



# **OpenLMIS Sustainability**

## **Project Overview**

**Community Meeting – November 18, 2019**

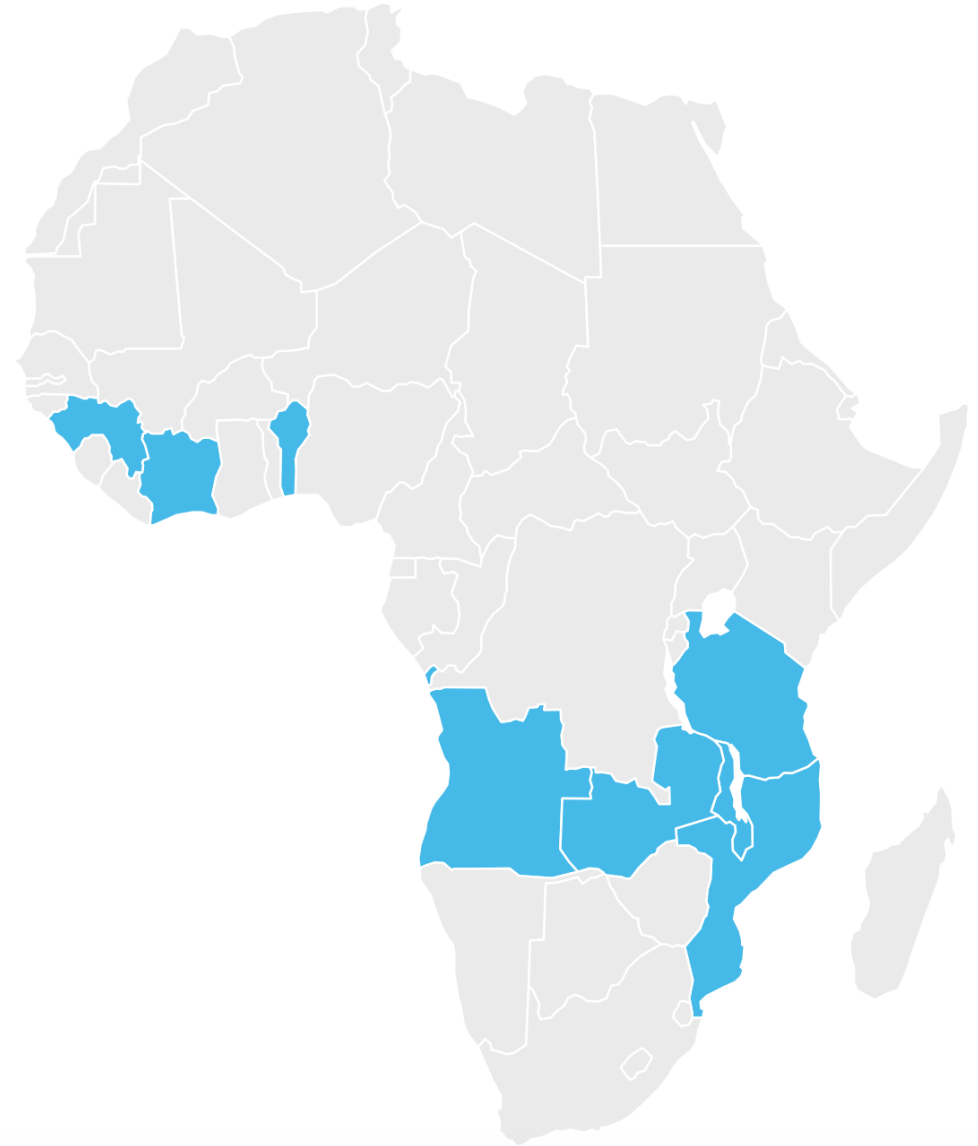


# Session Contents

1. Filling a Gap
2. Sustainability Research
3. OpenLMIS in Private Health
4. Where We Are Today
5. Questions & Discussion

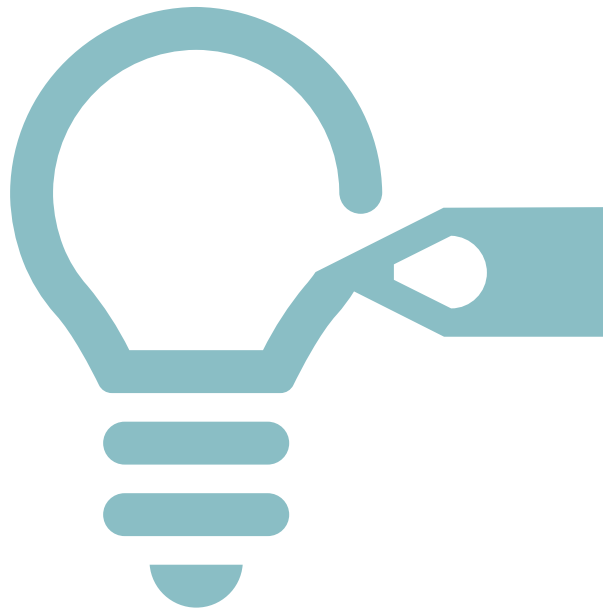
# Filling a Gap Celebrating the Journey of OpenLMIS

