

# Conduct of the WHO Family of International Classifications Network

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***This document is available on the WHO Classification website and posted on the WHO-FIC Network Annual Meeting website.***

## WHO-Family of International Classifications (WHO-FIC) Network

### Introduction

As the proprietor of a range of health classifications, WHO holds intellectual property of high value for its Member States and the international health information and statistical community. The International Classification of Diseases (ICD) and the International Classification of Functioning, Disability and Health (ICF) and the International Classification of Health Interventions serve as the three reference classifications in what now forms a Family of International Classifications (WHO-FIC). Other classifications, not necessarily the direct property of WHO, may be included in the WHO-FIC as derived or related classifications. The principles underlying WHO-FIC are similar to the UN Family of Classifications, and the reference classifications within WHO-FIC (ICD, ICF and ICHI) form part of the UN Family. WHO and the WHO-FIC Network have identified the special rules for derived and related classifications, their relations and their joint use.

To support WHO's work on international classifications, a network of WHO Collaborating Centres: the WHO-FIC Network, has been established since 1970<sup>1</sup>. The principal role of the WHO-FIC Network is to promote the implementation, use, maintenance, and updating of WHO reference health classifications. The Collaborating Centres in the WHO-FIC Network also assist WHO in the revision and development of the reference classifications. The WHO-FIC Strategic Work Plan (SWP) defines the overall joint work of the WHO-FIC Network. The Collaborating Centres' tasks are directed through Centre-specific work plans and participation in the WHO-FIC Strategic Work Plan.

In addition to the WHO Collaborating Centres for the Family of International Classifications (WHO FIC CC), WHO Collaborating Centres for Classifications, Terminologies, and Standards (WHO CTS CC), WHO Collaborating Centres for Classifications Scientific Support (WHO CSS CC)-, and Non-Governmental Organizations in official relations with WHO (NGOs) contribute to the classifications agenda. Collectively these organizations make up the WHO-FIC Network. WHO Member States without a WHO-FIC Centre can participate in the work of the WHO-FIC Network through technical representatives they designate through their respective Ministry of Health.

The WHO-FIC Network meets annually and progresses its work through Committees and Reference Groups, which conduct their business during and outside the annual meeting. WHO, Collaborating Centres, and Committees and Reference Groups are represented in the WHO-FIC Network Advisory Council, which endorses official actions proposed by the Committees and Reference Groups.

This paper describes the characteristics of the WHO-FIC Network, including its:

- Membership
- Purpose
- Governance
- Communication
- Committee and Reference Group structure
- Meetings

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<sup>1</sup> World Health Organization website. Guide for WHO Collaborating Centres, 2016. Web. 2 August 2016. [http://www.who.int/collaboratingcentres/Guide\\_for\\_WHO\\_collaborating\\_centres\\_2016.pdf](http://www.who.int/collaboratingcentres/Guide_for_WHO_collaborating_centres_2016.pdf).

## **Membership in the WHO-FIC Network**

The WHO-FIC Network includes all designated WHO Collaborating Centres and Collaborating Centres under designation supporting WHO in developing, implementing, and maintaining the WHO-FIC (updated list of WHO-FIC Collaborating Centres at the following WHO website:

<http://apps.who.int/classifications/network/collaborating/en/index.html> ). These Collaborating Centres represent different geographic regions and countries and may be specialized in a specific language. Originally WHO Collaborating Centres were designated based on language, but this was broadened to include regional needs in the last two decades. To optimize resources, mutual support among members is considered essential.

The formation of additional Collaborating Centres is encouraged, particularly in the AFRO, SEARO, and EMRO regions as well as some subregions of EURO and WPRO. Potential Centres do not need to have expertise in all aspects of WHO-FIC at the outset, and specific development plans may need to accompany their designation. Provision of the necessary skills to assist this development is a specific responsibility of the WHO-FIC Network and is detailed in the Network's Strategic Work Plan and the Centres' work plans of designation. Officers from WHO Headquarters and WHO Regional Offices also participate in the Network. In particular, WHO Regional Offices assist in representing the interests of regions where Collaborating Centres currently do not exist.

## **Purpose of the WHO-FIC Network**

The mission of the WHO-FIC Network is to improve health through the ongoing development, maintenance, and promotion of an integrated suite of reference health classifications and related products that produce information of value and utility across the world.

The following strategic principles guide the WHO-FIC Network's activities:

- to deliver classifications and related products that are fit for purpose, responsive to the needs of users and changing environments, and validated internationally using evidence-based methods;
- to build partnerships with health information communities, policymakers and planners, clinician groups, consumer groups;
- to serve users globally in Member States and among stakeholder groups.

In accomplishing these goals, the Network focuses on creating an open, transparent, responsive and outward-looking organization, developing consistent messages for effective communication, advocacy and training, and generating adequate resources, thereby ensuring accountability and effectiveness.

## **Governance of the WHO-FIC Network**

The WHO-FIC Network is governed through the WHO-FIC Network Advisory Council<sup>2</sup>, with the help of the Small Executive Group (SEG). If it is necessary to take a vote within the Council at the Network's annual meeting, each WHO-FIC Collaborating Centre and Committee and Reference Group present at the Council meeting will have one vote. The Centre Head, Committee and Reference Group co-chair, or their proxy must be present to exercise this vote. Absent voting members must designate their proxy in writing before the start of the session to the WHO elections officer.

## **WHO-FIC Network Advisory Council**

The WHO-FIC Network Advisory Council comprises WHO representatives, Heads of WHO-FIC Collaborating Centres (designated and under designation), and the Co-Chairs of Committees Reference Groups (see below for the Committees and Reference Groups). WHO Collaborating Centres for Classifications, Terminologies, and Standards (WHO CTS CC), WHO Collaborating Centres for Classifications Scientific Support (WHO CSS CC) and Non-Governmental Organizations' (NGOs) representatives will have voting rights in the Council only if elected as a Committee or Reference Group Co-Chair. The Council Co-Chairs will confirm the participation in its work of other persons covering leadership positions in the classification development in collaboration with

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<sup>2</sup> within the framework of relevant WHO rules and regulations

WHO. WHO Collaborating Centres for Classifications, Terminologies, and Standards, WHO Collaborating Centres for Classifications Scientific Support and NGOs are invited to participate in the Council as non-voting members.

The WHO-FIC Network Advisory Council is managed by two Co-Chairs nominated and elected by the Heads of designated WHO-FIC Collaborating Centres and WHO-FIC Centres under redesignation. Only Heads of such Collaborating Centres are eligible for these posts. The elections are held in odd-numbered years in a closed ballot<sup>3</sup> at the annual meeting of the Network. Council Co-chairs are elected for a term of two years and may be re-elected for one additional term. The Co-Chairs take office at the end of the annual meeting at which they are elected.

### **Functions, working methods, and decision-making process of the WHO-FIC Network Advisory Council**

The WHO-FIC Network Advisory Council exercises its functions and fulfils its duties through decisions taken to advise the WHO. The functions of the Council are:

- to collaborate on the development and update of the Strategic Work Plan (SWP) for the Network, which is presented at the annual WHO-FIC Network meeting;
- to monitor and follow-up on the progress of the Strategic Work Plan;
- to establish and revise, as needed, procedures for the conduct of annual meetings of the Network;
- to participate in planning the annual meetings;
- to review action items from each annual meeting and address new action items that arise.

