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.

Regional Editor

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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

discipline of health informatics, if there were more topics of interest for participants, other groups would be created.

Accomplishments

As part of a new interaction among countries, two electronic lists were created, including country representatives, leaders and professionals. The languages defined for the lists were both Spanish and Portuguese, to foster participation, since each participant could write in his/her own language.

A new country, Venezuela, joined IMIA in December 2007. Other countries started to have a better integration among the different health informatics groups within the country in order to participate in IMIA-LAC activities, such as Argentina. Yet other countries started a process of coordination that will eventually lead to the creation of a health informatics society, such as Chile, Peru or Colombia.

There seems to be more interaction among countries, given by the active electronic exchanges and by the participation in scientific conferences. Some examples were the Cuban Health Informatics Conference in February 2007 and the Uruguayan Health Information Standards Conference in May 2007, which attracted many attendees from the region and abroad. There were other new national conferences, such as a Congress in Peru, held in December 2007, which had about 200 attendees from several parts of the country and speakers from the region. Also in December 2007, there was a workshop in Germany called ELAN (see http://www.cehr.de/elan.htm), held both virtually and on-site, which involved researchers from Latin America and Europe, seeking for opportunities of collaboration. In Medinfo 2007, there was a special IMIA-LAC session in Spanish. The two central working groups (health informatics education and health infor-

mation systems) were recently created, coordinated by Argentinean, Brazilian and Cuban experts, with participation from several countries of the region, and electronic discussion lists for the groups. Other working groups were also created, as proposed by people who are involved in these topics: bioinformatics, nursing informatics, and informatics and quality in health care.

The group that will work on health informatics education has devised a development plan, which includes a diagnosis of the situation in each country and coordinating actions, along with the help of the Working Group 1 of IMIA.

In order to have a **Regional Congress**, IMIA-LAC has undergone a consensus process to select the country: **Argentina** was finally chosen. The Congress will take place in **Buenos Aires on October 29-31, 2008**, coordinated by *AAIM*, helped by several other organizations working in health informatics in Argentina. At the same time, the IMIA Board Meeting will take place there; this will allow the presence of many world-renown experts. Similarly, next to the Congress it will be the World IMIA Education in Health Informatics Meeting, coordinated by the group from the *Hospital Italiano de Buenos Aires*. Both the Spanish (SEIS) and the American (AMIA) Health Informatics Societies have expressed support and their interest in participating in the Congress and coordinating other actions with the IMIA-LAC region. For more information, see http://www.infolac2008.com.ar/

Finally, the region and several countries have accepted the invitation made by the Spanish Society SEIS to write about each country for the Spanish Medical Informatics Society Journal. In a recent edition (volume 64, October 2007), there were papers about IMIA-LAC, Chile, Peru, Venezuela and Uruguay.

To-do List

There are many things to be done in order for this reactivation of IMIA-LAC to be more permanent. The first priority is to accomplish established goals, such as more countries having their health informatics societies: for example, eventually having Mexico back in IMIA-LAC is an important challenge; a successful Regional Congress in Argentina and active working groups are also necessary.

The coordination among countries is still fragile, there needs to be a long-term work towards creation of a social network among regional health informatics leaders in order to have a permanent collaboration.

There needs to be a budget to support several activities, such as secretarial work, the web site, distance education proposals and travel expenses to create the social network among national leaders and with other IMIA Countries and Regions. A source of income for IMIA-LAC is expected to be the Regional Congress.

There is still room for more coordination with AMIA, SEIS, among others. Collaboration with developed countries is important for our region, in such a fast-moving discipline.

There is need to review and improve the formal existence and by-laws of IMIA-LAC. The improvement of the formal existence of IMIA-LAC is not the end-point but a means to better achieve the expected results.

So there is much to be done in the next five to ten years, and a series of IMIA-LAC Boards will need to take this responsibility in order to develop the region.

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