

The Gambia



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Low-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2013)	46.8
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	95
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	59.8 (Male) 62.5 (Female) 61.1 (Both sexes)
Population (in thousands) total (2015)	1990.9
% Population under 15 (2015)	46.2
% Population over 60 (2015)	3.7
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) ()	
Literacy rate among adults aged >= 15 years (%) (2007-2012)	51
Gender Inequality Index rank (2014)	143
Human Development Index rank (2014)	175
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	7.34
Private expenditure on health as a percentage of total expenditure on health (2014)	31.26
General government expenditure on health as a percentage of total government expenditure (2014)	15.31
Physicians density (per 1000 population) (2015)	0.107
Nursing and midwifery personnel density (per 1000 population) (2015)	1.618
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (DHS 2013)	22
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (DHS 2013)	54
Maternal mortality ratio (per 100 000 live births) (DHS 2013)	443
Births attended by skilled health personnel (%) (2013)	57.2
Public health and environment	
Population using safely managed sanitation services (%) ()	
Population using safely managed drinking water services (%) (2015)	70 (Urban)

Sources of data:
Global Health Observatory May 2017
<http://apps.who.int/gho/data/node.coc>

HEALTH SITUATION

By 2015, The Gambia achieved the Millennium Development Goals for Infant Mortality Rate, Under-5 Mortality Rate, immunization coverage, proportion of population using an improved drinking water source, primary schools enrolment and reduction in Malaria disease burden.

The maternal mortality ratio, however, remains unacceptably high at 433/100,000 live births (GDHS 2013), which exceeds the 2015 MDG target (263/100, 000) and it continues to be a major challenge for health service delivery. The neonatal mortality rate is presently at 22 deaths per 1,000 live births and the perinatal mortality rate is 30 deaths per 1,000 pregnancies (GDHS 2013). The major causes of neonatal deaths are birth asphyxia and prematurity and the leading causes of inpatient deaths in children are pneumonia and malnutrition.

In adults, the leading causes of inpatient deaths are maternal deaths, pneumonia, cerebrovascular accidents, trauma (especially road traffic injuries), hypertension, anaemia, diabetes, heart failure and cancer, whilst cardiovascular diseases including hypertension, diabetes, cancers and trauma are the common diseases in adults (2015 HMIS Service statistics).

According to WHO's estimates, NCDs and injuries account for 41% of all deaths registered in the Gambia whilst the probability of dying between 30 and 70 years from the 4 main NCDs is 19%. The risk factors for NCDs are also a cause for concern with 15.6% of adults 25-84 years smoking; 1.2% drinking alcohol; 22% with low physical activity and 93% eating less than 5 servings of fruits and/or vegetables on average per day (WHO Steps 2010).

HEALTH POLICIES AND SYSTEMS

A Joint Assessment of National Strategies (JANS) in 2015 found that 45% of stakeholders are not satisfied with the implementation of health strategies. As at end 2017, a functional health stakeholder coordinating body had not been established in the country, and planning and implementation of strategies is done in an ad hoc manner.

The Gambia has about 4 945 health personnel of whom 84% work in the public sector. The health work force distribution has an urban bias as 66% of personnel are located in the main urban region (West Coast Region). The distribution of health workers is hindered by poor infrastructure and insufficient availability of health technology for service delivery in the less well developed rural regions. There is a high attrition rate of trained health staff in the country. More than 50% of those who qualified in the past ten years have already been lost: these include medical doctors, public health officers, state registered nurses and laboratory technicians. (HRH Profile 2014).

Since the President's declaration of free maternal and child health services in 2008, the gains have not been substantial enough to overcome the challenge of universal access and coverage of health services. User charges collected from facilities are far less than the cost of medicines. As cost of essential medicines increases and as the initial donor subsidies to the Drug Revolving Fund (DRF) are phased out, the Ministry of Health and Social Welfare is increasingly challenged to meet the actual drug needs of the public sector.

The Gambia is quite far from achieving universal health coverage as no sustained health financing reform to ensure that the system can afford universal coverage of a defined health care package has been introduced. There is no social health insurance scheme in The Gambia, nor any prepayment system to ease out of pocket expenditure on health.

