The Republic of The Gambia

Department of State for Health and Social Welfare

Health Management Information System Policy

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Forward

Extract from the speech of Saihou Janneh, Director of Planning and Information for the Department of State for Health on Monday, April 8th, 2002 to the HMIS Policy Retreat held at Tendaba Camp:

MIS/HMIS

The collection, processing and use of data, for the extraction of resultant information, should not be purposeless activities. Information is indeed the "Life-blood" of organisations but it is also an expensive commodity to produce. A cost-effective information system is an essential pre-requisite for evidence-based planning and informed-decision making.

WHAT ARE POLICIES?

A Dictionary definition on of Policy is "Course of Action" – the desired direction an organisation wishes to pursue. Policies can, and should, create an atmosphere that affects how people within the organisation behave. They also provide a framework for a course of action to address problems and guide development and change.

WHY FORMULATE POLICIES?

The whole purpose of Policy formulation itself is to provide consistency and give direction to an organisation. For example, if we work with an HMIS without a policy, people will be choosing on an ad-hoc basis, with whatever data sets strike their fancies. This results in confusion and wide scale fragmentation of services

The ESU, now answerable to the Directorate of Planning and Information, is responsible for the compilation and analysis of health data. A Database system was first, set up in 1986 with ODA assistance. From that date onwards, a number of initiatives, aimed at strengthening the Unit were undertaken and a series of consultancies were carried out.

Their findings and recommendations though powerful, have failed to generate the required attention needed to fundamentally address HMIS inadequacies. Our Mission here is not to reinvent the wheel but to acknowledge the validity of previous findings and craft out the desired direction we want HMIS to go.

It is obvious; we are not starting from zero. Recently, or more specifically last year, the Department of State for Health met here, in a participatory spirit, to review and select suitable indicators needed for management and planning purposes.

Having said all these things, it should be emphasised that information only provides the means of presenting a view about the real situation, and as such is rarely if ever, completely accurate. Such views can differ not only in terms of distortions or

inaccuracies, but also more fundamentally as a result of genuinely different perceptions.

Medical information is even harder to obtain accurately. Where diagnostic equipment is scarce, diagnosis is reduced to an art, not a science. For example, the cause of death of an individual may be certified as TB by one diagnostician and as chronic bronchitis by another.

Further, the way information is collected may itself cause inaccuracy. Our Health Information System uses the WHO International classification of Diseases, as a basis for their diagnostic records. Such a system looks for a single cause of death while there may be in certain circumstances, no single cause of death. For example, measles may, at first sight, be seen as the cause of death. However, the "causes" may also include malnutrition or even Poverty in disguise.

In addition, there are important resource implications, regarding levels of accuracy. As such, the aim is to obtain only a minimum level of accuracy. In order to provide maximum benefit, a Health Management Information System needs to be:

- Complete: It should provide information on all key aspects of the health system without duplication
- Consistent: If similar information is provided by different sources, their definitions need to be consistent.
- Clear: It should be very clear what all the elements are actually measuring
- Simple: It should not be unnecessarily complicated
- Cost Effective: The actual usage of each element should justify the costs of its collection and Analysis. The Game must be worth the candle
- Accessible: Data should be held in a form readily accessible to all legitimate users, and it should be clear who these people are.
- Confidential: It should ensure that people without legitimate access are effectively denied.

Finally, the goal is to develop a comprehensive Management Information System that is realistic and sensitive to the health needs of Gambians.

The purpose is to improve the provision of essential, quality health care, through informed decision making.

1 INTRODUCTION

1.1 Health Care Delivery

The health care system of The Gambia operates on the primary health care strategy and is delivered at three levels – primary, secondary, and tertiary. The primary level provides initial care and preventive measures through a network of village health posts, linked by key villages. At this level, services are delivered by Village Health Workers (VHW's) and Traditional Birth Attendants (TBA's), supervised by Community Health Nurses (CHN's). The secondary level comprises a network of major and minor health centres, and dispensaries with more specialised staff and equipment. It provides routine preventive and curative services and some medical, surgical and obstetrics interventions. The tertiary level (hospitals) provides more specialised services and interventions and is intended to function as a referral centre for the secondary level. The Royal Victoria Hospital (RVH), which is the main national referral hospital, is to serve as a teaching and research facility.

In addition there are a number of NGO and Private sector health programmes that complement the public health care system. The thrust of the health policy has been extending health services to the under-served rural area.

