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SDC & Social Protection Online Learning Series

Module 5: Health & Social Protection



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In collaboration with the SDC Health Focal Point (*Olivier Praz*) & GIZ (*Saurav Bhattarai*)

Overall Aim of the SDC Training on SP

- Learn more about the basic concept of social protection
- Identify & show what SDC already does in SP without necessarily recognizing it as SP instruments
- To see how social protection may:
 - re-inforce SDC's development interventions & maximize their impacts
 - work as a bridge between different sectors & strengthen their outcomes



1. Introduction

Summary Module 1 & 2: Social Protection & Instruments



- **SP may serve different purposes:**
Prevention, Protection, Promotion and Transformation
(3 Ps & one T)



- **SDC engagements cover:**
 1. Social assistance
 2. Insurance
 3. Labour market policies &
 4. Systems strengthening



- **SP fits well to SDCs core concepts**
(LNOB, social inclusion, decent work, gender equality)
- **Many different non-contributory & contributory SP instruments exist**
 - Social assistance (cash transfers, in-kind transfers, public works)
 - Social services (child protection, family counselling, old age care)
 - Insurances (health, old-age, catastrophic risks/agriculture)
 - Labour market policies (skills training, employability, cash plus)



- There are **many different socio-economic impacts & evidence exists**, but the **context always matters**
- **Presentations & recordings** available on [SDC Poverty-Wellbeing Shareweb](#)

Structure Module 5: Health & Social Protection

STRUCTURE	TIME
1. Introduction	5 min
2. Technical Input Presentation	40 min
→ Q&A	10 min
Break	5 min
3. OpenIMIS in Health & Social Protection	30 min
→ Q&A	15 min
4. Closing Words	10 min
5. Evaluation	5 min



2. Health & Social Protection in the SDC Context



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2.1 Social Protection for Health



SDC Health Guidance 2022-2030

Life-course approach based on **Human rights**, strives towards **equity and inclusion**, promoting **good governance** and makes use of **technological transitions**



SDG 3: Health and Wellbeing for all at all ages

And other SDGs

“Healthy living conditions for all”:
Addressing determinants of health

- Prevention and Promotion
- Building enabling environments
- Adaptation
- **Security & protection**

“Health services for all”:
Advancing Universal Health Coverage (UHC)

- Quality of Care
- Access to Medical Products
- **Social & financial protection**
- **Health financing**
- Human resources for health
- Emergency responses
- Health Security



2.1 Social Protection for Health

SDC Approach to Social Protection in Health

Universal Health Coverage (UHC) – ensure that quality health services & care are available & affordable for all.



Health System Strengthening – ensure that essential components of a health system are available & functioning.



Health Financing – ensure the adequate funding of health systems by a mix of sources (taxes & subsidizes, out-of-pocket payment, social security schemes)



Social Protection (SP) – design health insurance schemes adapted to the need & ability to pay.

What Can Health Gain From SP Policies?

Social protection through its redistributive function plays a key role in
addressing health inequalities

(with origins in socio-demographic characteristics, economic status, sex, age, mental and physical conditions, etc.)



SP has a social health protection financing function & plays an important role in increasing
Equitable Access to Health Services (UHC)



SP can positively impact the underlying factors of health & well-being across the life-cycle & generations –
Social Determinants of Health



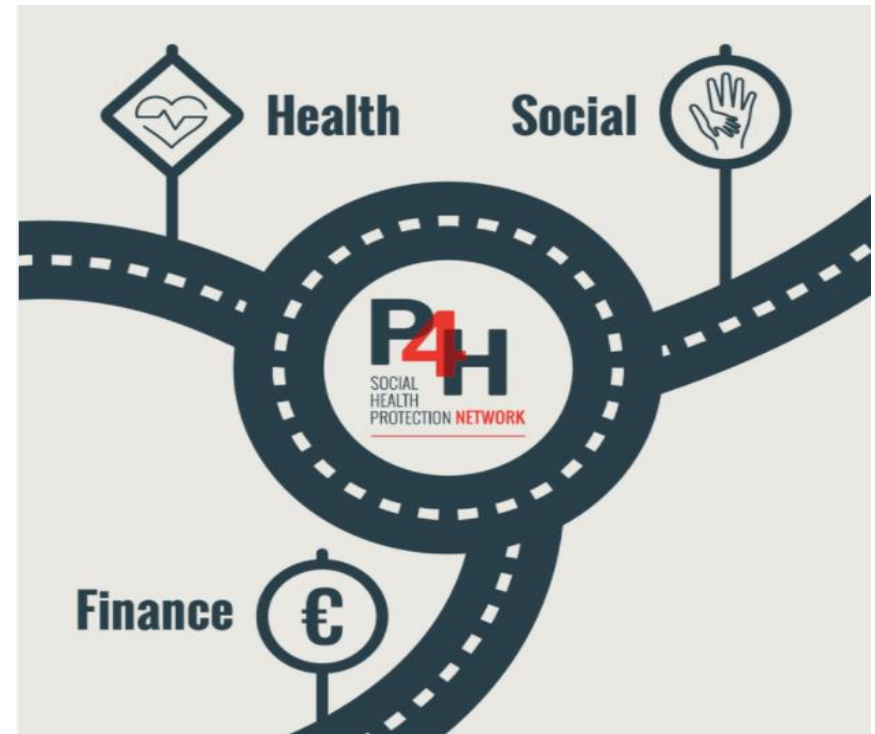
2.2 Health Financing and Social Protection

Social Protection & UHC

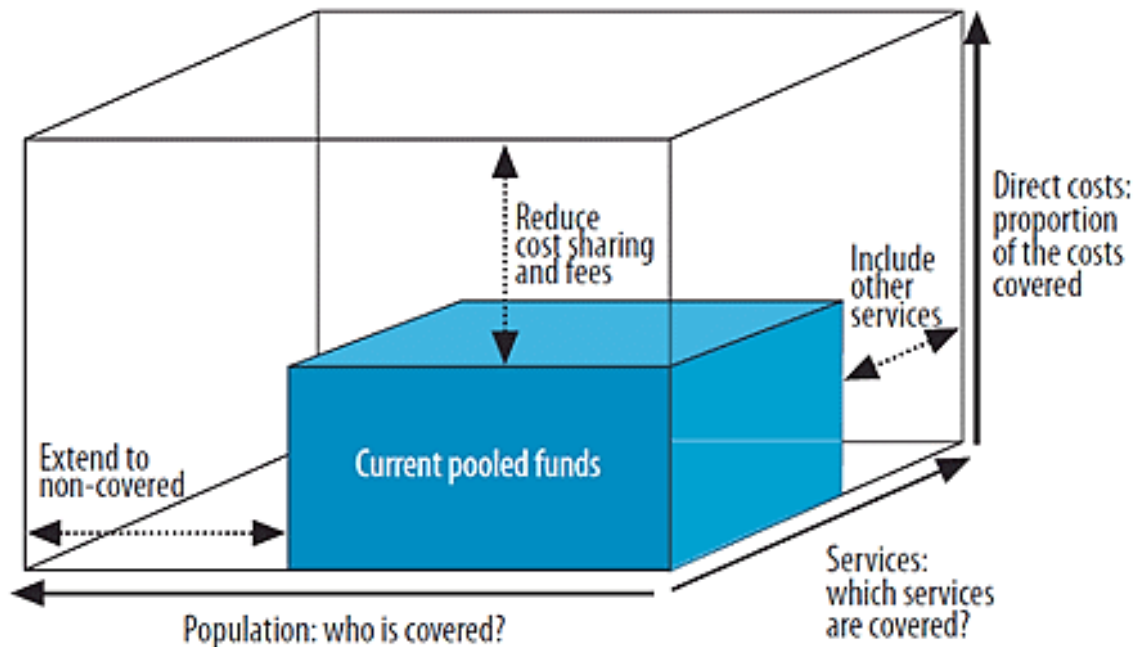
“Universal health coverage (UHC)’ means that all individuals and communities receive the health services they need without suffering financial hardship.” (WHO)

