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

Heads of WHO Collaborating Centres for the Family of International Classifications

Annual Meeting

14-19 October 2002, Brisbane, Australia

Executive Summary

Each of the recommendations outlined in the Executive Summary (found in text boxes in the front of the document) were considered individually.

Changes to the recommendations were drafted and agreed during the meeting.

As recommendations were agreed by the Centre Heads, each was designated as a **decision**, an **action** or **both**.

Accepted recommendations were included in the Strategy and Work Plan to be used to guide the work of the WHO-FIC for the year 2002-2003.

The comprehensive meeting record is included as a series of chapters behind the Executive Summary.

**Heads of WHO Collaborating Centres for the Family of International
Classifications
Annual Meeting
14-19 October 2002, Brisbane, Australia**

Executive Summary

This summary presents the highlights of the meeting of Heads of World Health Organization Collaborating Centres for the Family of International Classifications (WHO-FIC) Annual Meeting held from 14 - 19 October 2002 in Brisbane, Australia.

Decisions and Actions agreed at the closing session of the meeting are incorporated in the Executive Summary.

Detailed reports of individual meeting sessions are presented as chapters in the meeting record.

Opening

Following a welcome by the Host Centre and the official opening by WHO, agreement was reached on the agenda and the Chairs and Rapporteurs for the sessions.

Discussions on the draft Strategy and Work Plan developed at the Centre Heads' Strategic Planning Workshop held in Manly, Sydney, immediately prior to the WHO-FIC meeting, resulted in the following decisions:

Decisions:

The meeting agreed to endorse the WHO-FIC Strategy and Work Plan (WHO/GPE/CAS/C/02.98) following input from the meeting
The meeting agreed to highlight the importance of committing start-up resources to the development of an electronic version of the ICD-10.
The meeting agreed that the governance arrangements for WHO-FIC be through an expanded Planning Committee. The Nordic and North American Centres as well as the current, prior and next Host Centres will be included for 2002-2003. This will respond to the expanded responsibilities. Geographic representation and experience will be considered in future years.
The meeting agreed with the expectation that six members of the Advisory Committee will be from among those nominated by Centre Heads including three members Centre Heads. WHO is to liaise with the Planning Committee in furthering of the Advisory Committee.

Action:

Send recommendations for members of the Advisory Group to WHO by 15th November 2002.

Committees**Family Development Committee (Chair: Richard Madden)**

The Family Development Committee (FDC) met on three occasions. The following issues were discussed.

- The work of the WHO WONCA working group.
- The protocol for adopting new members of WHO-FIC
- Classifications for inclusion in the WHO-FIC namely:
 - The International Classification of External Causes of Injury (ICECI)
 - The Australian Classification of Health Interventions adapted for international use (ACHI-I).
 - The Technical Aids Classification
 - The Anatomical Therapeutic Chemicals Classification (ATC)
- The FDC tasks arising from the WHO-FIC Strategy and Work Plan, including
 - WHO-FIC classifications in casemix systems
 - Work on Selected lists of procedures and diagnoses
 - Links with Vocabularies

Decisions:

Centre Heads and WHO welcomed the achievements of the WHO WONCA group, and encouraged members to continue their work. In this the following tasks are relevant:

- ICPC-2 & ICF relationship must be studied further.
- The WONCA comparative study of ICPC-2 and the Swedish primary care version of ICD-10 be reported. Other countries are invited to do comparative studies.
- Needs of developing countries must be analysed by the group.

The meeting agreed that the International Classification of the External Causes of Injury (ICECI) be accepted as an alpha version of a related WHO-FIC classification for testing. However, ICECI does not replace Chapter XX of ICD-10.

The meeting agreed that the Australian Classification of Health Interventions adapted for International use (ACHI-I) be accepted as an alpha version of an interventions classification for countries without an adequate classification of procedures for testing.

