### Abbreviations and Acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHILA</td>
<td>Association of Health Information and Libraries in Africa</td>
</tr>
<tr>
<td>EHTs</td>
<td>Environmental Health Technicians</td>
</tr>
<tr>
<td>HIFA</td>
<td>Health Information For All</td>
</tr>
<tr>
<td>ICT</td>
<td>Information Communication Technology</td>
</tr>
<tr>
<td>ITOCA</td>
<td>Information Training and Outreach Center for Africa</td>
</tr>
<tr>
<td>LIS</td>
<td>Library and Information Studies</td>
</tr>
<tr>
<td>LOC</td>
<td>Local Organizing Committee</td>
</tr>
<tr>
<td>MUHAS</td>
<td>Muhimbili University for Health and Allied Science</td>
</tr>
<tr>
<td>NAML</td>
<td>Network of African Medical Libraries</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service (UK)</td>
</tr>
<tr>
<td>NLM</td>
<td>National Library of Medicine</td>
</tr>
<tr>
<td>Phi</td>
<td>Partnerships for Health Information</td>
</tr>
<tr>
<td>R4L</td>
<td>Research for Life</td>
</tr>
<tr>
<td>SFTNB</td>
<td>School of Food Technology, Nutrition and Bioengineering</td>
</tr>
<tr>
<td>UGAHILA</td>
<td>Uganda Chapter of AHILA</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
</tbody>
</table>
Summary of the Report

Theme: Access to and utilisation of health information in Africa. New Challenges. New Solutions

Dates: 17 – 21 October 2016

Venue: Makerere University School of Food Technology, Nutrition and Bioengineering

Welcome remarks by UGAHILA President: Ms Jane Amongi, AHILA President: Dr. Rehema Chande Mallya and Acting Dean: Dr. Archileo Kaaya, School of Food Technology, Nutrition and Bioengineering.

Guest of Honor: Dr. Edward Mukooyo, Assistant Commissioner – Health Information Services – Ministry of Health, Uganda.

Keynote Speaker: Ms. Kimberly Parker – Hinari Programme Manager – World Health Organisation, Switzerland.

Papers presented: 20 papers were presented under these Sub-themes (18 oral presentations, 2 poster presentations)

i. Health information and rural communities
ii. Librarians and Evidence Based Healthcare
iii. Evolving Medical education curriculum
iv. Capacity building of Health Information Professionals: the role of LIS education in Africa (Curricular design and instruction)
v. Communicable and non-communicable diseases
vi. Preservation of rare medical records
vii. ICTs and health information provision and access

Workshops conducted: 2

1. UptoDate – database for clinical information.
2. Scholarly writing


Number of delegates: 90


New cabinet:
President: Ms. Jane Amongi (Uganda)
Vice President 1: Dr. Grace Ajuwon (Nigeria)
Vice President 2: Mr. Augustin Dibert (Central African Republic)
Treasurer – Ms. Blessing Chataira (South Africa)
General Secretary: Ms. Jesca Karungi (Uganda)
Vice General Secretary: Mrs. Selam Berhane (Eritrea)
Editor: Ms. Chipo Msengezi (South Africa)
Executive Council: Mr. Solomon Sulemani (Ghana), Mr. Richard Ssenono (Uganda),
Mr. Charles Marwa (Tanzania)

Hosts for the next AHILA (2018)
1st Choice: Central African Republic
Back up 1: Nigeria
Back up 2: Mozambique

Deadline for confirmation to host: 1st December 2016

Report compiled by Sylvia Matovu- Rapporteur
Contributions from: Dr. Alison Kinengyere, Ms. Jane Amongi, Ms. Olive Kihika, Ms. Rachel Nakalembe, Dr. Helen Byamugisha, Ms. Jesca Karungi, Mr. Richard Ssenono, Ms. Barbara Alago.
# Contents

**Abbreviations and Acronyms** ................................................................................................................. 1

**Summary of the Report** ............................................................................................................................ 2

1. Introduction ........................................................................................................................................... 5

2. Day One – 17th October 2016 ............................................................................................................. 9

3. Day Two – 18th October 2016 ............................................................................................................. 16

4. Day Three – 19th October 2016 ......................................................................................................... 27

5. Day Four – 20th October 2016 ......................................................................................................... 43

6. Day Five – 21st October 2016 ........................................................................................................... 50

7. Closing ceremony .............................................................................................................................. 51

**Appendices** .......................................................................................................................................... 53

8. Summary Report on Scholarly Writing workshop .............................................................................. 53

9. Minutes of the General Assembly ..................................................................................................... 58

10. Full list of Congress delegates ......................................................................................................... 75

11. Summary of preparations by Local Organizing Committee ............................................................ 79
1. Introduction
The Association of Health Information and Libraries in Africa (AHILA) was formed on August 23, 1984. Its name was changed from Association of African Medical Librarians Association (AMLA) in 1988.

This was the second time Uganda hosted the AHILA Congress. The first time was in 1994 in Makerere University Main Library.

There were 90 delegates from 19 countries in attendance this year. And since this is an Association of African Health Librarians, the biggest representation was from Africa. However, according to anecdotal discussions, there was a decline in attendance of delegates as compared to other years. The countries represented were; Botswana, Central African Republic, Congo Brazzaville, Egypt, Eritrea, Ghana, Kenya, Mali, Mozambique, Niger, Nigeria, Republic of South African, Switzerland, Tanzania, Uganda, United Kingdom, United States of America, Zambia and Zimbabwe.

1.1. Background to the Congress

Since 1986, Biennial Congresses have been held in different countries bringing together Health Information workers from across Africa. This was the 15th Biennial Congress and it was hosted by the AHILA-Uganda Chapter (UG-AHILA).

Congo Brazzaville had bid to host this Congress, but because it was an election year, they decided not to host it. Uganda was the next option even though it too was hosting it during an election year. Since it was election year, UGAHILA was not able to get any funding from any of the local organisations through their Corporate Social Responsibility programmes.

The theme for this Congress was: Access to and utilization of Health Information in Africa: New Challenges, New Solutions.

The theme was discussed according to the following sub-themes:

i. Health information and rural communities
ii. Librarians and Evidence Based Healthcare  
iii. Evolving Medical education curriculum  
iv. Capacity building of Health Information Professionals: the role of LIS education in Africa (Curricular design and instruction)  
v. Communicable and non-communicable diseases  
vi. Preservation of rare medical records  
vii. ICTs and health information provision and access

Abstracts were submitted on each of the themes. Below is a pie chart showing abstracts submitted, papers accepted and those actually presented.

![Abstracts submitted vs Papers presented](image)

*Figure 1: Abstracts submitted, abstracts accepted and papers presented*

The number of papers presented was less than half of those accepted. The major reason given was that many of those who submitted abstracts, failed to get funding to come and attend the Conference. However, not only did this disrupt the programme, but it also left those who attended disappointed because their expectations had been high. Delegates were called upon to always ensure that if they submit an abstract but are unable to come, they should have a representative to present the paper for them.

1.2. **Objectives of the Congress**

1.2.1. To bring together information workers within the health field to network, share experiences and innovations they are using within their countries. These were shared through presentation of papers (both oral and poster) and reports from Country Chapters.

1.2.2. To elect new leadership for the next two years 2016 -2018
1.2.3. To provide a platform to health information resources providers to showcase their contribution towards providing access to health information.

By the end of the Conference, all these objectives had been achieved.
2. Day One – 17th October 2016

2.1. Opening Ceremony

The Opening ceremony began at 9:00am with arrival and registration of delegates at the School of Food Technology, Nutrition and Bioengineering (SFTNB). The Ugandan, East African Community and Makerere Anthems were sung led by the Department of Performing Arts and Film in Makerere University. Immediately after, the President of the AHILA – Uganda Chapter – Ms. Jane Amongi welcomed delegates to the Conference.

This was followed by remarks and a recap of resolutions made during the previous Congress in Dar es Salaam (Tanzania), made by the President of AHILA – Dr. Rehema Chande-Mallya.

The Acting Dean of SFTNB, Assoc. Prof. Archileo Kaaya then welcomed delegates to the SFTNB. He gave a brief background to the school, its departments and collaboration with government hospitals and health units to improve nutrition within Uganda. He requested that a staff member of the School be invited to become a member of AHILA since nutrition is part of health. He ended by wishing the delegates fruitful deliberations.
Keynote Address – Ms. Kimberly J. Parker (WHO – Geneva)

Ms. Parker based her Keynote address on the topic “What makes a Librarian? What makes the future?”

The presentation was based on the comparison between the speaker’s life and her work. It was an interactive session in which she shared that her early childhood in India exposed her to life in a multi-cultural environment. During her childhood, she was able to visit the WHO headquarters in Geneva while her Father was doing some work there. Since she had developed the love for books at an early age, it was a good coincidence that later she got a job to work with books at the WHO headquarters where she currently works.

Ms. Parker went on to talk about the fellowship which she was part of, working with the early versions of computer and programming software, hardware and internet and how she continued to work as an early professional within the field of health information at the National Library of Medicine and later at Yale University. She went on to describe how many times librarians are called upon to perform duties beyond their formal training, how they sometimes have to handle strange requests and how they have to undergo on job training.

“The first supervisor taught her the importance of flexibility and the need to support those you supervise”

Never consider any work in the library to be beneath you”

The Keynote speaker emphasized the need for networking since many times the work done may affect one’s future plans or outside networks might give one a job lead. It also encourages resilience and commitment. For example, she developed the latter two skills through her training and participation in a two Triathlons.

She concluded by encouraging the listeners to keep learning, seeking out training opportunities, building partnerships through which they can meet exceptional people either in their field or influential people in
another field, fulfilling their obligations and mentoring new professionals to ensure continuity and experience sharing.

**Guest of Honor – Dr. Edward Mukooyo – Assistant Commissioner Health Services at the Ministry of Health in Uganda**

Dr. Mukooyo represented the Minister for Health and spoke on behalf of the Government of Uganda. He began by welcoming delegates to Kampala and Uganda.

The Guest of Honor described Africa as a hub of disease surveillance and hence ground for research. In other words, Africa generates a lot of health information. It is then the role of Health information professionals to collect and further disseminate this health information to fill health information gaps within the communities and to inform policy which guide implementation of health programmes.

Dr. Mukooyo informed delegates about the use of ICT to generate, track and disseminate health information in a timely manner. He gave examples of various projects being piloted in Uganda using the medical tracking electronic system – DHIS2. This tool had enabled health centers in Uganda collect data, process it, analyse it and produce reports in record time. However, the tool could better be utilized if there was closer collaboration between health Librarians and ICT professionals so that the former generate content while the latter develop the systems to process the quantitative data and turn it into information.

Dr. Mukooyo also told the delegates about the future plans, by the Government of Uganda, to develop a Public – Private Cloud which will be accessed only by member institutions in Uganda. Currently, Uganda is rolling out free WiFi in Kampala and this would enable more ICT enabled projects to be implemented.

ICT is the future. It has enabled information sharing to become so much faster and easier.
He concluded by calling upon all delegates to be proactive in their areas of expertise and declared the conference open.

*Entertainment was provided by students of the department of Performing Arts and Film.*

2.2. Sessions

**Session Chair: Dr. Grace Ajuwon**


The study sought to find out the role of information in dissemination of information on breast cancer awareness, screening and treatment in Morogoro, Tanzania. The comparisons were done based on location of the women that is rural versus urban dwellers. The findings indicated that the difference in socio-economic status and education also contributed to the level of awareness about Breast cancer.

Respondents included Breast cancer survivors, those not affected by Breast Cancer, health workers, associations dealing with Breast Cancer in Tanzania and village leaders.

Recommendation were made to the Government of Tanzania to ensure that information on Breast Cancer is made available to its people.

**Comments and Questions**

1. The paper needed to draw a global picture, a regional picture, a national picture and finally relate it to the rural community picture.
2. The role of the information professional was not highlighted. The conclusions were aimed at the Government and yet there is a huge role for the health information professional to play in information dissemination.
Presentations:

Presentation 2: Sandeep Baliyan

**eBooks platform from Jaypee digital**

This was a presentation from a representative from Jaypee Digital which prides itself in being a leader in medical textbooks supply in India and South Asia. Its platform includes eBooks, eJournals and videos.

The information can be downloaded anywhere in PDF or video, there are personalization features, it can be linked to a Gmail account, it can be used on any kind of device and there is both online and offline support for librarians and other users. There is complimentary access for first time subscribers and it takes material published by Jaypee to be made accessible within 3 months of publication. Some of the ebooks have accompanying videos.

It is mostly recommended for undergraduate
students, doctors, nurses and other medical professionals.

Comments and Questions

1. **How much does it cost to install or annual subscription?** The price is negotiable depending on the size and location of the institution.

