virus is said to be dangerous a disease that comes from animals to humans so animal health is also a critical partner.
- viii. The Ministry of Health to provide one standby ambulance in every health region for the purpose of evacuating suspected cases to EFSTH. Special ambulance exclusively for the Covid-19.
- ix. The Ministry of Health to issue a circular advising all public and private institutions or workplaces, to provide facilities for hand washing.
- x. The Ministry of Health to develop a protocol on measures for the screening of travelers and with every traveler entering this country either through the Airport, Seaport or Official Land Borders to be screened.
- xi. The Ministry of Health to institute and implement the necessary measures for the screening of every traveler entering the country. This is a specific recommendation.
- xii. The Ministry of Health to work closely with the Ministry of Foreign Affairs on the situation and welfare of Gambians in countries affected by the Covid-19 outbreak. We should not abandon them but they also need to understand that if they are from affected areas it is better for them not to come to the country as other countries are doing. The Ministry needs to be in touch with them to let them know that their welfare is the concern of every Gambian but they must also understand that whilst they are there, they have to stay put and to see the efforts being heightened that this Covid-19 is contained.
- xiii. The Ministry of Health to strengthen the already existing collaboration with the State agencies operating at the international

entry points i.e. GID, GRA, GPF, Animal Health (Veterinary) and Food Safety. And this collaboration is already in place but has to enhance it, to increase it.

- xiv. The Ministry of Health to involve the Ministries of Basic and Secondary Education and Higher Education to include educational institutions in these National Public Sensitization campaigns. It has to go to the schools: hand washing, wearing of mask etc. starting from now, the Minister of Education should be here so as to be fully part of the process and of course Higher Education: Universities and Colleges, private institutes, all of them should come on board.
- xv. The Ministry of Health, in consultation with the Ministry of Foreign Affairs, to consider and take in a timely manner appropriate control measures relating to travel restrictions and other interventions as and necessary to save the people living in The Gambia from the Covid 19 disease. This should be done together with the Ministry of Foreign Affairs to determine whether that is the best thing to do.
- xvi. The Ministry to consider introducing testing wherever and whenever necessary in keeping with advice from WHO and that is the latest recommendation from WHO - **testing**.
- xvii. The Ministry to identify and enhance the capacity of some laboratories to be doing tests as at now the committee has knowledge that it is only MRC doing the test but is it possible for the Ministry to engage the laboratories at Kotu and other well equipped laboratories to be doing this testing? That is for the Ministry to decide, it is just a recommendation from the committee whether that is feasible.

8. MINISTRY OF FINANCE AND ECONOMIC AFFAIRS

- i. The Select Committee is recommending for the Ministry of Finance and Economic Affairs to support the Ministry of Health in its requests for resources to respond to the outbreak.
- ii. The Select Committee is recommending for the Ministry of Finance and Economic Affairs to liaise with the Attorney General's Chambers and Ministry of Justice to start the process toward giving effect to Section 154 (1) of the Constitution of the Republic of The Gambia by tabling before this National Assembly a Bill for the enactment of this provision which states thus "An Act of the National Assembly may make provision for the establishment of a Contingencies Fund". The purpose of this Fund is for unforeseen and urgent need for expenditure that would cater for expenditure that has not been captured in the Appropriation Bill but that would cater for emergencies such as the Covid-19 disease outbreak.
- iii. It is high time that we give effect to this provision by coming up with an Act. This committee is available to give support to it. The Act is already in place but how to go about it, the procedure to take to give it effect we are ready to support the process. And if the Ministry finds it difficult, this committee will come up with a Committee's Bill for this contingency because this bill is coming to intervene in areas that are under the purview of the committee, that is Health Emergencies and Disaster Emergencies, Humanitarian Relief. We are ready to support it and if the Ministry is not coming forth we will be taking the initiative to come up with the procedures to take for this to be given effect.

9. PARTNERS

- i. The Select Committee is calling on the development partners from the UN system such as the WHO, UNICEF, UNFPA, IOM, as well as the MRC Unit of The Gambia, The Gambia Red Cross Society (GRCS), CCM of the Global Fund, Action Aid International, The Gambia Foreign Embassies, Media outlets (Print, Electronic and Online), Civil Society, the Private Sector, among others, to provide support to the National Preparedness

and Response efforts under the leadership and coordination of the Ministry of Health. We are calling on all these partners to come and complement the efforts being undertaken by the Ministry of Health.

- ii. These interventions from the partners may come in varied forms such as the provision of PPEs, testing equipment and other essential materials, medicaments, publicity through newspapers, radio and television stations, posters, billboards, drama, jingles or songs, among others. Support is needed in all these areas and partners can take these on board but of course in consultation with the Ministry.
- iii. The Committee is recommending for all public spaces such as schools, offices, car parks, bank halls, to be adorned with sensitization messages on the Covid-19 of course in the form of billboards, posters, cartoon sketches, flyers, etc.
- iv. Partners such as local Councils, Non-Governmental Organizations and Civil Society are all welcome to support or undertake activities aimed at sensitizing the population on the Covid-19. However, the advice from the Committee is that all such efforts or undertakings must be done through and in consultation with the Ministry of Health which is responsible for the national coordination of all the preparedness and response activities. We are recommending against any unilateral activity not done in consultation with the Ministry because this is sensitive. We do not want misinformation, everything must be based on facts and this the Ministry that should be giving this. All the messages that are being sent out by any undertaking or activities by these partners must seek the approval of the Ministry. We do not need to be creating fear, we need to give correct information.

10. MEMBERS OF THE GENERAL PUBLIC

There is no cause for alarm as no suspected case of Covid-19 or coronavirus has been reported in The Gambia. However, we should not be complacent as a country. We have to be ever more vigilant to ensure that this highly contagious disease does not enter our shores or that any

reported case is contained. The fact that The Gambia's closest neighbour, Senegal, has reported several cases should make us to be more vigilant in terms of increasing and strengthening our prevention, screening and testing measures. Coronavirus or Covid-19 is a highly contagious and deadly disease and the WHO has now declared the outbreak a pandemic.

The advice being given to the members of the public by the Health officials as the most effective, reliable and affordable form of prevention is basic personal hygiene i.e. regular hand washing. While the world is waiting and hoping for the discovery of a cure or vaccine for the virus very soon, we are advising every person to adopt, in the meantime and even beyond, these basic personal hygiene practices outlined below:

- i. As opposed to hand washing, every person must wash your hands with soap or other detergents like soap powder, chlorine (eau de javel), frequently and before eating or touching anything.
- ii. Advice from medical officers that we should stop touching our nose, eyes, mouth and face with your hands.
- iii. Avoid shaking hands, but if you do so you immediately need to wash your hands with soap.
- iv. Avoid crowds or gatherings and I am not sure whether it is advisable now to stop gatherings, the Gamos, school gatherings, it is up to National Assembly to decide and of course with advice from the Ministry of Health even our gathering here **---laughter---**, It is the Ministry that should decide on alert levels and if that is the case then advise us and then we comply Honourable Minister of Health and the team. Also there is a mentioned protocol, one-meter distances because the Covid-19 is a droplet from one's mouth or nose that carries the virus.

THE SPEAKER: Maybe you can move a motion so that a Resolution could be passed so that the Clerk will make sure that every desk has its handkerchief.

HON. OUSMAN SILLAH [BANJUL NORTH]: Thank you Honourable that is a very good motion.

THE SPEAKER: Honourable on a more serious note, even without the virus I have said it over and over again, that is necessary.

HON. OUSMAN SILLAH [BANJUL NORTH]: If anybody sneezes or coughs please cover your mouth... And then of course the last is the use of hand sanitizer but not everybody can afford this and even if you can afford it I understand it is in shortage and the price too increased but with soap everybody can afford that.

Honourable Speaker, Honourable National Assembly Members, to conclude, we are calling on everybody to action as this pandemic has turned everybody into a stakeholder, it is everybody's business. With Covid 19 even 24 hours is a long time as the situation change constantly, we don't have it now but as I said situation is changing constantly. Therefore, we are racing against time to do everything possible as a country to ensure that the disease does not enter our shores in first place and it is not too late to do so despite the looming threat, there is no cause for alarm, no room for complacency but more on vigilance.

The Minister for Health supported by all hands of the state Legislature, Judiciary, should be taking the lead in the coordination and implementation of course with their support preparedness efforts or activities in response to Covid-19.

However, we are also calling on all other necessary actors such as NGOs, Civil Society, Private Sector, Development Partners and the larger society to come on board to complement the efforts of the state in this legitimate and necessary fight for our survival.

On this note, Honourable Speaker, on behalf of the Select Committee Honourable Members, I wish to urge the Honourable Members of this august Assembly to consider and adopt this oversight report and any

other additional recommendations made during the session. I beg to move.

THE SPEAKER: Thank you. Any seconder?

HON. MUHAMMED MAHANERA [SANDU]: Thank you very much Madam Speaker. I rise to second the Motion. Honourable Speaker, definitely I have to register my dismay, the report is a good one but there is one thing that I did not see in the report, no matter how short the period. I do not think Gambia stops at West Coast Region or Soma. We also have a region that is URR and definitely Sabi border is route from Banjul here up to Mali and every day the buses will load here go to Mali, pass through Senegal. They will also leave Gambia pass through Senegal to Mali. The mover of the motion says Coronavirus is a highly contagious and deadly disease, meaning the disease can be transferred very easily. In URR we have a lot of borders, let us go to Makamasireh or Sare-Ngai there is a local “Lumo” there which is very close to Senegal. In Sare-Bojo there is also a “lumo” they are very close to Senegal. You go to Sami as well. So definitely, when we are embarking on such tours, we must make sure that we consider every region equally. There is no way that you can detach URR from the Gambia likewise Sandu and this disease is deadly we all know. I want to pose a question to the Honourable Minister, what plan do they have for those people living in those areas? According to Health Workers, to be able to identify somebody suffering from the disease, it can take you 14 days. Go to URR for example, go to Wuli and Sandu there we all know that definitely there is health disparity.

Secondly, to have contingency is very important. There was a time I sent a question regarding the newspaper. The mover of the motion has highlighted it there. The newspapers are not only for this Coronavirus. Definitely they are dangerous and they can also transmit. Look at the container that they use to ship these newspapers from Europe, they are not treated and are not hygienic. When they arrive in the country, where do they pack them? They off-load the containers, pack the papers on the

ground, take them again and put them in the store and those stores are not also treated. We are buying sickness and giving it to our own families.

There was a time I engaged the Minister. I went to his office regarding this particular issue, that the newspapers should be banned. Even if it cannot be banned, we should not look at the economic importance only but we should also consider the health of our people. I was in Senegal the last time, I went through the shops. I observed I have never seen a newspaper in any shop that will be used to wrap bread or food item to be given to anybody but in this country it is different.

Madam Speaker, these old used materials, the clothes, sofas, cars is causing a lot of harms to our environment. Our culverts, the gutters now turn to a store of old tyre. When it rains we all complain, if you go to Churchills Town you will not be able to pass. It is because all the gutters are filled with old tyres and we do not have any factory in the country that can recycle this. This is a need for us to make sure that if we cannot ban it at least we make sure that the Ports is controlled, whoever is bringing these materials, so that we will not transmit disease to our own people.

And look at it now we are all crying there is this disease there is no way that we can control this in this country because the facility is not there, and in URR particularly in Sandu, if somebody is suffering from this, it takes you 14 days before you will able to identify that somebody is suffering from this and again to transport that person come to Basse up to here, there is a possibility that the person may lose his/her life. So, Honourable Speaker, I thank the Select Committee on Health for this tremendous effort but please next time you are doing this, it is not only West Coast Region or Soma we also have a Region called URR and District called Sandu.

Thank you.

THE SPEAKER:

[Question Proposed Put and Agreed to]

[That Report of the National Assembly Select Committee on Health, Women, Children, Disaster, Humanitarian Relief and Refugees on the Inspection visits to official International entry points, holding an isolation centres on the state of preparedness for the Covid 19 (coronavirus)]

THE SPEAKER: Now Honourable Members who wish to take part in the debate may do so. I already have a list of Honourable Members but we can continue taking the list.

Proposal

HON. MUHAMED MAGASSY [BASSE]: Madam Speaker I want to make a proposal.

Madam Speaker, thank you very much and I think today the proposal for tabling the report of Select Committee on Health is to give the chance to Honourable Minister to make a statement on the report as we have rules from the Standing Orders that you can still ask questions on the oral statement of the Minister. I will propose if the Honourable Minister can come now, do his report or his comment, then if you are commenting, you comment on both reports that is my proposal, I so submit.

THE SPEAKER: To take views on that because you see we have our Standing Orders the Committee has tabled its report, it should be debated and adopted. There is also another specific provision dealing with the Minister's statement after which Honourable Members can also or will have an opportunity to ask questions so, I do not know legally whether we can combine the 2. No! Honourable you made your proposal/suggestion not so? Yes, so I am also giving this view and then we subject it to further proposal by Honourable Members and then we see which one is in line with our procedures because we cannot go outside our procedures but I need to consult myself.

Thank you.

And I think also is even in our interest of the Honourable Members since there is no time limit on the debate whereas, if we allow the Honourable Minister to make a statement, the period for question I think is only 1 hour whereas you can make your proposal, recommendations whatever on the report as tabled, but I think the important thing is the procedures that will have to follow. The report has been tabled so, let us not open a debate in terms of taking the statement from the Minister but let us proceed with the report.

Honourable I have seen you but let me recognise Serekunda first and then I will take you and then as I said we proceed with the.....

HON. HALIFA SALLAH [SEREKUNDA]: Yes! Honourable Speaker, in terms of procedure, the Member would have to make a motion to suspend the debate on the Standing Order 53 and you may suspend it and then have another item but is it really in the interest of the Minister just to come and answer questions and go or is the Minister also interested in the collective mind of the Assembly that will enrich him, we heard somebody from URR saying something is left so, would it not be in the interest of the Minister, I think the Minister could be consulted in the that regard.

HON. OMAR CEESAY [NIAMINA EAST]: Thank you very much Honourable Speaker.

First, I wish to acknowledge the effort made by the Committee because actually Honourable Speaker, they did well. Honourable Speaker, to begin with, the issue at hand is very critical, Honourable Speaker and the fact of the matter is the magnitude in which the virus is moving from one geographical area to another is very rapid, as a result I believe there is need for one to take very timely recommendations. Of course the Committee they came up with very sensitive very substantial recommendations but my first recommendation towards the recommendation that are already setup is they should be timely. The period should be there because all the issues that are already listed Honourable Speaker, you will realize that there is no time bound so, it will

be difficult if one would want to actually made follow up to those recommendations. It will be difficult for one to achieve or have those recommendations done right at the time. So, I will suggest to the Committee, if we are about to adopt then we consider along the line each item, each recommendation at what period do we want to have that particular recommendation done or carryout and by the authority responsible.

I think there is need for us to consider that because looking at it, you of course recommended that there is need for us to have standby Ambulances all over, most especially in the border posts so, there is need for us to know actually at what period within 1,2,3 months if there is need for us to know actually whether within that period we can achieve to have those ambulances located or distributed in all those border posts, there is need for that Honourable Speaker and the Committee, there is need for them to consider that.

Honourable Speaker, moving forward at Giboro, if you look at the detail of course they are giving us the detailed report Honourable Speaker and if you look at Giboro, the Committee is informing this august Assembly that we have only one Public Health Officer at that place who is entirely monitoring the situation that is happening there. I do not think Honourable Speaker it is ideal just to have one Public Health Officer at that place because Giboro is a very porous and very busy border post and there is need for the Ministry to consider having the number that the Committee is demanding, maybe up to 3 for us to have those people deployed to go and support the individual who is there.

And this has to be timely, let us say within 1 month, we need to have this individual reported at that border post if there is no time bound of that nature, then it will be difficult for us to make that follow up because every day you can be going and coming they will be telling you tomorrow or after next month, it will be difficult but if there is time bound there you will be able to determine by yourself that this was the time bound given.

So, what actually have you been and what process have you done, there is need for that Honourable Speaker.

Again Honourable Speaker, the Corona Virus of course Honourable Speaker, the way in which it transfers from one individual to another is actually very sensitive and in our Gambian setup almost we share everything that we do in the Gambia, as our culture demands. We almost share everything, the food we eat, in fact the bed we sleep, everything one can say Honourable Speaker and the World Health Organisation is recommending that at least if we are even to have conversation or whatever there is need for 1 meter distance. So, this is logic and there is need for us to better analyse the situation at hand because the number 1 key thing that we must consider because anywhere in the report I have not seen the committee precisely indicating that we should try by all means to close our borders. All the emphasis that they are actually giving is to provide the equipment for those that are at the border Honourable Speaker so that they can be doing this screening for those that are going out of the country and those that are coming into the country.

And I have always been saying this, the death person does not know the value of his coffin so what I am actually saying is we cannot wait until there are people actually dying or affected with the virus and we start taking up necessary steps. The first thing that we need to consider Honourable speaker if there is no repercussion at the end of the day for 1 or for the Gambia to close all borders, it will be helpful and this is the number one priority that we must consider because at the end of the day with all this screening, all this that we are doing at the end of the day, we might have a suspect in the country because all these people are our neighbour country Senegal they are affected and people are coming every day in and out so you do not know at what point in time whether/when you are testing that individual the person was affected or not at that material moment if the person was not affected after one hour, the person entered into the country and the person is affected that would be a challenge, then we all start doing whatsoever not.

It is not helpful Honourable Speaker. So, there is need for us to consider that if there is no repercussion for us to close our borders then so be it. Let us close all borders to protect ourselves before we will bring this in the country and start moving up and down and start struggling for medicine or whatsoever not, that is the number 1 recommendation that I want to add on to what you were saying Honourable Chair.

The other point is Honourable Speaker, the sensitization that the Committee is recommending, of course I am also saying this has to be timely, let say in every week, the Ministry should come out to inform the general public the nature and the status in which the Corona Virus is in all over the country or all over the world, so that we can be better prepared Honourable Speaker because at the end of the day, the TV can be used, newspapers and other platform can be used Honourable Speaker. But in using such, there is need for us to consider people at the provinces, community radios can be used not only that Honourable speaker but the Ministry and all other authorities that are responsible or that could be of help to sensitize the general public, they should go down to the grassroots especially school children. Honourable Speaker, these are individuals who do not read newspapers, these are individuals who are not actually having the time to listen to radios. These are individuals who are not actually having the time to watch TV but there should be that circular send to all Public Schools, Private Schools and all public gathering in fact to make it stronger Honourable Speaker, for them to send individuals or to train individuals who can sensitize those school children or people who are always in public gatherings as to how or the measures that one can take to prevent oneself from the virus Honourable Speaker, that is very key.

And if we have to go by the recommendations, Honourable Speaker, there is need for us to indicate time when the Ministry/the authorities responsible, when are they going to commence this sensitization programme we are talking about? There is need for time.

Honourable Speaker, the other point that the Committee is giving.....
interrupted

THE SPEAKER: Honourable Member please can I just make an appeal. I think this is a very important issue and almost everyone wants to have a voice and considering the list and the time factor am just appealing for the Honourable Members to be precise. We cannot go into all the details otherwise very few people will have an opportunity to say something. We just heard the concern of the Honourable Member from Sandu which I think is very valid and am sure maybe the Honourable Member from lower Saloum or Sabach Sanjal, they may equally have it or Busumbala, Basse all of them so what am saying is let us be precise and to the point.

HON. OMAR CEESAY [NIAMINA EAST]: Thank you very much Honourable Speaker, that is why I just exactly go to the recommendation I am just dealing with the recommendations and if you can observe, I am just emphasising that there is need for that, that is what I am actually emphasising.

Honourable Speaker, just to wrap up then madam speaker the Ministry should work in consultation with the Ministry of Finance and of course with Ministry of Foreign Affairs, our people who are out there abroad I mean in other words those people also should be considered along the line because I just understood that people who are even here, foreigners who are even here, their countries, in fact I just heard information that in fact peace corps that we have in this country their people are doing everything to take them back to their countries, so I think there is need if we cannot actually bring our people back there should be that proper monitoring to our people who are out of the country so that they can also be considered and they will know that the government is actually taking care of them. There is need for that because some of these countries where they are, the virus is already there, the Covid 19 is already there so, there is need for that Honourable Speaker, so in essence and in summary Honourable Chair, if we are to adopt these, let us in each item let us have the time bound in each of the recommendations, let us know

at what time do we want to have this recommendation carried out or done, this is what actually is my emphasis.

Thank you very much Madam Speaker.

THE SPEAKER: Thank you very much and thanks for your understanding.

HON. ALHAGIE H. SOWE [JIMARA]: Madam Speaker I really want to talk about the borders in URR and the “lumo” but then it has already been dealt with the Honourable Member for Sandu. So I withdraw but then I have a question for the Minister until he comes.

HON. SUNKARY BADJIE [FONI BREFET]: Thank you very much Honourable Speaker let me seize this opportunity, I will make it very brief to thank the Select Committee for doing a very good job. I have some of my observations in place.

The report as at today has indicated that there is state of unpreparedness, from the look of the report information coming from what was observed in Giboro, what was observed at the sea port has left a lot of gaps that need to be filled, so to sum it up, it means the state of preparedness is undesirable so that gives a lot of thought for the Ministry to do more.

However I do not want to pre-empt because the reporter has said that as at this report in the interim, there could have been more improvement which I am not aware so, I do not want to pre-empt that but if anything is to go by this report, there is a lot of things that are undesirable and there is more that needs to be done.

If I refer you to page 2, the way and the manner which the objectives were set out from my understanding an objective of an assignment is what we want to achieve at the end of the day, but here the kind of the purpose and the objectives are kind of missed.

Then I will give an example: objective number 1

Specific objective surveillance

1. To pay a visit to key international entry points
2. That is the purpose of it but what we want to achieve, we would have said to have knowledge of measures in place at key holding places for suspected cases of Covid 19 infection.
3. To have knowledge of and not to visit and assess but that is a purpose so what you want to achieve at the end of the day is to have a knowledge of what obtains on the ground.
4. To assess measures put in place for the protection of the officials in the frontline of duty at these points.

Take a look at your objective number 6

6. To have informed knowledge but that is what you want to achieve at the end of the day and it went further to number 7

7. to have informed knowledge so your objective should be not by mixing the purpose plus the objective that is assumption, but overall the report was very educative and has given us information that would be food for thought for everybody particularly with the Ministry, looking at the urgent need for actions that need to be put in place to prevent this deadly virus.

Thank you very much.

HON. SUWAIBOU TOURAY [WULI EAST]: Thank you very much Honourable Speaker, I also rise to lend my support to the report. I think the report even though it is done on one side of the country has gone a long way to informing us of the danger and the need to control the spread of these very dangerous virus.