COOPERATION FOR HEALTH

Health continues to be one of the sectors in the government that attracts substantial development cooperation relative to the other sectors. Multilateral partners such as the World Bank and African Development Bank, global health initiatives such as GAVI and the Global Fund have all supported the health sector with grants for projects in specific programmes, health systems or primary health care. However, the IHP+ 2016 report on the monitoring round of Effective Development Cooperation (EDC) in The Gambia revealed that only 25% of development partners use the national health sector indicators to monitor their support against the EDC target of 75%. Moreover, the report found that it was only a quarter of DPs (25%) in health that communicated their planned resources for three years to the Ministry of Health and Social Welfare against the EDC report target of 79%.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2016–2020)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Support consolidation of gains achieved in communicable diseases control through focused interventions on emerging communicable diseases, elimination of targeted diseases and improved management of the neglected tropical diseases.	<ul style="list-style-type: none"> Support the scale up of interventions in HIV/AIDS, tuberculosis and malaria control in line with global strategies. Support the development of country programmes to tackle the rising incidence of hepatitis and strengthen capacity for the control of neglected tropical diseases. Support the health sector to attain and maintain the elimination of identified vaccine-preventable diseases and maintain the national immunization coverage above 90% through intensified provision of services in hard-to-reach areas to improve equity.
STRATEGIC PRIORITY 2: Contribute to the reduction of morbidity and mortality from major non-communicable diseases and conditions towards achievement of health-related sustainable development goals	<ul style="list-style-type: none"> Prevention and management of NCDs through the development, implementation and monitoring of national NCD multisectoral action plan and strengthening capacity for surveillance and reduction of NCD risk factors as well as injury-prevention and safety promotion. Strengthen national capacity for the development and implementation of mental health policy and legislation as well as the integration of mental health services into general health services, including primary health care. Support implementation of a comprehensive national plan to achieve targets on (stunting, wasting, breastfeeding, anaemia, low birthweight and obesity) to reduce the double burden of malnutrition.
STRATEGIC PRIORITY 3: Strengthen partnership and cooperation for the promotion of health through the life course with specific focus on improving the health of women, newborn, children and adolescents in line with the global strategy on women's, children's and adolescents' health, addressing the social determinants of health, and reducing environmental risk factors to health.	<ul style="list-style-type: none"> Support the provision of, and access to, quality reproductive, maternal, new-born child and adolescent health care, including family planning services and through strengthening the referral system, fostering partnerships and empowering communities. Strengthen multisectoral cooperation, support and action for health through the development and implementation of health-in-all-policies, strategy and action plan as well as strengthen programmes to reduce health inequity and address the social determinants of health. Support the assessment of health risks and development and implementation policies, strategies or regulations for the prevention, mitigation and management of the health impacts of climate change and environmental and occupational risks.
STRATEGIC PRIORITY 4: Support the health system strengthening components of health sector governance and coordination, access to quality medicines and health technologies, and human resources for health, towards the achievement of universal health coverage.	<ul style="list-style-type: none"> Support the establishment and operationalization of a Health Sector Partnership Forum and institutionalization of Health Sector Reviews for better coordination in the health sector to ensure the implementation of the National Health Sector Strategic Plan (2014-2020). Support the establishment of a system to ensure the availability of quality medical products that are needed at all times in public health facilities by 2020. Support the implementation of the Human Resources for Health Strategic Plan to address gaps in the training, retention and distribution of health workers to ensure quality service delivery
STRATEGIC PRIORITY 5 : Strengthening capacity for emergency risk management and improved surveillance systems to adequately prepare and respond to outbreaks, threats and other emergencies with public health consequences	<ul style="list-style-type: none"> Support national efforts in implementing the minimum core capacities required by the International Health Regulations (2005) for all-hazard alert and response. Strengthen the country's capacity to conduct comprehensive surveillance with emphasis on a robust early warning system and adequate preparedness to mount a rapid, predictable and effective response to major epidemics and pandemics. Strengthen the national capacity to manage public health risks associated with emergencies and adequately respond to threats and emergencies with public health consequences.

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