Emily Bancroft | VillageReach



# Overview of Sustainability Research

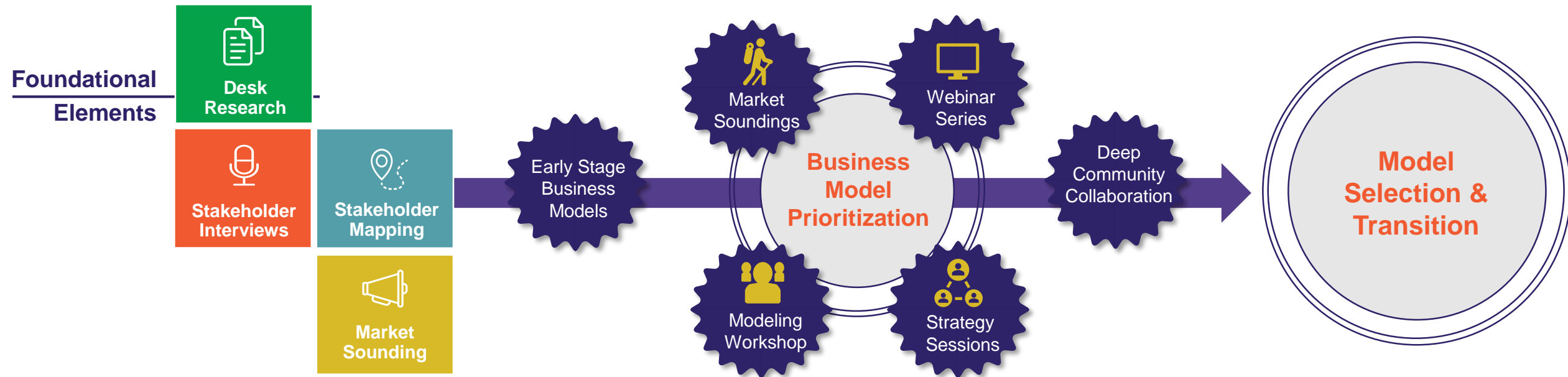




# Resonance's Role

- Reimagine **OpenLMIS**
- **Explore** avenues for sustainability, including options for **product expansion** within and outside of the global health market
- Evaluate **opportunities** for revenue and financing, including new channels, partnerships, donor funding, and impact investing
- Support decision making and the pivot to a **long-term plan**

# One Year of Analysis



Transform Research into Insights > Discover, Build Out, & Prioritize Models > Select, Validate, Test, & Transition

# Community Engagement

We have consistently collaborated, exchanged ideas, and held strategy sessions with key partners.



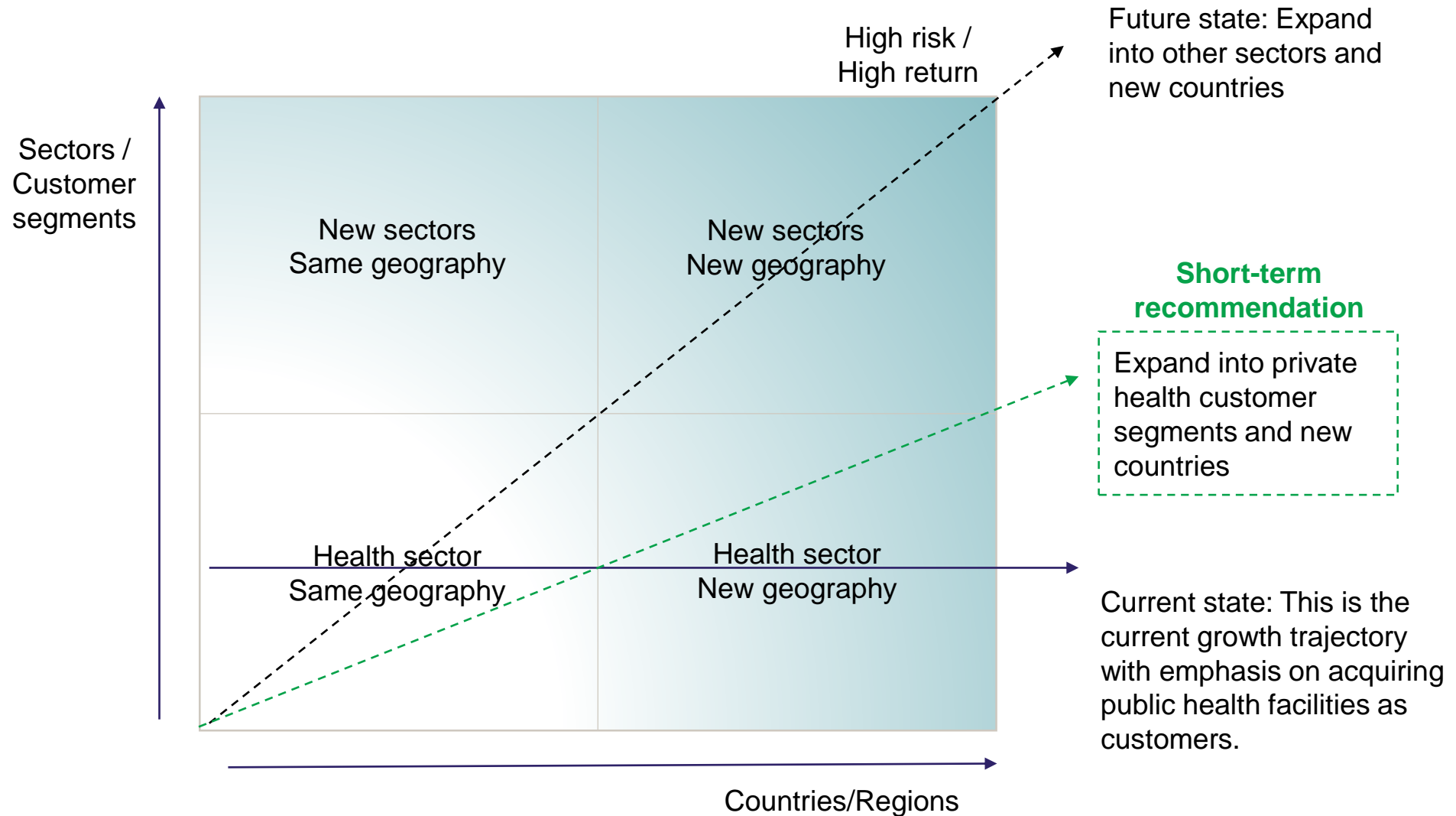
# External Stakeholders

We have conducted dozens of interviews to dig into feasibility of the future-state opportunities.

Interview Type	Examples	Value of the conversation
Other Global Goods	OpenCRVS, OpenMRS	Benchmarking and best practices; case studies
Customer possibilities within & outside of health	Medical Teams International, Sigma Pharmacy, MoH	Customer needs, willingness to pay, decision-making
Potential partners	IQVIA, Jembi, Mezzanine	Business proposition, value of OpenLMIS
Technology innovators	mPedigree, Living Goods, Kasha, mPower	Innovative product and revenue models
Donors and funders	USAID, BMGF	Available bridge and future funding, impact measures



