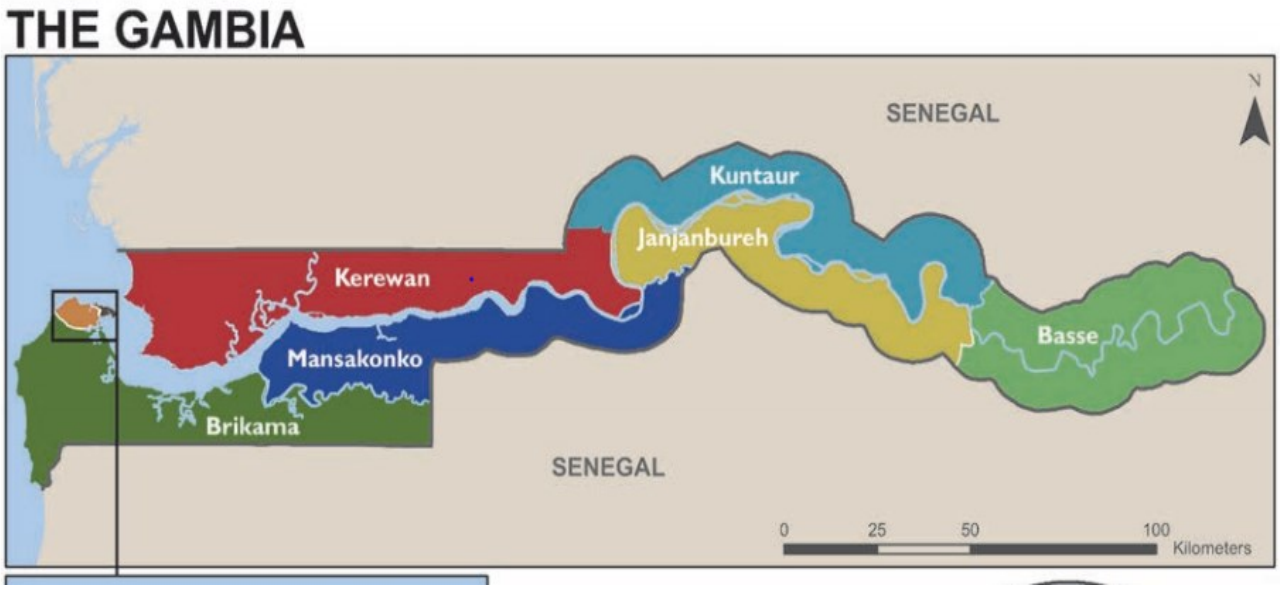
Republic of The Gambia

REPUBLIC OF THE GAMBIA

THE GAMBIA Health Profile 2020



October 2020

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List of Acronyms

BCG	Bacillus Calmette–Guérin
BI	Bamako Initiative
DPT	Diphtheria, Tetanus, Pertussis
DHIS 2	District Health Information System version 2
EMOC	Emergency Obstetric Care
GBoS	Gambia Bureau of Statistice
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSA	Health Sector Assessment
GDHS	Gambia Demographic Health Survey
IHP +	International Health Partners
ITN	Insecticide Treated Nets
IPT	Intermittent Preventive Treatment
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
NaNA	National Nutrition Agency
NHIS	National Health Information System
NHP	National Health Policy
PHC	Primary Health Care
RHDS	Regional Health Directorates
SDGS	Sustainable Development Goals
TFR	Total Fertility Rate
UNFPA	United Nation Population Fund
UNICEF	United Nation Children Fund
WHO	World Health Organization

Introduction

The health profiles of the countries of the ECOWAS region are produced by the countries, under the leadership of WAHO, with the aim of strengthening the analysis, sharing and use of health information for monitoring disease burden. The Gambia health profile is a document that describes and analyzes the performance of the health system and the state of health of the populations, through a list of health tracer indicators adopted by WAHO member countries. Its implementation required the collection of data from various sources, the main one being the routine health information system through the health annual statistical reports. But other sources including the demographic and health survey (GDHS, 2013), demographic projections, (2014- 2025), the comprehensive survey on household living conditions (MICS,2018), and many other national sources of statistics, health accounts, etc. were used The data sources provide information on population health status, service utilizations, health system performance, risk factors and socioeconomic status. Similarly, it provides information on the strengths and weaknesses of the national health information system.