To conduct the business of the Network, the WHO-FIC Network Advisory Council will meet annually face to face at the annual Network meeting. Between annual meetings, the Council will hold teleconferences and a mid-year meeting (face-to-face or by teleconference), as needed. Minutes of the teleconferences or mid-year-meeting will be sent to the Council in due time, at the latest three weeks after the teleconferences/meeting.

### **WHO-FIC Network Small Executive Group**

The Small Executive Group (SEG) helps the WHO-FIC Network Advisory Council to manage and steer the Network. The SEG is not a decision-making body. It identifies issues requiring Council discussion and decision, drafts agendas and other documents, and assures regular communication with WHO Headquarters through monthly or bi-monthly teleconferences.

The Minutes of all meetings of the SEG will be accessible to the full Council membership.

The Small Executive Group consists of the Co-Chairs of the Council, two additional Chairs of Committees or Reference Groups and WHO Headquarters staff. The two additional Chairs of Committees or Reference Groups are nominated and elected by the Council in even-numbered years for two-year terms. They may serve a maximum of two consecutive terms. Nominations can be received at the final Council meeting of the annual network meeting. If nominations have been received, elections can occur at the last council meeting of the annual meeting. If not, the elections will occur at the first teleconference of the full Council after the annual network meeting. WHO may nominate one or more additional advisors to the SEG.

### **WHO-FIC Network Committees and Reference Groups**

The WHO-FIC Network has established four Committees:

- Classification and Statistics Advisory Committee (CSAC)
- Education and Implementation Committee (EIC)
- Informatics and Terminology Committee (ITC)

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<sup>3</sup> A "closed ballot" indicates a vote taken via written ballot and restricted to the voting members of the given body or their designated proxies; in this case, the voting members of the WHO-FIC Council

- Family Development Committee (FDC)

The Committees each take responsibility for progressing a relevant area of the strategic work plan of the Network. The number and roles of Committees are reviewed from time to time to restrict the number of Committees to a minimum. The annual meeting may establish time-limited working groups to carry out specific tasks, and these will generally be placed within one of the established Committees.

The WHO-FIC Network has also established three Reference Groups to provide forums for more technical discussions and to facilitate participation by a broader range of experts and interested parties:

- Mortality Reference Group (MRG)
- Morbidity Reference Group (MbRG)
- Functioning and Disability Reference Group (FDRG)
- Traditional Medicine Reference Group (TMRG)

Reference Groups address specific areas of classification (e.g. mortality, morbidity, functioning and disability, traditional medicine). The work of these groups will be regularly reviewed to ensure there is value for the effort and that the links between the Groups and Committees are working appropriately. Additional reference groups may be established as required.

### **Membership in Committees and Reference Groups**

The structure of Committees (with exception of the CSAC - see Annex 2: Terms of Reference of the WHO-FIC Classification and Statistics Advisory Committee (CSAC)) and Reference Groups includes permanent members from WHO (including staff from the WHO Regional Offices) and, ideally, from each Collaborating Centre, who will primarily devote their time to developing and, to the extent possible, carrying out strategies for addressing the goals and objectives specified in the Strategic Work Plan. All WHO-FIC Network Collaborating Centres may nominate for every Reference Group or Committee two official members. (Collaborating Centres representing more than one country as per their official Centre designation can nominate up to a maximum of four members for every Reference Group or Committee).

As specified in Annexes, each WHO Collaborating Centre for Classifications, Terminologies, and Standards or NGO that meets the criteria approved by the Council may have one official voting member in each respective Committee or Reference Group, regardless of how many other representatives of that WHO Collaborating Centre for Classifications, Terminologies, and Standards or NGO may participate in the specific group.

Beyond these permanent members, additional participants included in the delegations of the Collaborating Centres or NGOs may take part in Committee and Reference Group meetings as observers. Only official nominated members and observers can participate in the work of Committee or Reference Group and will be included in the respective mailing list. All representatives of Collaborating Centres or NGOs are expected to actively participate in the work of the Committee and Reference Group they attend regardless of their capacity as members or observers.

A list of all Committee and Reference Group members and observers will be sent by WHO to the Collaborating Centres and NGOs at least two months before the annual meeting. The Heads of the Collaborating Centres and NGOs and the Committee and Reference Group Co-Chairs will check the lists, amend them as necessary, and send them back to WHO within four weeks. Centres officially representing two or more countries per their designation will have to specify this on the membership list. The voting members must be indicated on the list and marked as "voting members". WHO will then send the compiled lists to the Council before the annual meeting, at the latest at the end of September.

The WHO-FIC Network Advisory Council will seek to ensure that each Committee and Reference Group has sufficient participation, expertise, and geographic coverage to conduct its assigned work program. In consultation with WHO and the Heads of the Collaborating Centres, the Committees and Reference Groups may also recruit participants from outside the WHO-FIC Network, working with country officials and NGOs to assure broad input from stakeholders and identify the appropriate representatives.. Through the same process, experts can be invited to participate in a Committee or Reference Group to address specific projects of time-limited duration. All possible conflicts of interest should be evaluated and considered as a possible

reason for exclusion from membership.

Membership by such experts and others will be included in lists sent by WHO to Collaborating Centres, NGOs, and Committee or Reference Group Co-chairs two months before the annual meeting and will be reviewed as part of that process.

### **WHO-FIC Network Committee and Reference Group Co-chair election rules**

Committees and Reference groups will elect their respective Co-Chairs from their membership in even-numbered years in a closed ballot<sup>4</sup> at the annual meeting of the Network for a term of two years. The results of the election will be submitted to the Council for ratification.

Voting members are defined by the above-mentioned Committees' and Reference Groups' membership lists, in which each Collaborating Centre and NGO has indicated who will be voting for the election. Each Collaborating Centre will have one vote. Collaborating Centres officially designated as representing multiple countries will have two votes, provided that their two voting members come from different countries. Each eligible NGO has one vote.

Candidates must be members of the Committee or Reference Group. A person may be elected for only two consecutive terms in a given Committee or Reference Group. Candidates should be willing and committed to serving for two years and should provide an explicit statement to this effect if they accept the nomination.

Proposals of candidates may come from all members of Committees and Reference Groups. Still, they must be confirmed as formal nominations by the respective Centre Head or by the head of the relevant NGO. Nominations should reach the WHO Secretariat as early as possible, but no later than the start of the meeting. A person should only be a candidate for co-chair of a single Reference Group or Committee. If a person is nominated for more than one Committee or Reference Group, they and their Collaborating Centre should make a choice and refrain from running for both elections.

The elections will take place in the times designated in the WHO-FIC Annual Network meeting agenda. Usually, this is during the first official meeting of the relevant Committee or Reference Group. Identified Focal Points of the WHO Secretariat will act as polling officer(s).

There will be ONLY live voting from those who attend the meeting (i.e. no e-mail or telephone voting). Eligible voting members may identify a proxy to be present and cast their vote. This information should be provided in writing to WHO before the session.

The Co-Chairs will assume the office at the Council meeting at the end of the annual meeting during which they are elected.