Honourable speaker, our survival as a people is at risk because of the contagious virus which spreads very quickly and is very difficult to deal with as it has no cure. That is our problem so what is required really is to take the appropriate procedure in the process of containing the spread of the virus.

Now I have heard all the recommendations which I agreed are very good recommendations, but I have questions to raise for e.g. you see Edward Francis Small Teaching Hospital as a holding centre for suspected cases is something that I am questioning whether that is the most appropriate way of dealing with this, since this things spread very quickly if you follow the rules in china and other countries, their main hospitals are not really the place where the dealing these they create different centres and different hospitals for these.

China especially built 3 new or 4 new hospitals just for this case not mix with other patients. So am not sure whether our only major referral hospital should be the centre for holding suspected cases of this contagious virus because once that place is done, it means we are done, so my recommendation will be to look for a separate base completely different from Edward Francis Small Hospital. I know even the testing that people are talking about should be reviewed whether that should be done in that place, that is my thinking on that.

Now the other issue that I want to raise is the procedure. My understanding is that, if we have discovered somebody who is suspected or is affected, that person should be taken to a special place for quarantine because people entering the country from affected countries, if they just come and mingle with our people because my understanding is that it takes 14 days or 2 weeks before it actually shows itself that you are actually infected.

So, if somebody comes in and then we just point this and this and say well the temperature does not show so the person enters the country and then goes to a family and starts staying there, during that period the virus matures and then the person continues to infect all the family members. So that is where I have a problem because somebody coming from an affected country and then simply comes in and then we say come in and join and then on the whole the person is internally affected what do we do? That is the question I want to raise.

Also the other challenges that were mentioned are all taken properly even before this virus, the Environment Committee has raised the issue of old newspapers coming from Europe. Even newspapers in the Gambia people wrapping food in this newspapers is not healthy, because newspapers, the printing the ink is a chemical so wrapping food in that in itself is not healthy but now that we have come to this issue, I think that needs to be emphasised. Something needs to be done about those newspapers bringing them in to the country.

I applaud the report a great deal when it talks about the frontline people at the frontline as our hospitals, health centres as a Member for Sandu has highlighted, all the health centres at the border areas need to be reinforced, they need support because they will be first to meet some of these people coming from affected countries and they are very vulnerable so we must not lose that side, to really help them to ensure that they will be able to deal with the situations when it arises.

And really when it comes to the entry points, I just come to the ferry and all these workers there, they have no mask, I have noticed that they have no gloves, I have not seen anybody and there is no vigilance because even myself they will come and just slap my hands when they know me so and greet, so that means that there is no vigilance, there is no sensitisations so we need to be very vigilant what we do for the airport what we do for any other entering point, we should do for the ferries as well. They are also very important entry points.

And also the “lumos”, the markets, especially the “lumos” in the border areas, they are all vulnerable places where people come and that is like somebody said is a porous border, there is no one being off coming into the country so therefore they just come in with their, through this small parts in to the country and do their business and go back. And what are we doing at those “lumos” to ensure that people are protected.

Now when you come to the testing, it is said the testing method using thermometer, In Fed Camera to test body temperature 37-40 degrees to

able to know who is suspected case. Now the question is how we do we actually know who is infected? Yes you can do those tests to see the temperature that is when the person is coming in. If you suspect that the person has higher temperature then what method exactly is there to prove that this person is actually infected. That is something that I do not understand from the report.

Honourable Speaker, I believed that in as much as we are making efforts to work with our Senegalese counter parts, we must do our own, and we must rely on our own resources to ensure that we take care of our country.

One question that I want to raise is if somebody comes from an affected country like for e.g. from karang, I read the report that somebody is coming from karang and then that person is suspected to be infected, is the person returned to where he/she comes from or do you bring the person in the country? Does the collaboration solve that problem? Because what I understand from other countries is, they bring their suspected cases to their own country or their infected persons to their own country, and other countries are refusing even this cruise ships to duck at their ports because they are not their citizens so if somebody is infected coming from eg. Senegal and we know that this person is infected, are we going to take care of that or do we disallow the person for coming in? That is a question I want to raise.

Also you have mentioned some testing areas, where is the final testing place? Because we talking about this people are suspected they come to this place for testing but where is the final tasting place for the country. We must know that because people are going to ask us what is this and this?

Honourable Speaker, also the report highlighted at the Sanatorium where it mentioned plywood and mess is already proven that plywood and mess will not be effective in stopping this virus. We need stronger measures like they have recommended so, that recommendation I want to

emphasize that, we must check and change that plywood and whatever mess to ensure that something is put there that will help us to do better job.

Honourable Speaker, also the families a lot of sensitization need to be done so that these families everywhere all the families and the Gambian the culture we have is visiting each other and related whereby a neighbour child coming to watch my television I cannot say do not come to my home, so they need to sensitize so that when we come in they help the child wash the child's hand and even your own children, you make sure that they wash their hands before they leave. If there is detergent before they leave for school and when somebody comes and you do not know whether the person has washed his hands or not but you enquire to ensure that person wash his/her hand before he comes and mingle with your family and infect at least that understanding should be there.

Now the report is about this area but I will join my colleague from Sandu that all regions be provided with just like the report also said a standby ambulance for evacuation purposes and the question is still there if you want to evacuate somebody all the way from let us say Fatoto to come to Banjul with this infected person, the possibility of spreading this even during that process is there, so if there is a holding centre of some short or a pregnant centre of some short in URR instead of transporting all the these people here it is better to keep them in those areas so that the spread is limited. I think those are some of the contributions I wish to make. Thank you

HON. BAKARY NJIE [BUNDUNGKA KUNDA]: Thank you very much Honourable speaker for giving me floor, I would like to thank the Health Committee for the report which has shown the quick response to the outbreak that has come so close now to us because we all know that it is present in Senegal now and Gambia is I can say within Senegal, so for the Committee to quickly respond to this and give us a quick report as early as the second day of our sitting, I think is commendable.

And nevertheless Honourable Speaker, we still do not have to be complacent, the virus is not secret now and the way it is spreading throughout the world is unprecedented, for that being the case, I think I have some doubts in the report that I feel the Committee should have enquired about or looked in to.

Honourable Speaker, the Honourable Chairperson made mention of one thing that I think is very important to be recognised, that is what the Ministry has done something it is obvious that since the emergence of this disease, they are being working day in day out every day anytime you call on the Minister, the Minister is either on a meeting or another activity to make sure this disease will not or if it has it will not spread as they are taking measure to make sure that it will not spread quickly so that they can be well prepared for it but Honourable chairperson you made mention of recommendations you made.

Honourable Speaker, I want the Honourable chairperson, I want to find out from him whether the airport have a special ambulance to take care of in case of any emergency because it is the only airport of this country and it is where we expect our people from countries that are affected to pass through to the Gambia because in his recommendation, he made mention of recommending transportation for the personnel that are attached at the airport which is good. They really need that but is there any special ambulance stationed at the airport to take care of any expected cases that we may see at any time?

And also Honourable Speaker, he also made mention of a recommendation which is very important that is to have a risk allowance for the personnel that are either on the Special Response Team or that are station at these entry points because there is an incident that happened at Bundung yesterday, there was a suspected case yesterday at Bundung Maternal and Child Health Hospital, and they were kids from Indonesia I think that come via Senegal and to Gambia they are inhabitants living in Bundung and when they were taken to hospital, they were quarantined and they were there for 3 hours or more but when they

were being transferred to MRC, it was difficult for nurses who will volunteer to accompany this suspected cases to MRC. So, it will be very important for the Committee also to discuss with the Minister whatever the Minister lacks and they feel, as a Parliament we can do and I am sure we are already to support you in this because this is something which is no secret.

Honourable Speaker, I also want to find out whether as at now when we have suspected cases do we need to treat them or to take care of them in a silent way or do we need to take it as matter of urgency? Because I am surprised yesterday when their Response Team came, they were reprimanding the staff, the way they were handling the case they think that they were sending unnecessary attention within the environment because as for them it was not even confirmed as to it is a suspected case but already the team at the hospital, they have seen all the symptoms according to them that were mentioned or that they were told that are the symptoms of Coronavirus. So these are the things I would want the Health Committee to find out more with the Ministry or the department so that we can be well prepared for this. Myself, I was all along with them throughout the 3 hours that they were dealing with the case.

I thank you very much.

THE SPEAKER: Thank you for that information.

HON. MOMODOU CAMARA [FONI BINTANG]: Thank you very much Madam Speaker, as you say I will be very brief.

May I first thank the Committee for the timely response to this issue, these are the emergency issues and this is what we expect from committees.

Madam Speaker, the Committee gives us some good recommendations but one of the key recommendations I want to emphasize is awareness sensitization which is key because as the saying goes “prevention is better than cure”. I think the sensitization of this whole issue should be

intensified, although they are sensitize from radios but I think they should go beyond to the local community so that they can know the effect of this sickness, because this is very serious sickness, so you see some people, they do not even take seriously some, if you tell them they will say this is Western sickness, people need to know exactly what this sickness entails and what it can do so that they could take it seriously and try to prevent themselves. It is very important to even go to this our local radios, our local communities and sensitize them and these a collective responsibility, all of us should do that even the National Assembly Members should do it. I think it is very important. This is one of the most important recommendations I want to highlight. They talked on this Giboro and Amdalai health post, and they said is only one health personnel they met posted there which they made a recommendation for the Ministry to add more and I think the Ministry will take up that and try to add another because when you consider the people coming from Amdalai or Senegal entering in to Gambia through Amdalai or Giboro, one personnel cannot do it. If one personnel wants to do it, he cannot handle them and he will be tired and secondly sometime you have to go to eat or you go to do something you want to do, so who will be screening those people if he is not there? So and they talked about some of the centres, the areas, the rooms. One of the rooms at Giboro, he said the rooms were not prepared. It is a serious things no ambulance, no rooms was prepared. So, if somebody is suspected of this Coronavirus, what is going to happen? It is serious. I think what has to done is, either you prepare the rooms and equip them or you station an ambulance that will be carrying if anybody is suspected straight to RVTH and as you said. And the other thing is about the Member for Sandu talked about this newspapers from Europe, I do not think I agreed only to newspapers, almost all the second hand materials or equipment that are coming, I think we should stop them all, all can be contaminated, not only the newspapers I think the Ministry has to looks at this very seriously.

Madam Speaker, according to their report, they said they went to the site called I don't know whether they called it "Wenchure"(Sanatorium) the

station where these people should be checked, if somebody is suspected of Coronavirus. I think they said is only 42 beds to me the 42 beds is very small comparing, may god forbid we see the rise of the Corona infection every day from some of the countries.

Sometimes they will even have one hundred or so. So why not, if possible any region if you can identify a facility and equip it where if these people are suspected, they can be taken to that place and be treated and more so coming from Basse, or coming from CRR or North Bank, before you reach sometimes is a problem, especially the ferries, sometimes the ferry is no more there, so it will be a waste time and maybe this is a serious thing if you can consider that. Thank you very much Madam speaker I think these are some of the recommendations I have.

HON. MOMODOU S. CEESAY [JANJANBUREH]: Thank Madam Speaker, all my major points have been talked about but I just want to talk about the sensitizations part of your report, since your trip was mainly around this area, I would have thought, you would have made a recommendation that for people in the rural areas, each region should be looked at, what type of media is more appropriate there? Because for example, if you go to Radio Gambia for CRR North is not very audible, so you look at what type of media is better in each region and you recommend that, that area should be sensitized with that type of media. I would want to see that type of recommendation thank you. All of my other points have already been talked about.

HON. MUHAMMED NDOW [BANJUL CENTRAL]: Thank you very Madam Speaker for giving me the floor. Madam Speaker I would first to all like to thank the Health Committee for their job well done. They have given very good recommendation which I believed it can be able to help to prevent the disease to enter the country.

But yet still, I have a recommendation, the recommendation that I have is the same with my colleague Member for Niamina East that we should

close all borders, yes it is very important because we cannot contain the outbreak of Covid -19 in the country.

Countries like Italy, Spain and other European countries cannot even control this disease imagine for the past two days, every day in Italy more than 250 people die in a European country talking of the Gambia which does not have the financial muscle, the facility and the amenities to control a disease like this. So, it is important to close the borders because every day 100 of Senegalese will enter the Gambia through different borders either Amdalai, Giboro or Basse, Welligara border, so it is very important and the airport should be closed too. People are coming from Europe and the disease is in Europe and we are still leaving flight to be entering the country in the Gambia, it is not safe we are very vulnerable at the moment, it is very important for us to close all borders, almost every week or every 2 weeks Senegalese are coming to the Gambia to attend these “Gamos” and these “**zeyaras**”. So, people can be infected easily so am appealing to the government to close all borders as soon as possible. This is my only recommendation thank you very much.

HON. LAMIN J. SANNEH [BRIKAMA SOUTH]: Thank you very much Madam Speaker first of all I still also want to thank the Committee for their commitment on the timely response to this tour, if you look at the sites that they visited, almost all the issues are identical in nature but some of the challenges that are there, I do not know what could be done I quite agree with the Member for Niamina who is talking about the timeline for the implementation of the recommendations.

Like some of the challenges like insufficient materials, insufficient face mask, small and congested office gaps in the Act which is very key, especially we know handling this issue has lot of financial commitments and reviewing the Act in order to enable them to come out with some supplementary legislation in order to acquire fund to deal with certain emergencies are very key. I definitely appreciate that one.

The issue of mobility is another thing notwithstanding, I only have few concerns in certain areas regarding the entry points, like you went to certain border posts, you look at the Gambia more especially, the West Coast which is very vulnerable, you have some of the exit routes where you do not have any check point, you do not have any border post, people frequently come in there. We have to understand certain dynamics when you come to our relationship that is symbiotic between us and the Cassamace Region of the country where we have our timber dealers that are using on daily basis to go and get logs from that area.

You also have some people that depend on us for food, you have this land rovers that fraudulently go to these places, even whereas we close all these borders, this people will still come and we have this contact.

The most sensitive part of it most of this neighbouring settlers use our health facilities on daily basis and like we at the border end, understand very well you have some of these Gambians and Senegalese that are having this kind of dual documentations. They still will pass through this thing and come to the country, they have those things so what strategy are we going to do? I just want to put another recommendation if there could be a kind of check point or a health post in some of this escape routes that are used on daily basis, which is very key without which we would not be able to address this problem seriously.

Which regards to the other aspect of it where even like my constituency, the tale end, you have Dimbaya, where you do not have any check point there, people will freely go and enter. So, those areas need to be looked at. If there could be a kind of collaboration with certain constituency members, especially the whole West Coast where we know areas that are very porous to take an inventory of them, if there is going to be any health post or a check point, you can liaise with the Honourable Members, we show you those places and put check point on them. That is my recommendations other than I really thank you for the timely response thank you.

HON. ALHAJI SANKUNG JAMMEH [FONI JARROL]: Thank you very much Honourable Speaker. First of all, I thank the Committee for a job well done.

This thing has come at the right time. My only fear is, if you go by this document all what is inside the document are very key, but now will we have that opportunity from the side of the government to help us? Because you did your observation and you went round and you notice all these shortcomings. It is very good that the Honourable Minister is here and I will also urge you if you can work hand in glove with this Committee, it will be very good because the recommendations that I hear, they are very important and we should not take this case lightly, because it is all about our life, so anything that is about our life is a concern.

And is terrifying, the whole world is terrifying, so Gambia is not an exceptional country that will not take this case seriously, because if you go to page 8 rather of the report where you have the challenges, these are very key, so the Minister please, if you go by this report, your work will be very easy and it will help the government a lot because like for example, when you have materials that are provided but not sufficient, and this is a threat. So what we need now is to have enough materials to safeguard our citizens because otherwise is a problem.

And many people talked about this border relation is also very key, not this important places like the recognised border post and the like, but there are certain border post like my Honourable Member for Brikama South did mention, there are other areas that are not identified but they are exiting points, people go through and they come in through those areas. So we need to keep a very strict control of our borders, is not necessarily to deny people coming but let us have people who will be there to monitor these intruders, so that we will all be safe. If we are safe we have a better nation, if we are not safe is a threat. So I am appealing to the Minister and to the entire government and to all Gambians, let us work together to make sure that at least we have a fight to end this disease. So I thank you very much.

HON. ALFUSAINY CEESAY [SAMI]: Thank you very much Madam Speaker for giving me the floor. I would also like to thank the Committee Members for quickly looking at this issue.

Honourable Speaker, this virus is a concern for everybody all over is a concern, so for that being the case, this is why they have taken it upon themselves to go round and visit these places. But what I would like to ask Madam Speaker, is that if you look at their visit is only 2 days. I do not know whether it is because of resource constraint or what? Because this is an alarming situation for all of us, I think all areas should be visited. There should not be anything left in visiting these areas. If you look at these areas, already there are establishments there, the securities are already in place. It would be very difficult for people to come and enter in the Gambia at those areas, the areas that they have visited. It is going to be very difficult. But as the Honourable Member for Sandu and Wuli East stated, you go to certain areas, rural areas, you find it very difficult because no security is there, 100 metres or less than that people can enter in the Gambia. What is going to be the fate of those people? When there is no security, talk less of the materials that you are talking off that the people should use when they are entering. They do not have security much more those things.

Honourable Speaker, the Committee definitely they did wonders, they should have sat-down, they will not go round but they have gone round to look at the places. If you look at the challenges that they have mentioned, if you look at the main report page 8.

1. Importation of second hand goods.

Yes, when you go to even at schools and even at the market, people buy good things that they eat at that right moment, but they wrapped on those things. They do not know that they are endangering themselves because something that is all the way from far places, you do not know before coming, what it has contacted with, you do not know. So, you wrapped that thing on it and you start eating, you think that you are

somebody who is civilize or what, when you are actually putting yourself in a real situation.

Honourable Speaker, when you look at the recommendations, they overlapped like you look at other areas as I stated it, those areas if there is public health officer there, is very few and talk less of mobility. If others want to travel all the way from let say Rarerou, I always want to take example of my area because I know that area I do not want to be caught that is why Madam Speaker, I always take example from my place to be on the safer side. If a public officer is there may be only one, wanted to go to those places. It is going to be very difficult, but what am also recommending is that, I think Ministry of Health should pay more attention to the rural areas, more because these areas as I said the establishment are already there, but the rural areas there is nothing there. If we think that may be, we protect here and we do not protect the rural areas, what we are running from May God forbid, so therefore they should look at all corners - Ministry of Health in particular so that this serious disease will be prevented. And even this "lumos" Honourable Speaker, these "lumos" should be banned right now. Look at Senegal, they have stopped all public gatherings, now there is "lumo" at Sami ,Thursdays, all of them will rush and come because for them they have closed their public gatherings, all of them will rush there to come and buy their goods and through that something could happen. So I think the state should make a press release right now to stop all "lumos" right now for the meantime.

Thank you Honourable Speaker for giving me the floor.

HON. SAIKOUBA JARJU [BUSUMBALA]: Thank you very much Honourable Speaker, I also want to join my colleagues to thank the Committee of Health.

I think I am vindicated yesterday. I made a statement that I said committees should work on current issues to make the National Assembly at a level where what the population expect from us to hear from us and

see us doing it. So, this is a vindication that the Committee of Health have done that because these virus is a concern to every citizen of the country, so they are hearing from us debating on it with recommendations, I really thank them a lot.

Madam speaker, I want to assure and tell the Committee that the recommendations cannot be exhausted, because as the case everybody is in dire concern. So everybody wants to give recommendation but if you had mentioned it here in the report that as a time of reporting, these were the things on the ground, but as the Minister will come, we are hopeful and it is being said by the Minister for Finance here yesterday that some amount of money had been committed for the reaction to this disease. So obviously, the government is doing something but we want to hear from the Minister.

Honourable speaker, in that regard I also want again refer the Committee or the whole Assembly to the Constitution; Section 109, Subsection 2A; which talked about the function of committees in the Parliament. Why I bring this one because in one of the recommendations of the Committee, they are recommending for Ministry of Health to work with Ministry of Justice to try to bring an Act. I believe our responsibility, if I could read for others to; it says Section 109, Subsection 2A states; committee may be appointed;

A. 'To investigate, inquire into activities and administration of ministries, department of the government and such investigation or enquiry may extent to making proposal legislation'.

One of the recommendations that the Committee is doing or putting to us is for the Ministry of Health to collaborate with the Ministry of Justice to come up with an Act in relation to Section 154, Subsection 1 of the Constitution, which talked about contingency fund for emergencies. An issue has come, we realized it that, all the recommendations we are trying to put together here, need require funding and all these things are capital funding that are not part of the 2020 budget. But if authority has

this contingency fund, obviously we will just be asking how far you are spending. So I propose, let committees take their stand, whenever they go out and they found that there is need for a legislation, we contact and engage the relevant authorities to come up with that.

I believe your Committee can engage the Ministry of Justice yourself before asking the Ministry of Health to go, they can but you engage that this is what we realized on the ground, there is need for us to have this Act, so that this contingency fund could be allocated, could be in the position to respond to emergencies.

Madam Speaker, as it is now thank God may it continue like this, there is report within the country. Our only problem is external that is why we are talking about borders. They gave an example of Giboro. I am part of a Committee that have an oversight on borders. Madam Speaker, I want to tell you this. It is just because virus have come, there is an outbreak of disease outside than people are talking about border. Borders security does not mean only on arm security, drug security but issues like this.

Madam Speaker the condition of our borders may God protect the Gambia, but there is no way or structure at our borders that can work to make sure that we are free from this. People talk about porosity of borders, even identified borders, there structures are not that much favourable. Even Giboro, people enter the country before they see our officers. The structures at the borders should change, you take Senegal as an example. You have offices in sequence which one should reach first to the other. Madam Speaker, I want to suggest this as the Minister of Defence is here, the borders are under his purview, let him try to have a holistic study of all borders and then change the structures, to have the request structures best international standard structures for us to able to fight all cases that are coming into our country.

We are talking about virus today, if you talk about borders today the Giboro border somebody can be infected and enters our police officers, our security men are also in threat, but if you have a structure before

they enter into the country meet with our public health officers they are screened healthily before they enter come and meet our security immigration and the others. This is very important.

Madam Speaker, in that relation, people talked about the porosity of the borders. Anywhere in the country, there is exit and entry. Madam Speaker, I want to propose also and I have it as recommendation, training of security men not only the public health officers there, even the soldiers because the soldiers do patrol along the borders. They do encounter some people that are entering may be probably is the criminal that are entering with drugs or anything but they could be infected and they are always sometimes apprehended by the these soldiers at the borders, at this border post so, training could be also extended to them. If Public Health Officers cannot be deal with them in their operations at the borders, but they should also have a requisite knowledge of this disease.

