National AIDS Secretariat

Monitoring & Evaluation

GC7 Progress Report

April-June

2025

List of abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
CD4	Cluster of Differentiation 4
CMS	Central Medical Stores
CRR	Central River Region
DHIS2	District Health Information System-2
DTG	Dolutegravir
ECG	Evangelical Church The Gambia
EDH	Essau District Hospital
EFSTH	Edward Francis Small Teaching Hospital
GF	Global Fund
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HOC	Hands On Care
HPHL	National Public Health Laboratory
KGH	Kanifing General Hospital
LRR	Lower River Region
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NACP	National AIDS Control Programme
NAS	National AIDS Secretariat
NBE	North Bank East
NBW	North Bank West
NPS	National Pharmaceutical Service
PLHIV	People Living With Human Immunodeficiency Virus
PMTCT	Prevention of Mother to Child Transmission
PSM	Procurement and Supply Chain Management
RAC	Regional AIDS Coordinator
RDM	Regional Data Manager
RHD	Regional Health Directorate
TB	Tuberculosis
TOT	Training of Trainers
URR	Upper River Region
VCT	Voluntary Counseling and Testing
WHO	World Health Organization
WHR-I	Western Health Region-I
WHR-II	Western Health Region II

Contents

List of Tables and Figures

List of Tables

List of Figures

1.0 Introduction

The second quarter of 2025 monitoring report provides an overview of HIV service delivery across health facilities in the seven regions of the Gambia. It assessed progress in testing, treatment, and prevention services, highlighting achievements, challenges, and gaps in service delivery. The findings are based on data reported by facilities through the national health information system and supervisory visits. Data quality issue identified were addressed using a participatory methodology including immediate feedback to the regional health directorates and health care provider concern. Some facilities reported delays in linkage to care due to institutional, facility, community, personal and system challenges. The number of people currently on ART increased, reflecting improved follow-up and community tracing among others. Uptake of viral load testing improved slightly but remained below national targets. Facilities with experienced and trained staff who stayed long in the programmatic service delivery demonstrated better performance in adherence counseling, ART initiation, data reporting, and follow-up issues.

Comparing the first semester of 2024 and 2025 indicated a significant increase in the total number of people tested for HIV from 30,881 to 41,305. The number of people tested positive is almost the same for both periods (1,277 in 2024 and 1,268 in 2025). Correspondingly, the HIV positivity rate decreased from about 4.14% in January-June 2024 to 3.07% in January-June 2025.

1.1 Objective of the Monitoring Visit

- To enhance program management, improving data collection & utilization competencies, and building staff capacity
- To foster a collaborative and supportive environment
- To identify gaps and areas of concern and take proactive measures to address issues and challenges in the drive towards organizational goal attainment

1.2 Monitoring Approach

- Review of health facility monthly returns (HMIS book)
- Review of RHD monthly returns (HMIS book)
- Review of health facility registers
- Review of RAC monthly return and tally sheets
- Review of DHIS2 for the period under review
- Observation
- Follow up
- Discussion
- Feedback

1.3 The report herein, describes the service delivery areas for the program

- HIV Counselling and testing in general population
- PMTCT HIV Counselling and testing
- Prevention of Mother to child Transmission
- Antiretroviral Therapy and Monitoring
- TB/HIV Collaboration
- Opportunities Infection in relation to HIV/AIDS

1.3.0 Shows completeness and timeliness of reporting April- June 2025

The table below presents the reporting performance across regions for HIV Counselling and Testing. It compares the expected number of reports, the actual number received, and the timeliness of submission of report.

Overall Performance (National –The Gambia)

A total of N=264 reports were expected from facilities N=253 reports were received, translating to a 96% overall reporting rate. Out of N=253, 228 reports were submitted on time, giving a 90% on-time reporting rate. This indicates strong overall reporting compliance, though gaps remain in timeliness.

Regional Performance

This report highlights that URR, CRR, LRR, and NBE achieved **100% completeness**.

URR stands out with **100% on-time reporting**, demonstrating best practice.

Weaknesses: NBW had the lowest reporting performance (85.7%), suggesting possible gaps in supervision or communication. Western-I and Western-II show significant delays in on-time submission, despite good overall coverage.

Nationally: The country performed well overall with 96% completeness and 90% timeliness, though a few regions are pulling averages down.