Administration of the primary and secondary levels have been decentralised to six Divisional Health Management Teams. Semi-autonomous boards run the tertiary level institutions.

1.2 Health System Management

The planning functions for the health system are within the purview of the Directorate of Planning and Information (DPI). These functions include:

- Budget Preparation
- Public Expenditure Review
- Human Resource Planning
- Co-ordination of Management Information for the Health Sector

- Co-ordination with Health Stake-Holders

In order to perform these planning functions, the DPI must correlate of financial, health and essential resource information from a variety of different sources.

1.3 History

The Statistics Unit was established in 1976 to collect and compile health information. In 1979 the Epidemiology Unit was also established, then merged with the Statistics Unit the following year and called the Epidemiology and Statistics Unit (ESU). Since then the ESU has been responsible for providing information on all health and disease indicators.

A computer system was first set up in 1986 with support from the British Overseas Development Assistance Agency. In 1990 the new Centre for Applied Research on Population and Development (CERPOD) developed new computer software for data entry of Ministry of Health indicators. Coinciding with a set of new health indicators being selected for DoSH&SW a new computer system was introduced in 2000.

The ESU, formerly under the Directorate of Health Services was transferred with effect from February 2001 to the Directorate of Planning and Information (DPI).

Additionally, the National Pharmaceutical Services (NPS), which is responsible for management of drugs and medical supplies, currently has an Inventory Control System that was designed in 1987 and updated in 1997. This system is no longer fully functional.

1.4 Situation Analysis

From studies conducted by WHO (1996, 2000 and 2001) on the evaluation of HIS and Integrated Disease Surveillance in the Gambia, the following strengths and weaknesses have been identified:

Strengths:

- Data forms and software have been created and are in use
- ESU moved to DPI as recommended by WHO and other consultants

- A consultant and systems analyst have been hired to set-up and implement HMIS
- Data Entry Clerk and System Analyst positions are included in DoSH&SW Budget
- Integrated Disease Surveillance support for HMIS activities
- Increased awareness and willingness to use information for planning and decision making
- Foundation for a Finance and Budgeting System has been established

Weaknesses:

- Limited Capacity to Manage the Volume of Data Received from Other Levels
- Information from Private Clinics and Some NGOs Missing
- Insufficient number of vehicles for monitoring and supervision
- Inadequate Capacity to Process Information
- Inadequate Trained Personnel
- Inadequate Coordination between Stake-Holders
- Inadequate Computer Equipment and Other Supplies
- Limited Human Resources, Drug/Vaccine Inventory, Vital Statistics, and Patient Data (Including Medical Records and Disease Surveillance)
- Inconsistent/Infrequent Communication Between Levels

Given the above inadequacies the need to create and set-up a functional HMIS that will integrate and report information in a format that is easy to use in order to ensure evidence-based decision-making by DoSH&SW and its partners was made apparent. The World Bank funded project Participatory Health, Population and Nutrition Project (PHPNP) presented the opportunity to acquire funding to address some of these issues.

This policy will ensure that the HMIS will be an effective tool that facilitates planning, budgeting, as well as monitoring and evaluation of the health care delivery system.

2 VISION

A well developed health management information system that meets the needs of The Gambia.

3 MISSION

Provision of timely, relevant and complete information on a sustainable basis by well-trained and motivated staff, with the necessary resources, for effective and appropriate health decision-making.

4 COMPONENTS

Preamble

The function of the HMIS is to draw information from a variety of sources, and integrate this information into a form that is usable as a tool for management of the health sector.

At present, most of the different components of the HMIS exist, but are not integrated within the Department of State for Health. To construct the information used for planning and monitoring functions, data must be derived from multiple components within the HMIS.

The components will include, but may not be limited to the following:

1. Health Indicators
2. Finance and Budgeting
3. Drugs, Vaccines and Other Medical Supplies
4. Human Resources
5. Geographical Information System (GIS) Health Map
6. Logistics
7. Vital Registration
8. Documents

For each of the components approved lists of essential indicators will be created. These lists will be updated as and when necessary.

Some of these components are well developed, others partly completed and others are yet to be constructed.

For maximal usefulness, all of these components need to provide accurate, timely and complete data to the consolidated HMIS.

4.1 Health Indicators

The Health Indicator database is housed within the Directorate of Planning and Information.

Routine indicators are information that will be used to detect and highlight problems, and to monitor staff and facility performance.