Madam Speaker, in the report everything is said very clearly but what I was expecting to see because this is new disease that is coming up, I expect to have a description of this virus how long does it stay? Because somebody mentioned it here and then Wuli East mentioned from the information that I wanted to have that this virus stays 14 days in your body. If I did contact it today God forbid somebody got contact with it outside, just now I enter of the country, if you test me you might not see because for the majority, the tendency to show sign and symptom is not there. So the person can come may be within 14 days it comes up so I expect this is the description of this so that people can know.

In that if its 14 days Madam Speaker, I believe the quarantine system at the borders should be strengthened depending on this disease. If somebody enters, if it is 14 days, I suggest the quarantine them there for 2 weeks at the borders. It is nobody's intention to delay to make any uncomfortable conditions, but is better to safe ourselves. In that regard somebody mentioned about using RVTH, my friend is too far somebody being suspected at the border, you bringing him to Banjul, you are trying

to quickly spread the disease to everybody. Let us have quarantine centres at these borders that is what I wanted to talk about.

Madam Speaker, food safety people talked about it, externally we talked about the borders but food safety is a problem. Some mentioned about the used newspapers and used cloths. Madam Speaker, the way we even process and provide food among ourselves in our homes, in our schools and in our shops is terrible. Only what we can do is for the government to strengthen their measures at the borders for God to save us, but I fear if this virus could have come to the country is a problem.

Madam speaker, in that regard our public health needs to be empowered. In those days, when I was young they used to have “buddofales” (public health officers) going round to inspect homes, sanitations, their gutters, their “sucker ways” (culverts) talk to them about it, how do they cope? The condition of their kitchens, but those ones are not there. Madam Speaker, government should look into these areas to empower and employ more public health officers give them the required materials that they need so that they can go round and try to look at these health issues.

Madam Speaker, there was a time of Ebola outbreak here, everywhere you go there is a sign of Ebola trying to sensitize people. Madam Speaker, as we speak now, I have not come across any sign board or bill board talking to us about the Corona Virus, Madam Speaker, I think the Ministry needs to work on that.

Madam Speaker, somebody talks about banning of public gathering.....
interrupted

THE SPEAKER: honourable when you coming where did you pass through? Do you pass through the gate?

HON. SAIKOUBA JARJU [BUSUMBALA]: No I did not see to be honest if I stand to be corrected.

THE SPEAKER: Maybe because I was not driving that is why I saw it probably you were driving.

HON SAIKOUBA JARJU [BUSUMBALA]: Probably very good so, that is why it comes to you Madam to employ a driver for me because you do not expect me to be driving and looking around or I might cause accident. So everything comebacks to you Madam.

THE SPEAKER: I think I gave you a very good justification.

HON. SAIKOUBA JARJU [BUSUMBALA]: Now I am also telling you to give me a driver to be able to concentrate. Very good Madam, if it is there is applauded right, let it continue.

But also not only on bill boards but in schools Madam, there are comedy experts, to rappers and the like people listen to them very well. I appeal to the Ministry to work close with them to have a sensitization programme on radios and in schools.

Madam Speaker, my last point I want to talk about is, they have talked about banning public gatherings of 50, because that is declaration from ECOWAS even at this morning, I read, ECOWAS has made that declaration, a gathering of 50 people should be banned. Alright and then that is part of the recommendation from the Committee. Madam Speaker, in that they have to consider schools also, banning National Assembly, maybe National Assembly, we could provide ourselves with sanitizers and we know what to do but in schools the children there is a problem.

Madam Speaker, before the banning, I want the Ministry of Health and Education to collaborate, to improvise. It will be difficult to provide sanitizers for schools but hand washing with soaps. It is part of the policy of Education but they are provided at times. Why not they do the sensitization and have this improvised hand washing equipment in all schools to train them, some private schools have started but public schools, is it going on? I think this is something that we need to work on.

Madam speaker, emergency ambulance and emergency hotlines, we need to have those ones, thanks to the Member for Upper Fulladu West Dawda Kawsu Jawara, because I have seen in the news that he has inaugurated with the Minister an emergency ambulance in around Bansang.

Madam Speaker, you see every region needs that not only hospitals but we need to have emergency ambulances plying the road and we have emergency numbers, when you suspect a case in your house, you call that number and people respond. Madam Speaker on that note, I want to take my seat thank you very much.

THE SPEAKER: Thank you very much Honourable. I think there is 1025, I stand to be corrected yeah thank you.

HON. HALIFA SALLAH [SEREKUNDA]: Thank you very much Honourable Speaker. We are told by the Committee that has demonstrated legislative oversight and by taking an issue of national importance seriously and putting it up front. The unfortunate thing Honourable Speaker, is that sessions like this should be covered by all media houses live, then the Minister will be heard by every Gambian citizen and those concerned and that would have been the best way of advocacy. And I hope that when we deal with such important matters, that this institutions will see what their national responsibilities are in ensuring that our people are adequately informed.

Honourable Speaker, we were told that this is pandemic, that Covid-19 is highly contagious disease, its infections then the question becomes. How is it carried? And who is the carrier? We are told that human beings are carriers that vertebrates are also carriers.

The Minister will come and explain to us which animals have so far been discovered to be carriers and how it is transferred. We are told that it is not air-borne, it is not like TB, but the word that we are beginning to hear is that, it is actually a surface borne may be, the Minister will explain more what that means and how does it get from the carrier to the other person and infect the person through coughs or sneezing. Is it the fluids

that we touch and then touch tables and then we are told that proximity is important, so this is what we are here to learn from the experts, because we cannot have prevention without knowing how this is transferred and essentially, it is important for us to have that understanding if we are going to have a preventive strategy to deal with the problem.

We are told, Honourable Speaker, that this disease at the moment is exogenous, it is coming from the outside. It is not endogenous, it is not from the inside, so if we are to prevent, then we must focus on who in the outside is actually going to bring it in and how do we prevent that. That is clearly what the committee tells us that it sought out to find out. In its presentation, paragraph 4 page 6, it says very clearly that its objective is to assess the level of preparedness, identify challenges recommend for interventions and provide support. What did it discover in terms of the level of preparedness? Well the committee appears to be very decent in its presentation, but Honourable Speaker what the Committee is saying at the time that it went around, the country was totally unprepared in handling this matter. Because preparation is to have all the materials necessary and the personnel necessary, you need personnel, you need materials, without materials, without personnel then you are not prepared. So in the border areas that we have mentioned, we have seen a lack of preparedness and at the airport we see some attempts of preparedness and then the committee felt that the airport had done what it is supposed to do under the circumstances. But preparedness must be determined by the Ministry and it must establish the guidelines A, B, C and D, that when you are totally prepared, this is what must be available at the place. And it is the duty of the Minister to come and tell us what must be in this border areas in order for us to be able to gauge and fully affirmed that, the area is actually prepared for the illness, and then we can carry out our oversight to see that, that is actually what must be monitored on a continuous basis to see that they are ever ready. Hon Speaker, it is through identification of what is coming in that constitute a treat that the Minister would be able to tell us the high risk, the median

risk and the low risk, and then we must address the high risk as the key emergency issue that must be handled and then thereafter the other elements. Hon Speaker, from the committee's recommendations, we have seen that we must identify the areas where this Covid 19 is most prevalent and where it is most prevalent, we must look at those who are coming first concentrating on our citizens. There are Gambian citizens studying in China, in all these other places. The Ministry of Foreign Affairs and the Ministry of Education should immediately identify all Gambians who are under the responsibility of the state sent to places to study and find out 24 hours, what is actually happening to them, and direct link with them by phone to know their situation and to be able monitor what is happening, and to be able to work with foreign governments so that they will be under medical observation to find out what their current situation is, their current status and then to continue on that basis to be monitored so that anytime they decide to come to The Gambia, they would not have any problem of being seen to be bringing anything in that would harm the citizenry. So essentially that is absolutely essential. Hon. Speaker, we must also look at those countries where it is prevalent to be able to speak to their governments, so that we begin to examine how we can handle those countries in particular. Hon. Speaker, we have been told by the committee that coming in, you will find immigration, you will find public health, you will find customs, and you will find the police. So essentially, this is becoming the structure in terms of border, both human security and general security in terms of military and police. So in that sense Hon Speaker, there is need to build that team work because all these people could be threatened by Covid-19 and they can transfer it to each other. So therefore, it is important to transform such border post and the personnel there into a team that will be able to work, and we have heard the committee loudly that they are talking about who is to see those who are coming first, and that organization must be there. That structure must be there. The institutionalisation of the preventive mechanisms that we have, that must be there at the moment and what do they need to be protected, they must have the protective gears. Since they are the port of

first call, they are the people who should be given all the protection that they need. And therefore, the Minister is expected to come and tell us what they need in order to be considered to be well protected, to be able to perform their responsibilities. Hon Speaker to come closer home, it is very clear from the committee that the public health system is going to be the major preventive system that we need to ensure a preventive health. It requires to be strengthened. It is very clear that we must have a public health policy that is fit for purpose. Whatever is in place now must be re-examined to ensure that we incorporate in it, the very principle that is already embedded in dealing with emergencies that a National Health Emergency System must be in place and when we say system in place, it must be transformed into an institution that there is an inter-ministerial committee or taskforce that is responsible for reacting under such circumstances and it should be constituted now, whether they are the ones who should recommend to us, is it health, education going to Foreign Affairs and if you are at the level of Local Government and Interior, well let them tell us what is needed, finance there is that force that is needed so that on short term notice, they will be able to look into this and each area would be able to come to this National Assembly as we are interacting now, answer questions and at the end of the day, we will be able to come with an institution that will deal with the personnel necessary and the capacity built and then action taken. Hon. Speaker, we are dealing with an issue which deals with public Finance. I have taken into consideration what the committee says, in terms of contingency fund under Section 154. Yes on contingency fund may be established to be able to carry out such work of emergency, but it is already provided for in the Act. The Public Finance Act under Section 24 does provide for that type of emergency because Section 24(d) is actually saying that in the estimates of the expenditures that we approved, the Minister may include estimates of expenditures allocated to unforeseen expenditures in this section referred to as unallocated expenditure pursuant to Section 154 of the Constitution for any situation of exceptional nature which cannot be predicted in advance and therefore, cannot be included up under an

appropriate category of expenditure. So essentially what we are just saying is whether it is going to come by supplementary appropriation Bill and next time in any budgetary allocation, the Minister should ensure that the expenditures are put forward for our approval, so it already provided for Hon Speaker. So my conclusion Hon Speaker, is that this is what the work of the National Assembly is all about. And we hope that in the area of the state, we have seen the limitations. They must be addressed and the Minister will tell us how to address it. In the area of the citizenry, we need more education to see exactly what we ought to do to be able to protect ourselves, that education must come from them and we as National Assembly members can help in that education. In the area of the nongovernmental organizations, they must be part of this emergency team to respond, this emergency response team and obviously Honourable Speaker we need to concentrate on our link with the sub-region, our neighbours, ECOWAS, we must understand all these policies and therefore they must be linked. We cannot separate what is happening here with what is happening in other places and if we close our borders without real consultation and others close their borders without consultation, we will create islands everywhere and at the end of the day we suffocate ourselves. We may not die by Covid-19, but we may end up not having food to eat, water to drink. I think it will end up with the same results so really this does not require alarm, it does not require taking measures that are not well calculated and really what is most needed is proper consultation. We talked about washing hands and chemicals well the Minister will tell us because sometimes chemicals can be more dangerous than the viruses we talked about and people tend to use all these chemicals and many people are dying of all sort adenovirus because of the chemicals we are consuming in our bodies. So we need guidance and I am sure the Minister will give us that.

HON. DEMBO KM CAMARA [ILLIASSA]: Thank you very much Honourable Speaker for giving me the floor. I will be more brief simply because I have heard so many speeches from my friends, but Honourable Speaker what I am saying is that this nature does not belong to us, we

must understand that. The only thing we can overcome this disease, we have to go back and kneel down and beg the Almighty God so that he can forgive us. This is the only bottom line we can overcome because there is no body on this earth who can control and who has the power to control air nobody, wash your hands, cover your nose, closing borders that is the not the solution. We have to go back and kneel down and beg Almighty God to safe our country. Thank you very much.

HON. FATOUMATA NJAI [BANJUL SOUTH]: Thank you very much Madam Speaker, I would also like to join my colleagues in giving the Committee a great round of applause for a very proactive mission. I think they have always shown their competence and I think we should give them applause. But Madam Speaker, we should all realise that this is a living pandemic and these visits were done from the 3rd to the 4th of March with the report laid today the 17th of March. These visits were done the 3rd and 4th of March with the report laid nearly two weeks later and we all know that this corona virus is a living virus and every second is very important. Things change every day. Yesterday, there were 38 recorded incidents in West Africa and this morning we woke up to 40. So it shows that we should be prudent enough with our information, so even though it is good and well calculated, well done, but it should have been done instantaneously, laid the report with action taken because this a virus that is moving really fast and it is of high risk as it is stated many times in the report. So my only reservation is why the long presentation. Even if this parliament was not in session, an emergency could have been called. My understanding is that if an emergency is called for executive reasons, this is a national emergency we could have called for an emergency sitting but then we are still discussing it which is fine, but adding to their recommendations, I would also add that we all know the importance of water especially at this time and we all know the lack of water supply in this country. So I am also urging them to add to their recommendations that this government ensures that there is water supply across the country irrespective of where you live from Banjul to Koina, because now we know the importance of not only drinking water but keeping our hands

clean to keep the nation healthy. Also, I have listened to some of my Honourable colleagues mentioned the closing of borders. To be honest with you Madam Speaker, the whole of this week, I have been thinking that we should close our borders but when I discussed with some of my colleagues and with the Honourable Ministers and some other professionals, I was told that closing the borders especially our land borders like my Honourable colleague mentioned might not be to the interest to the country but what we should do is to try and have proper full screening for everyone that is entering our borders because, if we close our borders, we would have more illegal entrance and that would create more risk and will be more dangerous because we will not be able to locate them, we will not be able to monitor them but if we have proper monitoring mechanism, we would be able to either if need be quarantine them, and also what I would like to recommend is to either do voluntary isolation only go out if necessary or have the government restrict our movement and gathering because this disease to be honest, I am really afraid because I do not want to die now. This is really serious. I will wait for the Minister to give us his statement because I have an up to date figures from the ECOWAS region as we are speaking now we have 40 as at 17th of March, which is today and it is really alarming and in the European countries Madam Speaker, we have so many deaths and in China they have 13 new deaths which is quite serious and we have people moving about. Gambia is a hub. We have flights coming all over the world. How are we going to monitor them? I am not saying we should have total closure, but there are certain routes that we must close. I will give for example Royal Air Morocco, thousands of people meet in Morocco every day and Madam Speaker some people are trying to manipulate the routes right now. Senegal has closed some of their air space to some countries from some countries and as we speak now, some are negotiating with Gambia to use Gambia drop them here and transfer them to Senegal. Why should Gambia allow that? We are a sovereign state, we make our laws, we should respect our laws and moreover respect our people because the people make The Gambia. If we expose

them to hazardous diseases, it is going to be at our expense and Madam Speaker like I always say, we all know that our health system is not up to standard. It is not because we do not have good doctors, I would say out aloud that we have excellent doctors and medical health officers, but it is the equipment that we do not have probably because we do not have the finance and like I always say because we do not have our priorities right and I would always say it but Madam Speaker for us prevention is the most important because if we prevent, we will avoid the cure because for us when it comes to the cure, we are doomed because we cannot cure. Madam Speaker I thank you.

HON. MUHAMED MAGASSY [BASSE]: Madam Speaker, thank you very much. The report before us is a clear manifestation that the members of the select committee on Health and related matters are compliant to the provision of the constitution and to the clauses of the Standing Order. We thank you for your good job, and I think this good job could be a provocation for all the committees here because every committee has a concern with this country. For example, Education Committee, by now, I think the Education Committee also can go round all the schools to read the situations there and to know what to propose like other committees could do. So therefore, being compliant to the provision of the Constitution and the clauses of the Standing Order, is a step forward in nation building. We thank you for that.

Honourable Speaker, in their conclusion with your permission, the mover of the report, layer of the report said and I quote “Honourable National Assembly Members, to conclude, we are calling on everybody to action as this pandemic has turned everybody into stakeholder”. So, I think to me even this sentence alone is sufficient to tell us what is our responsibility as at now. We are talking about sensitization. Who should sensitize our people? Should we rely only on the Ministry of Health to sensitize all these people for us? We should not because the select committee said they are calling on everybody and that situation had changed everyone into stakeholder. It is not only the Minister of Health who is the stakeholder

here, everybody, and whoever in this country if you are a citizen or you are living in The Gambia you are a stakeholder. Let us think now what is our responsibility or what should be our TOR? Or what do we expect from the Honourable Minister to tell us so that we do our activity in a professional way. I think that is the question we need to ask ourselves.

From their report, recommendations made, all these recommendations and added recommendations are all valid but we know ourselves and we know the capacity of our economy and our country as well if it comes to human resources. Before this situation, we know the health sector has its own challenges. How many health centres are without doctors? How many health centres are without trained nurse? How many health centres are without ambulances before the coming of this situation? Now this situation has also come. It is now a big problem, but if we want to leave everything in the hands of the Minister of Health, it will not work. At the end of the day all of us are going to feel the pain because if you are not infected you will be affected.

Madam Speaker, there is a need for consultation, concept is very important. Philosophers said things do not exist unless we have the idea in mind. Anything if you do not have the idea in mind, it does not exist for you. And I think our colleague member for Illiassa has come with another concept that all that we are saying is at the left-hand side, to be at the right-hand side, he has brought proposition that is concept. Not him alone he is a follower but whom is he following? What is the message coming from those people? And what are the other followers going to do? Do we think if we do not deal with concepts, all these recommendations are going to be implemented? No. We will not have the collaboration of people like him or people who think like him. So therefore, I would not touch on any terminology, but I will just create a situation, such situation is happening in this country and it is important to know who are people who are behaving like this, who are people who have such concept with them and those people if their concept does not change, believe me you cannot get their cooperation. If you do not have their cooperation, the

recommendations that are put before us will be very difficult to be dealt with. So therefore, there is a need for consultation and I think my colleagues understood where I am coming from and where I am going to.

I will also add to recommendations, there is a need to consult with the media fraternity. Information management is very important and in information sharing you need to be very responsible. Three weeks ago, an information was passed in Basse that there is a case found in Basse. Everybody was panic and later on, the Ministry of Health through the directorate of Education and Health promotion did come with a report that what is said was not the situation. So, who is responsible for that information? Why giving such information which you do not test the validity of the information, whether it is correct or not? Where do you get the information? The sources of information is important. Who should inform you to inform others at this material time it is important. So therefore, I would recommend to the Ministry of Health if you can have consultation with information sharing body so that the information that is going to be shared will be correct information coming from correct sources.

Madam Speaker, it will be difficult at the point in time to ban public gathering. If we are talking about public gathering let us begin with the Assembly. This is the National Assembly, it is public gathering, we are saying to stop it, let us ban it, we are doing it. We are gathered here for what? This is for the interest of the nation. Those who gathering at the "lumo" what are they doing? Not for their only interest but for the interest of the nation. If you talk to the area council they will tell you with this ban, what are they going to face. That is why it will be very difficult to ban public gathering but what we can do, let us think of an alternative, testing at the entry point before you enter you are tested, like it is happening at the ECOWAS Parliament, before you enter in the parliament, you are tested and if you are suspected, they will take you directly to the hospital. I think we can copy such practices. Testing centre at the entrance of the Parliament, if anybody is entering the Parliament, you are tested, we got

the information about you, before the mosque is possible, at the “Lumos” if possible, at the markets, if possible or any public gathering centre to have test at the entry point starting with the cabinet, if there is cabinet Ministers show us the lesson so that every Minister will not go in if you are not tested. So from there you come to the Parliament, the rest will comply. And the testing again at the schools extending even at home, and why not opening a voluntary testing so whoever go and test, go and test yourself. You do not know whether you carry it or you have it, you do not know for your own safety and for the safety of your family as well. Every day if you go home you want to shake hand with your children and your wife, likewise your wife want to do the same thing , but it is important for you to go and check yourself. I think maybe all of us in collaboration with the Ministry of Health we can be able to convince people as we convince people to cast their votes for us. There is nobody who should lead sensitization more than us because the people we are talking to, we have spoken to these people before and they did comply to our demands. So we think whatever we tell them they will comply. It needs a collaborative effort not only as a sector but everybody as it is mentioned in the conclusion.

At the borders, I do not know whether you notice it may be, it is happening only in Upper River Region, or in Basse. The number of people coming from Senegal entering into the Gambia by motorbike taxis are more than the number of people coming through the border. My village Sabi is an example, even today just after this session, Madam Speaker for your information, I am going to Sabi because I know I am the person, one of the people who can talk to my people for them to hear and believe in it. Motor taxis, you have more than fifty motor taxis in my own village Sabi and they come from Wellingara via Dibiru, Sandaga, Jallaga and enter in Sabi. Sabi is the first entry point, and the border also is at Sabi. So, that person carrying that person coming, if that person is infected, you who had the first contact with that person you are also infected and they will not go to hospital to test but you go home, what do you do if you go home? And what will happen? And where it will end? Nobody knows, so it

is important that is why I am saying, it is a collaborative effort. So closing borders here, it is a semi-solution but not a solution because people who want to enter in The Gambia they can enter in The Gambia without passing through borders, and they will be helped by Gambians themselves for economic gain. So, at this juncture, it is important to boost morals that is where your moral education has to come now. See your country first, see the welfare of yourself and your country as well, and forget about economic gain. If your country sinks, where are you going to stay? You will follow it. So let us concentrate on the country first. That moral everybody should have this and who should give that moral to people, no other people than us. It is the Gambia that is seated here because we are representing the entire Gambia here. Whoever have the capacity to go and talk to your people and they will hear you and they will comply with what you are telling them.

Honourable Speaker, my last point I wanted to ask a question or two questions or even three. You know I dealt with concept. Rumours are going round that a vaccine has been discovered but it is not a vaccine. It is a way of affecting or infecting the Africans. So therefore, if any health personnel come to you and tell you that I want to vaccine your child do not accept it. That rumours is going round. If you do not come across, I have the sources I can help you to listen to it. It will help you, it will help all of us, because some people are dealing with that concept that it is not true, it is just a way of fighting Africans or a way of fighting Islam, they do not believe in it and if they do not believe in it, any measure that you are going to take, they will not comply to it and at the end of the day, our effort will not be fruitful.

