

Gambia

HIV/AIDS epidemiological summary

HIV prevalence information among antenatal clinic attendees has been available since 1990 from the Republic of the Gambia. Banjul is considered the major urban area in the Gambia. HIV prevalence increased from 0.1% in 1990 to 1% of antenatal clinic women tested in 1997. In four sites outside Banjul, HIV prevalence ranged from 1% to 4% of antenatal clinic women tested in 1997.

HIV prevalence among sex workers in Banjul has increased from nearly 2% in 1988–89 to 14% in 1993.

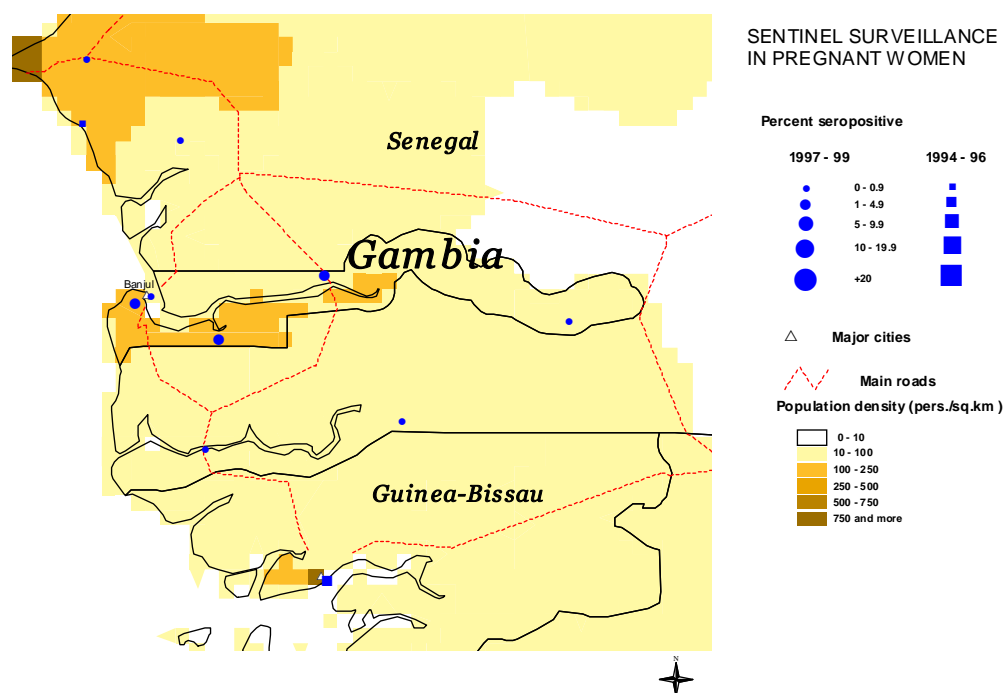
Among male STI clinic patients in Banjul, HIV prevalence increased from 1% of patients tested in 1988–90 to nearly 5% in 1991. Among female STI clinic patients tested in 1991, 4% tested HIV-positive.

Estimated number of people living with HIV/AIDS, end 1999	Adults and children	Adults (15-49)	Adult rate (%)	Women (15-49)	Children (0-14)
Source: UNAIDS/WHO, June 2000	13 000	12 000	1.95	6600	520

Demographic impact of HIV/AIDS	Year	Estimate	Source
Children who lost their mother or both parents due to HIV/AIDS at age 14 or younger since the beginning of the epidemic	1999	9600	UNAIDS/WHO, June 2000
Estimated AIDS deaths	1999	1400	UNAIDS/WHO, June 2000

Behavioural indicators	Year	Age group	Male	Female
Reported condom use during most recent intercourse with a non-regular partner (%)	-	-	-	-
Reported non-regular sexual partnership over a 12-month period (%)	-	-	-	-

Measured HIV prevalence	Year	Median	Min.	Max.
Women in antenatal care clinics – major urban areas (%)	1998	1.0	1.0	1.0



Economic impact of HIV/AIDS

Summary of the economic impact of HIV/AIDS

No data on the economic impact of AIDS in the Gambia were found in the literature review carried out. However, a recent modelling exercise calculated the annual costs of scaling-up AIDS programmes to meet the current need to be between US\$ 7 million and US\$ 10 million. This represents a per capita cost of around US\$ 6 to US\$ 8 and 2.5 % of GDP. In education, a model developed by UNAIDS and UNICEF shows that increasing mortality rates due to AIDS lead to discontinuity in teaching, with many pupils losing or having a change in their teachers. Likewise, the potential impact on agriculture and rural areas, shown in other African nations to increase household expenditure, reduce savings and shift productivity patterns, should be carefully controlled, given the high dependence of the economy on the agricultural sector, comprising 30% of GDP. Although no data were available on the impact on the tourist industry, the importance of tourism to the economy of Gambia cannot be overestimated. This area should be monitored in future studies of the impact of the epidemic.

Macroeconomic impact

Not available

Economic impact of HIV/AIDS on households

Not available

Economic impact of HIV/AIDS on agriculture

Not available

Economic impact of HIV/AIDS on firms

Not available

Economic impact of HIV/AIDS on education

Supply: A model developed by UNAIDS and UNICEF in 2000 shows that, of around 140 000 primary school students, 353 would have lost a teacher to AIDS in 1999 (1).

