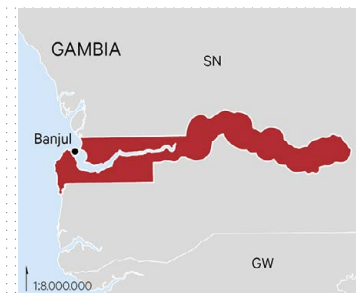


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General data

POPULATION, 2023
2,773,168

PHYSICIANS/1000 INH, 2020-2022
0.11

NURSES/1000 INH, 2020-2022
0.68

LIFE EXPECTANCY, 2022
66.25

Socioeconomic data

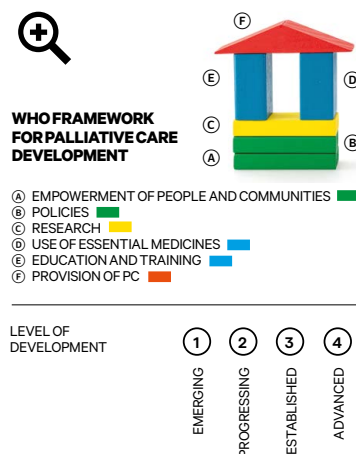
COUNTRY INCOME LEVEL, 2022
Low income

HUMAN DEVELOPMENT INDEX RANKING, 2023
170

GDP PER CAPITA (US\$), 2023
888.16

HEALTH EXPENDITURE, 2021
24.63

UNIVERSAL HEALTH COVERAGE, 2021
46



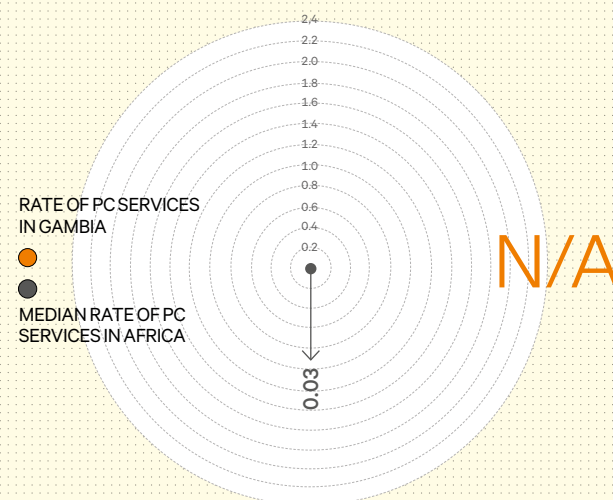
The Gambia

F Provision of PC (Specialised Services)

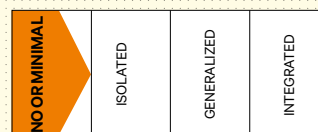
Total number of Specialised PC services
0

Rate of PC services per 100,000 inhabitants
N/A

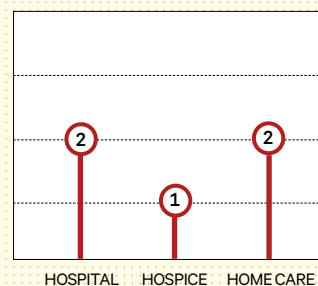
Gambia in the context of African continent



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION
1

TOTAL NUMBER
0

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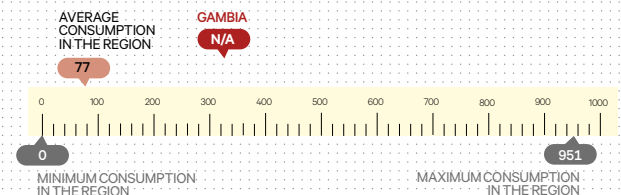
The Gambia

D Use of essential medicines

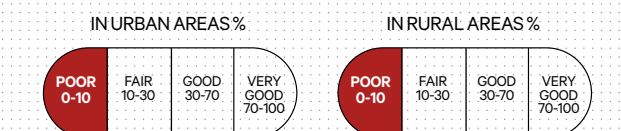
Opoids consumption (excluding methadone)
N/A

S-DDD/MILL INHABITANTS/DAY

Gambia in the context of African continent



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles



Existence of PC congresses or scientific meetings



National Association: National Palliative Care Association (NaPCA).
Consultants: Bernard Gomez; Confidential.

Data collected: From December 2023 to March 2024.
Date validated by consultants: Yes
Endorsed by National PC Association: Yes
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