### **WHO-FIC Network Committees and Reference Groups Working Methods**

The Committees and Reference Groups will work through technology, such as e-mail and web applications. Still, they will convene at least once per year in conjunction with the WHO-FIC Network annual meeting and use web or teleconferences as needed. Additional meetings must be announced and approved by the Council. These additional meetings should be limited to a minimum due to resource restrictions of the Collaborating Centres and WHO headquarters.

To the extent possible, decisions related to the work of Committees and Reference Groups will be reached by consensus. All participants will have the opportunity to express their views. Voting will be used to gather information on differing positions of the participants rather than as controlling, except in elections or other official votes. In meetings of Committees and Reference Groups, in cases where the sense of the group is required, each Collaborating Centre or NGO will have one vote (up to a maximum of two votes per Collaborating Centre that is officially designated as representing more than one country, provided that the

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<sup>4</sup> A "closed ballot" indicates a vote taken via written ballot and restricted to the voting members of the given body; in this case, the voting members of the Committee or Reference Group



two voting members are from different countries). Again, a voting member or their identified proxy must be present to vote. Voting is open unless otherwise specified.

The Committees and Reference Groups will report their decisions and recommendations to the WHO-FIC Network Advisory Council and any other appropriate Committee or Reference Group at the annual Network meeting. In making recommendations to other Committees, Reference Groups, or the WHO-FIC Network Advisory Council, the Co-Chairs should clarify the process used to reach a decision and any diversity of views. Recommendations of the Committees and Reference Groups are presented at the Council for final approval. Decisions endorsed by the Council are circulated after the meeting by the relevant Committee or Reference Group in the form of a short report and should be available from the WHO web page. They should also be included in the Council minutes.

### **Specific WHO-FIC Network Committees and Reference Groups**

The **Education and Implementation Committee (EIC)** assists and advises WHO and the WHO-FIC Network on implementing WHO classifications, focusing on reference classifications and improving the level and quality of their use in WHO Member States. The EIC tracks implementation of the classifications and develops implementation, education, training and certification strategies for the WHO-FIC, identifying best training and implementation practices and providing a network for sharing expertise and experience on training and implementation.

The **Family Development Committee (FDC)** aims to ensure that the WHO-FIC has a logical structure so that the classifications needed for each component and setting within the health system can be identified. The Committee identifies and prioritizes gaps in the WHO-FIC. It sets criteria for and assesses potential new member classifications against these criteria. As necessary, the Committee will work with proprietors of classifications that could fill a gap in the WHO-FIC and recommend appropriate relationships between WHO and the proprietor. The Committee may also suggest strategies for developing or revising WHO-FIC classifications, but the revision itself would be undertaken elsewhere.

The **Informatics and Terminology Committee (ITC)** follows the development of electronic versions of WHO-FIC classifications and corresponding terminologies. It develops policies on electronic standards used for WHO-FIC classifications and related terminologies and promotes their international implementation. It aims to ensure the availability and consistency of applications and electronic tools for the WHO-FIC. The Committee fosters standardization of concepts underlying clinical terminologies and the WHO classifications to facilitate the common use of WHO-FIC classifications and international terminologies.

The **Classification and Statistics Advisory Committee (CSAC)** supports WHO and the WHO-FIC Network in keeping the reference classifications of the WHO-FIC in line with current knowledge.

The **Mortality Reference Group (MRG)** aims at improving the international comparability of mortality data. To this end, the MRG identifies and solves problems related to the interpretation and application of ICD to mortality, supports the development of internationally applicable software for mortality coding and classification, and addresses the analysis and assessment of mortality statistics. The MRG prepares updates to the ICD for consideration in the appropriate update committee(s).

The **Morbidity Reference Group (MbRG)** identifies, discusses, and solves problems related to interpreting and applying ICD to morbidity coding and classification by developing agreed-upon coding rules and guidelines. The MbRG makes annual recommendations to the appropriate update committee(s).

The **Functioning and Disability Reference Group (FDRG)** advises the WHO-FIC Network on identifies and solves problems related to the interpretation and application of ICF to documentation and coding of functioning data for specific use cases (e.g. rehabilitation and social medicine). The chief aim is to improve the quality and comparability of national and international data that describes functioning, disability and health by enhancing the appropriate use of the ICF. The FDRG supports updates to the ICF and makes annual recommendations to the appropriate update committee(s). The FDRG also identifies and solves problems related to the interpretation and application of ICF based assessment instruments (i.e. WHO Disability Assessment Schedule, WHO DAS 2.0)

The **Traditional Medicine Reference Group (TMRG)** is to improve the quality and comparability of national and international TM morbidity data and the application of the ICD-11 TM Chapter by analyzing and integrating needs deriving from clinical documentation, statistical reports, reimbursement and other use cases.

## **Responsibilities and privileges of Co-Chairs of WHO-FIC Network Committees and Reference Groups**

1. Participate in WHO-FIC Network Advisory Council work.
2. Propose the contribution of the Committee or Reference Group to the Strategic Work Plan together with WHO and WHO-FIC Network Advisory Council Co-chairs on an annual basis.
3. Establish/confirm Committee or Reference Group membership with WHO and the WHO-FIC Network Advisory Council.
4. Prepare the annual report of the Committee or Reference Group, to be presented at the yearly WHO-FIC Network meeting.
5. Convene working sessions at WHO-FIC Network annual meeting
  - 5.1. present to the WHO-FIC Network Advisory Council the Committee's or Reference Group's session needs -to allocate adequate time to conduct its business;
  - 5.2. prepare agendas at least six weeks in advance of the annual meeting;
  - 5.3. circulate agendas and other meeting documents to the membership;
  - 5.4. solicit papers and posters for working sessions;
  - 5.5. select rapporteur (s) to prepare minutes from working sessions (short synopsis for meeting report [1/2 to 1 page] and longer report [approximately 5-7 pages] for fuller documentation) in a draft version right at the end of the meeting for WHO and to be circulated in a finalized version as a part of the official meeting report.
6. Assist in the organization of plenary sessions or round tables for annual Network meeting as requested by WHO and the host Centre.
7. Contribute to orientation materials (organized by Education and Implementation Committee) for the annual WHO-FIC Network meeting
  - 7.1. update 2-3 slides in a joint presentation to describe the Committee/Reference Group purpose and working sessions.
8. Make a presentation during the report-back of Committee and Reference Group work at the Annual Meeting (Templates will be distributed by WHO before the meeting) as identified in the agenda.
9. Propose an update to the respective section of the WHO-FIC Strategic Work Plan annually
  - 9.1. share with membership two months before the annual Network meeting;
  - 9.2. update during the annual meeting and provide to meeting rapporteur;
  - 9.3. discuss work plan with WHO-FIC Network Advisory Council SEG in light of compiled work plan of all Committees and Reference Groups by teleconference, if requested.
10. Communicate with membership by e-mail at least twice between annual meetings.
11. Organize teleconferences and mid-year face-to-face meeting if needed and as resources permit
  - 11.1. assure documentation of teleconferences and meetings;
  - 11.2. circulate minutes to full membership.
12. Participate in periodic teleconferences of the WHO-FIC Network Advisory Council.
13. Participate in mid-year teleconference/meeting of the WHO-FIC Network Advisory Council
  - 13.1. prepare written update on work plan for inclusion in Council agenda materials
  - 13.2. report on progress at mid-year teleconference/meeting.