Health Financing is an important aspect of UHC, i.e. ensure the adequate funding of health systems by a mix of sources (taxes and subsidies, out-of-pocket payment, social security schemes)

Ensuring this is done in a financially fair and socially equitable way is the role of social protection!



Different Financing Options for UHC



Three dimensions to consider when moving towards universal coverage

How to extend the coverage of health services to the non-covered in a financially equitable way?

Social Protection Supports People in Gaining Access to Health Care

- **Health Insurance:** financial protection for members, reducing OOPs, esp. for informal sector worker
- **Fee Waiver/ Vouchers:** free access to basic health care, esp. vulnerable/ indigent groups (pregnant women, children (<5 years), the 'poor'/ CT-beneficiaries)
- **Conditional Cash Transfers:** linking cash to health services (SRH, MCH, vaccination, feeding practices)
- **Cash Transfers**
- **Improved health service utilization rates,** e.g. community-based health insurance (by SDC in Tanzania or South Kivu)
- **Improved MCH,** incl. child & maternal mortality (e.g. Kenya)
- **Improved health conditions,** e.g. improved linear growth & reduce stunting (0-24 months); more knowledge on HIV/AIDS-prevention, reduced mortality (e.g. Malawi)
- **Covering indirect costs of health,** incl. medicine, services, indirect costs, such as transport and food (e.g. LEAP Ghana)
- **Access to private health care facilities** (e.g. LEAP Ghana)



Strategic Financing to Increase Equity in Health: Single Pooling in Ghana

- **Community Health Insurance Schemes** (targeting low-income people)
- **Nat. Health Insurance Fund** for formal sector employees
- **+ Leap Cash Transfer Programme:**
free access to health care for the elderly, pregnant women, indigent (LEAP)
- **Impact:** increase in health coverage to up to 50%
- **Success factor:** mix of resources to cross-finance contributory & non-contributory schemes & guarantee sustainable financing
 - 2.5% of 17.5% VAT ($\approx 70\%$ of the fund's volume),
 - 2.5% of the 17.5% employers' pension funds (social security & national insurance trust)
 - Individual contributions of district mutual health insurance schemes
 - Investment gains from NHIA Council
 - National budget
 - Donor money (World Bank, ILO, DANIDA)

Christmalls et al. 2020



Thailand UHC

- **Target Group:** 76% of the population
- **Objective:** Free access to health care to those who cannot afford + other health insurance schemes
- Strategic purchasing to contain the costs:
 - For outpatient care: capitation payment
 - Payment-based on diagnosis-related groups (DRGs) for inpatient care
- **Challenges:** cost containment and acceptance of new scheme on part of providers and provision of services (quality)



- **Impacts:**
 - Almost 100% coverage
 - Gradual increase in the use of health services
 - Outpatient visits: 2.45% (2003) to 3.22% (2010)
 - Hospital admissions: 0.094 (per member) (2003) to 0.116 (2010)
 - Increase high among poor segments of the population, particularly at health centres, district and provincial hospitals



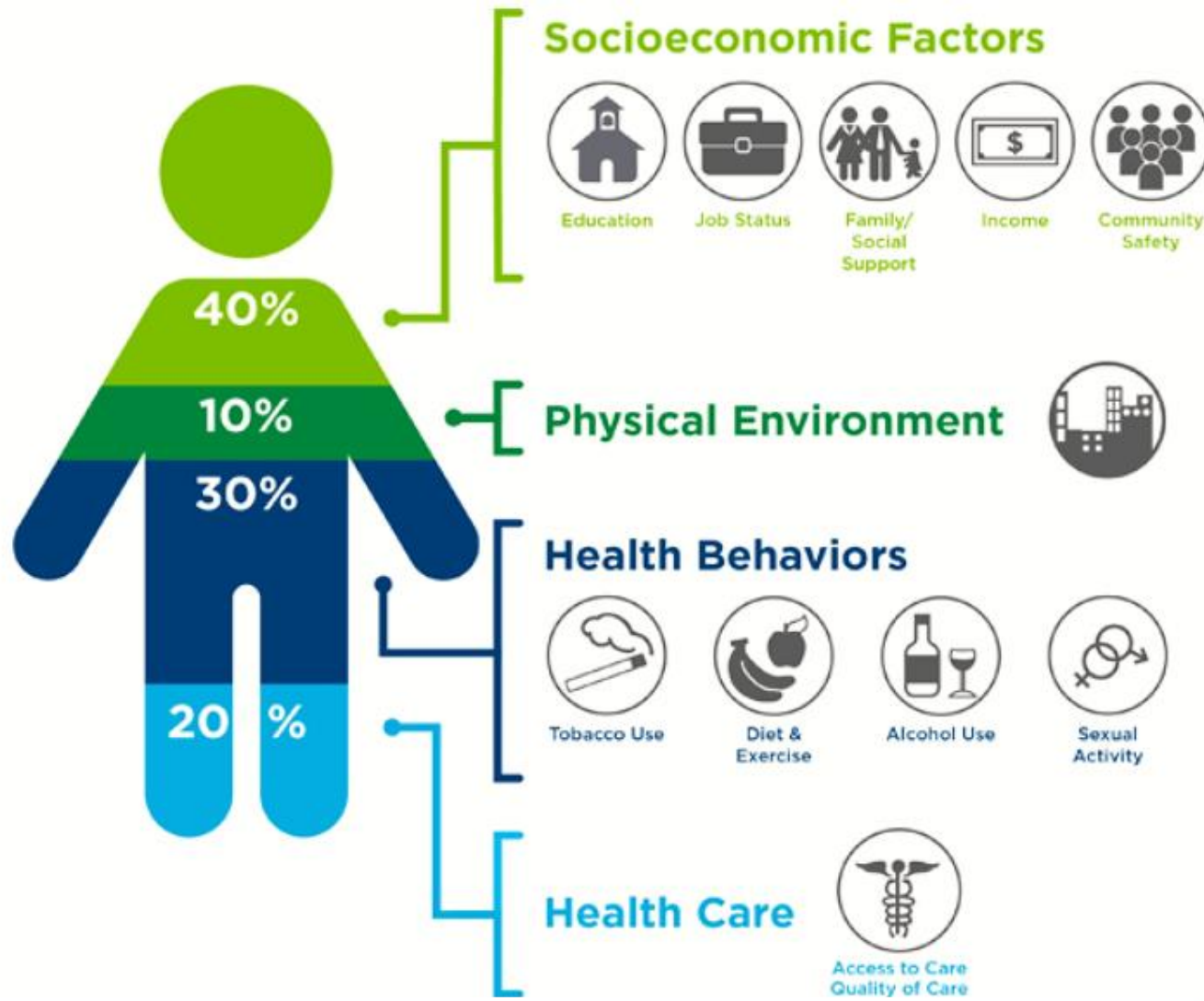
2.3 Social Protection as a Determinant of Health

