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The Need to Build a Health Informatics Workforce In Developing Countries

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Health Affairs

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Health Affairs

One obstacle to meaningful adoption of eHealth in low-resource settings is the lack of human capacity (i.e., a well-trained workforce)

Problem not limited to developing countries

- Many implementation failures due to lack of attention to clinical needs and workflow (e.g., Sittig, 2006)
- Need for "special people" (Ash, 2003)

Little data but experience informs need for expertise in health informatics

- We propose model and approach for assessing needs and developing solutions (Hersh, 2010)
- Other solutions proposed as well (e.g., Tierney, 2010)

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Even in developed countries, we know little about human resource needs

Countrywide assessments mainly focus on numbers, e.g.,

- England (Eardley, 2006)
- US IT personnel in hospitals (Hersh, 2008)
- Australia (Legg, 2009)
- Canada (O'Grady, 2009)
- US Office of National Coordinator for Health IT (Monegain, 2009)

Also need to understand local resources, technology, educational systems, current capacity, etc.

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Principles for building health informatics capacity in developing countries

Focus on information, not technology

Use of information to improve health, healthcare, public health, and biomedical research

Be cognizant of workflow, organizational and cultural factors, local needs and capabilities

Partner with existing programs and institutions

Nurture informatics professionalism and leadership that are essential for success

(These principles apply in high-resource settings as well!)

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Some solutions for building capacity in health informatics

American Medical Informatics Association

- 10x10 ("ten by ten") program
 - Initial partnership with Oregon Health & Science University
 - Translated into Spanish by Hospital Italiano of Buenos Aires
- Global Partnership Program (GPP)

NIH Fogarty Center

• Informatics Training for Global Health

Rockefeller Foundation

- Making the eHealth Connection
- Health Informatics Building Blocks (HIBBS)

