



CABRI Report on Public Health Budget Practices and Procedures in Africa

How African countries budget for health

CASE STUDY

Budgeting for water, sanitation
and hygiene (WASH) in
The Gambia



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1 The health and welfare financing landscape: An overview

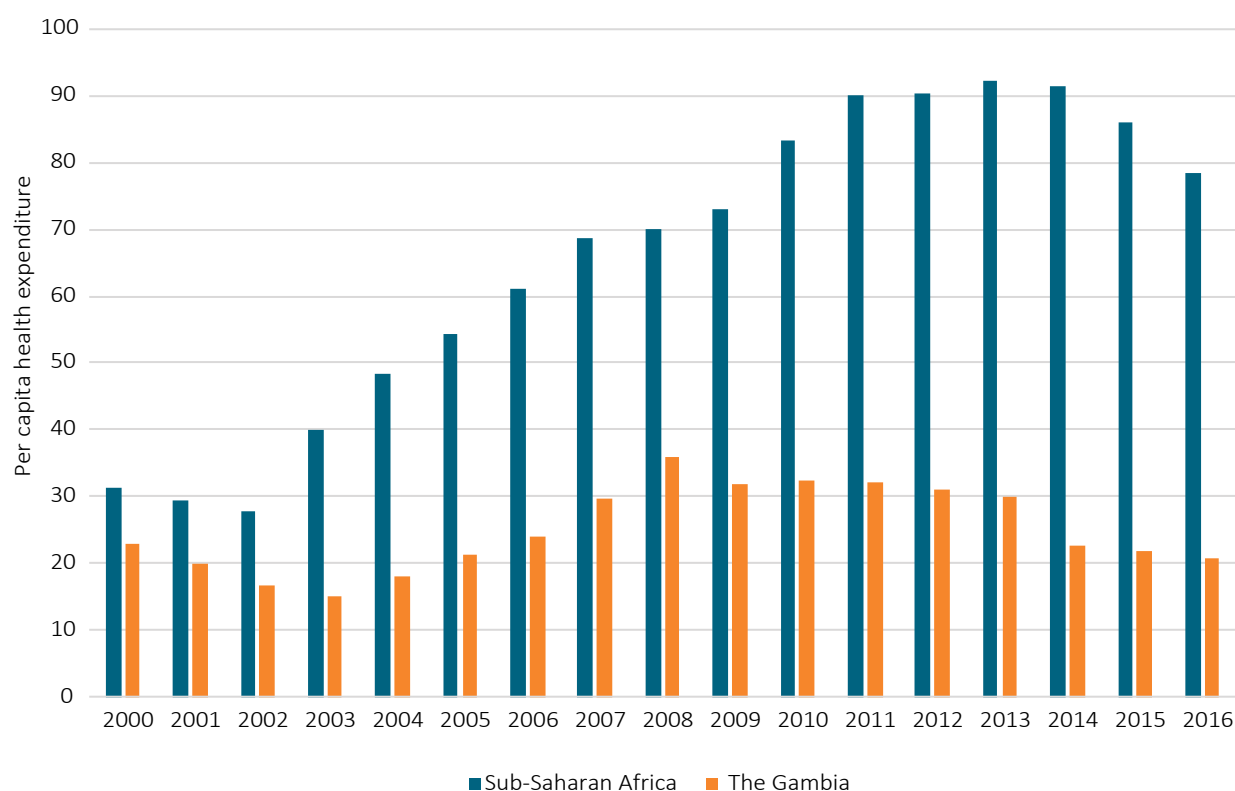
There are various methods to finance healthcare. These include tax-based financing (as in a single-payer healthcare system), social security-based financing (also known as social health insurance), insurance schemes (also known as employer-based health insurance), and out-of-pocket payments by households and individuals. Several countries employ two or more of these financing mechanisms, depending on their socioeconomic context and the complexity of their political economy. Each of these financing mechanisms has its own strengths and weaknesses. Countries adopt those most suitable for their systems.

Tax-based financing works better for countries that have strong tax collection and administration capacities (such as the United Kingdom). On the other hand, out-of-pocket financing is often adopted by countries that have a large informal sector and hence a weak capacity to collect and administer tax revenues (such as Cameroon and Equatorial Guinea, where out-of-pocket financing accounts for about 70% of their total health spending) (World Bank, 2016). A

large number of countries use tax revenues to subsidise essential service packages or insurance policies for the poor, along with some form of pre-payment (health insurance) schemes to cover a large segment of the population.