Social Determinants of Health (SDH)

“Social determinants of health are the conditions in which we are born, we grow and age, an in which we live and work.” (WHO)



SDH Are Key for Improving Health Outcomes



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

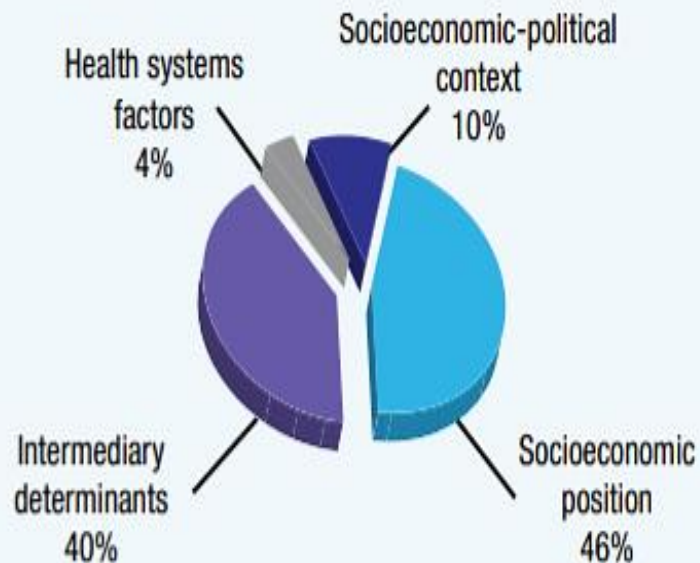
Social Determinants of Malnutrition

Inequities in Child Malnutrition: Factors contributing to its generation

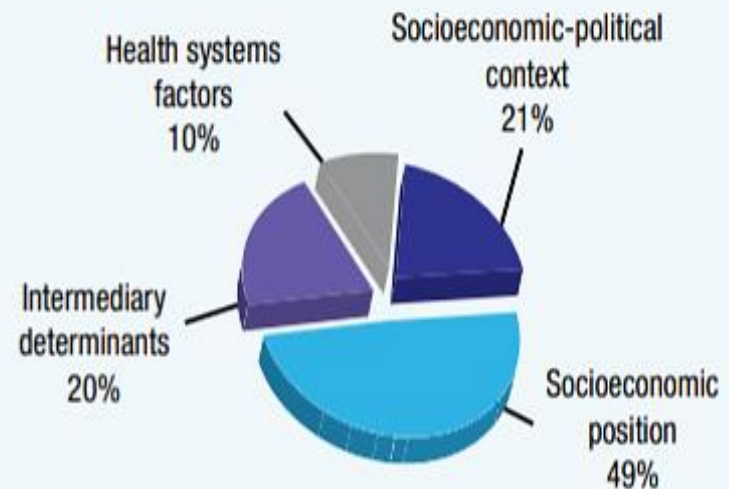
(WHO SEARD 2007)



Nepal 2001



Sri Lanka 2000



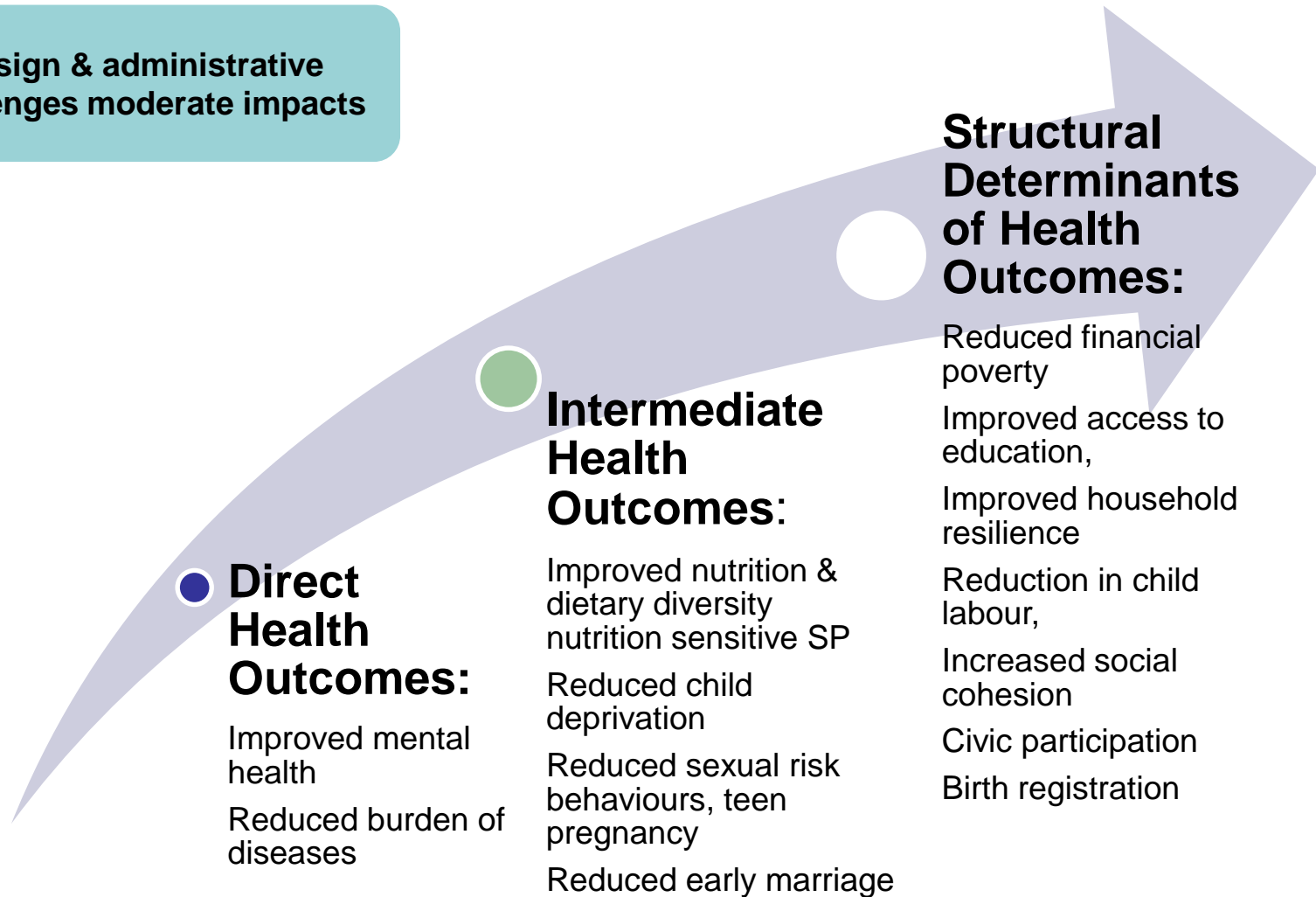
Social Protection Has a Positive Impact on Health Through Its Impact on Income Security

