



# Convention on the Rights of the Child

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## Committee on the Rights of the Child Ninety-eighth session

### Summary record of the 2863rd meeting

Held at the Palais Wilson, Geneva, on Thursday, 23 January 2025, at 10 a.m.

*Chair:* Ms. Skelton

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Consideration of reports of States parties (*continued*)

*Combined fourth to seventh periodic reports of the Gambia (continued)*

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*The meeting was called to order at 10.05 a.m.*

**Consideration of reports of States parties** *(continued)*

*Combined fourth to seventh periodic reports of the Gambia (continued)*  
([CRC/C/GMB/4-7](#); [CRC/C/GMB/QPR/4-7](#))

1. *At the invitation of the Chair, the delegation of the Gambia joined the meeting.*
2. **A representative of the Gambia** said that, although it was not part of Gambian culture to involve children in decision-making, the delegation took note of the possibility of doing so, particularly in matters regarding children themselves.
3. Doctors who had completed their training at the School of Medicine and Allied Health Sciences of the University of the Gambia and a subsequent internship were posted to medical facilities across the country. Even so, there were not currently enough medical professionals to meet staffing needs. Doctors were now able to train in paediatrics to post-graduate level in the Gambia; the Government would increase its efforts to ensure that such expertise was available in all regions. The Government enjoyed strong bilateral relations with Cuba, and a number of Cuban doctors served in various fields in all of the country's regions.
4. The National Social Protection Policy 2015–2025 provided for the promotion of best practices for feeding infants and young children and the introduction of nutritional programmes for children in both urban and rural areas. The Government promoted the exclusive breastfeeding of infants until the age of 6 months, followed by continued breastfeeding with appropriate complementary foods at least up to the age of 2 years; women were granted six months of maternity leave after giving birth to facilitate that practice. Healthcare staff at clinics educated mothers on best breastfeeding practices in addition to providing information on nutrition, hygiene and general family health. Continuous monitoring and targeted interventions were carried out to remedy specific nutritional deficiencies identified in children.
5. The National Nutrition Agency and the National Social Protection Secretariat, among other institutions, had formulated multiple strategies for eradicating extreme poverty and hunger that were underpinned by the Recovery Focused National Development Plan for the period 2023–2027. The National Nutrition Policy for the period 2021–2025 was intended to provide for the nutritional needs of vulnerable groups such as children and pregnant women and included a strong emphasis on community engagement and education with a view to combating malnutrition and promoting healthy eating habits, especially in rural and underserved areas; it provided for school meal programmes and mother and child nutrition services. The Food Safety and Quality Assurance Unit had launched strategies for regulating the quality of rice and maize, and substantial investments had been made in agricultural development with the aim of strengthening food security. The Government also provided subsidies for essential farming inputs and promoted modern agricultural practices to boost productivity and sustainability. Strategic partnerships with international donors and non-governmental organizations (NGOs) were integral to the effective execution of the Nutrition Investment Plan and the Multi-Sectoral Nutrition Strategic Plan, which were aimed at implementing sustainable practices and secure long-term solutions for food security. The Nutrition Act of 2024 would enhance the enforcement of nutrition standards across the country and ensure a cohesive approach to combating malnutrition.
6. The Gambia Social Registry Information System had been launched under the National Social Protection Secretariat in 2020 as a unified platform for determining eligibility for inclusion in social protection initiatives and improving the coordination and effectiveness of social protection interventions. The National Social Protection Act of 2024 was aimed at addressing existing gaps in the social protection framework by preventing or alleviating economic, discriminatory, and social vulnerabilities relating to poverty and deprivation in the country.
7. The Government was taking steps towards establishing a comprehensive national system for maintaining good air quality, which was lacking in urban areas especially. It was promoting the use of renewable energy sources such as solar power, particularly in rural areas, encouraging the use of more efficient stoves for cooking and discouraging the burning

of waste. The Government had invested in climate resilience programmes that were focused on coastal protection through initiatives such as mangrove restoration, and was exploring climate-smart agricultural techniques with a view to enhancing food security while minimizing the country's agricultural footprint. While it had improved access to safe water by building wells and water treatment facilities with the assistance of international partners, it needed to expand such efforts to all regions of the country. Sanitation infrastructure was being upgraded and efforts were being made to promote proper hygiene practices.

