

with other international or national related organizations or groups; and (3) a plan to encourage the scholars/professionals of the APAMI countries or organizations to prepare for the NI2009, to be held in Finland.

### APAMI Web Site

<http://www.apami.org>

### APAMI forum

<http://forum.apami.org>

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## Helina

### HELINA 2007 Conference: "E-Health in Africa"

#### Summary

The 5<sup>th</sup> international conference of Health Informatics in Africa - HELINA 2007: "E-Health in Africa" – has been organized by the IMIA National member for Mali, SOMIBS, Société Malienne d'Informatique Médicale, Biomédicale et de Santé and the International Medical Informatics Association (IMIA). Also the (12<sup>th</sup> Edition) Francophone Health Informatics Conference, JFIM was organized in Mali. The conferences were held in Bamako, Mali January 9<sup>th</sup>– 12, 2007. The International Organizing Committee of HELINA 2007 represented some 15 African countries in addition to members from Europe and the Americas. Tanzania who was to host the current Helina accepted the change in venue. The conference was well attended with representatives from 23 countries around the world. The scientific contributions were from authors of Africa, Europe and North America. The hosting was impressive despite the speed with which the conference was organized.

IMIA's "Special Topic Conference" (January 9<sup>th</sup> and 10<sup>th</sup>, 2007) in Bamako, aiming to bring together the medical informatics community around the World on the topic "E-Health in Africa". JFIM (January 11<sup>th</sup> & 12<sup>th</sup> 2007) provided attendees with a high quality concurrent session and workshop sched-

ule, focused on improving health professionals and students achievement.

The conference was attended by representatives from following African countries:

Algeria, Botswana, Burkina Faso, Cameroon, Chad, Ethiopia, Ghana, Ivory Coast, Madagascar, Malawi, Mali, Mauritius, Mozambique, Niger, Nigeria, Senegal, South Africa, Tanzania, Zanzibar, Zimbabwe... as well as from Canada, Germany, Switzerland, Norway, Finland, UK and USA; IMIA President-elect Prof. Reinhold Haux and VP MedInfo, Prof. Antoine Geissbuhler represented the IMIA Board.

#### Scientific Sessions

Topics were presented in major aspects of health informatics. Major emphasis was on ongoing projects around Africa, the move towards eHealth systems and their integration in African countries health system, as well as health informatics training and education in Africa. Such major projects included openMRS, Millenium Global Village-Net, RAFT, iPath and DHIS. Unfortunately, some announced projects such as Nigeria's MINPHIS were not represented at the conference. The announced contributions were arranged by the scientific committee under following main topics:

- Health IT training and capacity development
- Electronic patient records and patient management systems
- Telemedicine applications
- Strategic visions for eHealth in Africa
- Experiences, case studies and evaluation of eHealth projects

- Engineering eHealth: architectures and technologies
- Designing and enabling Health IT
- Public Health informatics
- Human factors in Health IT

Papers are available on the Helina 2007 website <http://www.sim.hcuge.ch/helina/list.htm>

### HELINA Secretariat, Governing Board and General Assembly

IMIA funding of this program was the consequence of a broader goal - a component of the IMIA Strategic Plan - facilitating representatives of African Health Informatics Associations to organize themselves for the operation and for the establishment of a sustainable Pan-African Organization within the IMIA "Family".

In order to achieve these goals a meeting of African leaders in Health Informatics was held on the second day of the conference in conjunction with the scientific Session of HELINA 2007. As a consequence, Africa, as a region of IMIA was formally re-constituted:

- "HELINA" standing for Health Informatics in Africa originally proposed at the first Helina meeting in 1993 in Ile-Ife Nigeria - was adopted as the name of the Africa Region.
- A constitution for the running of HELINA was crafted, debated and agreed upon.
- Officers of the Region were elected.

The South African Health Informatics Association was chosen as the current secretariat of the body. They will be responsible for registering the body under South African law.

There shall be an HELINA General Assembly consisting of 2 representatives from each country members; country members being registered members of IMIA. They shall meet yearly.

