Information on IMIA

International Medical Informatics Association

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IMIA Web site: www.imia.org

IMIA REGIONS

APAMI: Asia Pacific Association for Medical Informatics
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HELINA: African Region
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IMIA-LAC: Regional Federation of Health Informatics for Latin America and the Caribbean
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MEAHI - Middle East Association for Health Informatics
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North American Region
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WELCOME TO IMIA!

General

The International Medical Informatics Association (IMIA) is the world body for health and biomedical informatics. As an 'association of associations', IMIA acts as a bridging organisation to bring together its constituent organisations and their members. IMIA provides leadership and expertise to the multidisciplinary, health focused community and to policy makers, to enable the transformation of healthcare in accord with the worldwide vision of improving the health of the world population. Inherent in IMIA's role is to bring together, from a global perspective, scientists, researchers, users, vendors, developers, consultants and suppliers in an environment of cooperation and sharing.

IMIA was established as an independent, not for profit organisation under Swiss law in 1989. IMIA was originally founded in 1967 as Technical Committee 4 of the International Federation for Information Processing (IFIP). Since 1979, IMIA has evolved from a Special Interest Group of IFIP to its current status as a fully independent international organisation. It continues to maintain its relationship with IFIP as an affiliate organisation and has an appointed Liaison Officer.

IMIA also has close and collaborative ties with the World Health Organization (WHO) as a NGO (Non Government Organization) in officail relations, with appointed Liaison Officers from both the WHO and IMIA. IMIA is also a LIaison A category organisation in co-operation with the International Organization for Standardization (ISO).

The working language of IMIA is English.

Vision

The IMIA vision is that there will be a worldwide systems approach for healthcare. Clinicians, researchers, patients and people in general will be supported by informatics tools, processes and behaviours that make it easy to do the right thing, in the right way, at the right time to improve health care for all. This systems approach will incorporate and integrate research, clinical care and public health. To achieve this vision it will require everyone being supported by informatics-based information and communication systems and technologies. This vision is described in the IMIA Strategic Plan. IMIA will fulfil its vision by:

- Being the scientific informatics association through which the world's knowledge leaders come together to effectively and efficiently create, assemble, integrate, synthesize or assimilate intellectual knowledge that is required worldwide to advance biomedical informatics in its role of improving health and healthcare.
- Being the informatics association that effectively and efficiently connects people and the nations of the world to be able to accomplish the above purpose.

Membership

IMIA membership consists of Member Societies, Institutional and Affiliate Members, Honorary Fellows and Corresponding Members.

Member Societies are generally societies with individual membership, or similar appropriate bodies, which are representative of the biomedical and health informatics activities within a country. In general, only one Member Society is admitted from a country, although in special circumstances, and as approved by the IMIA General Assembly, a country may have more than one Member Society in IMIA. In the absence of a Member Society, IMIA accommodates involvement by individuals through "Corresponding" membership, in particular for developing countries as a means of providing encouragement and support to form a representative Member Society. IMIA now has almost 60 Member Societies; among new Member Societies accepted in 2012-13 are the Burundi Health Informatics Association, the Ghana Health Informatics Association and the Colombian Association of Health Informatics. Information about Member Societies is on the IMIA website, and IMIA assists in promoting the activities and events of its members through the IMIA News site and other channels.

IMIA Member Societies may organise into regional groups. IMIA regions now exist for all parts of the world, i.e. Asia/Pacific (APAMI), Europe (EFMI), Latin America and the Caribbean (IMIA-LAC), Africa (HELINA), the Middle East (MEAHI) and North America. Regions are represented at the IMIA General Assembly and Board by Vice Presidents appointed by their respective regional organisations. Regional activities were highlighted in 2013 through the EFMI STC held in Prague, Czech Republic and the MEAHI conference in Dubai, UAE. In 2014, regional activities included MIE2014 in Istanbul, Turkey, HELINA2014 in Ghana, INFOLAC2014 in Uruguay, and the APAMI conference in New Delhi, India.

Institutional Members include academic institutions, corporations, and other bodies. Corporate members can include vendors, consulting, and technology firms, publishers and other professional organisations. Academic members include universities, medical centres, research centres and other similar institutions. IMIA encourages academic members to meet on an annual basis in conjunction with the IMIA General Assembly, to heighten connectivity and deal with areas of mutual interest.

Affiliate Members consist of international organisations that share an interest in the broad field of health and biomedical informatics. In addition to the WHO and IFIP, the International Federation of Health Information Management Associations (IFHIMA) is an affiliate member of IMIA. IMIA has Liaison Officers to WHO (Dr. Antoine Geissbuhler, Switzerland), to IFIP (Dr. Hiroshi Takeda, Japan), and to ISO (Dr Lincoln de Assis Moura Jr), who are working collaboratively on activities and projects of mutual interest.