# Long-Term Expansion Strategy



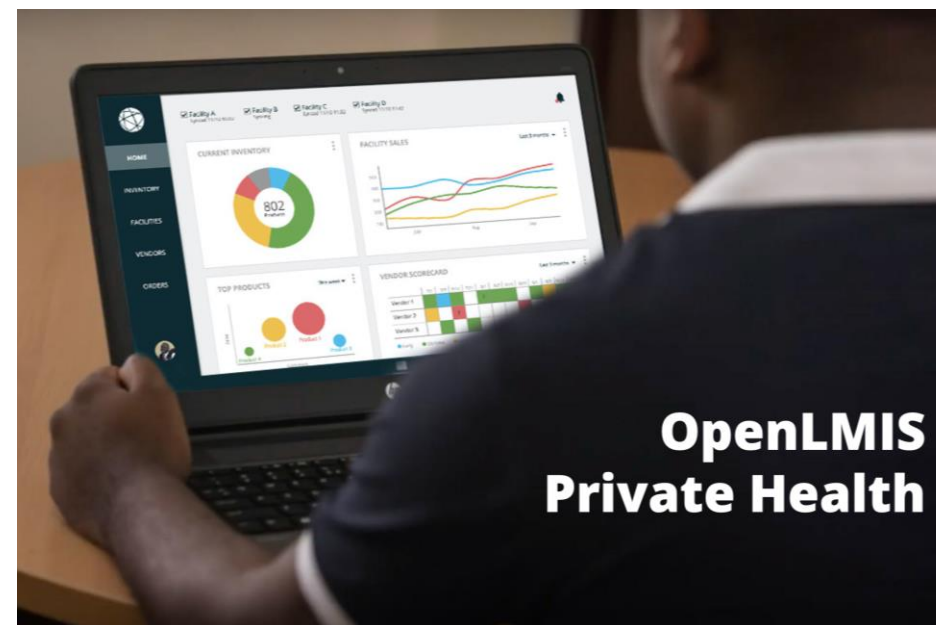
# OpenLMIS in Private Health





# OpenLMIS for Private Health

- As part of its broader effort to **reimagine** OpenLMIS, Resonance identified opportunities to **expand its footprint** from public health to private health in target markets
- While keeping the **core product open source** and the **public implementations active**, a **parallel product** would be created to serve private clinic networks, hospitals, and pharmacy retail networks
- This SaaS product would help **subsidize the cost** of public health implementations and create a path for long-term **revenue generation**
- Over time, **synergies** between the two products would help **elevate** its offering in both sectors; and product tiers could be created, providing options for different levels of local engagement and **support**



A series of interviews were conducted with **health and last mile supply chain** subject matter experts, potential customers, and we socialized a **product prototype** with select potential customers.



# The Problem

- Most private health networks in developing countries track inventory – either fully or partially – on paper because they don't have a digital tool that meets their needs
- Networks that have digital tools will often combine multiple types of software or develop a home grown solution that is either inefficient, too expensive to maintain, or still requires manual processes to operate
- These challenges have created a gap in the private health market that is not currently filled by commercial solutions





# Target Markets

Most promising markets are **large economies in Sub-Saharan Africa** (e.g. Ghana, Nigeria, Kenya) with dynamic private health sectors

**Opportunities also exist** in smaller, somewhat limited private health economies (e.g. Zimbabwe, Senegal), east/south Asia.

## Key: Interviewee Type

- ★ Subject Matter Expert (15)
- ★ Clinic Network (6)
- ★ Hospital Network (5)
- ★ Pharmacy Network (1)
- ★ Investor (2)

**Less promising markets** are Latin America and the Caribbean with few potential customers and/or national software restrictions; and more mature/saturated markets (e.g. South Africa, Thailand).



# Target Customers

There are opportunities to support private clinic, hospital, and pharmacy retail networks.

- In a fragmented market, there are growing customer segments in low- and middle-income countries
- Needs are similar (but not identical) to current OpenLMIS users
- Target customers are eager to address common supply chain challenges, which are major pain points for their organization
- They understand the need for software investment alongside growth and are looking for a suitable solution



	Clinic Network	Hospital Network	Pharmacy Retail Network
<b>Defining feature</b>	Out-patient facilities	In-patient facilities	Standalone dispensaries
<b>May include</b>	Pharmacies, laboratories	Clinics, pharmacies and/or laboratories	Distribution/wholesaler component



# Sample Customer Profile

## Growing Private Clinic Network

*Actively seeking appropriate, user-friendly supply chain management solution on a limited budget*

<b>About</b>	Private company/organization operating a network of 5-20 clinics in a low-resource setting
<b>Goals/Mission</b>	Ambitious expansion of clinic facilities and/or service offerings
<b>Supply Chain Management</b>	<p>Current solution: Partially paper-based with facilities/employees combining multiple solutions (e.g. clinic management system + Excel)</p> <ul style="list-style-type: none"><li>• <i>Unreliable and inefficient, leading to errors, stockouts, delays, waste, and higher costs</i></li><li>• <i>Holding back company growth/expansion</i></li></ul>
<b>Software Use and Orientation</b>	<p>Some software use: Locally built clinic management system, basic accounting system</p> <ul style="list-style-type: none"><li>• <i>Current system(s) offer only partial solution(s) to supply chain needs</i></li><li>• <i>System(s) not user-friendly or designed for their needs/circumstances</i></li></ul>
<b>OpenLMIS as a Solution</b>	Requisitions, inventory management, and reporting/analytics support that interoperates with existing clinic management and accounting systems to address supply chain management gaps



# Prototype Interview Feedback

## Most Valuable Features and Characteristics

- Inventory visibility from supplier to customer
- Data/reporting dashboards
- Health sector focus
- Offline sync capabilities
- User-friendly and intuitive
- Configurable with existing systems

## Questions and Concerns

- Timeline: Customers are looking for this product now
- Integration and interoperability with existing or future EMR/HIS, financial/accounting, point of sale, and mobile systems

## Perceived Value

- Customers are willing to pay up to \$25,000 annually for this product



“ I wish we could get better visibility into our supply chain and the data we need. It's hurting our business and we're losing money, which makes it difficult to serve patients and take collective action. ”

- Private Clinic Network, Kenya





[Click to begin:](#)

