



Examining the intersection of national health policy and the delivery of emergency healthcare services in the Gambia

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Abstract

This study examined the intersection of National Health Policy and the delivery of emergency healthcare services in The Gambia (EHCS). It evaluated the influence of The Gambia National Health Policies (2015 and 2020) on EHCS, probed the relationship between the NHP and EHCS, and identified challenges in emergency healthcare provision. A survey research design was adopted, gathering data through questionnaires. Out of a population of 1,955, (321) were chosen as the sample size based on Krejcie and Morgan's (1970) formula. Stage sampling was adopted, and proportionate to size determined respondents in each stratum while questionnaires were randomly distributed. On the challenges, findings revealed a predominantly negative perception of equipment adequacy (mean score: 2.6) and a discernible concern regarding the number of trained professionals (mean score: 2.2). Patient satisfaction was ambivalent (mean score: 2.4), while service quality improvement post-policy implementation received mixed reviews (mean score: 2.9). Hypothesis one revealed that Policy Framework and Objectives significantly improve EHCS ($\beta = 0.832$, $p < 0.001$), with Resource Allocation also having a positive impact ($\beta = 0.093$, $p = 0.003$). However, Policy Implementation and Monitoring and Evaluation Mechanisms were not significant. Hypothesis two showed a strong positive correlation ($r = 0.858$, $p = 0.000$) between NHP and EHCS. Recommendations include improving equipment adequacy, increasing training for healthcare professionals, and developing patient-centered approaches. The study concludes that National Health Policies impact emergency healthcare services in The Gambia.

Keywords: Emergency care, Health policy, Primary health care, Public Service delivery, Sustainable Development Goals.

1. Introduction

Primary health care, a cornerstone for combating high mortality rates, ensures essential medical services are accessible to all. Rooted in international mandates such as the Constitution of the [World Health Organization \(1946\)](#) and the [Universal Declaration of Human Rights \(1948\)](#), every individual's right to health care is globally recognised. An integral component is emergency care, which addresses acute illnesses and injuries and is emphasised in frameworks like the Sustainable Development Goals ([United Nations, 2015](#)).

Despite The Gambia's commitment to these principles, as reflected in Chapter 10, Article 216(4) of the 1997 Constitution and other health policies, including The [Ministry of Health and Social Welfare \(2015\)](#) and [Ministry of Health and Social Welfare. \(2020\)](#), challenges persist.

Preliminary observations suggest significant gaps in emergency healthcare delivery, with many citizens either unaware of or unable to access quality services. Vulnerable groups are particularly affected, including women, children, and the differently-abled. Moreover, the country grapples with systemic challenges in its health delivery system, from infrastructure to human resources ([Ministry of Health and Social Welfare, 2020](#)).

This research aims to critically examine emergency healthcare services through the lens of the Gambia national health policies. The central inquiry revolves around evaluating the degree to which [The Gambia National Health Policies \(2015 and 2020\)](#) have enhanced emergency healthcare services in the country, to examine the relationship between national health policy and emergency healthcare provision in The Gambia, and to investigate the challenges militating against the provision of emergency healthcare services in The Gambia. The research hypotheses are H_1 : [The Gambia National Health Policies \(2015 and 2020\)](#) has significant effect on the provision of emergency healthcare services, H_0 : National Health Policy has no significant relationship with the provision of emergency healthcare services in The Gambia. The scope of the study includes public works, law enforcement, health, safety, and disaster management. This research narrows its lens to "National Health Policy and Delivery of Emergency Healthcare Services in The Gambia." It specifically examines the Ministry of Health and Social Welfare (MoHSW) and the Directorate of Health Services in the West Coast Region (WCR) 1 Regional Health Department (RHD). The WCR1 RHD includes The Gambia's capital, Banjul, and surrounding areas within the Kanifing Municipal Council, often called Kombo St. Mary Division. The investigation spans October 2022 to December 2023, based on the accessibility of patient records.

