



THE GAMBIA

Check Against Delivery

STATEMENT

BY

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AT THE

43RD SESSION OF THE
COMMISSION
ON POPULATION AND DEVELOPMENT

**NEW YORK
13TH APRIL 2010**

**Mr. Chairman,
Distinguished Delegates**

The Government of The Gambia first recognized and expressed the need to address population and development issues in a 1979 Cabinet paper entitled, "Framework for the Development of a Population Policy." This led to the formulation of the first National Population Policy in 1992 which was revised in 1996 and in August 2006.

Factors associated with population growth in The Gambia are complex and diverse. Since the formulation of the first policy, new concerns and issues emerged. These include the HIV/AIDS, ageing, food security, poverty alleviation, environmental degradation, adolescent reproductive health, and issues concerning gender, children, migration, youth and persons with disabilities.

These factors despite their evident socio-economic implications had not sufficiently been taken into account in the elaboration of the first policy. Their belated admission into demographic planning not only forced policy-makers into the adoption of stop-gap measures and programmes, but also provided a compelling reason for undertaking a complete revision of the 1996 population policy document.

The revision of the policy therefore is a reaffirmation of The Gambia Government's commitment to managing its population resource in order to accelerate the pace of socio-economic development and ultimately improve the quality of life of Gambians.

Mr. Chairman,

The population and human development situation in The Gambia shows that major population issues are to be dealt with as part of the numerous development programmes and strategies.

The present population policy of The Gambia therefore articulates the direction, scope and operational modalities for the effective implementation and development activities.

Though the National Population Programme is implementing the recommendations of the ICPD Programme of Action and the Dakar Ngor Declaration, the objectives and targets set forth in the National Population Policy and its action plan, are in consonance with the MDGs, namely: eradication of extreme poverty and hunger; achievement of universal primary education; promotion of gender equality and empowerment of women, reduction of child mortality; improvement of maternal health; combating HIV (AIDS, malaria and other diseases, achievement of environmental sustainability and global partnership. This is so because population and development issues are inextricably linked and as such they cannot be addressed separately.

Mr. Chairman,

The Government of The Gambia has invested, over the years, in human materials and financial resources in addressing population and development issues which have yielded results.

For example, the 2003 Population and Housing Census has shown a decline in population growth rate from 4.2% to 2.7% during the period 1993 to 2003.

In addition, studies have shown that maternal mortality has declined from 1050 to 730 per 100,000 births between 1991 and 2001. The total fertility rate (showing the average number of children per woman), has declined from 6.01 to 5.54 children per woman whilst infant mortality has declined from 92 per 1000 live births in 1993 to 75 per 1000 in 2003.

We recognize that universal access to reproductive health and services including HIV AIDS are a prerequisite for the attainment of the Millennium Development Goals.

To this end, the government of The Gambia has since last year (2009) been providing reproductive health services to Gambian women for free.

Mr. Chairman,

In complementing government's efforts in addressing population and development problems, the United Nations Population Fund (UNFPA) in accordance with the United Nations Development Assistance Framework (UNDAF) has been assisting The Gambia Government in the area of reproductive health (RH), population and development and gender.

UNFPA has recently increased its allocation to The Gambia from its regular resources to US\$4 million from US\$2.75 million, to contribute to the improvement of the quality of life and standard of living of the people of The Gambia by focusing on (1) maternal health (2) reproductive health information and services with a focus on young people and HIV prevention (3) the collection and utilization of gender disaggregated data for development, planning and poverty reduction and support policy dialogue and advocacy on population, gender and reproductive health.

It is also important to note that the long term objective of the health sector (in The Gambia) is to provide adequate effective and affordable health care for all Gambians. The objectives are to improve the administration and management of health services, provide better infrastructure for referral hospitals and health facilities and extend the primary health care (PHC) services to all communities.

In fact, just about two weeks ago, The Gambia was validating a draft policy on non-communicable diseases in recognizing the attention it needs.

Mr. Chairman,

Some important improvement has been registered as far as mortality rates are concerned. The crude death rate (CDR) declined from 21 per thousand in 1983 to 11 per thousand in 1993 and further declined to 9 per thousand in 2003. The infant mortality rate (IMR) declined from 167 to 84 and further down to 75 per thousand live births over the same period (1993 – 2003).

Also, the Reproductive and Child Health Programme (RCH) is gradually expanding its services to include men, adolescents/youth, in addition to the usual targets of women and children under five years.

In The Gambia, we believe that favourable population growth can stimulate sustainable economic growth and development. The positive effects of socio-economic growth on the population include improves well-being, reduced morbidity, decreased poverty levels, reduced pressure on the environment and above all, increased life expectancy.

I thank you all.