The meeting welcomed the information on the ATC and welcomed a proposal from

<p>the WHO CC for Drug Statistics Methodology in Oslo using the protocol for membership of the WHO-FIC as a related classification. The relations between ATC and ICD-10 will need to be clear in the submission.</p>
<p>The meeting welcomed the information about the Technical Aids Classification. The classification has a place within the matrix for the WHO-FIC and its relations with the ICF are very clear. It was agreed that a draft of the revised version be presented to the meeting next year together with a submission for membership according to the protocol; and a clear description of the relationship to the ICF.</p>
<p>The meeting agreed that a Hospital data subgroup of the FDC be established to undertake preliminary work to investigate the comparability of international hospital discharge data</p> <p>Draft Terms of Reference for Hospital data subgroup of the Family Development Committee were agreed.</p> <p>Undertake preliminary work to investigate the comparability of international hospital discharge data by:</p> <ol style="list-style-type: none"> 1- Assessing the utility of the diagnosis short list as proposed in paper 48 by preparing specifications for provision of tabulated data and definitional material; inviting participation of centres in submission of data; collation and preparation of a report for October 2003 2- Obtaining feedback on the procedures included in the Sentinel List in paper 68, and any suggestions for additions or changes, and feedback whether they can be coded using countries procedure classifications and ACHI-I. Finalise the list and prepare specifications for provision of tabulated data; invite centres to contribute data; collate and prepare a report for October 2003
<p>The meeting agreed that a Vocabulary working group, convened by the UK Centre, be established to inform development work on the interface between vocabularies and WHO Classifications. Draft Terms of Reference for the Vocabulary Group were agreed.</p> <p>Inform development work on the interface between vocabularies and WHO Classifications by:</p> <ol style="list-style-type: none"> 1. Establishing and maintaining relationships with vocabulary developers 2. Clarification of the different principles and purposes served by vocabularies and WHO classifications 3. Agreeing criteria for validating and accrediting mappings between vocabularies and WHO classifications 4. Developing time lines and processes for validation and accreditation 5. Making recommendations on licensing issues related to the use of maps. <p>WHO should respond and auspice, through the Vocabulary Working Group, any collaboration with the SNOMED International relating to mapping between SNOMED-CT and WHO-FIC classifications.</p>

Actions:

WHO will seek to explore with WONCA the possibility of developing a primary care adaptation of ICD-10 for broader primary care use. One step shall be seeking volunteer WHO-FIC Centres to test the applicability of the Swedish adaptation in other countries.

The protocol paper is to be revised to reflect the levels and standards for related and derived classifications. WHO processes, once Centre Heads recommend a member, should be elucidated for incorporation in the protocol by the April 2003 FDC meeting.

Nominations to an Expert Group on use of classifications in casemix systems are to be referred to the CAS team by Nov 2002. WHO is to take the lead on developing the plan. FDC will reassess the situation in April 2003

UK Centre to write to SNOMED International relaying the decision of the meeting.
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Implementation of ICD-10 Committee (Chairs: Mounkaila Abdou and Remijius Prochorskas)

The Implementation of ICD-10 Committee (IC) met on two occasions. Two key issues were on the agenda.

1. To discuss and, if possible to finalise products in the current work plan, i.e. ICD-10 implementation definition, checklist and the roster of experts
2. To discuss/agree on strategic directions of work for IC and the concrete work plan for the next year with clear responsibilities attached.

The Committee agreed on a work plan for the coming year, namely:

1. To finalize and disseminate the checklist (EURO)
2. To start the roster of experts (PAHO/AMRO)
3. To carry out the implementation survey in 2003 (AFRO with contributions from other Regional Offices)
4. To start implementing the work plan for "WHO-FIC in a box" (see Strategy and Work Plan for responsibilities):
 - Identification of tools and modules needed for mortality component including technical specifications, design and piloting;
 - Review existing materials and identification of gaps;
 - Plan for development of morbidity component;
5. To intensify collaboration with United Nations Statistics Division and other agencies in order to develop adequate guidelines and joint work plans for strengthening of national vital registration systems in conjunction with ICD-10 implementation (WHO/CAS, AFRO, UK Centre, NACC others).

The following decisions were agreed.