Honorary Fellows are individuals who have demonstrated exceptional meritorious service in furthering the aims and interests of IMIA; fellowship is conferred for life.

Working and Special Interest Groups provide opportunities for collaboration among individuals who share common interests in a particular focal field. IMIA currently has two Special Interest Groups (Nursing Informatics and the Francophone SIG). Many of IMIA's 25 active Working and Special Interest Groups hold working conferences on leading edge and timely health, medical and biomedical informatics issues, such as the nursing informatics NI2014 event in Taipei. Current and future activities of the Working and Special Interest Groups are posted on the IMIA website, and highlighted through IMIA's increasing social media (Web 2.0) presence, such as the IMIA News blog site, Twitter, Facebook and LinkedIn, and a summary is included in the IMIA Yearbook.

Governance

IMIA is governed by a General Assembly, which meets annually. It consists of one representative from each IMIA Member Society and Institutional Member, Honorary Fellows, chairs of IMIA's Working Groups and SIGs, and representatives from Affiliate Members (the WHO, IFIP, IFHIMA), and each of IMIA's Regions. Only IMIA Member Societies have full voting rights.

The Board of IMIA, elected by the General Assembly, conducts the association's affairs. The day-to-day operations are supported by IMIA's CEO and other staff, who are also responsible for IMIA's electronic services.

The officers of the Board and IMIA's Vice Presidents vigorously pursue IMIA's mission to:

- Monitor the range of special interest areas and focus support on new developments.
- Capitalize on the synergies and collective resources of IMIA's constituents.
- Minimize fragmentation between scientific and professional medical informaticians.
- Ensure successful adaptation to changes in the medical informatics marketplace and discipline.
- Raise the profile and awareness of IMIA within and outside of the IMIA organisation.
- Encourage cooperation between the scientific and commercial health informatics communities.
- Equitably balance support to emerging and existing IMIA members.
- Establish and maintain cooperation and harmony with organizations that emerge to address medical informatics issues.
- Continue to position IMIA as the facilitator of medical informatics issues in the international community.

Towards IMIA 2015 (and Beyond) - IMIA Strategy and Transformation

IMIA's current Strategic Plan, 'Towards IMIA 2015', was unanimously approved by the IMIA General Assembly at its meeting at MedInfo 2007 in Brisbane, Australia in August, 2007 (and in conjunction with IMIA's 40th birthday). The development of the IMIA Strategic Plan [1] was initiated and lead by Dr. Nancy Lorenzi, IMIA Past President. 'Towards IMIA2015'd details the vision, guiding principles and strategic framework model [1] for what IMIA should do or become by the year 2015. A subsequent 'Transition Plan' was developed and also approved by the General Assembly; it acts as a flexible roadmap, or bridge, to the future, identifying specific areas of activity to guide and monitor evolution towards achieving the vision outlined in the IMIA Strategic Plan. The IMIA Strategic Plan, 'Towards IMIA 2015', and the Transition Plan are available on the IMIA website and have been presented in publications [1, 2, 3]. Work is currently underway to revise and update the IMIA Strategic Plan, so as to ensure that it remains appropriate to IMIA's needs and aspirations.

As part of the transformation of IMIA [4], the IMIA General Assembly meeting in Hiroshima, Japan in November 2009 approved the expansion of IMIA's central office facilities and staffing, through a decentralised approach, considering the international scope of IMIA. The development of the new services will be undertaken in accordance with IMIA's financial constraints, and address different sections, such as member services, publication services, conference services, accreditation and international projects, in addition to the 'core tasks' on finances and preparing the IMIA Board and General Assembly meetings. With the support of the Health On the Net Foundation (HON), an IMIA Institutional Member, the current office address in Geneva has been established, and the post of CEO (formerly Executive Director) has been established to head this work. During 2011, IMIA was involved with a number of international bodies in collaborating on the development of a Special Theme Issue of the World Health Organization Bulletin devoted to eHealth (published in May 2012 - http://www.who.int/bulletin/volumes/90/5/). Further projects will be developed to both strengthen IMIA's links with like-minded organisations and to generate income to support other activities. IMIA will also build on the strength and domain expertise of its Working Groups and

Special Interest Groups, who will be encouraged to produce reviews and white papers in their fields of expertise, helping to establish IMIA as a leading voice to inform the various stakeholders and decision-makers with quality information, knowledge and advice.

