

Documents relating to the
IMIA Inaugural Meeting
Held in Paris, France
May 10-12, 1979

Scanned for the archives in March 2010

1. [Invitation to the meeting](#)
2. [Schedule](#)
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6. [IMIA – Reasons to Be](#)
This is probably the paper presented by IMIA Chairman Jan Roukens at the inaugural session
7. [Admissions Subcommittee report](#)
8. [Report of the Secretariat Subcommittee](#)
9. [Treasurer's Considerations](#)
Probably presented by the Italian representative, Antonio Fernandez Perez de Talens, who was IMIA's first Treasurer



INTERNATIONAL FEDERATION FOR INFORMATION PROCESSING

Date: January 10th, 1979

Address reply to : SAZZOG Foundation
Groningensingel 1043-1045
6835 GN ARNHEM
The Netherlands

JR/IB

Dear Madam, Dear Sir,

We wish you a very happy year 1979, both in your personal as well as in business-life.

For the medical informatics profession, 1979 may become a very significant year indeed.

From the 1st of January 1979, the IFIP International Medical Informatics Association (IMIA) is effectively in operation!

In September last year the General Assembly of IFIP took the necessary fundamental decisions. These were then elaborated in detail by the TC4 meeting in Tokyo in October in such a way, that IMIA can indeed be managed in the years to come.

A large number of national medical informatics groups have applied for membership of IMIA. These applications will now be processed by the Admission Committee established in Tokyo.

Hopefully a significant number of these organizations can be admitted before May, when the first General Conference of the IMIA will convene in Paris.

As you may be aware of, for those countries that have no national member yet, the (former) TC4 representative is the formal representative in the interim period.

The first IMIA General Conference will immediately precede the public foundation of the IMIA. On that occasion, a small but significant scientific programme is arranged, as well as a social programme in the french style..



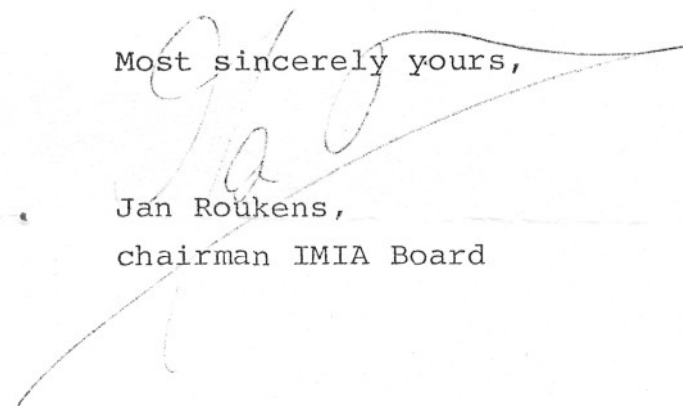
- 2 -

You are cordially invited to attend this event. We desire very much that those who have contributed in the past to the well-being of TC4, and to the establishment of IMIA, as well as those who will be contributors to the well-being of IMIA, are present on this occasion.

For the proper planning Francois Gremy, who organizes the events in Paris, needs detailed information about the attendance. You are therefore kindly invited to complete the enclosed programme/questionnaire, and return it at your earliest convenience, to the address indicated on the form.

encl.

Most sincerely yours,



Jan Roukens,
chairman IMIA Board



TC 4 - I.M.I.A. MEETING

PARIS

Thursday 10th of May 1979

Morning : Salle du Conseil
Faculté de Médecine PITIE-SALPETRIERE
91, boulevard de l'Hopital
PARIS 13e

9.30 a.m. Welcome by Professor P. CASTAIGNE, Dean of the School of Medicine

12 Lunch in the Hospital SALPETRIERE

Afternoon : Salle du Conseil
Faculté de Médecine PITIE-
SALPETRIERE
91, boulevard de l'Hopital
PARIS 13e

2.30 p.m. Continuation of the working session

Evening : Free

Friday 11th of May 1979

Morning : Salle du Conseil
Faculté de Médecine PITIE-SALPETRIERE
91, boulevard de l'Hopital
PARIS 13e

9 a.m. Working session

12 visit of Centre Interuniversitaire de Traitement de l'Information n° 2
Faculté de Médecine
45, rue des Saints Peres
PARIS 6e

An aperitif will be served

3 p.m. Official celebration of the 10th anniversary of TC 4, and its transforma-
tion into I.M.I.A.
Salle Capitulaire de PORT-ROYAL
123, boulevard de Port-Royal
PARIS 14e

8 p.m. Official banquet, at the same place

.../...