8. The Children's Courts relied on dental examinations to determine the age of children when reliable birth records were unavailable. As part of a policy to improve access to justice, efforts were being made to decentralize Children's Courts and bring them closer to communities. Although conditions at detention centres made it necessary in some cases for adults and children to be housed separately at the same facility, plans were in place to build a new correctional centre with facilities appropriate for detaining children. While use of pretrial detention was rare, the slow pace of trials in the Gambia had resulted in the detention of children on remand together with adults at police detention centres. It was expected that ongoing judicial reforms would expedite trials, thereby reducing the number of such detentions. In line with the Children's Act of 2005, under which child imprisonment was prohibited, the Government did not place children in adult penal environments but instead applied alternative measures. Community-based penalties were preferred in the case of expectant and breastfeeding mothers, who were not held at the country's main prisons but instead at a shelter staffed by prison officers. Children of mothers serving institutional sentences could stay with them at designated centres until the age of 6, following which arrangements for their care were made. In line with the children's rights standards promoted by the United Nations, the Government placed an emphasis on restoration, justice and rehabilitation in its approach to the juvenile justice system, which it was committed to improving and making more child-friendly despite challenges related to resources and training. A new executive secretary of the National Agency for Legal Aid had been appointed with a view to helping it more effectively fulfil its mandate; building its capacity was a key element of the country's institutional reform agenda, and investment in such efforts had been prioritized.

9. The minimum age for employment was 16 years, while the minimum age for apprenticeships was 12 years. Cases of children assisting in the work of family members on a non-compulsory basis outside school hours did not constitute child labour, as such activities were not essential to the performance of such work and did not interfere with children's education, but instead presented an opportunity for them to support their families and learn useful skills. Through various programmes, the Ministry of Gender, Children and Social Welfare provided financial support to families with a view to preventing children from loitering on the streets and encouraging their enrolment in schools and skills training centres. The Ministry worked with the National Agency Against Trafficking in Persons to raise awareness about trafficking in children in the media. Victims of trafficking in children were placed at a shelter and provided with basic necessities and support while their cases were investigated by the Agency and prosecuted by the Ministry of Justice. The Ministry of Gender, Children and Social Welfare chaired a panel for determining the best interest of children in complex cases in which other stakeholders were invited to participate.

10. Girls in rural areas were provided with free sanitary towels, which were produced at a manufacturing centre that had been set up with funding from the United Nations Population Fund (UNFPA), to prevent girls from missing school during menstruation. Under a project funded by the World Bank, girls were being provided inter alia with scholarships to prevent them from dropping out of school due to poverty or child marriage.

11. The pharmacy that had ordered the drugs from India that had caused the outbreak of cases of acute kidney injury among Gambian children in 2022 had had its licence revoked and the services of personnel involved had been terminated following legal proceedings. The delegation took note of the Committee's comments regarding the desirability of gathering data on mental health, suicide and drug use. Gambian and Cuban psychologists provided mental healthcare services to patients at the country's mental health facility. Although the prevalence of HIV in the Gambia was low, testing continued to be carried out at health facilities and awareness-raising efforts continued to be made at the community level with a

view to preventing any increase in cases. Abortion was illegal in the Gambia unless the life of the mother was in danger.

12. The Government cooperated closely with hotel workers and tourism police officials to continue raising awareness about sex tourism. Any child seen in the hotel area who was deemed to be a potential victim of that crime was approached and his or her family invited for questioning. Work was being done to ensure that signs clearly indicating to tourists that sex tourism was a crime were placed at the airport and elsewhere. Support was provided at the community level to help prevent the exploitation of children whose families were dependent on tourism; more work would be done to raise awareness of the dangers of leaving children with ostensibly friendly tourists.

13. **A representative of the Gambia** said that madrasas and *majalis* were Islamic schools regulated by the Ministry of Basic and Secondary Education through the secretariat for Arab-Islamic education. While recognized schools were registered and supported by the Ministry, unrecognized schools also existed. The secretariat for Arab-Islamic education was responsible for developing the curriculum for recognized Islamic schools, which had the same syllabus as mainstream schools but a different medium of instruction; there were 12 grades of study at recognized Islamic schools, as there were at mainstream schools. Programmes were being developed with a view to helping persons who had completed an Islamic education to continue their studies at national and foreign universities. In recent years, with the support of international partners, the Ministry had begun incorporating science, technology, engineering and mathematics (STEM) subjects into the curriculum followed in Islamic schools. Corporal punishment remained an issue only at unrecognized schools. A government task force had been established in 2022 to investigate the operation of both recognized and unrecognized Islamic schools with a view to regulating inter alia their learning environment and living conditions; its work was ongoing. Some 128,000 students attended Islamic schools, which was equivalent to around 15 per cent of the number of students at mainstream schools. All 12 grades of basic and secondary education and all educational materials were free at public, recognized madrasas across the country.