## **Communication about and within the WHO-FIC Network**

All WHO Collaborating Centres and individuals therein have agreed to the "Terms and Conditions for WHO Collaborating Centres" (<http://www.who.int/collaboratingcentres/information/en/>). In this context, the

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following guidelines will be useful to follow to ensure proper conduct and etiquette respecting collaboration, in line with the WHO Collaborating Centre and WHO-FIC Network Strategic Work Plan. The guiding principles should be mutual respect and to protect the WHO's reputation and intellectual property.

Any member of the WHO-FIC Network proposing to make a public statement or a publication on behalf of the WHO-FIC Network must inform WHO and the WHO-FIC Network Advisory Council Small Executive Group and seek their clearance or guidance. There may be requirements for the timely release of information to the public (outside WHO and the WHO-FIC Network) or sensitive issues when different stakeholders have differing views about a particular classification, development, or application. All conflictual matters should be solved within reasonable timelines and with appropriate consultation. Any previously publicized information by WHO or the WHO-FIC Network can be used without any permission. Items that are of limited or embargoed nature should be marked as such "network-in-confidence"; embargoed until {DATE}; etc. A caveat/disclaimer may be in place regarding the time and context-bound nature of the information shared. In case of any doubt or uncertainty on the content, the authors shall clear the statement or publication with their Centre Heads, the Network Co-Chairs, or the WHO Mortality and Health Analysis and Data Standards team (MHA).

### **Communication within the Network**

Acknowledging the multiple languages represented in the WHO-FIC Network and that the working language, English, is not the native language of all network participants, the following guidelines can assist in clear communication:

- Papers, statements, and any other form of written documents shall be presented at least one working day before their discussion. If voting or confirmation of the group is expected on such a written statement, a presentation two days before the discussion will allow necessary translation and a reply in English.
- Any member of the Network expected to vote on a decision must be allowed sufficient time to **translate and analyze** the decision beforehand. Whenever necessary, the member can request additional time if the topic to be decided upon was not presented at least two days before.
- If needed, audio recording of CRG meetings are permissible but only for purposes of supporting designated meeting rapporteurs, the CRG Co-chairs or WHO and in their note taking and drafting of meeting reports.

## Conduct of WHO-FIC Network annual meeting

The objective is to ensure that the meeting is structured to allow new attendees to learn about the Family of International Classifications and the Network's work and enable all representatives to participate fully.

### Planning and organization of the WHO-FIC Network annual meeting

The annual meeting is usually organized by WHO and a Host Centre, with the participation of the WHO-FIC Network Advisory Council. Templates for meeting documents (meeting schedule, session report, overall meeting report, etc.) should be available on the WHO-FIC Network annual meeting website in different formats, for example, a set of templates (e.g. Word, Excel, Access).

Requirements for information sharing during the meeting should also be indicated (e.g. the need for paper copies vs the use of e-documents shared using memory sticks /download "station," etc.). The current policy is to provide all posters on the meeting website and distribute paper documents on an exceptional basis.

The WHO-FIC Network Annual Meeting shall run for 5 ½ days, typically from Monday morning through mid-day on Saturday. The standard timetable shall include an orientation session and two open, full Council sessions on the first day and two closed full Council sessions<sup>5</sup> on the last day. These Council sessions shall include any progress reporting necessary, a discussion of Council topics and decisions to be made, updates to the Strategic Work Plan, ratification of work completed in the Committee and Reference Groups, such as recommendations on updates to the Classifications, and other relevant topics as agreed by WHO and the WHO-FIC Network Council SEG. One day during the week shall be a "conference day", with one or two sessions dedicated to presentations by the Host Centre and selected experts on relevant local topics, presentations by the WHO Regional Advisors, Expert Round Tables, or other similar presentations or discussions. Two sessions on the conference day shall be allocated to updates on classification development work by WHO or other necessary topics. One afternoon during the week shall be dedicated to a networking / social event organized by the Host Centre. All other days shall be dedicated to working sessions of Committees and Reference Groups, ideally two, but no more than three, parallel sessions in each time slot. The focus of the Committee and Reference Group sessions should be on SWP items requiring face-to-face time and considered strategically important by the Network and WHO, more important for cross-group input, or pending finalization for Council endorsement, rather than providing information or progress reports.

### Resourcing the WHO-FIC Network annual meeting

Attendance at the meeting is at the expense of the Collaborating Centres. A fee will be charged to cover the cost of meals during the meeting and other meeting expenses not covered by the host Centre.

To the extent possible, the host Centre will cover the cost of the venue hire and costs expended in planning and running the meeting. The host Centre is also responsible for organizing a social/networking event. This may require an additional fee from participants.

The WHO-FIC Network Advisory Council works to facilitate the attendance of all Collaborating Centres at the annual meeting.

### Accessibility

Collaborating Centres have agreed to make a good faith effort to implement the following accessibility guidelines for participation in the Network meetings:

- ensure that all official meeting facilities and events are accessible to persons with disabilities (e.g., meeting rooms, restrooms and sleeping rooms should fully accommodate wheelchairs and allow room to maneuver; ensure availability of elevators, escalators and stairs; provide for a bus with a

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<sup>5</sup> A "closed session" indicates that only official members of the given body, or their designated proxies, may attend the session

power lift for social events, as needed);

- ask in advance about the special needs of prospective participants
- make meeting content accessible to all participants (e.g. readable by all and read aloud, as needed);
- ensure a smoke and chemical-free environment;
- seek funding for sign language, Braille, and personal assistants, as needed.

## **Rules of Procedure**

The annual WHO-FIC Network meeting shall be co-chaired by the Head of the Collaborating Centre hosting the meeting and the current Co-Chairs of the WHO-FIC Network Advisory Council.

All participants should be encouraged to participate actively in as much of the Network meeting as possible, including the work of the Committees or Reference Groups. Such participation will enrich the work of the Network, bring all attendees up to speed quickly, and assist in sharing work over as many contributors as possible. The Network has prided itself on its lack of formality. This is something to be preserved, especially in meetings of Committees and Reference Groups. However, the increasing size and diversity of Network meetings and participants mean that some formality is unavoidable if meetings are to draw in all attendees in a meaningful way.

## **Education for Attendees**

The wide variety of attendees at Network meetings means an opportunity for those with expert knowledge in a particular classification to assist those with less expertise. However, the different backgrounds of attendees should be kept in mind and the relative lack of everyday use of English for many. The relative disadvantage faced by many participants whose native tongue is not English should be taken into account and compensated for whenever possible.

Besides specific classifications, there is a need to ensure attendees have the opportunity to become familiar with the concept of the 'family of classifications'. When time permits, an orientation session for new members should be organized by the Education and Implementation Committee. If such a session cannot be accommodated in the annual meeting program, participants should be referred to the WHO-FIC Collaborative Workspace, where a WHO-FIC Collaborating Centre Briefing Kit is posted. The Education and Implementation Committee will also provide an introductory slide set on the WHO-FIC Network for each annual meeting.