They will reflect the needs at Divisional Health Team (DHT), basic health facility (BHF), and Primary Health Care (PHC) levels, development partners, NGOs, the private sector as well as hospitals and key national concerns.

The selected Health Indicators include measures of demographics, health status, health and the environment, reproductive health, inpatient/outpatient services and overall service delivery.

A system of reporting exists, defining reporting responsibility, the frequency of reporting and what each level should expect from the others.

The ultimate responsibility for ensuring the quality and accuracy of the data rests with the officer in charge at each level.

4.2 Finance and Budgeting

The Finance and Budgeting database will assemble revenue and budgeting information necessary for planning and management of resources within the health sector. This component will also provide information to evaluate various health-financing options.

Basic financial management indicators have been identified and will continue to be developed.

Whenever possible, basic financial and budgeting information will be derived from the Department of State for Finance & Economic Affairs (DoSFEA), however, the DoSH&SW will modify this database to address needs specific to Health. The core Health Finance database will reside in the Directorate of Planning and Information. The DoSH&SW will inform DoSFEA of these health-specific needs.

Co-ordination of finance and budgeting rests with the DPI.

4.3 Drugs, Vaccines and Other Medical Supplies

The HMIS will facilitate management of drugs, vaccines and other medical supplies in order to ensure an adequate supply of these essential resources. This should also ensure the availability of quality resources in a cost-effective manner, and should enable equitable distribution of these resources.

Responsibility for drugs and medical supply data will reside within the National Pharmaceutical Services. Information on vaccines, family planning and condom supplies will be derived from the units managing these resources.

4.4 Human Resources

The Human Resources component will identify the needs for skilled health personnel, manage the allocation of these human resources, and plan for staff development and future expansion of the health sector.

The core database will be derived from, and synchronised with, that of the Personnel Management Office (PMO). Additional information, necessary for DoSH&SW management, will be added to the database maintained in the Directorate of Planning and Information.

Updating of the databases will be done regularly.

4.5 GIS Health Mapping

A GIS Health Mapping system exists within the DoSH&SW. This system serves to evaluate access to health services, determining geographic distribution of diseases, and as an aid in planning expansion. Epidemic preparedness management should also be incorporated in this component. Responsibility for maintaining this component rests with DPI.

4.6 Logistics

This component will facilitate the maintenance of current health assets, and provide the basis for strategic planning for logistic needs in an expanding health system.

This area comprises at least three sub-components: Maintenance, Transport and Information Technology. The appropriate responsible unit will maintain each database separately though the Directorate of Planning and Information will be responsible for Information Technology logistics.

4.7 Vital Registration

Accurate and timely data on births and deaths are essential for determining health indicators and projecting demands on the health care system.

Vital Registration will be de-centralized in accordance with the Local Government De-centralization Programme.

4.8 Documents

Information comprises more than data and databases. Policies, programme information and reports will be included in the output of the HMIS.

5 POLICY ISSUES

5.1 Information Use

Preamble

Quality information is essential for guiding policy makers in the evidence based decision-making necessitated by budgetary constraints. When used effectively, information can maximize the use of limited resources, support policy formulation, and facilitate priority setting, planning and programme monitoring. Investment in improving the quality of available information will be returned with optimized resource management.

Goal

Enhance use of high quality information in planning and management decisions within the health sector.

Objectives

1. To make accurate, timely and appropriate management information easily accessible throughout the health sector.
2. To encourage the use of information derived from the HMIS, in management decision making in the public and private sectors.

Strategies

1. Invest the resources necessary to improve the quality of available information.
2. Develop the HMIS in a way that will provide information to decision-makers in a convenient and easy to use form.

3. Actively promote the use of the HMIS for proper planning and decision-making.

4. Train health sector decision-makers in information use.

5.2 Reporting Requirements, Compliance and Enforcement

Preamble

An effective HMIS is dependent upon accurate, timely and complete information obtained from credible sources. Currently, difficulties associated with acquiring information include:

- Lack of Timely Information: Reports and information do not arrive in a timely manner
- Incomplete Information: Some reporting centres are not submitting requested information
- Information is not always accurate
- Lack of Regulation: Reporting requirements cannot be enforced: Private health practitioners have not been fully incorporated into the reporting structure
- Poor Communication: Requirements for reporting have not been effectively communicated.

Goal

Provide accurate, timely and complete reporting of information in an effective and efficient manner.