Accounting for 4.7% of gross domestic product (GDP), total health expenditure in The Gambia was GMD1.78 billion (US\$0.44 billion) in 2015 (NHA, 2019). According to The Gambia's 2015 national health accounts (NHA, 2019), per capita health expenditure was low (US\$22.67) compared with the sub-Saharan Africa average of US\$78.40 (The World Bank, 2016). Trends in per capita health spending in The Gambia show minimum variation since 2000, with virtually the same figure in 2000 and 2016 (see Figure 1). External donors and NGOs contributed about one third of the total health spending (36.5%) in The Gambia, followed by the government, which contributed 32.8%. About one quarter of health spending was out of pocket (24.4%), which was lower than the sub-Saharan Africa average (36%). Insurance and other sources covered the remaining balance.

Figure 1: Trends in per capita health spending in sub-Saharan Africa and The Gambia, 2000–2016



While The Gambia's share of out-of-pocket health financing is low compared with several countries in Africa, the large share of contribution to health spending by external donors (36.7%) makes health financing in the country less sustainable. Furthermore, the remarkably low per capita health spending in The Gambia implies the need for more focused and innovative resource mobilisation strategies. Nevertheless, countries that have limited fiscal space, like The Gambia, are likely to need even more external support in the short term while they develop the capacity to mobilise domestic resources to ensure sustainable healthcare finance in the longer term.

Life expectancy is about 61 years in The Gambia, which is on par with the average for sub-Saharan Africa. Under-5 mortality in The Gambia (58 per 1 000 live births) is better than the average under-5 mortality rate in sub-Saharan Africa (77 per 1 000 live births). The Gambia has one of the highest maternity mortality rates in the world (597 for every 100 000 live births). The average maternal mortality rate in sub-Saharan Africa is 534 per 100 000 live births (World Bank, 2017a). There is not much data on access to clean and safe drinking water in The Gambia, but the sub-Saharan average is low at 27% (World Bank, 2017b).

2 WASH in The Gambia

Socioeconomic and policy context

GDP per capita in The Gambia was about US\$716 in 2018 (World Bank, 2018) with over 40% of the population living on US\$1.25 per day (GBoS, 2015). Agriculture is a significant economic sector, employing over 70% of the population, while tourism is another major economic mainstay. Peanuts are the main produce and a major export item, while cotton, rice and cattle are also valuable agricultural products.

According to the 2013 census, the population of The Gambia was 1.86 million, which is projected to grow to 2.4 million in 2020 (World Population Review, 2020). About half of the population is below 18, while people over 64 account for about 4%. Over half of The Gambia's people live in urban areas, which makes it easier to provide essential services.

The Gambia's National Health Policy (2012–2020) stipulates that investment in health is an investment in the economy, asserting that 'a healthy population is a wealthy population'. The policy aspires to make quality health services accessible to the population in an equitable manner, with the intermediate objectives of reducing morbidities and mortalities.

WASH organisation, coverage and challenges

Globally, over 660 million people lack access to clean water, while 2.4 billion people (about 30% of the world's population) do not have access to an improved sanitation facility (meaning that about 1 billion of these people are forced to defecate in the open) (UNICEF, 2016). Over 70% of people without clean water and improved sanitation live in rural areas in developing countries. Five out of 10 countries with a low level of improved drinking water are situated in sub-Saharan Africa. The United Nations' Sustainable Development Goals seek to

'ensure the availability and sustainable management of water and sanitation for all' by 2030, which requires greater WASH improvements among rural communities (UNICEF, 2016).

The organisation of WASH in The Gambia is complex. The Department of Water Supplies, a government unit responsible for rural water supplies and sanitation, is situated within the Ministry of Fisheries and Water Resources. However, hygiene falls under the Department of Health and Social Welfare. The former is responsible mainly for infrastructural development or 'hardware', while the latter focuses on 'software' development, including education and communication about behavioural changes, in order to develop better understanding of hygiene and improve sanitary conditions. Such a fragmented organisational approach – while useful for allowing specialisation for different WASH components – may result in a lack of integration and synergy, and will likely require better coordination to be more effective. It also requires all the departments managing different aspects of WASH to work closely together in planning, budgeting and execution.