## **Discussion, information sharing and resolutions**

Chairs of plenary sessions need to ensure that each Centre Head or NGO representative has an opportunity to comment on a specific matter for discussion in turn. The Centre Head may defer to another member of their Centre to provide the contribution. Similarly, in Committees and Reference Groups sessions, each member should be recognized.

Once each Centre (or country) has had an opportunity to contribute, and depending on the time available, other delegates may be asked to comment, with priority given to Committee and Reference Group co-chairs, who are Council members.

The Co-Chairs should summarize the outcome of the discussion and propose a resolution to the meeting attendees. When recommendations of the Committees and Reference Groups are presented to the Network for final approval, each WHO-FIC Collaborating Centre will have one vote (up to a maximum of two votes per Collaborating Centre that is officially designated as representing more than one country).

The rapporteurs should wherever possible, simultaneously project the draft resolution on a screen so that delegates are clear on the proposed outcome. To this end, a predefined template could be used to aid rapporteurs in their work and clarify the outcome and further actions (recommendations, resolutions). Amendments can be made to the text. The result is the immediate availability of the agreed decision, and the resolution can be incorporated into the meeting report without further editing.

## **Committee and Reference Group Sessions**

Committee and Reference Group Chairs should prepare preliminary agendas of the Committee and

Reference Group sessions and make them available to the meeting organizers before the meeting. The focus of the sessions should be on SWP items requiring face to face time and considered strategically important by the Network and WHO, more important for cross-group input, or pending finalization for Council endorsement, rather than providing information or progress reports, particularly to those who are not regular participants or contributors to the work.

Committee members are encouraged to submit posters on relevant topics, which may be discussed during Committee and Reference Group meetings. Posters must be approved by the Head of the Collaborating Centre or NGO, by a Council or Committee and Reference Group Co-Chair, or by WHO. Papers for discussion should only be submitted when requested by the Co-Chairs and only in the form of an attachment to a poster which remains the only official way to present materials to the meeting participants. Specific resolutions should be presented on slides or handouts if not covered elsewhere. All decisions taken during the Committee and Reference Group sessions must be brought to the Council meeting for endorsement and inclusion in the record of the meeting.

Each Committee or Reference Group Chair should consider appointing one main rapporteur to prepare a report on the work of the sessions for the meeting report and documentation of Committee and Reference Group business.

### **Plenary sessions and Council sessions**

The WHO-FIC Network Advisory Council is responsible, in collaboration with WHO, for the content and agenda of plenary sessions, including the assignment of chairs and rapporteur (s). The English-speaking Collaborating Centres will rotate, providing a rapporteur to support the overall meeting rapporteur, if requested by WHO.

The first annual network meeting session(s) of the Council is open to all meeting participants. Later sessions of the Council may be restricted to a closed session if the need arises.

### **Strategy and Work Plan**

The annual process of developing, amending, and endorsing the Strategic Work Plan is an integral part of the WHO-FIC Network meeting. The development of the Strategic Work Plan should be undertaken by the Council, which includes all Committee and Reference Group Co-Chairs. Network members may propose new items for the Strategic Work Plan for consideration by the WHO-FIC Network Advisory Council and WHO.

The Strategic Work Plan should be presented to the Council meeting for discussion and endorsement. Editorial re-drafting should be done outside the Council meeting, with a final endorsement of wording by the Council.

At the annual Network Meeting, Committees and Reference Groups will discuss items from the Work Plan that their Group is working on. Proposals for change will then be reported at the final Council Meeting. Committee and Reference Group Co-Chairs ensure that new items align with the overall Work Plan and necessary resources will be available within the Network. One lead Committee or Reference Group should be identified for each work plan item. Additional contributors should be mentioned, and the lead Committee or Reference Group must ensure that effective collaboration on the respective item is undertaken. All items on the Strategic Work Plan must be approved by the WHO-FIC Network Advisory Council and WHO.

The Work Plan will then be compiled by the two Council Co-Chairs and presented to the Council again at the first teleconference of the coming year.

The Council recognizes that WHO is engaged in many projects related to, involving, or using WHO-FIC Classifications and related products that do not fall within the Strategic Work Plan of the Network, both in the WHO CAT team and in other WHO departments and offices. WHO has the responsibility of inviting different individual experts and institutions to be involved in its work to deliver on WHO priorities. When these projects overlap with or are of particular interest to the WHO-FIC Network, the WHO-FIC Network Advisory Council can receive regular briefings through the quarterly Council Meetings and Teleconferences and the WHO-FIC Network Annual Meeting. Individual experts, WHO Collaborating Centres and NGOs, or the

Conduct of the WHO Family of International Classifications Network v 1.7  
Network, as a whole, may offer support to WHO or to be involved if desired.

## **Meeting report**

The meeting report should consist of an executive summary, the final agenda, the list of participants, the updated Strategic Work Plan, any resolutions endorsed by the Council, summaries of the plenary sessions, and summaries (not exceeding ten pages) of the Committee and Reference Group sessions.

The Executive summary is drafted by the WHO Secretariat with input from the rapporteurs and circulated to the Council for comment. All documents will be available on the WHO website no more than three months after the meeting.

A draft report should be made available to the Council and other meeting participants within 60 days of the close of the meeting.

The approval of the meeting report should be conducted at the first Council teleconference, or the mid-year meeting of the Council, at the latest. All meeting report documents will be available on the WHO website no more than five months after the meeting.

## **Seating arrangement**

The double horseshoe setting has been used in recent meetings. If possible, this type of seating arrangement should be followed.

It is recommended that each Centre have two, and only two, places in the front row of the horseshoe. If space allows, multi-country Centres may have three places. Occupancy of places is entirely at the discretion of the Centre Head and will vary depending on the topic under discussion. Committee and reference group co-chairs and heads of NGOs in Official Relations should also be allocated a front-row place if space permits.

WHO should have a minimum of three front-row places for Headquarters staff and up to six for the six Regional Officers.

Places in the rear row for each Centre and WHO should be immediately behind the respective front row places if space allows.

## **Posters and presentations**

WHO makes a call for posters at least four months before the meeting. Posters may be submitted for:

- information only (background poster)
- presentation and discussion in one of the Committees or Reference Groups sessions (the respective Co-Chairs must clear these posters)
- presentation and discussion in plenary sessions (as determined by WHO and the WHO-FIC Network Advisory Council)
- Annual reports from the WHO Collaborating Centres
- Annual reports from the WHO-FIC Network Advisory Council, Committees, and Reference Groups

Submitted posters must be approved by the head of a Collaborating Centre or NGO, a Committee and Reference Group Co-Chair, or WHO, and must be in line with the Network Strategic Work Plan or the relevant work plan of the Collaborating Centre or NGO.

Poster abstracts and posters are to be submitted using templates provided by WHO and must include contact information for the author(s). Authors should submit the titles of each poster, and an abstract to WHO Headquarters as outlined in the timeline included below. WHO Headquarters will make available all poster abstracts to the respective Co-Chairs of Committees and Reference Groups for their information right after the deadline for submission. WHO will select a certain number of posters for presentation in the poster sessions of the meeting. Committee or Reference Group Co-Chairs can then choose one or more of the posters for presentation within their sessions from those not already selected for presentation in a session. WHO Headquarters will coordinate these presentations and avoid double presentation of the posters in different Committees or Reference Groups. Tentative session agendas should be made available to the organizers six weeks before the meeting. PowerPoint slides to accompany selected poster presentations

should be submitted one week before the meeting.