The second question will be, I have listened to your interview Honourable Minister. You made mentioned in need of 8.8 million US Dollar to get prepared. Yesterday the Honourable Minister for Finance and Economic Affairs was before us here, he informed us you made a demand of 6 million Dalasi and they gave you 4 Million Dalasi. In your interview I heard US\$8.8 million and in the Minister's information I heard six million dalasi

Gambian money, Minister of Finance and Economic Affairs. If you compare these two figures, not only the figure but in the currency, the gap is huge. So, what is the information that is coming from you? If you are making your statement, you can please put that into consideration. Honourable Speaker, with these remarks, I want to thank the members of the Select Committee on Health and related matters, but let me call your attention on one thing. In your name we have a word disaster. I am not pre-empting but just to call your attention, before Coronavirus going to this extent, calling the attention of every Gambian that was a disaster in Basse. The entire market is gone off. I was expecting the Select Committee to be interested also in that disaster but nonetheless, I know you have a lot to do like I have a lot to do but just have it in mind it is also a disaster. And finally Corona, when I analyse this word I have seen two Mandinka words **"Coro Na"** and **Coro** could be synonymous to disaster and **Na** could be synonymous to coming, then Corona is the coming of disaster. Thank you Honourable Speaker.

FATOU K. JAWARA [TALLINDING KUNJANG]: Thank you very much Honourable Speaker for giving me the floor. Honourable Speaker, I just want to add some recommendations to the report but before doing that, I will also join my colleagues to commend the Committee for doing justice to the work. Honourable Speaker, my first recommendation is to recommend for the suspension of all social activities including some religious activities. When I say religious activities, because we have in the Samis, Sami Medina and Pachonki and Suruwa Kunda, most of our children are being taken to Senegal in their Quranic recitation centres where the virus is being detected. My point number two is when the Committee were doing their oversight function, they came with a recommendation of training on health workers like orderlies, cleaners and some drivers and staff of poly clinics. I think they should not limit it to that. Sorry, point of correction. I do not think Honourable Member for Sami should clarify that, honestly, I spent all my youthful age at politics. Honourable Colley can attest to that. Hold on let me land. I know this place and I know that many children do go to Senegal for Quranic

recitation. I know Medina where Alhagie Papa live and some of this areas so I can attest to that. Allow me to land before this thing will escape my mind. I did not allow him. The other recommendation state that health workers should be given protective materials but God forbid in an event that these care givers get infected what is the Government going to do to save them or their families? My recommendation number 2 is, we talked about closure of the border but some of these goats and sheep that we sell in our markets are from these neighbouring countries, I do not know what the Agricultural Ministry is doing whether they inject them before they take them to our market. With regards to the issue of MRC, I would also recommend the committee to have phase 2 of the visit together with the Honourable Minister to see what are the outcome or what are the improvements because we are not privy to some of the information because they conducted the tour just the beginning of the incident, thank you very much.

HON. ALHAGI S.B SILLAH [NIANI]: Thank you Honourable Speaker for giving me the floor. I would also join my colleagues to thank the Select Committee for Health. First of all, I would say let us pray to God so that we can be guided and prevent, protect us from this virus. I think the first solution is we all join and pray to Allah so that we can be protected from this virus. I think all of us believe in God whichever religion you are. My thinking is always different from others simply because I think it is the way I normally see it. First of all, we are saying washing hands let us try to protect, I think the best protection is to stay at home. Looking at ourselves when we came into this house, we were knocking each other giving foot to foot but how many people enter into this house pushing the door with your head or with your foot, there is no body. We were already contaminated if at all there is a virus, so this is why I say let us all pray let this virus, let God guide us let us not be infected because it is going to be very difficult and even the doctors, they will be wearing gloves so tell me wearing the gloves, you assumed you are protected, ready with the glove you have to remove the glove with the other hand, how about the other hand which has been touching the glove, how can you remove that one?

Because you are removing this one is a glove, now this one is empty, how are you removing this? And already that glove is contaminated. So basically this is how I normally see some of these things I can only say may be God will protect us and let us pray let God protect us. If you see they are saying let us stay away, Europeans are staying away, if you are in your house maybe you will be a little bit protected. Moving around now you are going to join with the bus or with the vehicles or we give lift to others did those people also wash their hands? You do not know. For almost one or two hours we have already washed our hands here, but did we do it again? No, so these are the things we can fully think over it. So the Select Committee has done a job well done. Why they went to Giboro and Airport because then, Government was not looking for revenue and these are the borders where that revenue comes. Now it is about human beings, let us think over the other borders. My area called Njoben, is an entry point and in fact it is a Senegalese garage coming from Kungel, Mali, Guinea, so try to see most of the border even in Njaw, Kaur especially my area is all over porous. You can enter anywhere in my eastern part of my constituency without going through customs or without going through in fact, the border. You can enter anywhere so these are things which now is a concentration on human trafficking as Member for Basse said, you can enter anywhere in the eastern part of the country without going through borders. And it will be more than thousands of people during "lumos" may be in the Airport you can be able to quantify, you can be able to quarantine, you can be able to inspect, you can be able to check but in these other borders you cannot, days like yesterday my area you never know because it is a "Lumo" day at Wassu and everybody knows Wassu. I think everybody had at least once gone there to find at least a ram. So those areas are porous while in other areas, you can be able to prevent like what the Select Committee said they went to Giboro and others but as I am talking to you Makkah Gui is a border post but it has never been a quarantine and there are no health post there it is only the custom officers who are there just to see how the revenue is coming to them. So in this case, we should be very much careful and think over those things.

A poor man has no choice, he does not have a choice, and we have said this in newspapers and things like that. We were having this polythene bags we say let us ban it ,we do not have a factory and we need to have those things, so I do not know what measures with the health Ministry will do to remedy those used clothes or second-hand clothes because while we are here, maybe we have been using the new brand new clothes but if you go home people will start using T-shirt and things like that and most of those T-shirts are from the second-hand clothing but sorry to say that all what I am seeing with all these protection, with all these prevention, I think what my colleague from Illiasa said, I can also add to his word that let us pray to Allah so that we can be protected and guided from this infection because it is going to be very difficult because the interaction we cannot avoid it and these are situations which that will transfer from man to man by giving hand, in fact, here we start to ask each other can I give my hand? Ah! No problem, you can give your hand to me so these are the things. So Madam Speaker these are some of my contributions towards this virus because I think I also pray to Allah the 42 beds which are being spared for the infected people, may Allah forbid and may Allah guide those beds not to be used. So I think this is my deliberation, thank you.

HON. OUSMAN TOURAY [SABACH SANJAL]: Thank you very Madam Speaker. I am going to be very brief because I am left with nothing to talk about now. Most of things I gathered regarding the report have been dilated on by previous speakers. So based on that, I will just summarized few points and also make some suggestions in relation to what people have been saying about Covid-19. If you look at the report, the Committee was able to identify some challenges which are very critical and before going further I want to applaud the Committee for the efforts they made for being proactive to come at this point in time and inform the Parliament what is the status of this Covid-19 in this country. The Ministry as well by the same token, I will also applaud them for standing at the right foot to make sure that all the necessary precautions are taken notwithstanding, you could not just do everything at the same time but the approach they take is very good so I want to acknowledge that. Going

further in the report, as I said, some people were in the challenges that the Committee identified was one of them was policy issue, it talks about policy gap and I believe the Committee went further to make some recommendations in trying to come up with amendments to the current Act, health Act I do not know, and which is really laudable, I really want to see that happened and I also called on the Committee to facilitate that process because health is everything but it does not call for that much alarm that people you know are anticipating because this virus, as he said, we cannot be so implicit to believe that it will not reach us but we should not also over exaggerate it to a level that people will have fear that is very important. I think this is the right moment where we can take our stand to manage this problem and most of the speakers have highlighted lot of issues that when we apply them especially the recommendations, I think God may help us to be free from this problem. The other point I want to talk about is the capacity of identifying the suspects. If you go to these points, those people posted there, I do not know what capacity they have and what type of instrument can they use to detect a particular suspect or to know that such an individual is affected by this Covid-19. That is an issue, I do not know if something can be said about that, I would really want to know that. The next point I have is about this public gathering, the religious gathering, the traditional gathering, the cultural festivals, all those activities are activities that call people from different areas and they celebrate. It is going to be very difficult to say you going to suspend or you going to condemn them, even though, the virus is really contagious but you have to see ways and means of controlling those kind of activities. I would not say we ban them for the moment but wherever they happen, I think people should be closely monitored, sanitizers should be available in those areas and people will be monitored thoroughly throughout the process or throughout the program that will help in managing this problem from spreading. I think what is more important for me is our hotels and our restaurants where we have these guests, lodged and all these people are you know most of them are not Gambians and if you go to those countries in Africa

where this virus is detected, it is contracted from outside, it is imported and it is imported through this tourists route. So for me these hotels we need to look close at them and see how best we can deal with the hotels. I was even suggesting that if we can close these hotels that would really be good. Yes, because you cannot say we will close the airport but if you close the hotels and it is announced, whoever wants to come here for tourism will not come? I know it will have serious impact on the economy but you do not have option and for me that is the only simple way that we can handle the going and coming of people in this country. The other point people made is the closing of the borders. For me, I am not going to be a party to that idea because border closure cause a lot, means a lot and Gambia, let us remember that we are not independent in terms of the food we eat, in terms of the materials we use in this country so if you close your borders, after one month what would happened. In fact presently people are even afraid of high prices of basic commodities because most of them are not coming right now so that is going to be another problem which may cause a more severe problem than even the CORONA. So let us just understand that the Corona is available but let us not over exaggerate to a level that people will not even have the chance to think about how to manage themselves or how to protect themselves from this disease. So I think with those few comments Madam Speaker, I thank the Committee and the Ministry for the proactive measures they are taking right now and let them keep this, the Committee, I believe they are really doing a good job with those few remarks I thank you and beg to take my seat.

HON. MOMODOU LK SANNEH [DEPUTY SPEAKER]: Thank you very much Honourable Speaker for giving me the floor. Honourable Speaker, I will try to be very brief. Let me first of all take this opportunity to thank the Chair and the entire Committee on Health for the good foresight because it is within a very short space of time they were able to move very quickly to do their oversight function. So let me thank them for a job well done and at the same time Honourable Speaker let me also thank the Office of the Clerk for ably facilitating the Committee to be able to do

their oversight function with regards to this Corona Virus. It is an emergency situation and the office of the Clerk also acted very swiftly to make sure that this Committee goes out to carry out the oversight function. Honourable Speaker again that goes to the Minister and the Ministry and his staff of Ministry of Health. Honourable Speaker I used to watch GRTS and of course even QTV since the announcement of this Corona virus, the Minister and his team are working almost throughout the whole day and night so they deserve commendation for the job well done. It is a noble course and it is service to the nation but I think they also deserve some commendations.

Madam Speaker on the report itself, the Committee was able to produce a report numbering from page 1 to 32 and they again summarized the report from 1-15 pages. I think this is a job well done and I am very much impressed with what they have done. Madam Speaker on page 13 of the summary, which was given to us that is with regards to page 13 paragraph 9, which the Committee called for our development partners to come in to assist Gambia in the hour of need. I just want to find out from the Honourable Minister of Health whether our these development partners with the help that they are given, does it come direct to you to your Ministry or it goes to the Ministry of Finance? I want to know that because this is very important and the Minister of Finance yesterday, my colleagues have made mentioned of that here that your Ministry requested six million dalasi but at that stage as at yesterday what they were able to offer was four million dalasi. This is an issue we need also want to have clarity on that.

Honourable Speaker I think this Corona Virus is a wakeup call for our country and not only for our country but the entire world. It is a problem that needs to be looked into and let us pray to Allah that let this Corona virus does not reach to us here but my colleague Honourable Member for Bundung, I think it is a way of report, Honourable Minister I do not know whether you took note of that. He said at Bundungka Kunda, there was a suspected case of Corona virus. I do not know whether your Ministry is

aware of this. If not, because according to him the matter was forwarded to MRC if you can counter check to know exactly whether this information is correct or not. Honourable Speaker I think these are my points. People spoke before me and they have said almost very important points about this report and again at the conclusion, at this juncture, let me thank the Committee Chair and the entire Committee for a job well done. With this few remarks, Honourable Speaker I support the report and I would now finally take my seat.

HON. SAINÉY JAWARA [LOWER SALOUM]: Thank you Honourable Speaker for giving me the floor. I heard that you called my name and I was out for prayers. Much has been said and the intervention that I have is I want to urge the Minister to look at the provincial areas especially Senegambia bridge which is 24 hours operating. The closure of the borders I do not think it will help Gambia, though, it is a matter of urgency but then I do not think it is good decision whereby we can close our borders as at now because we have all our important goods from outside the country but then the Minister can make adjustment whereby we can secure the communities from this virus. As far as much has been said by my colleagues I will stop my intervention here. Thank you.

HON. SAINÉY TOURAY [JARRA EAST]: Thank you Madam Speaker for giving me the floor. Madam Speaker public health emergency requires concerted effort and this is not lost to the Health Committee and the Government in particular. Madam Speaker there should be no room for complacency, taken into account our closest neighbour which is Senegal is said to have registered some cases and Madam Speaker, as the saying goes "when Senegal sneezes Gambia catches the cold" but this time around we are safe and I am praying to God that the cold will not be caught by the Gambia "In Sha Allah". Honourable Speaker, there is need for us to strengthen or beef up our surveillance mechanism. There is need for to decongest areas that ought to be decongested and there is also need for us to minimise even our person to person contact. All these are meant to keep the deadly virus at bay. All these are meant for the deadly

virus which is said to be a pandemic to be kept at bay and Madam Speaker, we must also learn to observe WHO health standards. They will help a great deal in combating this deadly Covid-19.

Madam Speaker our borders are porous and as a result, most border settlements are panic-stricken because of this deadly virus. I for one hailed from a border region. I am a border man, my village is bordered with Senegal, very close to Senegal and we do not have what it takes to prevent or enlighten or sensitize the tiny masses that lives in that area of The Gambia and I think the Ministry of Health, in collaboration with the Health Committee, will help us so that we can also be safe in terms of contracting this deadly virus. Madam Speaker, people have expressed very good opinions with regards to the Health Committee the work they have done and I have no doubt in my mind that their commitment in terms of keeping this deadly virus at bay cannot be overemphasised. Despite the threat of this deadly virus gaining currency in Social Media platforms, they took the bull by the horn to visit stakeholders that matter, to visit institutions that have a say on the health and wellbeing of our country and I believe fervently that they are not oblivious of the fact that, health is wealth.

Therefore, if there is any motivation, this must be the driving force that we can only have a healthy nation when we are ready to take up challenges at moments or at times that are said to be quite critical even despite our meagre resources. So I want to thank the Health Committee for a job well done. Madam Speaker, this Covid-19 can effectively be contained if only we pay heed to hygiene standards, that is the ABC of hygiene. We must learn to wash our hands regularly, we must learn to observe hygiene tips and we must learn how to mingle with other people. Yes, we are interconnected but when it comes to the issue of prevention and control, I think that degree of interconnectedness must be observed. This is just for a period and I have no doubt in my mind that if this health tips are observed to the letter, there is tendency for this Covid-19 to be nipped in the bud, that is the only way out and there is no two way.

Madam Speaker let me quickly refer this house to page 13 of the report. It was mentioned by the mover that we should henceforth call it Covid-19 as opposed to Corona virus when he was making submission but if you go to page 13, grant me leave to read Madam Speaker. Page 13 reads: bullet point 10, there is no cause for alarm as no suspected case of Covid-19 or Corona virus has been reported in the Gambia. I am somehow flabbergasted for the fact that Covid-19 has been interchangeably used with Corona virus and I want the mover to help me so as to gain an element of comprehension. Thank you very much.

THE SPEAKER: Thank you very Honourable Members. As I said earlier on, I am still appealing for honourable Members to be precise and to the point. It is almost 2:30 and we still have the Minister to make his statement which we will and with the opportunity of Honourable Members to ask questions to at least an hour according to our Standing Orders, and we still have about six more interventions to go. So if we can probably avoid repetition, the areas that have already been dealt with, if we have new proposals, amendments to the report as opposed to repeating what has already been said, just to save time.

HON. SULAYMAN SAHO [CENTRAL BADDIBU]: Thank you Madam Speaker. Madam Speaker I would like to thank the Chairperson of the Health Committee and the entire team for the effort done to go round to see what is happening in our borders. Madam Speaker, it was challenging but the Select Committee felt it necessary to make this important visits with the support from the Office of the Clerk though without resources, we went without resources, without protective gears, we took the risks to go to the sites where we could be in fact be infected. So I thank members for the challenge they have taken and the decision that they have made to ensure that they serve purpose.

Madam Speaker, I am shocked and I am deeply moved. Covid-19 is real, Covid-19 is devastating, Covid-19 is incurable, it is deadly. Madam Speaker today is a very important session of this Parliament and it is today that we are going to make a decision that the whole world will

judge whether we are ready as a country to combat this deadly disease. Can I observe you? Madam Speaker can I observe? I would not. Madam Speaker we do not have time please, I beg you please we do not have time. Please Madam Speaker I cannot, do not worry later we will see.

Madam Speaker the reason why I am contributing is because there are issues that members mentioned that made me to contribute because we have to be very serious about this disease. This disease is not about faith, it is not about philosophy, it is about a real thing that we are discussing. You might believe in your "**duwas**" you might believe in your prayers, fine, but the problem in hand is how we are going to help our health sector in order to improve on the level of preparedness. The report has spoken and it is very clear. So the decision that we are going to make today is going to help the level of preparedness of Gambia. So when other members talked about closure, temporal closure of our border I do not think that should create anything. That should not create any alarm or to say, we should all know that our borders are porous but the problem here we are looking at a temporal measure because our borders we believe that this disease is a foreign disease and those coming into our country they are using our borders. Now if we first address that issue, the second issue could be to search for those who are going through the porous borders. So I believe we have to make a concrete decision here. If you listen to the news globally, even in the sub region, countries have taken giant steps temporal closure of their borders as a means to mitigate infections. I think Gambia also can do the same.

Madam Speaker, I for one, I expect the head of state, the president to come out and make a statement as other heads of state are doing in the world because Gambia is not an isolation, Gambia is not an Island. We do not live in an isolation, we have to learn from other countries what they are doing. Our head of state to come out publicly to talk to people that is going to tell Gambians that this issue is an alarming issue, we need to take care. Madam Speaker, we need to help the Ministry of Health because in the report we will not say they are not least prepared. When

we went to the ground, we found out that there are some mechanisms put in place though we all agree that there are gaps that we need to improve on. So we have to say bravo to the Ministry for the steps taken but they have to add up as the situation is changing day in, day out. So we had reported suspected cases at MRC, so we want the Ministry, we should help the Ministry with fund to ensure that the testing centres are decentralised. It is the Parliament that can make that decision. We are talking of sanitizers all over the places, where will they get the fund from? It is the House that can make a decision to it. So today is a very important day and the report that has been presented to us by the Health Committee is the most important report so far laid in this Assembly. So we all need to act after hearing from the Minister, Parliament need to act to come up with a concrete solutions to the problem, if not, you are talking of if you close the borders we will not eat what of if the disease enter in The Gambia and may God forbid all of us get it. It will be a problem. Even if 100 is affected, how much will that cost you? Honourable Members, this is a very serious issue at hand, it is not in the country we need to come up with mitigating measures, we need to come with strategies, we need to help the Ministry to be able to prevent our country from getting it. I for one, I am in support of temporary closure of our borders both the international airport and our border to Senegal. I thank you.

HON. MUSA AMUL NYASSI [FONI KANSALA]: Thank you very much Honourable Speaker. I think I would help in trying to react to certain concerns that were raised and in doing so it will help the mover saving time trying to go over all the issues that were raised. To begin with, I want to agree with the Honourable Member for Sandu but again I vividly remember when we converged to strategize as to how we go in to the field as a committee. I remember the Chair saying that in going out to the field to visit the borders, what needs to be done is we have to visit all the border entry points but again are we in a position? Will we have the resources that requires us to visit all the entry points in the country? It will be a challenge, once it will be a challenge what do we do? We need to

strategize and in strategizing, what we first did was to allow the Minister and team to appear before the committee to brief us and through the Select Committee to the entire public as per the level of preparedness of the Government. Again further to that, we agreed as a committee that there are key entry points once visited, any information that is derived from those entry points would go to ascertain what obtains in the entire country. This is why we came up with most sensitive areas. So once those sensitive areas have gaps, automatically it translates in other entry points but not meant to be discriminatory because we have the interest of the entire Gambians at heart and the Honourable Member for Niani, sorry Honourable Member I want to observe something to make clarity towards what the Honourable Member has just said. Honourable Speaker I will withdraw if the word discriminatory is felt offensive by the Member for Sandu but it is not the intention I am withdrawing that statement if you feel offended.

HON. MUHAMMED MAHANERA [SANDU]: I just want to make it clear to you that this is not the first time that the Health Committee went on tour but they did not reach the major health centers like in Yorobawol, in Bajakunda and also in Sandu.

THE SPEAKER: It is either you have an observation or a point of order so I want to know where you are coming from... it is an observation. Thank you.

HON. MUSA AMUL NYASSI [FONI KANSALA]: Thank you I believe the observation is noted and the Chair have equally take note of it. I was just trying to shed light on how we agreed on the places that were visited. The Member for Niani was also questioning the issue of old newspapers. It is unfortunate the Chair of the Environment Committee is out but he is aware that there is a factory called GAMPAPER that can subsidise the newspapers that we are using to wrap our food because he was there with members of the Environment-Select Committee and I think the factory is within Kanifing.

Honourable Speaker again looking at the level of preparedness as far as Covid-19 is concerned, here I want to link it to what obtained in 2013 when the Ebola outbreak was announced and it was discovered in certain areas of the world. Gambia as a country was able to come up with certain infrastructures to see how we are able to attend to the issue of Ebola. I think the Committee members would bear with me that the Ministry definitely was working on, through the Honourable Minister, was working on trying to see how they reactivate these centers and it was during our engagement before the Minister briefing the committee on the level of preparedness of the Ministry as per the Covid-19, that the Minister informed us the steps that they took in engaging UNICEF and other international donors to see how they get the appropriate equipment in those centers. Unfortunately, before the reaction of the international partners, we got the information that there is an outbreak of Covid-19. Notwithstanding, I want to inform the House that the Minister and team, yes the level of preparedness have gaps but it is a major concern to him and the entire team and they are working tirelessly in ensuring that all that needs to be done in preparing for would be cases which we are not praying for, the Ministry is in high gears because the day we were at Giboro, as we were Giboro, the Minister and team were at Amdalai and the following day was when the team, the Select Committee also crossed to go to Amdalai to see what obtains there. We were not comfortable to say we are getting reports from the Ministry so we take what they said to be the case, no but instead we said it is important we go and see for ourselves what actually happened.