- **Income security** is one of the **most important SDH**
- **(Decent) Employment & Social Protection:**
 - Material dimension that influences healthy life style & life choices
 - Psycho-social dimension of health
(socio-economic position & participation in society)

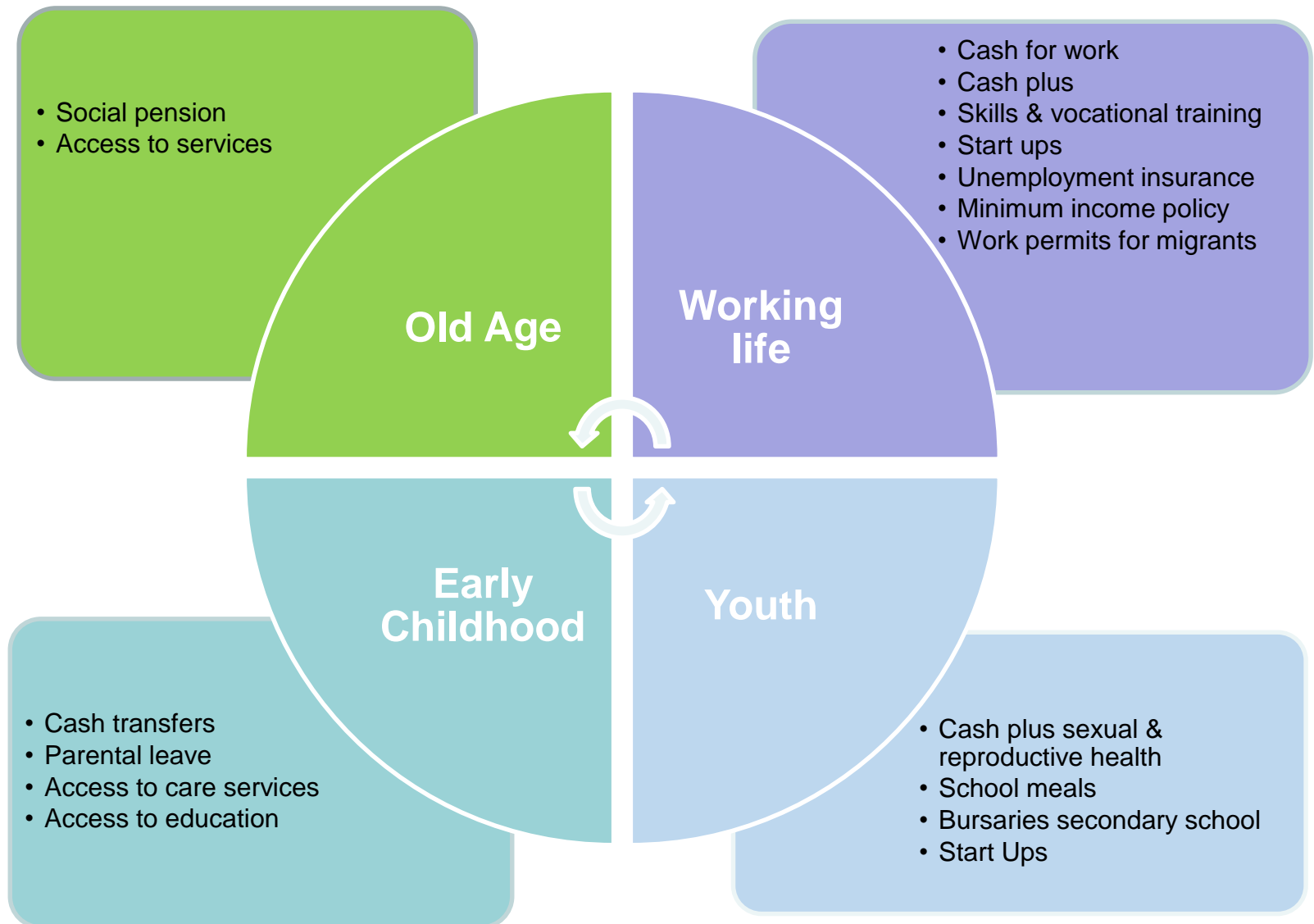


Social Protection Impacts on Health Outcomes

Design & administrative challenges moderate impacts



Life-cycle Approach to Health & Well-being



SP Policies Have Immediate Health Outcomes

- Social cash transfers tend to **reduce the burden of diseases:**
- Zambia Cash Transfer Programme (WHO, 2012):
 - 0-5 years: reduction from 40%-27% in reported illness (2004-2007)
 - 65+ years: reduction from 82%-67% in reported illness (2004-2007)
- Social cash transfers **improved mental health outcomes** through increasing self-esteem & reducing stress, anxiety, worrying, depression & stigmatisation
- **Mental health indicators** (happiness, hope, psychological distress and depression) showed significant improvements across various cash transfer programmes in SSA (from 6.3% to 22%) (Baird et al. 2013b)
- **Reasons:** improvements in physical health, increased schooling, family support for education & increased levels of individual consumption and leisure

Re-inforce Intermediate Health Outcomes: Nutrition-sensitive SP

Vast potential for social protection to improve health outcomes through nutrition-sensitive social protection:

- Target activities to the most nutritionally vulnerable populations
- Include educational activities within social protection interventions to increase household awareness of health and nutrition caregiving and health-seeking behaviours.
- Enhance the quality of nutrition services (e.g. growth promotion and interventions for improved diet quality) into social protection interventions - particularly transfer programs.
- Use school feeding programs as vehicles for micronutrient supplementation and deworming, including links with nutrition education.
- Scale up in times of crisis to reduce the long-term negative impacts of external financial, price, and weather shocks.

Re-inforce Intermediate Health Outcomes: Sexual & Reproductive Health

Cash Plus Programme for Male and Female Adolescents (14-19) in the Context of CCT Tanzania (PSSN) (2019)

- Cash plus
- Livelihood and life skills training
- Mentoring, including referral and productive grant
- Adolescent friendly SRH, HIV, other health & violence response services in the communities.