Final posters must be submitted as outlined in the timeline included below. Posters are made available on the meeting website a minimum of 10 working days before the meeting. WHO provides the address for accessing posters. Posters will no longer be printed for display, but will be available electronically.

If a poster cannot fit all background and discussion information, papers can be annexed to posters. These papers will then be made available on the meeting website as annex to the poster. Annexing a poster by a paper should be restricted to very limited cases, as agreed by the Committee or Reference Group Chair.



## Draft TIMELINE for WHO-FIC Network Annual Meeting<sup>6</sup>

Time	Action	Responsible
Jan	1. Prepare and implement tender process to select meeting venue	Hosting CC
	2. Draft outline of meeting websites and logo	Hosting CC
		WHO/HQ
	3. Identify mechanism to collect meeting fee	Hosting CC
	4. Briefing of WHO-FIC SEG on meeting preparations	WHO
	5. Specify meeting theme & possible keynote speakers	WHO with AC SEG
	6. Prepare invitations & call for posters	WHO
Feb	7. Discuss draft agenda and timetable with SEG	WHO and SEG
Mar	8. Briefing of WHO-FIC Network Advisory Council on meeting	WHO
-	9. Finalize draft agenda & timetable including options for social program	WHO and SEG
Apr		Hosting CC
	10. Draft list of Hosting invitees & regional participation	Hosting CC
	11. Final meeting websites, logo and tender results	Hosting CC
	<b>April 30<sup>th</sup> Deadline for</b>	Hosting CC, WHO
	<ul style="list-style-type: none"> <li>• <b>announcement of meeting venue</b></li> <li>• <b>launch meeting website for registration</b></li> <li>• <b>sending invitations &amp; call for posters</b></li> </ul>	
May	12. Brief WHO-FIC Network Advisory Council on meeting preparations	WHO
Jun	<b>June 15<sup>th</sup> Deadline for submission of poster abstracts to WHO</b>	WHO
Aug	13. Review list of participants, prepare round table arrangements	WHO
		Hosting CC
	14. Send Committees & Reference Groups membership lists to Centre Heads and NGOs	WHO
	<b>August 15<sup>th</sup> Deadline for submission of posters to be printed by Hosting CC</b>	
Sep	<b>Sept 1<sup>st</sup> Deadline for</b>	WHO
	<ul style="list-style-type: none"> <li>• <b>meeting registration</b></li> <li>• <b>submission of posters for Committees &amp; Reference Groups agendas</b></li> </ul>	
	15. Council teleconference: discuss overall meeting agenda and allocation of content round table	WHO
	16. Request updated SWP and PPT presentations from Committees & Reference Groups	WHO
	17. Send updated membership lists to Committees & Reference Groups Co-Chairs	WHO
	<b>Sept 1<sup>st</sup> Deadline for</b>	WHO
	<ul style="list-style-type: none"> <li>• <b>web posting of meeting documents</b></li> <li>• <b>booking hotel accommodation</b></li> </ul>	Hosting CC
	18. Prepare meeting certificates & presents	WHO
		Hosting CC
Oct	<b>Oct 1. Deadline for submitting updated SWP and PPT presentations to WHO</b>	WHO
	19. Prepare sitting plan for plenary and room allocations	Council
		WHO
	20. Post & print final version of meeting documents (agenda, timetable, LoP, poster booklet, SWP)	Hosting CC
		Hosting CC
	21. Prepare and print meeting folder for participants	Hosting CC

<sup>6</sup> All dates are subject to annual confirmation by WHO and the Host Collaborating Centre.



## **Annex 1: Terms of Reference of the Informatics and Terminology Committee (ITC)**

### **Purpose**

- Promote standards for classification maintenance and exchange for WHO-FIC Classifications to enable interoperability.
- Support WHO and the WHO-FIC Network in developing standards for electronic classification-related tools and tools using terminologies together with classifications.
- Promote awareness of the need to ensure and verify congruence between concepts underlying clinical terminologies and the categories available within the WHO-FIC member products.
- Enhance alignment of WHO-FIC classifications with terminologies for standardized use in eHealth applications.

### **Functions**

1. To promote that the standard classification format ClaML is used for all WHO-FIC classification exchange to ensure that classification data is usable throughout the Network.
2. To cover tools that are only for morbidity, mortality or functioning, and ones with a more general application or joint use.
3. Work closely with other WHO-FIC Committees on overlapping areas.
4. Support other WHO-FIC Committees with information technology and terminologies.
5. Establish liaison with other organizations/groups working in electronic classification and terminologies.
6. To take into consideration the needs of non-English-speaking countries and developing countries.
7. To provide guidance on best practices for mappings from and to WHO-FIC classifications.
8. To prepare recommendations on terminology issues for Member States to consider when contemplating other language versions of WHO-FIC member products and submit them for discussion and eventual endorsement by the WHO-FIC Network.
9. To create and maintain productive working relationships with other WHO-FIC Network Committees and reference groups.
10. To prepare strategic work plans for the Committee and annual reports to the Network on the activities of the Committee.

## **Annex 2: Terms of Reference of the WHO-FIC Classification and Statistics Advisory Committee (CSAC)**

### **Purpose**

Provide strategic and technical advice to WHO in keeping its Family of International Classifications up to date in line with current knowledge and relevant to the purpose for which they were designed. The activities focus on the:

- subset of the Foundation content to be included in a classification
- primary parents in the classification that define the hierarchy
- recommended versions of coding and browsing tools, in print or electronic formats, and related inclusion of secondary parents
- level of detail for single-code coding
- relevant dimensions for use in optional post-coordination
- morbidity and mortality coding and reporting rules
- respect of principles of classification:
  - categories to be mutually exclusive
  - jointly exhaustive
- user guidance where using more than one code per condition
- advice provided as necessary by FDRG, MbRG, MRG and MSAC.

## Functions

1. Maintenance policy of CSAC
  - 1.1. Ensure an integrated maintenance process for WHO-FIC (i.e. strive for harmonization in the processes for maintaining and enhancing each of the classifications).
  - 1.2. Improve principles and criteria for maintenance of WHO classifications, based on an open and scientific process and promoting consistency among all WHO-FIC classifications.
  - 1.3. Improve processes and schedule for maintenance of the classifications
  - 1.4. Evaluate maintenance mechanisms, tools and applications
  - 1.5. Recommend mechanisms for improving the maintenance
2. Maintenance work of CSAC
  - 2.1. Moderate and assign update proposals to relevant Reference Groups, as necessary
  - 2.2. Review resulting feedback and suggestions submitted by Reference Groups and other sources
  - 2.3. Check on consistency between WHO-FIC member classifications update and revision proposals
  - 2.4. Decide on update and revision proposals for final approval by WHO-FIC Council
3. To create and maintain productive working relationships with other WHO-FIC Network Committees and reference groups.
4. To prepare strategic work plans for the Committee and annual reports to the Network on the activities of the Committee.