And Honourable Speaker I think here talking about the \Constitutional provision of Section 154 and the Member for Serekunda also mentioned the Public Finance Act Section 24, this is something that during the briefing from the Ministry, I vividly remember, we told the Minister and team that come the 2021 budget of the Ministry of Health we want to see a budget line that captures emergency because we cannot sit and wait until when it occurs then we start running helter- skelter to see how we secure funds to address the issue. Having an emergency budget line

could be utilised if it strikes, if there is no emergency we are safe. There was also a member who also asked a question concerning the capacity of the Health staff that are posted in the borders and the availability of the testing kits. I think the members here can attest that yes there is a gap in terms of the number of staff posted at the entry points visited but all the staff posted at the visited entry points, they are trained personnel and they are also equipped with testing kits as per the places visited. On that note Honourable Speaker, I beg to take my seat.

HON. SULAYMAN SAHO [BADDIBU CENTRAL] ... So today is a very important day and the report presented to us by the Health committee is the most important report laid so far in this National Assembly. So, after hearing from the Minister, Parliament need to act and come with concrete solutions to the problem. We are talking of if we close the borders we will not eat, what if the diseases entered in the Gambia and may God forbid all of us get it, it will be a problem and even if hundred is affected how much will that cost you. Honourable Members, this is a very serious issue in hand, is not in the country yet but we need to up with mitigating measures, we need to come with strategies, we need to help the Ministry to be able to prevent our country from getting it. I for one I am in support of temporal closure of our borders, both the international airport and our border to Senegal. I thank you.

HON. MUSA AMUL NYASSI [FONI KANSALA]: Thank you very much Honourable Speaker. I think I would help in trying to react to certain concerns that were raised and in doing so it will help the mover in saving time trying to go over all the issues that were raised. To begin with, I would want to agree with the Member for Sandu. But again, I vividly remember when we converged to strategize as how do we go into the field as a Committee. I remember the Chair saying that in going out to the field to visit the borders, what needs to be done is we have to visit all the border entry points, but again are we in a position? Will we have the resources that requires us to visit all the entry points in the country? It will be a challenge, once it will be a challenge what do we do? We need to

strategize and in strategizing what we first did was to allow the Minister and team to appear before the Select Committee to brief us and through the Select Committee the entire public as per the level of preparedness of the government.

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Point Of Observation

HON. MUHAMMED MAHANERA [SANDU]: Sorry Honourable Member I just want to observe something to make clarity to the words the Honourable Member has just said.

HON. MUSA AMUL NYASSI [FONI KANSALA]: Madam Speaker, I will withdraw if the word discriminatory is felt offensive by the Member for Sandu. That is not the intention, I am withdrawing that statement if you felt offended.

HON. MUHAMMED MAHANERA [SANDU]: I just want to make it clearly to you, this is not the first time the Health Committee went on tour but they did not reach the major Health Centres like in Yorrobawol, Bajakunda and Sandu.

THE SPEAKER: Honourable Member for sandu, did you either have an observation or point of order?

HON. MUHAMMED MAHANERA [SANDU]: Is an observation.

THE SPEAKER: observation, Thank you!

HON. MUSA AMUL NYASSI [FONI KANSALA]: Thank you, I believe the observation is noted and that the Chair has equally taken note of it. I was trying to shed light on how we agreed on the places that were visited.

The Member for Niani was also questioning the issue of old newspapers. Is unfortunate the Chair of the Environment Committee is out but he is aware that there is a factory called Gampaper that can subsidise the newspapers that we are using to wrap our food, because he was there with members of the Environment Select Committee and I think the factory is within kanifing.

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Honourable Speaker, I think here, talking about the Constitutional provision of Section 154 and the Member for Serrekunda also made mentioned of the Public Finance Act. Section 24, this is something that during the briefing from the Ministry, I vividly remember we told the Minister and team that come the 2021 budget of the Ministry of Health, we want to see a budget line that captures emergency. We cannot sit and wait until it occurs then we start running helter-skelter to see how we secure funds to address the issue. Having an emergency budget line could be utilized, if it strikes and if there is no emergency, we are safe.

There was a member who asked a question concerning the capacity of the Health Staff that are posted in the borders and the availability of the testing kits. I think the members here can attest to that yes, there is a gap in terms of the number of staff posted at the entry points visited but all the staff posted at the visited entry point, they are trained personnel and they are also equipped with testing kits as per the places visited.

On that note Madam Speaker, I beg to take my seat. Thank you.

HON. BILLAY G. TUNKARA [KANTORA]: Thank you very much Honourable Speaker for giving me the floor. Honourable Speaker, you could agree with me that the world is being identified as a global village, and of course is by no mistake for calling the world to be a global village looking at the level of interactions. Countries are getting into contacts every day, human to human are getting into contacts everyday more rapidly than ever before. So, it does qualify the adage that the world is a global village.

Honourable Speaker First of all, before going into my intervention proper, I would like to thank the Honourable Minister of Health. I remember contacting him on the first day I received an information on the first case of this Covid-19 in Nigeria. I have seen the level of pro-activeness and the fast response he took in terms of responding to that particular communication. I understand that is because of time pressure that the Select Committee could not reach parts like Niamey in Kantora. However, I am with the strong belief what so ever obtained in the west

coast and in the LRR, is almost homogeneous or synonymous throughout the border post in the country. What is really interesting is that for us to relook at the porous setting of our borders; that is the arriving passenger getting into to contact with food sellers at the border post should be strictly discouraged and if need be authorities should really put stringent measures whereby to replace them again at least a meter or half a meter from the border post allow the securities to do their job first, screen them before they get in contact with any person. That is happening in the URR, it is happening in Kantora that is in Nyamanare. End, you will see road side sellers selling fried chips or breads. Therefore, I think that the country needs to have a rethink in that way so that to minimise the human to human contact prior getting themselves sanitized. So, it is a very good observation, it replicates in other areas and I think it should be discouraged.

However, Honourable Speaker, if you look at members that took the floor before me they did really talk about to close borders and ban public gathering you see we need to really understand one thing, that is two things in place here, there is preventive mechanism and curing. The common adage is that prevention is better than curing or treatment per se. So how do we prevent? These are all precautions, these are all preventive mechanism that when applied, we can really be secured or protected from treating this kind of virus. So, the best approach is that, more especially the school going children you know they are not really au fait or used to this issue of washing their hands all the time. Looking at the kind of social setting we have within our environment, everybody is used to shaking hand and you know there it makes it very difficult to control such behaviour in our society. I think it is not a bad idea, I have seen it over the radio and TV. The President of Ghana took robust decision to actually ban some public centres. It is all geared towards protecting those lives and property as government because the prior responsibility vested in government is to make sure that the lives and property of our citizens are really guaranteed and also protected.

However, also if you look at our social setting also, I think it is high time for Ministry of Health, and the Select Committee and ourselves in particular to caution the social lifestyle that our people are used to. More especially in drinking “Ataya” at the dungeons, wherever you go, you have a Voo of about ten people sharing the same “attaya” something. You know these are some of the ways and means we should really discourage for now. If you can do it at your attaya homes ourselves to have the time and then get those green teas by ourselves rather than gathering at a junction or a voo, you know five, ten people sharing the same glass of “Attaya” should really be discouraged by all and sundry. However, I do not have much to say and I have a question to ask the Honourable Minister of Health. We are of the belief that the Covid-19 does not really survive in this African continent, how true is that? The reason given is that because of the high temperature here and there, so that in fact some even said that the black man cannot even have this thing, all these things are said. And also the issue of, there is a statement they normally use, is it we are experiencing this infodemic per se that is given wrong information in social media that using garlic and other means could serve as treatment or can cure the Covid-19. The populace really need to be aware because this social media is now doing more harm than good.

However, I also applaud the giant step taken by some politicians to discourage these political rallies at now and I expect others to follow suit by actually shutting down their political activities because these poor vulnerable people have to come and sympathize with you. Every politician should take upon themselves to discourage such gathering henceforward, even if government did not actually give a ban, it should be at the level of the political party actually to stop any political gathering for now. I thank you so much for your indulgences.

HON. BAKARY CAMARA [KIANG CENTRAL]: Thank you very much Honourable Speaker for giving me the floor. Let me equally thank the Committee for a job well-done. Honourable Speaker, the matter at hand certainly need our concerted effort and I believe the government is doing

its best in order to make sure that the people in this country are protected.

So one of the approaches taken during the Ebola outbreak, I remember, Honourable Speaker was involving the regional governors to call the district chiefs and that the district chiefs also involve the Alkalos to the village level, talk to them about the protective measures and then any strange movement that they happen to see within their communities that appeared very strange, they can be report the individual to health authorities. So, I believe if we can take that approach also is going to help us.

Honourable Speaker, the National Assembly Members, there is no group that is better than the National Assembly Members in terms of liaising with their people to inform them. We all have weekly “Lumos” in or most of us have weekly “Lumos” in our constituencies. As we speak, I talked to my people we have a weekly “Lumo” on Thursday that let them meet and see how best they can stop that “lumo.” Let us compare the live and that of economic gains. I prefer economic losses than losses in terms of live. Members suggested so many solutions for these problems. Let us stop religious gathering, if stopping religious gathering as well as that of the “lumos” is going to save us, let us do them, let us try them. If such measures are going to help us, let us try them.

Honourable Speaker, at the health facilities, we have clinic days, I want to suggest that anytime the women or they are people, get to the clinics for their clinic day, the people working in the health facilities can organise sort of a “Bantaba” for them as they called it and then talk to them about the importance of handwashing and other protective measures. They in turn will inform their respective families when they get back home.

Finally, information is very important and powerful. We have to be very careful, the way and manner in which we give information. Two hours ago, I step out and there was a radio talk show, somebody was saying that there are two confirmed cases in the country I was scared, I said I do not know where this person get this information from. I think the

government should sent a signal, a warning for that matter to people, anytime that they are to make because radios are very powerful. You are giving information that you cannot substantiate is really alarming and when that happened, when I heard that I was so terrified, I said what is happening but I do not think this is something that is confirmed by the health authorities so if that is the case there no cause for alarm. With this few remarks, Honourable Speaker, I thank you for given me the floor.

HON. KEBBA K. BARROW [KOMBO SOUTH & MAJORITY LEADER]:

Thank you very much Honourable Speaker for giving me the floor. I also want to join my colleagues to thank the Health Committee on disaster for a very good job done. This is a moment for all of as Gambians to work together and also ensure that we join in the fight.

One of the key things that we need to do when we are making our reports is the statistical data that is missing in our report. Without statistical date, it is going to very difficult for us to be doing planning. I think it is about time now as committee members when we are doing we liaise with GBoS as the institution responsible of collecting data so that they help us to come out with a framework to enable us do our work, with that statistical data that will enable to give us the figures, you talked about In your report about going to Amdalai and also Giboro, but what is the number of people coming into the border in Giboro from Senegal and what is the composition. We need to know all those things so I think those are very important issues that we need to look into.

One of the key things you said in your report are very important. The two recommendations that you have mentioned in your report, if we take that as a National Assembly as a nation, we would be able to solve this problem and those recommendations are in page 11 of the report. If we go to page 11 of the Summary Report, which says, that is No.6, recommendation 6. Honourable Speaker, please allow me to read this recommendation “the National Health Emergency Committee NHEC to be enlarged if necessary, to include all health-related stationary bodies, councils and agencies and other non-technical health stakeholders to

enhance its coordination and implementation capacities. The NHEC can even constitute a Standing Committee on advisory forum comprising retired medical workers, former officials of the military etc. former ministers, permanent secretaries and directors of health, private sectors / consultants, clinics, and pharmacies, NGOs, and Civil Society Organisations. If we work with this groups, the problem of this pandemic will be something that we can it and will be able to work closely. Civil society organisations are very key, NGOs are very key in this. When the flooding happened in Basse, it was the NGOs that took the lead to ensure that calamity is done within one week. The locust invasion in the country, it was the NGOs and Civil Society Organisations that took the lead to ensure that this thing is overcome. When it came to Ebola, the Ministry of Health through the Public Health Directorate were able to work with the NGOs to work in all “Bantaba(s)” in this region through (TAC) Technical Advisory Committees of the regions. The structures are there but what we need to do as a nation is to ensure that we build the capacity of this structures that everybody’s hand is on deck and we work together to ensure that this is done, and I have the confidence that the current Director of Public Health at the Ministry of Health was the one who was coordinating the Ebola disaster and the other disease sensitization in this country. For the Committee, you are very lucky, Sheikh Omar Dibba is one of the experts in message development in this country. He has spent all his life on public health education in the Gambia as a full-time civil servant and even now he is doing that so you are very lucky to have Alhagie Sheikh Omar Dibba as a Subject Matter Specialist for the Committee. If we want to develop health messages on this, how do we prevent ourselves, it is going to really help. And I think the Civil Society Organisations with the chairmanship of Action Aid International, The Gambia, they are leading the Thematic Committee of Civil Society Organisation on Environment, Disaster, Emergency and Humanitarian Relief. So, this will be a very big opportunity for us as Gambians to work with Civil Society Organisations and will be build the partnership. And if you go to the last recommendation that is also on page 18 which talked

about partners and these partners as I said are working very closely with most of these Civil Society Organisations and they have a relationship with them and they have worked with them on issues that are helping to ensure that there is better coordination and programming of our institutions and programs we need to do. So, if we work with partners through the Civil Society Organisations, these two recommendations will really help us as a nation to be able to send the message out to the people and educate our people and also at the level of the schools, these things will be very helpful, and I think that is very important that we need to do I to urge the Honourable Minister to use the expertise of the current Director of Public Health Education at his Ministry, he has done a tremendous work during the Ebola crises and the Gambia had gone through that process. I think if we use the expertise and also the Subject Matter Specialist for the National Assembly to do a lot of messaging and training program, capacity building, and what they were doing in those days is to go through the traditional communicators locally call “Kenyelengs”, any program, any activity, they have this traditional communicators they will automatically come with a song that will enable them to pass the message to the people in their language and they will be able to understand it. So they have all these public health officers who are fluent in Serahule Wolof, Jola and all the National Languages in this country, they go with a team to target those areas to be able to get the message. On that note Honourable Speaker, I think this is an opportunity for us as Gambians, we go back and celebrate our people and use their expertise, and we will be able to work a lot to do the better for the community. Thank you.

HON. SIDIA S. JATTA [WULI WEST]: Thank you, I think we are dealing with something very serious, so many things have been said, but we must never underestimate the human intelligence. There is nothing that we cannot overcome with our intelligence that you must believe, and you see sometimes we would want to hide behind God and say we should not do anything. If you do that God will punish you, because God said *“Inna laha laikarum mabi kum mi -hatai karum mabiamfusikum ma ashaba*

mihasanatin fa mi- nalahi ma hasba kum misai yatin fa minas sika" laterally means, "I do not do anything which is bad for you". So, if this is bad for you is not from God, is coming from nature but is not God who has brought this on you. So, God expect you to make effort to overcome it that is why he said: *"Inna laha laikarum mabi kum mi -hatai karum mabi am fusikum"* So, we must go from here, there is no creature in the world like us. We are above all these, if we use our intelligence, and some of the comments, anybody who comes in through that door you are already disinfected and you have already washed your hands. That is what is expected from everybody who is here today. Everybody must have infected his/her hand before coming here, so the doors are not infected, they should not be infected because we are supposed to disinfect our hands before coming here. And, those medical personnel who are working with patience, they have gloves, they have other gowns. All these things are disinfected before they put them off. If you work with your gloves, before you put them off you should disinfect them. So, there is no problem, you see, we can never make mistake if we use our heads. The problem is when I listen to the world televisions today, all of them including China, I was alarmed. Alarmed because of the measures that they are taking, and I came here and is like nothing is happening. We are very happy, group together like sheep as if nothing is happening. Where it is happening, they are taken measure exactly against that. Even our institutions, as you can see, most of these that we are doing here, AU has banned this; ECOWAS has banned this, why are we here and you are talking about preventing.

Madam Speaker, there are two imperative fundamental requirements that we have to fulfilled in fighting against this. And they are (1): a preventative measure and the other one: is a curative measure. We have capacity for preventive measure but we do not have capacity for curative measure. I am speaking because of this prevention, we are at the mercy of the world. Africa is at the mercy of the world. Ebola came here, we were at the mercy of the world. Why, do we not have scientist? I am not hearing any effort being made continently to invent a cure for this. Ebola

came and it was the outsiders who did it for us and this one is also here and we are sitting down here folding hands and we want to solve the problem, we must get rid of it. Preventing yourself from it not the only solution, you must get rid of it, we must cure it when you are infected, but we have no capacity to do that, which is the fundamental issue here. Why are we not capacitating our medical establishment? To have that capacity 50 years we have been here, we cannot still have specialist, we cannot still have people who are capable of creating medicine or vaccines for this there are so many who has created this, a woman in the United States. So, these are the issues we must raise, when this things happened, they should click our conscience. What are we doing? We say we are sovereign we are independent, we cannot continue to rely on the world for our survival. We have the means to do just that.

For me Madam Speaker, we must from now on capacitate the medical establishment to have a core of scientists to serve our purpose, if we do not have that we are nowhere. We have people who can do it, we only need to capacitate them and for me, the best thing we can do to serve our people today is pack up and go away into our constituencies and help our people to understand the situation, organise them, help them on how to prevent themselves from getting this thing, that is the best thing we can do. The whole world is against what we are doing here, gathering here because we think, somebody you are saying it can be with you till 14 days, you do not know. Who knows that I am not infected? Nobody knows 14 days it will not show itself. So, we are happy that we come here we think we are free. We are not free. You must think, you are talking about rumour, you say hi, so what about death? Evaluate the death and money you have money but you are lying, what is what? I think it is important for you to leave, because that is the only way you can make money. So, we must do what is in the interest of our people, if we God forbid if it comes here, culturally, it will create like spreading fire. The whole country will get it at once. Why because we go like sheep, goat to mosque, we pray together, we eat together, we are here together, wherever we meet we are mingling everywhere, bantaba (s) everywhere, so it will be easier for

it to spread here than anywhere else. We must take all these things into consideration. Do not think that it will not come, I am not saying that it will come and I do not want it to come but it is possible because we are surrounded by a country which is already infected and that country is also surrounded by an infected world. People are coming here and we have no control over them. Even in our airport, the doctors are doing everything possible to stop the flights to come to the airport and that is very important. I do not know what our neighbours are doing; they do not want flights to go there but they want flights to come here. Do you not know that? So, you think we are safe. We must take control of our borders and our Airport. If we do not do that, you are not safe. They must control our borders, we must control the airport, because the intention is to use it but close the other one there that should not happen. And the borders yes, they are porous but we must mobilize the military [PIU] they are here and then supervised by the medical personnel, that is what we must do, otherwise we are not safe. Please! And we have a responsibility to our people, me I am going back to Wuli. I am going to organise my people to help them on how to prevent themselves from spreading this nonsense coming here. *[Applause]*... That is what we must do. Thank you, Madam Speaker.

THE SPEAKER: Thank you Honourable Member. Any more interventions before I call on the Honourable Chair to respond. On that note then, may I call the Honourable Chair to respond to issues that have been raised by Honourable Members and to wind up the debate.

HON. OUSMAN SILLAH [BANJUL NORTH]: Thank you very much Madam Speaker. First of all, on behalf of the Committee I thank all those who made interventions for applauding the efforts of the Committee, and I think it is not only the committee but all the members for also giving us the support. So, we need to applaud each and every one of us, the credit goes to each and every one of us if there is any. But just to all say that the purpose of inviting the Minister, I understand that he supposed to make a statement but he also supposed to respond to the concerns raised

by Honourable members. Concerns that are directly dealing with the Ministry, policy issues, resource issues and the like.

For the committee, we have taken note, the Honourable Member for Foni Kansala, did intervened and then Central Baddibu, members of the Committee the Vice Chair of the Committee in addressing some of the issues.

To start with when we were going out, we felt that every place deserved visit, every region in this country but sometimes we are constrained. Also, you know, you can be strategic to do sampling, because we believe that obtains at Giboro is almost everywhere, perhaps there might be areas that are worse than Giboro in terms of what we found that at that time that were not man, but we felt that going to Giboro serves the purpose. We were just doing these visits to encourage the Ministry to also do that that is what happen, I think the Minister may address that. Following our visits, the Ministry also send a team [Director of Public Health] went round, The Director of Health Services, the Minister, infact, he was the one who first went out and they have gone to all the border post, and even before the report, they had got information as to what we found on the ground before today, So had taken note and gone round so we are expecting an update in that regard from the Ministry, but We do not neglect anywhere, everywhere is our concern. And as for the health centres also that are outside, it is the same approach that we are doing representative sample. Next time when we are going out, we are going to start there, but the problem also is that you know you have this overlapping sometimes events come and then overtake other events. The issue of the fire incident at Basse, the Committee engaged the NDMA to go and for us to perform oversight, so they have gone there, we asked them to send a preliminary report. They sent a preliminary report, so we will be going there as a Committee. It is not forgotten, is in our radar, the very day it happens, we tasked the NDMA to go on the ground and then we asked them to send a preliminary report which they did so we will be doing follow up on that. Thank you.

For Niamina East I think that issue also came up, the closure of the borders. It is this National Assembly that has the powers to do anything but you know you do not just do things for the sake of doing things, you have to do it in consultation. This is a health issue but in terms of the borders Health cannot do it in the absence of Foreign Affairs. The government of the Gambia, the President and the Executive they are in charge of the executive policy of this country. Is not us, we just advise them so it is up to them to decide whether is necessary but there are also implication, we do not just look at things from one angle, what will be the implication? So we weigh them, but that I believe the Committee should entrust to the Ministry of Health and then Foreign Affairs to determine, because they will become the alert levels, what stages we have reached and then issue alerts. It is up to them, they would say they are banning all gatherings that is for them based on what obtains on the ground. So that is their expert area and we need expert advice on that. It is fine for National Assembly members to raise this alarm that borders are porous, we need to look at the borders, and how people are travelling, coming in. But as we also know we have official entry points but also have unofficial entry points. What is important is for the Ministry and all the stakeholders to engage in sensitising border communities that anybody who comes into border communities, let them have the basic information regarding personal hygiene but also to be monitoring. We have other forces I think it has been recommended here that the security forces [PIU] can help, how do we train them with all this protective things to go with health to be going to sensitizing communities of course with conjunction with the civil society they can go to every border settlement around the county, sensitise them on these and anybody who comes into the villages or this towns or the settlements, they can monitor you. So that is also something that can be taken note of.