Saturday 12th of May 1979
Excursion in the Loire Valley

- morning : CHINON
House of RABELAIS
- lunch in a wine-cellar of the Saumurois
- afternoon : FONTEVRAULT Abbey
Museum of Tapestries of ANGERS
- Dinner at the Castle of PLESSIS BOURE

INTERNATIONAL FEDERATION FOR INFORMATION PROCESSING
FEDERATION NATIONALE DES APPLICATIONS DE L'INFORMATIQUE A LA MEDECINE
INTERNATIONAL MEDICAL INFORMATICS ASSOCIATION (IMIA)
(former IFIP technical committee "Health and biomedical research")

INAUGURAL SESSION OF IMIA

The inaugural session of IMIA will take place the Friday 11th of May 1979,
at 3 p.m., in the Salle Capitulaire de PORT-ROYAL (123, boulevard de Port-Royal
75014 PARIS). It will be chaired by Professor J.L. FUNCK-BRENTANO.

- 3 p.m. - WELCOME ADDRESS
by Professor J. MARTIN, President of "Fédération Nationale des Applications
de l'Informatique à la Médecine".
- W.H.O. and MEDICAL INFORMATICS
by Professor N.T.J. BAILEY, representing W.H.O.
- I.F.I.P. and MEDICAL INFORMATICS
by Professor P. BOBILLIER, President of IFIP.
- MEDICAL INFORMATICS : THE PAST IN REVIEW, THE PRESENT IN PERSPECTIVE
by Professor A. LEVY, Director Medical Information Science Program.
- 4.15 p.m. - Coffee break
- 4.45 p.m. - THE FUTURE OF MEDICAL INFORMATICS
by Professor F. GREMY
- POLICY OF IMIA
by Doctor J. ROUKENS, Chairman of IMIA.
- 6 p.m. - Conclusion
by the Chairman.



CELEBRATION OF THE 10th ANNIVERSARY OF TECHNICAL COMMITTEE n° 4
AND ITS TRANSFORMATION INTO AN I.F.I.P. "SPECIAL INTEREST GROUP"

PARIS - MAY 1979

This meeting has been organized with the help of :

I.B.M.

C.I.I. - HONEYWELL BULL

DIGITAL EQUIPMENT FRANCE

ASSOCIATION FRANCAISE POUR LA CYBERNETIQUE
ECONOMIQUE ET TECHNIQUE (A.F.C.E.T.)

SATURDAY 12th of MAY 1979

EXCURSION IN THE LOIRE VALLEY

organized by

"Association pour les Applications de l'Informatique à la Médecine"
des Pays de la Loire (AIM PL)

Departure : 6.30 a.m. from HOTEL LITTRE
9, rue Littré
75006 PARIS tel. 544 38 68

6.45 a.m. from Hotel RESIDENCE MONTPARNASSE
14, rue Stanislas
75006 PARIS tel 544 55 09

10 a.m. CHINON - House of Rabelais

11.30 a.m. St. HILAIRE - St. FLORENT (SAUMUR)
Cave BOUVET-LADUBAY - Lunch and wine-tasting

2 p.m. FONTEVRAUD Abbey

5 p.m. ANGERS - Museum of Tapestries

7 p.m. Castle of PLESSIS-BOURRE - dinner

10 p.m. Departure from PLESSIS-BOURRE



IMIA - Reasons to be

History

TC4 existed about eleven years when it became IMIA. In eleven years a lot of things can happen, and with IFIP's Technical Committee this was particularly true.

