**Introduction to openIMIS e-learning course: Module 3 Script**

Slide 1:

* Up to here you learned about *how openIMIS works and how it fits in within a national ehealth architecture*
* Now we start with Module 3 and focus on the implementation process and a series of use cases that can provide an idea on diverse implementation scenarios in terms of countries and functionalities.

Slide 2:

* At the end of this module, you should be able to explain the achievements of openIMIS in these countries as well as show the diversity of use cases that openIMIS can serve.
* It is also important to be able to compare the processes of implementation in the shown cases.

Slide 3:

* Here is the agenda for this module, which will take approximately 40min

Slide 4:

* This figure gives an overview of a typical implementation process for openIMIS
* We will go through each implementation step in more detail in the coming slides.

Slide 5:

* openIMIS is a management information system that supports health financing and other social protection schemes. So far we have been mainly looking at the example of health insurance processes.
* *Before* an implementation starts,the scheme itself needs to be clearly defined.
* These overall four questions on the scheme design need to be answered: how will the scheme function?.....
* More specifically these elements need to be established, which will then help answering the questions above: the guiding policies and regulations, the organizational structure of the scheme, the various operating procedures that need to be in place, the benefit package (so what services and items will be offered to the beneficiaries and at what rate), the provider payment mechanism and the provider empanelment criteria and process.
* Taking decisions and elaborating these elements should be undertaken in collaboration by all key stakeholders, including the scheme administrators, financing and supporting organisations, relevant government ministries and local experts. As an output, a Standard Operating Procedures (or SOP) document should be formulated.
* In some contexts, other aspects such as the development of laws supporting the scheme or establishment of entities to manage the scheme, need to be taken into account.
* Overall, it is important to establish these fundamental elements *before* introducing the software (or at least towards the finalization of this step) otherwise the assessment is prone to gaps or subsequent changes that could cause problems of the tool not matching the scheme requirements.(and major delay of any implementation).

Slide 6:

* Once the design of the health scheme is established, you can get started with actually setting everything up for the health scheme to start running. Essentially, this means establishing arrangements with external partners relevant to the scheme.
* Tasks in operationalising a scheme can in parts run parallel to the customization process (actually in step 3).
* In detail, scheme operationalization involves the identification and contracting of: healthcare providers….
* Different procurement processes need to happen: data transfer packages for telecommunication provider…..
* And finally, of course, you need to hire staff at each level who will support the functioning of the programme. (IT staff, enrollment officers, administrators etc.)

Slide 7:

* Once you know how the scheme will run and what the requirements are, the software customization process can begin.
* Here you see a list of essential aspects that need to be taken into consideration.
* It is important to note that most of these tasks will need to de undertaken by a team of software developers.
* So to start with, you need to assess the system specifications against the scheme operation procedures (or SOPs). This helps identifying gaps for software modification.
* To address the gaps, you will need to modify the SOPs
* In order to conduct tests during the development phase you also need to set up a test server with the demo dataset
* And then depending on whether you will use external components such as an SMS gateway or mobile payment gateway, these also need to be set up. There is a also a possibility at this stage to integrate openIMIS with other external systems such as openMRS and/or DHIS2 (as was discussed in module2).
* Finally, an important aspect is the language customization. If you implement a scheme in a French-speaking country for example, it needs to use the French translation. But you also need to make sure that it has the right French terminology that the insurer uses (which might be different to the standard openIMIS terminology).
* All of these steps can be aided by engaging with the openIMIS global Community. Indeed, developers can get advice on what customizations are available and have access to information sooner on upcoming developments. The Community will then also get information and feedback on what new software developments are most needed from an implementation perspective.

Slide 8:

* Once the customization process is complete, the next step is to actually set up the software.
* Different setups are possible depending on the context of the implementation, but generally there should be a live server and a separate training server established.
* In addition to the security measures within the application, it is important to have server side security measures in place, which protect the server hosting the application.
* For the backup routine, there are various options depending on available resources, however, keep in mind that a clear backup process, including responsibilities, should be drafted and executed.
* As was explained in Module 1, a certain number of lists and registers need to be configured before any processes can start in openIMIS. These are for example, the list of services and medical items, price lists, register of all service providers, etc.
* Then, the installation of mobile apps and offline mode needs to happen for the set up to be complete, if this is required.

