

Steering Group Meeting: openIMIS – a global good in health financing and social protection (22 April 2021)

Minutes reader and invitation to engage with the openIMIS initiative

Introduction openIMIS

The COVID-19 pandemic stressed the importance of and need for resilient social protection and health systems. Without strong, efficient systems in place, achieving the goals of Universal Social Protection (USP) and Universal Health Coverage (UHC) becomes a distant reality. Digitalisation plays a crucial role in helping low- and middle-income countries in achieving these SDG targets by allowing for more efficient and transparent process management.

The German Federal Ministry of Economic Cooperation and Development (BMZ) and the Swiss Agency for Development and Cooperation (SDC) under the Swiss Federal Department of Foreign Affairs support the creation and provision of digital global goods, to allow everyone to take advantage of digital developments in health and social protection and bring sustainable changes in their systems. Since 2017, BMZ and SDC have jointly invested in the openIMIS initiative.

openIMIS is an open source software for managing workflows in health financing and social protection schemes to enable efficient and transparent systems at scale. GIZ is coordinating the openIMIS initiative by managing the software development, managing a community of practice, and assisting partner organisations in customising and implementing the software for their health financing and social protection schemes. The software has already been adapted and implemented for nine schemes in six countries, benefiting over 6,2 million people by supporting the management of services in health or social protection. (For more information, please visit our website openIMIS.org)

Objectives of the meeting

Presentations by the initiative, its partners and users were intended to demonstrate

- the various use cases of openIMIS in health and social protection,
- the adaptability of openIMIS in diverse implementation settings,
- the role of the community to support the software solution, and
- benefits of a global good approach in health and social protection.

At the same time, the Steering Group Meeting acts as a platform to invite experts from bilateral implementing agencies, donors and international organisations working in the areas of digitalisation, health, and social protection to learn about and engage with the initiative.

Opening remarks

Kathrin Oellers, *Head of Division Population Policy, Social Protection (Div. 101) / German Federal Ministry of Economic Cooperation and Development (BMZ)*

Alexander Schulze, *Head of Global Programme Health Division / Swiss Agency for Development and Cooperation (SDC) under the Swiss Federal Department of Foreign Affairs*

Both, BMZ and SDC, reflected on and stressed the gains of investing in a global good, such as the openIMIS initiative.

Originating in a digital solution that was developed in the health financing context and reacting to a specific request from Tanzania in 2011 by the community health funds (CHF), the software grew organically with every following adaptation - for a *mutuelle*-based health insurance scheme in Cameroon, from 2014 and for operating Nepal's national health insurance scheme, from 2016.

This showed potential for easy adaptation to different health financing and social protection mechanisms prompted SDC to release the management information system through an open-source license - openIMIS. In 2016, The German Development Cooperation (GDC) and SDC jointly setup the openIMIS Initiative, to manage and promote the community of practice, to further develop the software, and to support future implementations of the openIMIS software.

Over the past five years openIMIS developed into a global good in health financing and social protection, which is

- open source,
- aligned with Principles for Digital Development and the Principles of Donor Alignment for Digital Health,
- interoperable through the use of international standards,
- aligned with other global goods and their communities of practice (e.g. OpenHIE, Digital Square)
- and which reflects its global aspirations in its governance structure and global community of practice.

Looking back and looking ahead, SDC and BMZ can attest the initiatives' achievements in growing more versatile in its functionalities and service to people in health and social protection. Nevertheless, the initiative will have to go a long way in order to see a sustainable openIMIS solution contributing to more impact in more countries. As for this to happen, both funders invited participants and their organizations to join, as Alexander Schulze puts it "We need all of you – we need *users* to feed back their experiences and formulate their new needs and requests on which we can further build the solution, *developers* to propose and create new features based on these needs and following any shortcomings they may have basically discovered and detected in the existing solution, other *communities of practice* that work with us to make differences between the solution compatible, but also interoperable ...and *promoters* and *donors* to spread the word and support the further development and the implementation of the solution."