2. **Can the subscribing institutions pick what information they have access to rather than pay for the entire database?** By January 2017, they will be able to pick specific eBooks or EJournals rather than the full package.

3. **Is there material in French?** Some books are translated into the major international languages, including English, French and Portuguese especially for the basic medical topics.

4. **What software is required for subscribers?** There is no software download required. An institution undergoes training to ensure that it has the necessary hardware to run the databases and there is post training support.

The database is integrated into the IP address so that users can access it straight from their website using their institutional username and password.
DAY TWO
3. Day Two – 18th October 2016

3.1. Morning Sessions

Chair: Dr. Grace Ajuwon
Plenary Session: Kimberly Parker

*Hinari: Reflections on the past! Focus on the future*

Research for Life (R4L) is a resource with free or very low cost access to online journals and books to low or middle income countries. Hinari was its founding programme and continues to be the most accessed programme to date. Research for Life provides free material to managed refugee camps especially those managed by UNHCR. It partners with several institutions to provide information on health, agriculture, environment, innovation and technology. It will soon provide access to legal information through its partnership with ILO. It does not provide access to individuals.

Results from a user survey were shared indicating that while usage of Hinari had gone down, it was a resource still required by the librarians and their users.

**Comments and Questions**

1. To encourage accessibility, Hinari can provide a password to both the institutional head and the Librarian/information professional.
2. One of the participants reported that in his institution the more junior researchers are using Hinari unlike the senior researchers who are not that tech savvy.
3. Hinari plans to create a “Suggestion area” on the website where users can share experiences across institutions.
4. Hinari is currently accessible until 2020, but it is also working on extended access and hopes that librarians will keep supporting its work and availability.
5. Can Hinari be integrated into the institutional IP address so that users can access it directly? This will affect institutions which keep changing their IP addresses.

6. Why are the passwords complicated? These are internet generated and enable restriction on misuse as noticed in some countries. Each institution in a country has a unique username and password. Once a pattern is noticed where a username for an institution in a developing country is used in a developed country, the password is changed.

7. Since Kenya has improved economically, it has noticed a decrease in materials accessible to its libraries through Hinari. And Elsevier is exploiting this opportunity by marketing itself more in Kenya. However, most institutions are not able to pay for information through Elsevier, so how can Hinari help? WHO does not involve itself in negotiations regarding money on behalf of other institutions. However, if there is a consortium of health libraries (such as AHILA – Kenya Chapter) they could use their voice to request WHO to work through its contacts with publishers to negotiate for a favorable deal.

8. What are some of the changes that Hinari has undergone? Hinari is no longer an acronym because it was associated with a WHO programme that doesn't exist anymore. It is now simply Hinari.

9. Why does access to PubMed articles through Hinari takes too long? Hinari is working on clearing its authentication with PubMed and in turn the challenges.

10. Anyone who would like to receive updates from Hinari can join the hinari-trainers forum.

Chair: Nasra Gathoni
Presentation 1: Dr. Alphonse Matovu

MEDBOX – The Aid Library
This is an open source library hosted by the Medical Mission Institute in Wurzburg, Germany. It was started as an initiative to provide information to health workers especially during emergency situations. The platform is built in such a way that it can be accessed even while in the field on a smartphone or tablet.

Information is arranged into Toolboxes which are created according to subject. It can be accessed through a Google search or directly by using the website (www.medbox.org). One need only register, get a username and they will be able to access all the information available.

To date their greatest achievement was an endorsement by UN for their Ebola toolbox created during the Ebola outbreak in West Africa.

**Comments and Questions**

1. **How is this information collected? How authoritative or evidence based is it? Is it free? Are the sources authenticated?**
   This is reference material published by different publishers and collected by MEDBOX into their library. These are international, evidence based publications that can be found anywhere that are already referenced and simply compiled into easy to access toolboxes developed by subject. For example, when there was an Ebola outbreak in West Africa, MEDBOX pooled resources from various sources deemed necessary to support the health workers working within West Africa.

2. **What is the selection criteria for countries from which information is collected? Would MEDBOX be able to provide access to health information published within countries by their Governments but not made readily available?**
   All information is only uploaded after permission from the publishers is sought. Partnership Agreements are drawn up and signed stating clearly what is to be provided and the intended target audience.

3. **Is MEDBOX an in-house resource or an eResource? What is the target audience?**
   It is an eResource
available to all those who need health information especially in emergency situations.

4. How frequently is new information uploaded? This is done based on the need for information. An assessment is done and care taken to ensure that only credible information is made available.

Presentation 2: Charles Marwa

Knowledge, Perceptions and Attitudes of Librarians towards Health Information Services in Selected Public Libraries in Tanzania

This was a proposal to find out whether public librarians are making available health information and if not, how will they work with health librarians to ensure that this information is made readily available to those who need it? It stated that since the Public Library system in Tanzania is centralized, then it is the mandate of the Central library to screen whatever information is available to the public.

It highlighted that health librarians have not received adequate support to make available health information. And yet Public
librarians considered circulation of health information a daunting task, even though public libraries are considered to be worthy sources of information.

### Comments and Questions

1. **Was there an identified gap or research question to be answered?** Yes, it was noted that public librarians find dissemination of health information a daunting task. This study would determine why.

2. **One of the methods of data collection mentioned was observation, how was this going to be used to show knowledge and perceptions?** Public libraries would be visited to note the amount of health information on display or within their collections. The Lickety scale would be used to measure knowledge.

   It was suggested that focus group discussions would yield better results than observation.

3. **Who would be included in the sample?** Only professional librarians would be included in the study.

4. A baseline survey had previously been done to determine health corners in Tanzania. Since it was related to this study, similar methodology would be used.

5. It was noted that AHILA should be used as a forum for mentoring rather than a platform to screen research proposals. The Editorial/Review panel should have a critical look at the abstracts presented to determine rigor before they are presented.

### 3.2. Afternoon Sessions

**Chair: Cristina Horta**

Presentation 3: Mercy Monde

*Nurses and the Use of Research Information in Clinical Practice: A Case Study of the University Teaching Hospital of Zambia.*

The study was done to determine whether the biggest group of health workers in Zambia, that is the nurses, used clinical
information, where they found it, how often they looked for it and how they used it to make clinical decisions. This research was done based on the fact that health information systems are still a challenge in Zambia.

It was carried out at the University Teaching Hospital of Zambia, which caters to a high urban population within the capital city of Lusaka and presents good case for the need for evidence based health information to enable appropriate clinical decision making.

Results showed that 95% of the nurses used research information during clinical practice. This was no way related to their work roles, experience or level of professional training. The researchers noted that there was a big role for health librarians to play in ensuring that evidence based information was made available to the nurses.

Comments and Questions

1. **What is referred to as Clinical practice?** This refers to the actual place where the nurses work.

2. **How did the researchers gain access to the nurses?** Permission was sought from the Hospital Administration and the nurses who participated in the research.

3. **What type of research information was being referred to?** This referred to all research information relevant to their work whether national or international.

Ms. Mercy Monde (L) making clarifications to her presentation during a session chaired by Ms. Cristina Horta (R)
Presentation 4: Vincent Kole (with Ann Wales)

**From Librarian to Knowledge Broker in Scotland and Zambia: Towards an Internationally Transferable Model for Translating Knowledge into Action in Frontline Care.**

This paper was a documentation of a project carried out between the University of Zambia and NHS Scotland, to provide a link between patients and their need to have more information beyond the diagnosis they received from a doctor.

It was based on the framework which translates knowledge into action. And it was meant to provide clinicians with evidence based emergency information or advice within Chitambo – rural hospital setting in Zambia.

The project enabled clinicians to appreciate the role an information/knowledge broker plays in enabling them have access to information which will enable them respond within various situations of their clinical work. A training workshop was held and health workers equipped with hands on training on finding the information they need both online and paper based.

![Mr. Vincent Kole (L) made this oral presentation while Mr. Consider Mudenda (R) used a poster presentation to provide additional information](image)

**Comments and Questions**

1. Presentation needed to define use of the words “outcome” and “impact”

2. **What was meant by “call handling”?** Patients are allowed to call health workers especially during emergency situations. Consequently, a component on how to handle calls during such situations was included within the training.
3. How sustainable is the programme especially if NHS Scotland pulled out? The funding period for NHS Scotland ended and the Government took up the programme. Plans are underway to roll out the same system to other districts in Zambia.

The Government was commended for taking up responsibility after the funding period ended.

4. Do they have access to Hinari? Yes, they received access through NHS Scotland and continue to do so even after the end of the funding period.

Presentation 5: Blessing Chiparausha

Proposed Partnership between Environmental Health Technicians and Library and Information Professionals in Health Information Provision

This was a proposal for partnership between Environmental Health Technicians (EHT) and Libraries to improve accessibility of health information to people in Rushinga district in Zimbabwe.

The district is entirely rural and there are no libraries at all. The EHTs rely on information they got while still in training, during refresher workshops by the Ministry of Health and during meetings with district health officials.

It was proposed that EHTs work closely with Librarians to set up access points for community health information in spite of the various challenges faced. Recommendations were made based on findings that the community relies on peers and EHTs to make choices about their health.
Comments and Questions

1. **Do they know about Hinari but don’t use it? Or don’t they know about it?** The researchers expected the EHTs to have access to Hinari because the infrastructure is there, but it is being underutilized.

2. **Have LIS professionals advocated for EHTs to get access to health information?** LIS professionals would work under their association to advocate for more collaboration and explore using the media to further their cause.

3. It would be nice for LIS professionals to take the initiative in introducing EHTs to services such as Hinari.

4. Since peer to peer information sharing is done, the EHT/LIS professional collaboration could utilize media coverage and keep the population informed about health.

**BOOK LAUNCH**

**Author: Professor Maria Musoke**

Professor Maria Musoke launched her book titled *Informed and Healthy. Theoretical and applied perspectives on the value of information in health care*. Prior to the launch of her book, Professor Musoke was introduced by Ms. Christine Kayengo who elaborated on her experience and achievements within the Library and Information Sciences.

Professor Musoke informed the delegates that she published it in response to the need for information professionals to proactively engage in ensuring that health workers and the general population have access to health information to enable them make informed choices.

The book is made up of Five Chapters, has 180 pages, it was published in June 2016 and is available from Elsevier or Amazon. An anonymous donor bought 6 books donated to libraries in the following places:

*When people are informed, they are healthy. And when health workers apply new knowledge in their work, there are many benefits to health care.*
1. University of Zambia
2. Copperbelt University, Zambia
3. Muhimbili University of Health and Allied Sciences, Tanzania
4. KEMRI, Kenya
5. Albert Cook Medical Library, Makerere University, Uganda
6. Ministry of Health, Uganda
DAY THREE

4.1. Morning Sessions

Chair: Dr. Alison Kinengyere
Presenter 1: Chris Zielinski

What is new in Phi?

This was a presentation on the changes which Phi has undergone from an NGO to a programme in collaboration with University of Winchester in UK. And while the programme was not explicitly for Africa, most of its collaborations continued to be with African health librarians.

Phi introduced a concept on “Phi Associates” where people would apply to carry out paid consultancy work in training according to their field of expertise. This would not be limited to health librarians but rather to any one with expertise and time to train in any location Phi has an assignment. They would not only be involved in training but also in writing funding proposals.

The new Phi was an initiative hosted by University of Winchester to diversify its international reach not only in Africa but also in Asia.

Comments and Questions

1. Can “Phi Associates” be individuals or would they have to be institutions? They will have to be individuals with highly professional individual expertise in their field. Individuals currently listed in the Phi database will receive written communication to consider being Associates.

The Associate will have freedom to negotiate whether to participate in proposal writing and when the training can take place depending on his/her work schedule.
2. **What will the Phi –UoW partnership do differently from what Phi was doing originally?** Phi is being hosted by the new Center for Global Health at the University of Winchester. This will enable an old university broaden its international perspective while enabling Phi to have a more stable host.

3. **What is the link to Commonwealth fellowships?** Commonwealth Fellowship programme is associated with Medicine in the Cloud to help raise their research profile.

4. **Is there a new model different from the way the old Phi was working with AHILA country chapters?** Phi will maintain both its name and old partnerships built over its 25 years of existence. The only difference is that now it will be operating as a programme under the University of Winchester for purposes of sustainability.

5. Since AHILA’s strength is within the Country Chapters, Phi should consider working with and strengthening Country Chapters and encouraging the Associates to be members of AHILA. In addition there is need for more members to join HIFA, a platform for those working with or interested in health information globally.

6. The Associate scheme will be a follow up on the database of those trained by Phi or have been part of its fellowship programme.

**Presenter 2: Anne Seymour and Jaime Blank**

**Building capacity: Information skills across the research lifecycle**

This paper described a training programme designed to establish Global Health outreach through building capacity of emerging researchers within the John Hopkins network. This programme had just been piloted within Uganda between Welch Medical Library (US), Albert Cook Library and Infectious Diseases Institute Library in Uganda.