## Membership

The standard rules of WHO-FIC Network Membership apply to the CSAC with the addition of the following:

- Membership and voting is limited to WHOFIC Collaborating centres and officially nominated technical representatives from WHO member states
- The voting members, members, and observers from the Collaborating Centres and NGOs should have specific knowledge and expertise in the classifications
- Two cochaairs from each Reference Group (Mortality Reference Group, Morbidity Reference Group and Functioning and Disability Reference Group (FDRG), Traditional Medicine Group) as well as two cochaairs from the Medical and Scientific Advisory Committee (MSAC) are also included ex officio, with the right to comment but no right to vote.
- Additional experts may be invited to participate in CSAC meetings for commenting on specific items.
- Officially nominated technical representatives from member states are also invited to participate. At longer-term, the formation of a WHO-FIC Collaborating Centre will provide the necessary institutional support to such technical experts and ensure an equal degree of background knowledge among CSAC participants.

## Annex 3: Terms of Reference of the Family Development Committee (FDC)

### Purpose

The Family Development Committee (FDC) aims to develop the WHO-FIC as an integrated and comprehensive suite of classifications. It also aims to ensure that the WHO-FIC has a logical structure so that the classifications needed for each component and setting within the health system can be identified.

### Functions

1. To keep under review, and update as necessary, the structure and content of the WHO-FIC
2. To identify and prioritize gaps in the WHO-FIC.
3. To specify a mechanism, including assessment criteria, for consideration of new family members.
4. To consider proposals for membership of WHO-FIC, to nominate location within the structure of the family, and to assign an appropriate status (derived or related) to the classification.

5. To consider the implications for WHO-FIC of the development and implementation of clinical terminologies, and recommend appropriate actions to the Network.
6. To work with custodians of other classifications to consider appropriate linkages between WHO-FIC and these classifications.
7. To oversee work on development or application of WHO-FIC as requested by the Network.
8. To serve as a focal point for the Network for the development of ICHI.
9. To create and maintain productive working relationships with other WHO-FIC Network Committees and reference groups.
10. To prepare strategic work plans for the Committee and annual reports to the Network on the activities of the Committee.

## **Annex 4: Terms of Reference of the Education and Implementation Committee (EIC)**

### **Purpose**

Assist and advise WHO and the WHO-FIC Network in implementing the WHO Family of International Classifications (WHO-FIC) and improving the level and quality of their use in Member States. Track implementation of the classifications and develop implementation, education, training and certification strategies for the WHO-FIC, identifying best training and implementation practices and providing a network for sharing expertise and experience on training and implementation. The first priority will be for the reference classifications, ICD and ICF.

### **Functions**

The primary functions of the Committee are to develop strategies for the implementation of the WHO-FIC with an integrated educational approach for the Reference Classifications, ICD, ICHI and ICF. Other members of the Family of International Classifications, including new and emerging classifications, will be considered as resources permit. The components of this strategy include the following functions:

1. To conduct through the WHO HQ and ROs an international stocktaking of WHO-FIC implementation in a timely, systematic and comprehensive manner:
  - 1.1. Review periodically the planned or existing use of classifications in both the public and private sectors in terms of: areas and purposes of use, version in use, coverage, coding method (automated, health profession coders, clerical coders, self-report etc.);
  - 1.2. Prepare a periodic summary of the global implementation status in Member States;
  - 1.3. Work with WHO in the development and refinement of mechanisms for collecting and analyzing WHO-FIC implementation data (by conventional questionnaire and web-based applications);
  - 1.4. Monitor and make proposals for the improvement of the technical and scientific quality of implementation-related studies presented to the annual WHO-FIC meetings and other international meetings.
2. Assess the needs of users and potential users of the classifications, including those who provide source information, apply codes, conduct research or use the resulting data.
  - 2.1. Identify the learning objectives for educational approaches.
  - 2.2. Maintain an inventory of existing educational materials and capacity.
  - 2.3. Make recommendations for learning content including development of core curricula
  - 2.4. Make recommendations for best practices for the promotion and delivery of educational material.
  - 2.5. Develop, harmonize and maintain self-learning tools.
3. Assist WHO in the development and application of implementation guidelines.
4. Provide WHO with guidance on user needs in terms of instruments, tools, training materials, etc.
5. Act as an international support network for countries, through the WHO and ROs, on issues relating to implementation and best practices on the use of the WHO-FIC.
6. Act as advocates both nationally and internationally to obtain high level support and financial commitment to develop and implement improved information systems using WHO-FIC, particularly in developing nations

7. Work with the other WHO-FIC Network committees and reference groups in the creation of methodologies for the joint use of WHO-FIC members in health information systems and surveys and development of educational products.
8. To prepare strategic work plans for the Committee and annual reports to the Network on the activities of the Committee.

## **Annex 5: Terms of Reference of the Mortality Reference Group (MMRG)**

### **Purpose**

The objective of the Mortality Reference Group (MRG) is to improve international comparability of mortality data by establishing standardized application of the ICD.

### **Functions**

1. To identify and solve problems related to the interpretation and application of ICD to coding and classification of mortality.
2. To establish standardized application of mortality coding rules and guidelines by a) making decisions regarding the interpretation of rules and guidelines for mortality, and b) deliberating on updates to the classification and the rules and guidelines. Such updates include both clarifications and correction of errors
3. To develop recommendations for ICD updates through a democratic process which attempts to achieve consensus
4. To submit annual recommendations to the Classification and Statistics Advisory Committee (CSAC) by the end of April.
5. To support the development and application of international software for mortality coding and classification
6. To address issues of analysis and assessment of mortality statistics
7. To provide documentation of discussions and decisions in a database.
8. To create and maintain productive working relationships with other WHO-FIC Network Committees and reference groups.
9. To prepare strategic work plans for the Committee and annual reports to the Network on the activities of the Committee.

Once a recommendation to the Classification and Statistics Advisory Committee (CSAC) has been agreed to by the MRG, members will support the recommendation.

Decisions from the MRG which are endorsed by the CSAC and the Centre Heads should be available from the WHO ICD home page.

## **Annex 6: Terms of Reference of the Morbidity Reference Group (MbRG)**

### **Purpose**

The objective of the Morbidity Reference Group (MbRG) is to improve international comparability of morbidity data and the application of ICD in morbidity by analyzing and integrating needs deriving from statistical reports (e.g. hospital data or data from primary care), casemix (e.g. DRG systems), and clinical documentation (e.g. clinical terminology or electronic health records).

### **Functions**

1. To identify, discuss, and solve problems related to the interpretation and application of ICD to coding and classification of morbidity, including the establishment of standardized interpretation of the categories of ICD and the development of agreed definitions, coding rules, and guidelines for ICD morbidity coding.
2. To develop recommendations on ICD updates to the Classification and Statistics Advisory Committee (CSAC), annually through a consensus process.
3. To review possible morbidity applications of WHO derived and related classifications in order to inform recommendations for changes to ICD.
4. To consider and support statistical, epidemiological, reimbursement (including casemix), and clinical applications of ICD for morbidity purposes.
5. To provide documentation of discussions and decisions in a database that can be used online and offline.
6. To work with WHO on settings, models, and mechanisms for quality assurance. For example, quality assurance should aim to assess whether the proposed ICD-11-MMS is fit for purpose and whether it can be used reliably by different users, such as through testing, bridge coding, and evaluation of the required level of detail in clinical modifications.
7. To prepare for transition needs between ICD-10 and ICD-11.
8. To create and maintain productive working relationships with other WHO-FIC Network Committees and reference groups.
9. To prepare strategic work plans for the Committee and annual reports to the Network on the activities of the Committee.