Demand: Not available

Economic impact on the health sector

Supply: Not available

Demand: Not available

Resource gap: The annual costs of scaling-up HIV/AIDS programmes is estimated to be between US\$ 7 million and US\$ 10 million (2).

Management and implementation of the national response to HIV/AIDS

Policy formulation

Existence of national HIV/AIDS policy (either a written document or part of one)

Yes	No
X	

Comments/Key elements: National AIDS Control Programme. Policies and guidelines on HIV/AIDS, Ministry of Health, March 1995.

The following key strategic elements were adopted: testing, intensification of IEC, condom use promotion, safe blood provision, advocacy through opinion leaders, mobilization of specific groups, provision of STIs services.

Source: Department of State for Health

Date: March 1995

Existence of HIV/AIDS policy in the following sectors:

Sector	Yes	No
Agriculture		X
Education	X	
Health	X	
Military		X
Workplace		X
Sports	X	
Others (youth)	X	

Comments/Key elements: HIV/AIDS/STI and other reproductive health issues are key components of the Population and Family Life Education being taught at school countrywide. Teachers have been specially trained to teach the subject, which is now as examinable as English, biology and mathematics.

The National Youth Policy and Action Programme was ratified in 1999, followed by the creation of a National Youth Council in January 2000. HIV/AIDS and reproductive and sexual health issues are addressed by both documents.

Source: WHO, Gambia

Date: 5 July 2000

Existence of HIV/AIDS-specific legislation against discrimination on the grounds of HIV

Yes	No
	X

Comments/Key elements:

Source: WHO, Gambia

Date: 5 July 2000

Organizational structure**Existence of high-level structure in support of the national response**

(e.g. National AIDS Committee/Commission, Inter-Ministerial Committee, Presidential-level bodies)

Yes	No
	x

Comments/Key elements: The National AIDS Committee is chaired by the Director of Medical and Health Services. There are moves to create a Commission or to upgrade the committee to be under the Office of the President.

Source: WHO, Gambia

Date: 5 July 2000

Planning and programming**Existence of national strategic plan on HIV/AIDS**

Yes	No
	X

Comments/Key elements: No composite strategic plan (UNAIDS type) exists. But the various action plans contain strategic interventions to prevent the spread of HIV/AIDS.

Source: WHO, Gambia

Date: 5 July 2000

National strategic plan on HIV/AIDS includes clearly identified priorities

Yes	No
	X

Comments/Key elements: However, priority issues are the following: Information-Education-Communication for the prevention of further spread of HIV; blood screening; creating a multisectoral National Programme; care and social support, including the creation of a supportive environment.

Source: WHO, Gambia

Date: 5 July 2000

Existence of budget for implementation of the national strategic plan

Yes	No
	X

Comments/Key elements: The National Budget allocates a small amount to the prevention of HIV/AIDS – e.g., emoluments for the personnel, and some supplies.

Source: WHO, Gambia

Date: 5 July 2000

General demographic and socioeconomic indicators

Demographic indicators	Year	Estimate	Source
Total population (thousands)	1999	1268	UNPOP
Population aged 15–49 (thousands)	1999	613	UNPOP
Annual population growth (%)	1990–1998	3.6	UNPOP
% of population urbanized	1998	29	UNPOP
Average annual growth rate of urban population (%)	1990–1998	5.1	UNPOP
Economic indicators	Year	Estimate	Source
GNP per capita (US\$)	1997	340	World Bank
GNP per capita average annual growth rate (%)	1996–1997	2.1	World Bank
Human Development Index rank (HDI)	2000	161	UNDP
% population economically active	1993	33.3	ILO
Unemployment rate	-	-	-
Education indicators	Year	Estimate	Source
Total adult literacy rate	1995	39	UNESCO
Adult male literacy rate	1995	53	UNESCO
Adult female literacy rate	1995	25	UNESCO
Male secondary school enrolment ratio	1996	31.9	UNESCO
Female secondary school enrolment ratio	1996	17.8	UNESCO
Health indicators	Year	Estimate	Source
Crude birth rate (births per 1000 pop.)	1999	40	UNPOP
Crude death rate (deaths per 1000 pop.)	1999	17	UNPOP
Maternal mortality rate (per 100 000 live births)	1990	1100	WHO
Life expectancy at birth	1998	47	UNPOP
Total fertility rate	1998	5.2	UNPOP
Infant mortality rate (per 1000 live births)	1999	119	UNICEF/UNPOP
Contraceptive prevalence rate (%)	1990–1999	12	UNICEF/UNPOP
% of births attended by trained health personnel	1990–1999	44	UNICEF
% of one-year-old children fully immunized-DPT	1995–1998	96	UNICEF

References

- (1) UNICEF. *The Progress of Nations 2000*. Background paper. New York, UNICEF, 2000.
- (2) World Bank and UNIADS. *Costs of Scaling HIV Programmes to a National Level for Sub-Saharan Africa*. Draft report, 2000.