Table1:0: Shows completeness and timeliness of reporting April- June 2025

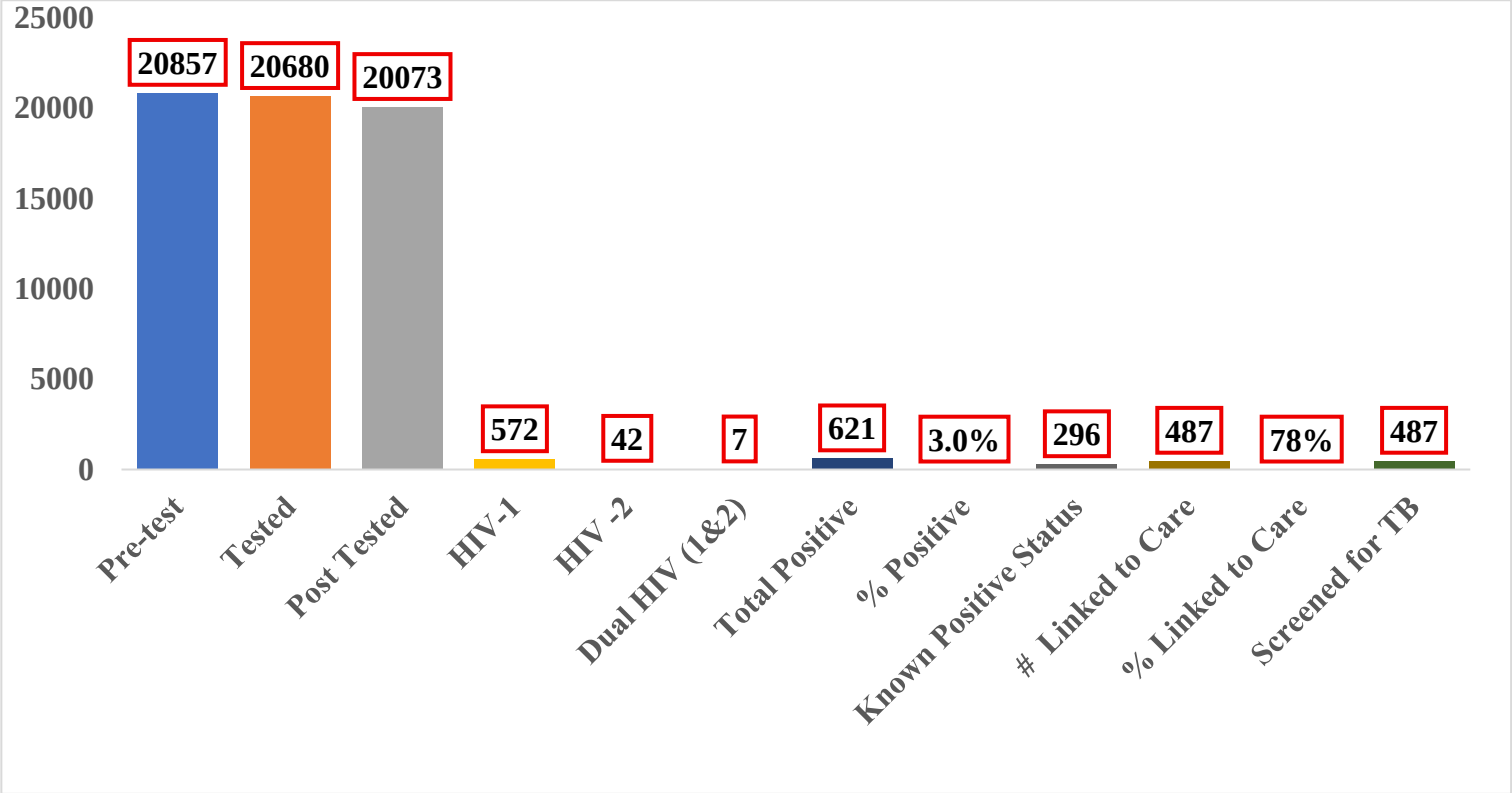
Region	Health Facility Returns 05 - HCT/VCT - Expected reports	Health Facility Returns 05 - HCT/VCT - Actual reports	Health Facility Returns 05 - HCT/VCT - Reporting rate	Health Facility Returns 05 - HCT/VCT - Actual reports on time	Health Facility Returns 05 - HCT/VCT - Reporting rate on time
Central River	33	33	100	32	97%
Lower River	30	30	100	29	97%
North Bank East	21	21	100	20	95%
North Bank West	21	18	85.7	15	83%
Upper River	36	36	100	36	100%
Western-I	84	76	90.5	64	84%
Western-II	39	39	100	32	82%
Gambia	**264**	**253**	**96%**	**228**	**90%**

Source DHIS2

1.3.1.0 HIV Counselling and Testing General Population April-June 2025

The figure below described HIV counselling, positivity rate, linkage to care and screen for TB. A total of N=20,857 individuals received pre-test counselling of which, 20,680 individuals were tested for HIV and 20,073 individuals received post-test counselling. Test results indicated HIV-1=572, HIV-2=42 and dual HIV-1 & 2=7 given a total Positive of N=621 individuals representing 3.0% positivity rate. N=487 individuals were newly diagnosed and linked to care, and this gives a 78% linkage-to-care rate. All the N=487 linked to care are screened for TB. A total of N=296 individuals were already known to be HIV positive.

Figure 1.0: Shows HIV Counselling & Testing in general population April-June 2025