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openIMIS Update

openIMIS as a tool in health and social protection

Saurav Bhattarai, *Advisor, openIMIS Coordination Desk / GIZ*

[Link to presentation slides](#)

In his introduction to functionalities of the software and use cases, Saurav Bhattarai, described the initial challenge which scheme operators in low- and middle-income countries regularly face, when looking for an appropriate digital solution to support the implementation of a health financing or social protection scheme. Either they try to build their own system, but encounter technical limitations once complexities increase with further development of the scheme, or scheme operators attempt buying and customising commercial solutions, which grew prohibitive expensive with every subsequent update and maintenance needed. This background was one of the motivations for SDC to turn to an open source approach for openIMIS, i.e. decide on a very open license (GNU AGPL v3 License as published by the Free Software Foundation, since 2018) which makes the software – for anyone - free to use, and modify.

As a software for managing health/social protection processes, openIMIS helps digitising the link between beneficiaries, providers and payers for healthcare and social protection. The technical solution is supported by a community of developers, users and implementers, with the joint mission to increase and improve universal health coverage (UHC) and Universal Social Protection (USP).

The business processes (workflows) covered by openIMIS

- Beneficiary management (enrolment, contributions, policy assignment, renewals)
- Service utilisation
- Claims management, *AI claims adjudication module (AI decision support)
- Monitoring and reporting

openIMIS Workflows



In his explanation on the governance structure, Saurav Bhattarai makes transparent, in what roles partners engage e.g. as part of the Technical Advisory Group, the Implementers or Developers Committee and how the global community is linked with local implementations also through regional hubs. Also, the overview on the tasks of the openIMIS coordination desk shows on what aspects partners can join in e.g. in new software development, the promotion of use and further development of openIMIS, implementation support (at the

stages of feasibility studies and formulating requirements for potential implementation) as well as capacity development (through the regional hubs in Asia and Africa, on-the job trainings and ad-hoc support).

The three introduced use cases and implementations in Tanzania, Cameroon and Nepal show the specifics in implementation and functionality requirements, but also the flexibility of openIMIS in addressing them in terms of a modular solution, interoperability with the existing digital environment, and easy to scale-tool.

Community Health Funds in Tanzania

- First user of openIMIS (2012)
- Community health fund (CHF) is health insurance scheme established in 2001, improved to CHF Iliyoboreshwa in 2018.
- Managed by President's Office – Regional Administration and Local Government (PORALG); which is accessible in all regions in Mainland Tanzania
- Regional pooling of funds
- Integrated with electronic national payment gateways

National Health Insurance in Nepal

- Using openIMIS since 2016
- National Social Health Insurance Scheme for various levels of health care
- Managed by the Health Insurance Board (HIB) Nepal, accessible in 95% of Nepal
- National pooling of funds
- Integrated with electronic medical record systems (e.g. Bahmni)

Health Insurance in Cameroon

- openIMIS user since 2013
- Micro health insurance scheme
- Managed by Bamenda Ecclesiastical Province Health Association (BEPHA) and available in Northwest region of Cameroon
- Regional pool
- Cloud hosted solution
- Additional schemes in Cameroon being explored for openIMIS implementation

▷ Further reading on Healthy DEvelopments platform by BMZ

- [openIMIS: Co-creating a global good](#) (June, 2020)
- [openIMIS: Health and social protection's digital backbone](#) (June, 2020)
- [Open source software for social health insurance](#) (March, 2017)

openIMIS use cases beyond health

Rodrigo Assumpcao, *Social Protection Management Information Systems Expert, Social Protection Department / ILO*

Within the ILO the need for a tool to be able to implement all elements of social protection schemes, is a recurrent theme, says Rodrigo Assumpcao. When asked by social protection institutions in partner countries about a recommended tool to manage their schemes (building yourself, buying or implementing existing tool), the ILO stresses the importance of adoption scale and community ‘import’ that go with an IT solution.