Honourable Member for Foni Brefet talked about the objectives. Well, we felt that visiting is also an objective but we will arrange it if that is what we wish. That jangling up you are talking about; that objectives and purposes. What we realise and what we expect to realise. What we are

doing and what we set to realised out of what we are doing and that is purpose and objective, we are very mindful of that. We also felt that visiting is an objective because they expected us to visit there as a Health Committee, but any way it can be rearranged.

Honourable Member for Wuli East talked about Edward Francis Small, whether it is appropriate to serve as a holding centre. I think every health facilities can serve as a holding centre. Is just for temporal purposes. I see no harm as advised by the Ministry and the health personnel that every facility can serve as a holding centre if a case is suspected for a matter of time, let us say for few hours whilst they contact those that are supposed to be contacted to evacuate such cases. I do not thing there is any harm in that but the Minister is here, he will be responding to that.

The issue of “lumos” also ,yes as we said as a Committee, everything is left in the hands of the Ministry, if they feel that “Lumos” they can be a source of contact indeed, a source of transmission, as at now, Senegal has banned all economic gatherings like “Lumos”, markets, these weekly markets, they have closed schools and universities. The fact that “lumos” are closed, the tendency for people in Senegal coming to “lumos” in Gambia is very high and that can also be a source of transmission but that is up to the health authorities to determine. It is good for you to note that, it can be a source of transmission, so what to do about it? The Minister is here and he is taking note.

What do we do with the Gambians coming from Europe, whether we ask them to go back? You cannot do that. A Gambian from Germany or from Italy coming to the Gambia thorough Senegal, comes up to Karang, and you said no you are from affected area so go back. Who is going to facilitate the going back? The person cannot do that. If that is the situation, we must handle them, we must process them, do what we have in place. If it is a suspect, we alert the health authorities to come and evacuate to the isolation centres for treatment. What other countries are doing and Senegal is doing is that they are advising the Senegalese nationals in those countries that are affected to stay put. They trust that

those countries are not sitting down but they are making efforts to contain it. So just stay put and the Committee also recommended to the Ministry that we should not let them, we have to make contacts to ensure that The Gambia government establishes contacts like for instance in the case of China when the Minister of Health was invited by the Committee to come and provide us with an update as a precursor to our visit. We were informed that the Ministry of Health, Foreign Affairs and the Chinese Embassy [the Chinese Ambassador is very instrumental in that] have established contact and even WhatsApp contact with Gambians in China. So those are things that we are expecting that the Government should be doing that with Gambians everywhere just to show them that their welfare is our concern. We ought to do this, Honourable Minister. This is a strong recommendation that we made in our report and it has been highlighted here so we must make a follow up in that to ensure that Gambians outside, we are concern about their welfare but we can also encourage them just to stay put not to come because when they come, the first casualties are their family members, of course, they can infect as they come to their homes but you cannot avoid infecting your family members and you know that is horrible. So, this is the advice that we can give to them, but do not tell them not to come in a harsh way, we have to be very diplomatic.

Well, for Bundungka Kunda you talking about a case but I think that is for the Ministry to decide. What they should have done is to tell you that well, we suspect but is not a case yet and it is the Ministry that is coming to make a pronouncement whether that is a fact or not. So we are looking forward to the Minister coming to make a pronouncement to what you have said. But it is also good to encourage those at the health facilities not to be just giving out this information. Information regarding suspects, confirmed cases should be preserved for the Minister of Health, no one should announce, is the Ministry, the Minister, in fact we can even take it to that level, the Minister or Director of Health Services to be making announcements on confirmed cases, even health facilities because this things can create alarm and we do not want to create alarm. So, I think

we can also take that decision that henceforth, if there is any, we do not wish to have any, let it be announced by the Minister as the highest authority or the Director of Health Services.

Foni Bintang talked about sensitization, yes that is the position, sensitize the communities, we need to step up the sensitization of the communities. Janjanbureh said that the level of sensitization there are communities that may not have access to radio to television and what sort of sensitization? The Committee has made recommendations that any or every media to utilise. We even suggested billboards, flyers, jingles, “kenyeleng” songs, rappers, let us engage them. Government should take the lead commit resources, give them civil societies that is where they can come in. Private Sector, let them come in, let them support. Let them support call artist pay them to make songs and I do not think anybody wants to make millions out of this but occasionally producing this requires resources. So, they require resources. So we are imploring the private sector, civil societies who have resources, NGOs that is where they can put their money to also help Government with PPEs, with sanitizers, soap, these are things that we want. We want everybody to come on board. Any person in this country who has the means, the wherewithal to come and invest in this. You are investing it for everybody.

Banjul Central, closure of borders, I think that has been noted. Timeline for recommendations, yes, I believe if you look at the report, we all said urgent actions, that is general, everything is urgent. Of course, there is a particular area that we have immediate, medium and long term, but all the recommendations are urgent. We want to see urgent action. We cannot be repeating it urgent, urgent, urgent. So we just said it in the report that all the recommendations need urgent action. So that is the timeline that is urgent. We recognise the urgency.

Foni Jarrol talked about monitoring the borders. Yes, it should be monitored and then implementation of the recommendations, yes. Sami, yes, well we could not visit everywhere but Sami is also, we have taken note. You are talking about banning of “Lumos” well as we said,

something to be considered. Well, is it banning? There is also a protocol that they are promoting, that is this distance, maintaining the distance. We can do business but can we maintain distance? One meter distance. If it is something that is possible, we can recommend it if it is not possible, then we call for the adverse that is to ban. So everybody is alarmed, everybody is concerned but we also have to be very cautious, very careful with what we recommend.

Busumbala yes, the contingency fund yes, as cited by the Honourable Member for Serrekunda, yes it exists in the Public Finance Act that there should be this contingency fund but we want it to be pronounced. So, henceforth let us push for it and we even suggested that if the executive is not coming forth with it, it is within the responsibility of the Committee because is this Committee that deals with health, deals with disaster, humanitarian relief and then this contingency not exclusively for this because Agriculture may also need contingency but the Committee is interested so the Committee can even sponsor a Committee's Bill. I am being told that it is the executive that can only do this, it deals with Finance, ok one can understand.

The position now is that, that is the good news it is not reported in the country yet, that is the good news. So, our efforts as at now should be exogenous as cited by the Honourable member for Serrekunda and is also highlighted in the report that, let us concentrate on what is coming in, not only that of course but we start with that. Of course inside we need to get ourselves prepared, have all the facilities, all the measures in place so that if it comes, we would be able to respond to it. We also need to give extra attention extra focus on outside and that brings the Airport into question. They are talking about the Airport, those that are coming in, what procedures we need to put in place. Anybody who comes from affected areas, do we encourage you to do individual quarantine go home and stay in your house for two weeks or what or the house measure as some are suggesting. These are all things that we can think about but this are all things that we certainly did not take note of. The institutional

structures that are already in place as highlighted by Member for Serrekunda and also in the report. We have the structures at the borders, the institutions are there and they are collaborating as we have indicated in our reports. How do we help them strengthen this collaboration? How do we help them provide them with resources to be able to implement what they supposed to in terms of prevention in terms of screening? That is a task before us and it is also a recommendation that we can also take on board. The Inter-Ministerial Council is necessary, they have this Public Health Emergency Committee, it is very important. It can serve as a Committee of Experts or so to speak Committee but our Committee is recommending that we also have a consultative body which will involve all those that are indicated. And also in addition to that, as has been recommended, established an Inter-Ministerial Body to be chaired by Health but you have Finance there, you have Education there all the Ministries that may have something to do with this outbreak in terms of prevention and in terms of addressing containment. Even the Police, they can be part of this.

Banjul South was talking about why the emergency session was not convened to address this because is an issue of emergency. Well, of course it could have been done but it is also not too late as we are doing, it is not too late because it is not yet here and then it is good that everybody is alert and focused. I do not think there is any harm missing that. Well, of course, we talking about water, personal hygiene, some communities is a challenge to have access to portable water in the first place. Sometimes you have portable water, you have taps but NAWEC is not providing, there is no supply. NAWEC also Honourable Minister, if there is any committee, NAWEC needs to be there, because sanitation cannot go without water and NAWEC is responsible for water. Ministry of Water Resources as well. They are the institutions that need to be included in any statutory body being established to coordinate and implement activities in response to Covid-19.

Member for Basse talked about consultation with all stakeholders and closure of borders. That is recommendation Honourable, that we have discovered in the Gambia. Let us take Karang for example, you see the Senegalese border officials, the border post is immediately after the line, the marking, but Gambia you have shops first, you have hawkers, you have stalls, car parks before going to the border post. That was something that the Committee noted and would be recommending that let them reclaim all those shops that are on the Gambian territory. I understand that the Area Council has an interest there, we are not confiscating it. We are not liberating it. What we are suggesting is, let the government move the border post immediately behind the line, and relocate them to where we have the border post. Let everything go back, let us have border post immediately after the markings. That is what Senegal is doing. That is the recommendation that we want to put in, that we do everything possible, get the Area Council and Ministry of Local Government, the Police, the GRA to remove all those stores that are there. Of course, I think they must be building stalls so that once they are taken because they are also survival, you cannot just close them, but in the meantime build stores for them, relocate them so that the border post, not only Karang but Sabi as the Honourable Member for Basse is saying. Darsilami, Giboro, all the official border posts. For the entry points that are unmanned as Kombo South, The Darsilamis, it is good for the Ministry of Health to assign health officials. They can even be there with security, the PIU to at least have not a post, if post is possible that is fine, we have a border post there. Their presence there, presence of Health Officials because they are busy. They are not office, they are unmanned but they are busy. Darsalami is unmanned but is busy so we need presence there to be doing this monitoring and screening.

Member for Tallinding is part of the Committee, she also add some religious gatherings to be banned, "Gamos", "Lumos" Friday prayers, well that depends on the Ministry, the alert level, whether we reach that stage. Football matches or do we need to discourage them or to observe this distance protocol, Cinemas, do we still have them? Video clubs, yes.

Member for Niani increased presence of screening at the official border points, noted. Member for Sabach Sanjal said Public Health Act needs to be reviewed to empower them as they are suggesting.

Tourism, is also an area to be focused on, tourists are still coming, I guess. They are coming from countries that are affected because the majority of countries in Europe now are affected. So, tourists are naturally coming from areas that are affected. What do we need to do? The Honourable Minister for Health can take this issue up with the Tourism Ministry to see what to do with the Tourism as a potential source of transmission.

Honourable Deputy Speaker talked about the development partners, whether they are on board Honourable Minister? He wants to know whether they are coming. Of course, they have started coming like IOM, WHO, they are supporting, so whether others are coming on board, well the Honourable Minister will be able to give us an update.

Lower Saloum, Senegambia Bridge, yes and then I think also and Wuli also made mention of that, it is not only border post but the ferry crossings. Ministry of Health I do not think well, if resources permit, but we are going to try to see how to get resources. I think all Ferry crossing should have screening teams coming and going because someone might enter into the country through unusual entry points and crossed. So that is a point noted, we are recommending that all ferry crossings including Senegambia bridge to have this. You can be doubly check or double screen, if you escape, you can come here as you know there are some people who are very interesting, they would want to evade, and you know, I had high body temperature if I pass, they would keep me there. So let me just evade, some even take pain killers to reduce body pain. So, it is no harm it is all the more important, it also helps to work. If we have this inspection and the like, you said the ferry crossings and the Senegambia Bridge.

Member for Jarra East had mentioned surveillance mechanisms to be beefed up. Yes, we need surveillance. Central Baddibu closure of borders,

there are implications Honourable, but we are leaving this matter with the Ministry and they will be doing this in consultation with the Ministry of Foreign Affairs to check the ramifications because there are ramifications. We cannot make international decisions in international relations, retaliation is there. So then Foni Kansala as I said, he did well in summarizing, in addressing some of the concerns raised. Kantora, the first port of call at border, yes should be Health Officials and officials as we suggested. Yes we agreed, yes because we said traders, they freely you know commute just it is easier at the border post because we are there, they know me I am from Sabi. So you just go to the other side to the Senegalese border, get into contact with someone, someone sneezes you get it. You come back and sell. So we have to restrict every body's movement, everybody whether you are a trader or whoever at the border post, movements have to be restricted even the officials themselves. I mean their movements have to be restricted. Kiang Central weekly market "lumos" is a concern, then Majority leader statistics, yes statistics is important but you know when we were doing this you can understand the emergency nature of the engagement, but it is also very helpful to have statistics to show them that these are the number of people that travelled, that come to The Gambia through Amdalai every day. At least you get the idea that if 500 or 1000 are coming here on a daily basis, so are the Health Officials screening 1000 entries, so it is key. Next time we will take note and we can all understand the emergency nature of this. Wuli West, yes your point is noted prevention is very important but cure also we should not deploy all our resources. All our focus, all our energy, all our interest on prevention, cure is also important and as you know, the resources are a challenge but we need to strategize, see how we can also commit our resources on the curative aspect of it. Although, there is no cure yet, no vaccine for the disease, but there is a treatment that they are applying that you know helping people to recover from it. So Honourable Speaker on that note we wanted the Minister to come and respond to this. I do not know if he can, the statement, whatever statement he is going to give for him to also juxtapose it together with responding to the concerns

raised. So, on that note thank you very much for your patience. Thank you very much Honourable colleagues.

THE SPEAKER: Thank you, I stand to be corrected but I think since there is no application to suspend any portion of the Standing Orders, I think the proper thing is for us to allow him since he is here to respond to certain issues and then that is different from his statement. He should have responded, we should have allowed him to make his response before winding up. Yes, but since that has been done, maybe we can adopt the report then we can agree among ourselves or I can use my discretion to expand the time for the question time during the statement period and then that will take care of the issues that have been raised in the report, agreeable, yes thank you. Thank you very much and I now put the question.

[Question Proposed, Put and Agree to]

[The Report of the National Assembly Select Committee on Health, Women, Children, Disaster, Humanitarian Relief and Refugees on the inspection visits to official international entry points holding an isolation centres on the State of preparedness for the Covid-19(coronavirus)] has been adopted]

I am sure the Chair and Committee Members would have taken care of the observations that have been raised by Honourable members. And I think one of the concerns is, we had said it before, let us do a follow up, fish out the important recommendations and work closely immediately with the team, especially the recommendations by the Honourable Majority Leader, enlarge the team, is it the Technical Committee and invite as many experts as possible. I think this is a national affair that everybody should play a role, thank you very much.

May I now invite the Honourable Minister to make his statement: Honourable we are sorry but I think it was worth it because this is an important matter, I know you are very busy today everybody is waiting for you, development partners and everybody, thank you.

HON. AHMADOU LAMIN SAMATEH [MINISTER FOR HEALTH]: Thank you very much Madam Speaker, Madam Speaker, distinguished Honourable Members, I am happy to be present here again to give you an update on the Coronavirus infection. I was here in February to give an update to the Select Committee in the early phase of our preparation. We have since then worked with this Select Committee on this efforts. We would want to thank them for their reports which is very comprehensive and very useful. We are studying the report and it will be given due consideration, but this is the first time since the outbreak which is now a pandemic for me to be before the whole House, the whole National Assembly and we will use this opportunity to update you all. Today the disease has been confirmed in at least 135 countries in the world and on all the continents. The disease globally has been confirmed today in 167,515 individuals with 5393 deaths. Senegal has declared 26 confirmed cases up to date and there is now local transmission from person to person. Our next door neighbour Senegal has more cases than the rest of West Africa combined. The Minister of Health and its partners are taking various steps since the onset of the outbreak in China, the detection of the disease in Senegal which is our only neighbour, the only neighbour to the Gambia means that our efforts in the prevention of the disease have to be strengthened even further. A summary of the various interventions undertaken since the disease was first detected in Wuhan China is as follows: A press release was issued by the Ministry of Health on Monday 27th January 2020, informing the general public about the outbreak of the novel Corona virus, on Wednesday 29th January 2020, the Ministry conducted orientation session for Public Officers at point of entry, on Sunday 2nd February 2020 , the Minister of Health accompanied by technical leads from all units under the Ministry visited the Banjul International Airport. We assessed the situation regarding the level of preparedness, tested the functionality of the thermographic camera as well as witnessed the screening process as it was been conducted upon arrival of the SN-Brussel Airline, Air Senegal and ASKY Airlines respectively. On Monday 3rd February 2020, the National Health

Emergency Committee was launched and charged with the responsibility of coordinating the affairs of the Covid-19 prevention in the Gambia. The National Health Emergency Committee comprises of six sub-committees namely Coordination Committee, Case Management Laboratory and Disease Surveillance, Logistic and Safety, Risk Communication, Social Mobilization and Community Engagement, Psychosocial support and Operational Research. Each of these committees has technical lead, since the launch of the National Health Emergency Committee, the various sub-committees have been working very hard to strengthen the preparedness efforts. A toll-free number 1025 facilitated by PURA (Public Utility and Regulatory Authority) in collaboration with the GSM Companies was launched. PURA additionally donated four mobile phones. The National Assembly Select Committee on Health was updated by the Minister on Friday 6th February 2020 on the situation of Covid-19 and measures being taken by the Ministry. The various thematic sub-committees under the Public Health Emergency Committee were tasked to assess their systems and provide inputs to the End Covid-19 Plan, isolation facilities have been set up and prepared at points of entry with the Sanatorium already equipped and ready for case-handling now. Sensitization and sharing of information through Mass Media, the TV, Radio, Online News outlets and community structures is ongoing vigorously on daily basis. Distribution of Personal Protective Equipment [PPE] and infection, prevention and control materials have been under taken strategically country-wide. The Ministry of Health convened an emergency health expert committee meeting on the 15th of March 2020 that is last Sunday where various recommendations were made and this has been presented to Government for consideration. The President of the Republic of the Gambia and the entire government machinery was briefed on the level of preparedness and what actions are being taken and what is needed to be taken. The Government of the Gambia have provided the initial resources requested and also pledged support to the Ministry of Health with extra-emergency resources that would be needed. The Gambia Government through the Ministry of Health has plans on the initial response based on

information available at the time in a context of uncertainty that can be scaled up or down in response to new information to ensure a flexible and proportionate response. The fundamental objectives are to deploy phased actions to contain, delay and mitigate any outbreak using information from the WHO and current research. The different phases, types and scales of action depend upon how the course of the outbreak unfolds over time. We monitor local, National and international data and information continuously to model what might happen next over the immediate and long terms. The Gambia is yet to register a case of confirmed Coronavirus infection as of today 17th of March 2020, a total of 357 people of interest have been followed with home isolation, 149 of them have completed follow up without any symptoms, 206 are still under surveillance, as we speak two people are under close monitoring and undergoing test and the test results are awaited as we speak, of the total out of the 206, that were initially under surveillance, eight required laboratory testing as we speak today, this number has increased to ten requiring laboratory testing. Out of those, the initial eight all were negative, we are happy to say that. The current two that are being tested, the results are still awaited and we will inform you as and when we get them. The Ministry of Health with technical support from the WHO country office has developed a National Covid-19 Preparedness Plan (NCPP) for a duration of one year, which has already been circulated to partners for possible support. The estimated cost of the plan is about 8.8 million US Dollars. The Ministry of Health is constantly having information about the arrival of visitors from the affected areas of the world. This has enabled a more strengthened surveillance at our point of entry. Our Ministry has also organized a training of various officers including Public Health, Clinical Health Care, Immigration, Food Safety and Quality Authority, Phytosanitary, Fire and Rescue Services and the Gambia Revenue Authority on infection prevention and control measures, and the proper use of Personal Protective Equipment (PPE). These training activities are being extended to all public health facilities in the country and the private health facilities are also being engaged. All our hospitals have isolation rooms for use and

there are plans to extend these two major and minor health centres as well across the country. There are also two negative pressure rooms at the Medical Research Council [MRC] facilities in Fajara for similar usage at the disposal of the Ministry. The treatment centre at the Sanatorium as we mentioned earlier is ready to use. The nature and scale of the response depends on course of the disease which cannot be predicted accurately at this point. As our understanding of the disease increases, and its proper impact becomes clearer, we will issue further detailed advice about what to expect, if or when further measures become necessary. As there are no cases registered in the Gambia yet, we have strengthened the point of entry to ensure that there is screening and early detection of the disease. The official borders were strengthened before the detection of the disease in Senegal. There is continuous community engagement and the various partners have been contributing to these activities. However, we are enhancing this communication strategies day by day. The Gambia has been doing the laboratory test in country, we are fortunate to have that facility at the MRC now but of course we think this is an opportunity to develop other national capacity so that we are able to do this, before this facility at the MRC, unfortunately the sample would have been sent to Senegal at the Le Pasture Institute for testing. So we thank the Almighty Allah we are able to do this in country now as we speak. There is continuous community engagement and the various partners have been contributing to these activities. The Gambia has been doing the laboratory test as I mentioned at the MRC and this has mitigated the burden of transporting a biohazard out of the country with all the attendant risk. This has also enabled us to get the test results within 24 hours. In any case, it would have been a big challenge to even send sample to Senegal with the current state of issues. Once a case is detected, our Public Health Professionals will do the tracing, monitoring and isolation of close contacts with the aim of preventing further spread. As we speak, there are stock piles of protective equipment for health care staff who may come into contact with suspects or patients with the virus. These stocks are being monitored daily with

additional stock being requested. This will be judiciously utilized based on specific recommendations.

Madam Speaker, distinguished National Assembly Members, our request to the National Assembly is to help in the awareness campaign since we know you are very influential and you represent the entire country here, because all the constituencies are here so you represent all the two million people of this country in this place and we think through you, the message will get to the people. To allocate resources in funding the Ministry of Health Covid-19 or the National Covid -19 plan. We also want to inform you that we may require to quarantine citizens of the country and other nationals when they are in the country and we request for your support when the need arises. We are grateful for the support the public country needs to give to our Health Professionals. We all have a role to play, we thank all our partners including the National Assembly Select Committee for Health. They have been very supportive I must say. We interact so frequently sometimes on daily basis getting information across to them, informing us of what is happening what they would have had in the community since they are in contact with the people and we act decisively and in a timely fashion, and we want to thank them all for that support. We also want to thank the WHO, the World Bank, the Global Fund, UNICEF, The Medical Research Council, PURA, Ministry of Interior, Ministry of Information and Communication Infrastructure, the Gambia Revenue Authority, the Gambia Civil Aviation Authority, the Media the general public.

Madam Speaker, distinguished National Assembly Members, I would also like to use this opportunity to thank the Health Staff. These are difficult times for every one of us. We know we have been working around the clock under very difficult circumstances, very risky circumstances, but our people go to face these challenges, the substances that people try to avoid contact with, our people go for those substances to be able to make a diagnosis and I want to use this opportunity in your presence to send our high level of appreciation to the entire Ministry of Health's staff and to

all our partners. Madam Speaker distinguished National Assembly Members, we thank you very much for your kind attention.