1.1. Literature Review on the Intersection of Primary Health Care, Emergency Care, Health Policy, Public Service Delivery, And Sustainable Development Goals (SDGs) In the Gambia

The healthcare system in The Gambia, like in many developing nations, encounters numerous challenges that affect its effectiveness, accessibility, and sustainability. This literature review examines the intersection of primary health care (PHC), emergency care, health policy, public service delivery, and the Sustainable Development Goals (SDGs) in the context of The Gambia, drawing on a scope of scholarly and policy sources. Primary health care (PHC) is a holistic and affordable approach to health services that aims to present comprehensive, community-based care concentrated on prevention, wellness, and the treatment of common illnesses and conditions. Rooted in principles of equity, participation, and intersectoral cooperation, PHC addresses the more expansive determinants of health and underscores the importance of health promotion and disease prevention. It is designed to be the first point of contact within the healthcare system, providing that individuals receive essential health services close to where they live and work. PHC includes a wide range of services, including immunisations, maternal and child health care, management of chronic diseases, mental health services, and health education. By concentrating on primary prevention and early intervention, PHC aims to decrease the demand for more complex and costly secondary and tertiary care, ultimately contributing to better health outcomes and greater health equity. Therefore, primary health care (PHC) is foundational to any healthcare system, underlining accessibility, affordability, and comprehensive care. The Gambia's PHC system aims to provide essential health services at the community level. According to the [Ministry of Health and Social Welfare \(2015, 2020\)](#), national health policies have concentrated on strengthening PHC to enhance health outcomes and prevent diseases. This approach aligns with [Bertalanffy's \(1969\)](#) system theory, which underscores the importance of interconnected components in a system working harmoniously to achieve optimal outcomes. However, emergency care in The Gambia encounters substantial resource constraints, affecting its ability to deliver timely and adequate services ([Ministry of Health and Social Welfare, 2020](#)). [Burkholder, Bergquist, and Wallis \(2020\)](#) underscore the governance challenges in accessing emergency care in Africa, noting that limited infrastructure and trained personnel are common barriers. [Harveen and Bergquist \(2020\)](#) further highlight the necessity for efficient service delivery mechanisms in low-resource settings. [Kannan et al. \(2020\)](#) concentrate on the quality of emergency care systems in Africa, advocating for comprehensive strategies to enhance care delivery. Consequently, health policies in The Gambia are integral in shaping the healthcare landscape, particularly concerning PHC and emergency care. [Easton's \(1953\)](#) political system theory provides a framework for understanding how health policies are formulated and implemented. The Gambia's health policies, as documented by the [Ministry of Health and Social Welfare \(2015, 2020\)](#), aim to enhance healthcare delivery through strategic planning, resource allocation, and stakeholder engagement. Nevertheless, there are gaps in policy implementation that require to be addressed to achieve desired health outcomes. Moreover, effective public service delivery is essential for guaranteeing that health services reach all segments of the population, especially in pastoral and underserved areas. [Emerson \(2020\)](#) examines the significance of public service in achieving the UN SDGs, underscoring that efficient service delivery mechanisms are necessary for meeting health targets. [Ouma \(2018\)](#) identifies physical access barriers to emergency care in sub-Saharan Africa, stressing the demand for enhanced infrastructure and transportation systems. Additionally, the SDGs present a global framework for improving health and well-being, with Goal 3 specifically targeting health outcomes. The Gambia's commitment to the SDGs involves integrating these goals into national health policies and programs ([United Nations, 2015](#)). Aligning health initiatives with SDG targets guarantees that actions contribute to sustainable development, fostering long-term health advancements.

1.2. Empirical Evidence

Firstly, [Kannan et al. \(2020\)](#) considered emergency care quality in Africa using mixed methods, identifying disparities such as inadequate infrastructure and training. They recommended standardised training, infrastructure investment, and regional collaborations to improve care. Similarly, [Burkholder, Bergquist, and Wallis \(2020\)](#) examined governance issues in accessing emergency care through qualitative interviews and policy reviews, finding challenges like fragmented policy implementation and insufficient funding. They called for stronger governance, better funding mechanisms, and stakeholder coordination. Additionally, [Taylor and Burkholder \(2019\)](#) investigated emergency care systems from a human rights perspective using a rights-based framework and case studies, advocating for human rights principles in national health policies to enhance care access. In another study, [Taylor and Burkholder \(2021\)](#) reviewed national constitutions globally to evaluate emergency care provisions, finding few clear guarantees for emergency care. They recommended constitutional amendments to include the right to emergency care and clearer legal definitions.