MedInfo and NI Congress

IMIA organises the internationally acclaimed "World Congress on Medical and Health Informatics", MedInfo. MedInfo 2013 was held in Copenhagen, Denmark, hosted by the Danish Society for Medical Informatics (DSMI). Previous MedInfo events have been held in Stockholm, Sweden (1974), Toronto, Canada, (1977), Tokyo, Japan (1980), Amsterdam, The Netherlands (1983), Washington, USA (1986), Beijing/ Singapore (1989), Geneva, Switzerland (1992), Vancouver, Canada (1995), Seoul, Korea (1998), London, UK (2001), San Francisco, USA (2004), Brisbane, Australia (2007) and Cape Town, South Africa in 2010. MedInfo 2015 will be held in Sao Paulo, Brazil, on 19-23 August, and hosted by the Brazilian Health Informatics Association (Sociedade Brasileira de Informática em Saúde - SBIS), the first time it will have been held in Latin America. MedInfo 2015 will see the start of a new cycle of MedInfo being held every two years. MedInfo 2017 will be held in Beijing, China and hosted by the China Medical Informatics Association (CMIA).

The NI (nursing informatics) Congress has been held every three years since 1982, under the auspices of the IMIA Special Interest Group in Nursing Informatics (IMIA NI SIG). The first NI Congress was held in London, UK, followed by Calgary, Canada (1985), Dublin, Ireland (1988), Melbourne, Australia (1991), San Antonio, Texas, USA (1994), Stockholm, Sweden (1997), Auckland, New Zealand (2000), Rio de Janeiro, Brazil (2003), Seoul, Korea (2006), Helsinki, Finland (2009) and Montreal, Canada (2012). As with MedInfo, the NI Congress will now be held every two years; NI2014 will be held in Taipei, Taiwan and NI2016 will be held in Switzerland.

IMIA Recommendations on Health and Biomedical Informatics Education

Health and biomedical informatics education has existed now for more than 40 years, and the demand is still expanding worldwide. It has long been a key part of IMIA's activity, with IMIA's first Working Group being concerned with education. As the international organization devoted to health and biomedical informatics, IMIA developed recommendations on education in health and medical informatics that were first published in 2000 and have been extensively used in the development of programmes of health and biomedical informatics education. Under the leadership of John Mantas, the IMIA recommendations on education were updated and published in 2010 [5]. They are available through the IMIA website, and we welcome their re-publication and translation. The first translation of the updated recommendations is in Chinese and is available through the IMIA website.

IMIA Code of Ethics

IMIA adopted the "IMIA Code of Ethics for Health Information Professionals" in 2002. The code has been translated into several languages, and is freely available to the public at IMIA's website. Work is currently being undertaken to change the way it is presented and continually updated.

Official Journals

Three scientific publications have been accorded the status of "an Official Journal of the International Medical Informatics Association" since 2003: *Methods of Information in Medicine* and *Applied Clinical Informatics* (Schattauer Publishers, Stuttgart) and Elsevier Science's *International Journal of Medical Informatics*. IMIA approved a policy on official journals at the 2013 General Assembly meeting in Copenhagen.

New Initiatives and Activities

An important aspect of IMIA's development, as envisaged in the IMIA Strategic Plan, is the development and strengthening of our partnerships and synergies, both within IMIA's community, and by reaching out to other organizations, in particular in the fields of standards and global health. IMIA will also leverage the capacity and diversity of our members and of our regions, which represent the true richness of IMIA. IMIA seeks to continually develop appropriate new initiatives. In May 2013, IMIA hosted the 2013 Transnational Summit on Trustworthy Use of Data for Health (http://dataforhealth. imia.info). This followed a similar event in 2012 [6], and expanded collaboration with the WHO, with existing members and contacts, and with new individuals and organisations, as well as raising new revenue.

Communications and Interaction

IMIA continues to develop its communication with members and others through its website (http://www.imia.org); this contains profiles of its members, working groups and activities. IMIA is constantly striving to improve the services it provides to its members and the informatics community in general by promoting free interaction among and between its member network and the biomedical and health informatics community at large. IMIA's frequently updated news site (http://news.imia.info) provides information on IMIA activities and events and those provided by other organizations that might be of interest to IMIA members and the wider global health and biomedical informatics community. IMIA also publishes a monthly email newsletter that is distributed to its members and contacts. Through input from the IMIA Social Media Working Group, further modes of interaction with and between IMIA members and the wider global health and biomedical informatics communities are being developed. IMIA has presences on social media sites, including Twitter (@IMIAtweets), Facebook and LinkedIn, and continues to explore new methods of access to information.

References

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4. Haux R. IMIA and its Members: On Balancing Continuity and Transition in Biomedical and Health Informatics: President's Statement. Yearb Med Inform 2009: 1-6.
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6. Geissbuhler A, Safran C, Buchan I, Bellazzi R, Labkoff S, Eilenberg K, et al. Trustworthy reuse of health data: A transnational perspective. Int J Med Inform 2013 Jan;82(1):1-9.