Over 91% of Gambian households (95% in urban and 85% in rural areas) have access to an improved source of water, according to the Demographic and Health Survey (DHS) 2013 (GBoS, 2014). This is significantly high considering the country's socioeconomic development and the sub-Saharan average of 74% (Armah et al., 2018). However, access to improved sanitation facilities in The Gambia was reported to be 37% (46% in urban and 24% in rural areas) (GBoS, 2014), which is lower than the sub-Saharan average of 53% (Armah et al., 2018). Despite this, The Gambia has one of the lowest rates of open defecation in Africa (<1%) and respondents reported excellent progress, which is understood to be partly because of a strong school-based hygiene and sanitation programme. Various partners, including UNICEF, provide support for the programme.

Key players and WASH coordination

Key WASH players in The Gambia include government departments, donor/NGO partners, multilateral organisations and local communities. The following are some of the key players in the country:

- The Ministry of Fisheries and Water Resources
- The Department of Health and Welfare
- The Ministry of Environment
- The Ministry of Lands and Local Government
- The Ministry of Basic and Secondary Education
- NGOS, including The Gambian Red Cross Society, the Japan International Cooperation Agency and Saudi Aid
- Multilateral agencies, including UNICEF
- Companies engaged in supplying water and electricity
- Community development committees.

Government units are responsible mostly for policy formulation, planning, and monitoring of execution of plans and coordination of stakeholders. Donors and NGOs fill gaps in providing resources as well as implementation of some projects, while communities are involved in implementation and management of WASH activities to ensure sustainability.

The involvement of several parties in WASH implies the need for a strong and effective coordination mechanism from an appropriate government unit. Such a coordination mechanism exists in The Gambia although there appears to be some variation between the different WASH components in terms of how strongly the coordinating units are functioning. For example, based on information from respondents and observation, the sanitation-organising unit appears to be more active in engaging and guiding stakeholders compared with the unit coordinating water supplies, partly because the latter also involves private philanthropists, which makes coordination more difficult. There is also a more technical coordination platform, the National Water and Sanitation Working Group, which brings together stakeholders regularly to share plans, information and reports. This group meets quarterly to review technical issues and offer relevant advice.

3 Financing WASH in The Gambia

Budget allocation and execution for WASH

No budget line is specifically allotted for WASH programmes or components. Budget allocations are made to the relevant government units (such as the Ministries of Fisheries and Water Resources, Lands and Local Development, and Department of Health and Welfare) for staff time and operations. These government units use some of these budgets for WASH-related activities, but the lack of specific budget lines for water supplies, hygiene and sanitation poses a problem in terms of understanding and tracking resource needs, allocations and executions of WASH programmes.

Furthermore, the units that implement WASH activities are either not allocating or not receiving sufficient resources for WASH programmes. All respondents reported having insufficient funds for WASH programmes. Donors and NGOs are filling budget and material gaps for building water infrastructure, and are supporting sanitation initiatives such as capacity building and school-based initiatives.

It is also difficult to track the volume of investments by different stakeholders without undertaking a resource-tracking survey. The national health account, conducted once every few years, does not include non-health expenditures. An annual resource-tracking survey or a routine financial data exchange among WASH stakeholders is required to understand the volumes and trends in WASH investment as well as budget execution.

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4 Challenges and opportunities in WASH budgeting and execution in The Gambia

What are the challenges in budgeting for WASH?

The biggest challenge for WASH in The Gambia is that it does not seem to be a priority in planning and budgeting. For example, the lack of budget lines for programme components can be attributed to the fragmented structure of WASH under several government units/departments. While there are some indirect government budget allocations in terms of staff time and investment in infrastructure, none of the respondents were able to say precisely how much of their resources were allocated to WASH-related activities in the current or previous budget years.