Decisions:

Ensure that the following issues are covered in the needs assessment questionnaire.
1 The barriers to implementation of ICD-10
2 The barriers to consolidating, analysis, and dissemination of the health information.
Agree that a roster of experts in ICD-10 implementation will be maintained by Dr Roberto Becker and PAHO.
Accept the work plan developed for 2002/2003 agreed by the Implementation Committee
That the UK Centre act as Secretariat for the Implementation of ICD-10 Committee
The need for comparability studies on transitions from ICD-9 to ICD-10 and other major changes to information systems should be included on the ICD-10 implementation checklist being developed by the Implementation Committee
Take forward the development of ICD-10 in a box

The Subgroup on Training and Credentialing (Chair Marjorie Greenberg)

The Subgroup on Training and Credentialing (T & C) met on two occasions. During the first session the following papers were presented:

- 1 Procedures of Certification of Coders in Mexico (WHO/GPE/CAS/C/02.60) (Mexican Centre)
- 2 International Education in Coding, Clinical Documentation and Quality Assurance (WHO/GPE/CAS/C/02.67) (Australian Centre)
- 3 ICD-10-AM Third Edition electronic education experience (WHO/GPE/CAS/C/02.52) (Australian Centre)

The second session was devoted to the Review of 2001/2 work program of the Training and Credentialing subgroup (WHO/GPE/CAS/C/02.60).

The first four decisions pertain to the ICF, the first five actions to the ICD and the remaining actions relate to communications relevant to both WHO-FIC reference classifications.

Decisions:

A core group of ICF experts interested in ICF training issues to be established and a liaison person selected.
The ICF experts in the T& C to work towards the development of a questionnaire to catalogue and characterize ICF training materials and determine the capacity for ICF training. This will be used to develop an inventory similar to the ones developed for ICD-10.
Members of the ICF sub-group to identify and encourage other suitable people in their own countries to assist in the work on training and credentialing and who might be interested in participating in the sub-group.

A training and credentialing work plan to be developed for ICF, with an emphasis on training
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Actions:

Feedback from committee members regarding improvements and additions to the Needs Assessment surveys of ICD-10 mortality and morbidity coders to be forwarded to the Chair, as are updates to the responses from countries represented on the T&C sub-group.
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The Chair to follow up non-responders and will clarify existing responses, which are unclear.

The Chair to solicit updates to the matrices on ICD-10 training materials and capacities currently posted on the NACC website.
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WHO to be requested to update the information about Collaborating Centres on the ICD-10 website using information from the brochure.
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Comments on the two papers on definitions, skill levels and functions of mortality (underlying cause) and morbidity coders to be forwarded to the UK Centre (Christine Sweeting) and the NACC (Donna Glenn and Amy Blum) within one month (ie by mid-November). The Chair will arrange a conference call of the small group working on the documents to discuss future plans.

The Australian representatives to work on content for a brochure on the WHO-FIC work of the T&C Subgroup and of the CCs more broadly and send the first draft to the Chair for circulation. The NACC has experts in design who can put the finished product together into a brochure.

WHO to be requested to post a link from the WHO-FIC homepage and other Centre web sites to the T & C subgroup page on the NACC web site and vice versa.

The Chair to investigate the establishment of a List Serv for the T & C subgroup to facilitate communication.

The Chair to arrange a face-to-face meeting in April 2003 (in conjunction with the ICE meeting) to progress work on the core curriculum for ICD-10 underlying cause coding. The NACC, UK, Nordic and Australian Centres agreed to participate. The International Federation of Health Record Organisations (IFHRO) co-Chair will also be invited. A face to face meeting may also be organised in 2004 prior to the IFHRO meeting.
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The T&C Sub-group to maintain a watching brief on this work on training for data producers and data users e.g. certifiers and health care providers and data users through joint membership of the T&C Subgroup and the ICE committee.
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Update Reference Committee (Chair Rosemary Roberts)

The Update Reference Committee (URC) met on two occasions and considered the following issues.