# OpenLMIS Private Health

A Product Prototype | VillageReach

# OpenLMIS Paths Forward

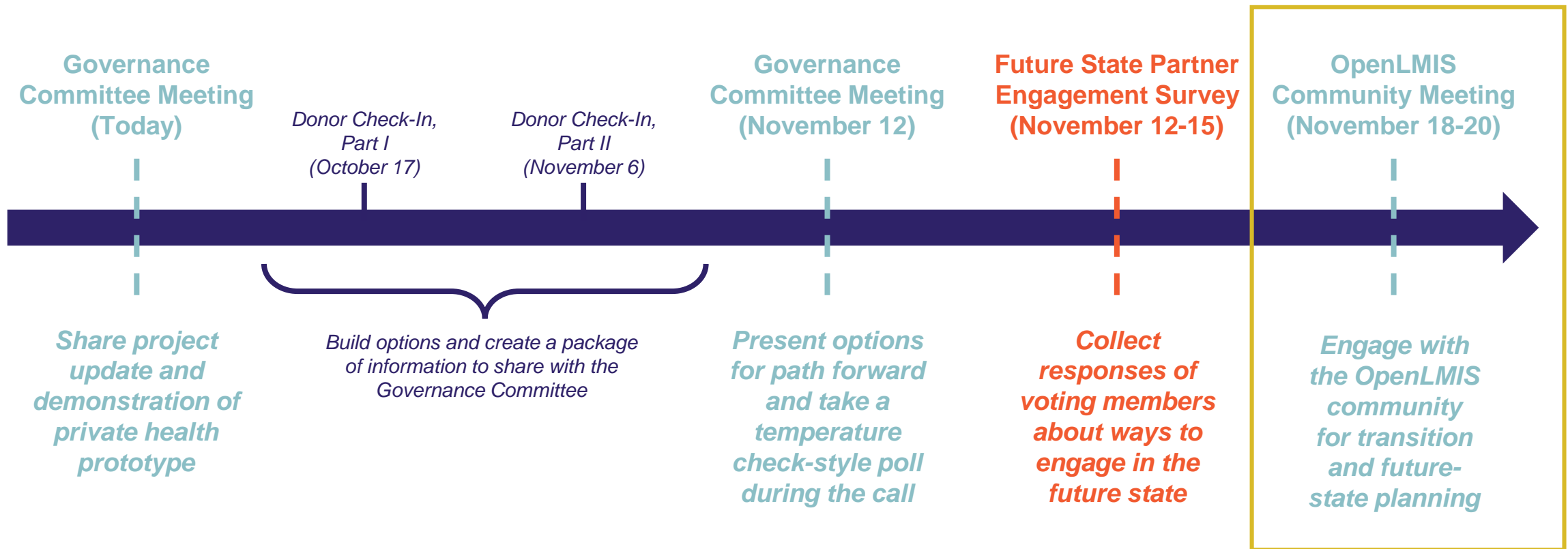


HOSPITALI YA RUFAA YA MKOA WA DODOMA	
OPD	<b>BEI ZA KUTOLEA HUDUMA</b> REGISTRATION AND CONSULTATION
KULAZWA	RUFAA 10,000 - MARUDIO 5,000 - BILA RUFAA 15,000 - DARAJA LA KIWANZA EXECUTIVE 25,000 - DARAJA LA KIWANZA NORMAL 20,000 - DARAJA LA PILIKI WA SIKU 10,000 - DARAJA LA TATU 15,000 - KWA MUDA MOTE ATAKULAZWA MSONIMA
MARBARA	BEI ZA VIPIMO ZINAPATIKANA KINENYE DIRISHA LA MALIPO NA UBAO WA MATANGAZO YA MARBARA
X-RAY	X-RAY 10,000 - BARIUM HSG 40,000 - NP 50,000 -
ULTRASOUND	ULTRASOUND ECG 15,000 - ECHO DOPLER 30,000 -
GHARAMA ZA UPASUJI	UPASUJI MOGOO DPO WOUND SUTURING I & O 30,000 - POP APPLICATION REMOVAL 10,000 - UPASUJI MOGOO THEATER 50,000 - UPASUJI MKUBWA 200,000 - UPASUJI MALLUM SPECIALISED 400,000 -
HUDUMA ZA MENO	KUNGA JIHO KANADA 10,000 - KUNGA JIHO DIFFICULT EXTRACTION 15,000 - KUNGA JIHO KANADA 10,000 - MEDICAL EXAMINATION 10,000 - NB BEI ZA HUDUMA NYINGINE ZINAPATIKANA KINENYE DIRISHA LA MALIPO NA MAREJE KITABO CHA MENO UPASUJI MACHO CATRACT GLAUCOMA 120,000 - KUNGA KITI JICHOM SUPERFICIAL 30,000 -
HUDUMA ZA MACHO	UPASUJI MACHO DEEP 50,000 - KUNGA KITI JICHOM DEEP 50,000 - BEI ZA HUDUMA NYINGINE ZINAPATIKANA KINENYE DIRISHA LA MALIPO NA MAREJE KITABO CHA MACHO
PHYSIOTHERAPY	MAZOEZI YA KAWADA 5,000 - MAZOEZI NA TIBA YA UMEME 10,000 -
MORTUARY	KUWEKA DANU MWILI 30,000 - KUHIRAZI MWILI JOKOPI NA SIKU 10,000 -

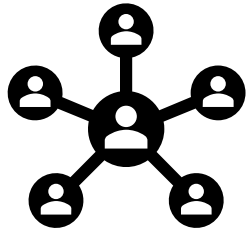


While we consider OpenLMIS for private health to be a strong contributor to sustainability, there are a couple of paths and decisions that need to be made to get there...

# Where We Are Today



# OpenLMIS Paths Forward



## 1 Independent Entity

- Create a new non-profit entity to manage software & stewardship
- Keep public health implementations active and pursue a parallel product in private health
- Transition public health to include routine contributions
- Seek initial seed stage funding followed by impact investor funding



## 2 Partnership to Handover

- Partner with a private organization and gradually transition software & stewardship over 1-2 years
- Keep public health implementations active and product open source
- Let partner drive which business opportunities to pursue
- Collaborate on contract terms
- Seek initial seed stage funding



## 3 Unsupported Release

- Release the IP and licensing
- Leave future software enhancements and stewardship up to the open source community
- No funding for core community, product management, or maintenance
- No mechanism for partners to guide the future of OpenLMIS

# Comparing Paths Forward

1

Independent Entity

2

Partnership to Handover

3

Unsupported Release


<b>Risk</b>	High	High	Low
<b>Cost</b>	\$\$\$	\$\$	Free
<b>Control</b>	High (for partners involved)	Low (enforce contract terms)	None
<b>Stability for current public user base</b>	High	Medium	Low

# Future State Partner Engagement Survey

Open November 12 – 15, 2019

Following the Governance Committee Meeting

- Survey sent via email to voting members
- Participants were encouraged to consult with others at their organizations to inform responses
- Purpose was to gauge interest in the various roles that could be played by partner organizations
- While non-binding, the survey has informed today's discussion
- 4 responses to date from BMGF, VillageReach, SolDevelo, & JSI



### OpenLMIS Future State Partner Engagement Survey

Voting members of the OpenLMIS Governance Committee are asked to complete this survey between November 12-15th, 2019. Responses will inform conversations at the Community Meeting and help to gauge partner engagement for the future-state planning of OpenLMIS.