Through this programme the team planned to equip researchers with skills in maximizing value of their individual research profiles, improving their literature search skills, applying best practices to locate evidence for Systematic Reviews, manage their literature
citations with Mendely and to better understand the scientific publishing environment.

Participants were able to gain hands on experience of using the newly acquired skills since they were already carrying out their research, they also had assignments to complete each module.

Instructors, health librarians who were trained, were equipped with skills to raise their profiles within their institutions in matters relating to research.

The partnership would continue as long as more librarians willing to undergo training contacted the facilitators to carry out similar workshops.

**Comments and Questions**

1. The training was useful especially in building capacity of those who are interested in grant writing.

2. Delegates were encouraged to attend the course any time it was offered within their institution or country. One of the participants shared that this course enabled them to raise their profile from just mere librarians to professionals relevant to their workplace especially in supporting the research arm.

3. **Does Makerere University have a course in Information Literacy or would JHU be willing to offer it to students in MUK?** The facilitators are open to offering training as long as they have funding. It would be better to have an audience for this course from as many fields as possible.

4. **Are there any plans to offer the training in Uganda again?** There are plans to make it an annual event and a proposal has already been sent to JHU to fund the programme. If JHU accepts the proposal, then the programme will continue in Uganda. There are also plans to conduct a similar training using their contacts in India.

Chris Zielinski (Phi) would also provide more contacts on where else the trainings can be conducted.
5. **Is there post-course follow up of participants? And is the material on the website open to non-participants?**
Currently, only instructors and participants have access to the materials. There are prerequisites for students before they attend the course. This will later be turned into pre-course assessment.

However, participants were given a commitment exercise which had to be done as individual assessment. Their level of competency was then measured according to this competency exercise.

6. Students also had to have a research project already going on which they then had to work on according to the various modules within the training. Many of the candidates from IDI were PhD candidates who appreciated having someone to guide them through the research cycle. The Librarian promised to carry out ongoing support until they had completed their research.

![Image of workshop participants]

**Workshop**

**Chair: Masimba Muziringa**

Facilitator: Dr. Rehema Chande-Mallya

**Uptodate: Confident, Clinical, Decision Making**

This workshop was conducted to introduce the UptoDate database to delegates. UpToDate is a database that contains evidence based clinical information for doctors, nurses, clinicians and medical...
students. This is information provided to enable them make practical recommendations right at the point of care.

According to research carried out in the US, medical students performed better when they had access to UpToDate. In trying to realize the same results, students in Muhimbili University are given 5 years free access to UpToDate which should be their period of study for a medical degree. Students have a chance to interact with experienced physicians and clinicians.

It is registered through Global Health Outline and through sponsorship from Wolters Kluwer, institutions in developing countries can access it based on their desired period of access. It requires constant use otherwise the subscriber account can be suspended.

A practical session was conducted to enable delegates have a feel of how the database works. Features such as word or topic filters were explored, result grading done and the grading system explained, search for material in different languages was done and the referencing system (Medline and PubMed) was discussed.

The database also had an option to provide patient results which can then be sent to the patient via email.

It also has options to export graphics into a PowerPoint presentation, print full view or give feedback.

Questions and Comments
1. This is another resource which gives information professionals a chance to work beyond their field of expertise through running searches for clinical information. By opening an account, you join a community of physicians, researchers and students from all over the world.

2. UpToDate is a very good resource, however it is very expensive.

3. **For searches in languages other than English, is the material in the language used or is it in English?** Any materials published in English and not translated into any other language will be found in only English regardless of the search language used.

4. **Is there a trial period for subscribers?** As long as one pays, they will have access to the database. First time applicants can request for a trial period which is included in the option for access of 3 – 6 months.

5. **Can it be subscribed to by individuals or only institutions?** It is fee based for either individuals or institutions.

   GHDOOnline provides free access to public funded institutions not private institutions which are likely to make users pay for the service.

6. **What happens to student access after the five years elapse?** It is meant to support them during their study years and hence their student access is limited to only 5 years. This project provides free access to the students subject to their annual evaluation of use.

7. **What are the software requirements to run UpToDate?** Once you have subscribed, you can access it online without downloading any software.

8. **Is the free version for developing countries still available?** Wolters Kluwer provided access only to African countries.

9. **Does it allow for one to search for a string of multiple diseases? For example, if a patient has hypertension, malaria and bilharzia?** Searches can be carried out for diseases that are related and allows for use of “and” in the searches.
10. An experience was shared by delegate about an institution in Zimbabwe which has annual access to UpToDate through GHDOnline through their partnership with the University of Stanford. However, they have to complete an annual evaluation before the license is renewed.

11. Another participant shared that it is advisable to have a team composed of the information professional and a clinician who actually use the resources. This is especially necessary for the section on case studies, whether the resource is useful during practical work and whether it helped increase knowledge and clinical expertise.

12. For cases where the institution had the capacity to pay for annual subscription but then run out of funding, it is important to explain this to GHDOnline during the annual evaluation. Emphasis should be placed on the need for continued access and that the application meets the evaluation criteria.

Presenter 3: Chipo Msengezi (For Ete Grant)

The Importance of Inter-Professional Collaboration for Effective Healthcare Service Delivery: Perspectives from A Healthcare Practitioner.

This paper was written to share the author’s experience as a commonwealth fellow sponsored by ITOCA/Phi. As a pharmacist, she was able to visit various institutions where information professionals were working together with professionals in the medical field to ensure that evidence based health information is in the right hands.
One of the major challenges pointed out in this presentation is that Health Care Professionals (HCPs) find it difficult to differentiate between relevant and irrelevant information. This coupled with the information overload in developed countries and under-load in developing countries; necessitates the expertise of health information professionals to help sieve out the evidence based information which is relevant to HCPs clinical work.

From the above observation comes the major recommendation which is inter-professional collaboration. The presentation goes on to list the advantages of collaboration and specify the role of the health information worker to the health care professionals.

**Comments and Questions**
Appreciation was made to Chipo Msengezi who presented on behalf of Ete Grant. It was also noted that if more presenters sent in representatives instead of not communicating their inability to attend, then AHILA congresses would be more fruitful.

4.2. **Afternoon Sessions**

**Chair: Blessing Chiparausha**

Presenter 4: Gabriel Anabwani

**Genome Adventures: Community Engagement and Outreach.**
This paper was written to share experiences from collaboration between Baylor College of Medicine (US), Baylor Children’s Clinics (Uganda and Bostwana), Makerere University College of Health Sciences and University of Bostwana all under the umbrella of the Collaborative African Genomics Network (CafGEN). CafGEN worked together with H3Africa initiative collaboration between National Institutes of Health (NIH) and the Wellcome Trust. The two came together to study disease progression in children. For example, is there a genetic explanation for why some children born with HIV live longer than others?

In order to involve the community and ensure sensitization, they came up with a comic series called the Genome Adventures. These series were developed to address issues of genes, genomics and biomedical science specifically targeting adolescents and youth in the communities.

This was a great example of inter-professional collaboration because to get to the final product, input had to be made by scientists, researchers, information professionals, comic illustrators, media, writers as well as content developers for adolescent and youth information materials.

The Comic series, with 4 volumes, were published and translated into major languages spoken on the African continent that is Arabic, French, Hausa, Luganda, Portuguese, Setswana and Swahili. So far launches have been done in Bostwana, Tanzania and Uganda and feedback on their use is being integrated.

Their future plans include creating a TV series while incorporating feedback from the comic series already printed.

**Comments and Questions**

1. **If the Community Advisory Boards were from Botswana and Uganda, would their ideas resonate with different cultural backgrounds?** Consultations were done in all the
leading countries where the series are to be launched especially in Hausa and Arabic speaking countries.

2. **Are there plans to carry out this same intervention for other diseases?** If the genome study is successful, then they will roll out the intervention to cover as many diseases in children as possible.

3. **Copies were received in Makerere University, Albert Cook Library. However, there was no explanation attached to them.** There is need to create more awareness for the series and the study itself. AHILA is one such forum to create awareness to health information professionals.

Presenter 5: Dr. Alison Kinengyere

*Strengthening Systematic Reviews Capacity: Collaboration between The African Center for Systematic Reviews And Knowledge Translations at Albert Cook Library, Makerere University*

Through funding from IDRC, the African Center for Systematic Reviews and Knowledge Translation (AfCen) was developed at the Makerere University College of Health Sciences. This was developed to improve the rigor of research by pulling various experts from different backgrounds to work together towards producing more evidence based research findings.
According to this paper, the term Systematic Reviews is new in Uganda. Systematic Reviews are teamwork research including experts from different fields coming together to work on a specific research project. The Cochrane collaboration recommends that the team should comprise of experts in pertinent clinical areas, a systematic review methodology expert, an information scientist and a statistician.

After training in Systematic Reviews, the Health Librarians gained skills including performing quality literature filters, becoming critical appraisers, educators and writers of research papers. This not only raised their profile in their workplaces, but also made them more proactive in inter professional collaboration. They then recommended that more health information professionals become involved in Systematic Reviews.

**Comments and Questions**

1. **While this is a great way to develop more skills, are there any challenges in being recognized as co-authors? How do you bring together people of different professions to work together? What is the relationship between Librarians and other professionals while carrying out a Systematic Review?** In Makerere University, most of the librarians have at least a Master’s degree and thus have experience carrying out research. This has positioned them in such a way that they have a background to their contributions. The training in Systematic Reviews further sharpened these skills.

They however had to start out by marketing themselves to show their expertise, being aggressive in choosing projects to work on and placing recognition of their contribution as one of the terms to their participation. This enabled them gain recognition as co-authors as well as showcase their professional contribution to clinical research. Some publishers such as Cochrane only publish a paper if there is an information scientist included as an author or co-author. If more informationists come up to participate in Systematic Reviews, then the profession will gain more recognition.
Within the College of Health Sciences, information scientists work with Clinicians, right from formulating the research questions, writing the protocol and end with Systematic Reviews. This way they are part of the entire research cycle.

2. **Which free databases can be used during a Systematic Review?** The Cochrane Library is a database of Systematic Reviews. However, choosing a database depends on the topic to be handled. PubMed is one of the best because of its versatility. One would also have to check publication bias so that you do not carry out a Systematic Review on a topic which has already been done or is in progress.

3. **How far will training in Systematic Reviews work into other AHILA Country Chapters?** So far, support has been given to Kilimanjaro Christian Medical College in Tanzania, Naivasha in Kenya and in Ghana.

The Cochrane Library in South Africa supported the Center through training aimed at cascading this training at their respective workplaces.

4. Uganda has shown elasticity in responding to new matters such as Systematic Reviews. If only AHILA Congresses had time for such trainings.

*Training in Systematic Reviews was part of the Scholarly writing workshop.*

Librarians should look out for grant opportunities to participate in training and they themselves becoming trainers.

Presenter 6: Haruna Hussein and Dan Gerendasy

_Developing Health Information Science Curricula in Tanzania: Cooperation between Health and Information Science Professionals_
This paper described a hybrid programme initiated to develop curricula for health and information science. Prior to this project, it had been identified that while librarians were trained to make information accessible, there was need to offer more specialized training for those working within the health field, to build familiarity with biomedical terminology, understand workflow within the clinical setting and to better understand their users’ needs.

This was a multidisciplinary co-design process involving both healthcare workers and library and information professionals working within the Ministry of Health system in Tanzania. The curriculum was developed based on the education system in Tanzania where technicians are trained until the level of a certificate or diploma.

The curricula process was concluded, participants appreciated it and it has been accredited for implementation by the body in charge of approving curricula for higher education in Tanzania. The next steps include, developing job descriptions for each cadre, developing teaching and learning content, conducting a pilot programme and finally implementing the curriculum.

**Comments and questions**

1. **In terms of benchmarking, did the project implementers look at other countries that already have diploma and certificate courses for LIS professionals for example, Uganda has a diploma for Medical Records?** They started from scratch after realizing that Tanzania lacked any kind of
training for those working within the health sciences field. However, input was made by participants drawn from several countries to share their experiences in developing similar curricula in health information/medical records.

2. **There are well established international bodies that already have this kind of curricula. What informed this study? Did they look at other curricula already in place as a building block to build this curriculum?** The presenters looked at other curricula already in place. A survey was done by the Ministry of Health in Tanzania and a gap identified. They then used a similar study carried out to address needs of Medical librarians in the US; they approached members of NAML and NLM and also looked at the curricula in Uganda (Diploma in Medical Records) and Tanzania. This all provided a basis for this project.

3. **Will the students have a practical session?** Practical sessions will be incorporated during content development.

4. **Would the course be taken onto Masters level for purposes of specialization?** This is because these Library technicians will be required to work under Information Scientists who hold Bachelors and Masters degrees. They would need to also be equipped with these skills to supervise the technicians better. Currently, Tanzania has more technical schools. This course will target those at the level of receiving diplomas. Very few in-service health workers have degrees and so it would not be fair to make this course beyond their level of training.