- URC Forum

- Clinical consultation
- Recommendations for updates to ICD-10
- WHO-FIC strategy and work plan

URC Forum

The URC forum (an e-mail discussion list) was established to encourage discussion of morbidity coding and classification issues between the URC and other collaborating center representatives, as well as a forum for discussion of URC work items by members of the URC. The forum is rarely used. Two strategies were proposed to improve the use of this tool. Establish a WHO ICD-10 URC webpage which outlines the objectives of the URC forum and provide information on how to subscribe to the list. This strategy has been implemented and the website established and by December 2002 this information will also be on the WHO website and seek the cooperation of HoC in disseminating information about the forum to users of the classification

Clinical consultation

To progress certain work items, it is necessary for the URC to seek the advice of the WHO Clinical Groups or Specialty Units or other relevant international bodies such as the International Agency for Research on Cancer (IARC). At the last meeting of the HoC it was agreed that WHO would give the URC secretariat access to these bodies and the Chair sought reassurance from the WHO secretariat that this support is available. WHO responded that the clinical advice available from WHO headquarters was not extensive and depended very much on the clinical specialty.

URC Worksheets: Recommendations for updates to ICD-10.

The URC considered 34 submissions this year. 22 were approved, 9 were held over for the 2003 program and 3 were withdrawn. This represents the maintenance of our 65% benchmark in reaching decisions.

Decisions:

It was decided that all new submissions requesting new codes or restructure of sections of the classification should be accompanied by clinical justification. The process for seeking further clinical advice would then depend on the clinical specialty involved. The submission could be forwarded either to WHO or an international body deemed relevant by the URC. The URC secretariat will update the URC submission template by adding a section for clinical justification.

The meeting noted that the URC is the body that should approve and Centre Heads ratify all changes to the ICD-10 classification. All groups within WHO working on ICD-10 classification changes should establish a formal liaison, with the URC, through CAS, so that these changes may be tabled with the URC and CAS.

Following consideration of the separation of updates to tabular lists and instruction manual from updates to the index there was little support for this task, members requested that it be deleted from the WHO work plan.

Ensure that updates to ICD-10 are incorporated on the WHO website by December 2002 (WHO)
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The Centre heads endorse the 22 agreed changes. These changes are included in the report of the URC in the meeting record.
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Actions:

The URC seek the cooperation of HoC in disseminating information about the URC forum to users of the classification

The Chair will write, through CAS, to the Executive Director of the WHO Cluster Group involved in plans to align the revision of Chapter V with the development work for DSM-V (NMH) to establish a formal liaison with the URC.
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Collate and report proposals for updates to ICD-10. The time frame was amended to April 2003 to accommodate the MRG's work plan which involves a face-to-face meeting in April
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Make available all the English versions of updates, past and current and cumulative, in both electronic and print versions. The time frame was amended to April 2003 to accommodate the Electronic Tools Committee's work plan
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Mortality Reference Group (Chair: Lars Age Johansson)

The Mortality Reference Group (MRG) met on the Sunday preceding the Heads of Centres meeting and again during the meeting. The MRG discussed 20 issues, details are in the meeting record. Recommendations of these issues will be submitted to the URC in 2003.

Decision:

The Mortality reference group will hold two face to face meetings annually.

Electronic Tools Committee (Chair: Michael Schopen)

The Electronic Tools Committee (ETC) met on two occasions and in addition to the Annual report (WHO/GPE/CAS/C/02.45) considered a number of papers namely: WHO/GPE/CAS/C/02.36 from the NACC on ICD-10-CA and CCI in database format, WHO/GPE/CAS/C/02.65 Modelling ICD-10-AM (Australia), WHO/GPE/CAS/C/02.28 a Report on Eurostat Technical meeting on mortality coding systems (France) and WHO/GPE/CAS/C/02.31 a Report of the Planning Committee on the ICE on Automating Mortality Statistics.

The majority of the time was spent addressing the key issues of

- making available an electronic version of ICD-10;
- the development of an XM version of ICD-10; and
- the need for it to coordinate with other related activities with a view to the development of ICD-10 in a box.

A work plan for the development of the Electronic version of ICD-10 was developed.

Decisions:

The meeting confirms the urgent need for development of an electronic version of ICD-10

That the strategy and timelines for the electronic version of ICD-10, agreed by the committee, are accepted. See below.

That all steps and timelines for the production of the electronic version in English and in French, that were agreed in Manly, be adhered to.

That the ETC establish an ICD-10-XM Working Group, with initial membership from WHO, Germany, Canada, US, UK, Nordic Centre, Australia, France, Brazil, Mexico and Thailand.

Action:

PAHO is to provide electronic files in Spanish and Portuguese to the Electronic Tools Committee.

Action and timelines for the electronic version of ICD-10

Number	Activity	Responsibility	Deadline
1	Send XML and PDF files to ETC chair	WHO	By 15.11.02
2	Distribute to ETC members and CCs	Chair	By 22.11.02.
3	Analyse usefulness, report back to chair ETC	CCs	By 15.1.03.
4	Convene meeting with WHO staff and ETC members to finalise technical specification	WHO-CAS	By January 2003
5	Produce according to specification: English French Spanish and other WHO languages	DIMDI DIMDI/Paris CC WHO-CAS/PAHO	By April 2003 By October 2003
6	Make beta version (read only) available on the internet (pdf) English French Spanish and other WHO languages	ETC ETC ETC	By April 2003 By October 2003
7	Publish final version English French Spanish and other WHO languages	WHO-CAS WHO-CAS WHO-CAS	By June 2003 By December 2003
8	Set up dissemination and sales plan	WHO-CAS/Advisory Group	By September 2003

International Classification of Functioning, Disability and Health (Chair: Marijke de Kleijn)

There were three breakout sessions devoted to the International Classification of Functioning, Disability and Health (ICF) and key papers were discussed in plenary.

Decisions:

Noting that implementation issues for ICF are substantially different from ICD, the

meeting agreed that a new sub committee within the WHO-FIC Implementation Committee – the ICF Implementation Sub Committee (ICFISC) - be established to work on ICF Implementation issues.

NACC, UK, Dutch, French, German, ACC, Nordic, SA, Mexico, China, Nigeria and CAS are included and Japan, Brazil, and the Spanish network will be asked whether they wish to participate.

The meeting elected Marijke de Kleijn to Chair the ICF implementation group.

Terms of reference for this group will be developed by WHO and the Chair for endorsement by Heads of Centres out of session. TOR to take into account:

- the existing TOR for the ICD-10 Implementation Committee;
- the items for discussion at the Bethesda and Brisbane meetings;
- implementation issues in administration, clinical settings and surveys.

WHO to liaise with the Chair of the ICF Implementation group to organise an ICF retreat in 2003 to deal with ICF items.

ICF interest will be represented on other committees through cross membership.

Joint use of ICD and ICF to be the responsibility of the WHO-FIC Implementation Committee.

WHO to seek a more formal relationship between the Centre Heads and the planning group of the Washington City Group.

Dissemination of ICF:

- That the videos produced by the NACC should be reviewed by those who appear in them, prior to the release.
- That Collaborating Centres comment on the development of CodeICF, on the current version and future updates.
- The ICFISC should consider a formal mechanism for endorsing and maintaining and updating CodeICF.
- The meeting should consider the links between national websites so that CCs can be aware of international developments.

Coding Guidelines:

- To revise the paper to reflect the additional clarifications provided during the discussions.
- To establish a Workgroup on Coding Guidelines.
- The meeting agreed that the terms of reference will be developed in collaboration between the WHO, the UK Centre and the Chair of ICFISC.
 - Develop a set of coding guidelines either as an independent document or as part of training materials.
 - Explore the development of specialty-specific coding guidelines.
- To systematically collect empirical evidence on a number of areas as implementation of ICF continues.

- To invite countries to give ICIDH and ICF coding rules and back coding schemes to WHO.

Actions:

A strategic plan for training to be developed. Because of this, the Terms of Reference of the Training and Credentialing subgroup and the Electronic Tools Committee, to be expanded to include ICF issues and ICF experts

WHO is requested to prepare a policy paper on maintenance and updating of the ICF

The Centre Heads to consider how to proceed with a validation of assessment tools for ICF qualifiers

That, in relation to ICF, a formal mechanism be sought to ensure coordination of WHO and UN activities

NACC to provide opportunity for those who are on the video an opportunity to view the product before release.

NACC to provide an opportunity for final review and comment on the Code ICF product.

Report back of Committees and Work groups

Reports of the activities of the all Committees and Work groups were presented and discussed in two sessions on Thursday 18th October. The decisions of the Committees were presented to Centre Heads for their consideration.

Plenary Sessions

The plenary sessions were devoted to discussions of key papers on ICF and ICD-10. Further discussion was carried out in breakout sessions.

A number of recommendations arose from discussion of the papers and these were considered in the reports from the Committees and work groups.

Scientific Sessions

The following papers were presented during the scientific sessions.

ICD-10 and the Unified Medical Language System UMLS. (Germany)	WHO/GPE/CAS/C/02.44
The Australian General Practice vocabulary and the ICD-10-Am index: parsing and classification issues (Australia)	WHO/GPE/CAS/C/02.54
Australian coder workforce. An update survey. (Australia)	WHO/GPE/CAS/C/02.66
National Coroners Information System (Australia)	WHO/GPE/CAS/C/02.57
The clarification of an underlying cause of death declared as an "incomplete" diagnosis (Brazil)	WHO/GPE/CAS/C/02.26
An investigation for the clarification of ill-defined conditions declared as underlying cause of death. (Brazil)	WHO/GPE/CAS/C/02.22
Differences in the selection of the underlying cause of death: Coding seminars in the Nordic-Baltic region (Nordic)	WHO/GPE/CAS/C/02.47
The definitions of "Live birth" and "Fetal death" and the influence in the estimations of rates (Brazil)	WHO/GPE/CAS/C/02.25
Updating the ONS (OPCS) hierarchical classification of causes of still birth and death in infants for	WHO/GPE/CAS/C/02.70

ICD-10 (UK)	
Senility as the underlying cause of death (Brazil)	WHO/GPE/CAS/C/02.27
The underlying causes of death among HIV patients (Brazil)	WHO/GPE/CAS/C/02.64
Proposals for modernisation of the Civil Registration system in England and Wales (UK)	WHO/GPE/CAS/C/02.69
Use of ICD-10-AM for reporting 'mental health related' admitted patient care (Australia)	WHO/GPE/CAS/C/02.79
Summary of Hearings on Transition to ICD-10-CM and ICD-10-PCS: Issues and Future Steps (NACC)	WHO/GPE/CAS/C/02.84
Specificity in ICD-10-AM. (Australia)	WHO/GPE/CAS/C/02.51
The specification of the circumstances of the accident or violence in cases of death due to external causes (Brazil)	WHO/GPE/CAS/C/02.24
Level of accuracy in filling out death certificates at the civil servant's hospital in the state of Sao Paulo, Brazil (Brazil)	WHO/GPE/CAS/C/02.20
Quality activities for morbidity and mortality coding. (Australia)	WHO/GPE/CAS/C/02.56
The Quality of Suicide Mortality Data (France)	WHO/GPE/CAS/C/02.29
Fall as a cause of death in the elderly population (Brazil)	WHO/GPE/CAS/C/02.21
Proposed Guidelines for Accessibility at WHO-FIC meetings (NACC)	WHO/GPE/CAS/C/02.62
The Chronicle: the history and evolution of ICD-10-AM (Australia)	WHO/GPE/CAS/C/02.55
The history of health statistics in Japan (Japan)	WHO/GPE/CAS/C/02.89

Discussion on these papers is included in the record of the session.

Decisions and actions arising from discussion of these papers are as follows:

Decisions:

Centre Heads reconfirmed their commitment to include people with disabilities in all phases of ICF implementation and research.

The importance of relevant national standards for accessibility was recognised by Centre Heads and it is agreed that the Planning Committee consider the specific proposals in the report on Guidelines for accessibility at WHO-FIC meetings.

Guest Speaker

On Wednesday 17th October Dr Madden introduced Dr David Filby, Chair of Australia's National Health Performance Committee. Dr Filby presented the following in relation to Australia's National Health Performance Framework:

- National Health Performance Committee (NHPC)
- Outline of the National Health Performance Framework (NHPF)
- Issues faced by the NHPC
- International efforts in area of health performance frameworks
- Implications of the framework for future indicators
- Data development within Australia

Host Centre and Invited Presentations

Host Centre Presentations

Mr Dennis Trewin, the Australian Statistician, discussed the role of the Australian Bureau of Statistics in health and related statistics (WHO/GPE/CAS/C/02.82).

Dr Richard Madden, Director, Australian Institute of Health and Welfare and Host for the 2002 Heads of Centres Meeting presented a paper *Better health and welfare – the role of the Australian Institute of Health and Welfare*.

Dr Ian Ring (Queensland Health), gave a presentation comparing the health of Indigenous populations of Australia, New Zealand, the USA and Canada (WHO/GPE/CAS/C/02.81).

All the host centre presentations were well received.

The meeting noted that the Australian Centre (Australian Institute of Health and Welfare and Australian Bureau of Statistics) agreed to facilitate a meeting on Indigenous statistics in late 2003 and if there is sufficient interest form an ICE on Indigenous statistics.

Invited Speaker

Dr Harry Rosenberg, recently retired from the United States National Centre for Health Statistics, and from the Chair of the Mortality Reference Group spoke about his vast experience in mortality statistics in the US and internationally, which included the implementation of ICD-9 and ICD-10 in the US. Dr Rosenberg began his presentation by expressing his pleasure at having been involved in the work of the MRG and of the Collaborating Centres, and with his career at NCHS in mortality statistical work.

Action:

The Planning Committee in conjunction with the MRG and other relevant committees will consider the recommendations made by Dr Rosenberg.

During discussion Dr Ustun thanked Dr Rosenberg for his input into the work of the WHO-FIC network over the years, and said that Dr Rosenberg's work would long be remembered and his contribution will be greatly missed.

Closing session

Adoption of the Strategic Plan

Following agreement on the recommendations made by the Committees and Working Groups and incorporation of the actions into the work plan the meeting adopted the Strategy and Work plan for 2002-2003.

Adoption of the Executive Summary and meeting record

Following discussion of the recommendations from the Committees and Working Groups the meeting adopted the Executive Summary meeting record.

Evaluation of the meeting

Three issues were discussed.

Organisation of the plenary and breakout sessions

It was agreed that the organisation of the plenary and breakout sessions worked quite well, though there were still conflicting sessions. It was suggested that changes to the agenda should be notified early and agreed by the Planning Committee.

Start on Monday morning

It was agreed that starting on Sunday evening would leave a little more time on Monday discussions. The Planning Committee should consider having a Sunday PM meeting of Centre Heads prior to the Cologne meeting.

An alternative format for the meeting

It was suggested that there be a separation of scientific papers into scientific meeting to leave more time for WHO-FIC work. This was discussed. There may be a need to be more selective about the papers to be read at the meeting and alternative methods of presentation considered such as poster presentations, with full papers circulated with the meeting papers. The Planning Committee will review.

Place, time, themes and agenda for the 2003 meeting

A Joint meeting hosted by Netherlands and German Centre will be held in Cologne from 20th - 25th October 2003.

Additional matters

Marjorie Greenberg, on behalf of Centre Heads, thanked the Australian Collaborating Centre for the high quality organisation of the meeting. Both the Manly and Brisbane meetings were very productive. The meeting provided the opportunity to progress the work and international understanding.

The daily news sheet initiated at this meeting was appreciated, and next years team were encouraged to continue the practice.

Richard Madden, on behalf of all the Centre Heads, thanked Bjorn Smedby for his leadership in the field and his contribution over the years.

Richard Madden thanked the organising committee, Queensland Department of Health, The Australian Bureau of Statistics and the National Centre for Classification

in Health as well as the Australian Institute of Health and Welfare as sponsors of the meeting.