E Education & Training

Medical schools with mandatory PC teaching
0/1

Nursing schools with mandatory PC teaching
1/4

Recognition of PC specialty
1

B Policies

National PC plan or strategy
2

Responsible authority for PC in the Ministry of Health
1

Inclusion of PC in the basic health package at the primary care level
1

A Empowerment of people and communities

Groups promoting the rights of PC patients
4

Advanced care planning-related policies
1

AF

The Gambia

Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.	<div><div></div><div></div><div></div><div>4</div></div> Strong national and sub-national presence of palliative care advocacy and promoting patient rights (as a professional association of Palliative Care, i.e.).	In The Gambia, the National Palliative Care Association (NaPCA) is actively engaged in advocating for the rights of patients in need of palliative care, their caregivers, and disease survivors. NaPCA plays a significant role in advancing palliative care policies and practices through close collaboration with regional and international partners, including the African Palliative Care Association (APCA). It also contributes to strategic health planning workshops alongside key stakeholders, such as Africa CDC and the Ministry of Health.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	<div><div>1</div><div></div><div></div><div></div></div> There is no national policy or guideline on advance care planning.	No evidence found.
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	<div><div></div><div>2</div><div></div><div></div></div> Developed over 5 years ago. <div><div></div><div></div><div>3</div><div></div></div> There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	In The Gambia, although there is no standalone national palliative care plan, palliative care is integrated into broader health strategies, including the National Health Sector Strategic Plan (2014–2020), the Strategic Plan for the Prevention and Control of Cervical Cancer (2016–2020), and the National Policy Guidelines on HIV and AIDS (2014–2020). These frameworks contain dedicated sections addressing palliative care. Notably, the Cervical Cancer Strategic Plan outlines specific indicators for palliative care, such as the proportion of patients accessing palliative care services, the availability of essential medications (e.g., morphine), and the number of trained healthcare providers.

AF

The Gambia

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	<div><div></div><div>2</div><div></div><div></div></div> The indicators to monitor and evaluate progress with clear targets exist but have not been yet implemented.	
Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	<div><div>1</div><div></div><div></div><div></div></div> Not at all.	In The Gambia, the Public Health Act of 1989 (Act No. 1 of 1989) and its Amendment Decree of 1995 (No. 42 of 1995) do not explicitly mention “palliative care”.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	<div><div>1</div><div></div><div></div><div></div></div> There is no coordinating entity. <div><div>1</div><div></div><div></div><div></div></div> Does not have concrete functions or resources (budget, staff, etc.).	In The Gambia, a National Palliative Care Taskforce was previously established to coordinate palliative care activities, particularly during the implementation of a grant provided by the African Palliative Care Association (APCA). However, the taskforce is currently dormant and no longer actively operational.

AF

The Gambia



<div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div>	<div><div>1</div><div></div><div></div><div></div></div> <div>There are no national con-gresses or sci-entific meetings related to pallia-tive care.</div>	<div>No evidence found.</div>
<div>Ind7</div> <div>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</div>	<div><div>1</div><div></div><div></div><div></div></div> <div>Minimal or nonex-istent number of articles published on the subject in that country.</div>	<div>A comprehensive scoping review conducted in March 2023, cover-ing publications from 2017 onwards, identified two peer-reviewed articles on palliative care in Zambia that met the inclusion criteria for this indicator.</div>
<div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div>		<div>No Data Reported for The Gambia.</div>

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The Gambia

<div>Ind9</div> <div>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</div> <div>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</div>	<div><div>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div> <div><div>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div>	<div>In The Gambia, essential medicines for pain and palliative care are not consistently available at the primary health care level.</div>
<div>Ind10</div> <div>10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</div> <div>10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</div>	<div><div>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div> <div><div>1</div><div></div><div></div><div></div></div> <div>Poor: Between 0% to 10%.</div>	<div>In The Gambia, immediate-release oral morphine (liquid or tab-let) is available only at the tertiary level of health care. It is not accessible at primary health care facilities, limiting effective pain management and symptom relief for patients requiring palliative care at the community level.</div>

AF The Gambia

<p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)</p> <p>11.2. The proportion of medical schools with OPTIONAL teaching in PC.</p> <p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).</p> <p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC.</p>	<p>0/1</p> <p>1/1</p> <p>1/4</p> <p>4/4</p>	<p></p> <p>In the sole medical school, palliative care is offered as an elective subject. Among the four nursing schools, one includes palliative care as a compulsory component, while all four provide it as an optional part of their curricula.</p>
<p>Ind12</p> <p>Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>There is no process on specialization for palliative care physicians.</p>	<p>No evidence found.</p>

AF The Gambia

<p>Ind13</p> <p>13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p> <p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p> <p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p> <p>13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p> <p>13.5. Total number of specialised PC services or teams in the country.</p>	<p> No or minimal provision of palliative care specialized services or teams exist in the country.</p> <p> Ad hoc/ in some parts of the country.</p> <p> Not at all.</p> <p> Ad hoc/ in some parts of the country.</p>	<p>In The Gambia, palliative care services are minimally provided at various levels. Within hospitals, palliative care is integrated into routine care for terminally ill patients. Free-standing hospices are not available in the country. At the community level, palliative care is delivered through general home-based care services rather than by specialised palliative care teams. According to the APCA Atlas (2017), palliative care services in The Gambia were previously more structured and widely available, with hospices, inpatient units, and district-level coverage providing care for a significant number of patients annually. However, since 2018, changes in funding—particularly the reduction of support from the Global Fund—have led to a decline in the availability and coverage of specialised palliative care services across the country.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION: 0.03 GAMBIA: N/A</p> <p>MINIMUM RATE IN THE REGION: 0 MAXIMUM RATE IN THE REGION: 1.68</p> <p> ← SPECIALISED PALLIATIVE CARE SERVICES</p>
<p>Ind14</p> <p>14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</p> <p>14.2. Number of pediatric specialised PC services or teams in the country.</p>	<p> No or minimal provision of palliative care specialized services or teams for children exists in country.</p> <p> PPC TEAMS</p>	<p>In The Gambia, there are no specialised palliative care services or teams specifically for children. However, recent efforts to strengthen paediatric services include World Bank funding for the secondment of specialist paediatricians to the country.</p>