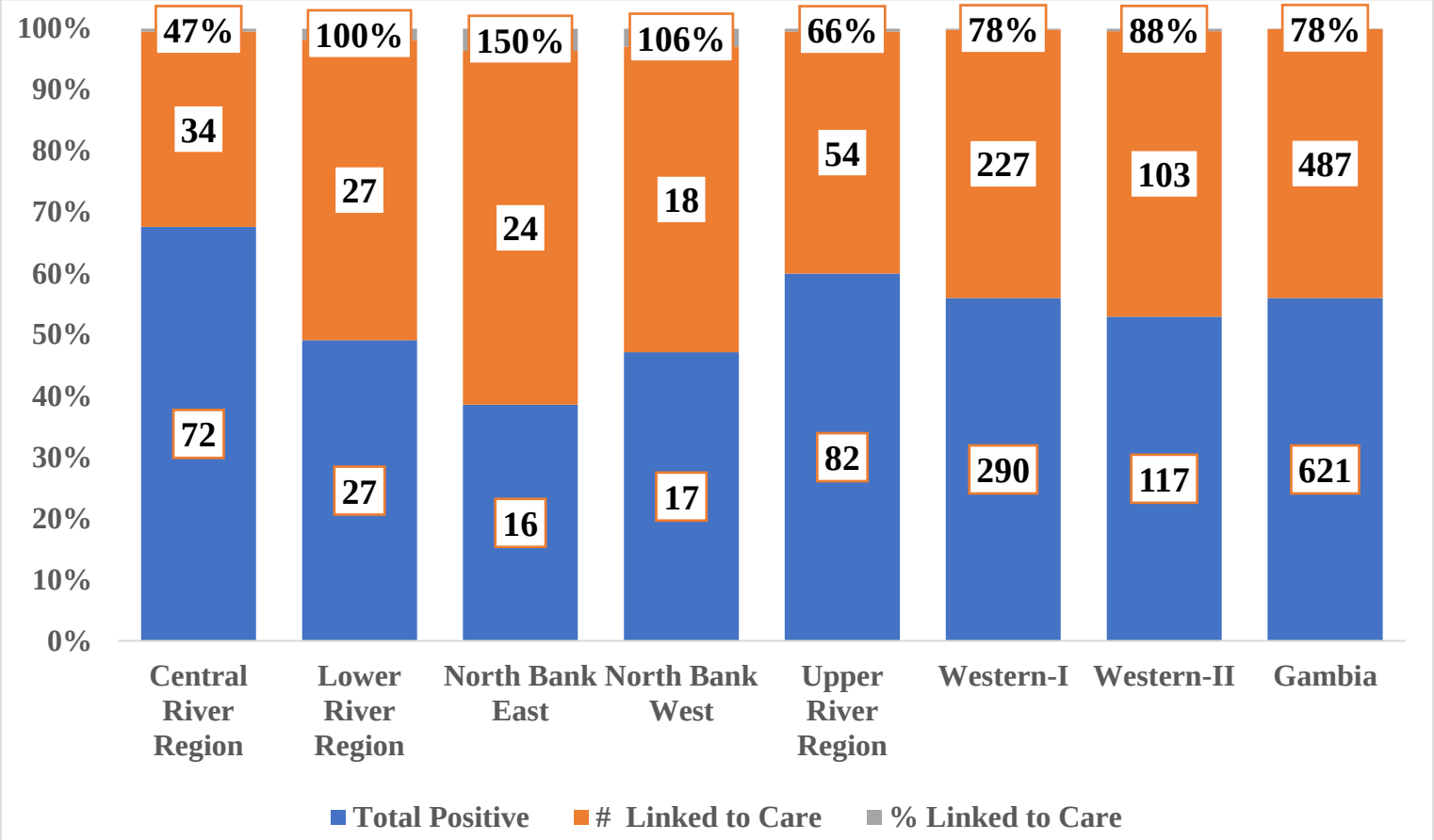
Source DHIS-2

1.3.1.1 HIV Linkage to Care by Region General Population April-June 2025

Figure 1.1 below describes linkage to care by region

National level total HIV positive is N=621 and linked to care is N=487 (78%). Nationally, about 4 in 5 HIV-positive individuals were successfully linked to care. However, performance varied significantly by region, with some (Lower River, Western-II) performing strongly, while others (Central River, Upper River) lagged- behind. More than 100% enrolment into care in North Bank East and West is linked to geographically accessibility of service delivery points by positives patients who finds it easy and convenient to initiate treatment elsewhere tested positive. Overall, linkage to care in The Gambia stands at 78%, with strong performance in some regions but major gaps in others.

Figure 1.1: General Population % Enrollment on ART by Region and Country April- June 2025

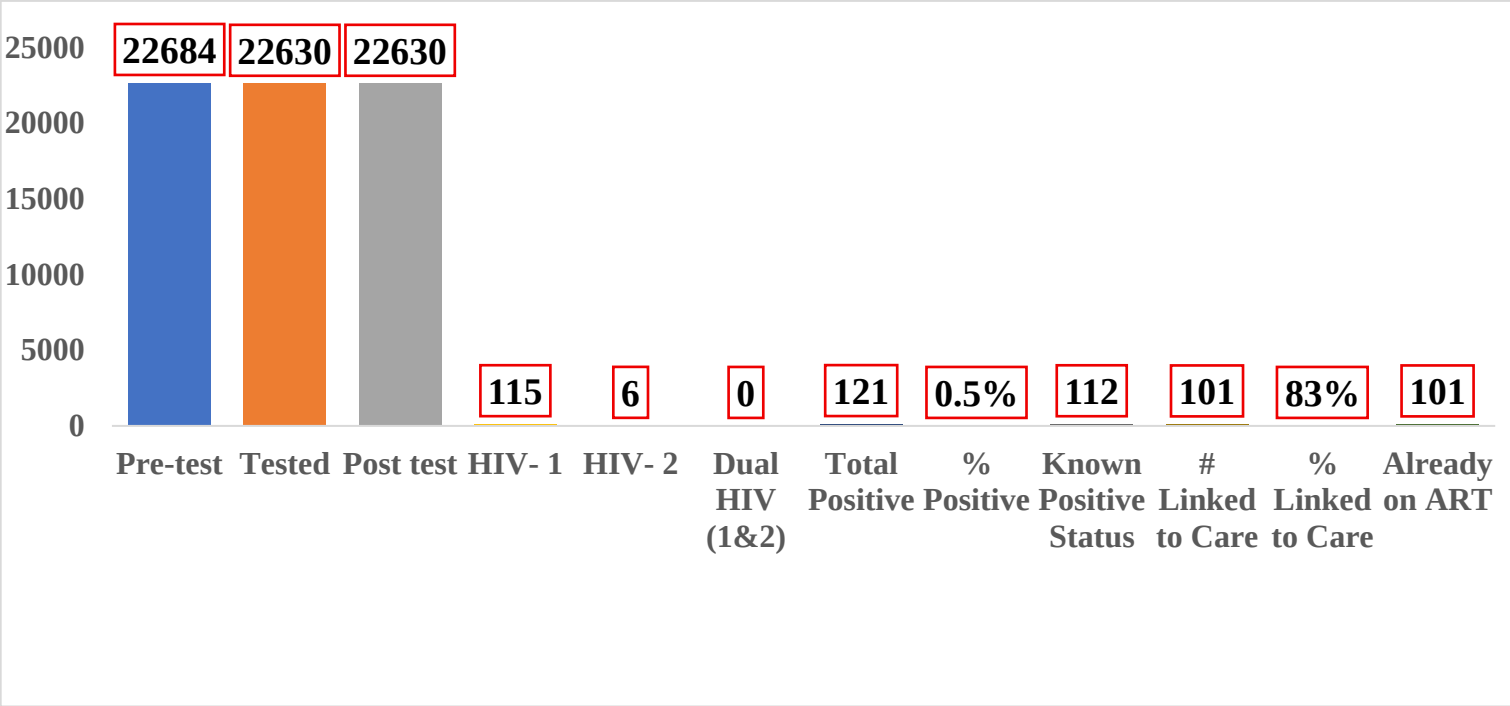


Source DHIS2

1.3.2 PMTCT Counselling &Testing April-June 2025

Figure 2.0 below shows that N=22,684 mothers received pre-test counselling of which N=22,630 (99%) are tested and all of them proceeded and received their post-test results. Among those tested, 115 were positive for HIV-1 and 6 for HIV-2, with no dual infections reported. This gives a total of 121 positives, representing a positivity rate of 0.5% among PMTCT mothers. Women who Know their HIV positive status before the current pregnancy accounts for 112 individuals. Out of a total of N=121 positives, 101 (83%) are linked to care. N=101 individuals are already on ART. This highlights that linkage to care is strong (above 80%) among PMTCT mothers, however, there is still a gap, as not all newly identified positives mothers were successfully linked to care which poses a challenge in a drive towards elimination of mother to child transmission of HIV.