Let me first recall a few facts from the past. TC4 met in 16 countries: Bulgaria, Canada, Denmark, Finland, France, Hungary, Italy, Japan, Netherlands, Spain, Sweden, Switzerland, U.K., U.S.A., U.S.S.R., Yugoslavia. Including those planned for the first half of this year we organized 15 Working Conferences in: Bulgaria, Canada, C.S.S.R., France (3x), F.R.G. (2x), Israel, Netherlands (3x), S.Africa, Sweden and Switzerland. And we had two Medinfo Congresses, in Sweden (1974) and Canada (1977), whereas the next one will take place in Japan (1980). TC4 established 4 Working Groups, which all together met a really unknown number of times. We organized conference sessions in several countries not yet mentioned: Brasil, Iraq and the Philippines, in all cases as part of larger more general events.

Plans are in progress for the organization of 8 more Working Conferences, two open Conferences, and two Medinfos, including the 1980 Tokyo Congress.

The first chairman of TC4, Francois Gremy, had the habit to call the TC4 members to order somewhere in the middle of the meeting: "and now, gentlemen, we have to work". No doubt a lot of work has been done in these eleven years, and, even more than by absolute numbers, the strength of TC4 is emphasized by the fact that the number of its projects has been increasing steadily each year. Up to such a level that it became impossible for TC4 members, selected and backed as they were, to manage all the activities and give the proper support from all countries concerned.

The number of countries represented in TC4, by the way, has arisen to 28 by the end of 1978.

Analysis of the quantitative figures given above, can only give information about the distribution of activities over

countries and continents. It strikes that the great majority of events take place in Europe, more precisely the Western part of Europe. Very little was done in Central and South America, very little in Africa, nothing in Australia and Oceania, and relatively little in Asia when one takes into account the huge proportions in all respects of this continent. We are not very much surprised by these conclusions, because we have been aware of them for a very long time, and because there are obvious explanations for it. One reason is that informatics as a science and particularly as a technology is identified with highly developed industrialized areas in this world. The second reason is that, whether we like it or not, IFIP TC4, though pro-created in Mexico, was given birth in W.Europe and assumed European nationality for many spectators. Grown up, a main function was to serve as a co-ordinating body for activities in the many countries in W.Europe, and to bring together N.American experience and aheadness with W.European and E.European eagerness to learn, on W.European soil. Of course this is somewhat exaggerated, but there is enough truth in it to call for a somewhat aggressive policy in support of the claims that TC4 was, and IMIA will be, the global organization for Medical Informatics.

So far about quantity and geographic distribution; what about quality?

Everybody expects this a difficult question: to answer it at all, and to answer it honestly. But it is first of all a difficult question to formulate properly.

When dealing with the quality of an organization's realized projects one should refer to the aims of the organization.

However, it turns out for most organizations that their concrete aims are to realize projects, and the circle is neatly closed. The less concrete, let's say less operational, aim is to develop a certain field of human exploration and engineering activity. In this case the field is medical informatics.

An analysis of this goal may lead to such diverse questions as:
1 did TC4 arouse the general interest of the scientists in the field (and outside)?

- did it cover the field properly?

did it propagate effectively the education of younger people?
 did it bring something new, did it push forward the border
 line of the field?

did it meet the highest standards for communication among
 scientists?

Some of these questions can be answered with an unconditional
 "yes", some with a conditional "no".

As the speaker has no obligation to be polite, as he is to a
 large extent speaking about tasks for which he was responsible
 in the first place, we will definitely hear a few "no's".
 Although TC4 has done many things for which we are very
 grateful and that reflect wisdom and long-term insight,
 relatively few milestones were laid down that will affect the
 course of scientific development for the years or decades to
 come.

Undoubtedly, TC4 attracted the attention in the field.
 Particularly the Medinfo Congresses are considered the fora
 where the medical informaticians meet. Also, the Medinfo
 Congresses helped in defining the field itself, and they
 promoted the cohesiveness of the subspecialties involved. We
 are also quite sure that the coverage of the field was rather
 adequate. There are some areas where a somewhat better coverage
 might have been achieved, particularly in the areas dealing
 with research: mathematical modelling, biological systems
 experimentation. But more activity in these areas is part of
 the plans already. An area that is not yet touched by a
 project, though it is planned, might be identified with the
 title of one of our prospective Working Conferences: Health
 Care Management and Informatics. Nobody will deny the
 important role of informatics in any health care - or other -
 organization. But in general there is no blueprint of the
 information flow within the organization, or of the information
 system. The idea is to make explicit the role of informatics,
 to describe the information system as an essential subsystem in
 the total health care organization, and by doing so identifying
 the interactions of the information system with other essential
 subsystems, such as the personnel system and the treatment
 system, as well as the ethical and judicial requirements. The