**\* Required**

Overview of the 3 Options for the Future State of OpenLMIS:

**1 Independent Entity**

- Create a new non-profit entity to manage software & stewardship
- Keep public health implementations active and pursue a parallel product in private health
- Transition public health to include source contributions
- Seek initial seed stage funding followed by impact investor funding

**2 Partnership to Handover**

- Partner with a private organization and gradually transition software & stewardship over 1-2 years
- Keep public health implementations active and product open source
- Let partner own which business opportunities to pursue
- Collaborate on contract terms
- Seek initial seed stage funding

**3 Unsupported Release**

- Release the IP and licensing
- Leave future software enhancements and stewardship up to the open source community
- No funding for core community, product management, or maintenance
- No mechanisms for partners to guide the future of OpenLMIS

Please express how you feel about each of the 3 options outlined above. \*

	1- Very concerned	2- Slightly concerned	3- Unsure/need more information	4- Somewhat excited	5 Very excited
Option 1: Independent Entity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Option 2: Partnership to Handover	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Option 3: Unsupported Release	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

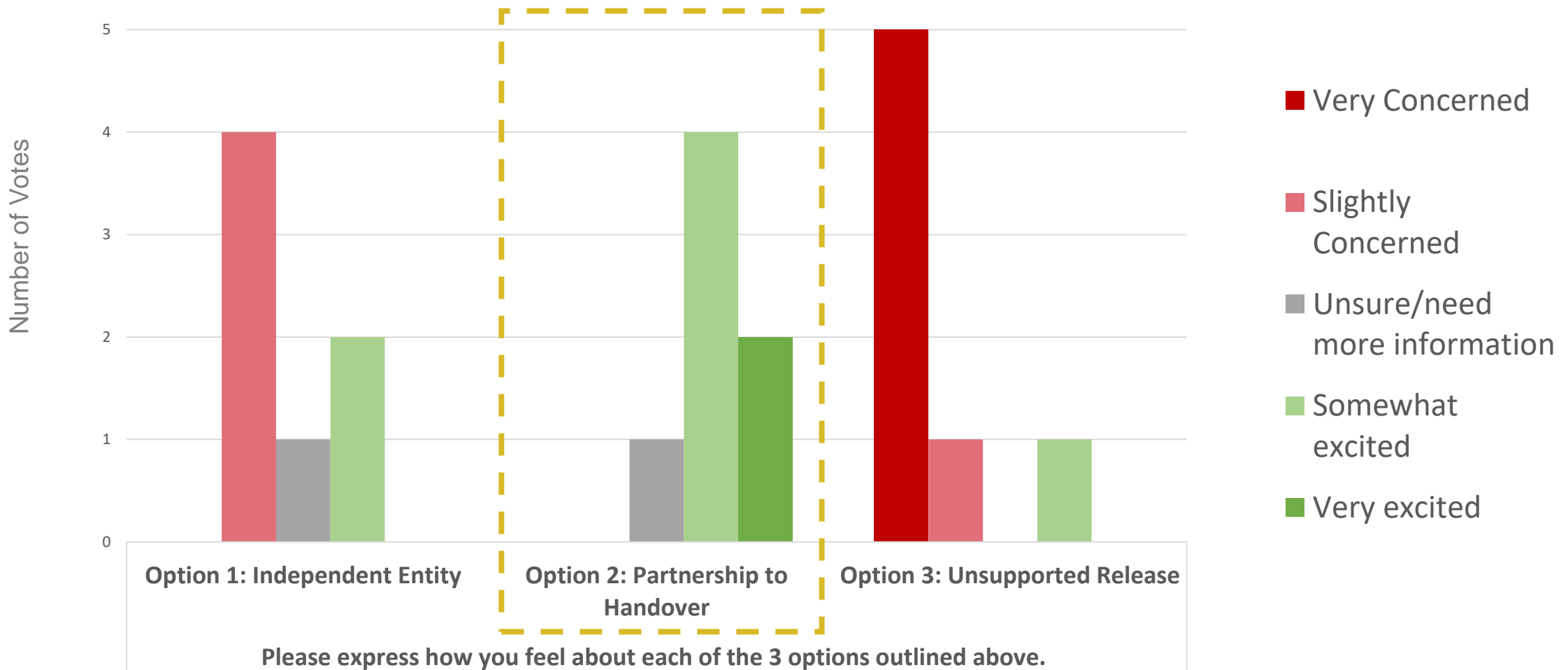
### Part 2: Assessment of Future Engagement

This section is intended to help gauge interest of different OpenLMIS partners in being involved/supporting different future-state options.

Please rate your organization's level of interest on the following roles related to the current- and future-state Public Health Implementations of OpenLMIS. My organization will... \*

	1- Strongly Disagree	2- Disagree	3- Neither Agree nor Disagree	4- Agree	5- Strongly agree
Support or continue to support current implementations by providing ongoing technical support such as; requirements gathering, integrations, configurations, training, stakeholder management, and/or project management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide product feedback to inform feature enhancements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Share new opportunities that you learn about with the OpenLMIS Community Manager and/or OpenLMIS Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respond in a timely manner when a new opportunity is shared and the Community Manager asks who is interested in being involved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support demos/presentations for potential implementations as requested by the OpenLMIS Community Manager (on an ad hoc basis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work with governments to transition OpenLMIS to a pay-for-support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

