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The Journal of Health Informatics in Africa (JHIA) is dedicated to publishing innovative, high-quality research that explores the use of information and communication technologies (ICTs) to address healthcare challenges in Africa.

To maintain the journal's integrity and commitment to originality, all submissions undergo a meticulous screening process. As part of this process, a Turnitin report is generated for each manuscript before it is assigned to reviewers. Only submissions with a Turnitin similarity index below 15% are considered for review. Manuscripts exceeding this threshold are promptly rejected. We urge authors to ensure their work is both original and unpublished prior to submission.

Once a manuscript qualifies for review, it is subjected to a rigorous double-blind peer review process. This review determines whether the submission will be accepted, revised, or rejected. For manuscripts that are accepted, a second round of peer review is often required. Authors must carefully address the reviewers' feedback and resubmit their revised manuscript for further evaluation. Final acceptance is granted only when both the reviewers and the editorial team are fully satisfied with the revisions, ensuring the publication of work that meets the highest scholarly standards.

This issue features six insightful papers:

- Chumba, Waema, and Ochieng conducted a scoping review of 29 studies on Health Information Technology governance, highlighting its mechanisms, applications in hospital and national healthcare systems, and identifying gaps in community-level governance and alignment practices.
- Ssegujja, Msanjila, and Shao conducted a systematic literature review to evaluate frameworks for maternal e-service delivery in resource-constrained settings, highlighting limitations in current approaches, such as reliance on traditional methods, and proposing a conceptual framework to enhance maternal healthcare through technology-driven solutions.
- Ogundare demonstrated that tree-based machine learning models, particularly random forest and bagging classifiers, outperform non-tree-based algorithms in accurately subtyping renal cell carcinoma using RNA-seq gene expression data, highlighting their potential for improving personalized cancer treatment.
- Mwesigwa, Nakibuuka, Wanyana, Waiswa, Serubugo, and Tumwesigye evaluated the usability of a DHIS2-based cancer reporting system at Mbarara Regional Referral Hospital, finding it improved access to comprehensive cancer data with a high usability score, and recommending its scale-up to other regional hospitals.
- Gokula Chandar, Shanmugam, Vijayakumar, Sugumaran, Senthil, and Srinivasulu and Lakshmi developed a Smart Medical System using LoRaWAN and ESP32 microcontrollers to securely monitor and transmit encrypted health data in real-time, enabling remote access and efficient alerts for caregivers and doctors.
- Boateng, Agyapong, Dorson, Avuglah, and Nigre utilized a Random Forest model to predict malaria outbreaks in Ghanaian children under five, achieving strong accuracy while identifying regional disparities and emphasizing the potential of machine learning for targeted public health interventions.

I extend my heartfelt thanks to the editorial team, authors, and peer reviewers for their unwavering dedication and efforts in bringing this issue to fruition. I also invite health informatics researchers to connect with me regarding opportunities to join JHIA's esteemed panel of reviewers. Your expertise and insights are vital in upholding the rigorous standards and excellence that define the research published in our journal.

Thank you for your continued support of JHIA.

Nicky Mostert
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