This information was collected by the national team in charge of the health profile, under the leadership of the Directorate of Information and Planning of the Ministry of Health. The document has five main chapters relating to: (i) Socio-Demographic

indicators; (ii) Health Status; (III) Health System (iv) risk factors and behaviors; (v) -and the situation of diseases with epidemic potential.

Objectives:

- To monitor the health status of the ECOWAS countries as well as the performance of the individual national health system.
- To compare the performance of individual countries.
- To identify strengths and weaknesses of the health system.
- To make recommendation.

Geographic location

The Gambia is located on the West African coast and extends about 400 km inland, with a population density of 176 persons per square kilometer (The Gambia, 2013 census). The width of the country varies from 24 to 28 kilometers and has a land area of 10,689 square kilometers. It is bordered on the North, South and East by the Republic of Senegal and on the West by the Atlantic Ocean. The country has a tropical climate characterized by two seasons: rainy season (June – October) and dry season (November-May).

Administratively, the country is subdivided into 8 local government areas (LGAs) and 44 districts. Two of the LGAs are headed by Mayors while the districts are ruled by Chiefs.

1 Socio-demographic indicators

1.1.1 Demographic situation

According to the Population and Housing Census (2013), the population is estimated to be at 2.4 million in 2020, of which 50.7% are females with annual growth rate of 3.1 %. The crude birth rate is 46 per 1000 population while the total fertility rate is 4.4 births per woman (MICS 2018). The high fertility level has resulted in a very youthful population structure. Nearly 44% of the population is below 15 years and 19% between the ages 15 to 24. Average life expectancy at birth is 61.5 years overall with females constituting 62.3 and males 59.6 (Census 2013).