Figure 2.0 Shows PMTCT Counselling &Testing April-June 2025



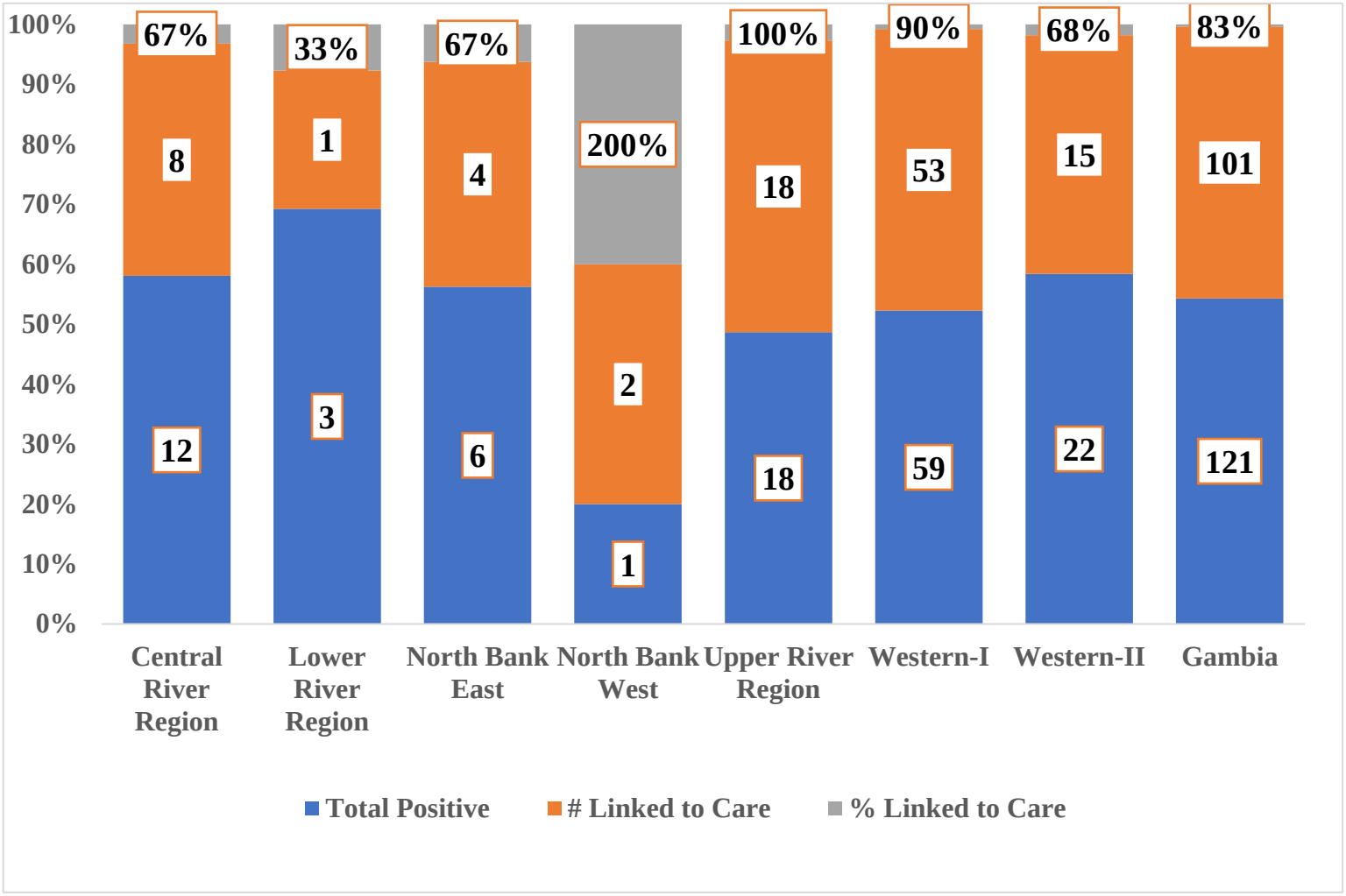
Source DHIS2

1.3.2.1 PMTCT Linkage to care by Region April-June 2025

Figure 2.1 below describes PMTCT linkage to care

At national level, 121 were HIV positives and 101(83%) are linked to care. The report highlights that Upper River Region achieved full linkage (100%), a best practice to learn from. Western-I and Western-II contributed the highest absolute numbers of positives, but linkage in Western-II (68%) lags compared to Western-I (90%). Lower River Region is the most concerning, with only one linked to care. North Bank West more than 100% linked to care indicates possible geographical accessibility of patients in the near by facilities. Nationally, linkage to care is relatively strong (83%), but regional disparities highlight areas needing targeted support.

Figure 2.1: PMTCT % Enrollment on ART by Region and National April-June 2025



Source DHIS2

Table 1.1. shows summary of PLHIV on ART, Viral Load Test, Suppressed and Death by Gender at the end of quarter. Largest group of PLHIV on ART is in the general population (10,796). The highest suppression rate is in the key populations (100%), though based on very few tests. Lowest suppression rate is in the PMTCT group (76%), signalling programmatic gaps which is related to the fact that some sites were testing mothers that are not eligible for viral load testing. Most deaths occurred in general population (40 out of 43 total) related to high volume of cases. Gender trend revealed that females more than 15 years dominate ART coverage, while males (both age groups) consistently show slightly lower suppression rates**.** Overall, 11,543 are ccurrently on ART. Viral load suppression rate is 86% slightly lower than the global target of 95%. Total death is 43 total. ***Details see table 1.1 below.***

Table 1.1: Shows summary PLHIV on ART, Viral Load Test, Suppress and Death by Gender April-June 2025

Population Group	Currently on Treatment				Total-ART	Viral Load Test		Total	Viral Load Suppressed		Total	% viral suppressed		Died on ART			Total
	< 15 years		> 15 years													
	M	F	M	F		M	F		M	F		M	F		M	F	
General Population	336	428	2410	7622	10796	485	1434	1919	408	1256	1664	84%	88%	87%	15	25	40
PMTCT-ART				623	623		229	229		174	174		76%	76%		3	3
Key Population	6	0	51	67	124	2	1	3	2	1	3	100%	100%	100%	0	0	0
Total	**342**	**428**	**2461**	**8312**	**11543**	**487**	**1664**	**2151**	**410**	**1431**	**1841**	**84%**	**86%**	**86%**	**15**	**28**	**43**

Source DHIS2

ART Clients by Age and Sex total clients: 11,543 of which paediatric less than 15 years is (Male 342 (3%) and Female: 428 (4%) while adults more than 15 years is Male 2,461 (21%) and Female 8,312 (72%). Most ART clients are adult females (72%), followed by adult males (21%). Children account for only 7% (3% male, 4% female). Viral Load Testing and Suppression indicated that total viral load tests conducted N= 2,151 while total suppressed is 86%. By gender Male 487 tested, 410 suppressed (84%) and Female 1,664 tested, 1,431 suppressed (86%). Females represent most of those tested. Both sexes have high suppression rates (≥84%), with females slightly higher. Mortality on ART total died on ART is N= 43 by gender Male 15 and Female 28. More females (65%) died compared to males (35%), consistent with the higher female enrolment in ART. ***Details see table 1.2 below***.