5. **Is it going to be stand-alone programme? Why can’t it be integrated into library schools as a course unit?** Once the curriculum was developed, and it was accepted by board for higher learning, it became a programme that can now be integrated into library schools. For example, Muhimbili University is ready to take it on. It can also be taught by anyone with the capacity to integrate it into their LIS School or training programme.

6. The programme has several ideas or modules which are not taught in many of the library schools. It can be taken as additional training for those with a higher qualification than a diploma.
7. The curriculum will need constant reviews and more time for more library related subjects. All library students should be able to do both classification and cataloguing as part of their daily duties.

8. All the comments would be integrated into the curriculum review to be done after 3 years. It will be shared out with member countries of NAML and others under AHILA.
5.1. **Morning Sessions**

**Chair: Consider Mudenda**

Presenter 1: Dr. Mohamed Tanamly and Mohamed Diaa

**Elsevier Clinical Key, Lead with answers**

Elsevier is one of the leading providers of digital information solutions. It holds over 25% of the world’s clinical content in all specialties. It serves over 20 million healthcare workers worldwide. This is done through use of the Clinical Keys and Digital Library.

The Clinical Keys;

a. Helps health workers improve their skills in knowledge at point of care.

b. Helps medical students from the time they enroll until they are in service.

c. Provides clear guidance for clinical work.

d. Provides access to quick and efficient information.
A practical session was held on how the Clinical Key supports Education, Practice, Research, Quality and Safety to Patients, students, residents (community), professors, preceptors, professionals and researchers.

Information is broken down into case studies. Elsevier provides access to some of the most recent full text information before it is widely available in other databases.

*Downloaded material can be accessed offline for 7 days.

**Comments and questions**

1. The Clinical Key has proved to be a very useful resource for both health workers and health information professionals.
2. The eLibrary lets students download material for only 7 days. After that the material is taken away due to copyright issues. However, the same resource can be accessed by multiple users at the same time.
3. **Most of the Medline articles seem to have only abstracts are there full articles as well?** Yes, there are full articles if the library/institution has full subscription to Elsevier, ergo both Medline and PubMed.
4. **Why are there three platforms with the exact same material that is Clinical Key Nursing, Clinical Key Physicians and eLibrary?** Clinical Key Nursing is for those in Nursing. Clinical Key Physicians targets mostly those doing their postgraduate studies or already holders of that qualification. While the eLibrary combines the two plus material from back issues of medical books. An institution can choose which resource to subscribe to without having to subscribe to all three.
5. **Are there materials in French?** There are clinical solutions targeting the various languages, however books are
published in English. This means that, while the filters and interfaces are translated, the eBooks and eJournals themselves are left in the language of their creation.

6. **While most health information providers are already providing information from Elsevier, is there an arrangement for development of a special package for African countries to be able to sustain direct subscription?** Elsevier is willing to work with health librarians in Africa to see how to have information available even with the need for price negotiations.

*Elsevier was appreciated for being one of the main sponsors of the Congress.*

**Chair: Dr. Helen Byamugisha**

Presenter 2: Ms. Jane Amongi

**Developing Library services at the Gulu Regional Referral Hospital**

This was a paper on the collaboration between World Health Organisation – Uganda Office and Book Aid International to refurbish library services within Gulu Regional Referral hospital in Uganda.

Gulu is one of the districts hardest hit by insecurity and rebel insurgency for more than 10 years. The hospital is one of those with a large catchment area and thus a high number of patients,
limited staff and dilapidated buildings. With peace coming into Gulu and this being one of the teaching hospitals in the country where interns are posted for a year, there was need to provide up to date information services to the staff, students and researchers.

Through this partnership, one of the blocks was refurbished to house a library. The librarians were trained to use Hinari and over 1,000 information materials were received from Elsevier. It has greatly been appreciated by the staff, interns and the community around the hospital.

Comments and Questions

1. **What next? How is this going to be sustained?** WHO and the Ministry of Health continue to give technical support to the Library. They have also linked them to other donors for support. The librarians are also taught Resource mobilization so that they can write proposals for funding. One of the librarians trained wrote a successful proposal which earned them more material. Unfortunately, the library might run out of space.

2. **Is there more cooperation like this elsewhere in the country?** There is collaboration with three other Regional hospitals to set up libraries. All these libraries are being encouraged to work with the public libraries within their districts.

*A call was made to other publishers to support such initiatives.

Presenter 3: Dr. Rehema Chande-Mallya

*Access to an Evidence Based Resource for Clinicians and Faculty Of Muhimbili University of Health and Allied Sciences (MUHAS): A Pre-Survey Analysis.*

This paper was a presentation of use of UpToDate within Muhimbili University of Health and Allied Sciences and the University of Rwanda.
Since it was found that most students within both institutions use internet mainly for their studies and had to rely on Google to find evidence based information, UpToDate was greatly appreciated since it is internet based and had more reliable information. Students also rely heavily on textbooks and free online sources hence access to this database which is provided free to students for their five years of study was indeed a welcome resource.

The comparison between Tanzania and Rwanda was that Rwanda has better technological infrastructure and that its students made better use of the database.

**Comments and questions**

1. Most medical practitioners depend on past experience, colleagues and print material which is sometimes out dated or of low standard. This means that in some cases they might give wrong diagnosis. UpToDate provides a solution by providing real time information.

2. **Where is MUHAS located?** MUHAS is located in Dar es Salaam, Tanzania.

3. **This was a pre-survey, will there be a post survey?** There are plans to carry out a post survey to measure the impact of UpToDate on grades of the medical students and clinicians who have access to it.

4. What was the sample for the pre-survey since most said they relied on Google? Clinicians who registered for courses at the two institutions were sampled for a quick survey. And although they knew about other resources, they preferred to use Google.
The presenter promised to keep advocating for more evidence based resources such as UpToDate and to create awareness of their existence to both students and their lecturers.

An announcement was made for the positions falling vacant on the AHILA Executive. Nominations forms were distributed and guidelines outlined for the procedure to be followed during nominations and elections the next day.

5.2. Afternoon Session

Scholarly writing workshop – Network of African Medical Librarians and U.S National Library of Medicine

*Workshop report Appended.*

The poster presentations were displayed throughout the entire conference. Delegates were free to read them and ask the authors questions during the breaks.

The exhibitions also ran throughout the conference. Delegates visited different stalls at their own convenience.
DAY FIVE

6.1. Discussion of Resolutions

A presentation was made by the Rapporteur (Sylvia Matovu) on key ideas, themes and discussions that came out from the papers presented and discussions had after each presentation. From this, key resolutions were developed to be implemented within the next two years before the next biennial congress in 2018.

Resolutions:

a. Health Information professionals need to be more proactive in interprofessional collaboration so that their presence is felt and their expertise appreciated. For example, in research during Systematic reviews, information dissemination in communities through use of ICT, mass or social media and development of materials to enable health workers perform their duties better. This can also be done through subscribing to authentic databases with evidence based information such as Hinari, Elsevier, Jaypee Digital and MEDBOX.

b. Improve the rigor of research within the health information field and improve on skills in scholarly writing and publication. This will improve on the quality of papers presented during such congresses.

c. Health information workers need to engage more in Continued Professional Education programmes to increase their knowledge, enable them to be more dynamic or versatile and remain relevant. Scan for new opportunities and put emphasis on specialization such as training in Health Sciences Librarianship.

d. There is need to build and maintain more collaboration with other Associations, consortiums or programmes such as US National Library of Medicine and University of Winchester – Partnerships in Health Information.
e. While strengthening Country Chapters, Regional collaboration should be introduced so that countries within the same region work together to share experiences and good practices. Alongside this there should be creation of a mailing list for all members to foster inter-country/member collaboration.

f. Emphasis should be placed on continued ease of communication and information sharing amongst the English Speaking, French Speaking and Portuguese speaking health information professionals in Africa. All future Congresses to have translators during the proceedings.

6.2. **General Assembly**

*Minutes of General Assembly appended (Including results of Elections).*

7. **Closing ceremony**

In his closing speech the Acting Dean School of Food Technology, Nutrition and Bioengineering Dr. Archileo Kaaya, made the following remarks; he congratulated the delegates for having had 5 days of fruitful discussions, he re-emphasized the need for inter-professional and inter-country collaboration and expressed the need for all to ensure that the resolutions are put into practice and not shelved. He congratulated the old Executive for a job well done; he welcomed the new executive, thanked the organizers and sponsors and ended by wishing everyone journey mercies to their final destinations or workplaces.

This was preceded by remarks by the AHILA president and UGAHILA Chapter president who summarized the proceedings in their remarks.

Delegates were then hosted to a closing dinner at Kembabazis.
Appendices


8.1. Introduction

The Network of African Medical Librarians (NAML) with support from the US National Library of Medicine conducted a one-day workshop during the 15th AHILA Congress that took place from 17-21 October in Makerere University.

8.1.1 Workshop Objectives

The overall objective of the workshop was to facilitate participants to gain skills in scientific writing.

8.1.2 Participation

A total of thirty four (55) participants attended the one-day workshop. However, only 23 (42%) participated in the evaluation of the workshop. The form was sent after the workshop, and responses are still being received.

This report outlines the topics covered during the training, the facilitation methods, and also provides outcomes from the participants’ evaluation.

8.2 Workshop Delivery

This section is sub-divided into four subsections, namely: topics covered at the workshop, mode of delivery, workshop facilitators, and workshop venue and facilities

8.2.1 Topics covered

The following topics were covered during the workshop:

a) Finding relevant literature – tools, skills and sources

b) Critical appraisal of literature – anatomy of a paper. Does it address the research question and objectives?

c) The basics of scientific writing (Research question; objectives; and importance of having a message)

d) Writing with words and numbers; introduction, methods, results, discussion
e) Predatory journals; Bibliometrics – friend or foe? Is it the way to go?

f) Plagiarism

g) Reference Management

h) Evidence Medicine resources

8.2.2 Mode of Delivery

Methods used to deliver the workshop were power point presentations and informal interactive sessions.

8.2.3 Workshop Facilitators/Trainers

The workshop facilitation team comprised NAML members and a representative from the African Journal Publishers Project (AJPP), also the Chief Editor of the African Health Sciences journal). The team comprise:

a) Prof. James Tumwine – AJPP – Uganda
b) Dr. Grace Ajuwon – Nigeria
c) Dr. Alison Kinengyere - Uganda
d) Mr. Anne Abda – Mali
e) Ms. Nancy Kamau – Kenya
f) Ms. Cristina Horta – Mozambique
g) Ms. Christine Kanyengo – Zambia, and
h) Mr. Masimba Muziringa – Zimbabwe

8.2.4 Workshop Venue and Facilities

The workshop was held at Makerere University College of Computing and Information Sciences. WiFi internet was accessible throughout the workshop to allow for practical sessions.

8.3 Workshop Evaluation

This section summarizes the findings from the workshop evaluation. The survey consisted of questions that addressed the workshop quality, i.e. usefulness of the content, overall presentation, format of presentation, duration of the sessions, and general comments. Out of 34 participants, 23 (67.6%) participated in the evaluation of the workshop. A summary of the responses received from the entire evaluation follow:
8.3.1 Rating the overall presentation of the workshop

The overall presentation of the training was well rated with 34.8% of the participants saying it was excellent, 47.8% as very good, and 17.4% as good, as shown in Figure 1.

![Figure 1: Overall presentation of the workshop](image1)

8.3.2 Usefulness of the content

The training content was, on average rated as very useful by 82.6% of the participants who evaluated the workshop, while 17.4% rated it as useful.

![Figure 2: Usefulness of the content](image2)

8.3.3 Format of the presentation

The format of presentation was rated as follows: 26.1% of the participants rated the format as excellent, 48.1% as very good and 26.1% as good. The evaluation is shown in Figure 3.

![Figure 3: Format of the presentation](image3)
8.3.4 Duration of the sessions

The duration of the sessions was rated as follows: Adequate (56.5%), short (34.8%), and too short (8.7%). Figure 4 shows the duration of sessions as rated by the participants.

8.3.5 Rating the workshop venue

The workshop venue was averagely adequate as indicated by the participants, with 22.7% saying it was very adequate, 63.6% saying it was adequate and only 13.6% saying it was not adequate.
8.3.6 Refreshments served

The refreshments served were rated excellent by 59.1%, very good by 27.3% and good by 13.6% as Figure 6 shows.

8.4. Conclusion

All aspects, as indicated from the participants who filled the evaluation form, the workshop was very well rated, a sign that it was very relevant and timely, especially for graduate students who are currently doing research. The number of participants exceeded the number that had registered, and this may mean that the workshop content was very relevant even to those who never registered. The workshop met its objectives.
9. Minutes of the General Assembly

Minutes of the Association of Health and Information Libraries in Africa General Assembly
Makerere University, School of Food Technology, Nutrition and Bioengineering
Friday, 21 October 2016

Delegates Present: *Only members eligible to vote attended the General Assembly.