THE SPEAKER: Thank you Honourable Minister. Now we will allow few interventions on this Minister's statement and then we will also give him the opportunity to react to some of the issues that have been raised on the report as presented.

HON. SALIFU JAWO [JOKADU]: Thank you very much Honourable Speaker for giving me the floor. After listening to the statement of the Honourable Minister, all what he mentions boils down to the mobilisation of resources. I heard him said that they have come up with a plan that the cost is almost \$8.8. This when converted to the Gambian Dalasi is a lot of money. Now I just want to know from the Minister that apart from government contributions, what other avenues your Ministry have to be able to meet this target?

HON. OMAR CEESAY [NIAMINA EAST]: Honourable Minister, could you air out to the general public if there is any emergency contact that is available in case any suspect case happens somewhere in any part of the country. Thank you.

HON. HALIFA SALLAH [SEREKUNDA]: Thank very much Madam Speaker, I would want the Honourable Minister to look into the issue of the gestation period of fourteen days. Do we continue to call this people suspects or do we use another name rather than suspect and in terms of this gestation period, do we continue to use isolate, isolation? Or anything dealing with isolation or could we simple do protective testing for a period that they are held for protective testing during the gestation period. Would that not be the best way of changing the language to move from criminality to the Health Sector? I would want the Minister to look into that and hopefully you would address the other questions.

HON. AMADOU CAMARA [NIANIJA]: Thank you very much Honourable Speaker, thank you Honourable Minister for the statement. I just want to know, Honourable Minister as the expert, what is the case fatality rate of

this disease because we all know it is contagious but how fatal it is? The other is according to your statement there is local transmission in Senegal which definitely calls my attention. So, I do not know, do you have any means of cross border collaboration with our neighbours because once there is local transmission in Senegal, definitely, we should redouble our efforts. Thank you.

HON. FATOUMATA NJAI [BANJUL SOUTH]: Thank you very much Madam Speaker and thank you very much Honourable Minister for having honoured our request. Honestly, I am relieved even though I waited the whole day for your press conference over the weekend. It gives me so much relief for you to give us a detailed explanation of how prepared you are. Even though, we still have a long way to go, it is still laudable and reassuring like you mentioned, we have to go back to our electorates. I was the one who requested him to come, so I must speak. My concern is that you said as National Assembly Members, you require us to help in the awareness campaign. But again, I wish the Minister of Finance was here, many a time National Assembly Members have requested for fund like Constituency Development Fund. This would have been handy, because Honourable Minister, it is difficult somebody like me I am in Banjul and I can go in and out of my constituency but how are Honourable Members expected to be going to their constituencies because right now, it is laudable that we have to do it but how are they going to afford it? Because they cannot just go, we need to sensitise them on hygiene. We need to give them soap, we need to give them sanitizers. We need to do all that, and if need be we even need to set up local centres, we are not encouraging them to meet, local centres where they can run to if there is a cause for concern. How do you expect us to do that? Thank you.

HON. OMAR DARBOE [UPPER NIUMI]: Thank you very much Madam Speaker for giving me the floor. Let me also thank the Honourable Minister and his team for the good job they are doing for this people of this country. Madam Speaker, on the Honourable Minister's statement, he mentioned \$8.8 million, he needed to combat this Covid-19. My question

is if this fund is not available from our development partners, is there any alternative measures to get the fund locally? Thank you.

HON. KAJALI FOFANA [JARRA WEST]: Thank you Madam Speaker. The Honourable Minister requested the National Assembly Members to help in the sensitization. Here I just want to ask. Can we call them together as a meeting, because in the report of the Select Committee maybe, we are not advised to gather too much people together so in this respect, can we gather them together at least to give them this sensitization programmes and the information they need?

HON. MOMODOU S. CEESAY [JANJANBUREH]: Honourable Minister, you talked about the 206 that are still under surveillance. Are these within the general public? And I think you need to emphasize that since they are not confirmed cases, that is why they are probably because currently everybody is listening to the statement.

HON. ALHAGIE H. SOWE [JIMARA]: Thank you very much Madam Speaker, Honourable Minister can you please tell this august Assembly whether your Ministry has any plan to suspend all the “lumos” especially those within the borders and whether your Ministry also has plans to may be deploy Health Personnel within the “lumos” especially in Sarehbojo and Gambisara?

HON. SUWAIBOU TOURAY [WULI EAST]: Thank you very much Honourable Speaker. My concern is about the ban on public gatherings. Simple declaration of a ban may not work for some people because of their beliefs. So, what do you think we should do when people break the ban?

HON. SAINÉY JAWARA [LOWER SALOUM]: Thank you Honourable Speaker, Honourable Minister, is there any plan for government to purchase ambulances for every region on this outbreak?

HON. OUSMAN TOURAY [SABACH SANJAL]: Honourable Minister did mention in his statement that Senegal have this problem, the Covid-19. I

want to know where specifically in Senegal, the local transmission side in Senegal?

HON. LAMIN F.M CONTA [KOMBO EAST]: Thank you very much Honourable Speaker, Honourable Minister, you did indicate that six committees have been instituted or inaugurated and how far is the implementation process of this head committees?

HON. ALHAGIE MBOW [UPPER SALOUM]: Thank you very much Honourable Speaker, I want to thank the Minister and the Ministry for the efforts they are making to ensure we combat this deadly disease. The question is there is so much misinformation on Social Media about Covid-19. And some so-called experts, actually, I have seen a lot of misinformation and I want to find out if the Ministry actually have a Social Media Team that will actually try to respond to those misinformation. In as much as we have a responsibility as members also, I think is going to be important. So I want to know if the Minister actually has such a team to help educate the people on some of this misinformation.

HON. YA KUMBA JAITEH [NOMINATED]: Thank you Honourable Minister, I have two questions. I have got information reaching me, you just concluded by thanking this Health Staff but I have got information reaching me that there were key redeployments at the Ministry of Health as a result of people being allegedly accused of not supporting the fight against Corona Virus and key Public Health Officials were deployed for example from Banjul to the North Bank areas and this might affect the fight against Corona Virus, and some of them were even arrested and spent the day at NIA or at some police stations. Can you please explain to the Assembly why this is so? Because this might affect the entire fight against the Corona Virus case if this is a key official in the Public Health Service, my other question is ... *-[interruption]*

THE SPEAKER: We have to be mindful the questions will have to relate to the statement if I heard you correctly you mentioned arresting and detaining.

HON. YA KUMBA JAITEH [NOMINATED]: Yes, as a result of their failure to help in the intervention of the Corona Virus that is the information, I gathered it very...*interruption... It is very relevant.*

THE SPEAKER: Honourable I am not saying it is irrelevant far from that. I am not saying that. All I am saying, our rules indicate that the questions that we are going to ask the Minister will have to relate to the statement that he has delivered. So now if you start going outside the parameters of the statement, we can ask any thing on earth so let see how you can, Honourable.

HON. YA KUMBA JAITEH [NOMINATED]: I think the statement was based on the Corona Virus thing and this as well is on the Corona Virus issue, my second issue is, I would like you to give us your honest advice on the state of prevention whether it will help to prevent this disease from coming in since we are yet to have a confirmed case, by the closure of our borders or restriction of flights coming from countries that have a lot of cases of Covid-19, because recently we see Senegal has restricted certain flights from this countries to land in their airport, whether this is a measure that could help in prevention given your honest advice as the leader of the health service?

HON. NDEY YASSIN SECKA [NOMINATED]: Thank you very much I want to thank the Honourable Minister. In your statement you are saying that now the Sanatorium is really good as a centre for isolation. So in our recommendation, we are saying we do not think it is because of the environment close to the dumpsite and you name them. Are you considering thinking about going to the then Campama psychiatric? Because since yesterday, I have been thinking about and it is in my mind. So are you thinking of maybe changing the Sanatorium? Because it is for TB patients and according to sources we need a special place where you know that this people can be kept separated from the TB patients and you name them. Are you thinking about, may be is just a suggestion to see how best you can see the then Campama psychiatric and then use that as an isolation centre?

THE SPEAKER: Please can I have the Honourable Members who wish to intervene so that I can update my list anymore from this side?

HON. FATOU K. JAWARA [TALLINDING KUNJANG]: Thank you MA. Honourable Minister, the two cases that are awaiting the laboratory testing and the number increased to (10), are these people stationed at the MRC or are they released? Question number two (2), is there any plan in place to have disinfectant to be sprayed at public gathering, places like markets and hospitals, car parks, garages among others?

HON. SAIKOUBA JARJU [BUSUMBALA]: Thank you Honourable Speaker, I have two questions, the first one is Corona Virus the fear that we have, is it that if somebody got infected with Corona Virus, is it likely that the person will die from the complication of the Corona Virus? Two, is there any age category that is highly affected by the virus?

HON. ALFUSAINY CEESAY [SAMI]: Thank you very much Madam Speaker, I have two questions. The first question Honourable Minister is that, if I may get you right you mentioned that in Senegal there are twenty-six (26) cases. So out of that, how many of them died? And the other question is can you please tell us what are some of the signs and symptoms of this Corona Virus? Thank you.

HON. SAMBA JALLOW [NIAMINA DANKUNKU & MINORITY LEADER]: Thank you Honourable Speaker, Honourable Minister, I will relate my question on what the Member for Upper Saloum said about the misinformation. We have been hearing from many sources that the Corona Virus cannot survive under a temperature of 27 degrees. Can you please help us to clarify this information? Because for example, if that is the case, we are living in an environment of about 40 degrees. So and then if we are going to definitely sensitize the people, you must get the correct information about the disease, ok thank you.

HON. DAWDA KAWSU JAWARA [UPPER FULLADU WEST]: Thank you very much Madam Speaker. Madam Speaker, if I understand the statement delivered by the Honourable Minister, what I drew out of it is

that, there is lot of surveillance going on and also in place some of the measures we have to take in case the pandemic gets worse. To me that is very good but it looks more like we are taking route to active measure instead of proactive measure in this situation. I think we are lucky to be part of some of the few countries that have not so far registered any case, but maybe closing our borders and the Airport from International arrivals from certain affected areas might be too much for now, given the economic impact that might create, but do you think is about time we consider closing the schools down temporary for now until we see how this pandemic goes down?

Because that is a proactive measure instead of waiting for the thing to hit us and then we try and everything breaks rules.

HON. OUSMAN SILLAH [BANJUL NORTH]: Honourable Speaker, let me just reserve mind to follow up with the Minister.

HON. BAKARY NJIE [BUNDUNGKA KUNDA]: Thank you very much Honourable Speaker. Honourable Minister for advocacy, I started yesterday and I promise to continue so I will send you an invoice later. On a most serious note, Hon. Minister, yesterday when there was this suspected case, the Emergency Team was called and it took them 3 hours or more to reach to Bandung Maternal and Child Health Hospital. So, how responsive is this Emergency Team? I want to know. Are they handicapped?

The suspected cases that are sent to MRC, when confirmed that they have the virus what next for them? Are they going to be remaining there treated, what next for them?

Thank you.

HON. ALHAGIE DARBOE [LOWER FULLADU WEST]: Thank you very much Madam Speaker. Honourable Speaker, you did mention that Members should carry on awareness campaign in their respective constituencies, but how soon can we advise for the fact that we are in session? Thank you.

THE SPEAKER: Thank you very much, I think that is the end of my list, may I call on the Honourable Minister to respond.

Thank you.

HON. AHMADOU LAMIN SAMATEH [MINISTER FOR HEALTH]: Thank you very much Madam Speaker. Distinguished Honourable Members good afternoon again. You go through the questions.

Member from Jokadu asked about the cost that supposed to be \$8.8million and what measures are we taking to meet this cost. It is important to recognise the fact that health care by nature itself is very expensive especially emergencies. During the emergency unfortunately, even prices go up as we see with the sanitizers, these prices have tripled, sanitizer that are sold in Europe for £3 have gone over £100 now so, this is the reality and for the country like ours that we do not manufacture most of these things, and they are imported and even our market is very small, so we do not have many business people selling them in the country. It is a big challenge. So, the resources are quite important the \$ 8.8 million is quite a lot if you look at it but if you look at what is needed because what we had in place really was very modest.

When the Ebola crisis was in West Africa, quite a lot of strategies were put in place but unfortunately with this part of the world there is no sustainability plan. So, quite a lot of those facilities have deteriorated over the period taking the preparedness back and we have to take it. There were some items in place but we have to start building up again to get a robust system. We hope this will be an opportunity to build very strong emergency system that will be prepared for any emergencies in the future hopefully this time around these will be the thing.

With regard to the funding, recently we requested a funding to start doing something even the posters cost money. The Honourable Member also said even telling the Honourable Members to go in their communities, posters will help if we give them posters and we plan to do that. So, as we speak posters have been printed so that we distribute that to Honourable

Members and other people to carry those posters into the communities so those things have been done. Billboards, they are also negotiating so that we have as many billboards as possible.

So, the \$8.8 million, Ministry of Finance, gave 4 million that is being used now to do the mobilization and we got information that they have also approved 8 million for us, since yesterday, our people were working together to get 8 million so that means by now, we would have gotten 12 million, out of this amount, but these has been also extended to the partners. We had engaged the partners UNICEF, World Bank, WHO and host of them. As we speak fortunately, the World Bank Senior Health Specialist who has been helping the Gambia develop the plan for the next phase of funding happened to be in the country and he participated in all these activities and they have pledged 5 million US dollars out of this 8.8million, so which is very good but during emergencies now of course the bureaucracies are there so, these monies are expected next month "Insha Allah". So, he is in touch with Washington and then they have given the pledge that they are going to give about 5 million \$USD and we are going to enhance the follow up.

No one has pledged the rest yet, but we hope that by the time we start others will also come on board, but of course these monies are supposed to go into strengthening our point of entry by more and more Personal Protective Equipment (PPE) because if you remember, I mentioned earlier that we have some but we do not know what trend the disease is going to take, is it not going to come here at all? If it does come, how is it going to unfold? Is it going to be just a few cases, is it going to be keep on growing? Do we pray against that? But these are the realities of life so we are now trying to do the initial mobilization to start but certainly we need extra funds to do what we need to do. So we will keep on engaging with the Ministry of Finance and see what extra funding mechanisms are there before we get the international support.

For the Member for Niamina East, the Emergency Contact Number is 1025 when you call it, I guess, if you call it even now you will get it and it is for

all the networks so, irrespective of the network we belong to or we have when we call that number, we are expected to get help and people have told me that they have been getting help from our people on standby. It supposed to be 24 hours and they are trying their best to make it 24-hours.

Member for Serekunda the incubation period is 14 days, what that means is within the 14 days that means if the person is infected, he might show symptoms and if you show symptoms but before then, you cannot look at a person and say is not infected even he does not have symptoms. Now this is what makes it even more difficult because someone could walk into the country at the airport, the temperature is normal, he is not coughing and he comes into the country and then he is asymptomatic and then he goes into the communities like any other person. But of course, if he comes, that is why the travel history becomes very important. If he comes from a country that is affected, that means it is of concern to us.

So those are the groups of people we advised home isolation and whilst they are at home we advised them to take steps to do some social distancing and then we tell them of the symptoms that are important for them to look out for and we educate them as to what to do if they see A, B or C. However, these people also are actively monitored, our people go to them twice a day to check their temperatures in their homes. So this is the kind of things we are doing. Now when we talk about quarantine, ideally, these are the kind of people probably who could be quarantined. Those that are going to be quarantined are those without symptoms, we are not even sure about their exposure but the potential for exposure is there. So those are people that are stationed in a place and then of course the state takes care of their welfare. It is mandatory, when we quarantine people we take care of a good accommodation for their feeding and basic things and as we speak to you, we are preparing some places for that and that is why we say if the need comes, we would ask for your support and the support of the community. We have identified some places our people are busy looking at that just in case the need comes. So

the issue of mass testing of people has not been the practice so far because we also have resource limitations even the developed countries are not doing that so far. When it comes to the test materials too fortunately, we have a good number as we speak, we have 200 and we used 10 out of those for now and now this is the situation. But you know when we talk about this pandemic, we also look at what is done elsewhere, what the good practice is, what is the evidence-based practice is and then the advice could change even many times in a day or by the week. So we have not gotten that kind of consensus yet, but we will apply as and when necessary, but it has resource consequences. Now the Chinese Embassy is also willing to give us some more test kits as we speak for your information.

The Member for Nianija, the fatality rate for now is 3.4% that is what it is, of course am sure you know it was a little lower than that before, but it keeps on changing as the disease evolves. So what that means is I think I do not know if it is the same question but I think there was a different one. What happened to the people who get infected would they die actually, in fact it is believed that 80% of the people who get infected might never show symptoms, you know or they will go or it will just be like you know ,they will be asymptomatic, they will not have symptoms. It is believed that it is only 20% may show some of these symptoms and out of those only smaller proportion of up to about 5% will now manifest severe disease and those who manifest severe disease, not all of them will die about 3.4% will die. This is the little interpretation.

The Member for Banjul South, well without the constituency fund, yes it can be a big challenge, of course these things are expensive, people going into the communities to talk to people requires resources. But I think the way we are seeing it is that our various units, the team that is responsible for community engagement and social mobilization, we would like them to engage the National Assembly Members as well when they are going into their constituencies because they are going to recruit people in your constituencies and we believe that you should be engaged

so you know what they are going to do and each of those groups are going to be allocated resources, they all have their budget within the 8.8 million that we are talking about. So we are going to advise them, they already know but we are going to emphasize they engage with the National Assembly Members to strengthen the community engagement.

The Member for Upper Niumi, I think the question is similar, the 8.8 million US Dollars, partners have demonstrated their interest in supporting for us to get. World Bank has pledged 5 million US Dollars, of course we expecting the funds to start coming in April because of the bureaucratic processes which they are actually shortening because of the emergency nature of this. However, Government is also committing 12 million has been committed so far by the Government and our people have started working on this. Of course at this juncture, as we talk about the funds, Honourable Members, we want to reassure you that “Insallah” this fund will be put into very good use, because we started because emergency situations, there is tendency for abuse but we have put in strategies that “insallah” that will not happen because when people are, when there is a little bit of chaos as everybody is panicking, people could take advantage of that but we say the rule should be followed even if there are going to be emergency procurements, it should be based within the limits. If we all know this cost 5 Dalasi, 6 Dalasi and then 7 Dalasi, different people are quoted. Really the good practice should also prevailed here that we should buy the good quality that cost 5 dalasi not because of emergency somebody goes to buy 25 Dalasi. So the market survey will be done and our Permanent Secretary and the team we had a meeting about that yesterday that this is the time that everybody is looking around, people are looking for funds but they are also looking at what happen to those funds and at the end of the day, this will all be pushed forward as to how they were spent, we are monitoring it ourselves.

The Member for Jarra West, this information I miss that a little bit Jarra West whether we can gather to give the information, yeah, ok we do not

really address the issue of gatherings but I think we are in difficult times I must tell you. , it is difficult times now, for the health staff we all know. Worldwide we have seen what is happening, these are times unprecedented because when we heard we all feared Ebola but it never got so close. But this has gotten so close and we have seen how it has devastating people and economic superpowers who have so much resources.

So I think we will discourage gathering them, we will encourage probably people moving to communities to talk to them, and then we do not know when we have these vehicles with the loud speakers, sometimes that can be used if an Honourable Member has time to sit with our people in such a vehicle, and when they hear your voice they will know it is their National Assembly Member. They will heed to that, rather than sometimes going into gatherings. Unfortunately, as you represent the people, we also want you to also take precautions because by nature of your jobs too, you tend to meet more people than any of us. So we are equally concern with regards to the precautions.

Coming back to the precautions, I think they are very important. You know we all pray and I urge all of us to pray. I pray myself and I mention Corona virus in my prayers too when I pray at night and in the morning for Almighty Allah's protection. However, the preventive strategies are very important. Just as I told a patient who came to the hospital some time ago and wanted to leave, he had a fracture. He was going to go to get prayers so that he heals. Now, what I said to him was probably the prayer has already been answered, that whoever is praying for you pray for you that you get to the hospital so that you get healed. So if our prayers means we get focused on the preventive strategies and I think our prayers have been answered in that way and we should continue taking preventive measures.

With regards to personal hygiene is very important. Hand washing is very important and in that way we are also engaging religious leaders because when they speak they put forward religious quotations, and they know the

religious histories with regards to plagues, and what people should do to prevent themselves from plagues, and I think it is equally relevant here. And also for those of us who are Muslims, and most of us are, Islam is beautiful because when we perform ablution the first step is to wash our hands thoroughly. So if hand washing is advocated, I think it is Islamic. So I think we should send this message to our people. Of course now it is important to use soap and we also want ablution sites to all get soap, liquid soap, so that people wash their hands before performing ablution.

Equally speaking, we are putting hand washing sites at various points like the Ferry Terminal, Banjul Market, Serekunda Market and Brikama Market. The reason is that as we work along some people are out of their homes for two (2) hours. During those two hours they would have met so many people on the way and they would have shaken hands. But they do not have any place to wash their hands. And within those two hours, virtually or most probably, they would have touched their eyes or nose and so on. So we are putting hand washing sites at high density areas. The Ferry Terminal is also going to get public health officers that are going to be checking the temperatures to cover for those people who might have entered through other borders but they are coming into, yes, so those ones are by now should have been deployed. We had made that clear few days ago.

The Member for Janjanbureh said, the two hundred and six (206) people you mentioned, yes, so those are the people we spoke about. They are the people after fourteen (14) days if they do not show any signs then we allow them to start mingling with the communities. So we set them free, we allow them to be out of self-isolation. So those are the people. Sorry, no in their homes. Yeah, home isolation but we would have told them. I mean, people are also, when we inform them we empower them. You know they also do not want to get their children and families infected because if you tell them it is for the interest of their families, the larger community but the immediate family's interest, most of them oblige. But certainly we have had instances where people try to sneak in, hide their

departure points. We have had few like that but we got some intelligence from the communities, from other people, we followed them and the time we got a woman who did that and then when our people got the intelligence, they called her and she was apprehensive initially. But then she said how did you know? Well, we said we have our ways of knowing. But when the people met her and spoke to her in very respectful considerate weight, you realise that even the mother now was pushing her to go help people to go and get tested because even the mother does not want to contract the disease.

The Member for Jimara, whether we have plans to suspend the “lumos”. Really, I think considering what is happening, looking at what is happening in the neighbourhood, what is happening nationally, that will be our view to suspend “lumos” and to suspend those kinds of public gatherings.

The Member for Wuli East also was talking about public gatherings. So our view with regards to public gatherings is a suspension because that is what we believe to contain the disease because a single infected individual in the public could affect so many individuals now and each of those so many individuals have the potential to infect so many others. And I think our situation is unique in Senegambia – Gambia and Senegal. The way we relate not many Africans relate that way.