With this background, Rodrigo Assumpcao concludes, the collaboration with the openIMIS initiative therefore was very welcome and helps to point partner countries at a potential MIS solution that can improve the management and administration of social protection schemes in the selected countries. Whether openIMIS can be eventually deployed in the specific setting, will be assessed in a prior feasibility study (that follows a standardised process).

- Joining competencies on policy advice and tool implementation in social protection, presents a win-win-win constellation for the
- **partner country** to receive support in identifying and implementing a management information system, fitting their needs and benefiting people in the management of social protection services to them;
- **ILO** which beyond policy advice, can offer a practical tool to sustain policy advances in social protection;
- **openIMIS** to receive feedback on specific requirements and functionality needs that guide the initiative in customising existing or developing additional software modules.



Project Objectives

- Help improve the management and administration of SP schemes
- Help OpenIMIS to evolve modularly to cover most SP schemes
- Implement 5 instances of Management Information System based on OpenIMIS
- Structure a MIS implementation course together with the ITC-ILO
- Each implementation typically will:
 - Conduct a diagnosis of the IT situation of the local SP Institution
 - Conduct a diagnosis of the SOPs of the social protection scheme
 - Define and procure the necessary infrastructure to run the MIS
 - Customize and develop the necessary modules for the specific scheme
 - Rollout, test and correct the instance in order to have a functioning MIS system in place
 - Develop the capacity of the local stakeholders to govern, manage, maintain and use the database and the implemented MIS

▷ [Further information](#)

[Generic Implementation Starter Kit](#). The starter kit provides resources and structured mechanisms to interested scheme operators to assess the conditions and requirements to deploy openIMIS for health or social protection schemes.

Implementations and country cases

openIMIS supporting the national Social Health Insurance in Nepal
[Link to video](#)

openIMIS has been implemented by the Health Insurance Board (HIB) in Nepal since 2016 to manage its national Social Health Insurance scheme. By April 2021, the Social Health Insurance covered 75 out of 77 districts and 3.7 Mio beneficiaries (53% women). Full coverage is to be achieved by summer 2021.

The video explains the core business processes supported by openIMIS from enrolment to verification at the health facility, claims submission at the health facility and review at the scheme operator, up to data analysis and reports at the scheme operator, here HIB.

Panel talk “Implementation experiences”

Implementation Nepal



<p style="text-align: center;">Impact</p> <ul style="list-style-type: none"> • Beneficiaries <ul style="list-style-type: none"> • Social Health Insurance (HIB): 3,7 Mio • Social Security (SSF): 200,000 • Health services have been provided to 1,505,698 beneficiaries through HIB • 375 empaneled health facilities • Aim to have accelerated claims management through openIMIS AI claims adjudication module 	<p style="text-align: center;">Type of scheme</p> <ul style="list-style-type: none"> • HIB: Voluntary Social Health Insurance scheme, targeting the informal sector. Coverage for all levels of health service. • SSF: Mandatory health and accident injury insurance scheme for formal sector employees.
<p style="text-align: center;">Users</p> <ul style="list-style-type: none"> • 6.230 enrolment officers • over 750 health facility personnel • 140 HIB staff • 24 claims review • 3 IT officers at HIB 	<p style="text-align: center;">Operator</p> <ul style="list-style-type: none"> • Health Insurance Board (HIB) • Social Security Fund (SSF) <p style="text-align: center;">Role in the community</p> <ul style="list-style-type: none"> • HIB has been part of openIMIS community since 2016 – sharing experiences + knowledge with wider community; uses community as platform for exchange and regularly reports on updates • close collaboration with regional hub AeHIN • Have been hosting ‘study tours’ for potential users <ul style="list-style-type: none"> • Cambodia 2018 • Pakistan 2019 • Cameroon & Nigeria 2019

Facilitator

Olivier Praz, Senior Policy Advisor, Global Programme Health / Swiss Agency for Development and Cooperation (SDC), Federal Department of Foreign Affairs

