

WHO Family of International Classifications Network Meeting

Tunis, Tunisia

29 October - 04 November 2006

Executive Summary

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1 Opening of the Meeting

The WHO Family of International Classifications (WHOFIC) Network meeting was opened on 30 October 2006 by Dr Ibrahim Abdelrahim , WHO Representative in Tunisia and Professor Nourredine Achour, on behalf of His Excellency Dr Mohamed Ridha Kechrid, Minister of Public health, Tunisia, who welcomed the delegates to Tunis and emphasized the importance of holding the annual WHOFIC meeting in a country that has been increasingly active in ensuring that the right information is collected at the right time to inform decision making at the highest level.

Ms Marjorie Greenberg, Chair of the WHOFIC Planning Committee and Dr Bedirhan Ustun, WHO Coordinator, Classifications and Terminology, welcomed the participants and introduced the agenda, emphasizing the normative role of WHO and the function of classifications as the building blocks for sound health information systems. In this respect the WHOFIC Network is working towards producing international public goods which aim to enhance local implementation and global comparability.

The meeting was attended by 112 international participants from 10 WHO Collaborating Centres and representatives from Ministries of Health or National Statistical Bureaus from 16 countries. The Agenda ([annex 1](#)) and the List of participants ([annex 2](#)) are attached. Papers presented in the conference are available at the WHO web site (www.who.int/classifications/). The views expressed in these papers are those of the named authors only and do not necessarily represent WHO's or the WHOFIC Network's views. The WHO Secretariat, assisted by Professor Madden and representatives of the Australian and North American Centres, were designated Rapporteurs.

2 WHO Family of International Classifications

The meeting served to review all elements of the WHO Family of International Classifications and the work of the WHOFIC Network, including Centres themselves and the various committees (Planning Committee, Implementation Committee; Education Committee; Update and Revision Committee; Family Development Committee; Electronic Tools Committee) and four reference groups (Mortality Reference Group (MRG), the Morbidity Reference Group (MbRG), the Functioning and Disability Reference Group (FDRG), and the Terminology Reference Group (TRG)).

An update on the action taken with regard to linkages between terminologies and classifications was provided by the Secretariat. Progress in the elaboration of the ICD revision process was also reported.

The main focus of the presentations was on the contributions of the international classifications to challenging the information paradox. Efforts to tackle the information paradox at country level were highlighted by 7 country reports from Botswana, Brazil, Ghana, Jordan, Mali, South Africa and Tunisia. A panel of

international experts shared their insights as to how the issues raised could best be addressed.

An initial meeting of the Asia-Pacific network immediately preceded the meeting. The initiative was warmly welcomed by the Network. Nine countries of the Asia-Pacific area attended the first meeting of this subgroup of the WHOFIC Network. A thorough implementation assessment will be carried out in single countries. This will allow gathering of roof in-depth information to complement the one compiled with the self-assessment. Next meeting of the Asia-Pacific Network will be in Japan in September 2007, with the mandate to plan systematically for the assessment.

This regional network model was endorsed as a strong working example of implementation of WHOFIC. Initial networking meetings between EMR and AFR participants were started to take steps towards formalizing an Eastern Mediterranean-African network by the next WHOFIC meeting. Similar regional networks are encouraged to enhance implementation and knowledge sharing.

2.1 WHOFIC Committees and Reference Groups

Each of the committees and reference groups presented an annual report of its activities and compiled its meeting report

Planning Committee (Documents C101, C102)

Implementation Committee (Documents C201, C203)

Family Development Committee (Documents C401, C402)

Update and Revision Committee (Documents C601)

Education Committee (Documents C301, C305)

Electronic Tools Committee (Document C501, C505)

Mortality Reference Group (Document R101)

Morbidity Reference Group

Functioning and Disability Reference Group (Document R302, R303)

Terminology Reference Group (Document R402)

All Reference Groups had their initial meetings ahead of the WHOFIC meeting. Those that were newly established reviewed their respective terms of reference and discussed possible membership and provisional work plans. The plenary meeting heard the progress reports of the various reference groups, and cleared them for implementation. The basic documents defining the role and general governance of the reference groups are available on the WHO Classification website www.who.int/classifications/.

3 International Classification of Diseases (ICD)

3.1 Implementation of ICD

A database for the implementation of ICD has been updated using multiple available sources. A condensed questionnaire was generated to update and fill in the gaps in the available information. This questionnaire is based on the previous implementation surveys over the past 40 years. It includes also questions about updating ICD and barriers to implementation. This database provides a textual and graphical output to support country reports. It has been piloted with the 9 countries of the Asia-Pacific Network. Following a few adjustments it will be put online for continuous updating.

Tools for implementation currently under development include an electronic training tool for certifiers of cause of death and ICD-10 coders that can be used for web-based lessons for self-learning. The materials will also allow for a paper-based training.

In future steps, a more extensive toolkit for implementing the classifications would be developed.

- **ICD- XM**

A first comparison of 4 national modifications for clinical use has been made (including ICD-10-AM, -CM, -GM and -CA versions). An analysis of hot spots (i.e. sections that were changed in all or several modifications) were identified to provide input to the revision of the ICD. Access to other modifications would improve the process. A prerequisite is to use one single format for comparison. It was agreed that countries send their modifications in a standard format ("ClAML Light"). The future maintenance platform for the ICD will allow the representation of multiple modifications to the ICD at all levels of the classification. Collecting the codes and titles of the nationally adapted categories in ClAML format will allow use of the platform for the creation of the ICD-XM.