Furthermore, [Ouma \(2018\)](#) investigated physical barriers to emergency care in Sub-Saharan Africa using spatial analysis and field surveys, revealing considerable access gaps due to inadequate infrastructure. Ouma recommended strategically locating additional facilities and improving transportation infrastructure. Finally, [Harveen and Bergquist \(2020\)](#) investigated emergency treatment in low-resource settings using a systematic review and case studies, revealing issues such as insufficient resources and inadequate training. They suggested scaling up successful innovations, investing in training and infrastructure, and increasing international collaboration.

In summary, these studies collectively underscore the demand for comprehensive policy reforms, increased investment, and innovative approaches to address pressing problems in emergency care systems across Africa, including governance, quality, access, and human rights.

1.3. Theoretical Base

This study is anchored in System Theory, initially proposed and popularised by [Ludwig von Bertalanffy \(1969\)](#) and redefined in the context of public administration by [Easton, David in 1953](#). System Theory examines how an entity interacts with and responds to its environment, with policy decisions being dynamically shaped by inputs and yielding specific outputs, thus forming a feedback loop ([Bunge, 2004](#)). Consequently, this theory provides a

framework for understanding how various components of a healthcare system, such as primary health care (PHC), emergency care, and health policy, interact and impact one another.

In the context of The Gambia, the healthcare system is managed by the Ministry of Health and Social Welfare under the motto "Health for Wealth." This system is structured into three directorates with the Department of State for Health and Social Welfare overseeing this domain, the Policy Analysis Unit plays a critical role in shaping policies based on expert insights and local studies. Moreover, the Directorate of Planning and Information coordinates these policy efforts, thus guaranteeing that they are effectively integrated.

Therefore, System Theory is relevant to this study as it offers a holistic view of how different healthcare components interact within The Gambia's healthcare system. It helps in analysing how changes in one area, such as emergency care, influence other components, including PHC and overall service delivery. Additionally, the theory aids in evaluating the effectiveness of health policies and their alignment with the Sustainable Development Goals (SDGs). However, System Theory also faces certain criticisms. For instance, it may oversimplify complex systems by focusing broadly on interactions rather than specific details. Moreover, measuring these interactions and overall effectiveness can be challenging, as the theory often relies on qualitative assessments. Furthermore, System Theory may not fully account for external factors such as socioeconomic conditions and political influences, and applying it practically can be complex due to the intricacy of systems.

Overall, despite these criticisms, System Theory remains a valuable tool for examining The Gambia's healthcare system, providing an understanding of the integration and interaction of various components and their alignment with more expansive health goals.

2. Methodology

This study adopted exploratory and survey techniques. Data is sourced directly via questionnaires and indirectly from established records and publications. The questionnaires are curated to capture respondent views on the policy's impact to enrich the overall understanding. Based on [Krejcie and Morgan's \(1970\)](#) formula, the study samples of 321 participants was drawn from a population of 1,955, encompassing 87 management staff from the Ministry of Health and Social Welfare (MoHSW), 1,096 frontline healthcare workers from West Coast Region (WCR) 1 Regional Health Department (RHD), and 772 patients under the review period (October 2022 to December 2023). The study used staged sampling and the management staff members from the MoHSW, frontline healthcare workers, and patients under the review period was identified as individual strata. Proportionate to size sampling was used to determine the number of respondents in each strata while random sampling was used in the administration of questionnaires. The research identifies two pivotal variables: the national health policy (independent) and the emergency healthcare services (dependent), aiming to elucidate their interrelationship. Indicators of National Health Policy (Independent Variable) include policy framework and objectives, resource allocation, policy implementation, and monitoring and evaluation mechanisms, while the indicators of Emergency Healthcare Services (dependent variable) are service availability and accessibility, quality of care, and workforce and training. The control variables of this study are socioeconomic factors, geographic and demographic factors, and healthcare infrastructure. Finally, the gathered data were analysed using descriptive and inferential statistics (multiple regression and correlation analysis to test the hypotheses one and two respectively) to draw conclusions in alignment with the study's objectives. The administration of questionnaires lasted for two months.

2.1. The Intersection of National Health Policy and the Delivery of Emergency Healthcare Services in The Gambia: A Quantitative Analysis.

Of the 321 questionnaires disseminated, 287 were received back, constituting 89% of the total. The outstanding 34 questionnaires, which make up 11%, were not returned.