<table>
<thead>
<tr>
<th>No.</th>
<th>NAME</th>
<th>INSTITUTION</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Consider Mudenda</td>
<td>Zambian Research &amp; Dev’t Technology Academy</td>
<td><a href="mailto:consider.mudenda@worksgroup.org">consider.mudenda@worksgroup.org</a></td>
</tr>
<tr>
<td>2</td>
<td>Nakayima Sara</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:maka_sarah@mak.ac.ug">maka_sarah@mak.ac.ug</a></td>
</tr>
<tr>
<td>3</td>
<td>Rhoda Nalubega</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:rnalubega@gmail.com">rnalubega@gmail.com</a></td>
</tr>
<tr>
<td>4</td>
<td>Poswo Elias</td>
<td>Midlands State Univ., Zimbabwe</td>
<td><a href="mailto:poswoe@staff.msu.ac.zw">poswoe@staff.msu.ac.zw</a></td>
</tr>
<tr>
<td>5</td>
<td>Margaret Nakiganda</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:margaret.nakiganda@gmail.com">margaret.nakiganda@gmail.com</a></td>
</tr>
<tr>
<td>6</td>
<td>Moses Doka</td>
<td>Ministry of Health, Uganda</td>
<td><a href="mailto:mosesdoka@gmail.com">mosesdoka@gmail.com</a></td>
</tr>
<tr>
<td>7</td>
<td>Baguma Geoffrey</td>
<td>Aga Khan University, Uganda</td>
<td><a href="mailto:eyole2008@gmail.com">eyole2008@gmail.com</a></td>
</tr>
<tr>
<td>8</td>
<td>Onen Walter Yagos</td>
<td>Gulu University, Gulu-Uganda</td>
<td><a href="mailto:yagos.wo@gmail.com">yagos.wo@gmail.com</a></td>
</tr>
<tr>
<td>9</td>
<td>Alice Nankabirwa</td>
<td>Main Library, MUK, Kampala-Uganda</td>
<td><a href="mailto:anankabirwa@mulib.mak.ac.ug">anankabirwa@mulib.mak.ac.ug</a></td>
</tr>
<tr>
<td>10</td>
<td>Solomon Suleiman</td>
<td>College of Health Sciences, Accra, Ghana</td>
<td><a href="mailto:sbsuleiman@ug.edu.gh">sbsuleiman@ug.edu.gh</a></td>
</tr>
<tr>
<td>11</td>
<td>Masimba Muziringa</td>
<td>University of Zimbabwe, College of Health Sciences</td>
<td><a href="mailto:mmuziringa@gmail.com">mmuziringa@gmail.com</a></td>
</tr>
<tr>
<td>12</td>
<td>Christine Kayengo</td>
<td>University of Zambia</td>
<td><a href="mailto:cKayengo@yahoo.com">cKayengo@yahoo.com</a></td>
</tr>
<tr>
<td>13</td>
<td>Nasra Gathoni</td>
<td>Aga Khan University, Nairobi-Kenya</td>
<td><a href="mailto:nasra.gathoni@aku.edu">nasra.gathoni@aku.edu</a></td>
</tr>
<tr>
<td>14</td>
<td>Haruna Hussein</td>
<td>Ministry of Health, Tanzania</td>
<td><a href="mailto:harunahussein@gmail.com">harunahussein@gmail.com</a></td>
</tr>
<tr>
<td>15</td>
<td>Rehema Chande</td>
<td>Muhimbili University of Health and Allied Sciences, Dar es Salaam</td>
<td><a href="mailto:rchandemallya@gmail.com">rchandemallya@gmail.com</a></td>
</tr>
<tr>
<td>16</td>
<td>Clementine Namusisi</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:cnamusisi@mulib.mak.ac.ug">cnamusisi@mulib.mak.ac.ug</a></td>
</tr>
<tr>
<td>17</td>
<td>Nambooze Mossy</td>
<td>Uganda AIDS Commission, Kampala-Uganda AIDS Commission</td>
<td><a href="mailto:mnambooze@uac.go.ug">mnambooze@uac.go.ug</a></td>
</tr>
<tr>
<td>18</td>
<td>Kole Vincent</td>
<td>Chitambo Hospital, Zambia</td>
<td><a href="mailto:vinnykole@gmail.com">vinnykole@gmail.com</a></td>
</tr>
<tr>
<td>No.</td>
<td>NAME</td>
<td>INSTITUTION</td>
<td>EMAIL</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>19</td>
<td>Mbambu Ursula</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:mbanbuursula26@gmail.com">mbanbuursula26@gmail.com</a></td>
</tr>
<tr>
<td>20</td>
<td>Musiime Sarah</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:musiimeconnie2015@gmail.com">musiimeconnie2015@gmail.com</a></td>
</tr>
<tr>
<td>21</td>
<td>Nansubuga Amina</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:aminahbuga@gmail.com">aminahbuga@gmail.com</a></td>
</tr>
<tr>
<td>22</td>
<td>Lubwama Timothy</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:timothylubama@gmail.com">timothylubama@gmail.com</a></td>
</tr>
<tr>
<td>23</td>
<td>Matovu Sylvia</td>
<td>The AIDS Support Organisation-Kampala, Uganda</td>
<td><a href="mailto:sylviamatovu@yahoo.co.uk">sylviamatovu@yahoo.co.uk</a></td>
</tr>
<tr>
<td>24</td>
<td>Charles Marwa</td>
<td>Muhimbili University of Health and Allied Sciences, DSM, Tanzania</td>
<td><a href="mailto:marwacharles@gmail.com">marwacharles@gmail.com</a></td>
</tr>
<tr>
<td>25</td>
<td>Nancy Kamau</td>
<td>KEMRI-Nairobi, Kenya</td>
<td><a href="mailto:nancy.kamau@kemri.ac.ug">nancy.kamau@kemri.ac.ug</a></td>
</tr>
<tr>
<td>26</td>
<td>Mahaman Salissou</td>
<td>WHO-Niger</td>
<td><a href="mailto:mahamansalissou@who.int">mahamansalissou@who.int</a></td>
</tr>
<tr>
<td>27</td>
<td>Namutebi Sofuwa</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:sofuwanamutebi@gmail.com">sofuwanamutebi@gmail.com</a></td>
</tr>
<tr>
<td>28</td>
<td>Nanteza Sandra</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:osandra390@gmail.com">osandra390@gmail.com</a></td>
</tr>
<tr>
<td>29</td>
<td>Kavuma Derrick</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:kavumaderrick031@gmail.com">kavumaderrick031@gmail.com</a></td>
</tr>
<tr>
<td>30</td>
<td>Samba Marie Claudine</td>
<td>WHO-Regional Office for Africa</td>
<td><a href="mailto:bilombomb@who.int">bilombomb@who.int</a></td>
</tr>
<tr>
<td>31</td>
<td>Monde Mercy</td>
<td>University of Zambia</td>
<td><a href="mailto:mercykakoma@yahoo.com">mercykakoma@yahoo.com</a></td>
</tr>
<tr>
<td>32</td>
<td>Chipo Msengezi</td>
<td>ITOCA-South Africa</td>
<td><a href="mailto:chipo@itoca.org">chipo@itoca.org</a></td>
</tr>
<tr>
<td>33</td>
<td>Christina Horta</td>
<td>NAML-Mozambique</td>
<td><a href="mailto:cristina@zebra.uem.mz">cristina@zebra.uem.mz</a></td>
</tr>
<tr>
<td>34</td>
<td>Selam Berhane</td>
<td>WHO-Eritrea</td>
<td><a href="mailto:berhames@who.int">berhames@who.int</a></td>
</tr>
<tr>
<td>35</td>
<td>Grace Ajuwon</td>
<td>University of Ibadan, Nigeria</td>
<td><a href="mailto:agajuwon@gmail.com">agajuwon@gmail.com</a></td>
</tr>
<tr>
<td>36</td>
<td>Blessing Chiparausha</td>
<td>Zimbabwe</td>
<td><a href="mailto:bchiparausha@gmail.com">bchiparausha@gmail.com</a></td>
</tr>
<tr>
<td>37</td>
<td>Dibert Augustin</td>
<td>WHO-Central African Republic</td>
<td><a href="mailto:diberta@who.int">diberta@who.int</a></td>
</tr>
<tr>
<td>38</td>
<td>Bridget Afedo</td>
<td>Ghana</td>
<td><a href="mailto:bridgetafedo@gmail.com">bridgetafedo@gmail.com</a></td>
</tr>
<tr>
<td>39</td>
<td>Victoria Kalungi</td>
<td>Uganda Christian University, Mukono</td>
<td><a href="mailto:vickykalungi@gmail.com">vickykalungi@gmail.com</a></td>
</tr>
<tr>
<td>40</td>
<td>Alison Kinengyere</td>
<td>College of Health Sciences, MUK, Kampala-Uganda</td>
<td><a href="mailto:alison.kine@gmail.com">alison.kine@gmail.com</a></td>
</tr>
<tr>
<td>41</td>
<td>Maria Mwebe</td>
<td>Main Library, MUK, Kampala-Uganda</td>
<td><a href="mailto:mnankya@mulib.mak.ac.ug">mnankya@mulib.mak.ac.ug</a></td>
</tr>
<tr>
<td>42</td>
<td>Jesca Karungi</td>
<td>Aga Khan University, Uganda</td>
<td><a href="mailto:karungi.jesca@aku.edu">karungi.jesca@aku.edu</a></td>
</tr>
<tr>
<td>43</td>
<td>Rachel Nakalembe</td>
<td>Makerere University Main Library, Kampala-Uganda</td>
<td><a href="mailto:rnakalembe@chs.mak.ac.ug">rnakalembe@chs.mak.ac.ug</a></td>
</tr>
<tr>
<td>44</td>
<td>Mathias Mazinga</td>
<td>Makerere University Main Library, Kampala-Uganda</td>
<td><a href="mailto:mazingamathias@mulib.mak.ac.ug">mazingamathias@mulib.mak.ac.ug</a></td>
</tr>
<tr>
<td>No.</td>
<td>NAME</td>
<td>INSTITUTION</td>
<td>EMAIL</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------</td>
<td>------------------------------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>45</td>
<td>Richard Senono</td>
<td>Infectious Diseases Institute, Kampala-Uganda</td>
<td><a href="mailto:senono@idi.co.ug">senono@idi.co.ug</a>; <a href="mailto:ssenorichard@gmail.com">ssenorichard@gmail.com</a></td>
</tr>
<tr>
<td>46</td>
<td>Olive Kihika</td>
<td>TJ Consult Ltd.</td>
<td><a href="mailto:livy.kihika@gmail.com">livy.kihika@gmail.com</a></td>
</tr>
<tr>
<td>47</td>
<td>Barbara Alago</td>
<td>Uganda Management Institute, Kampala-Uganda</td>
<td><a href="mailto:barbara.alago@gmail.com">barbara.alago@gmail.com</a></td>
</tr>
<tr>
<td>48</td>
<td>Monica Atuhura</td>
<td>Uganda Management Institute, Kampala-Uganda</td>
<td><a href="mailto:atuhuramonicah71@gmail.com">atuhuramonicah71@gmail.com</a></td>
</tr>
<tr>
<td>49</td>
<td>Ruth Nalumaga</td>
<td>Makerere University, Kampala-Uganda</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>Susan Candiru</td>
<td>Uganda AIDS Commission, Kampala-Uganda</td>
<td><a href="mailto:scandiru@uac.go.ug">scandiru@uac.go.ug</a></td>
</tr>
<tr>
<td>51</td>
<td>Helen Byamugisha</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:byamugisha@mulib.mak.ac.ug">byamugisha@mulib.mak.ac.ug</a></td>
</tr>
<tr>
<td>52</td>
<td>Jane Amongi</td>
<td>WHO-Uganda</td>
<td><a href="mailto:amongiakoraj@who.int">amongiakoraj@who.int</a></td>
</tr>
<tr>
<td>53</td>
<td>Rupia Josephine</td>
<td>Tanzania</td>
<td><a href="mailto:jossyrupia@yahoo.com">jossyrupia@yahoo.com</a></td>
</tr>
<tr>
<td>54</td>
<td>Glorias Asiimwe</td>
<td>Busitema University, Uganda</td>
<td><a href="mailto:asiimweglorias@gmail.com">asiimweglorias@gmail.com</a></td>
</tr>
<tr>
<td>55</td>
<td>Abdulrahman Anne</td>
<td>Ministry of Health, Mali</td>
<td><a href="mailto:jirlejo@gmail.com">jirlejo@gmail.com</a></td>
</tr>
<tr>
<td>56</td>
<td>Prof. Maria Musoke</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:maria.gnmusoke@yahoo.com">maria.gnmusoke@yahoo.com</a></td>
</tr>
<tr>
<td>57</td>
<td>Onan Mulumba</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:omulumba@gmail.com">omulumba@gmail.com</a></td>
</tr>
</tbody>
</table>

**In Attendance:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Zielinski</td>
<td>Phi</td>
<td></td>
</tr>
<tr>
<td>Kimberly Parker</td>
<td>WHO-Geneva</td>
<td></td>
</tr>
<tr>
<td>Dan Gerendasy</td>
<td>US NLM</td>
<td></td>
</tr>
</tbody>
</table>
**Agenda:**

1. Welcome by President AHILA
2. Confirmation of minutes of the 14th Biennial Congress
3. Reports from the Treasurer and President
4. Reports from Country Chapters
5. Report from the Local Organizing Committee
6. Constitutional Review presentation and discussion
7. Preparations for the next AHILA Congress
8. Discussions of resolutions from the Congress
9. Elections
10. A.O.B
<table>
<thead>
<tr>
<th>Minute</th>
<th>Discussion</th>
<th>Action Area</th>
<th>Responsible person</th>
</tr>
</thead>
</table>
| **Minute 1: Welcome by the President - AHILA** | The President AHILA – Dr. Rehema Chande – Mallya, welcomed delegates to the final day of the Congress. She announced that the delegate from Mali had received treatment and was slowly recovering from Malaria. She requested members to stand up and observe a minute of silence in memory of a member of AHILA – Sierra Leone (Nancy….RIP) who passed away.  