So that is why we said we are in very difficult times. If there is spread of this, Senegal is spreading very fast. Senegal alone has more cases if you put the rest of West Africa together, and when did they have their first case? Not long ago. But the way we relate to each other, we socialise, we eat together, we do so many things together. You go to other West African countries, other African countries, they do not interact that way. So our way of interaction poses a great risk. And I think for us it is unique opportunity because we have seen it in Senegal and we have also seen the cases are more numerous in a place where people even interact a lot more, they congregate there and they interact a lot more in that way. So I think anecdotally, we can say those ways of interacting could enhance the

spread of the disease. And it is an opportunity for us to learn from Senegal's experience and to act in the right way.

Member for Lower Saloum, is there any plan for government to buy ambulances. It is part of the plan. In fact, this D8.8 million, there are 10 ambulances costed there within the plan and 7 utility vehicles, but from the look of things, with the unofficial border points probably that could even be increased. So this is the information, so Government plans to buy ambulances from these funds. Well, even before the crises, the outbreak, government had plan to buy more ambulances to strengthen our referral system.

The Member for Sabach Sanjal did ask where in Senegal, well the cases we are told concentrated in the Touba area but you know in Senegal itself there is lot of travel within Senegal itself. So this is the information we gathered.

However, we are in contact with the Senegalese authorities. Our Acting Director here is in contact with his counterpart. They engaged. I tried a number of times to call my counterpart in Senegal. I have not been lucky yet, that is Honourable Abdoulie Joof Sarr but I will continue because it is important to collaborate, share information and share intelligence. Yeah, but at the directors' level we have been doing that with the counterpart in Senegal.

The Member for Kombo East, the six committees have been working very hard. Actually even before the funds arrived, they had because it is not everything really we need. We actually need funds for. We do not need really funds to go to talk to people on GRTS TV. So those things have been on, so sensitization has been on, the laboratories, they have been working because they have been the ones collecting the sample to take to MRC for the testing. The clinical group is also working they are putting up their settings, the clinical settings where to put cases when the cases come. Training people in-house as to how to put on the Personal Protective Equipment (PPE) and training the Orderlies, training the other doctors and

then a host of others things, developing protocols of management. So all the committees are working as we speak.

I think, I did not get that National Assembly Member but there was a question on how do we have a social media team to educate and stop the misinformation, maybe it is Upper Saloum yes. So our people are also very active, we have a very active Facebook page. We also have a website but now it is being so difficult like the announcement of the false information with regards to the cases in Basse. When we got that, someone sent it to me, I myself I sent it to the team. They investigated, interestingly, they got the phone number of the individual who sent it. When he said, they told him where did you get it from then he started saying how did you get my number. So eventually, he switched the phone off. They called him again, but I think before he switched the phone off he told them that he was going to send another one to counteract that. So it was deliberate false information. What people gain by that, I really do not know but our people are also working very hard. But I think, at this juncture, I will also appeal to us to also send the message. It is very difficult to get messages to all the news media, but if we have official news channels, for example the GRTS, people should also endeavour to watch GRTS. I will give you an example, a senior official was also asking about us not having a toll-free number and we said this has been on GRTS for so many weeks. So, well he said it has been long time since I watched GRTS. Then I say to myself if we don't go to where the news is, it is difficult to come and put news in to our heads. So people also have to make a little effort to go and see what is happening in The Gambia today. So I think the national news medium is also very important that we keep a date. We use your forum to appeal to the general public to at least watch GRTS each day because they consistently come. The others also come, but sometimes they do not come. But GRTS comes and then we are going to have very regular briefings. We have been discussing, now we are going to have daily briefings. At least that can help to counteract, daily our people will be there. I will try to attend most of them myself so that

daily they will know this what they heard from the Ministry, and this is the Ministry's position.

The nominated Member Madam Honourable Jaiteh, yes, well the first part of the question I guess I am told that is not part of the presentation but I do not think, it really had anything to do with corona virus issues. People want to link these things up. The Ministry of Health has been restructuring. We all know the Ministry has had a lot of challenges. Probably you even know better than me or well before myself. We realised that if we do not take those strategic decisions, irrespective of the amount of fund you bring to that Ministry, there will be no difference because people have to make the difference. So we said, let us look inwards and we had to make those strategic decisions and for clarity, people were not arrested because of Corona virus things. We do not even know that as we speak, I did not know that they are even arrested. But I think it was posting, they refused to go on posting. And they refused to hand over the vehicles we even need for the Corona virus fight. So this is the point. So in the process, the people are undermining the fight. If they are supposed to go on posting, the provinces are part of the country as you said. If we have people who said they will not serve in the provinces, we have a big problem with that. Who is going to take care of those our people there? Who is going to take care of them? If some people think they say we have never worked in the provinces, we have spent all our lives working here, we cannot go to the provinces, I think there is a big flaw in that. If Ministers were posted to the provinces, if you post me today, I will go because they are also our people. So this is the problem. It is refusal for posting and subsequently refusal to handover government property in their hand, government vehicle, documents, office keys, and when we were in a national emergency. So this is the summary.

With regards to the flights, banning the flights, of course there are international regulations guiding this as a nation, as a small country there are quite a lot of challenges. But we all know if a disease is imported, if any country has the means to do total blockade probably it will never get

to the person's country because it was outside in the first place. So total blockade that means, it will never come. But not many countries have the means to do total blockade. That is even why the West they have a lot of challenges with all their resources because there are lot of considerations. Do we put a dichotomy and say Gambians can come in but non-Gambians cannot come in? Because it is going to be very difficult for us to say Gambians do not come back to The Gambia especially we do not know their social situation there. A Gambian travels, now his time to come back has come. The ticket is expiring. He has no money to stay anywhere, no money for food, he wants to come back. You know, so these are the challenges. That is why the flight bans have become very difficult. But we are looking at modalities of even if they come, we keep a close eye on them. When we keep a close eye on them, as soon as they develop symptoms we test them and we take them direct to treatment. So this is why we are thinking about the quarantine. So when people come from, you know, highly suspicious countries or countries that have a lot of cases, then we put them under quarantine, we are thinking of that and then monitor them. Anybody who develops a symptom is tested and then taking to treatment facilities. So this is what we are thinking of. But generally speaking, of course if it is a holiday maker who is coming to Gambia and knows that the holiday is for two weeks, and the two weeks is going to be spent in quarantine, probably the person will cancel the holidays. So there are ways to also look at these things in amicable ways.

Honourable Nominated Member, Honourable Secka, yes the Sanatorium being the treatment site. Ma, I think you are write. It is like an issue of what is available because the Sanatorium itself is for TB cases. But now with the current management of Tuberculosis, you do not send most of them to the Sanatorium. They start treatment and then directly observe treatment, the short course and they stay in their homes and they continue treatment. So special cases you sent to the Sanatorium like drug-resistant Tuberculosis, recurrence of the disease, and so on and so forth. So that is why most of the time we do not have many patients there. So the space was there. We have been very concern about the

smoke because people with respiratory problems and they are exposed to smoke again.

You are right but under the emergency situation, we also discuss with our partners because we think this is an opportunity for us to have an infectious disease hospital that will deal with these emergencies. So that as soon as we get them there, everybody is trained and need hospital where you have all the equipment where the people are there properly trained and they are waiting for this cases because even the design of the rooms, the negative pressure in the rooms, only MRC facilities have that. So it is not even the best for such cases but that is what we have. When we finished today, we will send people to camper-ma to decide, to have a look at it, and it used to belong to health sector but we learn that later on, I think the prison services laid claim to it, that is why we backed off a little bit but we can explore that possibility and see but at the end of the day, we were thinking that this will be an opportunity to engage partners to strengthen our emergency response because all these things cannot be in ad hoc basis all the time because we need to have a National Emergency Strategy. Fortunately, we have a National Emergency Coordination Centre that will be launched soon. It happens that that is happening and this is a coincidence. The site is also being strengthened. It will coordinate all the information surveillance data in the country and in collaboration with other partners so that surveillance data is monitored, so that even if it is not corona virus, if there is an outbreak of any disease anywhere, we get alert on time and our people go there to deal with that.

The Honourable Member for Tallinding, you asked about the two cases, if they tested positive what next, was that the question? Oh, oh, if they tested the two cases, I thought I got, you meant the two suspected cases, the two people who are undergoing test, you asked about them. Yes, fortunately they said they are negative so we thank God, we thank the Almighty Allah. If they had tested positive, that means they now require treatment. So then they will be transferred to the treatment centre, so that is the protocol. So the treatment centre is ready and we have a team

called the Case Management Team, they are on standby. But of course to standby for this is 24hrs, and this is where we think when the Honourable Member, Chairman of the Select Committee to say that incentive for these people because they are going to be working extra in very very risky conditions. And even the health workers under certain circumstances, ourselves we all need psychotherapy, psychotherapy because we also need people, it is very stressful for all of us. Not that anybody is afraid but not that people are not even afraid health workers are also human beings. They are afraid for themselves and they are afraid for their families. But it is a responsibility that we need to do and we have to do it because the last time there was a case sometimes we get people who said, well they were not going, naturally you expect but with further training and training, you know I think most of us will comply. So when that happened, in fact the Director that was 3am, Doctor Bittaye, the Acting Director, he had to go all the way to Darsilameh at that night to look at those case that was reported to us. So this is it. I myself if I am called, I will go whatever the time is. So this is the kind of response we want. But when we talk about getting more public health officials at the border points, we are happy to say that after the tour of the Select Committee which was almost the same time we were also going round, we also detected many of what they spoke about and we are happy to say most of them have been taken care of. The border points have been strengthened personnel wise. Giboro has actually four now, then they had three I think the man it was a miscommunication but it is strengthened to four now. The airport that had four now has ten people who are there so that they can work on shifts. So this is what is happening. But depending on the course the disease takes, we are planning on calling people who are health workers on leave, on study leave and so on for everybody to come back.

Madam Speaker, distinguished Members, some of our people are with you. When the need arises I hope you will allow them to come on board to help us, the public health officers. Yes, because it gets to that level sometimes that you need more support from people, yeah. You also

asked, Honourable Member for Tallinding whether there are plans to spray public sites. We pray against it but when we are highly suspicious or when there are cases then that becomes very essential. And someone also mentioned about the door handles and so on. Ideally, they should be wiped, they should be wiped very frequently. Our table should be wiped very frequently and we hope that is instituted. Door handles should be wiped with chemicals that will kill the virus, and the table tops and all the things that we touch including our cash and including other things that where people congregate should be wiped thoroughly because that is part of the prevention mechanisms. Part of the strategies is also to be in a properly ventilated place. So ventilation is equally important.

We do not know if this place is very roomy, but if it is properly ventilated, is another issue. So when there is no negative pressure in a room, because the negative pressure will extract materials outside. If we do not have that, then the best is to have a properly ventilated place. Honourable, you were even mentioning it, we would rather prefer that to even proper air-conditioning except if the air-condition is such that it is in a plenum fashion. Those types of air-conditioners are usually from wall to wall and they extract air within the room in sheets up to 20 to 21 times per minute. All the air that would have been in the room would have gone out and fresh air comes in. But most of our split air-conditioning and window air-conditioning do not function in that way. So there is a challenge, yeah.

The Member for Busumbala did ask the people, I guessed you were asking the people who are more susceptible, but of course, if it is a disease we cannot say exactly who will die, but from the trend, it says that the elderly are more prone because of course it is believed that people's immunities go down when they get old. But I think it also has to do with the fact that many elderly people have comorbidities. They have diabetes, they have chronic obstructive airway disease you know for many reasons, smoking, and exposure so on and so forth. So they have inherent diseases, they have hypertension and maybe by that time even the kidneys had started

to change: degenerative changes, age-related changes here and there or previous mild infections or mild diseases that are getting worse by the day as they age. So they are more predisposed. But of course we have seen that they are not the only people affected. So we should all take precautions.

In Senegal, the Member for Sami did ask out of the 26 if any of them has died. We have not gotten that information yet. So from what we know now, they are all alive from the information but if we get we will communicate that. Of course that also goes to say that some people get better and they are discharged even from the hospital but who gets better and who does not, is difficult to say. The Minority Leader also asked with the information that it cannot survive in hot climate. Honourable, I think this virus is new even to science. So not everything is known about this, it is a new infection a lot needs to be done. But current information does not point to that because you see people are getting infected even in hot countries. Senegal get very warm and now there is local transmission that goes to prove that probably this not the case that the hot climate is not good. Of course very hot climate in which humans probably will find it difficult to live themselves would kill most organisms, is it not? But ourselves we cannot live in does environment. But the average environment, that you know, these pathogens are such that they also want to thrive in environments where we thrive. It is a survival strategy mechanism for them. So they adapt to our environment. That is why they do so well in human body because the body is the best environment for them. They love it in the body; they replicate in the body; so this is the point. So wherever we cannot live, you know usually they also cannot live there, but that means we are not in those places in the first place. So probably that information is not correct for now, but we need further information as to what the virus, its characteristics are.

The Member for Upper Fulladu West, so whether we it is time to close the schools? Yes, when it comes to the health information, we gather and our concerns we think so, because you know the school communities we live

close in our communities but for the children they are all same. They do things together, they go to the tap and all of them put their hands to drink and so, for them of course, adults may hesitate a little bit to share this but the child will share it with all his friends, which is good by the way but under the circumstances probably it is risky. So the exposure is quite and we know quite a number of our classrooms too, the pupil population is quite high. You can have up to 30, 40 students in some classes. So that is pretty high and they are very close to each other. So we think even the flues when they come they tend to be affected a whole lot, yeah. So this is our view.

The Member for Bundung did ask about the responsiveness of our team. It is unfortunate, I believe there would have been a communication issue but we will talk to them so that their responsiveness increases because people are worried and when people are worried they need answers. We will try to find out what might have happened and “In Sha Allah” it will not happen again for patients to wait for three hours with the anxiety and with the fear in the hospital and the other people around there. So we will look into that and we will make sure that is improved upon. And I think he also said if they are positive, I think we dealt with that. If they are positive they will be taken for treatment at the treatment centre.

The Member for Lower Fulladu West said, how soon do you advise, you to go for the sensitization? Well I would say now because I think it is an emergency, we are concern. As Health Minister, I tell you we are concerned because the cases when they occur they occur exponentially. You have five today, tomorrow it is ten, the next day twenty, like that they grow like that because one person ends up infecting many people around him. So I think we all need to act fast. I know our team has done quite a bit because compare to the other West African countries, many of the things that we are doing, we have been doing for the past six weeks to two months, they did when they got their first case or few cases. That is when they started doing all these things especially strengthening the border control. So I think we are fortunate, in the sense that we started

these things well before getting a case. But we should, I think it is also being a window of opportunity for us to strengthen our systems, to reorganize, to enhance the coordination, to let the message get to the people that is supposed to get to.

Madam Speaker, I think that is all that I have. I do not know if there is any that I have not answered but this is what I think I been able to jot down, yes.

THE SPEAKER: I do not want to open the floor again.

HON. HALIFA SALLAH [SEREKUNDA]: well, my question, I asked a question in terms of what we call, do we say that we are isolating them or do we say this is protective testing, we maintain them somewhere for protective testing during the incubation period. Do we change the names of those centres, from isolation centres to something else?

HON. AHMADOU LAMIN SAMATEH [MINISTER FOR HEALTH]: So those people are what we have been doing now, **interrupted**

HON. HALIFA SALLAH [SEREKUNDA]: Even my question is very... I am talking about in terms of avoiding stigma, can you not change the name of these centres we call isolation centres? Could you not give them a name that this is protective testing centres ...**interrupted...**

THE SPEAKER: And I think you also went further to ask about the name, whether you still call them suspects, suspected cases, am I right?... **interrupted..**

HON. HALIFA SALLAH [SEREKUNDA]: because that is like criminality.

HON. AHMADOU LAMIN SAMATEH [MINISTER FOR HEALTH]: Yes exactly, I think these are challenges and so the issue of stigma is a reality because people have been avoiding people these days when they even speculate that, but with regards to the terms now the adjective becomes they have scientific descriptions. When we say suspects, we mean somebody who fulfils certain criteria. So that is why when we say suspect

it cuts across board and it sends a message to people, that is what it is. Now for people who are, an isolation itself is for people who have manifested those symptoms now and then you take them out to be on their own and then when you test them now, if it is negative they are free but if it is positive now you even go from suspect to say a case. So now those people we are going to put aside ...*interrupted..*

HON. HALIFA SALLAH [SEREKUNDA]: Doctor I do not really want to engage you too much, you think about what I am trying to say. For example you are the doctors, can you not move away from the language of criminality, for example, if we say this is symptomatic. Can you not invent words which apply to what you are saying but change it from suspect to a medical language?

HON. AHMADOU LAMIN SAMATEH [MINISTER FOR HEALTH]: Yes, so we will look at it. We have very good health communicators, so we will look for what is socially acceptable without masking the actual fact on the clinical side and having an impact on the management. Yes, thank you.

THE SPEAKER: The essence is to avoid stigmatization. Thank you. Any Honourable Member needs any further clarification? Pardon... No, I do not want to open the floodgates otherwise everybody will have, let us close it, Honourable clarification yes.

HON. FATOUMATA NJAI [BANJUL SOUTH]: Thank you Madam Speaker, the Honourable Minister mentioned that, I think about the school closures, and I think he would highly recommend it. Can you just clarify what you meant because it is at your prerogative to recommend that schools close but you did say that it would be to the best interest? So what is stopping you from recommending it so that it will

HON. OUSMAN TOURAY [SABACH SANJAL]: It's a new question Honourable.

THE SPEAKER: Wuli East, did you?

HON. SUWAIBOU TOURAY [WULI EAST]: Yes, I raised a question during my intervention which is dealing with people coming from the affected countries. My question was when they arrive, before they enter The Gambia, when they arrived in at the Senegal boarder post would they not be tested and if they are tested there, then there is no need if they are suspected or whatever there is no need for them to enter The Gambia, they should be returned to Senegal rather than allowing them to come to The Gambia again to be tested and they become Gambia's responsibility. That is my concern.

THE SPEAKER: Thank you very much Honourable Minister for the statement and also thank you very much Honourable Members for the questions that you have,... interrupted by a Member ... Madam Speaker: Please let me finish. He has answered your questions. Yes, so we want to finish the procedure and then come to the next item. Right? Or Honourable Minister do you have something additional?

HON. AHMADOU LAMIN SAMATEH [MINISTER FOR HEALTH]: It was just with respect to the two last questions. Well, I think one was with regards to school closure, Honourable Member for Banjul South. Yeah, so that is our view but we have earlier said that government has been very vigilant and on top of things with regards to what is happening and the government machinery is aware of what is happening and advice has been given as to what is the best in our view with regards to what the current information is. So government is informed and "In Sha Allah" appropriate decisions are on their way. So we expect the decisive decisions very soon on many of these items that were mentioned here. Thank you very much.

The second one was people from suspected countries, when they are tested there. So when they say test really sometime what people called test is the temperature check. But you know you have people who are asymptomatic. So they do not have fever, even if you check them really they do not have fever. So they will come to Gambia and they are already infected and so they need to be seen here as well. But equally speaking,

sovereign countries do not depend on the other one for this kind of things. Even if it is done there in your presence, you want to do it on your own side because you control your own side what happens here, you know how efficient your tests are and you want to rely more on your own information. If you have that bilateral kind of agreement prior to that, that should be stated and then the two teams can work together and make sure that it is done. Yeah, but what we know already and what we have advocated, we have all met ourselves and then the Select Committee for Health they also went across the border to talk to the Senegalese counterparts. So our people are collaborating so that if they get information, some intelligence they share with our people and vice versa. So we are collaborating at that level.

But sending people home that is the problem now. You know sometimes when you send them home they really do not go home. They go to another place and enter back into your place but sometimes the best way of containment is to give them help, to get them because they come to you, you do not let them escape you and you contain it there and then. Otherwise, on the person's way home in fact he would have spread the infection to so many people. So that is why when we get them, we want to manage them as cases.

THE SPEAKER: Thank you very much Honourable Minister, and also thank you very much Honourable Members. Please, we cannot exhaust the issues of this Corona virus in one session. The consultations would have to continue. Let Honourable Members continue to engage the health committee and any issues will be dealt with the relevant sectors or the larger committee that has been established by the Ministry. And as I was saying, I would thank the Honourable Minister but I would equally thank Honourable Members for their cooperation. We have been here since morning. I know that some of them had their lunch but we have been since morning and I must commend the membership. This is a good beginning of the year. Ordinarily, the seats would have been empty but I think this is a good sign that would continue to work this week. And I

would also wish to announce, no but before we adjourn, we have some, that the remaining items on the agenda for today's business will have to be rescheduled, in view of the fact that time is not on our side and the Honourable Minister was released earlier on. We thought we would finish by 3pm, call him in the afternoon but we were here till after 5pm and normally we finish at 6pm. So the business touching on Defence will be rescheduled and it will be communicated to Honourable Members in due course. Thank you very much Honourable Minister and your team, Honourable Members and the staff, the press thank you very much. And the Honourable Member for Basse has been raising his tag for quite a while that he as an application or motion or whatever. I would just want to hear what he had. I want to give him the floor. Honourable Member for Basse, are you requesting from here or from there. Honourable Speaker: look I cannot wait for any consultation If you are not ready, I will proceed with the, on that note may I put the question please. Be it resolved that this august Assembly... interrupted Honourable Member for Basse.

HON. MUHAMED MAGASSY [BASSE]: Honourable Speaker thank you very much, sorry for your, thank you very much. I want to thank you for your patience and your understanding. Thank you Honourable Speaker. Madam Speaker, subjecting myself to the Standing Order 53A, I rise to move that the Assembly stand adjourned till further notice to avail the National Assembly Members to partake in the coordination and the implementation of all the preparedness efforts in the response to Covid-19 as recommended by the Select Committee on Health and related matters and as advised by the Honourable Minister of Health. I so submit, thank you.

THE SPEAKER: You cited a specific Standing Order, did you? Can you repeat it let me get it for my records please, thank you?

HON. MUHAMED MAGASSY [BASSE]: Honourable Speaker, interrupted by members... Honourable Speaker as you know parliament is about consultation. At this point in time after consultation I stand to withdraw my motion.

THE SPEAKER: Thank you, you see Honourable, we have veterans here. We have decided that we would call them after the session. So we are also very mindful of what is going on. Thank you very much for your understanding. May I now put the question?

[Question Proposed, Put and Agreed to]

*[That the House be adjourned till tomorrow, Wednesday 18th of March,
2020 @10:00am]*

ADJOURNMENT