14. In addition to the reasons mentioned by the Committee, some children dropped out of school because classes in their grade were unavailable locally. The Ministry was working to ensure that all grades were available in all areas. Children in highly disadvantaged areas of the country, particularly in the northern Central River Region, had their school fees covered and were provided with uniforms, shoes, school materials and school meals, which encouraged them to enrol and remain in school. Some 75,000 school-age children had not been enrolled in school in 2022. Since launching an initiative that year to reduce that number to zero with the support of the Government of Qatar and other institutions, the Ministry had succeeded in enrolling more than 32,000 children in the school system. The Ministry had begun revising the national curriculum several years previously with a view to establishing national standards that all education providers had to meet before receiving approval to operate from the Government and to providing children with a larger choice of learning pathways.

15. In addition to the protections provided for pregnant girls at school under the Women's Act, under national education policy, any teachers or school administrators who were found to have made a girl at their school pregnant had their employment terminated and were instructed to provide the girl with financial support; failure to provide such support resulted in legal proceedings. Any boy who was found to have made a girl pregnant was transferred to another school, while the girl was removed from the school until the birth of the child, whereupon she could choose to return to the same school, transfer to a different one, enrol in the Second Chance Programme or remain at home. The Ministry of Basic and Secondary Education worked with the Ministry of Health to provide a comprehensive sexual and reproductive health education programme for Gambian students.

16. **A representative of the Gambia** said that the Government was taking steps to address obstetric fistula, a critical health issue that affected women and girls in rural areas in particular. Specifically, it conducted community awareness-raising campaigns about fistula prevention and the importance of timely maternal healthcare, promoted sexual and reproductive health education to delay early pregnancies and enforced laws against child marriage. It was also working to improve maternal healthcare, train healthcare workers in

fistula care and increase access to skilled birth attendants in rural areas. Lastly, it was providing free or subsidized surgical repairs and supporting fistula survivors by offering treatment and psychosocial and other services.

17. Birth registration for 1.2 million people, or approximately half the population, had now been completed. Most registrations – just above 350,000 – were in Western Region 1, which included Banjul and the surrounding area. Approximately 55 per cent of those registered were female and approximately 45 per cent were male. The majority of registrations were for children aged between 5 and 9 years, followed by children aged between 1 and 5 years and children aged between 10 and 14 years; there were progressively fewer registrations per age group thereafter. The Ministry of Health was currently completing a third draft of the Civil Registration and Vital Statistics 2024 bill, amending the 1990 Births, Deaths and Marriages Registration Act. The bill would be presented to the Cabinet for approval and then to the National Assembly for adoption.

18. Reproductive health education was provided from grade 4, when children were 10 years old, until grade 12, but it had a limited impact due to the influence of cultural norms and values. The Government was seeking to make progress on integrating comprehensive health education into the school curriculum.

19. Financial resources were allocated through a government mechanism to healthcare providers based on their performance, including the quality of healthcare provided. A policy for financing healthcare for the period 2017–2030 had been adopted, as had a strategy for financing healthcare for the period 2019–2024. Under the National Health Insurance Act of 2021, a national health insurance scheme had been established with a view to providing the population with quality and affordable healthcare services.

20. The maternal mortality rate in 2023 had been 224 deaths per 100,000 live births. A total of 7.5 per cent of deliveries of babies had been by caesarean section, while 98.4 per cent of births had been delivered in a health facility and 91.6 per cent of deliveries had been conducted by a skilled birth attendant at health facilities.

21. There had been a treatment success rate of 84 per cent for notified cases of tuberculosis of all forms as of December 2021. The death rate in tuberculosis cases stood at 6.4 per cent, while the rate for other unfavourable outcomes was 9.4 per cent. The death rate for persons with tuberculosis who were also HIV-positive was 11.8 per cent. The Gambia had a very robust vaccination programme that had consistently achieved high coverage; household survey data indicated that coverage rates for all vaccines administered during the first year of life stood at 90 per cent or more, while coverage for the first set of doses administered under the national vaccination schedule was 99 per cent. Such coverage had been achieved through the continuous expansion of vaccination services, the construction of new health facilities and the establishment of new vaccination sites in rural communities. Coverage for vaccines administered in the second year of life was considerably below 90 per cent and in need of improvement in order to combat diseases such as measles, which required 95 per cent coverage with two doses in order to maintain elimination status.