She then introduced the team which would be in-charge of elections. This was made up of three independent members who were;  
- Mr Chris Zielinski – Phi  
- Ms Kimberly Parker – WHO – Geneva  
- Dr Dan Gerendasy – US NLM  

Ms Christina Horta proposed that the Agenda be adopted and the General Assembly began. | The team in-charge of elections outlined the procedure to be used to fill the vacant positions.  
- Team would verify that person nominated and person nominating are both paid up members of AHILA  
- If there is only one candidate, then that candidate would be declared winner.  
- If there is a tie in number of votes, then a re-election would be carried out. | Chris Zielinski, Kimberly Parker, Dan Gerendasy |
| **Minute 2: Review of previous minutes** | The Secretary General AHILA – Mr Charles Marwa took the members through the previous minutes.  

**Noted**  
1. Typos within the Minutes heading were corrected.  
2. Uganda made a report but that | With revisions, the minutes were adopted as a true copy by the members who were present during the previous congress. | Charles Marwa |
<table>
<thead>
<tr>
<th>Minute</th>
<th>Discussion</th>
<th>Action Area</th>
</tr>
</thead>
</table>
|        | was not documented.  
3. The actual account balance of AHILA was to be included in the minutes rather than an estimate.  
4. An Attendance list to be included as an Addendum. | There needs to be clear terms of operation between AHILA and ITOCA  
AHILA needs a Secretariat so that there is continuity rather than the office moving round with the elected President. This will also provide a central point of communication beyond the Congress thereby reducing cases of miscommunication or repetitive discussions once there is a point of reference.  
A central location for the AHILA account also needs to be chosen. Currently, since South African banks are more stable, the account is in South Africa. This will provide a history to the account as well as remove the need to move the account to whichever country the Treasurer comes from.  
The Treasure will be required to revise the report and share with | Blessing Chaitara |
| Minute 3: Treasurer’s report | In the absence of Treasure AHILA - Ms Blessing Chaitara Mawire, the report was read by the Secretary General – Mr Charles Marwa.  
Concerns raised  
1. If Executive members are not paid, why are there overhead costs in the expenses? Why is someone paid while others are volunteers? Why is ITOCA being paid?  
2. There were unexplained losses in the report.  
3. What is the agreement between ITOCA and AHILA? Why are most overhead costs going to ITOCA? IS ITOCA doing AHILA work?  
4. If AHILA is pan African, why is its registration being done in South Africa and a director required from South Africa?  
5. Members requested that the AHILA-ITOCA MOU be shared with them so that they could understand the relationship. | | |
<table>
<thead>
<tr>
<th>Minute</th>
<th>Discussion</th>
<th>Action Area</th>
<th>Responsible person</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Discussion</strong>&lt;br&gt;Members were informed that during a previous congress, it was discussed that AHILA needs to have a permanent secretariat and this had cost implications. There was need to rent office space and hire a person to man the secretariat. This was decided in response to the challenge of there not being any concrete transition from Executive to Executive.&lt;br&gt;&lt;br&gt;ITOCA agreed to host AHILA so overheads were absorbed such as rent for office space. However, items such as development and maintenance of the website and personnel to man the website and the social media sites had to be paid for.&lt;br&gt;&lt;br&gt;Phi was committed to meet half the cost of hosting AHILA through ITOCA until 2017. Further discussions would then be held on the way forward after 2017.&lt;br&gt;&lt;br&gt;AHILA did not pay ITOCA during the period of 2014 – 2016 although an Editor/Communicator was needed to communicate and edit the website. The website was updated and new posts seen on social media.</td>
<td>members a breakdown of the losses and payments made during the past two years.&lt;br&gt;Final financial decisions will have to be presented and agreed upon during the General Assembly.&lt;br&gt;The Editor/Communicator will be kept on board so that there is continuity in communication and decision making.&lt;br&gt;AHILA needs to go into aggressive Resource Mobilisation to be self-sustaining.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minute</td>
<td>Discussion</td>
<td>Action Area</td>
<td>Responsible person</td>
</tr>
<tr>
<td>--------</td>
<td>------------</td>
<td>-------------</td>
<td>--------------------</td>
</tr>
</tbody>
</table>
| Further points of concern;  
1. Why can’t someone with skills in website and social media management volunteer to do this for AHILA?  
2. How did AHILA come to owe ITOCA $4,500?  
3. If there is no MOU then how is the Editor/Communicator paid? Phi is paying the Editor/Communicator. | | | |
| President’s report  
**Highlights**  
1. Introduced the current Executive  
2. A newsletter had been designed and uploaded onto the AHILA website  
4. A team was chosen to perform a review of the constitution. A presentation would be made during this Congress  
5. Outlined Achievements and Challenges faced.  
6. Called upon members to be active in both the AHILA and their Country Chapters | Report to include AHILA- Ghana representation during AfLIA.  
There should be more collaboration between the Executive and Local Organising committees.  
AHILA needs to collaborate more with AfLIA since AfLIA is positioning itself as the African answer to IFLA  
AHILA needs to have its accounts audited. The Treasurer should only present audited accounts during to the General Assembly.  
An Auditing committee would be set up to look into ensuring that the | Jane Amongi |
<table>
<thead>
<tr>
<th>Minute</th>
<th>Discussion</th>
<th>Action Area</th>
<th>Responsible person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussion</td>
<td>Did AHILA sponsor any of the activities it carried out? <strong>No.</strong>&lt;br&gt;2. What is AHILA doing to improve communication with all the advancements in ICT? <strong>Countries have different ICT capabilities and so it was not easy to determine what one way to communicate.</strong>&lt;br&gt;3. One of the major achievements was AHILA’s ability to pay its full membership to IFLA.</td>
<td>accounts are audited.</td>
<td></td>
</tr>
<tr>
<td><strong>Minute 4. Reports from Country Chapters.</strong></td>
<td>Uganda – presented by Ms. Jane Amongi&lt;br&gt;As the host country, the Chapter Report was combined with report from the LOC.</td>
<td>It was agreed that Country Chapters submit their reports before the congress.</td>
<td>Presidents of Country Chapters</td>
</tr>
<tr>
<td>Summary</td>
<td>Executive was elected in November 2014.&lt;br&gt;It currently has 60 registered members.&lt;br&gt;Thanked sponsors for making the Congress possible.&lt;br&gt;Thanked institutions such as MUK Main Library, Albert Cook Library and Aga Khan University.&lt;br&gt;She also thanked individuals like</td>
<td>Reports to include statistics such as number of those trained and institutional outreach.</td>
<td></td>
</tr>
<tr>
<td>Minute</td>
<td>Discussion</td>
<td>Action Area</td>
<td>Responsible person</td>
</tr>
<tr>
<td>--------</td>
<td>------------</td>
<td>-------------</td>
<td>--------------------</td>
</tr>
<tr>
<td></td>
<td>Christina Horta, Dr Rehema Chande-Mallya and Dr Helen Byamugisha for keeping a close eye on preparations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tanzania</strong> – presented by Mr Haruna Hussein</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Summary | • Increased membership from 20 to 60  
• Members are allowed to pay in instalments until their fee is paid in full  
• Members were part of the team which developed the Diploma for health and information science | | |
| **Zimbabwe** – presented by Mr Masimba Maziringi | | | |
| Summary | • The Chapter has not been very vibrant  
• However with more mobilisation by members, membership will increase  
• There was a project between Ministry of Health and Child Health to digitise mass health | | |
<table>
<thead>
<tr>
<th>Minute</th>
<th>Discussion</th>
<th>Action Area</th>
<th>Responsible person</th>
</tr>
</thead>
</table>
|         | information in Zimbabwe.  
- They continued to provide reference material to public health hospitals  
Ghana – submitted by Mr Solomon Suleiman | | |

**Minute 5: Constitutional Review**

A committee was selected during the 14th Biennial congress to review and update the Constitution. This comprised of Dr. Maria Musoke, Ms. Nancy Kamau and Mrs. Shane Godbolt.

**Suggested Revisions**

- Articles 2 and 3: Editorial issues
- Article 4: Editorial review and suggestion that quorum be 30% of registered membership.
- Article 5 – Editorial review  
  No. 5 – change from national language to official language  
  No. 7. If seeking re-election, an Executive member should show achievements made during term of office.
- Article 8: Any funds raised should be banked in AHILA account  
  No. 3 Translation should be

- Legal advice to be sought to clear the constitution.
- Members to read the current constitution which is uploaded on the AHILA website to better understand the suggestions made.
- Constitution to include grant applications rather than just fees.
- The final document would be translated into French and Portuguese so that all members are clear about the content and what is required of them.
- There needs to be a clear use of Secretary General or General Secretary in the definition of terms and their use.

Jane Amongi
<table>
<thead>
<tr>
<th>Minute</th>
<th>Discussion</th>
<th>Action Area</th>
<th>Responsible person</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>mandatory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. 6</td>
<td>Publish Congress proceedings for only the papers presented within 3 months.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Article 9: Dues and Finance

No.4 Membership fees are due and payable on admission. This should be between the last day of the Biennial Congress to the first day of the next Biennial Congress.

No. 9 General Assembly to approve use of funds of the Association for any activities identified.

Article 11: Country Chapters.

No. 2 Secretary to send General Assembly resolutions to Country Chapters to implement for the next 2 years.

No. 5 Country reports to the General Assembly should be submitted 2 months before the Congress.

Article 12: Suggested that 50% of eligible voters are required to pass an amendment to the constitution.

Article 13: No. 1 Any Executive member who fails to fulfill his/her duties will be
reprimanded.

Comments
- Team was thanked for volunteering to look at the constitution
- The Constitution was developed in Congo Brazzaville and it can be found on the AHILA website.
- Does the President have the mandate to co-opt members to review the Constitution? **The President has the mandate to co-opt members however there is neither a limit to the number of members to be co-opted nor clear guidance of whether they become Executive Council members for the period of their work. During the 14th Biennial Congress, the General Assembly recommended a Constitutional review hence the President Co-opting members. Article 5. No. 8 of the Constitution gives the President mandate to co-opt members.**
- Were the suggestions presented to the Executive before the General
<table>
<thead>
<tr>
<th>Minute</th>
<th>Discussion</th>
<th>Action Area</th>
<th>Responsible person</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Assembly? <strong>The Executive would only proceed with the suggestions as per the general Assembly’s recommendations.</strong>&lt;br&gt;&lt;ul&gt;&lt;li&gt;How were the members elected?&lt;/li&gt;&lt;li&gt;During the last AHILA congress, members were nominated to carry out this duty. The final document was to be submitted in August 2016.&lt;/li&gt;&lt;/ul&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Minute 6: Preparations for the next 16th Biennial congress</strong></td>
<td>A proposal was made that the next country to host be a French speaking country&lt;br&gt;&lt;br&gt;1&lt;sup&gt;st&lt;/sup&gt; Choice: Central African Republic (proposed by Augustin Dibert – WHO-CAR).&lt;br&gt;2&lt;sup&gt;nd&lt;/sup&gt; Choice: Nigeria&lt;br&gt;3&lt;sup&gt;rd&lt;/sup&gt; Choice: Mozambique&lt;br&gt;&lt;br&gt;Deadline for confirmation: 1&lt;sup&gt;st&lt;/sup&gt; December 2016</td>
<td></td>
<td>Augustin Dibert</td>
</tr>
<tr>
<td></td>
<td>Since resolutions had been discussed during the Rapporteur’s report, the Chair thanked members for attending the Congress and declared the positions of the Executive Vacant. Delegates then broke off for lunch while the nominees forms were verified.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minute</td>
<td>Discussion</td>
<td>Action Area</td>
<td>Responsible person</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------</td>
<td>--------------------</td>
</tr>
</tbody>
</table>
| Minute 7: Elections to fill Vacant positions. | The Chair of the Election committee Mr Chris Zielinski made the following announcements;  
1. There were 7 positions to be filled. President, two Vice Presidents, General Secretary, Deputy General Secretary, Treasurer and Editor/communicator.  
2. There were 6 spoilt votes and 1 invalid one.  
3. Two posts had a tie in number of votes. There was need for a re-election. These were President (Dr Rehema Chande-Mally and Ms Jane Amongi) and General Secretary (Mr Charles Marwa and Ms Jesca Karungi).  
4. Those unopposed were Vice President 1 – Dr Grace Ajuwon, Treasurer – Ms Blessing Chaitara and Editor/Communicator - Ms Chipo Msengezi. These were automatically declared winners.  
The General Assembly was asked to nominate Vice President 2 and Deputy General Secretary. Mr Augustin Dibert (CAR) and Mrs Selam Berhane (Eritrea) were nominated unopposed and were declared winners of these positions respectively. |             | Chris Zielinski    |
Verification of voter eligibility was done to ensure that voters for the two positions were indeed eligible to take part.