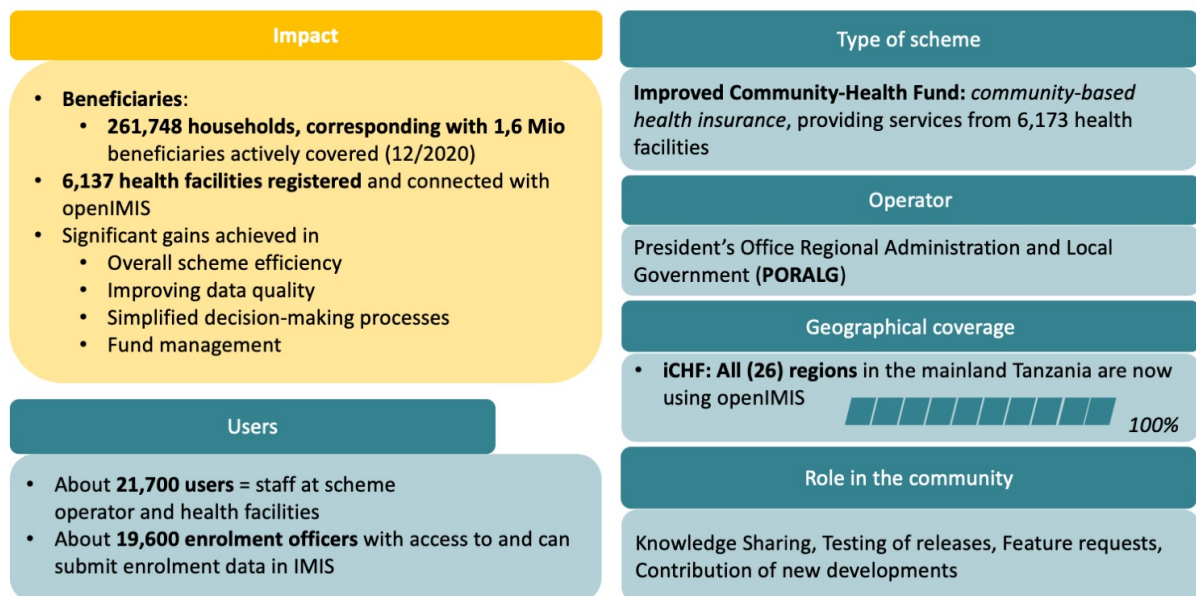
Panelists

- **Tanzania:** Ally-Kebby Abdallah, Project Manager Tanzania Office, Health Promotion and System Strengthening (HPSS) / Swiss Tropical and Public Health Institute (SwissTPH) and Dr. James Tumaini Kengia, Coordinator for Regional Health Management Teams, Health System Strengthening Resource Centre, Emergency Medical Services and Research & Publication / President's Office Regional Administration and Local Government (PO-RALG)
- **Nepal:** Dr. Damodar Basula, Executive Director / Health Insurance Board (HIB)
- **Cameroon:** George Atohmbom, Director of Operations and Finance / Bamenda Ecclesiastical Province Health Assistance (BEPHA)
- **The Gambia:** Momodou L. Jarju, Co-founder and CTO / 2M Corp

The objective of the panel was to let users share their experiences on implementations of openIMIS in their diverse scheme and country setting. Representatives from Tanzania, Cameroon and the Gambia reported on the requirements, customisation steps, capacity development to support the implementation and the overall impact the tool brought in terms of beneficiary numbers and services provided to them, efficiency gains on the side of the

scheme operator and connected health facilities in Tanzania and Cameroon, or for pay-out offices administrating a cash transfer in response to the COVID-19 pandemic in the Gambia. Hereafter you find the implementation profiles for Tanzania, Cameroon and the Gambia.

