

## The Gambia



This map is an approximation of actual country borders.

The Gambia is a small low-income country located in West Africa with a population of about 1.36 million and has a surface area of 10 690 km<sup>2</sup>. It forms a narrow enclave into the Republic of Senegal, whilst the Atlantic Ocean forms its western boundary. The country is divided into five administrative regions (Western, Lower River, Central River, Upper River and North Bank) and two municipalities (Banjul and Kanifing). The population density is 135 persons per km<sup>2</sup> with a population growth rate of 2.74% and an overall average life expectancy at birth of 64 years. Although 80% of the population is involved in the agricultural sector, services (including tourism) are the major contributor to GDP. The Gambia has enjoyed relative peace and stability since independence in 1965, until the military take-over in 1994, following which there was a return to democratic rule in 1996.

### HEALTH & DEVELOPMENT

Total population (2003) <sup>1</sup>	<b>1 364 000</b>
% under 15 (2003) <sup>1</sup>	<b>44</b>
Population distribution (% rural 2003) <sup>1</sup>	<b>74</b>
Life expectancy at birth (2003) <sup>1</sup>	<b>64</b>
Under 5 mortality rate per 1000 (2005) <sup>2</sup>	<b>131</b>
Maternal mortality ratio per 100 000 live births (2001) <sup>3</sup>	<b>730</b>
Total expenditure on health as % of GDP (2006) <sup>4</sup>	<b>4.3</b>
General government expenditure on health as % of general government expenditure (2006) <sup>4</sup>	<b>8.7</b>
Human Development Index rank, out of 177 countries (2006) <sup>5</sup>	<b>155</b>
Gross National Income (GNI) per capita US\$ (2007) <sup>6</sup>	<b>320</b>
Population living below national poverty line % (2003) <sup>7</sup>	<b>61.2</b>
Adult (15+) literacy rate (2005) <sup>8</sup>	<b>52.1</b>
Adult male (15+) literacy rate <sup>8</sup>	<b>64.7</b>
Adult female (15+) literacy rate <sup>8</sup>	<b>40.2</b>
% population with sustainable access to an improved water source (2005) <sup>2</sup>	<b>85.1</b>
% population with sustainable access to an improved sanitation (2005) <sup>2</sup>	<b>84.2</b>

#### Sources:

- <sup>1</sup> Population and Housing Census 2003
- <sup>2</sup> Multiple Indicator Cluster Survey (MICS) 2005/6
- <sup>3</sup> MMR Survey and Contraceptive Prevalence Study 2001
- <sup>4</sup> World Health Statistics 2008
- <sup>5</sup> Human Development Index 2006
- <sup>6</sup> World Development Indicators 2009, World Bank
- <sup>7</sup> Integrated Household Survey 2003/04
- <sup>8</sup> 2003 Census Education Statistics Report

The government is the major provider of health services. The public health care system has three tiers, based on the primary health care strategy. Presently, services are provided by four hospitals at the tertiary level, 38 health centers at the secondary level and 492 health posts at the primary level. The system is complemented by 34 private and nongovernmental organization (NGO) clinics. For most communities, the first point of contact with health care services is the informal sector through traditional healers.

The burden of communicable and noncommunicable diseases is high. Malaria and tuberculosis are leading causes of morbidity and mortality. Other causes of morbidity that drive the demand for public health services in children are acute respiratory infections, diarrhoeal diseases, helminthic infections and skin disorders. Cardiovascular diseases including hypertension, diabetes, cancers and trauma are the common diseases/conditions in adults. These health conditions are responsible for over 75% of the outpatient and inpatient care delivered through the government's health care system.

The maternal mortality ratio (MMR) of 730 per 100 000 live births in 2001 is unacceptably high. Institutional delivery is estimated at 52% of all births (2001 MMR survey). The main causes of maternal mortality are haemorrhages, eclampsia, anaemia, malaria in pregnancy and postpartum sepsis. Poor maternal nutrition contributes to complications during pregnancy and delivery, and shortage of skilled birth attendants further exacerbates the problem.