Table 1:2 shows total ART population, viral load test & suppressed and deaths by gender June 2025

Pediatric (<15 Years)				Adult (> 15 Years)				Total
Male		Female		Male		Female		
#	%	#	%	#	%	#	%	**11543**
342	3%	428	4%	2461	21%	8312	72%	

Total Viral Load Test & Suppressed by gender April-June 2025							
Male			Female			Total Test	% total Suppressed
# Tested	**# Suppressed**	**% Suppressed**	**# Tested**	**# Suppressed**	**% Suppressed**	**2151**	**86%**
487	410	84%	1664	1431	86%		

Died on ART				
Male		Female		**43**
#	%	#	%	
15		28		

Source DHIS-2

1.4.0 PLHIV Currently on ART (General Population) by Sub- Recipient (SR) June 2025

1.4.1 Ministry of Health / National AIDS Control Program

Currently on ART is 6,662 this represent (62%) of the PLHIV in the general population. Less than 15 years is N=506 (202 males and 304 females) and more than 15 years is N=6156 (1,469 males and 4,687 females). Viral Load Testing conducted is N=1,003 (275 males and 728 females). While total supressed is M=828 (226 males, 602 females). This represents suppression rate of 83%. Total died on ART is N=24 (9 males and 15 females). The report highlights that MOH/NACP carries the largest ART burden among the sub recipients, but its suppression rate (83%) is slightly below national average. ***Details see table 1.3 below***

Table 1:3 Shows PLHIV Currently on ART (General Population) by Sub- Recipient (SR) June 2025

Sub-Recipient	Currently on Treatment				Total-ART	Viral Load Test		Total	Viral Load Suppressed		Total	% viral suppressed on Total Test		Total	Died on ART		Total
	< 15 years		> 15 years														
	M	F	M	F		M	F		M	F		M	F		M	F	
MOH/NACP	202	304	1469	4687	6662	275	728	1003	226	602	828	82%	83%	83%	9	15	24
HOC	103	92	586	2040	2821	158	495	653	140	460	600	89%	93%	92%	5	8	13
EFSTH	31	32	355	895	1313	52	211	263	42	194	236	81%	92%	90%	1	2	3
Gambia	**336**	**428**	**2410**	**7622**	**10796**	**485**	**1434**	**1919**	**408**	**1256**	**1664**	**84%**	**88%**	**87%**	**15**	**25**	**40**

Source DHIS2

1.4.2 Shows Key Population Currently on ART by Facility - *June 2025*

The table below presents data on key populations disaggregated by sex and age group across different facilities in The Gambia. ***Details see table 1.4 below***

Table 1.4: Shows Key Population Currently on ART by Facility - June 2025

Facility	Female Key Population by Age				Total	Male Key Population by Age				Total
	<15	15-24	25-49	>49		<15	15-24	25-49	>49	
Barra Wellness Center	0	0	0	0	0	0	0	0	0	0
Basse Wellness Center	0	0	4	0	4	0	2	3	0	5
Mobile Clinic 1	6	29	1	0	36	0	21	37	0	58
Soma Wellness Center	0	12	2	0	14	0	0	2	0	2
Prisons	0	1	2	0	3	0	1	0	1	2
PWUD	0	0	0	0	0	0	0	0	0	0
Gambia	**6**	**42**	**9**	**0**	**57**	**0**	**24**	**42**	**1**	**67**

Source DHIS-2

1.4.3 PMTCT ART by Health Region June 2025

The table presents regional ART (antiretroviral therapy) and viral load testing outcomes for People Living with HIV (PLHIV) in The Gambia, disaggregated by age group less than 15 years and more than 15 years among antenatal mothers. ***Details see table 1.5 below***

Table 1:5: Shows PLHIV Currently on ART (PMTCT) by Region June 2025

Region	< 15 years	> 15 years	Total ART	Viral Load Test	Viral Load Suppressed	% viral suppression on total Test	Died
Central River Region	0	70	70	14	8	57%	1
Lower River Region	0	22	22	4	4	100%	0
North Bank East	0	30	30	4	2	50%	0
North Bank West	0	45	45	13	7	54%	0
Upper River Region	0	96	96	23	14	61%	0
Western-I	0	255	255	91	64	70%	1
Western-II	0	105	105	80	75	94%	1
Gambia	**0**	**623**	**623**	**229**	**174**	**76%**	**3**

Source DHIS2

2.0 Shows Infant ARV Prophylaxis and EID April-June 2025

Overall, 166 HIV exposed infants were registered at health facilities. Of those 152 infants (92%) received ARV prophylaxis at birth. This report highlight that ARV prophylaxis coverage is high nationally (92%), but gaps exist in CRR, LRR, NBE, and NBW.

At 2 months, 200 infants had a virological HIV test, of which 7 tested positive (3.5%). A total of 110 infants were tested at 9 months, and only 2 (1.8%) were positive. At 18 months, 92 infants received serological testing, and 2 (2.2%) were positive.

For Cotrimoxazole prophylaxis at 2 months, 254 infants received Cotrimoxazole prophylaxis across the country. Cotrimoxazole coverage (254 infants) is higher than the number of infants registered (166), suggesting inclusion of older infants or discrepancies in reporting. Details see table 1.6 below:

Table 1:6: Shows ARV Infant April-June 2025

Indicator	CRR	LRR	NBE	NBW	URR	WHR-I	WHR-II	Gambia
Infant born registered at the facility	**21**	**9**	**2**	**7**	**13**	**55**	**59**	166
Infant born who received ARV prophylaxis first time	**13**	**7**	**4**	**4**	**11**	**55**	**58**	152
Infant who received Virological test for HIV at 2 months	**15**	**3**	**5**	**7**	**15**	**79**	**76**	200
Infant tested positive for Virological test for HIV at 2 months	**2**	**0**	**0**	**0**	**1**	**3**	**1**	7
Infant who received Virological test for HIV at 9 months	**7**	**3**	**1**	**6**	**10**	**38**	**45**	110
Infant tested positive for Virological test for HIV at 9 months	**0**	**0**	**0**	**0**	**0**	**2**	**0**	2
Infant who received Serological test for HIV at 18 months	**3**	**3**	**0**	**2**	**5**	**33**	**46**	92
Infant tested positive for Serological test for HIV at 18 months	**0**	**0**	**0**	**0**	**0**	**2**	**0**	2
Infant who received Cotrimoxazole at 2 months	**27**	**17**	**32**	**8**	**22**	**60**	**88**	254

Source DHIS-2

3.0 TB and HIV Collaboration April-June 2025

Overall, 650 TB patients were tested for HIV before or during TB treatment of which 423 males and 227 females. A total of 78 TB patients (12%) tested HIV positive of which 39 males and 39 females. All the 78 HIV-positive TB patients were initiated on ART (100% coverage). In addition, 42 patients were already on ART before TB treatment of which 20 males and 22 females.

4.0 Opportunistic Infections April-June 2025

Overall, N=2,679 reported cases across all listed conditions. The highest contributors are Acute Respiratory Infections (1,062 cases, 40%), Urethral Discharge (588 cases, 22%), and Diarrhea (686 cases, 26%). Other conditions (TB, pneumonia, STIs, herpes) make up the remaining 12% of reported cases.

The report highlights that respiratory infections (ARI + pneumonia + TB) and diarrheal diseases remain the top public health concerns, accounting for about 70% of cases. Sexually transmitted infections (urethral discharge, genital warts, genital ulcers, herpes) are highly concentrated in the West Coast regions, suggesting higher prevalence in urban settings.

Overall, the West Coast regions dominate the disease burden, reflecting larger population size and possibly better case detection/reporting.

Table 1:7 Shows Opportunistic Infections April-June 2025

Indicators	CRR	LRR	NBE	NBW	URR	WHR-I	WHR-II	Gambia
Diarrhea	44	4	13	14	44	424	143	686
Dysentery	0	1	0	0	13	1	46	61
Acute Respiratory Infection	0	20	16	48	77	663	238	1062
Pulmonary Tuberculosis	2	1	0	5	0	15	11	34
Pneumonia	0	1	0	0	9	1	19	30
Urethral Discharge	0	3	6	0	13	503	63	588
Genital Warts	0	0	9	0	11	21	17	58
Genital Ulcer	51	0	0	0	2	0	17	70
Herpes Zoster	0	0	0	0	6	3	76	85
Herpes Simplex	0	1	0	0	0	0	4	5
Gambia	**97**	**31**	**44**	**67**	**175**	**1631**	**634**	**2679**

Source DHIS-2

Annex I: Issues identified, actions taken, personnel and recommendations

Facility	Issues identified	Actions taken	Personnel	Recommendation
Essau District	• May-2025, PMTCT-ART screen for TB and HIV type missing	• Cross checked reported and verified data • Ensured data sources are triangulated and updated example registers, forms and DHIS2 • Gave feedback to the facility, personnel and RHDs	• RHDs and RAOs • OICs, Care Nurses and LTIs • RDMs and DECs • Hospital administrators and PNOs	• Strengthen routine data quality assurance through regular supervision, and orienting healthcare workers on accurate data entry and reporting protocols. • Implement systematic viral load testing tracking by establishing facility-based viral load registers and ensuring all tests and results are documented accurately. • Integrate sequencing for EID registers and ensure age at testing is recorded consistently to improve follow-up and tracking. • Continuously monitor defaulter rates and reasons for loss to follow-up, implementing follow-up interventions to reduce patient dropout. • Enhance coordination between lab and clinical teams to ensure viral load and other test results are returned timely and recorded properly. • Explore use of digital tools and dashboard analytics for real-time monitoring and rapid response to data gaps and service delivery issues.
Fass	• May and June reported 0 PMTCT-ART verified 2 per month • HTS May counseling missing in DHIS2 verified 36			
Albreda	• PMTCT-ART May HIV type missing			
Kuntair	• May 2025 viral load test missing			
Njaba-Kunda	• PMTCT-ART Screening missing in the Month April			
Farafenni-RMNCAH	• May-2025, 2 viral load tests reported verified 0			
Kaur	• No major data quality issue identified			
Njau	• No folders patients			
Chamen	• PMTCT-ART April reported 2 positives verified 0 • Known status reported 1 verified 0			
Kuntaur	• No sequencing in the EID register for easy tracking for the subsequent tests • Age at testing not completed in the laboratory EID register • Generally low defaulter rate registered			
Diabugu	• May reported 0 positive reported verified 3			
Yerobawol	• June -ART-2 deaths reported verified 1 • June-ART-0 deaths reported verified 1 • May-ART-reported 6 began verified 5			
Basse District Hospital	• Internet connectivity not adequate at the ART-Site			
Garawol	• No facility viral register • 3 viral loads reported and only 1 patient is in the facility the other not due • Steady increase in the HTS for the period under review comparatively			
Fatoto	• Missing posttest dates in the counselling register			

Annex II: General issues

General issues	Recommendations
Data inconsistencies in some health facilities	• Conduct regular data quality audits and verification exercises. • Provide refresher training for facility staff on proper data recording and reporting procedures. • Assign focal people responsible for routine data review before submission. • Develop simple data validation checklists to use at the facility level. • Conduct regular data quality audits and verification exercises.
Limited utilization of DSD models in the registers	• Train health care providers on the importance and benefits of DSD models • Update or revise registers to include clear sections to record DSD modalities • Provide job aids and standard operating procedures to guide staff in documenting DSD. • Integrate supportive supervision focusing on DSD implementation and documentation. • Train health care providers on the importance and benefits of DSD models.
RACs should be part of TOT on the HIV new treatment guidelines	• Strengthen Decentralized Capacity and Oversight: RACs play a key role in supervising, mentoring, and monitoring HIV service delivery at the regional level. Including them in the TOT will ensure they fully understand the new guidelines, enabling them to provide technical support and oversight to health facilities and frontline staff in their regions. • Facilitate Consistency and Standardization of Implementation: By participating in the TOT, RACs will be well-positioned to cascade accurate information, harmonize practices, and address knowledge gaps within regional health teams. This will minimize variations in how the guidelines are interpreted and applied across different facilities. • Enhance Advocacy, Resource Mobilization, and Stakeholder Engagement: RACs often liaise with regional health authorities, community structures, and partners. Equipping them with updated knowledge ensures they can advocate effectively for resources, strengthen referral systems, and engage stakeholders in scaling up guideline implementation at the regional and community level.
Limited number of staff in some HIV service sites	• Advocate for recruitment or redeployment of staff to high-volume HIV service sites. • Cross-train existing staff to perform essential HIV service delivery tasks. • Explore task-shifting approaches, such as training lay counsellors and community health workers to support adherence counselling and basic services. • Optimize service delivery schedules (e.g., dedicated HIV clinic days) to reduce workload pressure.

Annex III: Recommendations for facilities

Facility	Recommendations
Basse District Hospital	The laboratory should conduct viral load testing on Wednesdays and Thursdays to align with clinic days and support Differentiated Service Delivery (DSD) and Multi-Month Dispensing (MMD) strategies.
Garawol Health Center	Address the logistics gap by providing a computer or desktop for the new data entry clerk to ensure timely and accurate data entry.
Fatoto Health Center	Continue using the existing PMTCT counselling register until it is fully utilized before transitioning to a new one.
Njau Health Center	Ensure the adequate supply of Syphilis Duo test kits to support ANC and PMTCT services.
Regional Health Directorates (RHDS) and Schools	Strengthen coordination between RHDS and training institutions to support effective planning for staff recruitment and redeployment.
Bansang General Hospital	Address the breakdown of one module of the GeneXpert machine to restore full diagnostic capacity for TB and HIV testing.