~~**Figure 1: Age pyramid of the population**~~

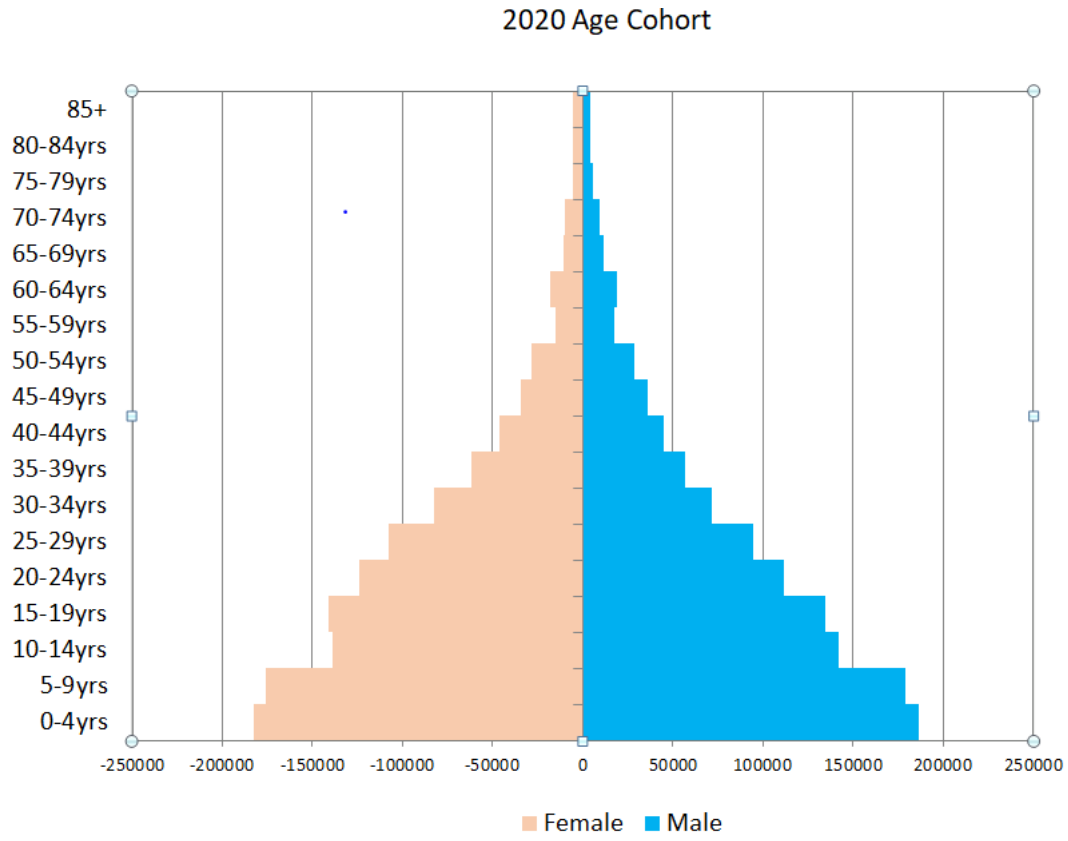


Figure 1: Age pyramid of the population

1.1.2 ~~Section 1.1.2 :~~ Socio Demographic Indicators

~~**Table XX: Demographic Indicators**~~

Table 1: Demographic Indicators

Indicators	Value
Total Population in 2019020[SS1]	**2,~~4M~~273,665**
Total Population by age group and sex (Male) in 2020	1,160,574
Total Population by age group and sex (Female) in 2020	1,193,859
Population median age (years) in 2013	18.2
Total Fertility Rate (aTFR) in 2019	4.4
Annual population growth rate in 2013 (%)	3.1
Population in urban areas in 2013(%)	57.8
Life expectancy at birth in 2013	61.5

Literacy rate of 15–24 year-olds (youth literacy rate) in 2013 (%)	69.7
Proportion of women in the population in 2013 (%)	50.8

Source: Census, 2013 and Pop. Projection 2014 - 2025

2 Health ~~System~~Status

The Gambia's epidemiological profile shows a shift of national disease burden from communicable to non-communicable; hence there is need for a drastic policy shift towards the prevention, diagnosis, and treatment including the management of such diseases. Lower Respiratory infections are the leading cause of morbidity and mortality in the population (HSA, 2019).

~~1.1.3~~2.1 Mortality

In the Gambia, mortality rates are consistently lower in the urban areas as compared to the rural areas. Adult mortality is slightly higher among men than women (2.4 male deaths and 2.3 female deaths per 1,000 populations, respectively). Between age 15 and 50 years, about 99 women per 1,000 and 102 men per 1,000 are likely to die (DHS, 2013).

According to the DHS 2019 – 2020 preliminary report, early childhood mortality rates for the 15 years preceding the survey. Under-5 mortality for the period 0-4 years before the survey (which corresponds approximately to the calendar years 2015-16 to 2019-20) is 56 deaths per 1,000 births. Most of the mortality occurs during the first year of life, as the infant mortality rate is 42 deaths per 1,000 births, while mortality between the first and the fifth birthday is only 15 deaths per 1,000 children surviving to their first birthday. Mortality during the first month (neonatal mortality), is higher than post neonatal mortality (29 deaths per 1,000 births versus 13 deaths per 1,000 births) and accounts for 69% of the overall infant mortality.

~~Table 2: Trend of Mortality data from DHIS 2~~

Table 2: Trend of Mortality data from DHIS 2

DHIS 2 Deaths	2015	2016	2017	2018	2019
Neonatal death at facility	14	15	10	8	10
Infant death at facility	21	20	16	11	13
Under 5 deaths years	26	25	20	19	16
Maternal deaths	261	211	271	185	211

Results from the 2013 and 2019-20 GDHS are presented in Figure 3. Trends from the previous survey indicate an increase in infant and under-5 mortality in the 5 years preceding each survey. However, child mortality declined in the same period.

~~Figure 3: Trends in childhood mortality (Deaths per 1,000)~~

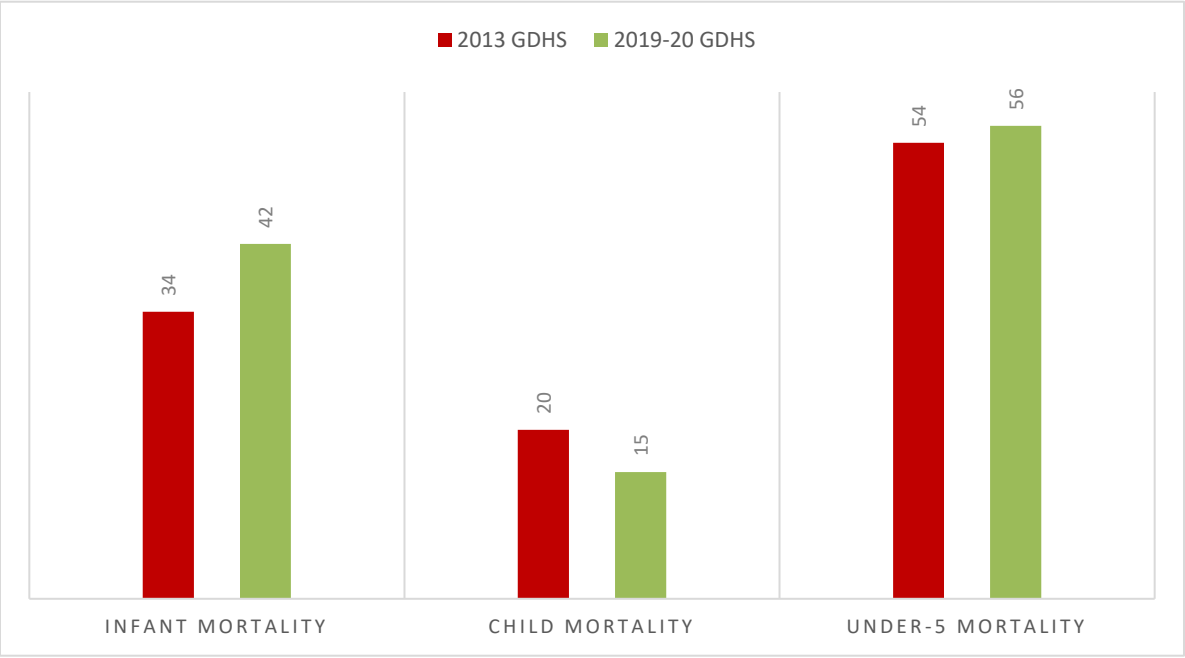
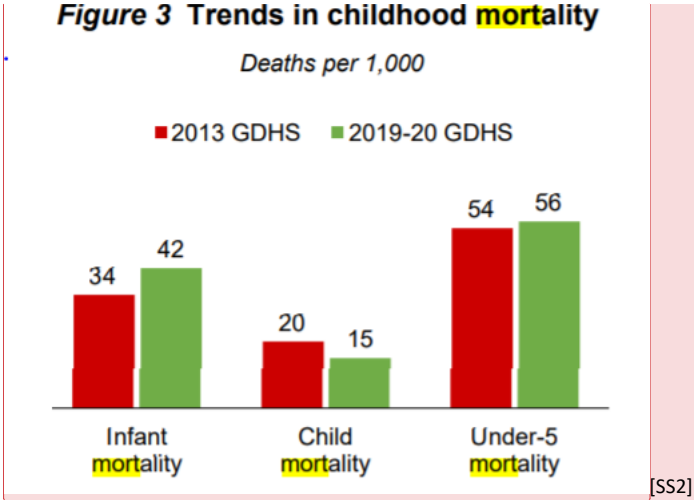


Figure 2: Trends in childhood mortality (Deaths per 1,000)



[SS2]

-The beneficial effect of educating mothers is evident for all childhood mortality categories. Also, childhood mortality generally decreases as wealth increases and is lowest among children in the highest wealth quintile.

The maternal mortality ratio for the Gambia has declined from 730 per 100 000 (Maternal and Neonatal Survey, 2001) to 433/100,000 (DHS, 2013) live births. However, with concerted efforts of MoH and partners the HMIS service statistics report, 2019 on institutional deliveries showed a continuous reduction of MMR to 198/100,000 lives births which is in line with the quest to attain the set target of Sustainable Development Goals (SDGs) global maternal mortality ratio to less than 70 per 100 000 live births.

2.2 M~~1.3.1M~~orbidity

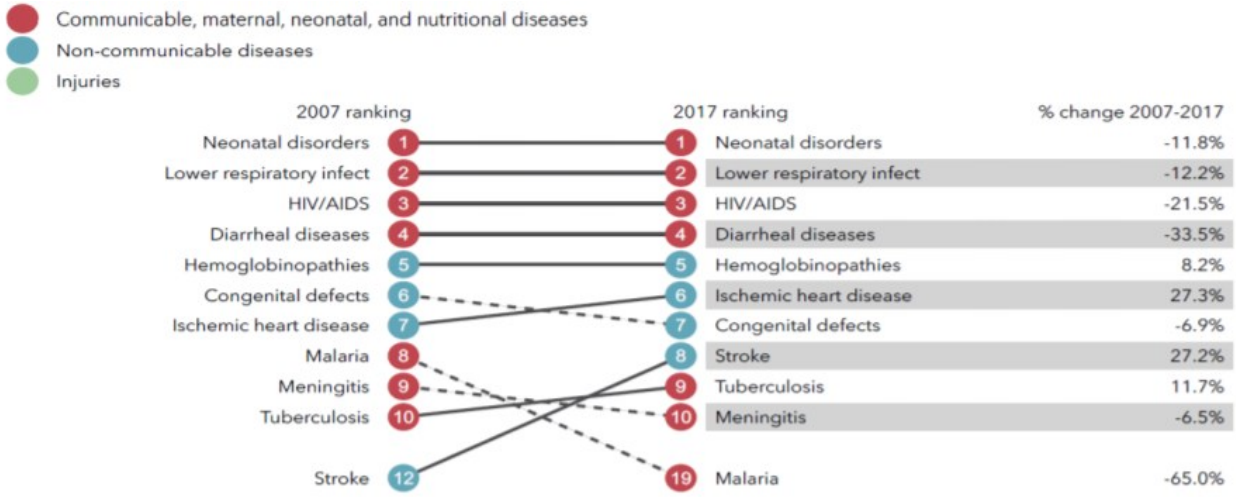
2.1.1 Communicable diseases

While communicable diseases have shown a declining trend in total share of morbidity and mortality, they continue to adversely affect different age categories within the population. The Health Service Assessment Report (2019) and the HMIS Service Statistics Report 2019 revealed the following communicable disease conditions as the leading causes of morbidity and mortality: Lower Respiratory infections, HIV/AIDS, Diarrheal Diseases etc.

According NSS, 2017 a national HIV prevalence rate is1.82%; with HIV1 at 1.69% and HIV2 at 0.13%. Similarly, prevalence of HIV in the key populations shows a declining trend among female sex workers, from 15.9% in 2011 to 11% in 2018. However, among men who have sex with other men, the HIV prevalence more than tripled from 9.8% in 2011 to 35.5% in 2018.

2.1.2 Non communicable diseases

Chronic non-communicable diseases such as hypertension, diabetes and cancers are on the increase in the Gambia. There is a risk of the health system being confronted by an increase in the number of cases of non-communicable diseases as shown in the Health Service Assessment Report (2019) on service delivery. A ten-year analysis of the report on mortality (2007-2017) revealed significant increases in the following disease conditions:



HSA, 2019

Figure 3: Burden of non-communicable diseases.

3 ~~2.0~~ Health System

2.3 ~~2.1.1~~ Governance and health financing

3.1.1 Organization of the national health system

The Gambia has a three-tier system for the delivery of public health services. At the central level, the Ministry of Health (MoH) is responsible for setting health policies, regulations, and research, and mobilizing resources. The regional level comprises seven Regional Health Directorates (RHDs) that are responsible for implementing the policies and programs of the MoH and act as regional health management teams. These RHDs oversee the provision of and provide stewardship for primary and secondary levels of care in the peripheral health facilities within their regions.

Primary health care is delivered through community-level and village-level workers, who provide promotive and preventive health care. Secondary care is provided by health

centers (minor and major), which deliver up to 70 percent of the basic health care package, including emergency obstetric and neonatal care. Tertiary health care consists of the hospitals (General and District), including the teaching hospital, which is the highest level of referral system. Hospitals are semi-autonomous and are not supervised by RHDs but are responsible for providing them with patient usage data, including disease incidence and maternal deaths.

Despite the high priority given to basic health care services in its national strategies, budgetary allocations are skewed towards tertiary provision and the central ministry.

~~2.1.2~~3.1.2 National health policy and priorities

The Gambia is in the process of updating its national health policy (NHP) in 2012 - 2020. It is built around the vision of achieving "Provision of quality and affordable Health Services for All By 2020 ". The NHP is broken down into eight strategic orientations. These strategic orientations are implemented through the 2014-2020 national health development plans, which has a rolling three-year action plan.

As part of the strengthening of governance of the health sector, The Gambia joined the IHP + initiative in May 2012. A compact was signed in April 2019 between the government and technical and financial partners in the health sector. It aims to mark the commitment of these actors to mobilize and use the resources necessary for the implementation of the national development plan, in a harmonized and coherent framework with a view to accelerating the achievement of the health-related SDGs.

3.1.3 ~~2.1.3~~ Level and Sources of Funding

Financing health care requires collaboration of Government, donors, other partners and the beneficiaries. The Gambia's total health expenditure amounted to 2.5 billion in 2017 National Health Accounts Survey. It grew by 18% between 2016 and 2017 financial year. Per capita health expenditure estimated at D1204.28 which is equivalent to 25.85 USD. This level of expenditure, although appreciable, remains below the target set by the WHO Commission for Macroeconomic and Health, which is 34 – 40 USD per person.

In the absence of social health insurance, households remain one of the main sources of financing of health in the Gambia which represented around 35.40% of health expenditure in 2017.

Government contribution as well as donors estimated at 30.65% and 41.04 % respectively in 2017 NHA study. As part of its commitments to financing the health sector, the share of the government budget allocated to the health sector hovers between 7% to 9% in 2018 and 2019 fiscal years. The

Gambia still has to make efforts to respect the commitment made by the Heads of State of ECOWAS to allocate at least 15% of the state budget to the health sector.

3.1.4 ~~2.1.4~~ Innovative health financing mechanisms

The Gambia does not currently have social health insurance, but its implementation has been under preparation as the NHIS Bill, 2020 is already drafted and awaiting enactment. However, in 1988 a Cost Recovery Program was started as part of the National Health Development Program. This established the Drug Revolving Fund and the introduction of user fees as a form of health financing. Bamako Initiative (BI) was introduced in 1993 as a strategy to further develop the Cost Recovery Program. Other development partners (WHO, UNICEF, GAVI, GLOBAL FUND, UNFPA, etc.) has been supporting the health sector through input financing.

In 2014 the Government of The Gambia through the National Nutrition Agency (NaNA) and Ministry of Health with support from the World Bank, introduced Results Based Financing (RBF) with the overall objective of improving health and nutrition outcomes among women and children as well as increasing the utilization of community nutrition, maternal and child health services in selected regions.

RBF was recognized as a financing mechanism that could scale-up the Primary Health Care (PHC) service delivery system, including the village health services and also fill the financing gap for high impact maternal and child health interventions as outlined in the Investment Case for Health 2013 to 2015. RBF is defined as a cash or non-monetary transfer made to a national or subnational government, manager, provider, payer or consumer of health services after predefined results have been attained and verified. Payment is conditional on measurable actions being undertaken unlike the traditional health financing mechanisms that provide input financing.

This ensures transparency and accountability in utilization of health care resources. Although some successes have been registered with these financing strategies, universal access and coverage still remains a major challenge.

~~Table XX:~~

Table 3: Indicators for governance and health financing

Indicators	2015	2016	2017
Existence of a National Health Strategy	2014-2020	2014-2020	2014-2020
Total Health expenditure per capita in 2017 (USD)	$22.67	$23.38	$25.84
Total government expenditure on health per capita in 2017 (USD)	$7.43	$9.04	$7.92
Government expenditure on health as percent of general government expenditure in 2017 (%)	8.07%	10.56%	9.66%
General government expenditure on health as percent of total expenditure on health	34.44%	39.43%	33.66%

Source: NHA, 2015, 2016 and 2017

~~2.2~~2.4 Health personnel availability

Availability of adequate appropriately qualified and experienced core health workers, in the right skills-mix, is a key component of the essential package of health services and a major determinant of health service performance. The Gambia has long identified the critical shortages of health workers, as a major obstacle to the attainment of the national health priorities including the attainment of Universal Health Coverage and other health related SDG goals.

According to the 2019 Annual service statistics report, the public health sector in The Gambia employs 250 doctors, 68 pharmacy assistants, 600, nurses, 423 midwives and 716 nurse attendants. These numbers are insufficient in view of the low coverage to meet the needs of the population. In fact, these numbers represent one doctor for about 10,000 inhabitants, one nurse for 3,333 inhabitants and one midwife for 5,000 inhabitants.

These ratios do not change much over time, given the demographic growth which seems to annihilate efforts to increase the number of health personnel. In addition to the increase in staff, the geographical distribution of health personnel, particularly in rural areas, is a challenge for the Ministry of Health. .

Table 2 : Evolution of some indicators of the availability of health personnel in the public sector in The Gambia

Proportion of health personnel per 10,000 Population, The Gambia 2019

Health Personnel	Number	Proportion H/W per 10,000 population
Medical Officer	250	1.1
State Registered Midwives	83	0.4
State Enrolled Midwives	199	0.9
BSc Nursing	111	0.5
Enrolled Community Health Midwives	141	0.6
Registered Nurse	279	1.2
State Enrolled Nurse	199	0.9
Community Health Nurse	122	0.5
Public Health Officers	139	0.6
Midwives	423	1.9
Nurses	600	2.6

Source: HMIS, 2019

~~**Table 2 : Evolution of some indicators of the availability of health personnel in the public sector in The Gambia**~~

2.5 Health services availability and operational capacity

Health services in the Gambia are based on the Primary Health Care strategy: Primary; Secondary and Tertiary. The Primary level provides initial care through a network of health posts linked by key villages. The secondary level comprises a network of major and minor health centers and community clinics with more specialized staff and

equipment. It provides routine preventive and curative services and some medical, surgical and obstetrics interventions. The Tertiary level (hospitals) provides more specialized services and interventions and is intended to function as a referral center for the secondary level.

In 2019, a total of 8 hospitals were operating in the country, out of which, one is a specialized hospital and one is a teaching and research hospital and another private hospital. There are four district hospital and six major health centers nationally. The district hospitals and major health centers are expected to provide comprehensive EMOC services. The total number of minor health centers is forty distributed within the regions. Minor health centers provide basic EMOC, reproductive and child health services.

In terms of the availability of hospital beds, 2019 service statistics report indicates that The Gambia has 103.84 beds per 10,000 inhabitants. This is well below the required standard of 1 bed per 1000 inhabitants

2.6 Health services use, quality and safety

The use of health services is still limited for various reasons. The contact number s per capita per year was 0.76 in the general population is 1.28 among children under five years while the standard recommended by WHO is to at least two contacts year for children under five.

The cesarean rate among women giving birth in health facilities is of 3.43 % for a standard of between 5% and 15%.

As part of the treatment of tuberculosis, the country recorded 2510 TB (New cases and relapse) with treatment success rate of 88%. The WHO target is 90%, meaning the TB control program is on course to achieving the target.

The stillbirth rate in health facilities is 3.4 per 1000 births. The maternal mortality ratio in health institutions is 202 cases per 100,000 live births.

Intra - hospital mortality is 22.5 per 1000 in children under 5 years old. For this same age group, serious bacteria infection is the leading cause of death in health facilities (54%) followed by severe acute malnutrition (11.54%).

2.4.1 Priority health programs' intervention coverage

~~Tablexx: Health Program's Indicators~~

Table 4: Health Program's Indicators

Indicators	Value
Antenatal care first visit coverage in 2019 (%)	97.8
Antenatal care four visits coverage in 2019 (%)	78.5
IPT2 treatment in 2019 (%)	79.7
Percentage of pregnant women HIV positive receiving ART in 2018(%)	70.9
Proportion of births attended by skilled health personnel in 2019 (%)	83.7
Postnatal Care rate in 2019(%)	87.9
Met need for family Planning in 2018 (%)	16.7
Contraceptive prevalence rate in 2018	16.8
DPT3/Penta3 immunization coverage in 2019	87
Measles coverage (under 1 year) in 2019	85
Fully Vaccinated Coverage Rate(12-23months) in2019	70.5
BCG-Measles dropout rate	4
Eligible HIV +ve adults and children receiving antiretroviral therapy in 2018 (%)	36
Percentage of TB patients screened for HIV in 2018 (%)	20
Children Under Five sleeping under ITN in2017	62
Pregnant Woman sleeping under ITN in 2017	69

Source: DHS, 2019, MICS, 2018, MIS,2017

2.7 Factors and risky behaviors

According to the MICS 2018, early initiation of breastfeeding is not a widespread practice within the population. It was observed that only 46.5% of women did this practice. The same is true of exclusive breastfeeding practiced is 55.2% of infants during the first six months of life.

Risky sexual and reproductive health behaviors are quite common, especially among adolescents. The 2019 - 2020 DHS indicates that 21.2% of men and 27.7% of women between the ages 15 – 19 years used a condom the last time they had high-risk sex. The percentage of girls who have begun childbearing is 13.8 %. This rate is relatively higher in rural areas (20.2 %).

The use of improved drinking water sources was estimated at 90.4% in 2018. There is, however, a contrast between rural and urban areas. It is 92.2% in urban areas against 86.9% in rural areas. The use of improved latrines is at 61.8%. The Percentage of women and men age 15-49 years who smoked cigarettes or used smoked or smokeless tobacco product.

Percentage of women and men age 15-49 years who smoked cigarettes or used smoked or smokeless tobacco products is 0.4% and 18.9% respectively (MICs, 2018).

According to the latest WHO data published in 2018 Road Traffic Accidents Deaths in Gambia reached 657 or 4.72% of total deaths. The age adjusted Death Rate is 47.51 per 100,000 of population ranks Gambia #4 in the world.

3 Status of Epidemic Diseases

~~Tablexx: Indicators on Epidemic Disease~~

Table 5: Indicators on Epidemic Disease

Epidemics Deases	2015	2016	2017	2018	2019
Cholera attack rate				0	
Cholera fatality rate				0	
Meningitis attack rate				0	
Meningitis fatality rate				0	
Measles attack rate				0.2	
Yellow fever attack rate				0	
Yellow fever fatality rate				0	
Lassa fever attack rate				0	
Lassa fever fatality rate				0	

TNN Fatality rate				0	
Number of cases of poliomyelitis				0	
Number of cases of Guinea worm				0	

From 15 to 2020, no case of the following diseases have being reported in The Gambia: Cholera, Meningitis, Yellow fever, Lassa fever, NNT, Poliomyelitis, Guinea worm and Ebola Virus disease. However, few Measles cases were reported from 2015 to 2019.Despite the zero reporting, in almost all the enpidemic diseases the Ministry of Health continues to strengthen and intensify the surveillance system for active case finding throughout the country. Similarly, cross border surveillance and partnership meetings are being organized with Senegal. Health workers are being trained on surveillance in these years.

4 Conclusion

The health profile describes the health situation in The Gambia over the past few years based on data available in the country's health system. The aim of this exercise is to strengthen the sharing and use of information in the country for a better knowledge of health systems and the state of health of populations.

The indicators analyzed are mostly health tracing indicators in the ECOWAS region, but also indicators for monitoring the national health policy and the SDGs. These tend to show positive trends. In particular, health coverage and the use of health services by the populations are continuously improving. The governance of the health sector strengthened with updated policy, a national health development plan that follows the recommendations of the IHP + strategy and compact that mobilizes a good part of the

health sector partners around common priorities Funding for the health sector is also on the rise and government efforts are visible.

However, there are plenty of challenges. Most of the commitments and targets of national strategies are not being met. The SDGs targets in the health sector are unlikely to be met given their current level. The quality and safety of care also require special attention from health authorities in order to significantly reduce intra-hospital mortalities and mortalities in general.

The production of the health profile also highlights the challenge of the availability and quality of statistical data in the health sector. Most of the indicators are based on surveys or health structures are not carried out at regular intervals. On the other hand, the routine data for The Gambia is produced within acceptable deadlines. Nevertheless, more efforts must continue to improve these deadlines.

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