



THE SITUATION IN THE GAMBIA



Advocacy Workshop – West African
Region

The Gambia Team



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Background



- The Gambia gained its independence from the UK in 1965.
- Geographically surrounded by Senegal
- A short-lived federation of Senegambia – 1982 and 1989
- 1994 – a military coup led by Yahya A. J. J. Jammeh
- 1996 – a new constitution and presidential elections, followed by parliamentary balloting in 1997

1. COUNTRY PROFILE – THE GAMBIA



- Located on the West Coast and extends about 400 km
- Total land area of 10,689 square kilometres
- Divided in two halves by the River Gambia
- Width varies from 25 – 28 km
- Bordered on the North, South and East by Senegal

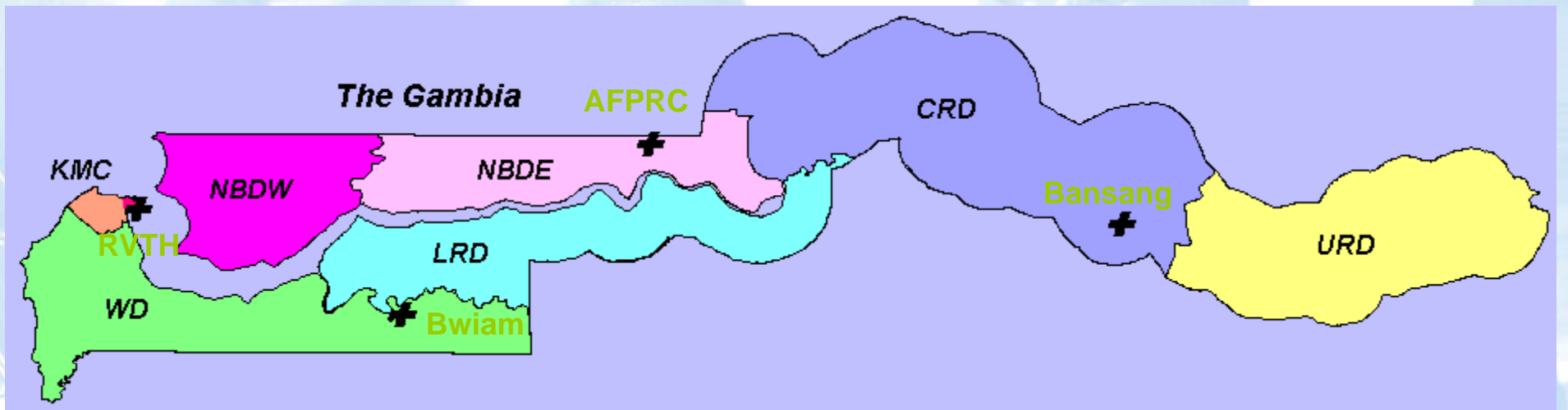


Map of the Gambia



Almost an enclave of Senegal; smallest country on the continent of Africa

MAP OF THE GAMBIA



Approx. 400 Km

Φ Hospital

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The Gambia



- Pop growth rate – 2.8% (4.2% in 1993)
- Population density 128 persons/sq./km (1993)
- GDP per capita (2006 est) – 2000\$
- Gross National Product (GNP) at US\$300 (2001)
- In 2003, ranked 151 in the Human Development Index Report

The Gambia – the People



- Population – 1,688,359 (2007 Est.)
- Infant mortality rate – 70.14 deaths per 1,000 live births
- Life expectancy at birth – 54.54 years

2. DEMOGRAPHIC INDICATORS



No:	Category	1983	1993	2000	2003
1.	Population	687,817	1,038,145	1,384,625	1,364,628
2.	Annual Growth Rate	3.4%	4.2%	-	2.8%
3.	Population <15yrs	-	45%	-	-
4.	Population 15-24yrs	-	19%	-	-
5.	Infants (0-11months)	-	3%	-	-
6.	Life Expectancy - M	40	52	56	56
7.	Life Expectancy - F	44	54	59	59
8.	Urban Population	18%	26%	40%	-

HEALTH INDICATORS



No:	Category	1983	1993	2000	2003
1.	Total Fertility Rate	6.4	6.04	5.6 (2001)	-
2.	Crude Birth Rate/1000	51	46	-	-
3.	Crude Death Rate/1000	21	19	-	-
4.	IMR/1000 Live Births	167	84	75	-
5.	<5 Mortality	260	129	110	-
6.	MMR/100,000 Live Births	-	1,050	730 (2001)	-
7.	HIV/AIDS Prevalence	-	-	2.1 & 0.9%	1.1 & 0.6%
8.	Malaria Mortality	-	-	37.2% (2001)	-
9.	PHC Coverage	-	-	67% (2001)	-

Health System Structure



- Three-tier Public Health System based on the Primary Health Care (PHC) Strategy
- *Primary Level (Community level)*
 - Services delivered via 492 Health Posts/Trekking Stations
 - CHNs (Key Villages), VHWs and TBAs
- *Secondary Level (Intermediate level)*
 - Services delivered via 36 Health facilities
 - 7 Major HC; 13 Minor HC; 16 Dispensaries

Health System Structure



- *Tertiary Level (Final Referral point)*
 - Services delivered by 4 Hospitals (with 1 under construction)
- Public Health Services complimented by 34 Private/NGO Health facilities
- PHC and Decentralization of Health Services
- PHC introduced in 1980/81 empowering communities to take ownership of their own health

Health System Structure



- Country divided into 3 Health Regions for better health service management and administration
- In 1993, the 3 Health Regions expanded to create 6 Health Divisions
 - DHMTs administer, manage and supervise primary and secondary health services
 - DHMTs monitor the activities and programmes of Health NGOs
- Hospitals headed by Chief Executive/Medical Director supported by a Semi-Autonomous Board



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- HIV prevalence (2003 est.) – 1.2%
 - People living with HIV/AIDS as by the 2003 estimates – 6,800.
 - Deaths from HIV/AIDS – 600.

Status of Palliative Care



- Palliative care is relatively new in the Gambia
- The major organization providing palliative care – Future care Hospice
- Health The Gambia has recently shown interest in giving palliative care to those who are affected with life-limiting diseases.

Cont- palliative care



- Health The Gambia (charitable organization) established an Oncology Clinic in RVTH in Jan 2007 and part of its aim is to provide palliative care

OPIOID AVAILABILITY



Currently available:

- Pethidine 50mg tabs and inj
- Morphine 10 tabs and inj
- Pentazocine inj
- Dihydrocodeine 30mg tablets
- Codeine tabs

Not available but would be good to have

- Tramadol
- Slow release morphine
- ???



OPIOID IMPORT AND DISTRIBUTION ISSUES



- Import authorization forms are a legal requirement for both public and private sector
- It is centralized and authorization is issued by the Minister of Health through our department
- Department of State for Health (DOSH) is the major importer and supplier of opioid analgesics

Barriers to accessibility



- Nurses reluctance to administer opioids
- Fear of diversion of opioids into illicit use
- Cost of opioids
- Lack of oral formulations of opioids
- Inadequate educational opportunities by health professionals in the use of opioids.
- Concern about addiction



Thanks to Everyone



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