Implementation Tanzania




Ally-Kebby Abdallah: “(...) openIMIS is now being used nationwide, in 184 district councils in Tanzania mainland, supporting enrollment processes in more than 12.000 villages and more than 400 hamlets. The system is connected to about 6.000 health facilities, where members can receive treatment.

In the pilot phase and even now (after the roll-out) openIMIS had proven very efficient in terms of enrollment. There are currently over 3 million people enrolled, i.e. registered and they have access to the health facilities mentioned. Also, in terms of claims management in the health facilities – they work with the claims submission system already for several months and claims can be paid to the health facilities out of the Community-Health Fund. In that line, openIMIS has improved the efficiency of scheme operation, but also ensured that the Fund flow to the health facilities is improving.”


Implementation Cameroon

George Atohmbom: “(...) With the HIV fee elimination scheme, taking the experience we had gained from the BEPHA scheme, it was easy for us to support the government in defining the business processes of the programme, to come up with Standard Operations Procedures (SOPs) and define the customisation needs for openIMIS. The previous implementation experience helped a lot. For the training, we first had to identify national stakeholders, and stakeholders on the regional level, whom we trained to become the core group trainers. In the next step they provided the training to the health facilities at the community level. With this we registered some successes together with some setbacks, because the government requested that we should use openIMIS for a pilot and they wanted us to run it in a very short time. To carry out all the required Capacity Development for the trainers to have a comprehensive understanding in the narrow time frame was quite a challenge. We kind of had to be everywhere, at all times. But we hope we planned and invested well ahead of time as the government is discussing to roll-out openIMIS on this programme to other regions and to other hospitals. Now we can see the trend to use openIMIS.”

Impact	Type of scheme
<ul style="list-style-type: none"> Beneficiaries: <ul style="list-style-type: none"> BEPHA: 18,686, out of them 10,109 women = 54% HIV fee elimination scheme: 148,000 in the 2 pilot regions; potential after scale-up to 10 regions: 540,000 beneficiaries 	<ul style="list-style-type: none"> Bamenda Ecclesiastical Province Health Assistance (BEPHA): <u>community based micro health insurance scheme</u>, providing services through 140 hospitals HIV Fee Elimination: program for the <u>elimination of user fees</u> for HIV treatment and services, providing testing and treatment services from 95 health facilities <p>Potential:</p> <ul style="list-style-type: none"> Chèque Santé: a national <u>voucher scheme</u> for maternal and child health EduCash: a conditional <u>cash transfer scheme</u> to support children of targeted households for their education Health care purchasing scheme for IDPs and vulnerable persons in 4 Regions
Operator	
<ul style="list-style-type: none"> Micro health insurance scheme - Bamenda Ecclesiastical Province Health Association (BEPHA) HIV fee elimination scheme – The Regional Fund for Health Promotion, MoH 	
Special aspects of implementation	<ul style="list-style-type: none"> Multiple schemes supported by openIMIS with the potential to support health data harmonization One of the first potential implementation cases to benefit from newly established Catalytic Implementation Fund – receiving support for capacity development in roll-out of several schemes
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Implementation The Gambia