22. The Gambia was classified as a low-income food-deficit country by the Food and Agriculture Organization of the United Nations. It produced around 50 per cent of the total amount of food needed for national consumption. The 2016 Comprehensive Food Security and Vulnerability Analysis had revealed that approximately 8 per cent of the population was food insecure or vulnerable to severe food insecurity during normal times. Despite a rising trend in net cereal production, as a result of high population growth that production had been consistently outstripped by the country's cereal needs. Agricultural production had fallen due to decreasing and erratic rainfall and shorter cropping seasons, leaving the country highly vulnerable with respect to food and nutrition security.

23. As of 2024, the rate of exclusive breastfeeding was 61.1 per cent overall. It was highest in the eastern city of Basse, at 83.3 per cent, while in Banjul it was 52.9 per cent.

24. A report on the performance of the Government in providing healthcare services had recently been published by the National Audit Office. There were 14 psychiatric nurses, 4 psychiatrists – 3 of whom were Cuban and the fourth, Nigerian – and 3 social workers. There were very few psychologists at public facilities. Inpatient mental health services were

available only in the Greater Banjul Area, while community mental health services had ceased to operate in 2017 due to a shortage of psychotropic drugs. The statistics on known cases of mental illness were: 269 people suffering from schizophrenia, of whom 99 were female; 15 people suffering from epilepsy, of whom 3 were female; 1 female suffering from pregnancy-related mental health problems; 259 males suffering from cannabis use disorder; 314 females suffering from multiple substance use problems; 1 male and 1 female suffering from bipolar disorder; and 28 people suffering from acute psychosis, of whom 9 were female. The performance audit report had revealed that Government funding for mental healthcare programmes was limited, the country had a shortage of and difficulty retaining trained mental health nurses, in addition to an acute shortage of other specialized mental healthcare personnel, and the supply and availability of medication was irregular. The country did not yet have a rehabilitation centre and did not offer specialized mental healthcare services to children or adolescents.

25. Under the Drug Control Act of 2003, a fine of 250,000 dalasis or a term of imprisonment of at least 3 years was imposed for first-time and non-cannabis related possession and dealing offences. Persons caught in possession of more than 2 kg of cannabis were charged with possession for the purpose of trafficking and were liable to a fine of 1 million dalasis or a term of imprisonment of 10 years; failure to pay the fine resulted in a 5-year extension of the term of imprisonment. There was a lack of comprehensive data on drug-related cases. It was proposed under a new mental health policy that systems for collecting such data would be strengthened and that such data, including data on the use of the drug mixture “kush”, would be integrated into national health databases. While the Ministry of Health advocated for establishing accessible rehabilitation centres dedicated to providing comprehensive support to people with substance use disorder, obtaining proper funding for such a programme remained a significant challenge.

26. The first case of acute kidney injury in the 2022 outbreak, which had affected children aged between 2 months and 7 years, had been reported on 27 June of that year. By 14 October 2022, 82 cases had been reported. A total of 73 children, or 85 per cent of those affected, had died. The majority had been children under the age of 2 years in Western Region 1, Western Region 2 and Upper River Region. Following steps taken by the Ministry of Health in response to the situation, which had included epidemiological investigations to identify and track cases, it had been found that children’s cough syrups manufactured by Maiden Pharmaceuticals in India that were contaminated with diethylene glycol and ethylene glycol had caused kidney failure in the children affected; that information had been passed on to other countries suffering from similar outbreaks. The contaminated products had been recalled from pharmacies, importers and households; approximately 7,700 bottles were still missing. The importer of those products had had its licence suspended and regulatory measures had been tightened; it was now necessary for products to be tested by a laboratory certified by the World Health Organization before they could be imported. In addition to use of a sentinel surveillance system and collection of data through a digital health information system, steps taken in response to the outbreak included community sensitization efforts and improvements to risk communication measures and case management capabilities. Haemodialysis machines had been installed at major hospitals and a toxicology laboratory was under construction, as recommended by a committee that had been charged with reviewing the response to the outbreak.

27. HIV continued to pose significant public health challenges, particularly for at-risk groups. Prevention, testing and treatment efforts had been expanded with a focus on reducing stigma, ensuring timely access to antiretroviral therapy and integrating HIV services into larger health systems with the aim of curbing transmission, enhancing the quality of life of people living with HIV and achieving global HIV targets. Testing and counselling services had been actively provided both to the general population and to key target groups with a view to contributing to early diagnosis and linkage to care. A total of 109,685 people had been tested for HIV, of whom 1,528 had received a positive result. The majority of those tested had been women, which reflected efforts made to prevent mother-to-child transmission of HIV. Post-test counselling services had been provided to 98 per cent of those tested with the aim of ensuring that they understood their test results and were connected with appropriate prevention or treatment services, which played an essential role in reducing stigma, supporting informed decisions and minimizing transmission risk.

28. **A representative of the Gambia** said that the Government was committed to taking the necessary measures to address child poverty in the country. Comprehensive health education in schools had been expanded to include education about female genital mutilation and gender-based violence.

29. **Ms. Ayoubi Idrissi** (Coordinator, Country Task Force) said that, given that Islamic schools had to meet certain standards, she wished to know how it was possible for any such schools to be opened without the authorization of the Ministry of Basic and Secondary Education. Furthermore, had she understood correctly that girls who were pregnant, whether they had been victims of sexual violence or otherwise, were not permitted to attend school?

30. **Ms. Otani** (Country Task Force) said that she would appreciate clarification of the concept of registered and recognized schools and would further like to know whether the terms applied only to madrasas and *majalis*. She was curious to hear more about the efforts made to ensure that married girls could continue attending school. In reference to paragraph 89 of the report, it would be helpful to know whether early childhood education was henceforth part of or separate from lower basic schools and what age group was eligible for it.

31. **Ms. Aho** said that she would welcome information on the steps taken to promote breastfeeding in urban areas and prevent undue advertising of breastmilk substitutes; on cash transfers for mothers designed to prevent their daughters from engaging in prostitution; and on efforts to combat sex tourism. She would also welcome information on steps being taken by the Ministry of Justice and other authorities to ensure that all children, including those in Islamic education, were issued with a birth certificate.

32. Concerning health, she wished to know what services were available for women with obstetric fistula in urban areas, specifically; whether the State party had joined the Campaign on Accelerated Reduction of Maternal, Newborn and Child Mortality in Africa and, if so, whether the services offered as part of the Campaign were free and how women could access them; and what measures were being taken to combat malaria in the context of climate change. She would also like to know what care was being provided to the children who had developed acute kidney injury and at what cost.

33. **Ms. Kiladze** (Country Task Force) said that she wished to clarify whether the large number of children without a birth certificate had access to the same services, including healthcare and education, as children with a certificate, whether poverty reduction programmes provided for cash allowances for the most vulnerable children and what mechanisms were in place to coordinate the services provided by the various agencies to children identified as requiring assistance.

34. **Mr. Mezmur** said that he wished to commend the State party for setting nationally determined contribution targets that were in line with the Paris Agreement and for its support of the case against Myanmar brought before the International Court of Justice. He would welcome additional information with regard to female genital mutilation, in particular on the steps taken to prevent the practice from becoming medicalized, to ensure that the judiciary felt confident in enforcing the ban on the practice and to effectively protect girls from being subjected to the practice.

35. **Mr. Gudbrandsson** said that placing child victims of sexual abuse in shelters, while perhaps intended for their protection, was in fact harmful to them because it meant taking them away from their non-abusive parent, siblings, friends and school; it was often perceived as punishment by the children and contributed to their stigmatization. It would be more appropriate to remove the abuser from the home. Accordingly, he wished to know whether the State party's legislation provided for the removal of the abuser instead.

36. **Mr. Jaffé** said that he wished to learn more about traditional ways of caring for children who exhibited serious symptoms of mental illness in areas of the country where there were no mental health services. He wondered to what extent mental illness was conflated with witchcraft, whether some children continued to be identified as witches and, if so, how those situations were dealt with.

37. **Ms. Al Barwani** said that she commended the State party for taking the stance that female genital mutilation was not mandated by Islam but was, rather, a cultural practice that

could be changed. She would appreciate clarification of the difference between the madrasas and *majalis*. Furthermore, she would like to know whether the figure of 128,000 pupils referred only to those enrolled in institutions registered with the Ministry of Basic and Secondary Education. If that was in fact the case, it would be useful to learn what steps were being taken to ensure that the huge number of children therefore attending unrecognized schools received a high quality education that provided them with the necessary life and job skills, what measures were taken in response to establishments that refused to abide by Ministry rules and regulations and, if the plan was to close such establishments, what would happen to their pupils.

38. **Ms. Ayoubi Idrissi** asked whether legal proceedings could be initiated in situations where a child was taken abroad to be subjected to female genital mutilation.

39. **The Chair** said that the Committee recommended that States should avoid using dental examinations to determine a child's age because the method was not sufficiently accurate and it undermined the principle of the dignity of the person. Instead, the Committee encouraged a more multidisciplinary approach involving an interview with the child and a review of available evidence, including any assessments of academic achievement conducted by the child's school. She wondered whether the State party had discussed such an approach.

40. Carrying a pregnancy to term and giving birth was more dangerous for adolescent girls than for adult women; therefore, it would be interesting to hear whether the State party had discussed or might consider applying a different threshold to that age group when deciding whether the risk to the mother's life or health was high enough to justify an abortion.

*The meeting was suspended at 11.40 a.m. and resumed at noon.*

41. **A representative of the Gambia** said that, since the previous President had left office, there had been no more talk of witches, child or otherwise. The placement of child abuse victims in shelters was a temporary measure to ensure their safety while proceedings ran their course and was not systematically applied. The Committee's concern about the impact of removing children from their home was nonetheless noted, as were its points about abortion for girls in the light of pregnancy-related risks and about the drawbacks of using dental examinations as an age-determination method.

42. She was uncertain as to whether Gambian law provided for extraterritorial jurisdiction in cases of female genital mutilation, but the authorities worked with their counterparts in Senegal and Guinea-Bissau, where the practice was also banned, to raise awareness, including among border guards. The Ministry of Gender, Children and Social Welfare was working closely with the Gambian tourism board to raise awareness of child sex tourism at all levels, and community groups could refer cases to the authorities. Appropriate legal measures were taken in respect of persons engaging in child sex tourism. In one case, for example, a man had been deported to his home country after being found guilty.

43. **A representative of the Gambia** said that some of the Islamic schools predated the mainstream school system and that the terms "recognized" and "registered" was used to refer to such centres where the Qur'an was taught in Arabic but mainstream subjects, including science, had also been introduced, thus placing the centres under the supervision of the secretariat for Arab-Islamic education within the Ministry of Basic and Secondary Education. The difficulty lay in the fact that anyone could decide to begin teaching children anywhere, even in their backyard, which complicated oversight. However, the Government was striving to ensure some degree of supervision of such set-ups so that children developed a broader skill set. Moreover, the Ministry had introduced financial reporting obligations for privately run schools; those that failed to adhere to regulations were being closed.

44. All forms of sexual abuse in schools were reported and punished. The authorities could do little when children were taken abroad on a so-called holiday to be married, but when cases of child marriage performed in the Gambia were discovered, they were reported to the police. In some cases, girls had been removed from the husband's home and placed with teachers or school administrators until they could be reintegrated.

45. Having decided to prioritize early childhood education owing to the number of children in that age group, the Government had begun to annex hitherto privately run early childhood education facilities to existing lower basic schools. Children could still have access



to education, healthcare and social services if they lacked a birth certificate. Once enrolled in school, every child was assigned an individual student identification number that followed them throughout their education.

46. **A representative of the Gambia** said that the Government recognized that obstetric fistula, most cases of which occurred in rural areas, remained a critical issue for women and girls. Up-to-date information on the prevalence of the condition and the progress made towards its elimination was currently being compiled into a report, which would be shared with the Committee once completed.

47. Between 2014 and 2019, the number of confirmed cases of malaria had fallen from around 166,000 to 53,000. The Ministry of Health had a unit dedicated to tackling the disease. The National Malaria Strategic Plan 2021–2025 had been developed following an extensive review of antimalarial measures and was aligned with the Global Technical Strategy for Malaria 2016–2030 of the World Health Organization. The Plan sought to achieve zero malaria deaths and zero indigenous transmission in all regions of the country by 2025 through measures such as the distribution of long-lasting insecticidal nets, indoor residual spraying, the use of seasonal malaria chemoprevention and the widespread administration, free of charge, of medicines for intermittent preventive treatment in pregnancy. Other objectives pursued by the Plan concerned the prompt diagnosis and effective treatment of malaria cases and knowledge of malaria prevention methods.