One of the major obstacles facing the health sector is the shortage of health personnel at all levels of the healthcare delivery system. The major health challenge is the slow progress towards achieving the health Millennium Development Goals (MDGs) and constitutes a concern for the country as well as the international community.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• The national 5 year MDG Based 2<sup>nd</sup> Poverty Reduction Strategy Paper (PRSP II 2007-2011) has identified health as a priority area of focus for reducing inequality and enhancing economic development;</li> <li>• A number of policies are in place to steer health sector reform for better health service delivery and outcomes;</li> <li>• Implementation of a Sector Wide Approach (SWAp) based on the National Health Policy (2007-2020) and Health Strategic Plan;</li> <li>• Enhanced Highly Indebted Poor Country (HIPC) initiative completion point reached at the end of 2007 and the debt relief is targeted for use in the social sectors including health;</li> <li>• Government has identified health as one of 3 priority sectors (along with education and agriculture) for development.</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction of the high maternal mortality ratio and child mortality through the scale-up of priority interventions;</li> <li>• Health systems strengthening and capacity building – through organization and management of health care services, human resources development, infrastructure and logistics, health information, health financing and partnerships;</li> <li>• Weak technical support services including the referral system, essential drugs supply chain, vaccines and other medical supplies, blood transfusion services and radiology services;</li> <li>• Community participation and mainstreaming traditional medicine into the public health service delivery;</li> <li>• Inadequate health financing and therefore development and implementation of an appropriate and effective Health Financing Policy</li> <li>• Establishment of an effective system to cope with natural disasters and other emergencies that poses serious threat to health.</li> </ul>

## PARTNERS

Bilateral Partners include Cuba, Egypt, The European Union, Germany, the Islamic Republic of Iran, Italy, Nigeria, China (Province of Taiwan), Turkey, the United Kingdom of Great Britain and Northern Ireland, the United States of America, and the Bolivarian Republic of Venezuela. Key multilateral partners include the African Development Bank, the European Development Fund, the Islamic Development Bank and The World Bank.

Although WHO is the leading partner in health, a number of development partners have also been supporting The Gambia's effort in overall health development, including United Nations (UN) Agencies (UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, WFP, and FAO), the Global Alliance for Vaccines and Immunization (GAVI) and The Global Fund to Fight AIDS, Tuberculosis and Malaria.

## WHO STRATEGIC AGENDA 2008-2013

- **Health Systems Strengthening** – To improve the healthcare delivery system in the country using Primary Health Care as the strategy while focusing on supporting the training of health care workers in priority areas; strengthening the functional capacity of public health system at all levels; and promoting evidence-based decision making in the planning and management of health services delivery.
- **Health Promotion, Disease Prevention, Control and Eradication** – The integrated disease surveillance activities for early detection and response to epidemic-prone diseases will continue to receive the attention of WHO through programmes such as the Expanded Programme on Immunization (EPI), Epidemic Alert and Response including the implementation of International Health Regulations 2005 (IHR 2005).
- **Reproductive Health, Maternal and Child Nutrition** – with the objective of improving maternal health and reduce neonatal and childhood morbidity and mortality. WHO will support mobilization of resources for the implementation of the Country Specific Road Map to accelerate reduction of maternal and newborn deaths; support the re-commissioning of the major health facilities for the provision of basic and comprehensive emergency obstetric care (EmOC) services and improve the referral system for complicated obstetric cases; advocate for the sensitization of the general public on the risks associated with early pregnancy and the importance of early attendance for antenatal care, skilled birth attendance and male involvement and participation in all reproductive health activities; and support National Nutrition Agency (NaNA) in the coordination and implementation of the Food Act and Codex Alimentarius.
- **Health, Environment and Sustainable Development and Emergencies** - The objective is to contribute to the improvement in the general standards of health of the population and address health consequences of emergencies. The main focus is to support the development and implementation of the national environmental health policy and strategic plan; the implementation of the strategy on occupational health and safety, and the healthcare waste management plan; and supporting the formulation and implementation of health specific emergency preparedness and response plan.



Women groups are strong advocates for malaria control. Some staff of a maternal health project at a Health Centre. Police reminding motorists to wear their seat belts

## ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/gmb/en/>

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