Impact	Type of scheme					
<ul style="list-style-type: none"> Beneficiaries: Cash transferred to 83.000 households in 30 of the poorest districts, with 6-8 members per household (30% of Gambian population) IT system, based on openIMIS, was ready to deploy in 4 weeks of scheme finalisation as COVID-19 response mechanism. 	<ul style="list-style-type: none"> Nafa quick: cash transfer scheme as a quick response to COVID-19 crisis Potential for scale up <ul style="list-style-type: none"> Nafa money: long term <u>cash transfer</u> scheme targeting additional 40% of population over 3 years 					
Special aspects of implementation						
<ul style="list-style-type: none"> First openIMIS implementation in social protection systems other than health Demand driven: ideation and initiation of openIMIS use from 2M Corp. 	Operator					
<ul style="list-style-type: none"> First openIMIS implementation in social protection systems other than health Demand driven: ideation and initiation of openIMIS use from 2M Corp. 	National Nutrition Agency (NaNA) Together with Department of Community Development, Ministry of Lands and Regional Government & Department for Social Welfare of the Ministry of Women, Children and Social Welfare					
	Population coverage					
	<table border="0"> <tr> <td>'Nafa quick'</td> <td><div style="width: 30%; background-color: #FFD700; border: 1px solid #000;"></div></td> <td>30% of the overall Population (2 Mio)</td> </tr> <tr> <td>'Nafa money'</td> <td><div style="width: 40%; background-color: #FFD700; border: 1px solid #000;"></div></td> <td>+40% planned</td> </tr> </table>	'Nafa quick'	<div style="width: 30%; background-color: #FFD700; border: 1px solid #000;"></div>	30% of the overall Population (2 Mio)	'Nafa money'	<div style="width: 40%; background-color: #FFD700; border: 1px solid #000;"></div>
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Momodou L. Jarju: “(...) Internally we had discussed developing social protection scheme software for a while. We researched for existing open source systems doing something similar. That is how we came across openIMIS. Personally, I have a background in developing insurance claims management systems in Senegal and when we checked openIMIS, we could easily abstract that this system actually has, what we wanted to do, just the terminologies are somehow different. (...) This is how openIMIS helped the government to achieve the cash transfer implementation. Considering, that it took us a week to build the prototype, I would say the system was done in a really nice, easy to scale and easy to add way.”

▷ Further information on openIMIS implementations

- [openIMIS brings digital social benefits to The Gambia – Healthy Developments](#) (emergency cash transfer scheme during COVID19), April 2021
- [openIMIS: How a digital global good is transforming the delivery of social protection around the world](#), April 2021

openIMIS way forward

Catalytic Implementation Fund

Alexander Schrade, *Senior Policy Officer, Division Population Policy, Social Protection / BMZ*
[Link to presentation slides](#)

For the openIMIS programme phase 2020-2023, BMZ and SDC have expanded their investment in the initiative by establishing a Catalytic Implementation Fund to support various health and social protection scheme operators covering the initial implementation costs of the software. As Alexander Schrade explains, even though the software and knowledge around openIMIS are free, there are always costs incurred for an implementation related to hardware (e.g. for server or cloud space), cost for the initial software customisation and for the training of users, those who work with the software.

The catalytic nature of the fund means, funds aimed to help catalysing the implementation process, not to provide a continuous funding stream. The sustainability of the suggested implementation cases is of high priority and will be assessed at several steps.

Eligible to apply for support out of the Catalytic Implementation Fund are scheme operators in BMZ and SDC partner countries, who want to implement a health financing or other social protection schemes. Some aspects that indicate conditions for a sustainable implementation are a clear definition of the scheme, legal and/or policy frameworks in place and Standard Operating Procedures (SOPs) for the scheme already well defined.

▷ Further reading on the Catalytic Implementation Fund

- [The openIMIS Catalytic Implementation Fund](#)

Engaging with the openIMIS Initiative

Saurav Bhattarai, *Advisor, openIMIS Coordination Desk / GIZ*

The openIMIS coordination desk invites participants and the organisations they represent to engage with the initiative. Different ways to do so, were introduced by Saurav Bhattarai, especially addressing bilateral implementing agencies, donors and international organisations which are working in the areas of digitalisation, health, and social protection.

Sign-up for newsletter, receive regular info on activities and developments of the initiative

Technical Peer: join the Technical Advisory Group, e.g. for digital health, health financing, social protection; will be included in the mailing list for updates and requests on specific technical issues

Community Member: engage in implementer or developer committees; participate in regular implementers and developers calls

Development Partner: support country implementations; expand the knowledge about openIMIS, spread awareness of tools available in partner countries

▷ Connecting to the openIMIS initiative

- [openIMIS newsletter](#), earlier editions and subscription link
- Joining for weekly implementers call/monthly Behla call, every Wednesday 10:00-11:00 am CES via <https://meet.jit.si/openIMISImplementers>,
- Joining for weekly developers call /monthly Gumzo ya mwezi , every Thursday 9:00-10:00am CES via <https://meet.jit.si/openIMISDevelopers>
- [Join as a development partner & Get involved](#), overview on ways to engage

If you wish to contact the openIMIS initiative, please write an e-mail to contact@openimis.org.

