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The Gambia: Tuberculosis

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Tuberculosis in the Gambia

General information about the Gambia

Location: Located in western Africa, bordering the North Atlantic Ocean and Senegal. It is the smallest country in the African mainland.


Political structure:

The Gambia has a Multi democratic system which means there are more than two political parties that have a chance at gaining power. It has been governed by president Yahya Jammeh for twenty-two years. The Gambia has had a total of four elections which are held once every five years. The people elect the head of state, who serves as the president for a five-year term. The national assembly has 53 members, 48 are elected by the people to serve five years, while 5 members are appointed by the president.

Major challenges:

Internal challenges:

Some of the environmental challenges the Gambia faces include deforestation, desertification, and drought. It also has serious economic problems like high debt and interest rates. The Gambia is also highly affected by infectious diseases like tuberculosis.

External challenges:

The Gambia has a high external debt and is highly affected by the civil war in western Africa.

Demographic information about the Gambia

Population Demographics:

The Gambia has a population of 2,137,587 in 2018. Its Total area is 11,295 km sq. It has a population density is 202.43 people per sq.km.

The Gambia’s crude death rate is 7.8 death per 1000 and its crude birth rate is 38.6 births per 1000. The capital city of the Gambia is Banjul.

Religion:

95.7% follow Sunni Islam, 4.2% follow Christianity particularly Roman Catholic, while 1% follow traditional religion.

Ethnicity:

There are two major ethnic groups, Mandinka 42%, and Fula 18%.

Tuberculosis in the Gambia

Tuberculosis is an infectious disease that is caused by a bacterium called Mycobacterium tuberculosis. It is an airborne disease which means it can be transmitted by means of coughing, talking, and sneezing. Tuberculosis usually attacks the lungs in which case it is called pulmonary tuberculosis. However, it sometimes attacks outside of the lungs in which case it is called extrapulmonary tuberculosis. There are two types of TB, active and latent. Active TB is active and can be transmitted from an infected person to a non-infected person, while latent TB remains inactive in your body. If left untreated tuberculosis will lead to death. The people most at risk are young men and people in the age group ranging from 15-44. TB was the reason 1.5 million people lost
their lives worldwide in 2014. Tuberculosis has a higher prevalence in developing countries like the Gambia, it is very common prevailing in 490 people per 100,000 in 2014. Some of the risk factors include smoking, malnutrition, and HIV/AIDS

Identification, intervention, and challenges
Symptoms of active TB, start to show weeks after infection. Symptoms often include chest pain, weight loss, coughing up blood, fevers, etc. If experiencing these symptoms, you must see a doctor.

TB is tested in hospitals or clinics using a skin test, chest x-rays, and blood tests.

If diagnosed with active TB, you will have to take antibiotics for up to 9 months. However, this medication often has side effects and there is lack of access to the medication. There is also lack of access to treatment, especially in rural areas.

Great achievements have been made in increasing detection, access to treatment, and providing support for patients in recent years. Health organizations like the WHO, have increased tuberculosis tests to low-income countries.

Personal suggestion
Citizens should be tested frequently before symptoms start to show. The government should bring in a third-party who specializes in TB who is willing to work as a nonprofit to provide treatment and access to medication in rural areas. I also suggest that the Gambian government partner with a health organization that focuses on educating the people on tuberculosis and its effects.

<table>
<thead>
<tr>
<th>Group</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>1 681 734</td>
<td>1 728 394</td>
<td>1 776 103</td>
<td>1 824 777</td>
<td>1 882 450</td>
</tr>
<tr>
<td>Total no. of all types of notified tuberculosis</td>
<td>2 065</td>
<td>1 962</td>
<td>2 249</td>
<td>2 333</td>
<td>2 340</td>
</tr>
<tr>
<td>Total no. of estimated incident case</td>
<td>2 943</td>
<td>3 024</td>
<td>3 108</td>
<td>3 193</td>
<td>3 294</td>
</tr>
<tr>
<td>No. of notified cases per 100 000 population</td>
<td>123</td>
<td>114</td>
<td>127</td>
<td>128</td>
<td>124</td>
</tr>
<tr>
<td>Case detection rate, % (95%CI)</td>
<td>70.2 (68.5–71.8)</td>
<td>64.9 (63.1–66.6)</td>
<td>72.4 (70.7–73.9)</td>
<td>73.1 (71.5–74.6)</td>
<td>71.0 (69.5–72.6)</td>
</tr>
</tbody>
</table>

CI: confidence interval  a Data source: Gambia 2003 National Census, Central Statistics Department, Government of the Gambia; other years are estimated values.  
 b Data source: routine reports from the Gambia National Tuberculosis and Leprosy Programme  
c Estimated incidence is 175 per 100000 population.

Reference