Each person was then given a piece of paper, candidates requested to stand for identification and voting was done by secret ballot.

**Results**

**President**
Ms Jane Amongi – 45 votes  
Dr Rehema Chande – Mallya – 12 votes

**General Secretary**
Ms Jesca Karungi – 42 votes  
Mr Charles Marwa – 15 votes

Three Council members were then nominated and they accepted to serve.

1. Solomon Suleiman (Ghana)  
2. Richard Ssenono (Uganda)  
3. Charles Marwa (Tanzania).

Ms Jane Amongi was introduced as the new AHILA President. She then requested her new Executive Council to
The new president thanked the Election team for carrying out that important duty. She thanked the outgoing executive for a job well done. She promised that although they were stepping into big shoes, they would try to work within the Constitution to

- Improve communication
- Strengthen Country Chapters
- AHILA
- Link between private and public institutions

She ended by thanking delegates for trusting the team and encouraged the new team to work to the best of their abilities.

There being no other matters for discussion, the General Assembly was closed and members invited to a closing Dinner at Kembabazi’s at 7:00pm.

Signed as true copy of the meeting’s proceedings:

Dr. Rehema Chande-Mallya  
**Chairperson**

Sylvia Matovu  
**Minute Secretary**
10. Full list of Congress delegates

<table>
<thead>
<tr>
<th>NO</th>
<th>NAME</th>
<th>INSTITUTION</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Consider Mudenda</td>
<td>Zambian Research &amp; Dev’t Technology Academy (ZRDTA)</td>
<td><a href="mailto:consider.mudenda@worksgroup.org">consider.mudenda@worksgroup.org</a></td>
</tr>
<tr>
<td>2</td>
<td>Nakayima Sara</td>
<td>Makerer University, Kampala-Uganda</td>
<td><a href="mailto:maka_sarah@mak.ac.ug">maka_sarah@mak.ac.ug</a></td>
</tr>
<tr>
<td>3</td>
<td>Rhoda Nalubega</td>
<td>Aga Khan University, Uganda</td>
<td><a href="mailto:rnalubega@gmail.com">rnalubega@gmail.com</a></td>
</tr>
<tr>
<td>4</td>
<td>Poswo Elias</td>
<td>Midlands State Univ., Zimbabwe</td>
<td><a href="mailto:poswoe@staff.msu.ac.zw">poswoe@staff.msu.ac.zw</a></td>
</tr>
<tr>
<td>5</td>
<td>Margaret Nakiganda</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:margaret.nakiganda@gmail.com">margaret.nakiganda@gmail.com</a></td>
</tr>
<tr>
<td>6</td>
<td>Moses Doka</td>
<td>Ministry of Health, Uganda</td>
<td><a href="mailto:mosesdoka@gmail.com">mosesdoka@gmail.com</a></td>
</tr>
<tr>
<td>7</td>
<td>Baguma Geoffrey</td>
<td>Aga Khan University, Uganda</td>
<td><a href="mailto:eyole2008@gmail.com">eyole2008@gmail.com</a></td>
</tr>
<tr>
<td>8</td>
<td>Onen Walter Yagos</td>
<td>Gulu University, Gulu-Uganda</td>
<td><a href="mailto:yagos.wo@gmail.com">yagos.wo@gmail.com</a></td>
</tr>
<tr>
<td>9</td>
<td>Dr. Raphael Aregu</td>
<td>Gulu University, Gulu-Uganda</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Alice Nankabirwa</td>
<td>Main Library, MUK, Kampala-Uganda</td>
<td><a href="mailto:anankabirwa@mulib.mak.ac.ug">anankabirwa@mulib.mak.ac.ug</a></td>
</tr>
<tr>
<td>11</td>
<td>Solomon Suleiman</td>
<td>College of Health Sciences, Accra, Ghana</td>
<td><a href="mailto:sbsuleiman@ug.edu.gh">sbsuleiman@ug.edu.gh</a></td>
</tr>
<tr>
<td>12</td>
<td>Olivier Ngulemeza</td>
<td>Makerere University, Kampala-Uganda</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Asiimwe Ritah</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:rasiimwe@gmail.com">rasiimwe@gmail.com</a></td>
</tr>
<tr>
<td>14</td>
<td>Nakasingye Carol</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:nakasingyec@gmail.com">nakasingyec@gmail.com</a></td>
</tr>
<tr>
<td>15</td>
<td>Masimba Muziranga</td>
<td>University of Zimbabwe, College of Health Sciences</td>
<td><a href="mailto:mmuziranga@gmail.com">mmuziranga@gmail.com</a></td>
</tr>
<tr>
<td>16</td>
<td>Christine Kayengo</td>
<td>University of Zambia</td>
<td><a href="mailto:ckangeye@yahoo.com">ckangeye@yahoo.com</a></td>
</tr>
<tr>
<td>17</td>
<td>Chris Zielinski</td>
<td>PHI</td>
<td><a href="mailto:chris@chriszielinski.com">chris@chriszielinski.com</a></td>
</tr>
<tr>
<td>18</td>
<td>Rachel Nabbosa</td>
<td>Makerere University, Kampala-Uganda</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Lilian Akankwasa</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:akan.liane@gmail.com">akan.liane@gmail.com</a></td>
</tr>
<tr>
<td>20</td>
<td>Nasra Gathoni</td>
<td>Aga Khan University, Nairobi-Kenya</td>
<td><a href="mailto:nasra.gathoni@aku.edu">nasra.gathoni@aku.edu</a></td>
</tr>
<tr>
<td>21</td>
<td>Haruna Hussein</td>
<td>Ministry of Health, Tanzania</td>
<td><a href="mailto:harunahussein@gmail.com">harunahussein@gmail.com</a></td>
</tr>
<tr>
<td>22</td>
<td>Rehema Chande</td>
<td>Muhimbili University of Health and Allied Sciences, Dar es Salaam</td>
<td><a href="mailto:rchandemallya@gmail.com">rchandemallya@gmail.com</a></td>
</tr>
<tr>
<td>23</td>
<td>Clementine Namusisi</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:cnamusisi@mulib.mak.ac.ug">cnamusisi@mulib.mak.ac.ug</a></td>
</tr>
<tr>
<td>24</td>
<td>Musinguzi Bob</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:bobmsngz@gmail.com">bobmsngz@gmail.com</a></td>
</tr>
<tr>
<td>25</td>
<td>Nambooze Mossy</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:mnambooze@uac.go.ug">mnambooze@uac.go.ug</a></td>
</tr>
<tr>
<td>NO</td>
<td>NAME</td>
<td>INSTITUTION</td>
<td>EMAIL</td>
</tr>
<tr>
<td>----</td>
<td>---------------------</td>
<td>--------------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>26</td>
<td>Kole Vincent</td>
<td>Chitambo Hospital, Zambia</td>
<td><a href="mailto:vinnykole@gmail.com">vinnykole@gmail.com</a></td>
</tr>
<tr>
<td>27</td>
<td>Mbambu Ursula</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:mbanbuursula26@gmail.com">mbanbuursula26@gmail.com</a></td>
</tr>
<tr>
<td>28</td>
<td>Musiime Sarah</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:musiimeconnie2015@gmail.com">musiimeconnie2015@gmail.com</a></td>
</tr>
<tr>
<td>29</td>
<td>Shakira N</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:nabakyamuzishaki@gmail.com">nabakyamuzishaki@gmail.com</a></td>
</tr>
<tr>
<td>30</td>
<td>Nansubuga Amina</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:aminahbuga@gmail.com">aminahbuga@gmail.com</a></td>
</tr>
<tr>
<td>31</td>
<td>Tumwebaze Immaculate</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:immaculatetumwebaze@gmail.com">immaculatetumwebaze@gmail.com</a></td>
</tr>
<tr>
<td>32</td>
<td>Lubwama Timothy</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:timothylubama@gmail.com">timothylubama@gmail.com</a></td>
</tr>
<tr>
<td>33</td>
<td>Matovu Sylvia</td>
<td>The AIDS Support Organisation-Kampala, Uganda</td>
<td><a href="mailto:sylviamatovu@yahoo.co.uk">sylviamatovu@yahoo.co.uk</a></td>
</tr>
<tr>
<td>34</td>
<td>Charles Marwa</td>
<td>Muhimbili University of Health and Allied Sciences, DSM, Tanzania</td>
<td><a href="mailto:marwacharles@gmail.com">marwacharles@gmail.com</a></td>
</tr>
<tr>
<td>35</td>
<td>Nancy Kamau</td>
<td>KEMRI-Nairobi, Kenya</td>
<td><a href="mailto:nancy.kamau@kemri.ac.ug">nancy.kamau@kemri.ac.ug</a></td>
</tr>
<tr>
<td>36</td>
<td>Mahaman Salissou</td>
<td>WHO-Niger</td>
<td><a href="mailto:mahamansalissou@who.int">mahamansalissou@who.int</a></td>
</tr>
<tr>
<td>37</td>
<td>Namutebi Sofuwa</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:sofuwanamutebi@gmail.com">sofuwanamutebi@gmail.com</a></td>
</tr>
<tr>
<td>38</td>
<td>Mukiibi Uthuman</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:mukiiibiuthuman@gmail.com">mukiiibiuthuman@gmail.com</a></td>
</tr>
<tr>
<td>39</td>
<td>Nanteza Sandra</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:osandra390@gmail.com">osandra390@gmail.com</a></td>
</tr>
<tr>
<td>40</td>
<td>Kavuma Derrick</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:kavumaderrick031@gmail.com">kavumaderrick031@gmail.com</a></td>
</tr>
<tr>
<td>41</td>
<td>Nabuuma Harriet</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:harietnabuuma@gmail.com">harietnabuuma@gmail.com</a></td>
</tr>
<tr>
<td>42</td>
<td>Samba Marie Claudine</td>
<td>WHO-Regional Office for Africa</td>
<td><a href="mailto:bilombom@who.int">bilombom@who.int</a></td>
</tr>
<tr>
<td>43</td>
<td>Monde Mercy</td>
<td>University of Zambia</td>
<td><a href="mailto:mercykakoma@yahoo.com">mercykakoma@yahoo.com</a></td>
</tr>
<tr>
<td>44</td>
<td>Chipo Msengezi</td>
<td>ITOCA-South Africa</td>
<td><a href="mailto:chipo@itoca.org">chipo@itoca.org</a></td>
</tr>
<tr>
<td>45</td>
<td>Christina Horta</td>
<td>NAML-Mozambique</td>
<td><a href="mailto:cristina@zebra.uem.mz">cristina@zebra.uem.mz</a></td>
</tr>
<tr>
<td>46</td>
<td>Selam Berhane</td>
<td>WHO-Eritrea</td>
<td><a href="mailto:berhames@who.int">berhames@who.int</a></td>
</tr>
<tr>
<td>47</td>
<td>Grace Ajuwon</td>
<td>University of Ibadan, Nigeria</td>
<td><a href="mailto:agajuwon@gmail.com">agajuwon@gmail.com</a></td>
</tr>
<tr>
<td>48</td>
<td>Dan Gerendasy</td>
<td>National Library of Medicine</td>
<td><a href="mailto:gerendasy@nlm.nih.gov">gerendasy@nlm.nih.gov</a></td>
</tr>
<tr>
<td>49</td>
<td>Parker Kimberley</td>
<td>WHO-Geneva</td>
<td><a href="mailto:parkerk@who.int">parkerk@who.int</a></td>
</tr>
<tr>
<td>50</td>
<td>Blessing Chiparausha</td>
<td>Bindura University of Science Education, Zimbabwe</td>
<td><a href="mailto:bchiparausha@gmail.com">bchiparausha@gmail.com</a></td>
</tr>
<tr>
<td>51</td>
<td>Dibert Augustin</td>
<td>WHO-Central African Republic</td>
<td><a href="mailto:diberta@who.int">diberta@who.int</a></td>
</tr>
<tr>
<td>52</td>
<td>Bridget Afedo</td>
<td>Ghana</td>
<td><a href="mailto:bridgetafedo@gmail.com">bridgetafedo@gmail.com</a></td>
</tr>
<tr>
<td>53</td>
<td>Victoria Kalungi</td>
<td>Uganda Christian University, Mukono</td>
<td><a href="mailto:vickykalungi@gmail.com">vickykalungi@gmail.com</a></td>
</tr>
<tr>
<td>54</td>
<td>Alison Kinengyere</td>
<td>College of Health Sciences,</td>
