OpenHIE 2018 Community Meeting Reflections

Global Digital Health Network Meeting
October 3, 2018

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Introductions

Carl Fourie - Jembi Health Systems NPC

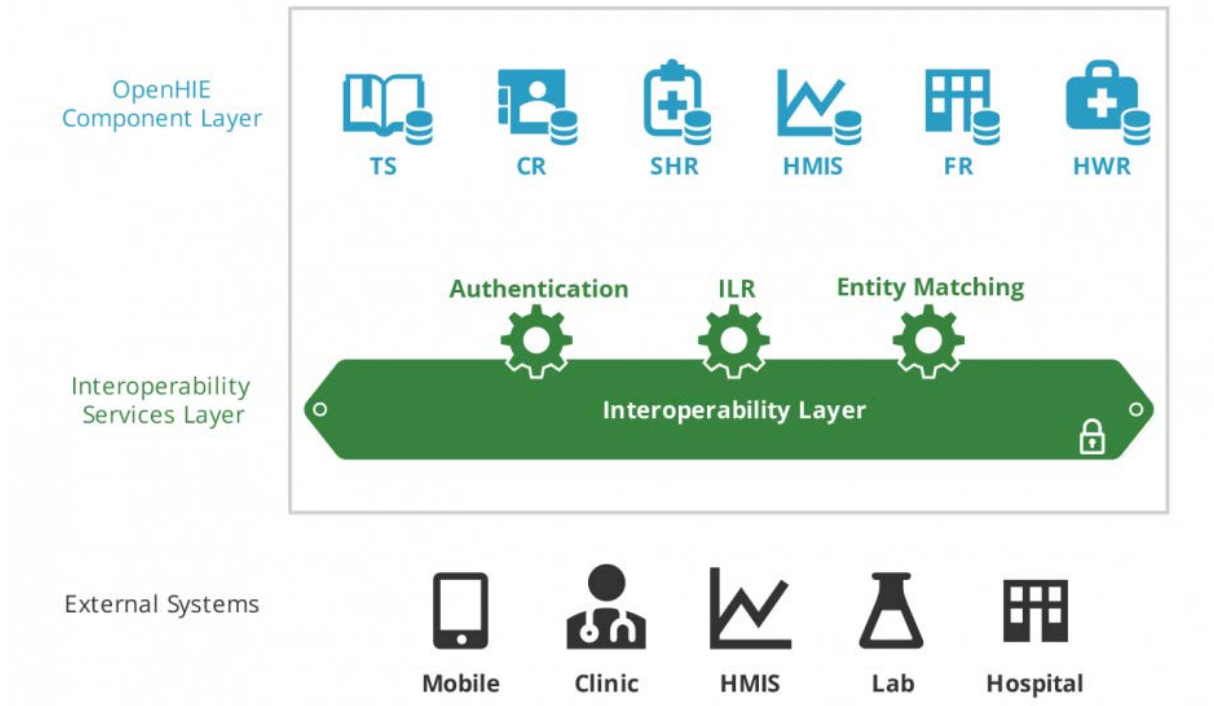
One of the community leads of the OpenHIE implementers network.

Amanda BenDor - PATH

Community lead and led planning for OHIE18

OpenHIE Community

- OpenHIE is a diverse mission-driven community of practice including countries, organizations, individuals and donors working to promote sharing of health data across many different software products.



Goals and Objectives OHIE 2018

- Showcase the strategy, approach and components that pragmatically empower sustainable and standards-based sharing of health information to improve health outcomes
- Highlight existing OpenHIE implementations
- Provide a convening for community engagement, discussion and learning

Attendees

184 Attendees from over 15 countries

7 Ministries of Health Represented

Donors from USAID, GIZ, CDC and WHO

Community Meeting Agenda

OpenHIE 2018 followed the following 4 themes

- Leadership and Governance
- Implementers Experiences
- Facilitating Data Exchange
- Interoperability and Standards

Day 1 - Enabling system Interoperability

Day 2 - Country Driven Success

Day 3 - Innovations and Breaking new Ground in Information Exchange

Unconferencing Approach

Updated Agenda During the Meeting

HacKonectALearnAThon

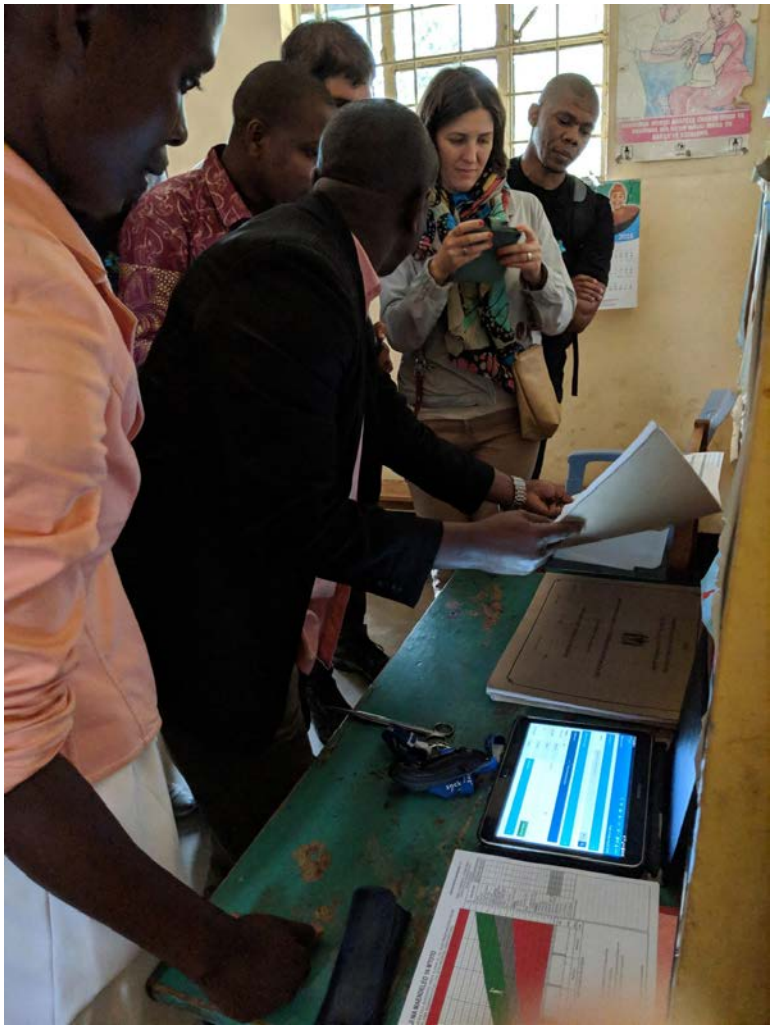
Spanned 2 days and followed an unstructured approach for the most of it.

- Lightning Talks to start on Day 1
- Breaking out into working groups around core challenges for the rest of the sessions

Challenges posed and working groups

- Global Goods on a Box
- GOFR - a facility reconciliation tool
- mADX - ADX indicator exchange using FHIR
- Case Based Surveillance - HIV focus
- OpenHIM Mediator development
- OpenIMIS - docker and interoperability options

Site Visits



Community Meeting Summary and Highlights

Day 1:

- Dynamic opening by Permanent Secretary Dr. Mpoki and PATH CEO Steve Davis
- Engaging "Unconference" Planning Session
- Demonstration of OpenHIE applied to BID Project
- Software/Demo Showcase

Day 2:

- Country story highlights from Tanzania, Ukraine, South Africa, Liberia, and Ethiopia plus end of day country roundtable
- Cross Border HIE Discussion
- Nyoma Choma Dinner Celebration

Day 3:

- African Health Information Exchange Project in South Africa
- OpenHIE on FHIR and rich interoperability discussion
- Strong desire from community to continue annual meeting

HacKonectaLearnAThon Summary and Highlights

Participants self organised into adhoc teaching session focused on:

- FHIR Fundamentals
- Docker 101 and Kubernetes
- OpenHIM installation and Mediator design and dev.
- A lot of new members engaging around CBS ideas
- Great working groups around ADX of FHIR (PoC developed)
- Many teams left with more hands on experience of tools.

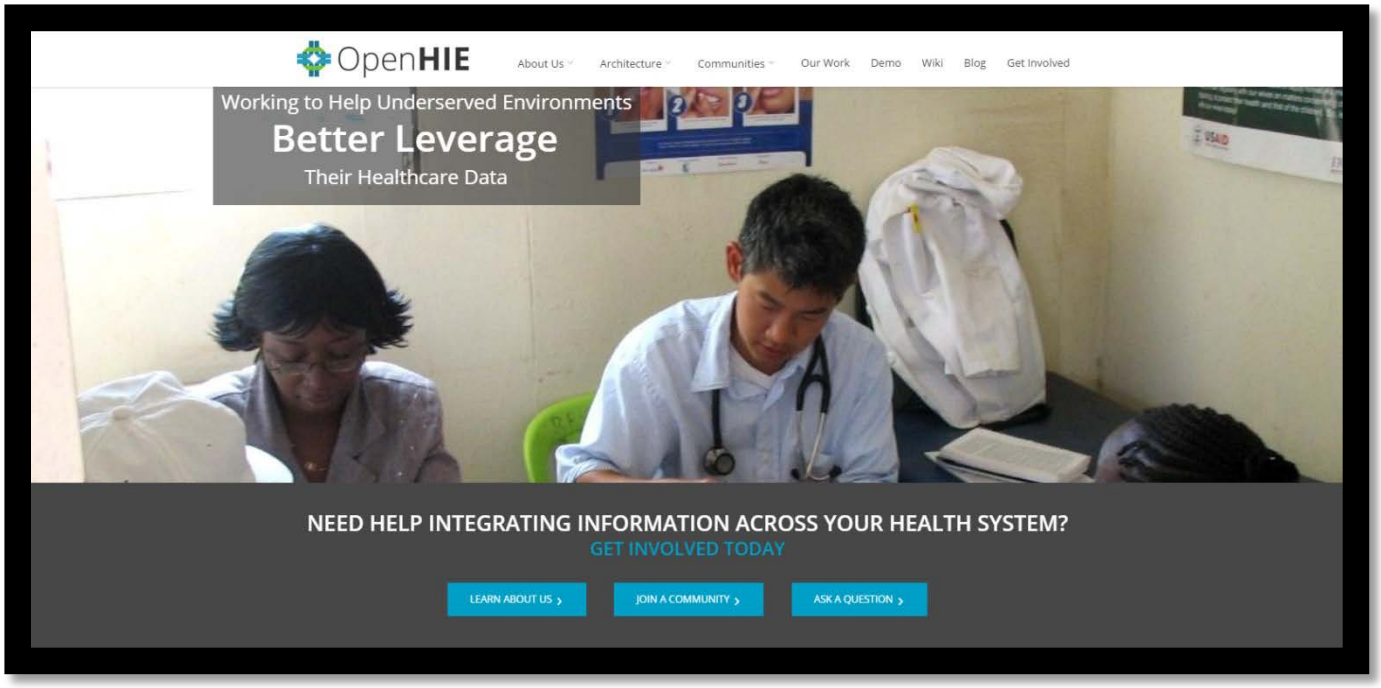
Reflections on supporting Interoperability DH Community

Standards, standards, standards (GS1, FHIR, etc)

Iterating and growing – Architecture Review Board, Supply-chain Sub-community, etc

OHIE19

To Get Involved



ohie.org/getinvolved
info@openhie.org

OpenHIE

Thank you

Q&A

http://ohie.org

Introduction to the OpenLMIS Community

Global Digital Health Network Meeting, Oct 3

Rebecca Alban,VillageReach

Presenter & Topics

Rebecca Alban

OpenLMIS Community Manager

Coordinate the community partners to drive OpenLMIS decision-making.
Manage the advocacy and communication efforts on behalf of the community.

Topics

- What is OpenLMIS?
- Community structure and functions
- Community Partners
- Challenges/Best practices
- Tools
- Getting involved

OpenLMIS

What is OpenLMIS?

1. WHO WE ARE

An **open source** technology solution and **initiative** that can help countries **actively manage** their complex supply chains. LMIS=Logistics Management Information System

2. MISSION

Collaboratively develop shared, open source software to improve health commodity distribution in low- and middle-income countries.

3. PHILOSOPHY

OpenLMIS strives for **standards-based interoperability** and provides a **highly configurable system** to meet countries needs and support best practicies.