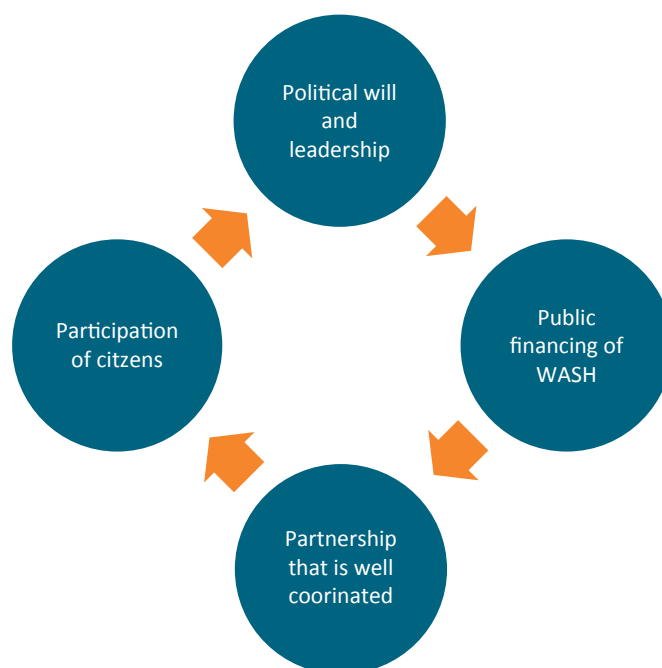
Despite the fact that various government departments are responsible for different components of WASH, it is still possible for the government to create a WASH budget line and several sub-budget lines (for example, for building water facilities, investing in education and promoting hygiene and sanitation) while keeping these components under different government units. Currently, government is largely paying for staff salaries while donors and NGOs are covering most of the materials and operational expenses.

Lessons from WASH projects in other countries

The Gambia and other African countries can draw a valuable lesson from the Indian Swachh Bharat Mission (SBM), a country-wide water and hygiene campaign led by the Indian government from 2014 to 2019. Although it encountered some challenges, the SBM was successful in building toilets for millions of households and making hundreds of thousands of villages open-defecation-free. Political will and good leadership is the starting point in the SBM model (see Figure 2). It is critical that WASH programme leaders advocate the importance of WASH among political leaders at all levels. Political will is likely to increase public financing, which is vital in mobilising resources for WASH. Resource mobilisation involves coordinating all stakeholders to channel resources to effective projects and avoid wastage and redundancy. Finally, all key stakeholders must be involved, citizens must identify needs, WASH interventions must be properly implemented, and projects and political leaders must be held accountable.

Another potential success story is the Ethiopian Health Extension Programme (HEP). Although the effectiveness and sustainability of the HEP is being investigated, it has been credited for improvements in maternal and child health, communicable diseases, hygiene and sanitation, and healthcare-seeking behaviour (Assefa et al., 2019).

Figure 2: The Indian Swachh Bharat Mission (SBM) approach for WASH



5 Insights gained from the WASH case study and implications for other countries

Some of the insights gained from the WASH programme study in The Gambia are as follows:

- The amount of investment in The Gambia's WASH programme is unknown but arguably small. However, the programme's performance is either outstanding or above average for key indicators, such as access to improved water supply. This implies there is value for money and that resource-poor settings can achieve key WASH goals if there is strong coordination.
- Dependence on donors for health financing is not unique to The Gambia. However, the role of government in terms of investment in WASH is more obscure in The Gambia, and development partners such as UNICEF are visibly filling the gap. This could be due to lack of advocacy and commitment from government units responsible for WASH programme in working with the Ministry of Finance and other stakeholders to allocate budget lines for WASH and to monitor its execution.
- Government resources – even if allocated specifically to WASH – are unlikely to be sufficient to meet the programme's needs given The Gambia's limited fiscal space. Hence, it is important that more resources, particularly from domestic sources, are mobilised. The Gambia has the experience of earmarking revenues from tobacco taxes for priority health programmes, specifically for the prevention and treatment of non-communicable diseases. It is important for countries to explore similar innovative resource mobilisation and allocation approaches, such as levying pollution and alcohol taxes and allocating this income to WASH and health promotion programmes.
- Other countries can learn from The Gambia's effective WASH promotion and communication strategy, which was embedded in school systems to help educate communities. One of the key informants explained:
We train students on sanitation and hygiene; we also sensitise them on environmental cleaning and hand washing; we trigger students to ensure schools are open-defecation-free; schools find resources from partners to build toilets, water and sanitation facilities; students tend to change their societies if they are trained well – they're ambassadors of their communities.
- The Gambia has performed extraordinarily well in some of the WASH components, such as supplying improved water for 91% of the population and reducing open defecation to less than 1%. However, some of these achievements were possible because of support from donors and philanthropists. Communities in rural Gambia often struggle to maintain some of the water technologies after donor support is phased out. Donor supports are more likely to be effective and sustainable if locally available technologies are used for cheaper and easier maintenance and part replacements.

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