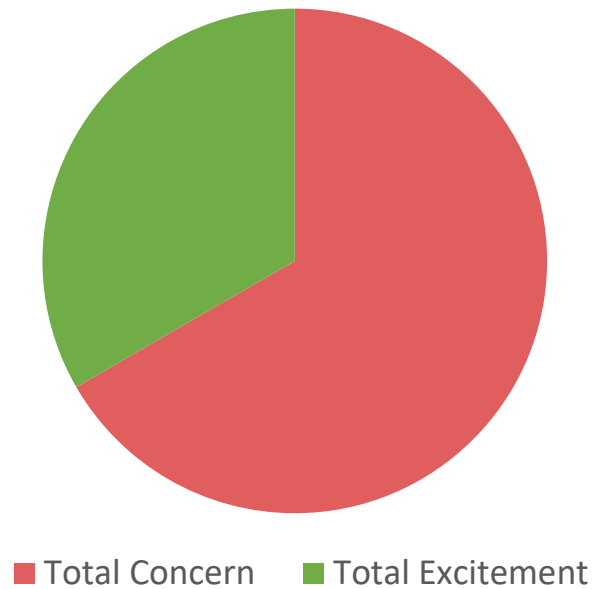
# Community Sentiment on Options



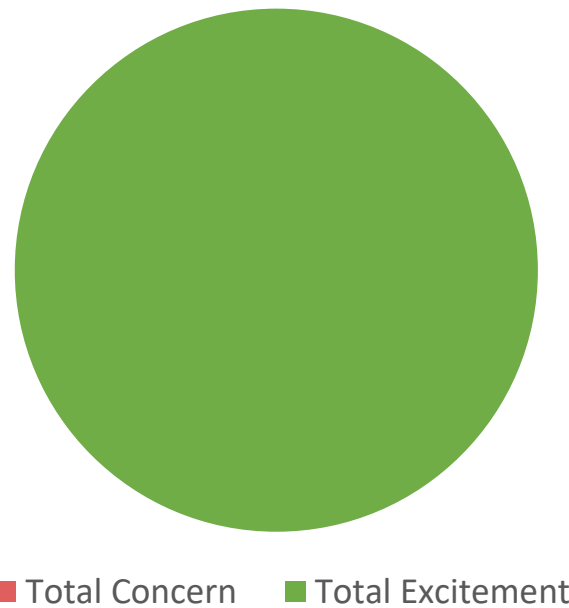


# Total Concern vs. Excitement

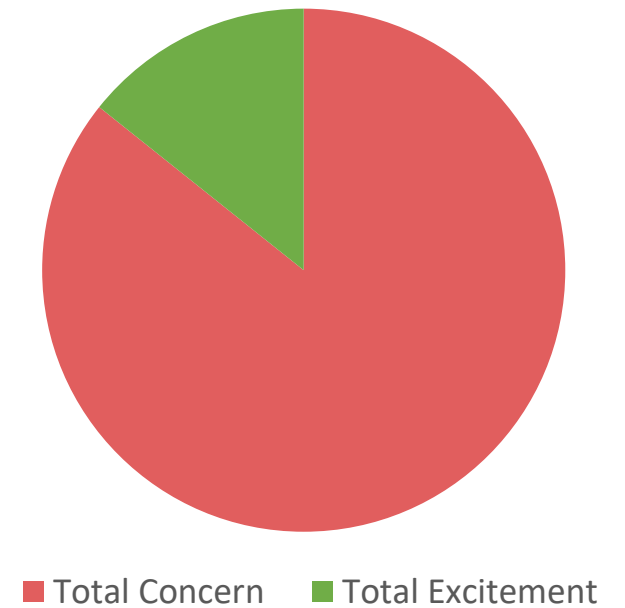
Option 1: Independent Entity



Option 2: Partnership to Handover