Objectives

1. To identify and communicate reporting requirements effectively to all reporting units.

2. To establish a sustainable reporting information flow within DoSH&SW and between DoSH&SW and other stakeholders.

Strategies

1. Develop and disseminate guidelines for timely report submission and feedback mechanisms for all stakeholders.
2. Enforce reporting requirements within DoSH&SW.
3. Include reporting requirements in all Memoranda of Understanding.
4. Work with appropriate licensing bodies to include reporting requirements in the licensing agreements of all health-related establishments.
5. Strengthen capacity for data management at all levels.

5.3 Information/Database Management

Preamble

Proper management of information is essential for the effectiveness, efficiency, and sustainability of an HMIS. There are a number of problems with information/database management within the current structure:

- Inadequate resources and trained manpower at all levels
- Focus has been on specific, separate, components but not the general 'higher-level, system' view.
- Inappropriate access to and use of information
- Concerns regarding confidentiality
- Duplication of information
- Inconsistency of information
- Duplication of development effort
- Untimely provision of information

Goal

Ensure effective and efficient information/database management.

Objectives

1. To ensure HMIS component inter-operability.
2. To ensure timely availability of information.
3. To ensure usability of the HMIS.
4. To regulate access and use of HMIS information as appropriate to specific user groups.
5. To provide security for HMIS information/databases.

Strategies

1. Develop Data Dictionary to maintain central repository of all database elements.
2. Co-ordinate development effort by the DPI.
3. Include ease of use strategies in the design of HMIS components.
4. Provide user support for HMIS components.
5. Develop clear guidelines and procedures for access to HMIS components.
6. Develop information confidentiality mechanisms.
7. Include security mechanisms in the design of HMIS components.

5.4 Information Technology (IT)

Preamble

Information Technology (IT) performs a vital role in the creation of any effective computer-based HMIS. IT infrastructure needs that must be addressed include:

- Co-ordinated IT resource management (both human and equipment)
- Insufficient and inadequate IT resources including trained personnel and equipment.
- Inappropriate use of IT resources.
- Security concerns regarding the use of IT resources.
- The lack of system standards that complicates maintenance and causes inefficient use of resources.
- Procurement and installation of non-sustainable computer equipment.

Goal

Ensure sufficient IT resources are in place to support the HMIS infrastructure on a sustainable basis.

Objectives

1. To identify resource requirements
2. To improve management of IT resources
3. To increase IT capacity

Strategies

1. Conduct a regular IT inventory and needs assessment within DoSH&SW.
2. Co-ordinate management of IT resources

3. Develop necessary IT standards and policies.
4. Recruit and train IT personnel.
5. Develop policy to ensure the integrity of computer information/data
6. Develop plan for upgrading and replacing IT resources.
7. Create IT Network within DoSH&SW (DHT's) and other partners.

5.5 Health Research

Preamble

Research will draw upon the HMIS for direction in identifying research topics but also will provide non-routine information to the HMIS. While DoSH&SW has conducted many studies, it has not been effectively using information from its routine indicators to identify these research topics.

It is important that research findings be used to strengthen health system management. HMIS will make research findings readily available to DoSH&SW and its stakeholders for more informed decision-making.

Goal

Ensure that research draws from and contributes to information contained in the HMIS.

Objectives

1. To use HMIS information in identifying research topics.
2. To present relevant research findings in the HMIS.
3. To make health research reports more accessible to DoSH&SW and other stakeholders.

Strategies

1. Periodic review of HMIS indicators by stakeholders for identification of research topics.
2. Incorporate non-routine indicators resulting from research into HMIS as appropriate.

3. Encourage submission of reports of health research done in The Gambia to the Research Unit of DPI.

4. Incorporate an Index of Health Research Studies in the HMIS

5.6 Capacity

Preamble

Adequate trained personnel, as well as an appropriate working environment, are essential to develop, maintain and use an effective HMIS. The infrastructure currently available is inadequate and there are too few staff with the necessary skills and training, both to deliver the needed management information in a usable format, and to continue development of an HMIS that is responsive to the needs of stakeholders.

Goal

Have adequately trained and equipped staff working in an environment conducive to developing, sustaining, and using a fully functional HMIS.

Objectives

1. To have adequate trained staff to support HMIS functions.
2. To have adequate equipment to support HMIS functions.
3. To have appropriate working environment for the staff and equipment.

Strategies

1. Assess staffing and equipment requirements (including analysis of existing resources).
2. Acquire and retain appropriate personnel.
3. Assess training requirements of existing staff.
4. Train appropriate staff in information management and use.
5. Procure necessary equipment and materials.
6. Make available necessary office space and working environments.

5.7 Co-ordination

Preamble

Co-ordination is required to gather information in an efficient manner from, and provide it to, stakeholders. Efficient information exchange requires willingness to share information, in compatible formats, with common technical standards. Currently there are limited mechanisms in place to facilitate these exchanges.

Goal

Establish sustainable mechanisms to co-ordinate data and information exchange among stakeholders.

Objective

To establish effective co-ordination mechanisms within DoSH&SW and among stakeholders.

Strategies

1. Use established committees as vehicles for HMIS co-ordination.
2. Have formal agreements with other Departments of State on IT and information exchange issues.
3. Include information exchange issues in Memoranda of Understanding with NGO's and other institutions.
4. Use HMIS Implementation Committee to negotiate the needed agreements.
5. Encourage and promote an Interdepartmental Information Technology Working Group to identify common issues and establish IT standards.
6. Identify focal persons for information exchange with each stakeholder.
7. Co-ordinate information requirements with stakeholders.
8. Encourage information exchange with and use by local communities.
9. Identify and maintain an updated directory of stakeholders.

6 IMPLEMENTATION AND MONITORING MECHANISMS

6.1 Implementation

Ultimately the overall implementation and management of the HMIS will be the responsibility of the DPI. However, for policy purposes, there are three levels involved in the specific implementation tasks of HMIS: Central, Divisional, and Autonomous Bodies (see Appendix C for details).

Specific responsibilities for implementation at each level (with principal responsible parties in brackets) are as follows:

Central

- Co-ordination of information for and from stake-holders (DPI)
- Gathering and distributing information (DPI)
- Generation of information (e.g. stock information) (NPS)
- Data processing (DPI)
- Resource allocation/mobilisation (DoSH&SW)
- Enforcement of policy (DoSH&SW)
- Development of policy (DoSH&SW/DPI)
- Monitoring and evaluation (DPI)
- Design and implementation of HMIS computer system (DPI and third-party developers)
- Finance and budgeting (DoSH&SW, DoSFEA and PMO)
- Use HMIS information (all)

Divisional

- Collect, verify, and report data to central level (DHT)
- Monitoring and evaluation (DHT)
- Use HMIS information (all)

Autonomous Bodies

- Collect, verify and report data to divisional or central level (Individual Bodies)
- Use HMIS information (all)

Data collection and reporting of information (excluding notifiable diseases which require immediate reporting) from the Autonomous Bodies and the Divisional levels to the Central will be on a monthly and quarterly basis. Staff transfer information will be gathered and supervision visits will also occur on a quarterly basis.

6.2 Decentralisation

It is recognised that the implementation of the Local Government Act will have significant effect on the responsibilities of each level. Promotion of divisional and other local use of health and health management data will be fostered to prepare for transfer of DoSH&SW personnel, facilities and responsibilities to local government bodies as required by the Local Government Act of 2002.

However, exchange of accurate information among central, divisional and community levels will continue to be essential for health policy development, national planning activities, management of referral hospitals and training institutions and for compliance with international agreements entered into by the government of The Gambia.

6.3 Monitoring and Evaluation

Monitoring and evaluation will be required so as to enable policy makers and managers determine whether activities as planned are being carried out and are achieving the set objectives. The monitoring and evaluation mechanisms should provide linkages at operational level and timely dissemination of information to stakeholders.

Appropriate mechanisms will be instituted/established to monitor that all HMIS components are operating effectively and providing decision-makers with appropriate information to evaluate aspects that may need modification.

These mechanisms are:

- Creation of a "HMIS Implementation Committee" which will draw its membership from the HMIS Working Group (though this membership will be expanded).

- HMIS Implementation Committee to monitor progress against the project plan for the implementation of HMIS.
- DPI to monitor the timeliness, completeness and accuracy of data and information from the various sources.
- The various information sources to monitor the timeliness, completeness and accuracy of data from their subsidiary units.
- DPI to produce regular reports on data and information flow status from the various sources.
- Establish a help desk and logging process to record problems and difficulties encountered within HMIS. This will also capture user requests and is used to determine how HMIS is meeting user requirements. The HMIS Implementation Committee will review this log.
- Production of regular status reports by the IT section on data security and IT infrastructure.
- Establishment of other mechanisms as and when needs arise.