2.2. The Challenges Militating Against the Provision of Emergency Healthcare Services in The Gambia.

In assessing the challenges and perceptions of emergency healthcare services in The Gambia, 287 respondents weighed in on several critical items as displayed in [Table 1](#) below. On the adequacy of equipment in emergency healthcare facilities, twenty-one (21) respondents (7.32%) strongly agreed that the facilities are suitably equipped with modern medical tools, while 45 respondents (15.68%) agreed with this sentiment. A minority of 15 respondents (5.23%) remained undecided. Seventy-nine (79) individuals (27.53%) disagreed with the statement, while alarmingly, the majority, with 127 respondents (44.24%), strongly disagreed. The average perception score for this item stood at 2.6, revealing a predominant negative sentiment about the equipment's adequacy.

Regarding the sufficiency of trained emergency healthcare professionals, 84 respondents (29.27%) expressed strong agreement, while 47 individuals (16.38%) agreed. Only nine respondents (3.14%) were undecided on the matter. A comparable number of respondents disagreed (78 or 27.18%) and strongly disagreed (69 or 24.03%). With a mean score of 2.2, there is a discernible concern about the number of proficient professionals in emergency healthcare.

On the general satisfaction of patients with emergency healthcare services, 67 respondents (23.34%) strongly felt that patients are generally content, while a slightly higher number, 83 respondents (28.92%), agreed. A minuscule seven individuals (2.44%) remained neutral. Eighty-six respondents (29.97%) disagreed, while 44 (15.33%) strongly disagreed. The mean score for this item was 2.4, indicating ambivalent feelings regarding patient satisfaction.

Considering the improvement in service quality since the policy implementations, 90 respondents (31.36%) strongly believed there had been a significant quality boost, while 60 individuals (20.91%) agreed. Eighteen respondents (6.27%) were on the fence. 57 (19.86%) disagreed, and 62 (21.60%) strongly disagreed. This item's average score of 2.9 suggests a mildly positive but divided perception of service quality improvement post-policy implementation.

On the effectiveness of the 2015 and 2020 health policy implementations in emergency healthcare centers, 92 respondents (32.06%) voiced strong agreement, while 68 (23.69%) agreed. Only six individuals (2.09%) remained

undecided. Eighty-one respondents (28.22%) expressed disagreement, while 40 (13.94%) strongly disagreed. This item's mean score was 2.3, painting a somewhat positive yet mixed picture of the policy's effectiveness. In wrapping up the survey's findings, the grand mean of 2.48 indicates a lukewarm, leaning slightly negative, perception of emergency healthcare services in The Gambia when aggregating all the items.

Table 1. Respondents' views on the challenges militating against the provision of emergency healthcare services in The Gambia.

Challenges	SA	A	U	D	SD	Total	Mean
The emergency healthcare facilities in The Gambia are adequately equipped with modern medical instruments.	21 -7.32	45 -15.68	15 -5.23	79 -27.53	127 -44.24	287 -100	2.6
There is a sufficient number of trained emergency healthcare professionals in The Gambia.	84 -29.27	47 -16.38	9 -3.14	78 -27.18	69 -24.03	287 -100	2.2
Patients are generally satisfied with the emergency healthcare services they receive in The Gambia.	67 -23.34	83 -28.92	7 -2.44	86 -29.97	44 -15.33	287 -100	2.4
There has been a noticeable increase in the quality of emergency healthcare services since the implementation of the Gambia National Health Policies.	90 -31.36	60 -20.91	18 -6.27	57 -19.86	62 -21.6	287 -100	2.9
The Gambia National Health Policies (2015 and 2020) are effectively implemented in emergency healthcare centres.	92 -32.06	68 -23.69	6 -2.09	81 -28.22	40 -13.94	287 100	2.3
Grand mean							2.48

Source: Fieldwork, (July, 2024).

2.3. Test of Hypothesis One

H1: The Gambia National Health Policies (2015 and 2020) has significant effect on the provision of emergency healthcare services.

In the analysis of Table 2 Policy Framework and Objectives emerge as a strong predictor of Emergency Healthcare Services, with a significant positive impact ($\beta = 0.832, p < 0.001$). This analysis indicates that a well-defined health policy framework significantly improves emergency care services. Resource Allocation, while positively impacting Emergency Healthcare Services ($\beta = 0.093, p = 0.003$), shows a more moderate effect compared to Policy Framework and Objectives. Therefore, increasing resource allocation contributes to enhanced emergency care, though not as strongly as policy clarity. In contrast, Policy Implementation and Monitoring and Evaluation Mechanisms did not show a significant effect on Emergency Healthcare Services, with both variables showing non-significant results ($p = 1.000$). Thus, despite their significance in theory, these factors do not independently affect emergency care outcomes in The Gambia.

