

Gambia



*Prepared for the Consultative Meeting on Strategies for increasing the engagement of the
Private Sector in the National HIV/AIDS Agenda in MAP countries*

LIVINGSTONE, ZAMBIA
JULY 14TH-19TH, 2003

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Assessment of the Epidemiological Situation and Demographics

Estimated percentage of adults living with HIV/AIDS, end of 2001

These estimates include all people with HIV infection, whether or not they have developed symptoms of AIDS, alive at the end of 2001: **1.6 %**

Estimated number of deaths due to AIDS

Estimated number of adults and children who died of AIDS during 2001: **400**

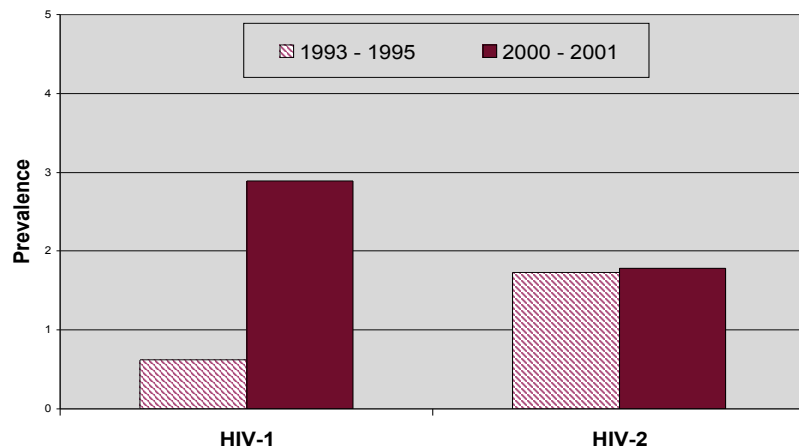
Estimated number of orphans

Estimated number of children who have lost their mother or father or both parents to AIDS and who were alive and under age 15 at the end of 2001: **5300**

- HIV prevalence in Banjul, increased from 0.1% in 1990 to 1% of antenatal clinic women tested in 1997. In 1997, across four sites outside of Banjul, HIV prevalence ranged from 1 to 4% of antenatal clinic women tested. Between May 2000- August 2001, HIV prevalence among 8,054 ANC attendees at 4 sites across the country was 1.2%; this implies that HIV prevalence has almost doubled in the last seven years.
- HIV prevalence among sex workers in Banjul 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% were HIV positive.

Source: UNAIDS/WHO Epidemiological fact sheet – 2002 Update

HIV Prevalence among Antenatal Women Tested at Sibanor Health Centre: 1993 - 2001



Source: http://www.dosh.gm/hmis/SENTINEL_SURVEILLANCE.doc

HIV/AIDS Impact on the Macroeconomic level

The annual costs of scaling-up AIDS programmes to meet the current need have been estimated to be between **US\$ 7 million and US\$ 10 million. This represent a per capita cost of around US\$ 6 to US\$ 8 and 2.5 % of GDP.** In education, model developed by UNAIDS and UNICEF shows that increasing mortality rate due to AIDS lead to discontinuity in teaching, with many pupils losing or having 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.

Source: http://www.nigeria-aids.org/pdf/AIDS_in_Gambia.pdf

HIV/AIDS Impact on the Private Sector

National Response	Multisectoral Response
<ul style="list-style-type: none"> • The Government, recognizing the devastating effect that the spread of HIV infection might have on the socio-economic development of the country, formed a National AIDS Committee (NAC) in 1987. The Committee, chaired by the Director of Health Services was reformulated in 1994 and has the responsibility of formulating policies and strategies for the Prevention and Control of the spread of HIV/AIDS. The National AIDS Secretariat is established under the Office of the President. The President of the Republic will chair NAC. • In line with the Primary Health Care (PHC) approach, the Ministry of Health integrated the National AIDS Control Programme (NACP) into the existing Primary Health Care structure. The additional cost of an effective programme to combat AIDS outweighed the economic and social cost of the epidemic. The responsibility of the National AIDS Control Programme (NACP) is to plan, implement, monitor and evaluate AIDS-related activities. It has six major component areas: <ul style="list-style-type: none"> ÿ Prevention of transmission through sexual intercourse; ÿ Prevention of transmission through blood; ÿ Care and Social support for HIV infected persons; ÿ Programme Planning and Management; ÿ Programme Monitoring and Evaluation; ÿ AIDS/HIV/STD Epidemiological Surveillance <p><i>Source: Ministry of health, National AIDS Control Programme, March, 1995</i></p>	<ul style="list-style-type: none"> • World Bank: Funding of \$15million provided for the HIV/AIDS Rapid Response Project under the Multi-Country HIV/AIDS Program to assist the Government of the Gambia to stem a rapid growth of HIV/AIDS through a) maintaining the current low epidemic levels; b) reducing its spread and mitigating its effects; and c) increasing access to prevention services as well as care and support for those infected and affected. • Other support comes from WHO, UNICEF, UNDP, UNAIDS, UNFPA, and UNESCO. <p>There are also NGOs and other civil society supporting HIV/AIDS programs in Gambia.</p> <ul style="list-style-type: none"> • Action Aid The Gambia: It has played a major role in addressing HIV and development issues and has incorporated HIV into their development programme. • Stepping Stones the Gambia is a collaborative effort between various NGO,s, the Medical Research Council (MRC) and the NACP to provide participatory community based learning in reproductive health empowering communities to address issues around sexuality, STI and HIV prevention and safe sexual behaviour. Stepping Stones was pilot tested in only one area of the Gambia, but is now expanding into other districts. The programme is using existing multi-sectoral teams at community level (MDFT) as facilitators for the programme and is probably the first programme that has a comprehensive multi-sectoral approach in HIV/AIDS related issues. • Other NGO's are involved in IEC and advocacy at community level, such as BAFROW, Africa Now, TARUD, SWAGAM, ADWAC, FYCAW, BYCAW. COLWA, World View International has been instrumental in producing video material in reproductive health. <p><i>Source: Statement given by Vice President, Mrs. Isatou N'Jie Saidu to the UN General Assembly Special Session on HIV/AIDS, June 2001</i> http://www.dosh.gm/hmis/UNstatement.doc</p>
List of Contacts	
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The Gambia– List of Potential Direct Partners

<u>Source</u>	<u>URL/Contact Info</u>	<u>What to find</u>	<u>Comments</u>
Name of organization	Contact person: Address: Telephone: Fax numbers: Email address: Website:		