work in this area seems a very large and challenging task for IMIA. We will talk about that later. But here it might be said that, though the distinction is a bit artificial, it is here that IMIA may distinguish itself from TC4 as it concerns material content of its scope of activities. TC4 is born in the era where the advance of pure technology dictated our vision about the progress of civilization. In the long run this may still be the case, but in the last decade there appeared at least a synchronization lag: the advance of technology and its potential applications, and what was felt as progress in civilization according to human measure, were propelled forward at different speeds in different directions.

However difficult this transition might be for many of us, today and in the future this means for us the predominance of the information concept over the automation concept, and it is particularly here that IMIA will distinguish itself from TC4. The influence TC4 has had upon the education in medical informatics is not known. For the development of any field it is essential that the younger generations be properly instructed and given chances by the older generation in order that they can push further the borders of knowledge and experience. In fact, the oldest Working Group of TC4 is dealing with this activity, and has even published a booklet that may serve as a reference for anybody setting up an educational programme. The effect of this work has never been measured, however, but it is speaker's conviction that TC4's influence has not been what could have been done and what is actually needed.

It is here already that the limits of TC4's potential - and possibly this applies to IMIA as well - become visible. IFIP-TC4, and so IMIA to a large extent, are staffed by individuals who work on an absolutely voluntary basis. Of course these individuals expect some benefit from their efforts, and this potential reward should in some way balance the time and money spent by the individuals or their respective employers. As soon as the amount of time that has to be spent in order to achieve a goal set has to be measured in weeks or months a year, the load becomes too heavy and the required balance will not be reached. Thus there is a natural limit to what organizations like TC4 can achieve. What seems worthwhile, but not achievable by the

organization itself through mobilization of "its own" resources, it should do through other organizations that have the capacities. Consequently it is unrealistic to expect that TC4 pushed forward scientific borders. However, it should be possible to improve communication between scientists in the field - and in different fields -, and mobilize the international scientific community to serve as a stimulant and a critic.

However, in glancing through the Proceedings of Working Conferences, the kind of projects that are expected to "critically review the state-of-the-art in a particular specialty and report in a systematic way about the findings", it appears that the majority of contributions, though possibly very valuable in isolation, nonetheless are rather incompatible in combination. A systematic review is only occasionally presented, but in the majority of cases it is left to the reader to derive his/her own conclusions from the basic and diverse papers presented.

Though this criticism may seem hard, it is not really so, because here the critics themselves hold the ropes that pull IMIA in this or other direction. To summarize, it is our hope and wish that IMIA, more than TC4 did, will direct the efforts of collaborators to the systematic revising of scientific achievements, and in this way contribute in a more direct way to the education of both younger scientists, and of those who have managerial responsibilities and need to know essential data in order to direct their action in a well-founded way.

After this bird's eye view on the past, retrieving some aspects that pointed to the future, let us discuss some future IMIA policies with occasional references to the past.

IMIA and the nations

IMIA is based upon the medical informatics societies organized on a national scale. It follows the United Nations concerning the recognition of nations. Conversely, IMIA will only achieve its goals, when a great number of national organizations are members, and when it is these members' policy that their needs for international co-operation and communication are channelled through the IMIA. Although the IMIA should have a certain

autonomy in order to guarantee the continuity of the organization, its policies should be derived from the needs of its members, and these policies should be implemented largely through its member organizations.

When the IMIA policies will be implemented properly, it will turn out that there is a mutual dependence: IMIA will build upon the potential of its members, whereas the members can call upon IMIA to improve their own position and functioning.

IMIA and world regions

It is explicit IMIA policy that between the level of the national organizations for medical informatics and the global level essentially represented by IMIA, there shall be the intermediate level of the IMIA Regional Groups. The Regional Groups are considered an integral part in the IMIA structure. They may have been initiated outside IMIA and will then be welcomed cordially, and if not, they should be established by the relevant group of national societies from within IMIA. There are several reasons to promote the Regional Groups. First of all, although the importance of distance as a factor hindering communication has been deminished rapidly, it is still present, and particularly so for the nations that are not so rich. But even rich countries allow the existence of poor scientists, and so it is really a great draw-back for many people when they have to travel large distances in order to meet their colleagues.

Second, some areas in the world are highly industrialized, others are primarily rural, some contain poor countries and others the less poor, some are characterized by certain climatic or other environmental conditions, some contain nations with similar political and economic systems, and so on. All of these may be factors determining a certain coherence of a group of nations, in such a way that the area concerned may be called a region. The Regional Groups within IMIA shall organize some activities of their own, from their own. It is envisaged that such activity can be a yearly, or bi-annual or at least tri-annual general medical informatics conference (Medinfo-type), specifically geared to the needs of the professionals in the area and their

achievements. Smaller specialized conferences, dealing with problems peculiar to the area, should also be stimulated. The Regional Groups should in the future be represented in the highest executive of the IMIA. The present composition of the Executive Board, though not composed explicitly according to these principles, nonetheless shows a distribution of its members which can be considered a precursor to this regional representation in the very near future.

IMIA and developing countries

Informatics is invented by the developed, industrialized, and rich countries, and the more so is medical informatics.

It has become common in many circles linked with science and technology, to design programmes that take into consideration projects directed towards developing countries. TC4 was, and IMIA will be, no exception to this rule.

A few things IMIA should take in mind. Medical informatics and developed countries will differ from the same in developing countries. Looking at the membership list of IMIA one can doubt however, whether in this gremium the appropriate ideas can be generated in relation to the developing countries.

In any case it will be very necessary to consult representatives from those countries before a project is defined.

Developed countries differ on the level of technical and economical development among each other. A country like the Netherlands lays a few years behind the United States of America, but in Western Europe it is not in a bad position. The differences between the group of countries generally identified as "developing", are far greater, and for some, there is no question that they have reached a level comparable to countries considered developed.

So the distinction in two groups, though possibly useful in politics because of its simplicity, will not be adequate in the scientific, technical and economic contexts. Rather, from IMIA's point of view there is a quasi-continuum from highly developed to very undeveloped, from the technical point of view, that is. It is a very hard mental exercise for many of us informaticians to listen and try to understand the level and needs of other countries and people, instead of projecting problems onto them

which can then be solved by the developed men's solutions. But these conversations have to be engaged in, and undoubtedly all participants will benefit from them when conducted properly. As the techno-economic conditions in countries tend to be similar when these are geographically nearby, the regionalization of IMIA also allows groups of members to discuss problems they have in common, but that may differ from those of other groups. Against the background of the developed / developing scale, regionalization seems a very useful tool for IMIA.

Medical informatics, who are you?

In the previous monologue, reference was made to the technical and economic conditions of nations. It was implied and not said, that medical informatics may be of relevance to the day to day life of people, in other words, that it may be useful, it effects society. If medical informatics were a pure science, the relevance of it for society would at least be disputable.

In the sequence: biology, medicine, health care, every grade and shade of relevance for human well-being is present. The application of informatics to these areas will have equal relevance to society, of course.

It is not the intention of IMIA to leave out of the scope of its activities anything that might be an aspect of the yet only loosely defined area of medical informatics. This is a very ambitious statement indeed, but no doubt IMIA is the proper horse to carry this load. The last two decades have learnt, that the medical computer scientists and the medical informaticians thereafter, form a very strong and motivated group, willing to take on their shoulder any responsibility.

Undoubtedly, this was often accompanied by superficiality, lack of scrutiny and negligence of efficiency. This will improve, however, because of improved scientific management, while the high degree of motivation will be kept alive.

This dedication stems from the belief that informatics, if not the engine is at least the catalyst of very important renovations in the methodology of the biological sciences, in the analysis and treatment planning of diseases, and in the internal structure and the control of health care institutions and the health care

delivery organizations.

It has to do with the invention of information as a key-element in any natural or artificial structure, for any decision to be based upon reason rather than belief, and for the mental cohesion and co-ordination of the elements of the structure.

IMIA, IFIP and other international bodies

As TC4 was an internal element of IFIP, and the IMIA was a transformation of TC4 in a sub-organization having its own roots outside the IFIP-structure, a natural idea was to go another step further and loosen IMIA completely from IFIP. There are many practical reasons for not doing so. TC4 has grown inside IFIP, and so IMIA is linked with many ties, tangible and intangible, with the parent organization. Rupture would of course be possible but cause a lot of work to be done, and few people are really enjoying such idea. Essentially, as medical informatics is the application of informatics to biomedical research, medicine and health care institutions, IMIA must have very close links with both informatics as well as medical and health care societies.

One might speculate, that the IFIP will become, in addition to what it is today, a federation of informatics application associations. Within such a federation, IMIA will be a member most logically.

On the other hand, one might foresee a federation embracing the medical and/or paramedical associations. In fact an organization which comes very close to this idea is the CIOMS, the International Committee for the World Medical Societies. There is ample reason for IMIA to seek membership of the CIOMS, as this will provide IMIA access to the discussions about fundamental issues facing biomedicine and health care on the global level.

TC4 has maintained excellent and sometimes very deep connections with the World Medical Association, the International Hospital Federation, the International Electrotechnical Committee, and the International Federation for Medical and Biological Engineering. No doubt IMIA will continue to strengthen these relations, in particular where they can be given concrete form to joint projects. Co-operation with IMIA will be easier, when both IMIA and the



other party are representative on the global scale, and know no restrictions pertaining to race, religion, culture, political and economic system, and level of economic wealth and development. A few final words shall deal with the World Health Organization. WHO is a very honourable member of the United Nations Organization. It is trusted by the great majority of the countries, and its projects and representatives are treated with great respect. It is appreciated that IMIA, as a member of IFIP, is recognized as a non-governmental organization in official relation with WHO. From this base, this IMIA Board and its successors will continue to seek ways to make the relationship with WHO fruitful for the improvement, of the health of the world population, in particular to those people who are deprived of what may be called a decent level of health care , and so a decent level of life.

REPORT FROM STANDING ADMISSIONS SUB-COMMITTEE
to the first IMIA general conference May 10-11, 1979.

The Sub-committee has received the following applications:

CANADA. The Canadian Organization for Advancement of Computers in Health forwarded the formal application for membership in a letter of March 05. It is not apparent whether this application has been cleared with the CIPS in advance.

Concl.: The admission of the Canadian Organization for Advancement of Computers in Health as full member of IMIA is recommended.

FINLAND. The Finnish Society for Health Informatics applies for a membership April 5, 1979. The Society is the appropriate body in this country.

Concl.: The admission of the Finnish Society for Health Informatics as full member of IMIA is recommended.

NORWAY. FDH with a membership of 152 is the appropriate body within Norway, performing activities as meetings with lectures and discussions, seminars etc. (Letter of February 9, 1979.)

Concl.: The admission of Forum for databehandling i helsesektoren (FDH) as full member of IMIA is recommended.

SWEDEN. In a letter of March 29, 1979 the Swedish Society of Medical Information Processing appoints representatives of Sweden to IMIA. This organization is the appropriate body within that country.

Concl.: The admission of the Swedish Society of Medical Information Processing as full member of IMIA is recommended.

UNITED KINGDOM. In a letter of February 27, 1975 the British Computer Society state that it intends to present itself as "The founder member for the United Kingdom".

Concl.: The admission of the British Computer Society as full member of IMIA is recommended.

ISRAEL. According to the letter of February 15, 1979 from prof. J. Raviv of Information Processing Association of Israel (IPA), this organization would like to assume all responsibilities of an IMIA national member until an appropriate body has been established in Israel, with prof. J. Raviv as its representative.

Concl.: The Information Processing Association of Israel is accepted as IMIA's contact organization in Israel.

NEW ZEALAND. The IFIP representative T. A. Scoular state in a letter of March 21, 1979 that the group of people working in the field of medical informatics in his country is so small that no special national organization will be formed. However, the New Zealand Computer Society would like to have their TC4 representative (Mr. Ian H. Symons) "continue as our representative on IMIA", asking for possible financial commitments before the final decision is taken.

Concl.: The New Zealand Computer Society is accepted as IMIA's contact organization in New Zealand.

SCS/to


S. Chr. Sommerfelt

To IMIA General Conference

Subject: Secretariat for IMIA

Possible activities

Preparation of minutes and addenda will take approximately 10 days every six months, plus one to two days a month for dealing with correspondence and committee work. This amounts to about 40-45 days per year of typing, collating, copying, mailing, filing, bookkeeping, and other clerical duties (approximately one day per week).

If it is assumed that IMIA will prosper and grow, this load will increase as the membership increases and as new developments proceed in the areas of working conferences, working groups and committees.

Potential solutions

- 1 A revolving secretariat attached to the office of the general secretary of IMIA.
45 days a year (8 hours/day) at Sw.Fr, 35.-/hour will be Sw.Fr,12.600.-.
- 2 A centralized secretariat as part of a contract with the IFIP.
In this case we must count on higher terms but also on the most professional work. The price per hour must be estimated to at least Sw. Fr. 50.- , but the bodies within the IFIP organization will enjoy a discount of 20 %. Then will come costs for assistance with telephone, telex, photocopying and administration. Total cost Sw.Fr. 18.000.-.
- 3 To hire an independent part-time secretary to work at his/her own facility and reimburse according to work load performed.
The price per hour will be about Sw Fr 60.- and the total cost about Sw,Fr. 22.000.-.
- 4 The use of agency staff seems not to be a good solution, because it will obviously be the least efficient one and also it will be the most expensive one.

The recommendations to IMIA General Conference
is

- 2 To decide that IMIA should have a paid administrative secretariat as soon as the IMIA finances allows so.
- 3 To decide that this secretariat should be attached to the office of the general secretary of IMIA.

A handwritten signature in dark ink, appearing to read 'H. Peterson', is written over a faint, rectangular stamp or watermark.