Annex IV: Data Tables by HIV services April-June 2025

Table 1: Shows HIV Counselling &Testing General Population. April-June 2025

Region	Pre-test	Tested	Post Tested	HIV-1	HIV -2	Dual HIV (1&2)	Total Positive	% Positive	Known Positive Status	# Linked to Care	% Linked to Care	Screened for TB
Central River Region	2182	2166	2165	68	3	1	72	3.3%	16	34	47%	34
Lower River Region	963	952	952	27	0	0	27	2.8%	13	27	100%	27
North Bank East	1076	1066	1078	16	0	0	16	1.5%	1	24	150%	24
North Bank West	946	938	938	15	2	0	17	1.8%	7	18	106%	18
Upper River Region	1730	1694	1692	62	15	5	82	4.8%	15	54	66%	54
Western-I	9832	9759	9144	274	15	1	290	3.0%	130	227	78%	227
Western-II	4128	4105	4104	110	7	0	117	2.9%	114	103	88%	103
Gambia	**20857**	**20680**	**20073**	**572**	**42**	**7**	**621**	**3.0%**	**296**	**487**	**78%**	**487**

Source DHIS2

Table 2: Shows PMTCT HIV Counselling & Testing January -June 2025

Region	Pre-test	Tested	Post test	HIV- 1	HIV- 2	Dual HIV (1&2)	Total Positive	% Positive	Known Positive Status	# Linked to Care	% Linked to Care	Already on ART	Screened for TB
Central River Region	2734	2730	2730	12	0	0	12	0.4%	14	8	67%	8	8
Lower River Region	955	945	945	3	0	0	3	0.3%	9	1	33%	1	1
North Bank East	1385	1377	1377	6	0	0	6	0.4%	2	4	67%	4	4
North Bank West	1180	1180	1180	0	1	0	1	0.1%	5	2	200%	2	2
Upper River Region	3385	3365	3365	18	0	0	18	0.5%	11	18	100%	18	18
Western-I	9403	9391	9391	56	3	0	59	0.6%	29	53	90%	53	53
Western-II	3642	3642	3642	20	2	0	22	0.6%	42	15	68%	15	15
Gambia	**22684**	**22630**	**22630**	**115**	**6**	**0**	**121**	**0.5%**	**112**	**101**	**83%**	**101**	**101**

Source DHIS2

Table 3. Shows PLHIV Currently on ART General Population by Health Facility (ART Sites) June 2025

ART-Sites	< 15 Years		> 15 Years			Viral Load Test			Viral Suppressed			% viral suppression by sex and total test			Died on ART		
	Male	Female	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	% Total	Male	Female	Total
Bansang	21	10	171	485	687	13	36	49	11	33	44	85%	92%	90%	0	1	**1**
Kuntaur Major	4	2	18	59	83	4	5	9	4	4	8	100%	80%	89%	0	1	**1**
Total CRR	**25**	**12**	**189**	**544**	**770**	**17**	**41**	**58**	**15**	**37**	**52**	**88%**	**90%**	**90%**	**0**	**2**	**2**
Soma-LRR	**20**	**22**	**121**	**397**	**560**	**16**	**54**	**70**	**12**	**48**	**60**	**75%**	**89%**	**86%**	**0**	**0**	**0**
Farafenni-NBE	**28**	**21**	**138**	**351**	**538**	**20**	**35**	**55**	**15**	**20**	**35**	**75%**	**57%**	**64%**	**0**	**1**	**1**
Essau-NBW	**7**	**8**	**49**	**120**	**184**	**11**	**23**	**34**	**11**	**20**	**31**	**100%**	**87%**	**91%**	**0**	**0**	**0**
Basse District	15	18	141	449	623	25	72	97	18	49	67	72%	68%	69%	1	0	**1**
Yorobawol	1	3	16	43	63	4	8	12	2	7	9	50%	88%	75%	0	2	**2**
Fatoto Minor	1	1	13	26	41	0	0	0	0	0	0	0%	0%	0%	0	1	**1**
Total URR	**17**	**22**	**170**	**518**	**727**	**29**	**80**	**109**	**20**	**56**	**76**	**69%**	**70%**	**70%**	**1**	**3**	**4**
Other Regions	**97**	**85**	**667**	**1930**	**2779**	**93**	**233**	**326**	**73**	**181**	**254**	**78%**	**78%**	**78%**	**1**	**6**	**7**
EFSTH	31	32	355	895	1313	52	211	263	42	194	236	81%	92%	90%	1	2	**3**
Bundung	11	8	96	302	417	26	74	100	22	70	92	85%	95%	92%	1	1	**2**
Faji Kunda	4	0	25	85	114	4	30	34	3	27	30	75%	90%	88%	0	1	**1**
Kanifing	28	46	284	776	1134	40	81	121	34	75	109	85%	93%	90%	1	1	**2**
SOS	4	5	47	156	212	11	56	67	14	53	67	127%	95%	100%	0	0	**0**
Afrimed	1	0	12	17	30	1	2	3	1	2	3	100%	100%	100%	0	0	**0**
Yundun Army	5	1	120	158	284	23	17	40	18	16	34	78%	94%	85%	1	0	**1**
Elemats	0	0	2	8	10	0	0	0	0	0	0	0%	0%	0%	0	0	**0**
Fajara Barracks	0	0	12	17	29	2	3	5	1	2	3	50%	67%	60%	0	0	**0**
Serrekunda	0	1	33	127	161	6	18	24	5	4	9	83%	22%	38%	0	1	**1**
Total Western-I	**84**	**93**	**986**	**2541**	**3704**	**165**	**492**	**657**	**140**	**443**	**583**	**85%**	**90%**	**89%**	**4**	**6**	**10**
ECG- Sibanor	17	137	13	526	693	30	105	135	26	88	114	87%	84%	84%	2	2	**4**
Bwiam	34	21	141	528	724	33	91	124	24	80	104	73%	88%	84%	3	3	**6**
Hands On Care	103	92	586	2040	2821	158	495	653	140	460	600	89%	93%	92%	5	8	**13**
Sanyang Major	1	0	17	57	75	6	18	24	5	4	9	83%	22%	38%	0	0	**0**
Total Western-II	**155**	**250**	**757**	**3151**	**4313**	**227**	**709**	**936**	**195**	**632**	**827**	**86%**	**89%**	**88%**	**10**	**13**	**23**
Gambia	**336**	**304**	**2534**	**7622**	**10796**	**485**	**1434**	**1919**	**408**	**1256**	**1664**	**84%**	**88%**	**87%**	**15**	**25**	**40**