48. Children who required dialysis were able to receive such treatment free of charge in the main public referral hospitals. Those hospitals had seen a significant increase in the number of patients needing dialysis, which had put the budget of the Ministry of Health under strain. Budget constraints had also obliged the Ministry to restrict the range of medicines it funded to only those that were considered essential.

49. As a result of the introduction of birth registration services in health facilities, the percentage of the population possessing a birth certificate was highest among children under 5 years. The Ministry of Health was currently examining ways of improving coordination among bodies providing services to children, with a view to avoiding overlap. It was not aware of any cases of children who had been accused of witchcraft.

50. **A representative of the Gambia** said that every child born in a health facility was issued with a document that contained his or her basic information and could be used by the parents to obtain access to services while they waited to receive the birth certificate. Cash transfers were provided to children born into vulnerable families, children with multiple disabilities and orphans.

51. Female genital mutilation was no longer considered a taboo subject or religious obligation. The Government was working to avoid a repeat of the situation in which members of the National Assembly had attempted to overturn the ban on the practice by providing any new members with training on female genital mutilation, child marriage and other issues. A wide range of stakeholders, including religious and traditional leaders, members of the security forces, policymakers, civil society organizations, international partners and women themselves, had been involved in efforts to eradicate female genital mutilation. Those efforts had helped to raise awareness of the issue among young people and had led to a fall in the prevalence of the practice.

52. Responsibility for coordinating work in the area of children's rights lay with the Ministry of Gender, Children and Social Welfare, which received support from international partners, such as the United Nations Children's Fund (UNICEF), and NGOs. A child protection subcommittee bringing together representatives of government institutions, civil society and international organizations had been established to address issues of concern to children and plan interventions in new areas. Similar bodies had also been established at the regional level.

53. **Ms. Ayoubi Idrissi** asked whether abortion was permitted in cases involving children who had fallen pregnant as a result of rape or incest.

54. **Ms. Aho** asked whether the State party continued to receive support from the Global Fund to Fight AIDS, Tuberculosis and Malaria in respect of antimalarial initiatives for pregnant women.

55. **A representative of the Gambia** said that cooperation with the Global Fund remained strong in that regard.

56. **A representative of the Gambia** said that abortion was authorized in cases of rape or incest only when the mother's life was in danger.

57. **Ms. Ayoubi Idrissi** said that she wished to thank the delegation for the very open and constructive dialogue. The advancement of children's rights required ambition; she hoped that the State party would remain ambitious and continue on the path of transitional justice for the benefit of all children.

58. **A representative of the Gambia**, expressing his profound appreciation to the Committee for the constructive and insightful dialogue, he said that his Government's efforts to promote and protect children's rights were underpinned by a belief that children were the backbone of society. Significant steps had been taken to align laws, policies and practices with the Convention and develop a framework that safeguarded the well-being of the youngest citizens. The Government's commitment to ensuring that children had a say in decisions affecting them had been reflected in the establishment of the Children's National Assembly, the members of which had called on the Government to earmark a specific budget for the Assembly's functioning and to take action to guarantee free and inclusive education, the improvement of health services, the stricter enforcement of child protection laws, the elimination of harmful practices and the creation of recreational facilities for children.

59. While the Government took pride in such achievements, it was acutely aware of the challenges before it. The authorities continued to face cultural and structural obstacles and resource constraints that hindered their ability to fully implement the Convention. Tackling child poverty and all forms of violence against children remained key issues, as did protecting children from the growing threat of climate change through the integration of child-sensitive approaches into national climate adaptation strategies. Support from development partners, international organizations and the wider global community, in the form of capacity-building, investment, knowledge-sharing and the strengthening of partnerships, was essential in that regard.

60. The dialogue had served as a reminder that protecting and promoting children's rights was not only a national responsibility, but also a shared global duty. His Government remained firmly committed to upholding the principles of the Convention and to translating the Committee's recommendations into tangible action that would make a genuine difference in children's lives.

61. **The Chair** said that the Committee's comments and questions were intended to help the State party improve the lives of its children. She hoped that the State party would take steps towards achieving that goal by incorporating the recommendations contained in the Committee's concluding observations into its national programmes and laws.

*The meeting rose at 1 p.m.*