Impact:

- Participation in economic activities
- More gender equitable attitudes
- More knowledge on contraceptives
- Increased knowledge on HIV-prevention





2.4 SDC Entry Points & Food for Thoughts

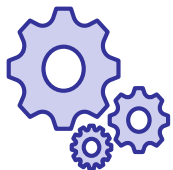
SDC Entry Points

- **SP Tools for Equitable Access to Health Care:**
 - e.g.: health insurance, cash, vouchers, fee waivers, integrated approaches linking cash and access to health (social protection floor initiative)
- **Cross-sectoral Linkages & Impacts in the Context of SDH Policies (intervention-level):**
 - e.g.: nutrition-sensitive SP-approaches, cash plus models
- **Cross-sectorial linkages at (health) system strengthening level:**
 - e.g.: integrated data and administrative management (governance level)
- **Data collection, management, reporting on health in all policies:**
 - e.g.: consistent data collection on SDH in a country context to address gaps, identify entry-points & resilient pathways to health
 - e.g.: wider country dialogue across sectors with regards to health outcomes (silo-approach)

Main Take Away Messages & Food for Thoughts



- SP plays an important role for improved **health outcomes**:
 - SP can improve **access to health** services
 - esp. for the most vulnerable and marginalised (LNOB)
 - Consider **social health protection instruments beyond health insurance**, e.g.:
 - fee wavers/vouchers,
 - cash transfers or
 - integrated approaches linking social assistance & health protection measures
 - SP is a key **social determinants of health**
 - with important direct & indirect impacts on health outcomes

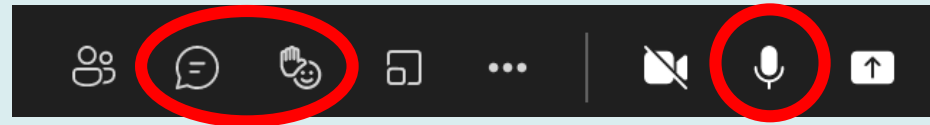


- **UHC, LNOB & new SDC-Health-approach** suggest:
 - consider taking a **broader SP lens** than hitherto being done



Q&A

Thank you!



5 min Break



- Get some water/coffee?



- Stretch?
- Open the window?



Afterwards, we will continue with:



- Presentation by GIZ/SDC on openIMIS



- Closing words



3. OpenMIS in Health & Social Protection



A tool for managing business processes in Health and Social Protection

26 January 2022

Olivier Praz, SDC

Saurav Bhattarai, GIZ

Outline

1. Introduction to openIMIS
2. openIMIS workflows
3. How can you use openIMIS?
4. openIMIS initiative

What is openIMIS?

openIMIS is an

- **Open source software for managing social protection processes.**

It helps digitizing the link between beneficiaries, providers and payers for social protection.

It 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)



Open Source !

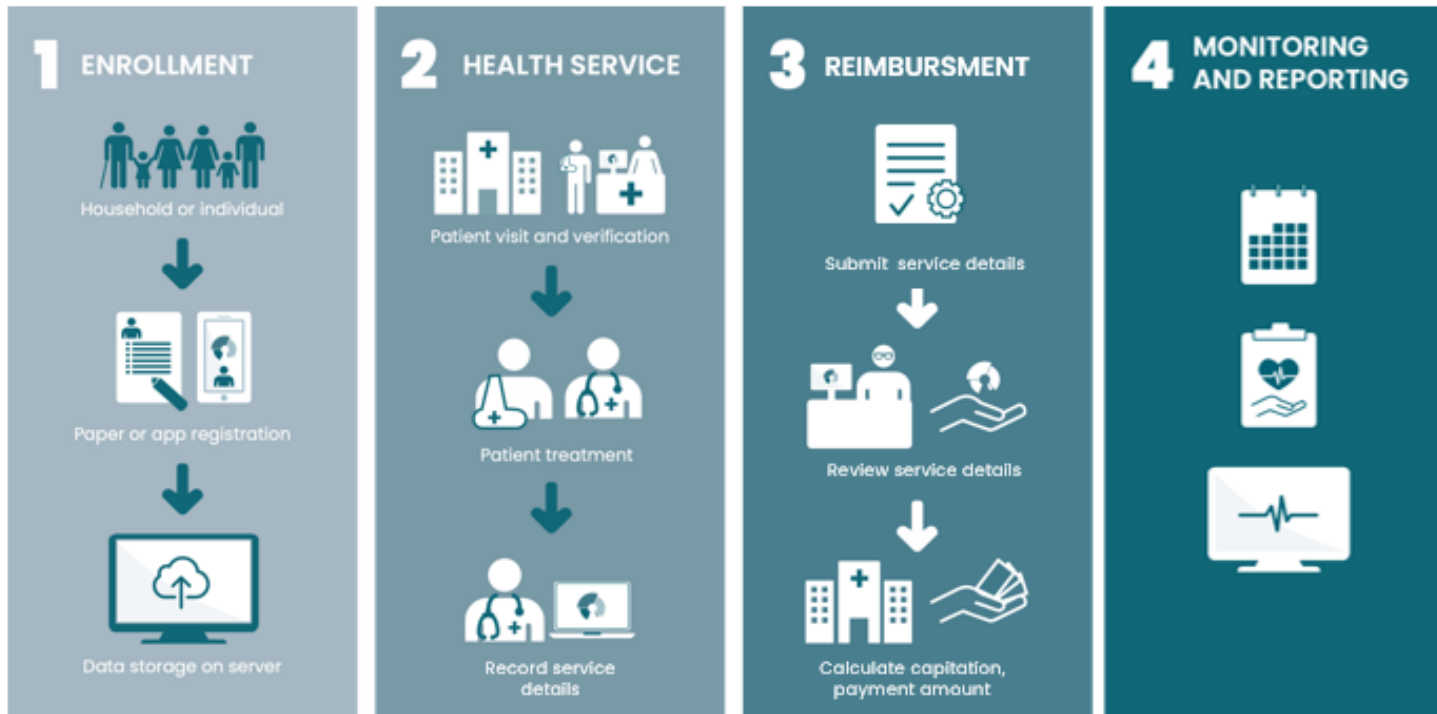
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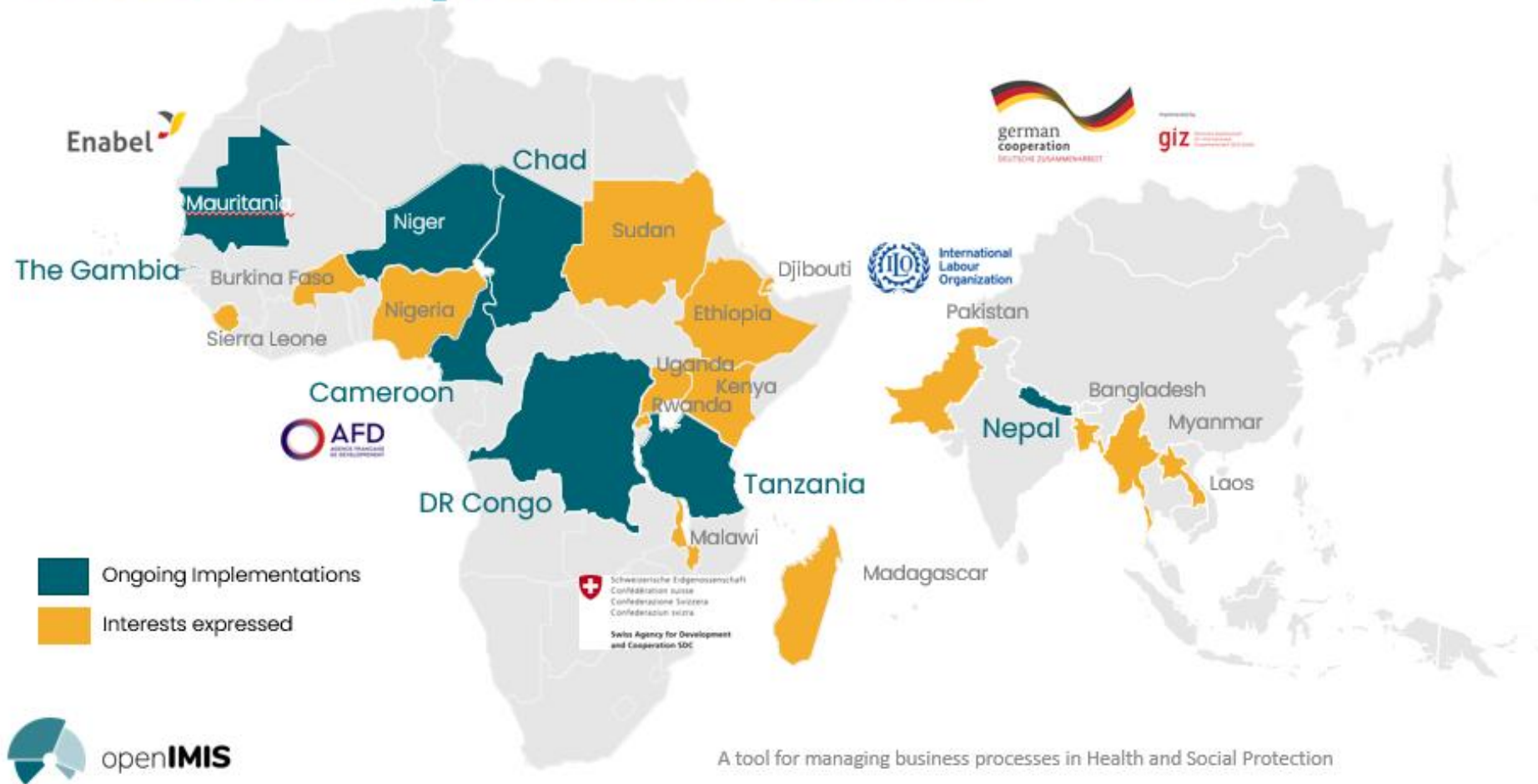
LICENCE