Table 2. Coefficients^a

Model		Unstandardized coefficients		Standardized coefficients	t	Sig.
		B	Std. error	Beta		
1	(Constant)	-3.236E-16	0.074		0.000	1.000
	Policy framework and objectives	0.768	0.038	0.832	20.145	0.000
	Resource allocation	0.232	0.078	0.093	2.974	0.003
	Policy implementation	1.625E-15	0.038	0.000	0.000	1.000
	Monitoring and evaluation mechanisms	-1.748E-15	0.043	0.000	0.000	1.000

Note: a. Dependent Variable: Emergency Healthcare Services

The ANOVA results in Table 3 revealed that the multiple regression model significantly describes the variability in Emergency Healthcare Services, with the regression sum of squares at 35.745 highlighting the model's explanatory power. In comparison, the residual sum of squares is 12.290, reflecting the portion of variability not accounted for by the model. The total variability, measured by the total sum of squares, is 48.035. The mean square for regression is 8.936, indicating the model's fit relative to the residual variability, with a mean square of 0.044. Consequently, the high F-statistic of 205.049 underlines the model's effectiveness, while the significance value of 0.000 affirms that the predictors significantly impact Emergency Healthcare Services. Thus, the model, incorporating Policy Framework and Objectives, Resource Allocation, Policy Implementation, and Monitoring and Evaluation Mechanisms, is statistically significant and effectively accounts for variations in emergency care services.

Table 3. ANOVA^a

Model		Sum of squares	Df	Mean square	F	Sig.
1	Regression	35.745	4	8.936	205.049	.000 ^b
	Residual	12.290	282	.044		
	Total	48.035	286			

Note: a. Dependent Variable: Emergency Healthcare Services

b. Predictors: (Constant), Monitoring and Evaluation Mechanisms, Resource Allocation, Policy Framework and Objectives, Policy Implementation.

2.4. Test of Hypothesis Two

H2: National Health Policy has no significant relationship with the provision of emergency healthcare services in The Gambia.

Table 4 correlation analysis shows a strong positive relationship between National Health Policy and Emergency Healthcare Services. Specifically, the Pearson correlation coefficient of .858 demonstrates that as the effectiveness and implementation of the National Health Policy improve, there is a corresponding significant

improvement in the delivery of Emergency Healthcare Services. This correlation is statistically significant, as evidenced by the significance level (Sig. (2-tailed)) of .000, well below the 0.01 threshold, affirming that the observed relationship is not due to chance. The sample size (N) for both variables is 287, guaranteeing a robust and reliable analysis. Therefore, the data suggests that improvements in the National Health Policy are closely associated with better emergency healthcare services in The Gambia.

Table 4. Correlations.

		National health policy	Emergency healthcare services
National health policy	Pearson correlation	1	0.858**
	Sig. (2-tailed)		0.000
	N	287	287
Emergency healthcare services	Pearson correlation	0.858**	1
	Sig. (2-tailed)	0.000	
	N	287	287

Note: **. Correlation is significant at the 0.01 level (2-tailed).

3. Discussion of Findings

This study examined the intersection of National Health Policy and Emergency Healthcare Services in The Gambia, focusing on the impact of the 2015 and 2020 health policies. Considering the challenges and perceptions of emergency healthcare services, 287 respondents provided crucial insights. Concerning the adequacy of equipment in emergency healthcare facilities, only 7.32% strongly agreed that the facilities are well-equipped, whereas 44.24% strongly disagreed, implying a prevailing negative sentiment with a mean score of 2.6. This finding resonates with the findings of Kannan et al. (2020). Regarding the sufficiency of trained emergency healthcare professionals, only 29.27% strongly agreed there are enough trained professionals, whereas 24.03% strongly disagreed, resulting in a mean score of 2.2. This finding aligns with Burkholder, Bergquist, and Wallis (2020), who underscored the critical inadequacy of skilled healthcare workers as a significant obstacle in similar contexts.

Moreover, on the general satisfaction of patients with emergency healthcare services, about 23.34% strongly felt patients were satisfied, while 29.97% disagreed, leading to a mean score of 2.4, reflecting ambivalence. Taylor and Burkholder (2019) stress that patient satisfaction is important for evaluating healthcare service quality, further underlining the mixed feelings observed in this study.

