



FAMILY MEDICINE IN THE GAMBIA: THE JOURNEY SO FAR

ABRAHAM N. GYUSE

PROFESSOR OF FAMILY MEDICINE, PGM TRAINER & FOUNDING HOD

DEPARTMENT OF FAMILY MEDICINE,

EDWARD FRANCIS SMALL TEACHING HOSPITAL, BANJUL, THE GAMBIA.



EFSTH
EDWARD FRANCIS SMALL TEACHING HOSPITAL

PRESENTED AT THE PRIMAFAMED WORKSHOP ON "HOW OUR POSTGRADUATE TRAINING PROGRAMMES ADDRESS THE ISSUE OF RESILIENT FACILITIES AND SERVICES" IN NAIROBI, KENYA

THE GAMBIA



COUNTRY BACKGROUND

- The smallest country within mainland Africa with capital Banjul
- Shares land border with only Senegal, except the Atlantic ocean to the west
- Also known as the 'Smiling Coast of West Africa'
- It's a democracy at national and local level, a member of ECOWAS and AU
- Home to several ethnic groups such as Mandinka, Fula, Wolof etc
- English is the official language
- Population - 2.4 million made of "predominantly a very youthful population with 64% of the population aged 24 or below. Average life expectancy at birth is 64 years and 51% of the population is female"
- Economy - agricultural exports and tourism with very well developed & secure beaches
- Climate - tropical, warm all year round, rainfall (up to 5 mo...May/June)
- Has Edward Francis Small Teachings Hospital as the only teaching and tertiary hospital ...founded in 1853 as Royal Victoria Hospital...2002 became the Royal Victoria Teaching Hospital (RVTH) for the UTG Medical School and name changed to EFSTH in 2013
- Has 1 specialized hosp (Eye), 4 Regional and six major Health Centres; a number of private hospitals mostly in the greater Banjul area
- No Faith Based Health Facility or FBOs in the Gambia!!

- Based on Human Resource for Health Gambia (2019):
 - "The Gambia has a three-tier system comprising the Primary, Secondary and the Tertiary levels. The Primary level includes the Village Health Services and Community clinics; the Secondary includes Minor and Major Health centres while the Tertiary level is made up of hospitals and a Teaching Hospital"
 - "The Gambia has 162 Registered Nurses and 22 of them work in the private sector. Only nine of the 95 Physician Generalists work in the private sector. However, there are 35 specialists working in the private sector compared to 45 in the Public sector. Pharmacists are predominantly found in the private sector ('.....this data may not be very reliable')"
 - "The Gambia has 4945 staff in health sector" which include 1150 Community Health Workers which are not recruited by government ---but responsible for their training and supervision..... Of the remaining 79% (public sector) made of 47% professional and 53% support staff.
- It is not clear how many Physicians are in-country because of constant migration of the young doctors trained from the UTG Medical School
- There are 6 Health Training Institutions - School of Nursing & Midwifery, School of Public Health and School of Medicine; Regional Ophthalmic Training Centre; School of Enrolled Nurse and Community Health Nurse
- Health services are mostly Nurse-led except for the EFSTH ----- which still persist to a large extent
- Health Sector of Gambia has never fulfilled/met the Physician needs (non-specialist or specialist)
- Training of specialist doctors had always been abroad...after which many migrate!!
- 2017 visit by WACP/WACS to advocate for in-country training of specialist at the EFSTH....Family Medicine inclusive and given prominence as a sustainable strategy....
- Family Medicine as a specialty was unknown at the Institutional level (public sector)---only one documented Gambian
 - Except private sector & MRC unit The Gambia @ LSHTM
 - Not taught at the UTG Medical School either
- Recruited & arrived in July 2021 with grant from the World Bank - to set up....provide training etc
- Initial evaluation ---No Family Medicine dept or clinic, No doctors, no medical record system, was the only FP (the second one left after 3

days in the Gambia), awareness of Family Medicine and its role was abysmal; services at the proposed site were anything but ideal!

CURRENT SITUATION

- There is a functional Department of Family Medicine at the EFSTH
- There is increasing appreciation/recognition by health authorities of the role of Family Medicine in sustainable quality health services----status
 - Also other Physicians & allied health workers within the hospital
- Extensive improvement in training infrastructure at main training complex (EFSTH)
- Three trainers recruited since 2021---currently in the last year of contract
- Ten (10) Registrars - (7 second year, 3 first year) recruited since 2021
- Department structured in conformity with the WACP Family Medicine requirement received Accreditation in April 2023
- All services are Physician-led, supported by qualified nurse & other allied staff
- Clinical facilities at MRC CSD supported by a team led by 1 Internist & 2FPs (General Medicine, Paeds & research)
- Rural Training @ Essau Hospital for rural and community exposure supervised by FP Trainers
- Increasing Interest/Enrollment into the Family Medicine program by junior doctors (the fastest growing and most subscribed, pass rate)
- Continuing advocacy for the Family Medicine training program by FPs/Trainers.

OUR SHORT/MEDIUM TERM FOCUS

- Retention of Trainers for the Family Medicine Training Program -contract renewal/fresh recruitment
- Sustain the WACP Family Medicine accreditation -due in April 2025
- Successful Membership Exam for first 7 Family Medicine Registrars (Specialist) by Oct 2025
- Intensify recruitment & retention into the Program via

advocacy....UTG exposure

- Sustain the infrastructural upgrade at the main training complex at EFSTH, Rural training complex at Essau etc
- Improve on Nursing and allied health worker disposition in the department/clinic
- Expand on current First line health services at the Department of Family Medicine.

CHALLENGES

- Poor funding vs Sustainable funding
- Infrastructural & equipments inadequacy, maintenance
- Poor vs inadequate staffing, low uptake ----the manpower is just not there
 - FP Trainers, junior doctors, Nurses, etc
- Unrealistic expectations from health authorities, health-seeking publicwithout commensurate staffing or funding.
- Poor coordination of the Training program between hospital, health authorities, and policy makers ---- recruitment and retention of Resident Doctors difficult.
- No clear career path for graduates of the Training program in the Public service along with commensurate financial compensation
- Absence of undergraduate exposure to Family Medicine at the UTG Medical School MBBS curriculum.

CONCLUSION

- Gambia is on the right trajectory to ensuring sustainable improvement in Primary Care health services through Family Medicine training.
- Hopefully soon the results will start manifesting with qualified Family Physicians leading the District Health Services of the country and also the training of other Primary Care health workers

Thanks...