

A healthcare policy for improving the life of gambians

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A Policy for Improving the Life of Gambians There is a series of tensions in policy options particularly addressing healthcare issues on the examination and treatment for emergency medical conditions and women in labor in Gambia right now. With the number of pregnant women having no access to healthcare insurance increases, there is a growing ethical dilemma on the part of the health minister on how the government could make the healthcare insurance accessible to those who could not afford it while minimizing excess in medical costs. The case of the healthcare minister's healthcare policy concerns is directed towards a combination of conflicting factors: while he is firm in his stance on the need to provide healthcare to all that need it, including women who could not afford healthcare services, he also believes that national restraint is important. The minister repudiates the idea of bailing out private facilities making the situation a relatively complicated case at face value. On top of all of this, aside from voters, most of the hospitals that receive referrals of trauma status cases are private entities. There is also an issue that is cropping up that large private medical centers are trying to prevent the possibility of not being paid by the national government because of new healthcare policies, choosing to convert their healthcare service organization into a private payer only. In a nutshell, the problem is that more pregnant women who any time from now may need healthcare service. Some of these women rely on healthcare insurance to be able to afford or receive services; however, there are also those who have no healthcare insurances at all. There is a greater complexity in the situation in that the examination and treatment for emergency medical conditions and women in labor in Gambia aspires that regardless of the capacity to pay,

every patient should be served or provided with emergency health care service by any medical center involved.

1. Emergency services for women labor can be subsidized by state funds. However, this does not guarantee that there will be no excess in medical costs. This subsidy is expected to be just under the radar considering that values and expenditures should be minimized. Hence, women belonging to the poverty line, or those who could not afford to enroll in any healthcare insurance, should enroll in a low-cost, comprehensive healthcare insurance that is available through public healthcare insurances provided that they are 21 years old and below. For pregnant women who have special conditions such as diabetes or depression and who are uninsured, they may be allowed to enroll in a high-risks state insurance pool in which they would be allowed to buy or subscribe to low-cost insurance policies but with comprehensive healthcare insurance coverage. The government can choose to increase public spending on healthcare services, thereby providing monetary assistance to poor women for their pre and post maternity healthcare service needs. This way, the local government enrolls a large proportion of women to low-costs or high-risk health insurance pools while ensuring private medical entities that they will be paid through the monetary assistance for women in labor.

2. Insurance Coverage

In history, women have lesser access to healthcare as compared to men. In order to improve women's access to healthcare services especially to emergency services during labor, the healthcare ministry should consider the following: (1) come up with a direct program that sets up a medical

center for women to provide integrated women care; (2) re-examine insurance benefits that particularly have an effect on women labor and emergency situations that include maternity coverage, newborn care, pre and post delivery healthcare services; (3) create a policy that mandates insurers to increase threshold on their insurance coverage for women in labor considering that they need additional care.

3. Increase public spending by providing monetary assistance to pregnant women who could not afford insurance policies. Enroll women belonging to the poverty line to low-cost insurance policies while re-evaluating the restrictions set by insurers for their allowance of gender ratings in which women are charged higher premiums exclusively based on gender.