## **Annex 7: Terms of Reference of the Functioning and Disability Reference Group (FDRG)**

### **Purpose**

The objective of the Functioning and Disability Reference Group (FDRG) is,:

- to advise the WHO-FIC Network on functioning, disability and health classification and coding issues;
- to improve the quality and comparability of national and international data that describe functioning, disability and health by enhancing the appropriate use of ICF in statistics and information systems and scientific publications;
- to collaborate, through WHO and the WHO-FIC Network, with the producers and users of health and disability data to promote optimal use of ICF and, as appropriate, other WHO-FIC classifications.

### **Functions**

1. To promote the standardized interpretation of ICF concepts and categories (allowing, as far as possible, for geographical, cultural and specialty-based variations) through developing principles of use, coding rules and guidelines.
2. To identify issues related to the interpretation and application of ICF to coding and classification of functioning, disability and health.
3. To facilitate evaluation of ICF as a classification system and recommend changes, as appropriate.
4. To develop recommendations for ICF updates through an evidence-based process and to submit annual recommendations on updates to the Classification and Statistics Advisory Committee (CSAC).
5. To advise WHO and WHO-FIC Committees responsible for revising the ICD about ICF implications for the ICD revision.
6. To provide documentation of discussions and decisions in a WHO-supported database that can be used online and offline.
7. To create and maintain productive working relationships with other WHO-FIC Network Committees and reference groups.
8. To prepare strategic work plans for the Committee and annual reports to the Network on the activities of the Committee.

## **Annex 8: Terms of Reference of the WHO-FIC Traditional Medicine Reference Group (TMRG)**

### **Purpose**

The objective of the Traditional Medicine Reference Group (TMRG) is to improve the quality and comparability of national and international TM morbidity data and the application of ICD-11 TM Chapter by analyzing and integrating needs deriving from clinical documentation, statistical reports, reimbursement and other use cases.

### **Functions**

1. To identify, discuss, and solve problems related to the interpretation and application of ICD to coding and classification of Traditional Medicine (TM) related morbidity, including the establishment of standardized interpretation of the categories of ICD and the development of agreed definitions, coding rules, and guidelines for ICD TM morbidity coding.
2. To develop recommendations on TM related ICD updates to the Medical Scientific Advisory Committee (MSAC) and the Classification and Statistics Advisory Committee (CSAC), annually through a consensus process.
3. To consider and support clinical, epidemiological, statistical, and reimbursement applications of ICD TM codes for morbidity purposes.
4. To provide documentation of discussions and decisions in a WHO-supported database that can be used online and offline.
5. To create and maintain productive working relationships with other WHO-FIC Network committees and reference groups.
6. To prepare strategic work plans for the Committee and annual reports to the Network on the activities of the Committee.

## Annex 9: Preserving and Expanding the WHO-FIC Network: A Discussion Paper: 2011 Update

Marjorie S. Greenberg, Stefanie Weber

Co-Chairs, WHO-FIC Network Advisory Council, 2009-2011 Abstract

*The Collaborating Centres for the World Health Organization Family of International Classifications (WHO-FIC) are an international network of expert Centres in health classifications, coding, and terminology development. The Network also includes other representatives of WHO Member States and non-governmental organizations. The principal role of the WHO-FIC Network is to promote the implementation and use of the two WHO reference health classifications, the International Classification of Diseases (ICD) and the International Classification of Functioning, Disability and Health (ICF). The Family also includes a suite of derived and related classifications. The Network's mission is 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. As of August 2011, there were twelve fully designated WHO-FIC Collaborating Centres, covering five of the six official WHO languages and the two regional languages, and five new Centres undergoing designation. However, several long-standing Collaborating Centres have delayed applying for re-designation status. Other Centres are inactive in the Network. This paper describes the benefits to countries and WHO of establishing a WHO-FIC Collaborating Centre and the losses to the Network if a country discontinues its participation. It also considers additional ways to engage countries and experts in accomplishing the Network's mission.*

### Introduction

International classifications are the building blocks of health information systems. Implementation and maintenance of these classifications in multiple languages and jurisdictions for multiple purposes requires consultation and collaboration with governmental officials, statistical agencies and a broad range of users around the world. The World Health Organization (WHO) recognized this shortly after it received responsibility for the International Classification of Diseases (ICD) in 1948 and established its first Collaborating Centre for the English Language in London in 1951. A Latin American Centre for the Spanish language followed in 1955 and a French language Centre in 1968. By 2010, there were twelve fully designated WHO Family of International Classifications (WHO-FIC) Collaborating Centres, covering five of the six official WHO languages<sup>7</sup> and the two regional languages, and five new Centres undergoing designation. These Centres constitute the WHO Family of International Classifications Network, along with the responsible area of WHO Headquarters and all Regional Offices. The Mission of the WHO-FIC Network is ***“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 Collaborating Centres<sup>8</sup>

A WHO Collaborating Centre is a national institution designated by the Director-General to form part of an international collaborative network to support WHO's mandate for work on international health issues. Currently, there are over 800 WHO Collaborating Centres in over 80 Member States working with WHO on a wide range of issues. The WHO-FIC Centres consistently have been recognized by WHO for their productivity and contribution to the WHO mission. Although WHO Collaborating Centres are intended to support international work, they also are expected to participate in the strengthening of

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<sup>7</sup> There currently is no Collaborating Centre for the Arabic Language, although one did exist for a few years in Kuwait in the 1990's. Kuwait currently is developing plans to seek designation for a new Arabic language Centre.

<sup>8</sup> See <http://www.who.int/collaboratingcentres> for more information on WHO Collaborating Centres

country resources, in terms of information, services, research and training, in support of national health development. Thus the main role of the WHO Collaborating Centres is to provide strategic support to the Organization to meet two main needs:

1. Implementing WHO's mandated work and program objectives
2. Developing and strengthening institutional capacity in countries and regions<sup>9</sup>

### **Benefits to WHO and to Countries**

Collaborating Centres clearly have proven to be a cost-effective way for WHO to fulfill its mandated activities and to harness resources far exceeding its own. They also allow WHO to gain access to top Centres and experts worldwide to ensure the scientific validity and relevance of global health work. At the same time, the designation of an organization as a WHO Collaborating Centre provides institutions with enhanced visibility and recognition by national authorities, calling public attention to the health issues on which they work. It also offers opportunities to exchange information and develop technical cooperation with other institutions and countries.

For the WHO-FIC Collaborating Centres, specifically, the benefits to countries include:

1. Participation in update and revision of the international classifications to assure that they meet country needs for statistical monitoring, resource allocation, health care delivery and program and policy development
2. Sharing of best practices for education and implementation related to the classifications
3. Opportunity to develop partnerships with other countries and within country and to leverage these partnerships for improving national work
4. Providing a focal point for national and international work on classifications
5. