

Summarized Q&A from Live Teleconferences

This document includes key questions and answers about the [OpenLMIS Call for Expression of Interest: Shape the Future of Digital Solutions for Last Mile Health Systems](#), which were collected during live Q&A teleconferences held on June 10 & 18, 2020 with the OpenLMIS team. Please send any follow up comments or questions to the OpenLMIS Community Manager at rebecca.alban@openlmis.org.

EOI Process

What information will a company need to provide to be considered?

Interested parties are asked to fill out the required fields in the [OpenLMIS EOI Online Form](#) with general information about the company, vision for how OpenLMIS would be incorporated into its portfolio, and qualifications as related to supporting OpenLMIS.

What are you really looking for in a partner?

OpenLMIS is seeking a private sector partner who is committed to managing the platform, has demonstrated capabilities to expand its impact, and is congruent with the [OpenLMIS mission](#)—to collaboratively develop shared, open source software to improve health commodity distribution in low- and middle-income countries. Desired partner characteristics are outlined in the [OpenLMIS Call for EOI](#).

What is the timeline for the EOI submission?

Submissions are being collected on a rolling basis and the OpenLMIS team is moving swiftly and intentionally through its evaluation and advancement of partner EOIs.

What happens after submission of the EOI?

After submitting an EOI, the named contact will receive confirmation of receipt from a member of the OpenLMIS team. Following an evaluation, qualified candidates will be asked to present their vision of OpenLMIS to our Partnership Working Group, which includes members of our partner network from VillageReach, JSI, CHAI, BMGF, USAID, PATH, and SolDevelo.

Transition Period

What do you envision for the transition period, specifically for knowledge transfer and onboarding? Is there funding available for this transition?

During the transition period, the core team managing OpenLMIS at VillageReach will work closely with the partner to develop and execute a transition plan, which will include implementer and partner engagement. During this period, there is designated funding for the OpenLMIS team to work alongside the partner to smoothly transition its core activities; providing guidance, answering questions, and creating supportive documentation. Any additional funding would need to be discussed during the negotiation phase leading up to the transition.

What is open for negotiation? Will this transition alter the OpenLMIS mission, its business model, its sources and uses of capital, its governance structure, etc.?

OpenLMIS is seeking a partner that will maintain the existing code base as a digital public good, support partners with existing implementations, and incorporate OpenLMIS into its portfolio within 12-18 months. Partners are encouraged to build upon the strong foundation that OpenLMIS has created over the past 10 years, so long as the mission of OpenLMIS to keep a version of the platform open source and serve public health supply chains is upheld. Its business model, sources and uses of capital, and governance structure may be modified as part of this transition.

Is a partner expected to apply for donor funding?

Partners are not required to apply for donor funding, but it remains an option.

Which organization in the partner network will sign over OpenLMIS?

As the current manager of OpenLMIS and holder of the copyright, VillageReach will be the primary signatory on the OpenLMIS side. Additional partners in the OpenLMIS network may also be included as determined during the negotiation phase.

Future State

Will the new “owner” replace VillageReach or will it still support as part of the team?

VillageReach currently plays a dual role; managing the OpenLMIS global “core” as well as supporting specific in-country implementations. After the transition period, the partner is expected to take on the core activities currently managed by VillageReach; with any additional long-term support determined as part of the negotiation phase. VillageReach may remain an in-country resource for select OpenLMIS implementations.

Does the new owner have discretion to use OpenLMIS for offerings outside of public health?

As long as there is support for OpenLMIS to continue to serve public health supply chains, the partner is encouraged to expand the platform into adjacent markets or new sectors. In fact, a strong opportunity has been demonstrated for the expansion of OpenLMIS into private health networks (e.g. private hospitals, clinics, and pharmacies) in low- and middle-income countries. The extensive research that OpenLMIS has conducted on potential avenues for expansion will be readily available to the chosen partner.

What will the governance structure be after the transition?

OpenLMIS is currently governed by the OpenLMIS Governance Committee, which includes a combination of voting and non-voting members from the OpenLMIS partner network. While the existing structure has been an effective way to engage these essential partners and make decisions, there is no requirement to maintain this structure. The private sector partner will be able to determine how OpenLMIS is governed after the transition period.

What are the primary risks related to involving a private sector partner that you think would be a top priority to address?

There are many advantages to public-private partnerships that have become evident in the global health space, particularly in recent years. While we feel that opportunities for cross-sectoral collaboration outweigh the risks, a notable risk is that a private company may not fully embrace the OpenLMIS mission and prioritize the platform as a global public good. This is an important priority for the OpenLMIS partner network and should be addressed.

Financial & Revenue Model

How does the current revenue model work?

Donors have funded the creation and implementation of the OpenLMIS platform, with the expectation that after it reaches a certain level of maturity, its costs will be covered by other revenue streams.

OpenLMIS is currently supported by two types of donor funding:

1. *Core funding* is used to develop and maintain the core OpenLMIS code. Core funding capital from BMGF, USAID, and Digital Square funds the small OpenLMIS management team from VillageReach. While VillageReach possesses technical capabilities in-house, the organization also subcontracts to select partners, including SolDevelo, to provide software development. Donor funding for core development and management is expected to decrease as a private sector partner takes over core functions of the platform.
2. *Implementation-specific funding* is deployed at the country level, through donor-funded programs (e.g., USAID's GHSC-PSM program) that support Ministries of Health. This funding contributes to the ongoing maintenance, operation, customization and upgrades of the software at a country level. This funding also typically supports many activities beyond the software or OpenLMIS-specific activities such as supply chain performance management, training, system strengthening, and data use initiatives. In the future, implementation costs will transition to Ministries of Health (as possible) and donor funding is expected to continue until that happens.

Is the goal for donor funding to progressively disappear?

We are aiming for a significant reduction in the dependence on donor funds to maintain the core software (see #1 above). The funding to implement the software (see #2 above) may still continue, as we see a continued interest from global donors.

What is roughly the current investment in the core tool annually? Is the current investment deemed sufficient for now?

The financial investment in OpenLMIS has varied based on the activities of the core team, which is most influenced by the prioritization (and associated costs) of specific feature development. In 2017, the software was re-architected with microservices and a web-based API-driven approach allowing a growing number of countries to share and extend a common, modernized codebase. The software is

currently updated on a quarterly basis to improve performance and add new functionality. If a partner were to handle software development internally, we would expect costs to go down and achieve other efficiencies. Additional investments in OpenLMIS include community management, governance, and support for new and existing implementations. Details about the financials of OpenLMIS will be made available to select partner candidates.

Can you elaborate on the financing expectations by the selected company and will there be financing available from key donors during the transition process?

The OpenLMIS management team from VillageReach is prepared to dedicate their team to support, advise, and develop key documentation to support the transition for a select time period that may extend up to one year. Support may include the development of a handover toolkit, skills development plans, change management support, and other technical guidance. Any further financing or resources would need to be discussed – there's been no confirmed donor financing at this time.

Would the applicant be supporting all of the existing country implementations?

The private company is not obligated to support all existing implementations, but we do expect the company to directly or indirectly support partners with existing implementations. The company is expected to work with the existing partner network to ensure ongoing alignment, as it is likely that existing implementers will want to continue supporting their local OpenLMIS instances.

Data Ownership & Licensing

Who owns the information that flows through OpenLMIS?

In all countries where OpenLMIS is implemented, it is done in close collaboration with their Ministry of Health, who provides direction to ensure OpenLMIS is aligned to their national health operational plan and digital health strategy. The logistics data that flows through OpenLMIS is purely logistics data related to health commodities; there are no patient-specific identifiers. This data is technically owned by the various country Ministries of Health. It is possible to create data-sharing agreements with governments that allow for data to be accessed by partners for specific purposes.

How are changes migrated from one country to another? Given concerns about data localization, what happens if countries are at odds with each other on what features or functionalities are needed?

While new functionality is shared, the data is not. And the various Ministries of Health and implementing partners can choose the microservice updates they would like to receive. All updates are backwards compatible.

How does the license model work with the new partner? Does the partner have proprietary rights for the components developed during the transition period?

It is expected that an open source version of OpenLMIS will continue to support public health supply chains. Adaptations to the open source licensing and rights to the components developed during the transition period can be determined during negotiations.

Software Development & Deployment

How is the service deployed (e.g. on the cloud, locally)?

OpenLMIS may or may not be deployed in a cloud environment and has been successfully implemented on both AWS and Azure. The system is web-based and there are multiple hosting options, as some countries prefer hosting on the cloud and others prefer using an in-country provider (e.g. SafariCom). All options are supported on the technical side through the use of containerization technologies like docker and docker-compose. No additional software is needed at the facility level other than a browser. A stable internet connection is preferable but not needed; for unstable connections OpenLMIS has an offline mode that allows for data to be entered and cached until the connection returns.

Are there multiple versions?

Yes. In 2017, OpenLMIS redesigned the core software architecture using a microservices approach to create a more flexible and expandable product. This version 3 of the software allows all countries to contribute improvements to the core software. All countries that run OpenLMIS v3 are running the same version with different configurations of the microservices. There are multiple countries who implemented OpenLMIS prior to the v3 re-architecture, and are currently upgrading to v3.

What level of customization is typical of a deployment (i.e. out of 10 country-level instances, how many are using the code as is vs. making a dev customization)?

Most instances have some element of customization. It is important to distinguish the two terms “customization” and “configuration.” Customization is when you have to go in and actually make changes to the code. OpenLMIS is a highly configurable system which allows for a range of workflows to be used and eliminates the need for most custom software. However, countries often may have customization to support integrations with existing systems that may not have support for standards included in OpenLMIS v3. For custom software, there is a collaboration with OpenLMIS’ partners to see if it’s beneficial to the community as a whole, and if so it can be incorporated into a future release.

We strongly feel that OpenLMIS is much more prepared for a step like this than other open source products in its space. We hope to continue to sustain and strengthen supply chains at scale and are excited to see the innovations, ideas, and proposals of potential partners and to continue this conversation.

For additional information about OpenLMIS, please refer to the [OpenLMIS Briefing Document](#) or reach out to the OpenLMIS Community Manager at rebecca.alban@openlmis.org.