Source DHIS2

Table 3.1 Shows PLHIV Currently on ART General Population by Health Region-June 2025

Regions	< 15 Years		> 15 Years			Viral Load Test			Viral Suppressed			% viral suppressed on Total Test			Died on ART		
	Male	**Female**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Central River Region	25	12	189	544	770	17	41	58	15	37	52	88%	90%	90%	**0**	**2**	**2**
Lower River Region	20	22	121	397	560	16	54	70	12	48	60	75%	89%	86%	**0**	**0**	**0**
North Bank East	28	21	138	351	538	20	35	55	15	20	35	75%	57%	64%	**0**	**1**	**1**
North Bank West	7	8	49	120	184	11	23	34	11	20	31	100%	87%	91%	**0**	**0**	**0**
Upper River Region	17	22	170	518	727	29	80	109	20	56	76	69%	70%	70%	**1**	**3**	**4**
Western-I	84	93	986	2541	3704	165	492	657	140	443	583	85%	90%	89%	4	6	10
Western-II	155	250	757	3151	4313	227	709	936	195	632	827	86%	89%	88%	**10**	**13**	**23**
Gambia	**336**	**428**	**2410**	**7622**	**10796**	**485**	**1434**	**1919**	**408**	**1256**	**1664**	**84%**	**88%**	**87%**	**15**	**25**	**40**

Source DHIS2

Table 3.2 Shows PLHIV Currently on ART General Population by Sub- Recipient (SR) -June 2025

Sub-Recipient	Currently on Treatment				Total-ART	Viral Load Test		Total	Viral Load Suppressed		Total	% viral suppressed on Total Test		Total	Died on ART		Total
	< 15 years		> 15 years														
	Male	Female	Male	Female		Male	Female		Male	Female		Male	Female		Male	Female	
MOH/NACP	202	304	1469	4687	6662	275	728	1003	226	602	828	82%	83%	83%	9	15	24
HOC	103	92	586	2040	2821	158	495	653	140	460	600	89%	93%	92%	5	8	13
EFSTH	31	32	355	895	1313	52	211	263	42	194	236	81%	92%	90%	1	2	3
Gambia	**336**	**428**	**2410**	**7622**	**10796**	**485**	**1434**	**1919**	**408**	**1256**	**1664**	**84%**	**88%**	**87%**	**15**	**25**	**40**

Source DHIS2

Table 3.3 Shows Key Populations Currently on ART by Health Facility -June 2025

Facility	Female Key Population by Age				Total	Male Key Population by Age				Total	Male-Test	Female-Test	Male-suppressed	Female-suppressed
	<15	15-24	25-49	>49		<15	15-24	25-49	>49					
Barra Wellness Center	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Basse Wellness Center	0	0	4	0	4	0	2	3	0	5	0	0	0	0
Mobile Clinic 1	6	29	1	0	36	0	21	37	0	58	2	1	2	2
Soma Wellness Center	0	12	2	0	14	0	0	2	0	2	0	0	0	0
Prisons	0	1	2	0	3	0	1	0	1	2	0	0	0	0
PWUD	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gambia	**6**	**42**	**9**	**0**	**57**	**0**	**24**	**42**	**1**	**67**	**2**	**1**	**2**	**2**

Source DHIS2

Table 4. Shows PMTCT-ART by Health Region-June 2025

Region	< 15 years	> 15 years	Total ART	Viral Load Test	Viral Load Suppressed	% viral suppression on total Test	Died
Central River Region	0	70	70	14	8	57%	1
Lower River Region	0	22	22	4	4	100%	0
North Bank East	0	30	30	4	2	50%	0
North Bank West	0	45	45	13	7	54%	0
Upper River Region	0	96	96	23	14	61%	0
Western-I	0	255	255	91	64	70%	1
Western-II	0	105	105	80	75	94%	1
Gambia	**0**	**623**	**623**	**229**	**174**	76%	**3**

Source DHIS2

Table 5. Shows Total on ART Summary by Population-June 2025

Population Group	Currently on Treatment					Viral Load Test			Viral Load Suppressed			% viral suppressed			Died on ART		
	< 15 years		> 15 years		Total-ART												
	Male	Female	Male	Female		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
General Population	336	428	2410	7622	10796	485	1434	1919	408	1256	1664	84%	88%	87%	15	25	40
PMTCT ART				623	623		229	229		174	174		76%	76%		3	3
Key Population	6	0	51	67	124	2	1	3	2	1	3	100%	100%	100%	0	0	0
Total	**342**	**428**	**2461**	**8312**	**11543**	**487**	**1664**	**2151**	**410**	**1431**	**1841**	**84%**	**86%**	**86%**	**15**	**28**	**43**

Source DHIS2

Table 6. Shows ARV Infant January -June 2025

Indicator	CRR	LRR	NBE	NBW	URR	WHR-I	WHR-II	Gambia
Infant born registered at the facility	21	9	2	7	13	55	59	**166**
Infant born who received ARV prophylaxis first time	13	7	4	4	11	55	58	**152**
Infant who received Virological test for HIV at 2 months	15	3	5	7	15	79	76	**200**
Infant tested positive for Virological test for HIV at 2 months	2	0	0	0	1	3	1	**7**
Infant who received Virological test for HIV at 9 months	7	3	1	6	10	38	45	**110**
Infant tested positive for Virological test for HIV at 9 months	0	0	0	0	0	2	0	**2**
Infant who received Serological test for HIV at 18 months	3	3	0	2	5	33	46	**92**
Infant tested positive for Serological test for HIV at 18 months	0	0	0	0	0	2	0	**2**
Infant who received Cotrimoxazole at 2 months	27	17	32	8	22	60	88	**254**

Source DHIS2

Table 7 Shows Opportunistic Infections April-June 2025

Indicators	CRR	LRR	NBE	NBW	URR	WHR-I	WHR-II	Gambia
Diarrhea	44	4	13	14	44	424	143	686
Dysentery	0	1	0	0	13	1	46	61
Acute Respiratory Infection	0	20	16	48	77	663	238	1062
Pulmonary Tuberculosis	2	1	0	5	0	15	11	34
Pneumonia	0	1	0	0	9	1	19	30
Urethral Discharge	0	3	6	0	13	503	63	588
Genital Warts	0	0	9	0	11	21	17	58
Genital Ulcer	51	0	0	0	2	0	17	70
Herpes Zoster	0	0	0	0	6	3	76	85
Herpes Simplex	0	1	0	0	0	0	4	5
Gambia	**97**	**31**	**44**	**67**	**175**	**1631**	**634**	**2679**

Source DHIS2