openimis Implementation Experiences in Cameroon



openIMIS Implementation Scenarios

- openIMIS is being used to support the implementation of a community based micro health insurance scheme called BEPHA in Cameroon and a government program for the elimination of Direct User Fees for HIV treatment and services
- There is ongoing work for the tool to be used for the implementation of a health coverage project nationally for pregnant women known as Chèque Santé, a Cash Transfer project for Internally Displaced Persons (IDPs) to support children of targeted Households for their Education in 3 Regions in Cameroon known as EduCash, and a Health Care purchasing scheme for IDPs and Vulnerable Persons in 4 Regions of Cameroon



openIMIS use case scenario for BEPHA

- BEPHA has been using openIMIS in the implementation of its micro health insurance scheme since 2013
- The scheme uses the services of TransIP to host the openIMIS in the Cloud
- BEPHA works in partnership with 140 hospitals providing health services to its beneficiaries and has 18 staff working on the openIMIS
- BEPHA uses the openIMIS for its Beneficiary Management, Claims Management and Data Analysis



Scheme Administration

- With the experienced gained in the use of the openIMIS, BEPHA does the day to day Administration of its scheme with the openIMIS
- However, BEPHA lacks the technical capacity to provide technical IT support in the Administration of the scheme.
- This support was being provided through SwissTPH but BEPHA's contract with SwissTPH came to and end last here



openIMIS use scenario for HIV Direct User Fees Elimination

- The project started in January 2020
- A PBF-Portal (Use of DHIS2) tool was used for the generation of bills by health facilities for reimbursement
- This system had a lot of weaknesses as bills were being generated at the end of the month from aggregate data. It was difficult to verify this data
- The government decided to use the openIMIS as a pilot for the implementation of the project in two Regions with a possibility of extension to the 10 Regions of the country from experience gained



- openIMIS is being used as a pilot for 2 Regions covering 95 Health Facilities in Cameroon
- The tool is being used for Beneficiary Management, Claims Management, Billing and Data Analysis
- Users at the Central, Regional and Health Facility levels have been trained on the use of the tool
- Support is being provided to Regional and Central level actors to take up the Administration role of the openIMIS
- The project has 105 users of the openIMIS at the pilot phase with prospects of over 4000 users if the tool is deployed nationally after the pilot phase



- The openIMIS is being hosted for this project by Amazone in the Cloud
- Reflection is ongoing by various government stakeholders to transfer the hosting of the tool at Camtel, a Parastatal Communications Company in Cameroon with a backup server hosted at The IT unit of the Ministry of Public Health
- Technical IT support for the customization of the openIMIS for this project is being provided by Y-Note, a local IT company with backup support from the openIMIS Coordination Unit



Experiences in Implementation, Challenges, Lessons Learnt

- There is a great interest by government and local actors to get the implementation of their various programs digitalized and openIMIS has been identified as a great tool that can be customized various divergent use case scenarios
- Despite this interest, there is a great challenge for adequate finances to support the digitalization of these programs
- These challenges ranges from funds for the customization of the tool to suit various user needs, funds for training of users, funds for the purchase of equipment and the operationalization of the tool



- For the HIV direct user fees elimination project, most of the users trained lack adequate knowledge on the use of digital tools which requires that implementation would need constant field follow up to support users get mastery of the tool
- We observed that collective training without individual field follow up to provide users at the Health Facility on the spot support would leave a huge gap for effective implementation of openIMIS
- It is recommended that implementation support should consider long term continuous support and backstopping as the various level users need sometime to get comfortable and gain mastery on the use of the tool



Thank You