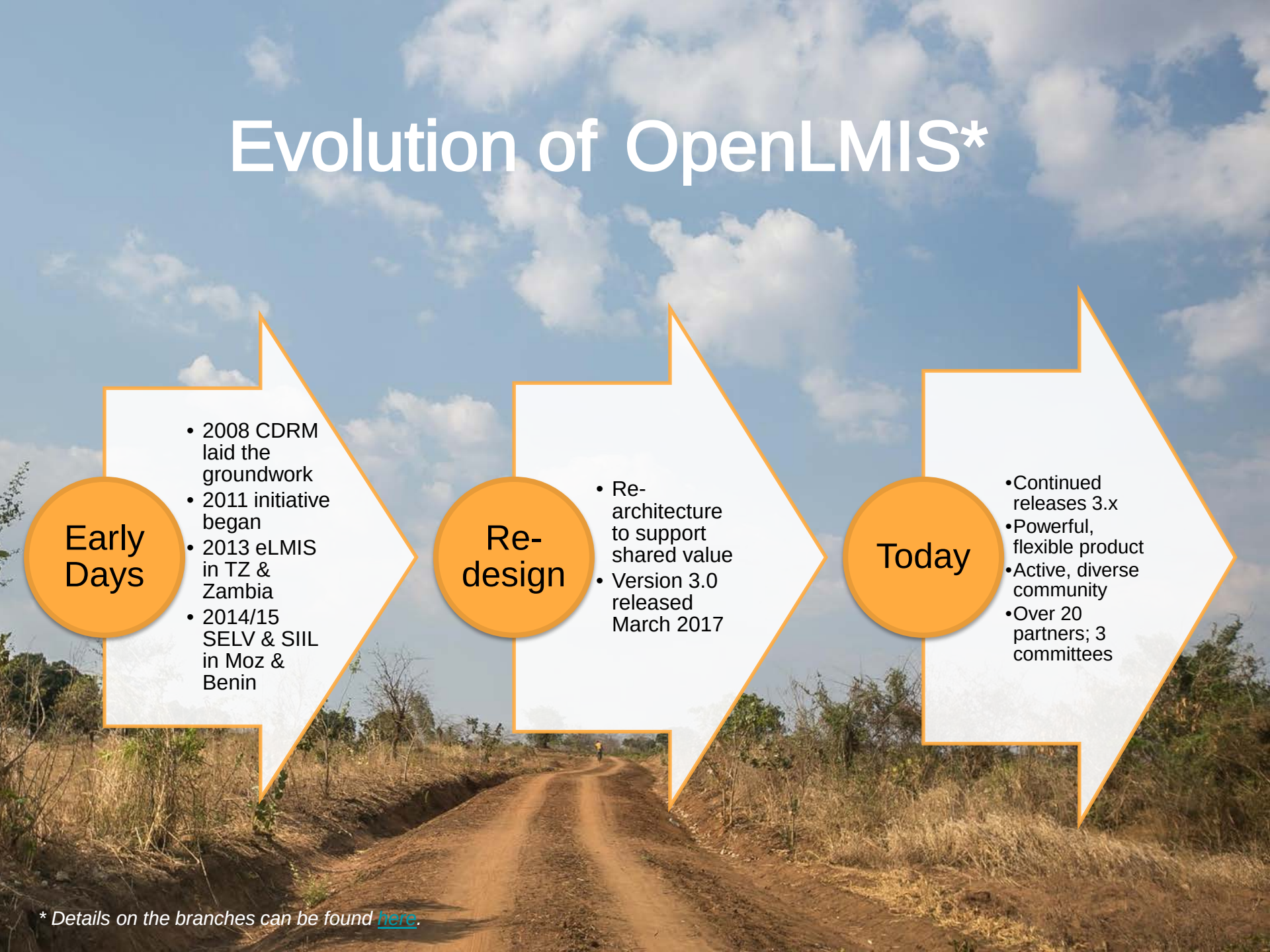
4. OPEN SOURCE BENEFITS

‘Shared Investment-Shared Benefit’; OpenLMIS has **no software licensing fee**

Why OpenLMIS?

- Requirements for health LMIS systems in most countries are very similar
- Not efficient for donors to continually fund custom LMIS systems
- OpenLMIS uses a shared code based that can be configured and extended to meet specific country needs
- OpenLMIS can support principal SCM business processes (as per CDRM)

Evolution of OpenLMIS*



** Details on the branches can be found here.*

OpenLMIS Initiative

Donors

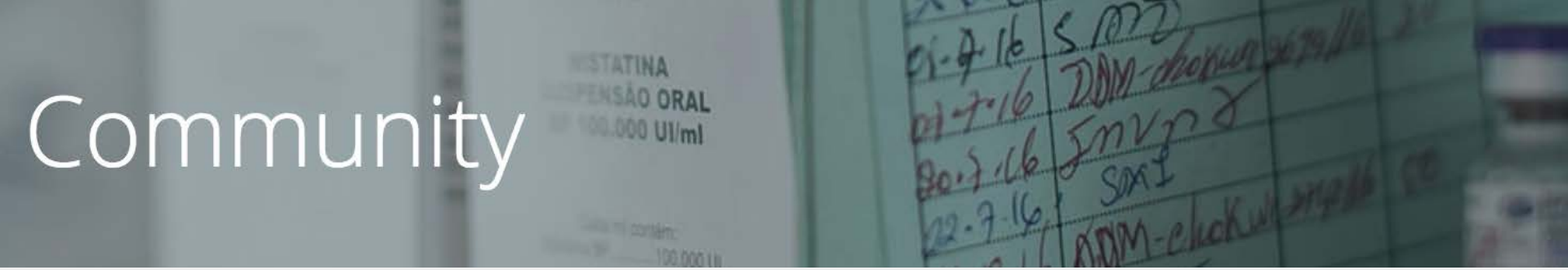
Bill & Melinda Gates foundation
USAID FROM THE AMERICAN PEOPLE
digital square
The ROCKEFELLER FOUNDATION
PEPFAR U.S. President's Emergency Plan for AIDS Relief
Life Saving Commodities Improving access, saving lives
Gavi The Vaccine Alliance

Implementers

JSI
Chemonics
VillageReach Starting at the Last Mile
PATH
amp AGENCE DE MÉDECINE PREVENTIVE
UNFPA
CLINTON HEALTH ACCESS INITIATIVE

Technology Partners

ONA
NEXLEAF ANALYTICS
OPENSRP
BAO SYSTEMS
SolDevelo solutions development
ThoughtWorks
BrowserStack



Community

Governance Committee

Leadership for the community.

- defines community processes
- leads fundraising and advocacy efforts

Members: Senior representatives of Trusted Community Partners

Product Committee

Helps "build the right product."

- discuss roadmap requirements and new features
- reviews contributions from implementations

Members: Community partners with technical experience

Technical Committee

Builds the product the "right way."

- manages the system architecture
- sets clear standards for code quality

Members: Software developers and active OpenLMIS developers

OpenLMIS Trusted Partners have experience implementing OpenLMIS and other Health Information Systems (HIS) tools.

Core OpenLMIS Stewards—manage the community

Lessons Learned

1. Ongoing community **engagement** requires aligned incentives and motivations
2. Need to **balance priorities** between implementers and donors
3. In person meetings and events are critical for **building shared understanding**
4. Support collaborative business development **continues to evolve and iterate**
5. Onboarding new members takes time and mentorship

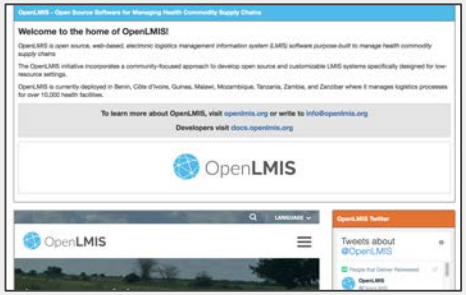
Challenges

1. Limited number of resources in the community to support French and Portuguese
2. Business development timeline is anywhere from ~~3~~ – 12 months
3. Interdependence with supply chain and eHealth system maturity
4. Information overload

Communications tools

openlmis.org

Blog posts, implementation map, features, tools, and the Implementer Toolkit can be found on the OpenLMIS website.



Wiki

The wiki is the source for community meeting notes, committee descriptions, product design considerations, project management, and the living product roadmap.

Documentation

ReadtheDocs contains developer-oriented OpenLMIS documentation. Users can find developer docs, ERD schemas, an OpenLMIS coding style guide, and API documentation.

Internal Communication: Slack and GoogleGroups→Discourse

Getting Involved

Getting involved

Contribute to the toolkit

The OpenLMIS Implementer Toolkit is only as good as its contributors!