Slide 9:

* An important step is the training of different actors on how they can use the software for undertaking their tasks.
* This is a list of actors that need to be trained, of course this might slightly vary depending on the implementation context.
* There will be a need to develop the training material. Indeed, a starting point is what is available from the openIMIS global Initiative but then additional training material that is specific to the context of the implementation will also need to produced.
* Trainings should ideally be split across different sets of actors covering aspects relevant to each group

Slide 10:

* Any implementation should start with a pilot to test out the software in a real-world environment but on a smaller scale before extending it.
* The lessons learned from the pilot will then contribute to the improvement of the system and increase the success rate of the implementations.
* The following aspects here are important:

Slide 11:

* Once the system is up and running, regular maintenance tasks will be expected as the scheme evolves.
* There will be various day to day management tasks such as ensuring system backup, preparing data extracts, consistent capacity development, especially for new users etc.
* It is also important to continually ensure that user requirements are captured as well as bugs so that they can be swiftly corrected.

Slide 12:

* There are also additional tasks and activities linked to the openIMIS global community, which can support the successful implementation of openIMIS.
* We will cover this in more detail in the next Module but essentially, implementers have the opportunity to share feedback with the openIMIS global community, seek assistance, be a part of the new openIMIS release testing as well as incorporate local developments and testing of customizations.

Slide 13:

* The final step, once the solution has been piloted, will be to scale it up, based on the lessons learned.
* The scale up should be properly planned and needs to be supported by having the following elements in place:

Slide 15:

* You will now learn about a number of examples of openIMIS implementations, starting with Tanzania, actually the first country where openIMIS was used.
* When looking at these examples there are a few elements that you should pay attention to, which will help with the comparison of the different projects.
* For example, the scheme type will show how openIMIS can be applied in different context be it health insurance, voucher schemes or cash transfers.
* The number of users gives an indication of the size of the scheme and so does the geographical location. If it is ina pilot phase or it has expanded to multiple regions.
* Please keep in mind that the figures in the coming slides are as of 2021 so please check the links at the end of this module if you want to have an updated version of these number.
* It is part of the Health Promotion and System Strenghtening (HPSS) project of the Swiss Agency for Development and Cooperation (SDC), mandated to the Swiss Tropical and Public Health Institute
* The health scheme is designed and implemented in collaboration with the Government of Tanzania to improve quality, access to and utilization of health resources and services, and to see these services delivered by an effective and well-government health system.
* The type of scheme is a community-based health insurance, named Community Health Fund (or CHF).
* It is in a relatively advanced stage, with all 26 regions of mainland Tanzania using openIMIS.
* You find on this slide as well some numbers of beneficiaries and users, which are relatively high given the wide geographical reach of the scheme.
* You will now see a short video from the implementation on the ground and how the enrollment processes happens. Something interesting to note here is that the openIMIS enrollment mobile phone app is used for the entire enrollment process.

Slide 16: Tanzania video

Slide 17:

* In Nepal, openIMIS is used for two government schemes: the National Social Health Insurance (provided by the Health Insurance Board Nepal, HIB) and the health and accident injury provided by the Social Security Fund (SSF).
* the National Social Health Insurance is a voluntary health insurance scheme for the informal sector and the SSF is a mandatory health and accident ijnury insurance scheme for the formal sector.
* openIMIS users = 6.230 enrolment officers through Android phones
* 375 health facilities with each about 2-3 staff working with openIMIS to submit claims through web interface
* 140 HIB staff through web and cell phones
* 24 claims review officers at HIB
* 3 IT staff
* You will now see a short video summarizing how openIMIS helps manage the process flows for the National Social Health Insurance scheme in Nepal.

Slide 18: Nepal video

Slide 19:

* In Cameroon, there are also two separate schemes running.
* First, there is the Bamenda Ecclesiastical Province Health Assistance (or BEPHA) project, which is a community-based micro health insurance scheme, which provides services from 140 different hospitals.
* Second, there is a project focusing solely on HIV patients. It aims to eliminate user fees for HIV treatment and services, providing testing and treatment from 95 different health facilties.
* There are also plans and potential to introduce openIMIS in other schemes in Cameroon, amongst others a national voucher scheme for maternal and child health, a conditional cash transfer scheme for child education and a healthcare purchasing scheme for IDPs and vulnerable persons.

Slide 20:

* Here we have an example that goes beyond health: a cash transfer scheme for COVID-19 in The Gambia.
* This is the first implementation in social protection systems other than health.
* During the COVID-19 period approximately 30& of the Gambian population recieved a cash transfer, focusing on the 30 poorest disctricts.
* A very positive aspect here was that the system was set up in only four weeks, so it was a very quick response to COVID-19
* And now there is even an opportunity for scale up, for a long term cash transfer scheme, that target 40% of the population over 3 years.
* If you would like to hear more baout this implementation please check out a link to a podcast about it at the end of this module