The General Assembly shall have an Executive/Governing Board to be elected at each HELINA conference which is to run every 3 years.

The elected members of the board (with tenures lasting till the next HELINA in 2009) include:

- Dr. Sedick Isaacs, President
- Amadou Koita, Vice President
- Ghislain Kouematchoua, Vice President (IMIA Representative)
- Hocini Hatem, Secretary
- Brenda Faye, Treasurer
- Boster Sibande, Member

At the end of their election the members of the Board have agreed to meet online every 3 months.

HELINA, as a body, will really need to plan, organize and try to finance itself. Discussions during the meeting have permitted to appreciate the will of African countries to integrate the world of health informatics as well as the humane potential around the world who want to ameliorate the health situation in Africa through use of health informatics. The HELINA board and all existing national societies should help other African countries to develop their own society. At the end, it was agreed that the next HELINA Conference will be held in the Côte d'Ivoire in 2009.

### IMIA News

IMIA Represented by the IMIA President-elect, Prof Reinhold Haux, expressed their excitement over the establishment of HELINA as an established Regional member. IMIA pledge their support to the organization and their expectations over Africa through South Africa hosting the MEDINFO in 2010.

### HELINA Working Groups

Two working groups were formed at the end of HELINA 2007:

1. Working Group on Education and Research
2. Working Group on Health Information System Collaboration (The HELINA Collaborative Framework)

### Activities from April to December 2007

The board of HELINA has continued its activities online. In the period from April to December 2007, several topics have been discussed. The current topics of online discussions are:

- Health Informatics Training and education in Africa
- Formation of Health Informatics Societies in African Countries
- HELINA funding and pan African project development
- HELINA registration under the South African law
- Corporate Identity
- HELINA Website
- HELINA General Mailing List

### HELINA meeting in Cape Town on the 26th of April, 2007

Ghislain Kouematchoua organised a HELINA meeting after lunch on the last day of the OpenMRS Meeting in Cape Town on the 26th of April, 2007, benefiting from the presence of a good number of people from countries who had not yet had any contact with HELINA. In attendance were 16 participants from 9 countries (namely Cameroon, Ghana, Kenya, Mozambique, Nigeria, Rwanda, South Africa, Tanzania and Uganda). The meeting was another opportunity to discuss HELINA and the current events. At the beginning of the meeting, Ghislain Kouematchoua updated people on HELINA and urged them to work towards national health informatics organisations, and he introduced Lyn Hanmer who spoke about MEDINFO2010. There was a lively discussion on building HELINA and working towards 2010. A number of people expressed great enthusiasm

about getting involved, especially concerning the possibility of all African countries under HELINA being involved in MEDINFO 2010.

Ghislain Kouematchoua asked Lyn Hanmer, how HELINA could support MEDINFO2010? Her response was that, apart from people being encouraged and assisted to participate in MEDINFO2010 (as had already been discussed in Mali), the MEDINFO2010 LOC also plans to involve HELINA colleagues in the discussions and decision-making around the conferences but have not yet worked out how to do so. Another important issue which arose in the Thursday afternoon meeting was the need to make provision in the MEDINFO2010 programme for reporting on implementation experiences in Africa. Other questions raised included:

- How can HELINA apply for funding?
- How can the HELINA website be made to function more proactively? How can we keep the website up to date?
- What is HELINA doing about the multiple health informatics projects in Africa? Any collaborative? Any standards? Any requirements/minimum? Any reuse of resources?
- Does HELINA need to meet more frequently?

### Cameroonian 1<sup>st</sup> Day of Medical Informatics in Yaounde, Cameroon

The Cameroonian 1<sup>st</sup> day of Medical Informatics (Yaounde, November 21<sup>st</sup> 2007) known by its French acronym as (JCIM) was organised by the newly created Cameroonian Society for Medical Informatics with the co-sponsorship and partnership of the Cameroonian Ministry of Public Health, the Cameroonian Ministry of Post and Telecommunications, the Cameroonian Ministry of Higher Education, the Cameroonian Ministry of Scientific Research and Innovation, the Health Informatics in Africa (HELINA), the International Medical Informatics Association (IMIA), the World Health

Organization (WHO), the World Francophone e-University (UNFM), the Telemedicine Network in French-speaking Africa (RAFT), the Geneva International Academic Network (GIAN), and the Geneva University Hospital (HUG).

