Danipa *Health*. A unified health information system for Ghana.

A FHIR-native clinical platform bridging the gap between Ghana's aggregate reporting (DHIMS) and tertiary clinical systems (LHIMS) — bringing digital clinical workflows and NHIS claims to the facilities that have neither.

CONFIDENTIAL · PREPARED FOR PROSPECTIVE PARTNERS & PILOT FACILITIES

The *problem*.

Ghana operates two disconnected health information systems: **DHIMS** for aggregate district reporting, and **LHIMS** for clinical workflows at a limited set of tertiary hospitals. Between them sits the majority of care delivery — district hospitals, polyclinics, and CHPS compounds — with **no digital clinical system at all**. The result: fragmented patient records, paper referrals, delayed NHIS claims, and poorer outcomes.

The *platform*.

Danipa Health is a clinical spine for exactly these facilities: patient registry and identity, outpatient and inpatient encounters, laboratory workflows, NHIS claims, and billing — delivered offline-first for real-world connectivity, and exposed through a **FHIR R4 read interface** (HAPI) so data interoperates rather than fragments further.

MODULE	SCOPE	STATUS
Patient Registry & Identity	NHIS-linked patient master index; Ghana Card–ready identity across facilities (NIA government verification lands with production).	ACTIVE BUILD
Encounters (OPD / IPD)	Clinical notes, vitals, ICD-11 diagnosis coding, treatment plans.	ACTIVE BUILD
Lab Results	Specimen tracking, result entry, critical-value flagging, FHIR result bundles.	ACTIVE BUILD
NHIS Claims	Digital claims register and review queue; automated adjudication and real-time eligibility on the roadmap (partnership-gated).	ACTIVE BUILD
Billing & Revenue Cycle	Fee-for-service and NHIS billing; cash and mobile-money collection; reconciliation.	ACTIVE BUILD
Referral Management	Inter-facility referrals, digital referral letters, counter-referral documentation.	PLANNED

Maternal & Child Health	Antenatal tracking, immunization schedules, growth monitoring per GHS protocols.	PLANNED

Standards & *security*.

- **FHIR R4 read gateway** (HAPI) exposing eight core resource types — Patient, Encounter, Observation, Condition, MedicationRequest, MedicationDispense, Practitioner, Organization.
- **OpenHIE-aligned** architecture — client registry, facility registry, terminology, shared health record.
- **Offline-first** clinical front end — local-first storage, automatic sync on reconnect.
- **PHI encrypted at rest** (AES-256-GCM) with per-facility row-level isolation enforced in the database.
- **TLS 1.3 everywhere**; mutual TLS across internal infrastructure; step-up authentication on sensitive actions.
- **Full audit trail** — clinician attribution enforced server-side; PII-masked structured logging.

Build state — *stated plainly*.

Danipa Health runs today as a **sandbox deployment** — a working system used to build, integrate, and demonstrate, not yet a production clinical service. Five of seven modules are in active build; two are planned. Production launch is gated on funding and facility partnerships. We state build status precisely because clinical infrastructure deserves that discipline.

5 + 2	8	ICD-11	Offline
MODULES IN BUILD + PLANNED	FHIR R4 RESOURCE TYPES	DIAGNOSIS CODING	FIRST CLINICAL FRONT END

One platform *behind it*.

Health is one vertical of the Danipa Digital Platform — a shared core of identity, payments, and secure infrastructure that also powers pharmacy (dispensing, inventory, claims adjudication, and a clinic-to-pharmacy dispense bridge), consumer wellness (with a clinical hand-off bridge), and merchant payments. For a health facility this means the adjacent problems — paying suppliers, dispensing against a prescription, patient identity across sites — are part of the same system, not future integrations.

> **Why a Canadian company builds for Ghana:** Danipa Business Systems Inc. is a 20-year Ontario corporation (est. 2006, Kitchener). Our commercial products launch in Canada first — funding a mission that runs to Ghana, where our founder is from. The platform is engineered once, for the world's hardest infrastructure, and shipped where it is needed.

The *ask*.

We are looking for **pilot partners**: district hospitals, polyclinics, and health directorates ready to digitize clinical workflows and NHIS claims — starting with a scoped pilot (patient registry, OPD encounters, and the claims register), measured against paper baselines.

- **What a pilot looks like:** one facility, 8–12 weeks, our team embedded with yours, offline-first from day one.
- **What we need from you:** a clinical champion, a facility administrator, and honest feedback.
- **What it costs:** pilot terms are structured per facility — talk to us.

Start the *conversation*.

Whether you run a facility, a directorate, or a health programme — if this brief describes a gap you live with, we would like to hear how it looks from your side.

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