3.2 Updates to ICD

3.2.1 Update and Revision work

The Update and Revision Committee (URC) considered a total of 97 proposals for the updating of ICD-10. Of these, 60 were accepted, 13 withdrawn or not supported, 11 held over for consideration in 2007, seven were errata in the 2nd edition, one to be referred to MbRG and four to be referred to ICD-11. The submitters of the proposals will make the necessary edits on the Update and Revision Platform by November 30, 2006.

Minor changes are for implementation in 2008, major changes to be implemented in 2009 and all to be posted on the WHO website at the beginning of 2007. The cumulative list of updates will be compiled from those on the platform and those decided in previous years.

It has been proposed that the pre-existing list of updates will be converted to accommodate the structures in the Update and Revision Platform. Future

reports on updates and items under discussion could then be generated from the platform or be retrieved from the platform.

The main language versions can be placed on the platform as soon as translations are available. In order to reduce the amount of work, they will be generated comparing the differences between the old and the new version.

Starting in 2006, the errata to the ICD-O also became available on the website of WHO along with the annual and cumulative updates to the ICD-10.

Other decisions made during the URC sessions: whenever new terminology is introduced into the classification the old terminology will be retained; use of acronyms and abbreviations should be avoided in the tabular of ICD-11 however, they may be used in language specific indices and, that the MRG and MbRG should each have one vote on the platform..

On the topic of expanding the role of the URC - General impressions were that the current structure and process of the URC works well and should not be changed. Some members felt that two groups would be required to update both ICD and ICF while others felt that having one update committee would work best to identify overlaps between the two classifications. Consensus was not achieved. Further review is required.

3.2.2 Mortality Reference work

The Mortality Reference Group (MRG) met October 26-27 in a pre-meeting and on October 30 during a breakout session of the WHOFIC Network meeting. Nearly 80 issues were discussed in the pre-meeting, representing a range of kinds of issues and stages of development from those being presented for the first time to those that just needed confirmation that they were ready to be submitted to the URC.

In the WHOFIC Network meeting session, presentations were given and highlights of the pre-meeting were discussed: 1) causes of death not yet codable to ICD such as ritual/cultural procedures; 2) national causes such as drowning after falling through thin ice; 3) differences introduced (unintentionally) in the translation process; 4) work with ACME and IRIS as tools to facilitate consistent mortality statistics; 5) assessing data quality; and 6) work on MRG database and web page.

Of the 80 issues discussed, 7 were deferred, six were merged with other issues, 15 were agreed in concept, 4 are ready for submission to the URC and another 48 being prepared for submission to the URC. The International Form of Perinatal Certificate of Death is rarely used. Its structure and the selection rules are not in line with the standard WHO certificate. The Group discussed its deletion provided essential information on mother and child is collected in vital records.

3.2.3 ICD Revision

Currently revision activities have been started in :

- Mental Health in collaboration with the International Networks of WHO Mental Health Department;

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- Oncology in collaboration with the International Networks of the WHO /IARC
 - External Causes & Injury in collaboration with the ICECI group
 - Rare Diseases in collaboration with Orphanet

A Revision Steering Committee (RSC) is being formed and an outline of Terms of Reference has been drafted.

Possible membership has been discussed. The RSC will include the heads of the working groups for each major area of ICD revision and the chairs of Update and Revision Committee, Family Development Committee and Planning Committee as well as some terminology or ontology experts.

The initial meeting of the revision steering committee has been planned for 17-18 April 2007 in Japan.

3.2.4 Education Activities

The Education Committee (EC) organised an orientation session for new members and a plenary on educational strategies. The committee also had developed a WHO/FIC network brochure, which would be finalised for wide distribution. Substantial progress continues to be made in developing the International Training and Certification Program for ICD-10 coders. The certification is designed to assure a minimum standard for the education in the field of coding. It should not be used to replace national diplomas and education programmes, where higher standards exist. Better education allows for better coding and better data. In the coming year, the Education Committee, in collaboration with the International Federation of Health Records Organisations (IFHRO), will pilot and evaluate the training and certification program. The goal is to award the first certificate to practising underlying-cause-of-death coders and trainers at the 15th IFHRO Congress in Seoul, Korea in May 2007.

A new curriculum and best practices for the cause of death certification were discussed and endorsed with changes.

The Education Committee plans to work with other parts of the WHO-FIC Network on educational materials about the importance of health information, the value of international classifications and the role of the Network. In addition, the Committee will work with the Implementation Committee on a "tool kit" for new Collaborating Centres and Centre Heads

3.2.5 Electronic Tools

A prototype of the Maintenance and Publication Tool for the WHO/FIC Classifications was demonstrated. The software development effort will continue in DIMDI and WHO and a beta version will be distributed in 2007.

It was decided to have 2 conformity levels of producing the ICD in ClaML. This will simplify the task for certain ICD modifications for which the full ClaML version cannot be generated due to the lacking level of granularity in national systems. A simplified version of ClaML will be created for the use with ICD-XM.

First experiences in the use of ClaML were demonstrated

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- in an application to compare ICF and ICF-CY
 - in an electronic application of ICF, the e-FRHOM, the data capture tool which was developed within the Functioning and Related Health Outcomes Module.

3.2.6 Morbidity-related ICD activities

A database for listing national applications of ICD for morbidity purposes will be set up in line with the implementation database.

Clinical modifications will be handed to WHO in a standard format ("ClAML light"). by the authors of these national modifications on an annual basis. As soon as the platform is online, the necessary updates can be made as soon as they are available by the relative authors.

The proposal to have separate views of ICD-11 for mortality and morbidity was welcomed.

Differences in the classification of haematological neoplasms between ICD-10 and ICD-O-3 impede satisfactory incorporation of ICD-O-3 in ICD-10. A revised section for ICD-10 had been proposed in October 2005 by the German Collaborating Centre and has been revised by the IARC. The MbRG will consider the proposal in time to be submitted to the URC for update in 2007.

Rules for selection of the main condition in morbidity can be harmonized. The MbRG will compile examples to clarify the meaning of the definition in Volume 2 of ICD-10.

Overlaps between chapters (19/20; 15/16) can be solved only in the revision. Clarifications in the meaning of deformities vs. malformations and in the coding of secondary neoplasms will be compiled for discussion at the next meeting.

The dagger asterisk system is relevant to the use of ICD in morbidity and should be maintained. The asterisk dagger system in use in some countries is not in line with the recommendations of WHO. Further discussion on this topic is necessary.

The International Shortlist for Hospital Morbidity Tabulation (ISHMT) is now published on the WHO website and is being used by a number of international organizations. A number of errors have been identified in the ICD-9 codes for the category definitions in the area of soft tissue disorders. This will be rectified by WHO and the revised list updated on the website. The MbRG agreed to submit a proposal to the URC for the inclusion of ISHMT (with ICD-10 definitions) in ICD-10.

A draft shortlist of procedures has been identified, following surveys and consultation with 20 countries that use a variety of procedure classifications. A major deficiency surrounding the use of this list is the lack of a common definition for principal/main procedure. Further testing and review, including comparison with other major classifications, is planned.

A CD-ROM, containing pilot morbidity data from 15 European countries (1999 data), together with data from Canada and Australia (2002 data) is now available. The results show great differences amongst countries in population rates for different procedures.

Differences in organizational structures, coding practice and registration rules are as likely – and often even more likely – to explain statistical differences between countries as are differences in morbidity and clinical practice.

4 International Classification of Functioning, Disability and Health (ICF)

4.1 ICF Implementation

The meeting reviewed the progress in several strategic directions for ICF implementation. The four strategic directions are (1) health and disability statistics, (2) health outcomes at clinical and service level, (3) information systems and (4) social policy.

Health and Disability Statistics: The WHO/UNESCAP project on improving disability statistics was completed. The project involved 20 countries from the Asia-Pacific region and provided the following outcomes:

- Following the development and field testing in five pilot countries a ICF-based question set for use in census and surveys was recommended for the UNESCAP region; coordination with the Washington Group is desirable
- Development and publication of ICF Disability Statistics Training Manual;
- UNSIAP established a 5-day Training Course on Disability Statistics based on the ICF framework.

ICF implementation and statistics: the meeting heard also that the use of ICF improved the availability, quality and comparability of statistics on functioning and disability, and also strengthened measurements.

Health outcome measurement: The ICF-based WHO Disability Assessment Schedule II (WHO DAS II) has been adopted as outcome measure in the WHO projects such as the Global Programme to Eliminate Lymphatic Filariasis and in the Tsunami Recovery Impact Assessment and Monitoring System.

The meeting noted the increased importance of health outcome measurement in information paradox countries. In this context it was stressed to promote actively the inclusion of the ICF framework and related assessment instruments like WHO DAS II as an outcome measurement in disease programme and health initiatives.

In collaboration with the Occupational Health Unit in WHO the establishment of a Health and Productivity data consortium using the WHO Health and Productivity Questionnaire (WHO HPQ) is explored.

Disability Evaluation: Progress in aligning the disability certification process with the ICF framework was reported from ongoing projects in Greece, Germany, Tunisia and the US. Progress was also reported from ICF applications in the areas of education as well as labour and employment.

ICF implementation support: The meeting recommended to review and further improve the ICF INFO database. The final version of the database will be hosted on the WHOFIC website with linkages to a mirror website in each of the Collaborating Centres. In a second step criteria and an approach will be developed to identify lessons learned and best practice in implementation of ICF. This qualitative analysis will contribute to the development of implementation guidelines and advice.

4.2 ICF Training and Education

The meeting took note of various ICF Training and Education initiatives and materials. Two main work streams were recommended by the Functioning and Disability Reference Group and Education Committee:

- to create an inventory of ICF Training and Education initiatives on the WHOFIC website in connection with ICF INFO data base
- to develop a generic ICF training application in conjunction with the WHOFIC education tool

A site with a compilation of existing materials for training and information will be set up. Only materials used in WHO and WHOFIC Collaborating Centre meetings will be put there. This will assure a certain level of quality and consistency with the principles of ICF.

Future steps include a review of the materials, the compilation of core curricula and the compilation of reference training materials in line with the technology in use for the WHO ICD training tool.

Compiling a basic information course will be a first step in this direction. It will be carried out under the lead of the Brazilian Collaborating Centre.

4.3 ICF Children-and-Youth version (ICF-CY)

After finalization of the review process the meeting recommended the adoption of ICF-CY as a derived classification to the WHOFIC family. The meeting thanked the Working Group for the development of the ICF-CY.