We welcome feedback and additional resources to help make the Toolkit a valuable and useful guide

Join the Community

What sets OpenLMIS apart is the support of highly skilled and experienced partners

Add your voice to this growing community of global health leaders and help make OpenLMIS even better


OpenLMIS
Thank you
openlmis.org
info@openlmis.org

OpenMRS: Health Record Keeping Community of Practice

October 3rd, 2018

OpenMRS

MEDICAL RECORD SYSTEM

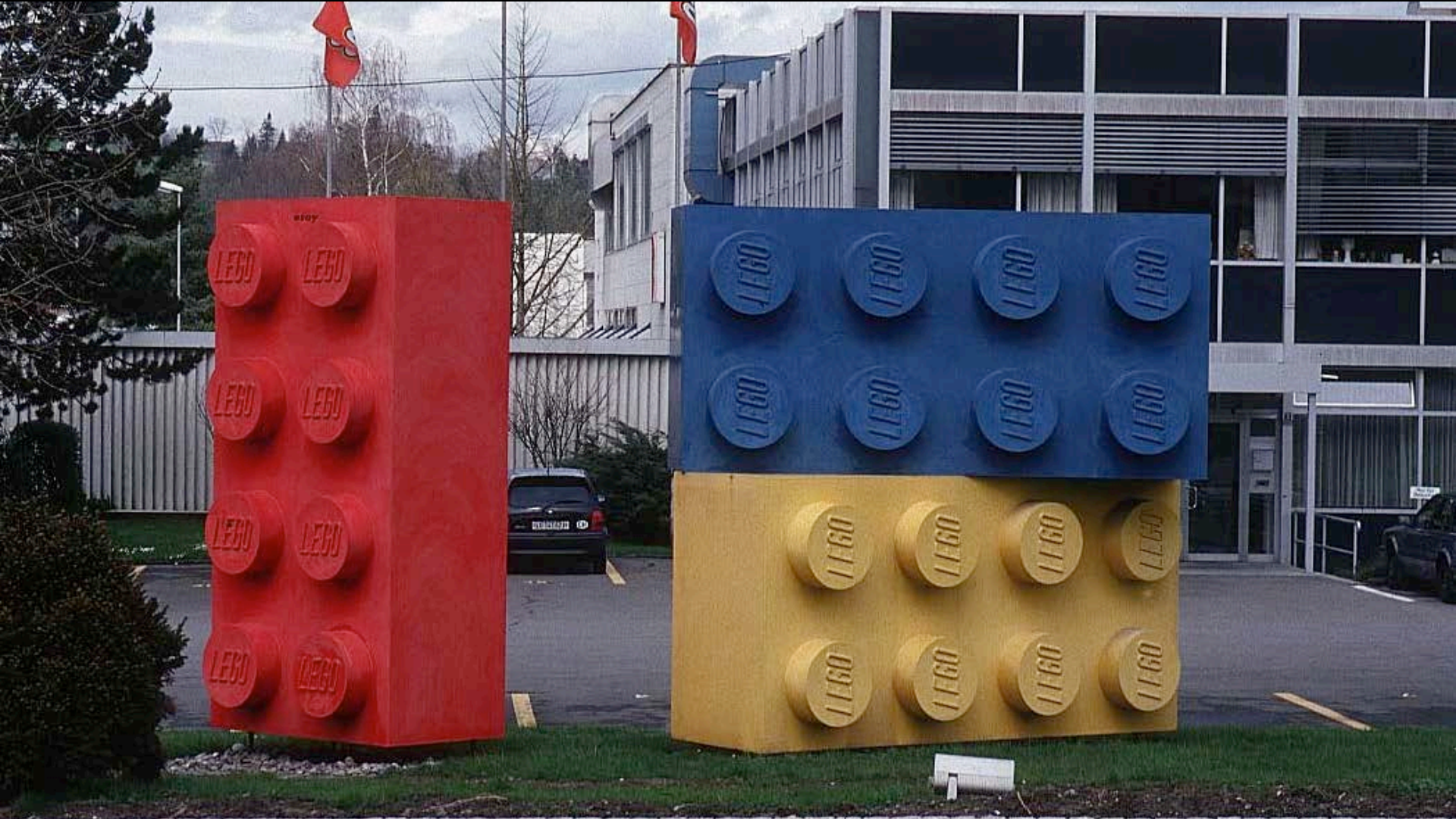
What We'll Discuss:

- Why we exist…
- What we've accomplished…
- How we've accomplished it…
- Where we are headed…

Why We Exist:

- Health is an information business!
- Implementing patient-record systems is REALLY HARD
- It’s even harder when working within constraint
- Strength comes in numbers!

The early partnership…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OpenMRS

MEDICAL RECORD SYSTEM

Our Mission

The mission of OpenMRS is to **improve healthcare delivery** in resource-constrained environments by coordinating a **global community** that implements and creates a robust, scalable, user-driven, open-source medical record system platform.

OpenMRS' early origins:

OpenMRS Implementations

More than
3,037 sites
&
8.7 million
active patients

1,845 sites & 6.3 million active patients reported in 2016

1,149 sites & 5.1 million active patients reported in 2015

Albania
Argentina
Armenia
Australia
Bangladesh
Belarus
Bhutan
Bolivia
Botswana
Brazil
Burundi
Cambodia
Cameroon
Chile
Colombia
D.R.C.
Ecuador
Ethiopia
Gambia
Georgia
Ghana
Haiti
Honduras
Hungary
India
Indonesia
Israel
Japan
Jordan
Kazakhstan
Kenya
Kiribati
Kyrgyzstan
Laos
Lesotho
Liberia
Libya
Madagascar
Malawi
Malaysia
Mali
Mexico
Mozambique
Myanmar
Nepal
Nicaragua
Nigeria
Pakistan
Peru
Philippines
Rwanda
Senegal
Sierra Leone
South Africa
Spain
Sri Lanka
Svalbard
Tajikistan
Tanzania
Uganda
Ukraine
United States
Vietnam
Zimbabwe
... and more!

OpenMRS Community Engagement

In 2017, our community members supported the OpenMRS mission through overwhelming community engagement, active development of our software products, and increased support of our implementations around the world. Our annual Implementers' Conference was held in Lilongwe, Malawi from December 12-16 and echoed the enthusiasm from the previous year's meeting! A total of 175 members from 20 countries attended to learn more about how Malawi plans to achieve a nationwide implementation of OpenMRS, as well as share their knowledge, experience, and challenges to fellow developers and implementers.

948

New Community Members

Here are a few 2017 stats from OpenMRS Talk, our online hub for community interaction:

29,986

Total Talk Visits

+8%

2,816

Talk Topics Created

+13%

20,323

Talk Posts Written

+5%

Compared to 2016

OpenMRS Code Contributions

209 developers from around the globe made **4,250** commits to **112** code repositories in the OpenMRS GitHub organization in 2017.

Committers in 2017:

OpenMRS Core:
84 people made 598 commits

Core Apps Module:
20 people made 350 commits

Sync 2.0 Module:
8 people made 191 commits

Add-on Index:
11 people made 142 commits

OpenMRS Distributions

As OpenMRS has matured over the last decade, we have seen more applications built on top of our platform. To support this growth, in October 2016 we introduced the OpenMRS Distributions Program.

Dis·tri·bu·tion ˌdistrəˈbyo͞oSH(ə)n/: noun
A particular configuration of the OpenMRS Platform, OpenMRS modules, and other integrated applications, that can be installed and upgraded as a single unit.

Currently Available Distributions are:

- **OpenMRS**
- **Bahmni**
- **eSaude**
- **KenyaEMR**
- **UgandaEMR**

Learn more at om.rs/distributions

How did this happen?


OMRS

Amazing Community Members

...such as:
Cintia Del Rio
Joseph Kaweesi
Steven Wanyee

eSaúde
Comunidade eSaúde de Moçambique

Building local ecosystems:

eSaude

an OpenMRS distribution built by a collaborative team in Mozambique with help from the larger OpenMRS community

Bahmni

a fully integrated hospital system that has been implemented in India, Nepal, Bhutan, Zambia, Sierra Leone, and Bangladesh — based on OpenMRS

We have mobilized a global community of healthcare workers, developers, implementers, and informaticians.


We've come so far as a community...
Now it is time to ensure that we all leave a legacy for generations to come!

How do we make it happen?

OpenMRS is a Public Good

Over the last 13 years, many of the brightest minds in health informatics have developed nearly four-million lines of code and a robust data model for OpenMRS.

WE HAVE PRODUCED TENS OF MILLIONS OF DOLLARS OF FREE RESEARCH AND DEVELOPMENT THAT IS AVAILABLE FOR ALL.

By a conservative estimate, it would take

1,101 person years

at a cost of

$60 million

to recreate the code that is available in OpenMRS core today.

Source: OpenHub CoCoMo Model

OpenMRS

MEDICAL RECORD SYSTEM