



Report from the WHO-FIC Network

**National Committee on Vital and Health
Statistics (NCVHS)**

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Presentation Agenda

- Introduction to WHO-FIC Network
- Priority activities of Network
- Recent meeting highlights
- Synergies with Global Partnership in Public Health Informatics



WHO Family of International Classifications

- *A suite of classifications for international use as meaningful information tools to capture the core health dimensions, such as deaths, disease, functioning, disability and health as well as related health system parameters such as health interventions*

WHO Family of Classifications

RELATED Classifications

*International Classification
of **Primary Care** (ICPC)*

*International Classification
of **External Causes of
Injury** (ICECI)*

*The **Anatomical, Therapeutic,
Chemical (ATC)**
classification system with
Defined Daily Doses (DDD)*

*ISO 9999 **Technical aids**
for persons with disabilities
– **Classification and
Terminology***

REFERENCE Classifications

International
Classification of
Diseases

International
Classification of
Functioning,
Disability & **H**ealth

International
Classification of
Health
Interventions
(under development)

DERIVED Classifications

International Classification of
Diseases for **Oncology**, Third
Edition (ICD-O-3)

The ICD-10 Classification of
**Mental and Behavioural
Disorders**

Application of the International
Classification of Diseases to
Dentistry and Stomatology,
Third Edition
(ICD-DA)

Application of the International
Classification of Diseases to
Neurology
(ICD-10-NA)

ICF, Children & Youth Version
(ICF-CY)



WHO Collaborating Centres for International Classifications

- ICD and ICF are maintained and promoted by an international **Network** of WHO Collaborating Centres for the Family of International Classifications
- Other classifications can apply for related or derived status by completing a protocol developed by the WHO-FIC Network



WHO Collaborating Centres for International Classifications

- Centres have been established by language and geography over past 50+ years:
 - 13-14 fully designated centres
 - 5-8 centres in various stages of designation
- All WHO-FIC Collaborating Centres have generic terms of reference for ICD and ICF and some specific terms to develop, disseminate, implement and update the classifications
- Collaborating Centres are designated by WHO regional offices in conjunction with WHO, with goal of one or more centre in every region



WHO-FIC Network Mission

- *To improve health through the ongoing development, maintenance and promotion of an integrated suite of health classifications and related products that produce information of value and utility across the world.*



WHO-FIC Committees

Committee structure initiated in 1998

- Education Committee
- Electronic Tools Committee
- Family Development Committee
- Implementation Committee
- Update and Revision Committee



WHO-FIC Reference Groups

- Reference groups augment the committee structure by providing forums for more technical discussions
- Mortality Reference Group
- Morbidity Reference Group
- Functioning and Disability Reference Group
- Terminology Reference Group



WHO-FIC Network Priorities

- Implementation of ICD-10
 - Mortality and morbidity data systems
- Updating and revision of ICD-10
 - Annual updates (major updates every three years)
 - Development of ICD-11 (WHA 2014)
- Updating and revision of ICF
 - Decisions on first updates expected in 2009



WHO-FIC Network Priorities

- Implementation of ICF
 - Censuses and surveys
 - Health outcomes at clinical and service level
 - Administrative and clinical information (records)
 - Social policy field
- Identify best practices and provide a network for sharing expertise and experience on implementation and training



WHO-FIC Network Priorities

- International Training and Certification Program for coders and trainers
- Electronic training tools
- Improve source documents (e.g., death certificates and hospital records)
- Develop policies on common electronic classification-related tools:
 - Classification Markup Language ClaML (European Standard)
- Identify, prioritize and fill gaps in the WHO-FIC



WHO-FIC Network Priorities

- Collaborate on terminological and classification issues
 - Harmonization Agreement with International Health Terminology SDO (IHTSDO)
- Foster regional networks
- Expand collaborating centres in Asia Pacific region, Africa, Central Europe
- Continue to build partnerships



Recent WHO Meetings held in Manesar, India

- 2008 Annual Meeting of WHO-FIC Network held on October 25 – 31
- WHO Conference for Public Health Informatics in Asia-Pacific held on November 3-4



Meeting Highlights

- First collaborating center in Southeast Asia Region established in India
- 133 updates to ICD-10 approved
- Agreement reached to continue updating ICD-10 through 2016 (or until ICD-11 available)
- Update platform expanded to include updating process for ICF, which will begin in 2009



Meeting Highlights

- International Classification of Nursing Practice accepted as related classification
- Progress reported on development of web-based training tools for ICD-10 and ICF
- Version 1 of ICF Curriculum Modules approved
- Tentative theme for 2009 annual meeting – Primary care classification



Public Health Informatics in Asia-Pacific

- Key informants in 16 countries answered survey
- Over half of respondents reported efforts to introduce electronic health records in country
- Use of routine laboratory data has highest feasibility
- Monitoring patient safety is highest priority
- Mortality and morbidity statistics follow
- Funding, political will and technical capacity are major barriers

Synergies with Public Health Informatics Agenda

- Many common goals with PHI agenda:
 - Commitment to standards as building blocks
 - Build information infrastructure (e.g., vital registration systems, electronic health record systems)
 - Improve quality and comparability of information
 - Make useful information available to decision-makers
 - Build capacity of public health, health care and health information workforce
 - Commitment to person-centered policies – e.g., safety

Synergies with Public Health Informatics Agenda

- Common barriers:
 - Inadequate human and financial resources
 - Limited appreciation of importance of work
 - Lack of infrastructure in developing countries
 - Fragmentation of systems in all countries
 - Resistance to sharing data
 - Privacy concerns and insufficient and incompatible privacy and security standards