The following features of ICF-CY were highlighted:

- Specific extensions for application to children and youth
- Capture developmental aspects of health and disability
- Derived classification:
 - Derivation can be rolled up back to original ICF
- Identified features that have to be addressed in the parent classification
- Identified issues inherent to the parent classification

4.4 ICF Updating

Within the Functioning and Disability Reference Group an ICF update task group was established. Under WHO/CAT leadership the task group will provide the following deliverables with the first year:

- ICF Update platform up and running
 - principles
 - information rubrics
 - cycle
 - software application
- Update proposals in ICF-CY identified and submitted

4.5 Functioning and Disability Reference Group (FDRG)

Following the election of Ms Ros Madden and Dr Gerold Stucki as FDRG co-chairs for a 2-year period, the group confirmed its TORs and established a secretariat comprising 9 task leaders plus chairs. The group elaborated work plans for the following areas of work:

- Principles of use, coding rules and guidelines

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- ICF update recommendations
 - ICF implications for ICD
 - Measurement and statistical use
 - Work on education materials with EC
 - Ethics and ICF
 - Environmental factors
 - Terminologies

For all the above areas of work, the plans (see FDRG report) specify the aims, scope and projects elements, members and tasks leader, resources, deliverables, timeline, working methods and working relationships with other committees.

5 International Classification of Health Interventions (ICHI)

The situation of the beta field tests of ICHI was reviewed. In view of the informal feedback received, it was recognized that overall construction of ICHI needs to be revisited. Various research centres have analysed the structure of the proposed ICHI and proposed various reengineering developments to meet the expectations.

The current ICHI beta version should be retained as a related classification, to meet the needs of countries without an alternative classification. In order to avoid confusion, a different title (Condensed Classification of Health Interventions) has been suggested.

Fully aware of the unmet need of the international community, though, the meeting felt that work should start to develop ICHI. A first step would be the identification of selected key domains where a classification of interventions is needed and elaboration of the structuring principles that should govern their integration in a future international classification, possibly around a backbone to which modules could be connected. The suitability of knowledge representation models should be thoroughly assessed for possible adoption. It was recognized that all forms of health interventions should be included. Several candidate priority modules were mentioned, such as those relevant to the work of the Health Metrics Network, public health interventions, and the short list of sentinel interventions being developed under the European Hospital Data Project.

It was suggested to perform the work in an Interventions work group under the FDC that should report to the WHO/FIC meeting in 2007 and 2008.

6 WHO/FIC - other Fields

6.1 Development of the Family

6.1.1 Family paper

An update of the Family paper will be posted on the WHO website in early 2007. Comments are welcomed until 31 December 2006.

6.1.2 International Classification of Traditional Medicine (ICTM)

The possible linkage of the ICTM in the WHOFIC was discussed. The approach from the ICTM to WHOFIC was generally welcomed. There was some questioning of the inclusion of TM concepts in ICD, concluding that further dialogue was essential. It was agreed that the project team continue to keep the WHOFIC Network informed of progress in the work, with a view to considering the inclusion of the ICTM in the family at a later date.

6.1.3 WHOFIC Links with WONCA

A report on the WICC meeting held in Heidelberg was presented with a focus on links between ICPC and ICF . Both the ICPC and the ICD are undergoing revision and this provides a good opportunity to improve the harmonization between ICPC and the WHOFIC classifications. A common information model is desirable.

6.1.4 Patient Safety Classification

There was a report on the working group developing an International Patient Safety Event Classification (IPSEC). The group has developed a comprehensive conceptual framework, compatible with the WHOFIC classifications, identifying the essential elements of patient safety events. The framework is currently out for consultation with patient safety experts from around the world. The Network will be kept informed of the development of the Patient Safety Classification.

6.1.5 Other related classifications

The status of the ICECI and ISO9999 was reported. The FDC agreed to consider a meeting (possibly in 2008) of custodians of all WHOFIC classifications to discuss common issues across the classifications.

6.2 WHOFIC and Terminologies

6.2.1 Terminology Reference Group

Terminology Reference Group had its first meeting opened by the adhoc co-chairs Martti Virtanen and Michael Schopen. The meeting heard a presentation by Bedirhan Ustun describing the respective roles WHO sees for the WHOFIC network in general as compared to the future international health terminology activities, and the specific role the TRG is expected to play.

Recent developments of terminology harmonization and standardization activities and the announcement of the SNOMED SDO initiative must be taken into account. Planned international terminology activities under the aegis of WHO are designed to be responsive to the needs of the Member States. The meeting recognized that the task in this field far exceeded the capacity of individual developers and that cooperative action would be beneficial to all.

Several projects have been launched in the United States to bridge the gaps between various terminology products to meet discrete individual needs of research and clinical entities. The main effort is devoted to defining mappings

between the various entities that would permit satisfactory interoperability between system components. Under the aegis of the European Union, various projects have been funded. The meeting heard a presentation of the Semantic Mining and SemanticHealth projects.

The terminology reference group will be co-chaired by Dr. Martti Virtanen and Dr. Marcelline Harris. It will seek membership from different regions. It will also develop its work plan in line with the needs expressed in the discussions.

6.2.2 International Terminology Network

The meeting was briefed on the exploratory steps taken by WHO with a view to establishing an International Terminology Network similar to the WHOFIC Network to bring the global centres to share knowledge and interact with classification and other health information networks. The Terminology Reference Group would be the right portal to ensure that the needs of the classification world would be adequately addressed as a matter of priority when the planned terminology network is established.

7 Summary of conclusions of the round table Challenging the Information Paradox

Today there is unfortunately an *'information paradox'* in the world regarding health information: countries with greatest health burdens and needs have the biggest information gaps. They not only have the least information but also limited capacity (skills, systems) to generate, analyse, present and disseminate information. This situation relates to many African countries and some South-East Asian Countries. This is a great information gap in terms of both the population size of the affected countries and also major health targets that affect these regions such as HIV/AIDS, tuberculosis, malaria and other conditions.

The meeting devoted its main theme to "challenging the information paradox" in terms of implementation of vital registration and implementation of ICD and ICF in its working sessions, poster presentations and one major round table discussion. Seven countries presented their information collection status with regard to needs and available information.

The round table discussion welcomed the work of the Health Metrics Network and suggested collaboration with HMN. Immediate outputs will be to support the ICD training and implementation, harmonizing alternative data collection tools such as verbal autopsy with ICD, and carrying out demonstration projects in countries aiming to establish sustainable registration systems. The expertise of the WHOFIC network has to be channelled in a pragmatic way to countries that need support on analysis, reporting and dissemination. To overcome the information paradox we need to use all available means to start to gather data by counting births and deaths and building culture and capacity. Large consultations with key stakeholders on the basic criteria for the relevance, reliability, validity and comparability of information is essential. We need to start action to lead by example to gather data on selected areas. Focusing on Africa with all basic means

of vital registration and other population studies and putting the available technology in action in a stepwise and sustainable fashion is essential.

As a concrete proposal, it was suggested to bring various disease programmes dealing with HIV/AIDS, Malaria, Tuberculosis and others together to invest in a continuous and sustainable effort on health information systems. Such a common infrastructure will be beneficial to all parties and will be more cost effective.

8 Business Plan

The business plan review meeting was originally planned to follow the WHOFIC meeting in Tunis, however, given the WHO Director General elections this was deferred to April 2007 when the Planning Committee meets. The Discussion session highlighted the following points:

- a. Information Paradox: The work of the Health Metric Network is noted with appreciation and the need to strengthen the collaboration was expressed. It will be beneficial to focus on the countries who have HMN project proposals to support their applications. Secondly, developing a "what if scenario" in which vertical disease programmes (e.g. HIV, Tb, Malaria and others) jointly develop a horizontal health information system would be a useful case to show the efficiency gained from a joint effort.
- b. ICD-XM: current work is underway in combining various clinical modifications. The issue about the business case and copyright has to be modelled under a conducive arrangement.
- c. ICD revision is underway, however, more stakeholder and resources need to be mobilized.
- d. Utilizing ICF has many promising applications at their infancy, most important business plan applications may relate to those on measuring health and productivity.
- e. ICHI development has suffered from lack of ownership and financial support, however linkage with casemix groupings together with XM may present a good way to proceed.
- f. Terminology work has been the most promising and demanding in the applications. Incorporation of WHOFIC in UMLS, SNOMED and other applications may bring in useful opportunities.

Additional topics to be discussed in next business plan meeting include:

1. Primary Care
2. Traditional Medicine
3. Case mix groupings (in linkage with XM)
4. Health Information Standards

The possibility to engage a business consulting firms was discussed and models to solicit their engagement will be discussed in more detail in the April 2007 meeting.

The WHO/FIC Planning committee will devote a monthly teleconference to the above points and how the April meeting will be organized.

9 Strategic Work Plan

The strategic work plan builds on the Joint Work Plan of the WHO/FIC network and details tasks and activities to be carried out by various entities such as the WHO/HQ, Regional Offices, Committees, Reference Groups or others. The work plan presented in Annex 3 is reviewed annually. It was decided to review the work plan two months before the annual Network meeting in the Planning Committee with a view of each chair taking it back to their corresponding group and discussing outcome reports and suggested additions or deletions for next year. The consolidated report will be discussed in the plenary accordingly.

10 Network Management and future meetings

10.1 Matrix Management of the WHO/FIC Network

The Network Structure

Given the expansion of WHO/FIC Network with new members of classifications, centres and experts it was agreed to have a "matrix management structure" with various committees carrying out main work streams and reference groups dealing with basic technical issues. The depiction of proposed model is given below.

Principles of matrix management are as follows:

1. All classification related work is to be covered by the identified matrix within a given column and row.
2. This requires collaboration across Committees and Reference groups. Collaboration should be based on identification of objectives and possible synergies at the time of strategic work plan. Therefore consultation and joint discussion of workgroups at planning stage is essential
3. The strategic work plan will identify the delineation of responsibilities in terms of deliverables

The Chairs of each Committee and Reference Group are as follows:

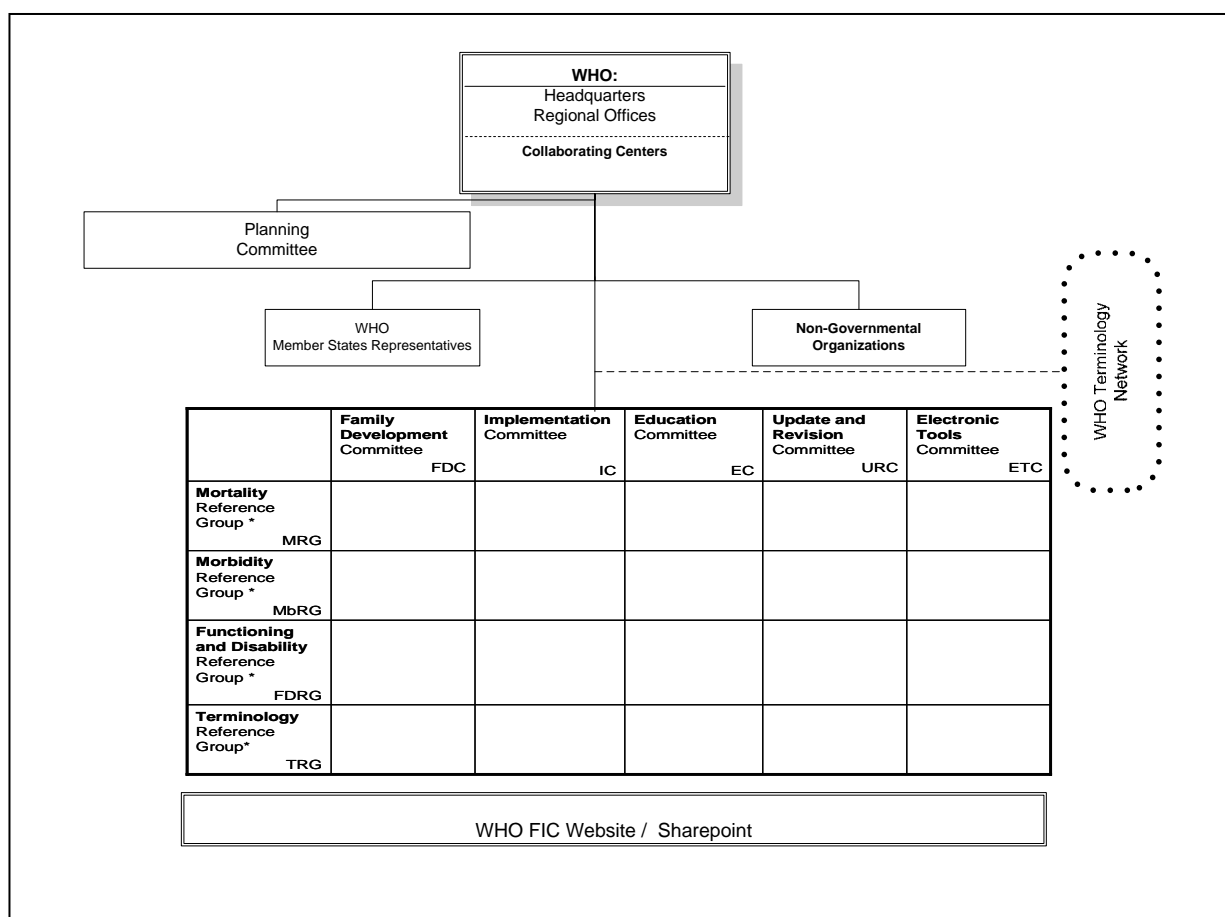
Committees:

Planning	Marjorie Greenberg
Implementation	Marijke de Klein, Kenji Shuto
Family Development	Richard Madden

Update and Revision Mea Renahan
 Education Marjorie Greenberg
 Electronic Tools Michael Schopen

Reference Groups

Mortality Lars Age Johansson, Donna Hoyert
 Morbidity Olafr Steinum, Richard Madden (until2007)
 Functioning & Disability Ros Madden, Gerold Stucki
 Terminology Martti Virtanen, Marcelline Harris



Regarding governance, it was agreed that at the Network level, each Collaborating Centre will continue to have one vote. In meetings of committees and reference groups, in cases where the sense of the group is required, each country will have one vote.

The terms of reference and work plan for each committee can be found on the WHO web site.

10.2 Place and Time for the 2007 Meeting

The candidate Italian Collaborating Centre informed the meeting that it would be ready to host the next meeting of the WHOFIC Network from 28 October to 3 November 2007 in Trieste, Italy, subject to the finalization of the designation procedure that was now almost completed. The theme proposed will focus on Information Power: owning and sharing information. Prior to the meeting, on 25-26 October, there will be a roll-out of ICF-CY in Venice.

The ICD Office, Ministry of Health, Labour and Welfare, Japan, invited the WHOFIC Planning Committee to hold its mid-year planning committee in Odawara, Japan on 19-20 April.

10.3 Meeting 2008

The WHOFIC2008 Network meeting will be held in New Delhi, India in October 2008.

10.4 Collaborating Centre and Regional Office participation

Members of the Network noted with regret that of the six WHO Regional Offices, only 2 (EURO, and EMRO) had been able to attend the meeting. In addition, Spanish language centre and representatives of the former UK CC had been unable to send representatives. Members also urged continuing efforts to finalise the arrangements for proposed additional centres with the widest possible geographic coverage.

The WHO secretariat undertook to investigate more flexible solutions, both short and long-term, to enable these delegates to attend the annual Network meetings, including the removal of possible financial obstacles.

**MEETING OF WHO COLLABORATING CENTRES
FOR THE FAMILY OF INTERNATIONAL CLASSIFICATIONS**

Tunis, Tunisia
29 Oct. – 4 Nov. 2006

Agenda

Sunday 29 October 2006

9.00-13.30	Asian Network for WHOFIC (with luncheon)
13.30-15.30	Planning Committee
16.00-17.30	Meeting of WHO secretariat and Heads of Centres
18.30	Registration
19.00	Opening reception

Monday 30 October 2006

08:30-09:30	Orientation course for new members
09:00-9:30	Registration
09:30-11:00	<p>Plenary meeting</p> <p>Session 1.1</p> <p>Chairs: Marjorie Greenberg and Senior Tunisian Official</p> <p>Election of officers</p> <p>Consideration and adoption of the agenda</p> <p>Report of WHO classification-related activities (WHO/HQ)</p> <p>Report of WHO classification-related activities (WHO Regions) Documents P01, P05, P06, P08, P09, P24</p> <p>Report of the Planning Committee and the Centre Heads Meeting Document C101</p> <p>Highlights of annual reports of committees</p> <ul style="list-style-type: none"> • Education Committee Document C301 • Electronic Tools Committee Document C501 • Family Development Committee • Implementation Committee Document C201 • Update and Revision Committee Document C601

11:00-12:30	<p>Plenary Session 1.2</p> <p>Progress report on reference groups Chair: Gérard Pavillon/Saher Shuqaidef Matrix Management and Governance principles WHO</p> <p>Mortality Reference Group Document R101</p> <p>Morbidity Reference Group Functioning and Disability Reference Group Terminology Reference Group</p>	
12:30-13:30	<i>Lunch Break</i>	
13:30-17:00	Breakout sessions of Committees	
13:30-15:00	<p>Implementation Committee Session 1.3</p> <p>Chair: Martti Virtanen</p>	<p>Mortality Reference Group Session 1.4</p> <p>Chair: Lars Age Johansson Document R102, R103</p>
15:00-15:30	<i>Coffee and tea break</i>	
15:30-17:00	<p>Education Committee Session 1.5</p> <p>Chair: Marjorie Greenberg Documents C300, C301, C302, C303</p>	<p>Morbidity Reference Group Session 2.4</p> <p>Chair: Richard Madden, Olafr Steinum</p>
18:00-20:00	International Classification of Traditional Medicine	

Tuesday 31 October 2006

<p>09:00- 10:30</p>	<p>Plenary Session 2.1</p> <p style="text-align: center;">Implementation overview</p> <p>Chair: Martti Virtanen/Ashok Kumar</p> <p>Invited papers from Implementation Committee (See Document C200)</p> <p>Priority topic on Information Paradox ...</p>
<p>10:30- 11:00</p>	<p style="text-align: center;"><i>Coffee and tea break</i></p>
<p>11:00- 12:30</p>	<p>Plenary Session 2.2</p> <p style="text-align: center;">Educational activities</p> <p>Chair: Toshio Oi/Remis Prochorskas</p> <p>Invited Papers from Educational Committee (See Document C200)</p> <p>Model Curriculum and WHO FIC in a box</p>
<p>12:30- 14:00</p>	<p style="text-align: center;">Poster session I</p> <p style="text-align: center;">Chair: Richard Madden</p> <p style="text-align: center;">+</p> <p style="text-align: center;"><i>Lunch break</i></p>
	<p>WHOFIC2006 - PS27 - (Hajem) Methodology of the Tunisian program of Information on causes of death</p>
	<p>WHOFIC2006 - PS26 - (Hajem) Projecting facts of the medical causes of death Tunisian statistics</p>
	<p>WHOFIC2006 - PS30U - (Ma Fat) WHO Mortality Database</p>
	<p>WHOFIC2006 - PS29 - (Prochorskas) Mortality and Hospital databases</p>
	<p>WHOFIC2006 - PS01 - (Hanmer) South African experiences in ICD-10 and ICF implementation</p>
	<p>WHOFIC2006 - PS05 - (Laurenti) Information Paradox in Brazil</p>
	<p>WHOFIC2006 - PS06 - (Yamamoto, Oi, Shuto) Issues Related to the Use of ICD in Japan</p>

	WHOFIC2006 - PS21 - (Yokobori) Challenging the Improvements of the HIM Education in Japan	
	WHOFIC2006 - PS02 - (Greenberg) North American WHOFIC Collaborating Centre	
	WHOFIC2006 - PS22 - (Mavreas) Implementation of the ICF in Greece	
	WHOFIC2006 - PS03 - (Cravo, Laurenti) ICD-10 Selection Rules How much do we agree	
	WHOFIC2006 - PS07 - (Laurenti) Coding Neoplasms	
	WHOFIC2006 - PS32 - (Nishimoto) The use of ICD family for cancer registries in Japan	
	WHOFIC2006 - PS04 - (Buchalla) Working on Decision and on Modification Tables	
	WHOFIC2006 - PS14 - (Clark, Skurka, Giannangelo) IFHRO	
	WHOFIC2006 - PS16 - (Giannangelo) Clinical Terminology and Classification Systems	
14:00-17:30	Breakout sessions of Committees (continued)	
14:00-15:30	Update and Revision Committee Session 2.3 Chair: Mea Renahan Documents C600, C602	Functioning and Disability Reference Group Session 1.6 Chair: Ros Madden Document R301
15:30-16:00	<i>Coffee and tea break</i>	
16:00-17:30	Update and Revision Committee Session 2.5 Chair: Mea Renahan Documents C600, C602	Family Development Committee Session 3.2 Chair: Richard Madden Documents C400, C403, C404, C406, C407, C408, C409, C410
18:00-20:00	Update and Revision Committee Session 2.5 Chair: Mea Renahan Documents C600, C602	

Wednesday 1 November 2006

09:00-12:00	Breakout sessions of Committees (continued)	
09:00-10:30	Electronic Tools Committee Session 3.1 Chair: Michael Schopen Documents C500, C502, C503, C504	Education Committee Session 3.6 Chair: Marjorie Greenberg Documents C300, C301, C302, C303
10:30-11:00	<i>Coffee and tea break</i>	
11:00-12:30	Electronic Tools Committee Session 3.3 Chair: Michael Schopen Documents C500, C502, C503, C504	Family Development Committee Session 3.4 Chair: Richard Madden Documents C400, C403, C404, C406, C407, C408, C409, C410
12:30-14:00	Poster session II Chair: Carlo Francescutti	
	WHOFC2006 - PS10 - (Francescutti) ICF, Disability and employment	
	WHOFC2006 - PS31 - (Leonardi) Definition of disability	
	WHOFC2006 - PS25 -(Reed, Bufka, Rehman) Electronic field Trial Process for Health Professions Manual for ICF	
	WHOFC2006 - PS24 - (Sykes, Madden, Oglesby, Ougrinovski, Carr) eFRHOM	
	WHOFC2006 - PS12 - (Sykes) Implementation and use of the ICF by Physiotherapists in Europe - Poster	
	WHOFC2006 - PS09 - (Okochi) Development and application of ICF illustration library	
	WHOFC2006 - PS08 - (Okochi) Development of ICF based mobility scale using Rasch method	
	WHOFC2006 - PS11 - (Okawa, Ueda, Kudo) Utilization of ICF for Patient Education	
	WHOFC2006 - PS15 - (Hollenweger) Implementation of the ICF-CY in Education Systems - To COME	
	WHOFC2006 - PS13 - (Ueda, Okawa) International Educational Activities on ICF by Japan	
	WHOFC2006 - PS23 - Updates arising from DSS development	
	WHOFC2006 - PS28 - (ten Napel) A structured collection of information on ICF	
	WHOFC2006 - PS19 - (Ten Napel) Collection of comments on ISO9999-ICF cross-references	

	WHOFIG2006 - PS17 - (Ten Napel) A structured collection of information on ICECI	
	WHOFIG2006 - PS18 - (Frimodt-Moller) Redevelopment of mechanism of injury	
	WHOFIG2006 - PS20 - (Fujita) Process analysis on health care episodes by ICPC-2	
	WHOFIG2006-PS33-(Oikawa) Influence on mortality statistics by implementing updated ICD-10 in Japan	
13:30-17:30	Breakout sessions of Committees (continued)	
14:00-15:30	Implementation Committee Session 3.5 Chair: Marijke de Kleijn	Terminology Reference Group Session 2.6 Chair: Martti Virtanen, Michael Schopen
15:30-16:00	<i>Coffee and tea break</i>	
16:00-17:30	Plenary Session 3.7 International Classification of Functioning, Disability and Health Chair: Marc Maudinet and Prof Ben Lailahom <ul style="list-style-type: none"> • "ICF in health and disability statistics - update and perspectives" Ros Madden • "The definition of "disability: what is in a name? - Reflections on UN Convention on the Rights of Persons with Disabilities from an ICF perspective" Matilde Leonardi Poster Ref: PS31 • "ICF in health outcome evaluation - review and outlook of ICF use in clinical practice" Gerold Stucki Doc. Ref: P116 • "Highlights from the Pre-conference ICF Meeting" Marc Maudinet, Marie Cuenot • "Using ICF in employment and health related work productivity measurement" Andrea Martinuzzi/Nenad Kostanjsek Poster Ref: PS10 	
19:00-	CONFERENCE DINNER	

Thursday 2 November 2006

09:00-10:30	Plenary Session 4.1 Report back from the Committees Report back from the Reference Groups Chair: Mea Renahan, Remis Prochorskas
10:30-11:00	<i>Coffee and tea break</i>
11:00-12:30	Plenary Session 4.2 General discussion: Emerging Issues and Solutions Chair: Michael Schopen, Saher Shuqaidef
12:00-12:30	<i>Lunch break</i>
12:30-19:00	Social event
19:00-	Planning Committee

Friday 3 November 2006

09:00-10:30	<p>Round Table Session 5.1</p> <p style="text-align: center;">Challenging the Information Paradox</p> <p>Chair: Sam Notzon, Saher Shuqaidef</p> <p>Case presentations:</p> <p style="padding-left: 40px;">Tunisia Jordan South Africa Ghana Brasil Mauritius Botswana</p>
10:30-11:00	<i>Coffee and tea break</i>
11:00-12:00	<p>Round Table Session 5.2</p> <p style="text-align: center;">Challenging the Information Paradox</p> <p>Chair: Gérard Pavillon, Saher Shuqaidef</p> <p>Panel and general discussion</p> <p>Sam Notzon, Philip Setel, Gérard Salem</p>
12:00-13:30	<i>Lunch break</i>
13:30-15:00	<p>Plenary Session 5.3</p> <p style="text-align: center;">Strategic Work Plan</p> <p>Chair: Richard Madden</p>
15:00-15:30	<i>Coffee and tea break</i>
15:30-17:00	<p>Plenary Session 5.4</p> <p style="text-align: center;">Business Plan</p> <p>Chair: Mea Renahan</p>

Saturday 4 November 2006

08:00-09:00	Asian Network for WHOFIC
09:00-12:00	Plenary Session 6.1 Chair: Marjorie Greenberg Adoption of the draft report of the meeting Evaluation of the meeting Additional matters Place, time and topics for the 2007 meeting Place for the 2008 meeting Closure of the meeting
12:00-13:00	Planning Committee

**MEETING OF WHO COLLABORATING CENTRES
FOR THE FAMILY OF INTERNATIONAL CLASSIFICATIONS**

Tunis, Tunisia
29 Oct. - 4 Nov. 2006

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