Considering the improvement in service quality since the policy implementations, approximately 31.36% strongly believed in service quality improvement post-policy implementation, with an average score of 2.9, demonstrating a mildly positive but divided perception. Taylor and Burkholder (2021) note that effective policy implementation can significantly improve service quality, corroborating the positive but varied responses observed. Regarding the effectiveness of the 2015 and 2020 health policy implementations, around 32.06% strongly agreed on policy effectiveness, but 28.22% disagreed, yielding a mean score of 2.3, suggesting mixed views. Ouma (2018) stressed similar findings in another context, where policy implementation effectiveness was perceived differently across various stakeholders. The overall grand mean of 2.48 shows a slightly negative perception of emergency healthcare services. Harveen and Bergquist (2020) also found that stakeholder perceptions can significantly affect the perceived effectiveness of healthcare services, supporting the slightly negative sentiment observed.

On hypothesis one, the analysis in Table 2 shows that Policy Framework and Objectives significantly improve emergency services ($\beta = 0.832$, $p < 0.001$). Resource Allocation also positively impacts services ($\beta = 0.093$, $p = 0.003$), though to a lesser extent. However, Policy Implementation and Monitoring and Evaluation Mechanisms were not significant ($p = 1.000$). These results are in line with Taylor and Burkholder (2021), who found that well-defined policy frameworks are essential for enhancing healthcare services. The ANOVA model significantly explains variability in emergency services ($F = 205.049$, $p = 0.000$), affirming the predictors' significant impact. This is consistent with findings by Burkholder, Bergquist, and Wallis (2020),

who underlined the importance of policy frameworks and resource allocation in healthcare.

Concerning hypothesis two, Table 4 revealed a strong positive correlation ($r = 0.858$, $p = 0.000$) between National Health Policy and Emergency Healthcare Services, implying that improvements in health policy are closely connected to better emergency services in The Gambia. This finding aligns with Kannan et al. (2020) and Ouma (2018), who underscored the essential role of effective health policies in improving healthcare service delivery.

4. Recommendations/Policy Implications

Based on the Findings of This Study, The Following Recommendations and Policy Implications Emerge to Improve the Delivery of Emergency Healthcare Services in the Gambia.

Strengthen Policy Framework and Objectives:

- Regularly review and update health policies with clear, actionable goals.
- Align policies with current healthcare conditions and global best practices.

Increase Resource Allocation:

- Prioritise and increase funding for emergency healthcare infrastructure and supplies.
- Invest in modern medical equipment to address current inadequacies.

Enhance Training and Capacity Building:

- Invest in training programs and continuous professional development for healthcare workers.
- Partner with international organisations for additional training resources.

Improve Policy Implementation and Monitoring:

- Establish clear procedures and timelines for policy implementation.
- Develop an integrated monitoring system to track policy effectiveness.

Enhance Patient Satisfaction and Engagement:

- Concentrate on delivering patient-centered care with better communication and responsiveness.
 - Involve patients and the community in health policy discussions.
- Leverage Data and Technology:
- Use health information systems for data-driven decision-making.
 - Implement telemedicine and mobile health solutions to improve service delivery.
- These recommendations need collective action from the government, healthcare providers, and stakeholders to enhance emergency healthcare services in The Gambia, leading to better health effects.

5. Conclusion

This study examined the intersection of National Health Policy and the delivery of emergency healthcare services in The Gambia through a quantitative analysis. The findings revealed a significant understanding of the influence of health policy on emergency services, underlining key areas for improvement. The study demonstrated that a well-defined policy framework and increased resource allocation positively influence the quality and availability of emergency healthcare services. However, challenges remain, particularly in the adequacy of medical equipment and the number of trained professionals.

The analysis also underscored the importance of effective policy implementation and robust monitoring mechanisms, even though these factors did not independently show significant effects in the current context. The correlation between national health policy and emergency healthcare services was strong, affirming that advancements in policy can lead to better service delivery.

To improve emergency healthcare services in The Gambia, the government and stakeholders must focus on strengthening the policy framework, increasing resource allocation, improving training and capacity building, and improving policy implementation and monitoring. By addressing these areas, The Gambia can enhance its emergency healthcare infrastructure and outcomes, ultimately leading to better health for its population.

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