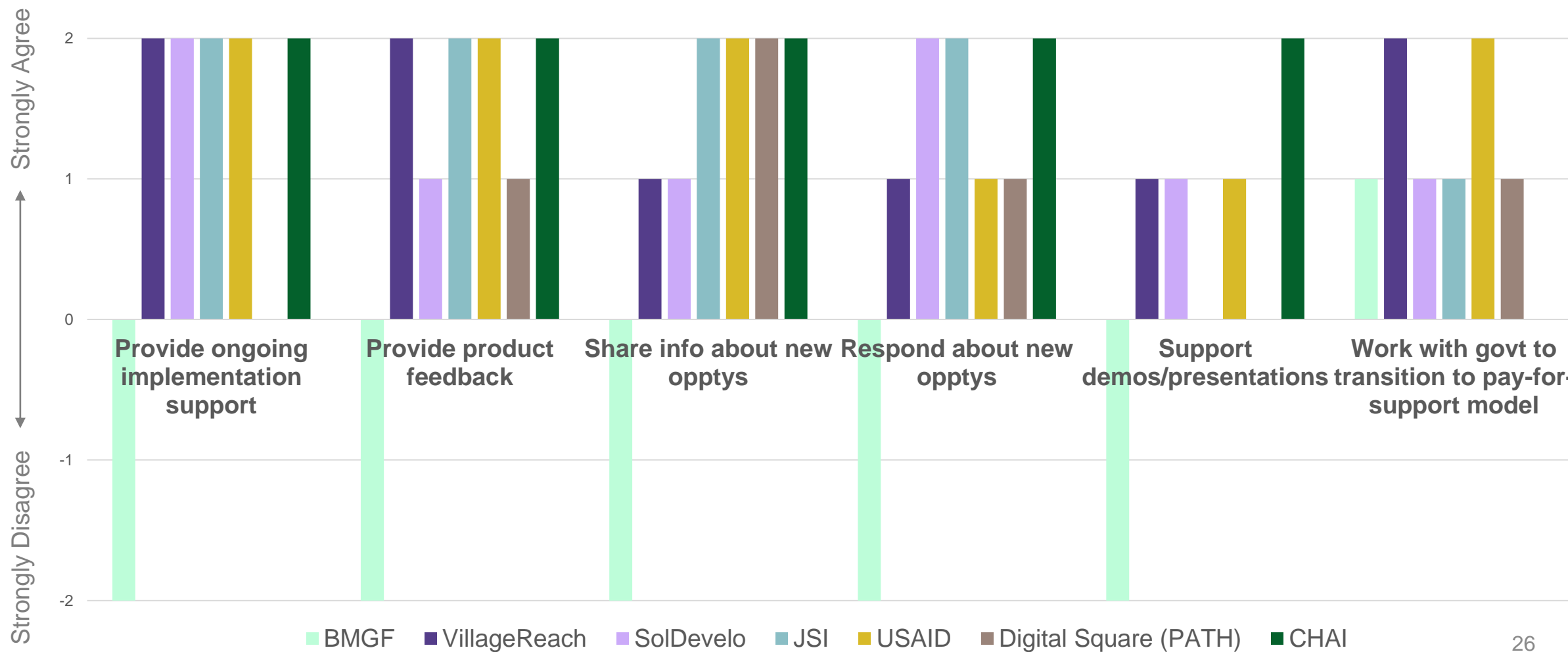


Option 3: Unsupported Release

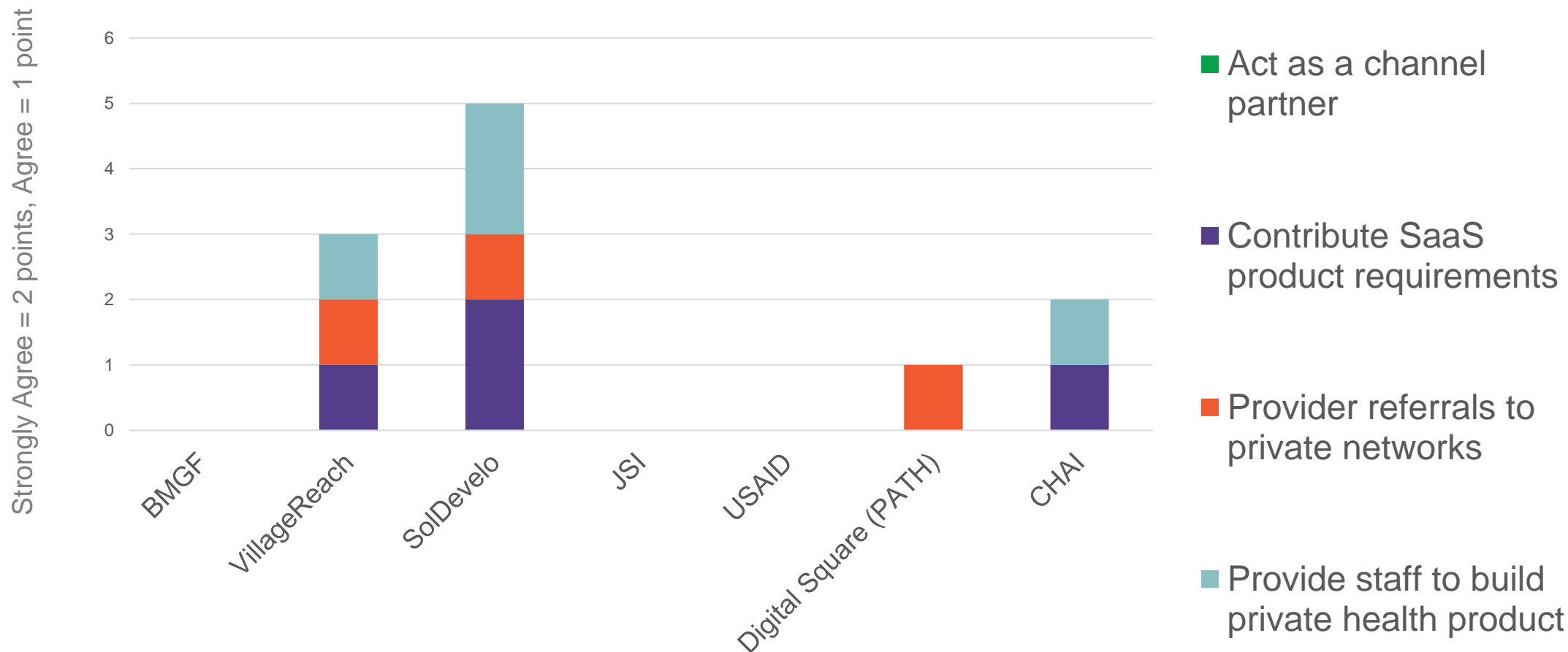


*How does this resonate with you?*

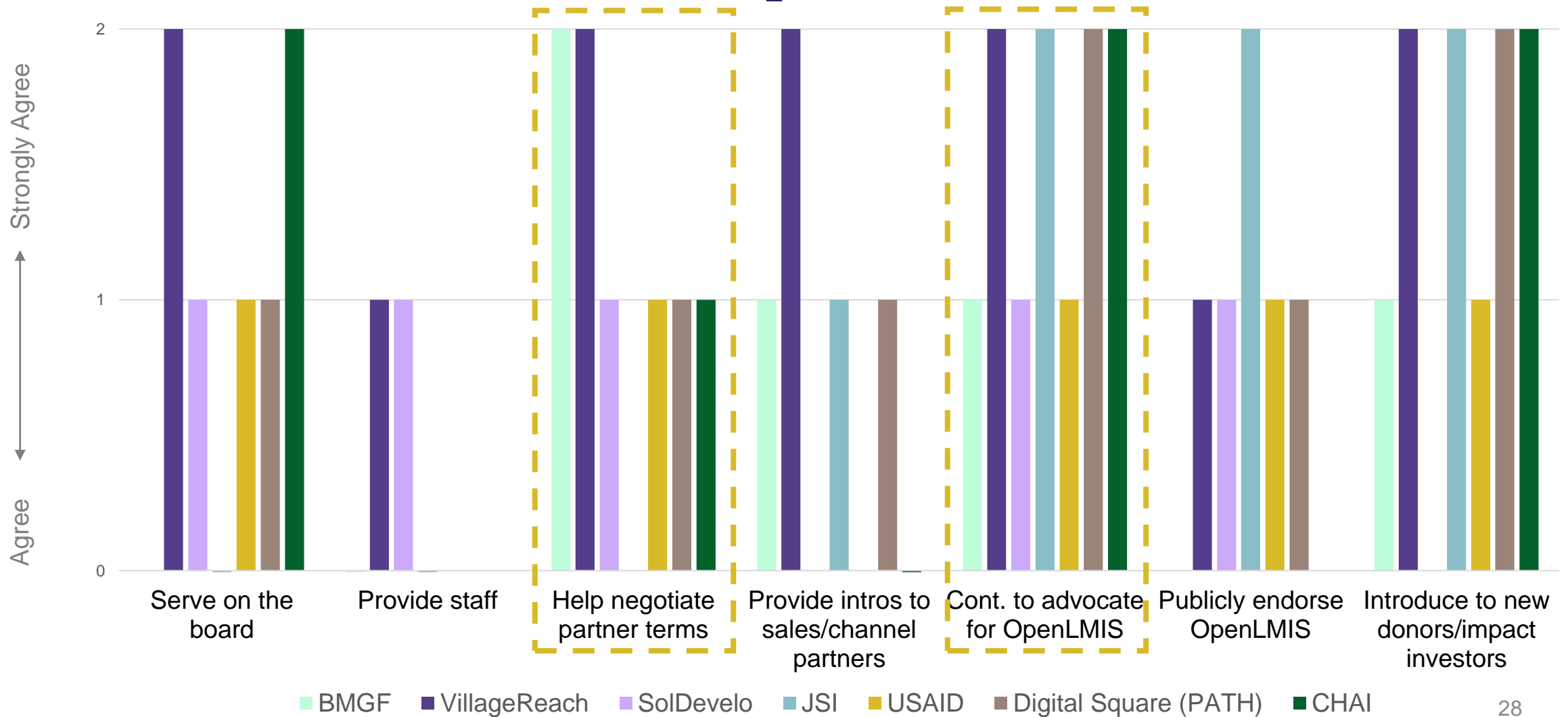
# Level of Interest in Public Health Roles



# Interest in Active Private Health Roles



# Interest in Leadership & Governance



# Moving Toward a Decision

## What has been decided?

- Up until today, we have 3 active options:
  - #1 Independent Entity
  - #2 Partnership to Handover
  - #3 Unsupported Release
- Based on the survey results, we have decided to focus these next two days on the terms and requirements that our community needs to make #2 work.
- We will also engage with two potential partners to understand their terms and requirements.

## Funding

- Donor support - tentatively Gates Foundation - is needed for a transition to either #1 or #2. By the end of these two days, we hope to have an outline of what support is needed over the next 12-24 months to support this transition.

# What Are the Next Steps:

## 1. Community Input on Terms/Future State Criteria

At this community meeting, we will define the requirements and nice-to-haves for Partnership to Handover or Independent Entity. We will also define what success looks like after 12-18 months.

## 2. Negotiation

Those community members who want to be engaged in Option 2 will share these terms with potential partners to understand the partners requirements.

## 3. Concept Note

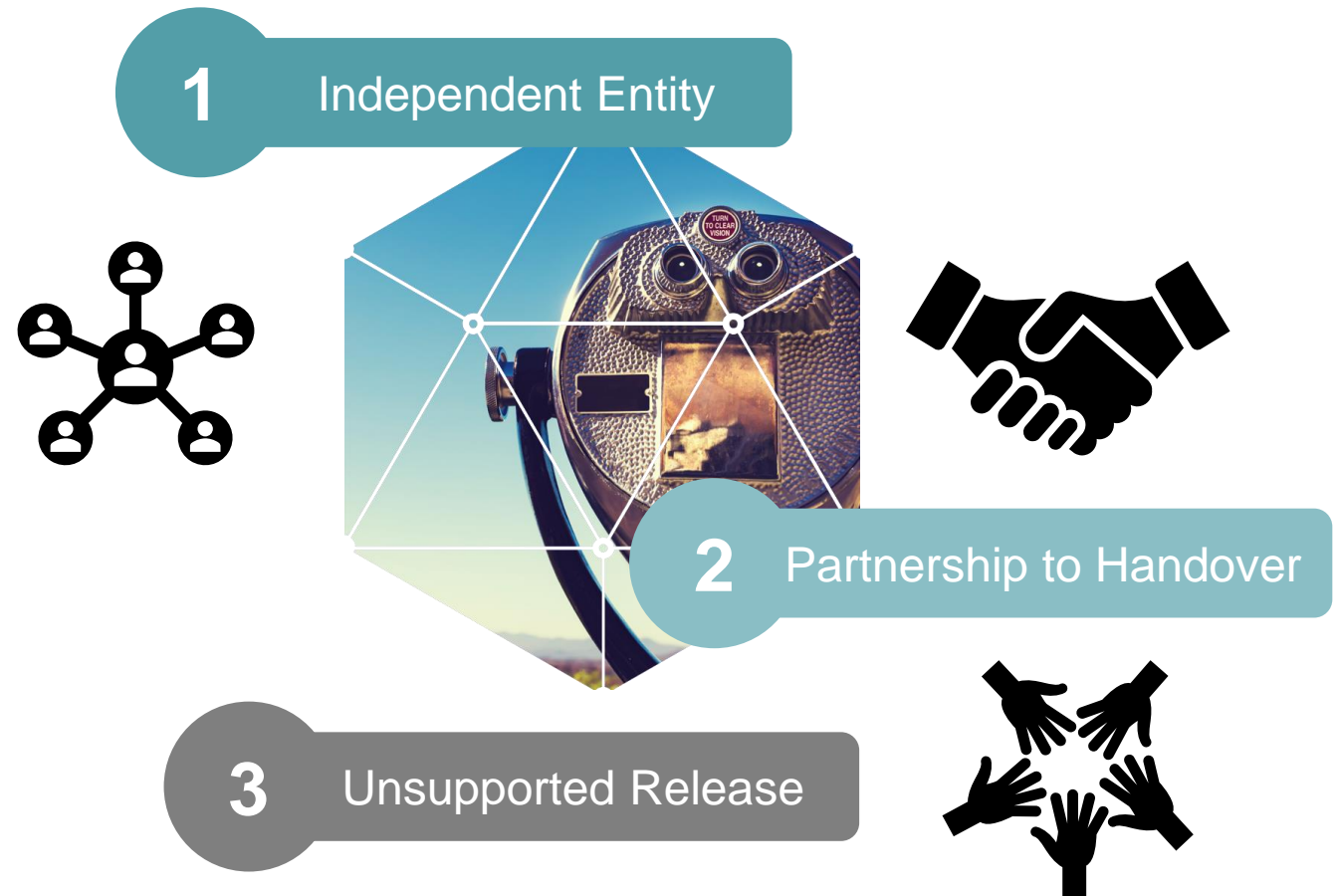
Assuming enough alignment to proceed, we will draft a concept note outlining the support needed to further test and move towards the Partnership to Handover model. This concept note will be refined after the Community Meeting.

## 4. Transition to Future State

We expect a 12- to 24-month period to launch the future state. After March 2020 (when current VR stewardship ends), the Governance Committee may change membership and/or a new board may be formed to support the transition.

# Reactions & Discussion

Led by Resonance



# Thank You!

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