

THE UNIVERSITY OF THE GAMBIA



CAPacity Strengthening of Transdisciplinary education for nON-communicable disease care in WEst Africa

Needs Assessment for Training on Non-communicable Disease in The Gambia

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BACKGROUND

The CAPacity Strengthening of Transdisciplinary education for nON-communicable disease care (CAPSTONE) project addresses the urgent need to educate and develop a health workforce that can respond to the steady increase in non-communicable diseases (NCDs) in sub-Saharan African countries, particularly Ghana and The Gambia. While policies to tackle the disease burden of NCDs are in place, the corresponding workforce to carry them out is limited. Predictions show that the NCD burden will continue to grow, so sub-Saharan African countries need to be prepared not just for now but for the future. This new workforce should include doctors, nurses, allied health professionals, and community health workers who specialize in screening, treating, and referring patients with NCDs at all healthcare system levels (community, regional, and national). Traditionally, higher education (HE) for these healthcare professionals has been focused on infectious diseases and takes place in silos with little to no interaction between the different healthcare workers during their education. The CAPSTONE project will build capacity at the participating higher education institutions (HEIs) to collaboratively develop and implement a transdisciplinary postgraduate and continuous professional development (CPD) programs. These programs will focus on training the next generation of healthcare workers across different levels of healthcare and from different disciplines that can tackle new challenges in the care system, providing improved access to treatment of a wide array of NCDs including cancer, cardiovascular disease and diabetes in Ghana and the Gambia. The need to train this workforce, specialized in NCD screening, prevention, and treatment, has been recognized on a policy level at national and regional levels in both countries. In addition, it will also be important to increase the knowledge on NCDs in professionals that will keep working in communicable diseases (e.g., HIV/AIDS), as the convergence of communicable and NCDs and the occurrence of multiple health conditions has been earmarked as one of the key health challenges moving forward. Due to this interplay, the integrated care of NCDs with communicable disease is important, yet it also optimizes existing (human) resources for strengthening NCD care. As such, the theme the project and the overarching priority is to build capacity by creating sustainable growth and jobs within the healthcare system, focused on NCD care.

Accordingly, it is necessary to assess the training needs for NCDs in each country to develop and implement curricula that adequately reflect capacity-building needs and confirm that the identified needs align with service demand.



Broad Objectives

To identify the training needs on NCDs and develop a training package that meets these needs.

Specific objectives

To assess the awareness of the existence of programs, policies and strategies on NCDs among stakeholders in the healthcare system in The Gambia.

To identify the capacity-building gaps on NCDs in The Gambia.

This report presents the results of a needs assessment conducted among stakeholders to ascertain the training needs on NCDs in the Gambia.

RESULTS

Table 1 shows the socio-demographic characteristics of the respondents. In total, 40 stakeholders responded to the assessment, with the majority being males (82.5%). More than half (55%) of the respondents are from academic and research institutions, followed by the Ministry of Health (37.5%) and Healthcare institutions (7.5%). Majority (60%) of participants reported a duration of service of more than 20 years, followed by those who worked for between 5 and 10 years (17.5%) and 16 to 20 years (12.5%). Almost three-quarters of them had a Master's degree (70%) followed by a PhD (17.5%) and a Bachelors (10%) degrees.

Table 1: Socio-demographic Characteristics of Study Participants (n=40)

Variables	n(%)
Sex	
Male	33(82.5)
Female	7(17.5)
Place of work	
Academic Institution	16(40.0)
Research Institution	6(15.0)
Ministry of Health	15(37.5)
Healthcare Institution	3(7.5)
Duration in service (Years)	
Less than 5	1(2.5)
6-10	7(17.5)
11-15	3(7.5)

16-20	5(12.5)
21-25	10(25)
Above 25	14(35)
Educational level	
HND	1(2.5)
BSc degree	4(10)
MSc degree	28(70)
PhD.	7(17.5)

Table 2 shows stakeholders' views on policy and programs on NCDs. More than 90% reported that NCDs can be prevented. Nearly three-quarters (72.5%) of the respondents reported being aware of a national NCD strategic plan in the Gambia. More than 60% highlighted that the main topic areas covered in the plan include diabetes, cancer, cardiovascular disease, and obesity. Although a high percentage of respondents reported an awareness of a national NCD strategic plan, only a little over half (52.5%) stated that they are aware of national guidelines for preventing and treating NCDs.

More than 94% of the respondents reported that they are aware of the availability of immunization against preventable NCDs (e.g., HPV). With regards to prevention programs on known NCD risk factors, the stakeholders stated that prevention programs and policies exist for tobacco (90%), alcohol control (37.5%), hypertension (62.5%), nutrition (90%), physical activity (32.5%), road traffic injuries (62.5%), or environmental pollution (65.7%) and vaccination (94.3%).