The HMIS Implementation Committee will be derived from members of the HMIS Working Group with additional representatives from the Integrated Financial Management Information System (IFMIS) and other agencies outside of DoSH&SW.

Composition of the committee will include, but not be limited to, representatives of the following:

ADHPP/DoSH&SW
Budget Unit, DoSFEA
DDHS/DoSH&SW
DHT/NBDW
DHT/WD
Director of Planning, DoSH&SW/DPI
Disease Surveillance Officer, DoSH&SW/ESU
DoSFEA/CSD
DoSH&SW/NPS
DPS/DoSH&SW
Economist, DoSH&SW/DPI
EMIS, DoSE
Head ESU, DoSH&SW
HRIS, PMO
IFMIS, DoSFEA
NAS/HARRP
National Laboratory
NGO's
NPCS
PHPNP
PHPNP/BI and Poverty Coordinator, DoSH&SW/DPI
Principal Planner, DoSH&SW/DPI
RVH
UNICEF
WHO

Appendix A: Abbreviations

ADHPP	Assistant Director for Health Promotion and Protection
BHF	Basic Health Facility
BI	Bamako Initiative
CERPOD	Centre for Applied Research on Population and Development
CHN	Community Health Nurse
CSD	Central Statistics Department
DDHS	Deputy Director of Health Services
DHT	Divisional Health Team.
DoSE	Department of State for Education
DoSFEA	Department of State for Finance and Economic Affairs
DoSH&SW	Department of State for Health and Social Welfare.
DPI	Directorate of Planning and Information of DoSH&SW
DPS	Deputy Permanent Secretary
ESU	Epidemiology and Statistics Unit; Formerly a separate directorate in DoSH&SW, ESU now is a sub-directorate of DPI.
GIS	Geographic Information System
HARRP	HIV/AIDS Rapid Response Project
HIS	Health Information System
HMIS	Health Management Information System
IT	Information Technology
NaNA	National Nutrition Agency
NAS	National AIDS Secretariat
NBDW	North Bank Division West
NGO	Non-Governmental Organisation
NPCS	National Population Council Secretariat
NPS	National Pharmaceutical Services
NPS	National Pharmaceutical Services
ODA	Official Development Assistance
PHC	Primary Health Care
PHPNP	Participatory Health, Population and Nutrition Project
PMO	Personnel Management Office
RVH	Royal Victoria Hospital
TB	Tuberculosis
TBA	Traditional Birth Attendant
UNICEF	United Nations Children's Fund
VHW	Village Health Worker
WD	Western Division
WHO	World Health Organisation

Appendix B: Glossary

HIS	A Health Information System (HIS) is just the collection, compilation and reporting of health indicators but does not contain the element of management found in a HMIS.
HMIS	A Health Management Information System (HMIS) is the processing of data from various health components into information that enables policy makers, managers, planners and other stakeholders to make informed decisions.
Inter-Operability	The sharing of information among component databases and tables.
Stake-holders	Individual bodies concerned with information from the HMIS within DoSH&SW, from other Departments of State, from the community, or from agencies and institutions outside of government.
Other Medical Supplies	Non-pharmaceutical medical supplies and equipment within the inventory of the National Pharmaceutical Service.

Appendix C: Implementation Classification

The following classification is used in the 'Implementation and Evaluation' section above.

Central
- DoSH&SW
- DoSH&SW: DPI
- DoSH&SW: National Pharmaceutical Services
- DoSH&SW: Accounts Unit
- DoSH&SW: Drug Revolving Fund (DRF)
- DoSH&SW: Environmental Health Unit
- DoSH&SW: Transport Unit
- DoSH&SW: Maintenance Unit
- DoSH&SW: Program Areas
- DoSH&SW: SEN/CHN Schools
- NAS
- NaNA
- PMO
- DoSFEA

Divisional
- DHT
- Health Facilities
- Village Health Services

Autonomous Bodies
- Hospitals
- Private Clinics
- NGO Clinics
- Other Professional Schools (Gambia College and University of The Gambia)
- Regulatory bodies:
  - Gambia Medical and Dental Council
  - Gambia Nurses and Midwives Council
  - Medicines Board
- Professional bodies
  - West Africa Postgraduate College of Pharmacy
  - West Africa College of Nurses
  - West Africa College of Physicians