- GNU AGPL v3 License as published by the Free Software Foundation
- Free to use, modify, and redistribute (also freely)

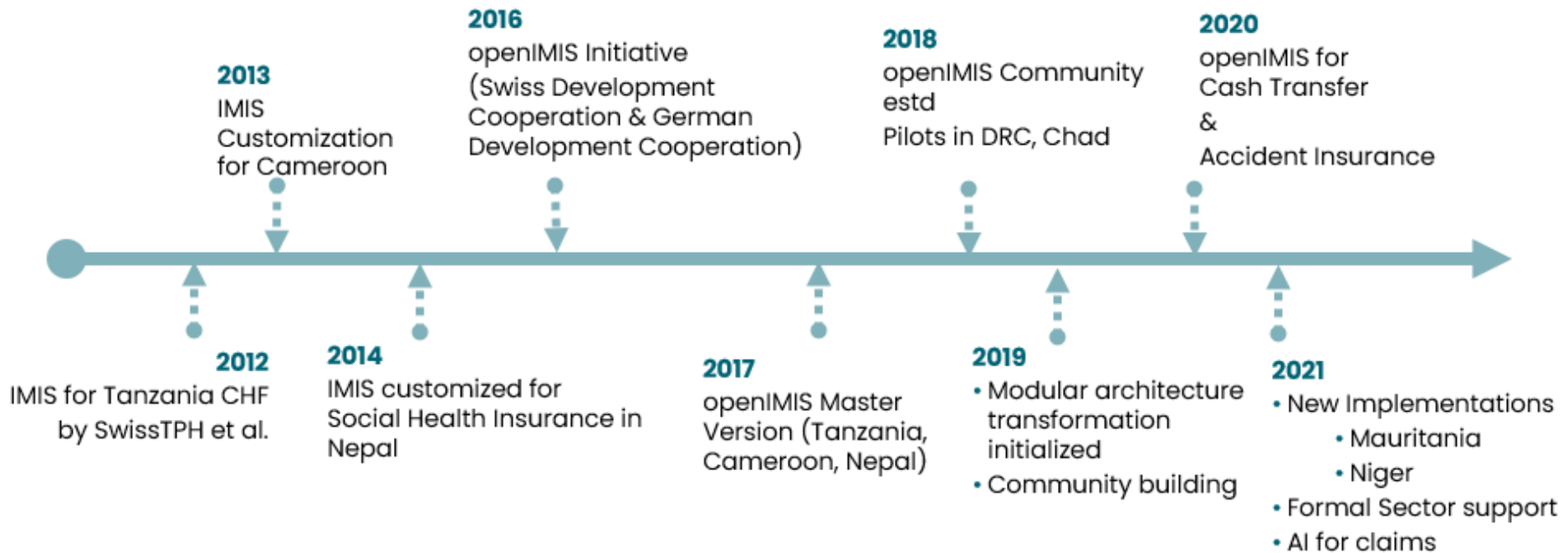
openIMIS Workflows









Where is openIMIS used?



The History



People benefiting from openMIS managed schemes

Country	Type of scheme		People covered
Tanzania (Zanzibar)	iCHF community based health insurance		3,1 Mio
	UHC scheme		370,000
Cameroon	BEPHA community based micro health insurance		18,686
	HIV fee elimination scheme		148,000
Nepal	HIB Voluntary Social Health Insurance scheme		3,7 Mio
	SSF Mandatory health & accident injury insurance scheme for formal sector employees		200,000
DR Congo	Réseau des mutuelles de Santé Communautaires (REMUSACO)		21,000
Chad	Community based health insurance scheme		9,616
The Gambia	Nafa quick cash transfer scheme (in response to COVID-19 crisis)		500,000
Total of beneficiaries managed by openMIS (Oct 2021)			8 Mio

How can you use openIMIS?