Table 2: Policy and Programs (n=40)

Variables	n(%)
Can NCDs be prevented?	
Yes	33(94.3)
No	1(2.9)
Don't know	1(2.9)
Are you aware of any national NCD strategic plan in The Gambia?	
Yes	29(72.5)
No	7(17.5)
Don't know	4(10)
What are the main topic areas covered in the plan?	
Diabetes, cancer, cardiovascular disease	3(7.5)
Diabetes, cardiovascular disease, obesity	2(5)
Diabetes, obesity	1(2.5)
Cancer	1(2.5)
All of the above	25(62.5)
Are you aware of any national guideline for the prevention and treatment of NCDs in The Gambia?	

	Yes	21(52.5)
	No	10(25)
	Don't know	9(22.5)
Are you aware of the availability of immunization against the preventable NCDs (e.g. HPV)		
	Yes	33(94.2)
	Don't know	2(5.8)
Are there prevention programs and policies for tobacco?		
	Yes	36(90)
	No	4(10)
Are there prevention programs and policies for alcohol control?		
	Yes	15(37.5)
	No	25(62.5)
Are there prevention programs and policies for hypertension?		
	Yes	25(62.5)
	No	15(37.5)
Are there prevention programs and policies for nutrition?		
	Yes	36(90)
	No	4(10)
Are there prevention programs and policies for physical activity?		
	Yes	13(32.5)
	No	27(67.5)
Are there prevention programs and policies for road traffic injury?		
	Yes	
	No	15(37.5)
Are there prevention programs and policies for environmental pollution?		
	Yes	23(65.7)
	No	10(28.6)
Are there prevention programs and policies for vaccination?		
	Yes	33(94.3)
	No	1(2.9)

Table 3 presents the results of capacity-building needs. Seventy percent of the respondents reported that they are not aware of any existing program on NCDs in the Gambian training institutions. Thus, all (100%) of the respondents stated that there is a need for a program on NCDs in the Gambia. This was further emphasized by respondents one of the, “.....*The training is urgently needed as NCDs top the burden of disease in The Gambia. The unit is already created at the Ministry of Health but the staff compliment is very limited and capacity development needs for the tackling of the NCDs is urgently needed.*” Another respondent further highlighted that “.....*It will indeed be very useful to have specialists in NCDs who will be in the forefront of the fight against this problem. There is an urgent need for this programme as NCDs are topping*

the disease burden table for The Gambia and there is no institution providing training in this field". They highlighted training needs at the following levels were; Bachelor (19%) and CPD (19%) Masters (18%), Diploma (17%), and Postgraduate Diploma (17%). Five percent reported a need at PhD level.

For most respondents, the selection was based on training the health workforce at different levels (42.4%) and because there are few or no experts in this area in the Gambia (30.3%). The major core competencies highlighted for these programs include the Prevention, control, and surveillance strategies (45%) and management of NCD cases (32.5%).

Regarding improving patient health outcomes in the Gambia, 90% of the respondents reported that the MSc program on NCDs is relevant, with 65% stating that the MSc on NCDs program is concentrated on diabetes, cancer, cardiovascular disease, obesity, and chronic pulmonary disease. However, one of the respondents holds a different opinion, stating that *"...MSc NCDs may be very relevant; however, what would be the entry requirement that is considerate of the Human Resource for Health needs of The Gambia. Majority of the actors do not possess an undergraduate degree required for admission to most MSc programs. Hence, I think it may be a misplaced priority for now."* Similarly, respondent 4 also emphasized that *".....I don't think this is the best way to address the needs - it would be more important to ensure adequate basic training for all healthcare workers". "To me most people with MSc do not do direct work with patients/communities - usually only occasionally."*

In a related comment a respondents also highlighted that *".....Yes, I believe an MSc in NCD would play a very significant role in the current trend, my only beef with MSc professionals within our Healthcare setting is that most of us with MSc in our various disciplines tend to attribute ourselves more with Administration rather than hands on. Most of our Nurses, Physiotherapists, Public Health Officials, Pharmacists, Laboratory Scientists and few Doctors with an MSc degree are hardly involved in practice. So that reemphasizing NCD in the Technician Diplomas and Bachelors programs would be for me, more impactful. My take..."*

When asked about the specific area of prioritization of MSc on NCDs capacity building, the majority rated diabetes concentration (42.5%) as the first priority, CVD concentration (42.5%) as a second priority, cancer concentration (32.5%) as a third priority, COPD concentration (30%) as a fourth priority and Obesity concentration (37.5%) as a fifth priority.

Table 3: Capacity Building Needs (n=40)

Variables	n(%)
Are you aware of any existing program on NCDs in the Gambian training institutions?	
Yes	12(30)
No	22(55)
Don't know	6(15)
If Yes, at which level? (multiple choice)	
Certificate	8(15.3)
Diploma	8(15.3)
BSc	11(21.2)
PG Diploma	8(15.3)
MSc	7(13.5)
CPD	10(19.4)
Is there a need for a program on NCDs in The Gambia?	
Yes	40(100)
No	0(0)
If Yes, at which level?	
Certificate	15(13.6)
Diploma	17(15.5)
BSc	19(17.3)
PG Diploma	17(15.5)
MSc	18(16.3)
PhD	5(4.5)
CPD	19(17.3)
Why did you select the option(s) in above?	
To train health workforce at different level	14(42.4)
Few or no experts in this area in the Gambia	10(30.3)
Currently, no program to address NCD gap	4(12.1)
Short duration courses will be all-inclusive for all	2(6)
Important to have knowledge beginning at lower level	3(9)
What are the core competencies that you want to acquire if you were to do the program at any level?	
Prevention, control, and surveillance strategies	18(45)
Management of NCDs cases	13(32.5)
Barriers and facilitators to the control of NCDs.	6(15)
Skills in NCD and epidemiologic research	6(15)
Do you think an MSc program on NCDs is relevant to improve patient health outcomes in the Gambia?	
Yes	36(90)
No	4(10)
In what area should the MSc on NCDs program be concentrated on? Select all that apply	
Diabetes, cancer, cardiovascular disease, obesity, and chronic pulmonary disease	26(86.7)
Diabetes, cancer, cardiovascular disease, obesity	4(13.3)
Prioritization of MSc on NCDs (Diabetes concentration)	

Priority 1	17(42.5)
Priority 2	10(25)
Priority 3	6(15)
Priority 4	1(2.5)
Priority 5	3(7.5)
Prioritization of MSc on NCDs (Cancer concentration)	
Priority 1	1(2.5)
Priority 2	5(12.5)
Priority 3	13(32.5)
Priority 4	11(27.5)
Priority 5	5(12.5)
Prioritization of MSc on NCDs (CVD concentration)	
Priority 1	9(22.5)
Priority 2	17(42.5)
Priority 3	5(12.5)
Priority 4	4(10)
Priority 5	1(2.5)
Prioritization of MSc on NCDs (CPD concentration)	
Priority 1	1(2.5)
Priority 2	3(7.5)
Priority 3	10(25)
Priority 4	12(30)
Priority 5	7(17.5)
Prioritization of MSc on NCDs (Obesity concentration)	
Priority 1	9(22.5)
Priority 2	1(2.5)
Priority 3	2(5)
Priority 4	6(15)
Priority 5	15(37.5)

Quotes for respondent's on the MSc NCD program needs

Respondent 1: “The training is urgently needed as NCDs top the burden of disease in The Gambia. The unit is already created at the Ministry of Health, but the staff compliment is very limited and capacity development needs for tackling the NCDs is urgently needed.”

Respondent 2: “It will indeed be very useful to have specialists in NCDs who will be in the forefront of the fight against this problem.” “There is an urgent need for this programme as NCDs are topping the disease burden table for The Gambia and there is no institution providing training in this field.”

Respondent 3: “MSc NCDs may be very relevant; however, what would be the entry requirement that is considerate of the human resources for health needs of The Gambia. The majority of the actors do not possess the undergraduate degree required for admission to most MSc programs. Hence, I think it may be a misplaced priority for now.”

Respondent 4: “I don't think this is the best way to address the needs - it would be more



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important to ensure adequate basic training for all healthcare workers”. “To me, most people with MSc do not do direct work with patients/communities - usually only occasionally.”

Respondent 5: “Yes, I believe an MSc in NCD would play a very significant role in the current trend, my only beef with MSc professionals within our Healthcare setting is that most of us with MSc in our various disciplines tend to attribute ourselves more with administration than hands on. Most of our nurses, physiotherapists, public health officials, pharmacists, Laboratory scientists and few Doctors with an MSc degree are hardly involved in practice. So that reemphasizing NCD in the Technician Diplomas and Bachelors programs would be for me, more impactful. My take.”

Conclusions

In conclusion, although nearly three-quarters of the respondents reported awareness of a national NCD strategic plan in the Gambia, only a little over half stated that they were aware of national guidelines for preventing and treating NCDs. The results also revealed a low percentage of awareness of programs and policies on physical activity which is a known NCD risk factor.

All of the respondents stated the need for a program on NCDs in The Gambia, highlighting training needs at the following levels; CPD, Diploma, Bachelor and, Postgraduate Diploma and Masters, . Respondents also reported the prioritization of MSc on NCDs capacity building, including diabetes, CVD, cancer, COPD, and obesity concentrations.

Implications of the Findings

Need for capacity building at all levels with emphasis on lower cadres of the healthcare providers on short courses and lower programs such as CPD, Diploma, and BSc programs.