



# The South African Health Informatics Association – An overview

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# The Early Days

- Most members were professionals in other specialties but with special interest in Medical Informatics;
- Small vertical applications for PC's
- First serious applications were:
  - Doctors practice billing systems
  - eMail through HealthNet
- Medinfo international conferences were popular and well attended
  - mostly government and supplier sponsored
  - exotic locations



Health Informatics traces its roots back to the mid 1970's:

- PA Cape: Tygerberg, Groote Schuur Hospital (GSH) and Red Cross (RXH) hospitals;
- PA ( Johannesburg General and Pretoria Academic/H F Verwoerd) went out to tender to run the hospitals in 1975;
  - for mainframes with 100's on-line users
- First modules at Tygerberg Hospital went live in 1979.
- Tender re-issued 1998.



- SAHIA started as the MedSIG of CSSA in the mid 1970's;
- Became SAMIG 1982, registered as an IMIA Member Society;
- Became SAHIA (emphasis moving from medical to health informatics) 1992;
- First SAMIG conference 1985;
- SAHIA now holds regular HISA bi-annual conferences that circulate between regional/provincial capitals to keep the interest in HI alive;
- Hosts of successful Medinfo 2010 international conference in Cape Town;



# Objectives of SAHIA

- To represent SA Health Informatics, nationally and internationally through IMIA of which SAHIA is a member;
- To promote and uphold the status of the profession by :
  - Striving for the recognition of HI as a specialty registrable with professional health councils in SA;
  - Participate in the definition of standards of education and professionalism;
  - Stimulate appropriate conditions of service for Health Informaticians;
  - Promote Human Resource development in HI;
  - Promoting the use of HI in the planning and delivery of health services;
  - Promoting the interests of IMIA in RSA;



# Objectives of SAHIA

- To stimulate the advancement of HI in RSA by:
  - Arranging meetings, symposia and colloquia for the discussion of experiences and advances in HI;
  - Provide a vehicle for contact and cooperation between organizations and individuals active in HI;
  - Assist members to participate in national and international meetings on HI;
  - Supporting the publication of a SA journal on HI;
  - Promoting education and training in HI in SA;

Promoting research on HI in SA;



# Objectives

- To maintain close cooperation with organizations with related aims and objectives:
  - CSSA, Tele-medicine, Radiology;
  - Tanzania interest group; (7 full Helina member and 5 Corresponding members)
  - Kenya HI Society (2011);
  - HELINA stands for Health Informatics in Africa. It is the pan African Health Informatics Association and the Africa Region of the International Medical Informatics Association (IMIA). HELINA is officially registered under the Malian law;
  - 8th Health Informatics in Africa **Conference 7th – 8th October 2013**, Eldoret Kenya;
  - **“ Evidence based Informatics for eHealth in Africa”**  
Venue: **The Noble Conference Centre, Eldoret, Kenya**
- To promote the interests of members;



# Members

- Membership is based on an individual's skills and experience not the organisation for which they work;
- Members come from all walks of the healthcare sector and its associated partners and include;
  - Doctors, nurses, bio-engineers, informaticians, associated clinical workers and therapists, pharmacists social workers, researchers and medical technologists;
  - Private sector: medical administrators, medical aids, private practitioner practices, health information systems and medical equipment suppliers;
- Types: Associate, Member, Corporate
- We are in the process of redefining these definitions and the annual fees
- Currently have about 150 members





# Some Lessons Learned

- Biggest challenge is administration and secretarial services;
- Get more roleplayers involved, government (at all levels), private health practitioners and suppliers;
- Offer/facilitate Tertiary Courses to keep young bloods coming through the system;
- To stay in touch: coordinate Refresher courses ;
  - short and vigorous discussions;



**GET STARTED – AND THEN GET BETTER**

# Way Forward

- Major changes ahead with introduction of e-health, m-health and new technologies;
- Do not lose sight of the fact that base systems must be in place to accommodate the likes of m-Health applications:
  - Patient administration
  - Pharmacy management
  - Waiting lists and PHC
  - Cost recovery/billing
- Need to join forces with other professional bodies to uplift and strengthen the profession while guided through new and challenging times



**Do not forget NHI is coming**



*Thank you  
Siyabonga  
Re ya leboha  
Siyabulela  
Baie Dankie  
Ri a livhaha  
Ha khensa*