Deployment scenarios

- Costs
 - No licence costs
 - No costs for joining the openIMIS initiative
 - Customization costs
 - Requirements specific to scheme
 - Interoperability needs
 - *With hospital systems*
 - *With reporting systems*
- Timeline
 - Software is ready to use as is
 - Customization needs determine timelines

Deployment scenarios

- System Owner
 - An instance for each Payer
 - OR
 - Single instance with multiple 'products'
- Users
 - Staff at payer organization (enrollment, checking service provision, M&E etc.)
 - Staff at provider (verification of eligibility, entering/submission of service data)
 - *<No direct interaction of system with beneficiaries>*

Manage health insurance



In Cameroon, Nepal and Tanzania

- Formal sector schemes (employer/employee based)
- Informal sector (contribution based)

Core functions covered

- Manage beneficiaries
- Record services and generate insurance claim
- Digital transmission of claims
- Review of claims
- Online/Offline, Mobile functionalities

openIMIS
openIMIS for Health Insurance

The challenge: Effectively managing beneficiaries, providers and claim data

Many countries are seeking to reform social health protection as part of the drive to achieve Sustainable Development Goal 3.6. In a recent African Health Coverage (AHC) 3.6 report, countries are encouraged to reform health protection to ensure that all people, including the informal sector and other vulnerable groups, have an easy and affordable way to effectively manage the growing informal sector.

Paper-based systems make the exchange of data between patients, health service providers and scheme operators slow, inefficient, and not suitable to access and track. However, they are not fit for health insurance schemes because it is highly volatile. Digitalisation results in more efficient data management, helps to increase business revenues and provides the information needed to monitor a scheme's performance.

Many schemes operators continue to seek for a robust tool and insurance to the extent that digital information systems designed to meet their specific needs.

State-of-the-art digital solutions address problems of their own: faster response times, less risk of cyber-attacks, and an ability to exchange data with other information systems. Data cloud are a significant obstacle to the seamless exchange of information that is needed to make health insurance schemes work at scale and to help programme managers undertake Development Strategy.

openIMIS is an open source software solution for health insurance schemes.

openIMIS is an open source software which helps improve a scheme operators' ability to manage their health insurance scheme. It is designed to be user-friendly, easy to install and use, and to be able to integrate with existing systems. It is designed to be able to manage a health insurance scheme for health insurance operators to manage health insurance providers and claim data into a single platform.

openIMIS was originally developed to facilitate the implementation of social health insurance schemes for people in the informal sector in East and West Africa. It has since been modified to be used in administering health insurance schemes for people in the formal sector as well.

openIMIS supports the following core insurance processes:

- **Beneficiaries management:** openIMIS supports the online processing of individual contributor data, including the creation of beneficiary records. Beneficiaries can be grouped together based on their status, linked to an employment contract or the use of other social insurance schemes. Beneficiaries' personal data, including address, family name and marital data, including photos of beneficiaries, can be obtained electronically using a mobile app.

Health service claims generation and claim review. In entering order for diagnosis and services rendered, health facilities can generate claims and electronically submit them to insurance scheme operators for review and reimbursement.

Medical status of individual claims. Claims can be electronically submitted to an external provider, which can be used to verify the medical status of individual claims which pass their administrative review.

Processing and payment of claims, including calculation of endorsements and balance sheet of funds for health service providers.

Example workflow:

The diagram shows a flowchart of the insurance process. It starts with 'Beneficiary registration' leading to 'Beneficiary management'. This leads to 'Beneficiary contribution' and 'Beneficiary contribution collection'. From there, it goes to 'Beneficiary claim submission' and 'Beneficiary claim review'. The final step is 'Beneficiary claim payment'. A legend indicates that 'Beneficiary' is represented by a blue circle, 'Beneficiary contribution' by a green circle, 'Beneficiary claim submission' by a yellow circle, and 'Beneficiary claim review' by a red circle.



Manage voucher schemes



In Cameroon

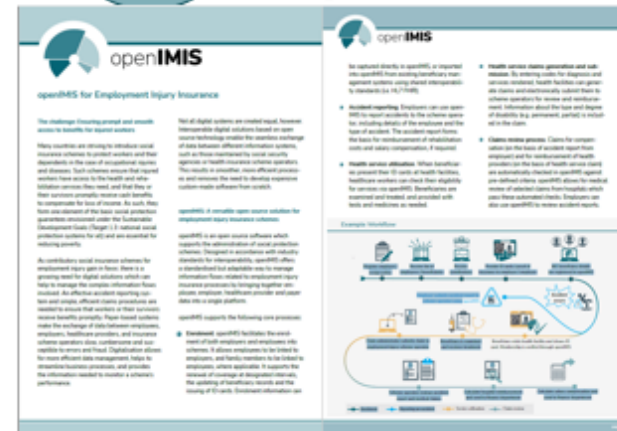
- Voucher schemes for maternal care
- Register pregnant women
- Provide 'digital vouchers' for various ANC and Post-natal visits
- Record services provided
- Keep track of used vouchers

- Online/Offline functionality

Employment Injury Insurance

In Nepal (Social Security Fund) Employment Injury Insurance

- Register beneficiaries
 - Interoperability with existing beneficiary management system
- Accident reporting
- Medical claims processing (entry and review)
- Classification of accident, disability level
 - Link to salary compensation

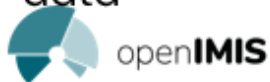


Cash Transfer Schemes



In the Gambia Cash Transfer for COVID-19

- Register beneficiaries
- Identify beneficiaries using unique ID
- Keep track of 'service' provided - cash payment
 - Ensure no duplicate payments
 - Pre-defined cash payment values
- Generate 'payroll' for every payment cycle
- Receive confirmation of payment to beneficiary
- Use Android app or web platform for recording data



openIMIS

openIMIS for Cash Transfer Schemes

The challenge facing several aid events distribution of cash to eligible beneficiaries. Cash transfers are a form of social assistance designed to provide people with cash, flexible help, particularly in emergency situations. During the COVID pandemic, over 1 billion people worldwide have benefited from cash transfer schemes which aim to protect their lives and livelihoods. Cash transfers have also become an integral part of humanitarian aid responses as a way to respond quickly to crisis and livelihoods in other types of crisis, such as natural disasters. As such, they are an increasingly important instrument for reducing poverty and achieving Sustainable Development Goal 1.

In the use of cash transfer schemes, more value added than a mere transfer of cash. Mobile digital solutions which streamline the processing flow of cash schemes. Beneficiaries register their profiles, which allows to register individual administrative procedures. Payment service providers and beneficiaries can interact to be able to distribute funds effectively to the right people and to ensure the safety of the cash transfer. For example by reducing transaction costs and ensuring the security of the cash transfer. The system can also be used to monitor the scheme, identify beneficiaries, and manage the scheme, including data cleaning and the issuance of reports. Digitalisation helps to streamline these and other processes.

Integrating digital solutions based on open source technology offers various benefits for the administration of cash transfer schemes. They reduce the number of working days between different information systems, such as those managed by social security agencies and other social protection scheme operators. This helps to reduce fragmentation, improve data consistency when multiple social security schemes are not automatically connected to the same system. Interoperable solutions can contribute to streamline more efficient processes, while allowing the need to develop separate systems which address their specific requirements.

openIMIS is a mobile open source solution for administering cash transfer schemes. openIMIS is an open source software which supports the administration of social protection schemes. Designed as a modular software solution designed for interoperability, openIMIS offers a distributed but adaptable way to manage information flows related to cash transfer schemes by bringing together beneficiaries, payment service providers and payment service operators into a single platform.

openIMIS supports the following key processes:

- Registration of beneficiaries beneficiaries
- Identification of beneficiaries beneficiaries
- Issuance of payments to beneficiaries
- Data analysis

Example Workflow

The workflow diagram shows the process from registration to payment and data analysis, involving beneficiaries, payment service providers, and the openIMIS system.

