openIMIS – a digital public good in health and social protection

openIMIS is an open source software that supports the management of social protection instruments, such as health financing.8 million people in Tanzania, Cameroon, The Gambia, DR Congo, Chad, Niger, Mauritania and Nepal are already benefiting from the improved management of their social protection schemes through the software; the introduction is being prepared or piloted in further countries. The global provision of openIMIS is supported by Germany (Federal Ministry of Economic Cooperation and Development, BMZ) together with Switzerland (Swiss Agency for Development and Cooperation, SDC). openIMIS is anchored as an exemplary approach in the digitalisation strategy of both the German Federal Government and the BMZ. In the health sector, openIMIS has been listed in Digital Square's catalogue of Global Goods since 2018 and is taught as part of the eHealth Governance Course of the World Health Organization (WHO) and International Telecommunication Union (ITU). The Digital Public Good Alliance (DPGA) recently certified openIMIS as a digital public good and has listed it on the DPG register since September 2021.

The origins of openIMIS lie in a digital solution developed in 2012 in the context of health financing at the request of the Tanzanian President's Office for a community-based health fund. In 2013, the software was adapted for a community-based health insurance scheme in Cameroon and, since 2014, for the operation of the national health insurance scheme in Nepal.

In 2016, the Swiss Agency for Development and Cooperation (SDC) and the German Federal Ministry for Economic Cooperation and Development (BMZ) established their partnership to provide the software globally and to build a global Community of Practice (CoP). Since then, the software has been expanded and provided with additional functionalities - also AI-supported. Since 2021, the International Labour Organization (ILO) has been an important implementation partner, especially in the context of social protection programmes. The goal is now to bring the software into use in more countries worldwide. In order to support preparatory feasibility studies in partner countries, a Catalytic Implementation Fund (CIF) was set up by BMZ and SDC in 2020. The ILO is currently preparing three new implementations: in Burkina Faso (with CIF support), Bangladesh and Pakistan.

The COVID 19 pandemic has underlined the importance of robust health and social protection systems. Digital technologies are becoming the backbone of these systems. With openIMIS, BMZ and SDC have built a key technology for this purpose, which is now being transferred to wider use.

Implementation scenarios in digital management of ...

Health financing schemes:
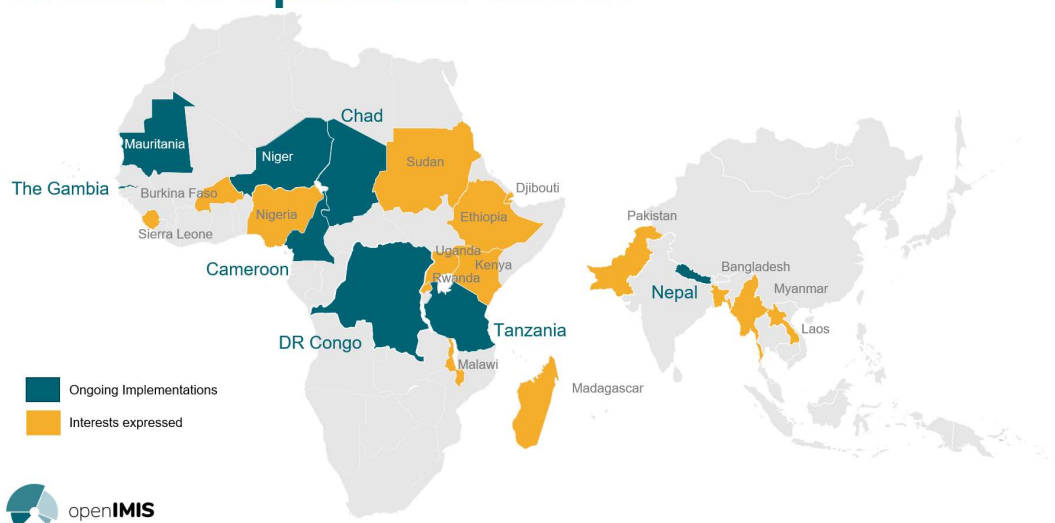(formal & informal sector):

(other) Social protection schemes:

⊕ Health Insurance response

⊕ Voucher scheme

↝ Cash-transfer in emergency

↝ Employment Injury Insurance

Overview on country implementations (as of November 2021)

Where is openIMIS used?

Overall number of beneficiaries (as of November 2021)

Country	Health financing / social protection scheme, scheme operator	Number of Beneficiaries
Tanzania	Community Health Fund (CHF), President's Office Regional Administration and Local Government (PO-RALG)	3,100,000
(Zanzibar)	Scheme for Universal Health Coverage (UHC), Ministry of Health	370,000
Nepal	Social Health Insurance (informal health insurance), Health Insurance Board (HIB) Nepal	3,700,000
	Social Security Scheme for formal sector (incl. Employment Injury Insurance, pension scheme), Social Security Fund (SSF)	200,000
Cameroon	Bamenda Ecclesiastical Province Health Assistance, Bamenda Ecclesiastical Province Health Association (BEPHA)	18,686
	HIV fee elimination scheme, Regional Fund	148,000
Chad	Community based health insurance scheme,	9,616
DR Congo	Community-based health insurance, Réseau des Mutuelles de Santé Communautaires (REMUSACO)	21,000
The Gambia	Cash-Transfer 'Nafa quick', National Nutrition Agency (NaNA)	500,000
Overall number of people who benefit from better access to health (SDG 3.8) and other social protection schemes (SDG1):		**8,000,000**

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