Hans Peterson
Chairman Sub Committee Secretariat for IMIA

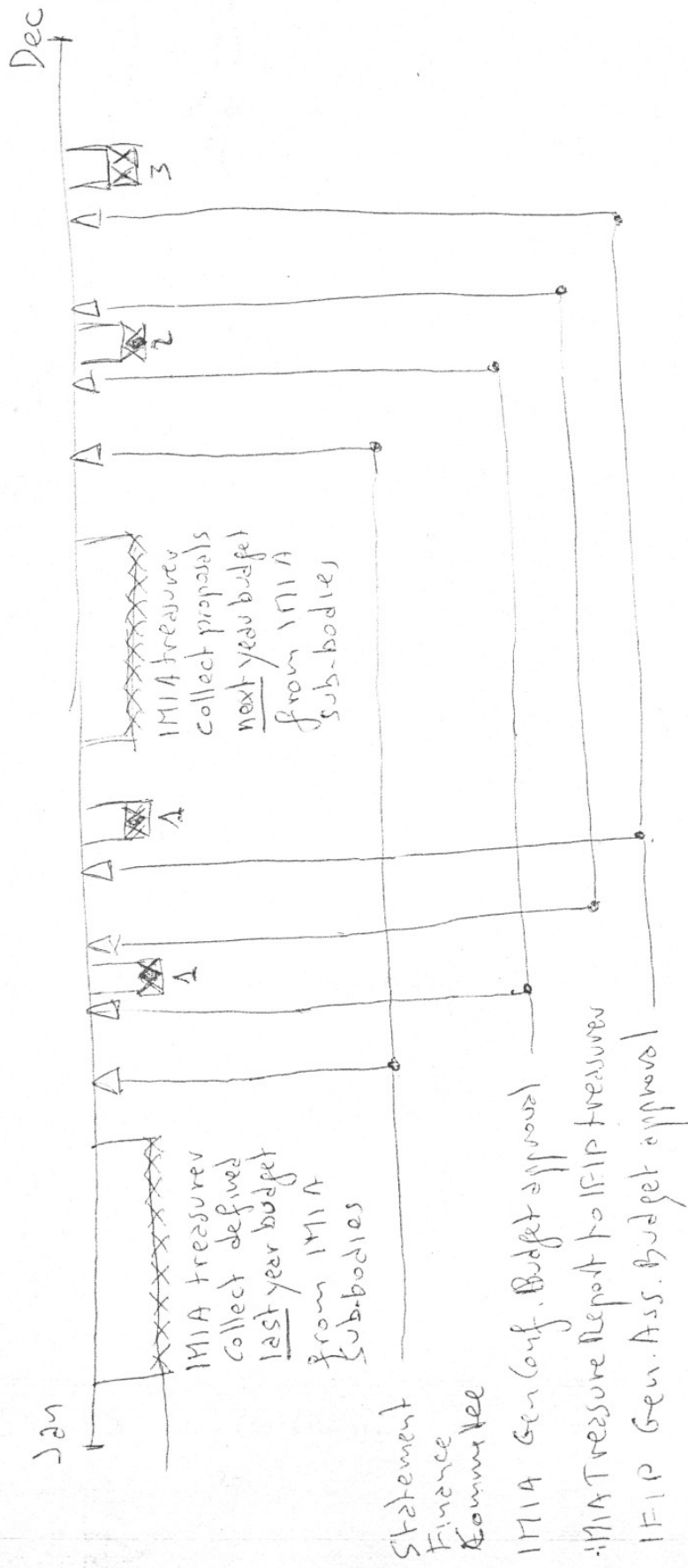
IMIA

TREASURER CONSIDERATIONS

(The original document is handwritten)

- Premise These notes are not intended as a Report from Ad hoc finance committee but only as personal ideas. There will be no financial report or proposal because I receive the answer to my letter of Feb 12 to IFIP Treasurer only four days ago not in time to set it up.
- IMIA is a new body that grows up from the previous TC4 ~~for setting up~~ to ground IMIA finances the treasurer need to assess the consistency and ~~definite~~ final financial status of TC4 at the end of its existence, that is at 31.12.79.
- IMIA ~~must~~ ought - as long as possible - follow IFIP Financial Standing Orders; but as far as I know IFIP member fees and their time updating with country's inflation are defined by negotiation, they cover ~~only a small~~ nearly half of IFIP budget. IMIA ~~must~~ may not follow this non standard procedure and set up a ~~f~~ distribution formula among members that takes into account their gross national product, dimension of MI scientific community etc.
- For dimensioning our budget and members fees, ~~SIG~~ IMIA Gen. Conference must decide upon
 1. Transition period to become financially self supported and autonomous
 2. Percentage of budget to be covered by member fees, by IFIP grants, by revenues. (Fees could be a token like in this first three years or cover up to ~ 40%)
 3. The level to set up the budget of IMIA (Including their WG - and other initiatives. actually at ~ 40KSF)
- IMIA need to set up
 1. a financial timing procedure
 2. a budget structureenclose ~~is shown a~~ find draft of proposal to serve as a basis for IMIA G.C. discussion and decision on both.
- ~~IMIA need to set up a financial structure of budget. enclose find a draft of proposal to serve as~~ The financial procedure takes into account IMIA Bylaws, IFIP regulation and Oslo ~~IMIA~~ agreements. The budget structures tries to present the most comprehensive format together with direct channels of control.
- Minor items to be resolved are contradiction between Tokio Proc. pt. Ad hoc finances pg 18: "IMIA currency is the Swiss Frank" and Oslo Dec 2 pt 2.4 "~~Currency is Fees are~~ "Members pay fees in the currency in witch IMIA books are kept."
- Last, I retain of the most relevance the setting and clear definition of IMIA-EFMI relations also from the financial point of view.

- 1 If not approved official audit
- 2 If not approved postal ballot.
- 3 If not approved continuing activities into the defined limits.



IMIA BUDGET

INCOMES

MEMBER FEES
PARTNERS FEES
ACTIVITIES SURPLUS
PUBLICATIONS REVENUES
CONTRIBUTIONS
LOANS
IFIP GRANTS

EXPENDITURE

OFFICERS ACCOUNTS
CHAIRMAN (Approved by Treasurer)
SECRETARY " " "
TREASURER (" " Chairman)

Working groups
WG1
WG2
WG3
WG4

WORKING CONFERENCES AND CONGRESSES

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PUBBLICATIONS

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REFUNDING OF ~~FUNDS~~ LOANS

- For each item it shall be shown
 - a PAST RESIDUAL
 - b REQUEST / GRANT
 - c LOAN
 - d ACTUAL RESIDUAL

- For each item there will be attached a schedule with the timely list of operations.

- The items must be as much as possible regionalized.