The openIMIS Initiative

Coordination Desk

- Hosted at GIZ's Global Initiative Social Protection Innovation and Learning
- Coordinate the implementers' and developers' committees
- Maintain wiki, and other collaboration tools
- Manage new software development
- Promote the use and further development of openIMIS

- Implementation support
 - Feasibility
 - Requirement definition
 - **Support to implementation via Implementation Fund**
- Capacity development
 - Through regional hubs in Asia and Africa
 - Structured trainings + ad-hoc support

openIMIS tools

- The **service desk** will provide you a platform to:
 - Ask questions
 - Request new features
 - Report bugs
- The openIMIS wiki
 - All information related to openIMIS
 - Including work in progress
- Contact us directly:
 - saurav.bhattacharai@giz.de; konstanze.lang@giz.de; uwe.wahser@giz.de

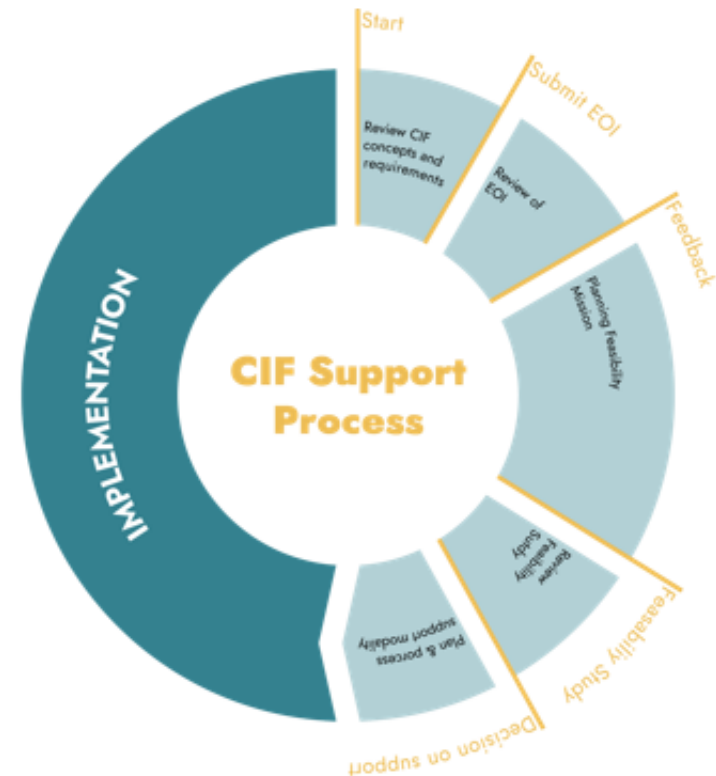
Catalytic Implementation Fund

CIF details

- BMZ & SDC have jointly setup a Catalytic Implementation Fund for supporting openIMIS implementations in partner countries
- Catalytic nature
 - Aimed to 'start' the implementation process
 - Not intended to be a continuous funding stream
 - Sustainability of use case is high priority
- Partner Countries
 - BMZ/SDC development cooperation

The process

- Scheme operator
 - Express interest to openIMIS Coordination desk
 - Work with CD to do a 'pre-feasibility'
- BMZ & SDC to review pre-feasibility results
- Feasibility Study
 - Scope of support required
 - Resource needs
 - Modality of support
- Approval
 - openIMIS coordination desk will facilitate the support provision





THANK YOU !

contact@openimis.org

More information on openIMIS

Sign up for our newsletter at www.openimis.org

openIMIS wiki: wiki.openimis.org

Source code: github.com/openimis



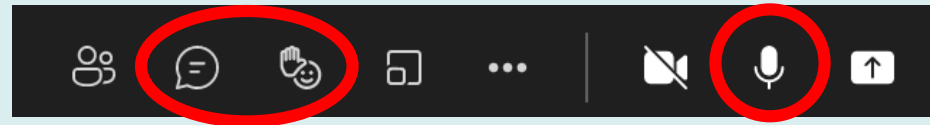
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Q&A

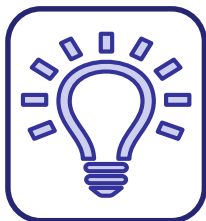
Thank you!





4. Closing words

Reflection Questions & Food for Thought



- *How could existing SP instruments support improved health outcomes through improving access to health or/and strengthening health equity through (social) determinants of health in my project/country context?*
- *Can potential entry points be identified to link health and social protection better, i.e. cash plus / conditional cash transfers, nutrition sensitive social protection, measuring outcomes, etc.?*
- *Who are other stakeholders interested in aligning health and SP better for improved health outcomes?*
- *How would the use of Open-IMIS Software strengthen health and SP systems in my project/country context?*

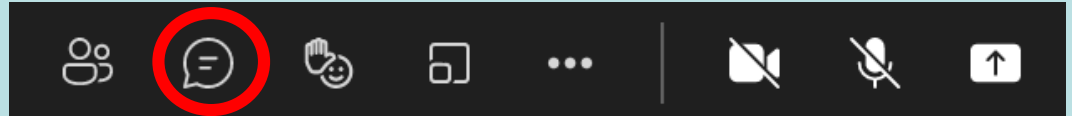


- If you have any further questions or need for clarification, please feel free to contact us:
 - Barbara Rohregger: b.rohregger@socialprotection.at
 - Franziska Denz: franziska.denz@gopa.de



5. Evaluation

- Please find the link for a 2 min evaluation in the chat
- Thank you for your participation!





Next Learning Module on 23.03.2022



**SDC & Social Protection
Online Learning Series**

**Module 6:
Triple Nexus & Shock-
Responsive Social
Protection**

Overview Training Series

MODULE TYPE	CONTENT	DATE
Basic Module 1:	What is Social Protection in the SDC?	23.06.2021
Basic Module 2:	Overview of Social Protection Instruments & Impacts	18.08.2021
Technical Module 3:	Agriculture, Food Security & Social Protection	22.09.2021
Technical Module 4:	Social Protection in the Context of Education, Employment, Private Sector Development & Financial Inclusion	17.11.2021
Technical Module 5:	Health & Social Protection	26.01.2022
Technical Module 6:	Triple Nexus & Shock-Responsive Social Protection	23.03.2022
Technical Module 7:	Governance / Systems Strengthening & Social Protection	18.05.2022
Technical Module 8:	Gender and Social Protection	22.06.2022
Technical Module 9:	Social Protection Indicators to Leave No One Behind	24.08.2022

A detailed **module description** is available on the [SDC Social Protection Shareweb](#)