Modeling ways forward and augmenting the openIMIS initiative

To develop a better understanding and collect ideas on digital tools in the social protection context and on how to assure the sustainability of these tools, brainstorming along two questions was facilitated on a Miro board.

Group A: Digitalisation needs in social protection

Facilitator: Ralf Radermacher, Head of Sector Programme Social Protection + Global Programme Social Protection Innovation & Learning / GIZ

Question: What gaps do you see in current management information system (MIS) for social protection offerings?

- Functional gaps
- Gaps in standardization
- Gaps with regards to interoperability



Very relevant and useful inputs on all aspects of MIS requirements for SP were received during the session. The wide range of needs expressed, from the need for fundamental data models to the linkages with existing open source systems provided the openIMIS team with a lot of ideas on how to provide relevant, useful solutions for digital social protection.

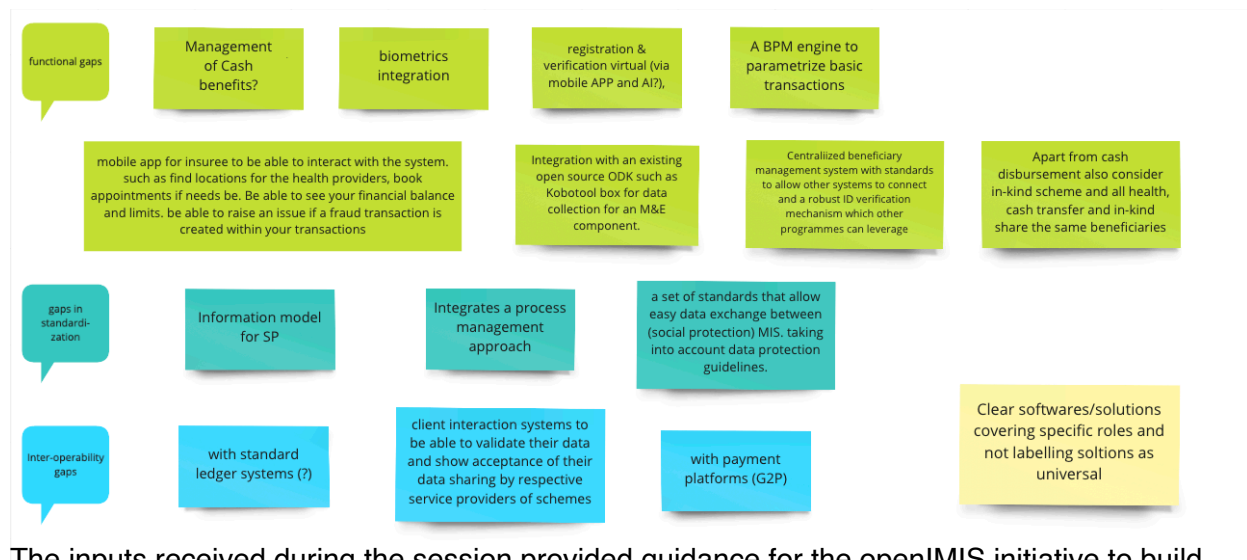
Group B: Promoting a global good in health & social protection

Facilitator: Saurav Bhattarai, Advisor, openIMIS Coordination Desk / GIZ

Question: What are the key aspects to assure sustainability of global goods in health and social protection?

What and how can openIMIS support the development of more global goods?

- Sharing experience
- Raising specific topics for discussions, standards & interoperability
- Links with principles for digital development



The inputs received during the session provided guidance for the openIMIS initiative to build a better global good in social protection. The inputs reflected the experiences from the health sector (eg. development of HL7-FHIR) as well as the needs from the social protection domain - providing concrete ideas that the initiative can take forward in the coming days.