<td><a href="mailto:alison.kine@gmail.com">alison.kine@gmail.com</a></td>
</tr>
<tr>
<td>NO</td>
<td>NAME</td>
<td>INSTITUTION</td>
<td>EMAIL</td>
</tr>
<tr>
<td>----</td>
<td>------------------</td>
<td>-------------------------------------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>55</td>
<td>Maria Mwebe</td>
<td>Main Library, MUK, Kampala-Uganda</td>
<td>mnankya@<a href="mailto:mulib@mak.ac.ug">mulib@mak.ac.ug</a></td>
</tr>
<tr>
<td>56</td>
<td>Loy Ninsiima</td>
<td>Jaypee Brothers</td>
<td><a href="mailto:loyninsiima@gmail.com">loyninsiima@gmail.com</a></td>
</tr>
<tr>
<td>57</td>
<td>Jesca Karungi</td>
<td>Aga Khan University, Uganda</td>
<td><a href="mailto:karungi.jesca@aku.edu">karungi.jesca@aku.edu</a></td>
</tr>
<tr>
<td>58</td>
<td>Rachel Nakalembe</td>
<td>Makerere University Main Library, Kampala-Uganda</td>
<td><a href="mailto:rnakalembe@chs.mak.ac.ug">rnakalembe@chs.mak.ac.ug</a></td>
</tr>
<tr>
<td>59</td>
<td>Mathias Mazinga</td>
<td>Makerere University Main Library, Kampala-Uganda</td>
<td><a href="mailto:mazingamathias@mulib.mak.ac.ug">mazingamathias@mulib.mak.ac.ug</a></td>
</tr>
<tr>
<td>60</td>
<td>Richard Senono</td>
<td>Infectious Diseases Institute, Kampala-Uganda</td>
<td><a href="mailto:senono@idi.co.ug">senono@idi.co.ug</a>; <a href="mailto:ssenorichard@gmail.com">ssenorichard@gmail.com</a></td>
</tr>
<tr>
<td>61</td>
<td>Olive Kihika</td>
<td>TJ Consult Ltd.</td>
<td><a href="mailto:livv.kihika@gmail.com">livv.kihika@gmail.com</a></td>
</tr>
<tr>
<td>62</td>
<td>Barbara Alago</td>
<td>Uganda Management Institute, Kampala-Uganda</td>
<td><a href="mailto:barbara.alago@gmail.com">barbara.alago@gmail.com</a></td>
</tr>
<tr>
<td>63</td>
<td>Monica Atuhura</td>
<td>Uganda Management Institute, Kampala-Uganda</td>
<td><a href="mailto:atuhuramonicah71@gmail.com">atuhuramonicah71@gmail.com</a></td>
</tr>
<tr>
<td>64</td>
<td>Ruth Nalumaga</td>
<td>Makerere University, Kampala-Uganda</td>
<td></td>
</tr>
<tr>
<td>65</td>
<td>Susan Candiru</td>
<td>Uganda AIDS Commission, Kampala-Uganda</td>
<td><a href="mailto:scandiru@uac.go.ug">scandiru@uac.go.ug</a></td>
</tr>
<tr>
<td>66</td>
<td>Helen Byamugisha</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:byamugisha@mulib.mak.ac.ug">byamugisha@mulib.mak.ac.ug</a></td>
</tr>
<tr>
<td>67</td>
<td>Jane Amongi</td>
<td>WHO-Uganda</td>
<td><a href="mailto:amongiakoraj@who.int">amongiakoraj@who.int</a></td>
</tr>
<tr>
<td>68</td>
<td>Gabriel Anabwami</td>
<td>Baylor - Botswana</td>
<td><a href="mailto:ganabwami@baylorbotswana.org.bw">ganabwami@baylorbotswana.org.bw</a></td>
</tr>
<tr>
<td>69</td>
<td>Mohamed Tanamly</td>
<td>ELSEVIER-Egypt</td>
<td><a href="mailto:m.tanamly@elsevier.com">m.tanamly@elsevier.com</a></td>
</tr>
<tr>
<td>70</td>
<td>Mohamed Diaa</td>
<td>ELSEVIER-Egypt</td>
<td></td>
</tr>
<tr>
<td>71</td>
<td>Sandeep Bilyan</td>
<td>Jaypee Brothers/Empressa Solutions Ltd U</td>
<td><a href="mailto:sandeep.baliyam@jaypeebrothers.com">sandeep.baliyam@jaypeebrothers.com</a> /empressabooks@gmail.com</td>
</tr>
<tr>
<td>72</td>
<td>Rupia Josephine</td>
<td>Tanzania</td>
<td><a href="mailto:jossyrupia@yahoo.com">jossyrupia@yahoo.com</a></td>
</tr>
<tr>
<td>73</td>
<td>Agnes Nanyama</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:agnesnanyama@gmail.com">agnesnanyama@gmail.com</a></td>
</tr>
<tr>
<td>74</td>
<td>Glorias Asiimwe</td>
<td>Busitema University, Uganda</td>
<td><a href="mailto:asiimweglorias@gmail.com">asiimweglorias@gmail.com</a></td>
</tr>
<tr>
<td>75</td>
<td>Ann Seymour</td>
<td>John Hopkins Univesity</td>
<td><a href="mailto:seymoura@jhmi.edu">seymoura@jhmi.edu</a></td>
</tr>
<tr>
<td>76</td>
<td>Abdulrahman Anne</td>
<td>Ministry of Health, Mali</td>
<td><a href="mailto:jirlejo@gmail.com">jirlejo@gmail.com</a></td>
</tr>
<tr>
<td>77</td>
<td>Alphonse Matovu</td>
<td>Mubende Regional Referra Hospital, Uganda</td>
<td><a href="mailto:dahlmatovu@yahoo.co.uk">dahlmatovu@yahoo.co.uk</a></td>
</tr>
<tr>
<td>78</td>
<td>Daisy Grace</td>
<td>Kampala International University - Uganda</td>
<td></td>
</tr>
<tr>
<td>79</td>
<td>Priscilla Tibenderana</td>
<td>Kampala International University - Uganda</td>
<td></td>
</tr>
<tr>
<td>80</td>
<td>Assoc. Prof Archileo Kaaya</td>
<td>MUK, Kampala - Uganda</td>
<td><a href="mailto:ankaaya@caes.mak.ac.ug">ankaaya@caes.mak.ac.ug</a></td>
</tr>
<tr>
<td>81</td>
<td>Prof. Maria Musoke</td>
<td>Makerere University, Kampala-Uganda</td>
<td><a href="mailto:maria.gnmusoke@yahoo.com">maria.gnmusoke@yahoo.com</a></td>
</tr>
<tr>
<td>82</td>
<td>Jaime Blanck</td>
<td>John Hopkins University</td>
<td><a href="mailto:jaimeblanck@gmail.com">jaimeblanck@gmail.com</a></td>
</tr>
<tr>
<td>83</td>
<td>Onan Mulumba</td>
<td>Makerere University,</td>
<td><a href="mailto:omulumba@gmail.com">omulumba@gmail.com</a></td>
</tr>
<tr>
<td>NO</td>
<td>NAME</td>
<td>INSTITUTION</td>
<td>EMAIL</td>
</tr>
<tr>
<td>----</td>
<td>---------------------</td>
<td>------------------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>84</td>
<td>Patience Atim</td>
<td>College of Health Sciences, Kampala-Uganda</td>
<td><a href="mailto:atimpet@gmail.com">atimpet@gmail.com</a></td>
</tr>
<tr>
<td>85</td>
<td>Peter Zaasa</td>
<td>Motion Z</td>
<td><a href="mailto:zaasa.peter@gmail.com">zaasa.peter@gmail.com</a></td>
</tr>
<tr>
<td>86</td>
<td>John Steve Ogwang</td>
<td>TRS Information Services</td>
<td><a href="mailto:agum_alele@hotmail.com">agum_alele@hotmail.com</a></td>
</tr>
<tr>
<td>87</td>
<td>Jaden Komagum</td>
<td>TRS Information Services</td>
<td><a href="mailto:agum_alele@hotmail.com">agum_alele@hotmail.com</a></td>
</tr>
<tr>
<td>88</td>
<td>Ameny Joshua</td>
<td>TRS Information Services</td>
<td><a href="mailto:agum_alele@hotmail.com">agum_alele@hotmail.com</a></td>
</tr>
<tr>
<td>89</td>
<td>Sebulime Joseph</td>
<td>College of Health Sciences, Kampala-Uganda</td>
<td><a href="mailto:josephssebulime1@yahoo.com">josephssebulime1@yahoo.com</a></td>
</tr>
<tr>
<td>90</td>
<td>Jess Matovu</td>
<td>TRS Information Services</td>
<td><a href="mailto:agum_alele@hotmail.com">agum_alele@hotmail.com</a></td>
</tr>
</tbody>
</table>
11. Summary of preparations by Local Organizing Committee

Preparations for the 15th Biennial Congress were made amidst an election year in Uganda. This meant that local resource mobilization from companies was not forthcoming making the organizers make bookings and preparations on a very tight budget. The following companies were approached however; they did not have any positive feedback for the LOC. Each was chosen for its known interest in health, information or capacity building of health related institutions. Simba Group of Companies, Ruparelia Group of Companies, ROKO Construction Company, Parliament of Uganda, , The New Vision Printing and Publishing Co., Ericsson, Century Bottling Company, United Nations Children’s Education Fund (UNICEF), Uganda Tourism Board, Standard Chartered Bank (U) Ltd, AIRTEL Uganda, Uganda AIDS Commission, Bank of Uganda, Embassy of the United States of America, Government of Uganda (Office of the President), Shonubi, Musoke and Co. Advocates

Meetings were held once a month for eight months until the last two months when they were held weekly. Since all members were employed, meetings had to be held on a day convenient to raise quorum.

A list of activities and requirements was drawn up upon which Subcommittees were formed and membership based on each one's voluntary application or expertise. A roadmap was developed and customized based on the activities, to keep track of what had been done and what was still pending.

Possible venues and service providers were identified, however when the budget became too tight so close to the Congress date, changes had to be made for organizers to work within their meager financial resources.

Items such as booking accommodation, transport from and to the airport and during the conference, security and medical emergencies had to be planned for as well. This did not apply only to international delegates but also to local delegates.

LIS Student volunteers were recruited not only to usher and help delegates around the venue, but also to interest them in joining such associations, make contacts for future work and gain first hand experience from experiences LIS professionals.
Lessons learned

1. Most delegates prefer to pay on arrival during the first day. This made the LOC rely on the little they have to make bookings such as food, drinks, Public Address System and others a daunting task.
2. Communication via internet is not always reliable in the different countries where members are working together to organize such international conferences.
3. Local resource mobilization is not always guaranteed to yield results. The earlier you start resource mobilization, the better.
4. Use of networking and Social Media enabled easier communication and publicity.
5. The existing Executive has to provide support during preparations especially on what is required during the General Assembly which is held on the final day.
6. Many times people send in abstracts but are unable to attend. This could be because they were not able to complete the full paper before the deadline or they failed to get funding to travel. This in turn reduces the number of papers presented versus those expected to be presented.

Appreciation also goes to the following;

- To the sponsors for their unwavering support in enabling the conference take place and sponsoring delegates to attend.
- Guests of Honor at both opening and closing ceremonies
- To the keynote speaker.
- The outgoing Executive for all the support given.
- The incoming Executive for accepting to serve
- Makerere University for hosting the Conference and providing entertainment.
- To all the presenters for sharing their knowledge with the rest of the delegates.
- The team which conducted the elections is also appreciated.
- Finally all those who attended the Congress. May the next one be bigger and better.
Through the camera lens