The President of the local organizing committee, Walinjom Muna, pointed out that the main objective of the day was neither to ask all the right questions nor to provide all the right answers but to sensitize and educate a critical mass of interested groups or individuals who can in turn move any future agenda forward. The reps of HELINA, Ghislain Kouematchoua, IMIA and RAFT, Antoine Geissbuhler, WHO, Yunkap Kwankam, and UNFM, Line Kleinebreil sensitized participants and informed them on the willingness of their organization to take part in the development of eHealth in Africa in general and Cameroon in particular.

The 19 contributions of the scientific session were arranged under the following main topics: Medical Informatics and healthcare, Situation of Medical Informatics in Cameroon, Medical Informatics and training and education. The Conference was also attended by representatives from the following African countries: Burkina Faso, Cameroon, Congo (Brazzaville), Côte d'Ivoire, Mali, Niger, Senegal, South Africa, as well as from France, Germany, Switzerland. This workshop provided the opportunity to acquire an overview of ongoing activities in Cameroon and in represented countries. HELINA was also involved in an eHealth workshop which took place in Yaoundé, Cameroon, on the 19 and 20 of November, 2007. This workshop organized jointly by the RAFT, the WHO, the IMIA, the GIAN, and the UNFM focused on strategies for strengthening capacities in the collaborative produc-

tion of online medical contents in African countries.

In addition, the newly created Medical Informatics societies from Cameroon and Cote d'Ivoire are going to officially join the IMIA world in year 2008. Côte d'Ivoire is already engaged in the preparation of the next HELINA conference and it needs the help of all of us. Furthermore the LOC of MEDINFO2010 in Cape Town (Africa) has accelerated the preparation proceeding and is in the process to establish an African Advisory Panel.

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## IMIA-LAC

### The Latin-American and Caribbean Federation of Health Informatics

#### Introduction

Latin America and the Caribbean (LAC) is a large and diverse region, ranging from tropical to polar climates, which includes over 20 countries with 560 million people, speaking mostly Spanish and Portuguese.

The International Medical Informatics Association (IMIA) has a Federation of countries called IMIA-LAC since 1983. The regional activities of IMIA-LAC have been scarce, and at the beginning of the current IMIA-LAC Board in 2006 it only had four Country societies in it: Brazil, Argentina, Cuba and Uruguay. The current Board understands that it is reasonable to strengthen regional ties, as opposed to only having national developments, in some cases with links

to Universities and Health Informatics Societies from the USA and Europe. This is because we have more similar realities and problems, related to cultural, budgetary and organizational similarities, and it is simpler and less expensive to have knowledge transfer within the region. The collaboration with other regions, countries and Universities would also be more productive than on a one-to-one basis. Moreover, the exchange of standards among countries would also decrease the costs of system implementation, particularly as the region undergoes a process of integration.

#### IMIA-LAC Goals

In order to develop health informatics within the region and strengthen regional ties, the current IMIA-LAC Board proposed two simple goals:

#### 1. Strengthen the network of Health Informatics Societies in Latin America and the Caribbean

The countries from LAC are currently underrepresented in IMIA-LAC and in IMIA. There are other parallel ways of developing health informatics in a country, such as creating academic programs in Universities, but we believe that there is a need for a country coordination by a national health informatics society, that should be multidisciplinary and representative within the country and abroad, and have tight links with the Academia and Government in order to succeed in producing changes.

#### 2. Define the main topics to promote and the groups in charge of doing it

The main topics selected were:

- a. *Health informatics education* (for both users and experts).
- b. *Health information systems* (and within this topic, adoption of standards, legal and regulatory bodies for each country, and organizational change).

Since IMIA-LAC did not want to exclude other interests within the broad