Wrap up

Raúl Julián Ruggia-Frick, *Head of Centre for Excellence Knowledge / International Social Security Association (ISSA)*

Raúl J. Ruggia-Frick sums up the rationale again for a global good in health and social protection and thus, contextualises previous presentations and discussions: “There is a real gap and need for a standardised software component for health and social protection that enables users to carry-out business processes like enrolment, service provision, claims management, monitoring and reporting.” For partner countries, when looking for such a component, two challenges come up:

- **Cost aspect:** For institutions to cover costs for the development of systems from the scratch and carrying out all steps of implementation is very costly. It is better to use these resources on the deployment and customisation of existing solutions and cover the capacity development linked to it.
- **Complexity aspect:** There is a complexity in developing management information systems and in the coordination of the implementation plus training of users. Therefore, the deployment organisation plays a key role in enabling this type of project.

As Raúl J. Ruggia-Frick concludes, the tool and the community introduced by the openIMIS initiative present an example of how to address both these challenges. “What we heard, is an example on how to develop such a system, the evolution of the system so far, how to implement it in partner countries and how to exchange ideas on the next steps.” The presentations and the contributions during the group work showed, openIMIS already has a number of functionalities. It is operational, but it will require further customisation to fit more social protection schemes. On the other hand, there are common requirements the system can address in health and social protection. An evolution of the system to stress the common parts and address diverging needs through additional modules and functionalities will help expanding the service spectrum beyond health.

Steering Group Meeting Public session: openIMIS - a global good in health financing and social protection

10:00 - 10:15 **Welcome, greeting and introduction**

- Opening remarks by Kathrin Oellers, Head of Division Population Policy, Social Protection (Div. 101) / BMZ
- Opening remarks by Alexander Schulze, Head of Global Programme Health Division / SDC

openIMIS Update

10:15 - 10:40 **A global good in health financing ... and social protection**

- openIMIS as a global good in health financing and social protection by Saurav Bhattarai, Advisor, openIMIS Coordination Desk / GIZ
- openIMIS use cases beyond health by Rodrigo Assumpcao, Social Protection Management Information Systems Expert, Social Protection Department / ILO

10:40 - 11:05 **Implementations and country cases**

- Implementation video 'openIMIS supporting Social Health Insurance in Nepal'
- Panel talk on implementation experiences with representatives from
 - Tanzania: Dr. Ntuli A. KAPOLOGWE, Director of Health Services, President's Office Regional Administration and Local Government (PORALG)
 - Nepal: Dr. Damodar BASULA, Executive Director / Health Insurance Board (HIB)
 - Cameroon: George ATOHMBOM, Director of Operations and Finance / Bamenda Ecclesiastical Province Health Association (BEPHA)
 - Gambia: Momodou L. JARJU, Co-founder and CTO / 2M Corp
 - Facilitator: Olivier PRAZ, Senior Policy Advisor, Global Programme Health / SDC

11:05 - 11:20 Discussion: Reflections on use cases and country implementations

openIMIS Way forward

11:20 - 11:45 **Supporting new implementations and ways to engage with the initiative**

- Catalytic Implementation Fund by Alexander Schrade, Senior Policy Officer, Division Population Policy, Social Protection / BMZ
- Engaging with the openIMIS Initiative by Saurav Bhattarai, Advisor, openIMIS Coordination Desk / GIZ
- Q & A

11:45 - 12:20 Discussion: Modeling ways forward and augmenting the openIMIS initiative

12:20 - 12:30 **Wrap-up and closing**

- Wrap-up by Raúl Julián Ruggia-Frick, Head of Centre for Excellence Knowledge / International Social Security Association (ISSA)
- Closing words by Alexander Schrade, Senior Policy Officer, Division Population Policy, Social Protection / BMZ

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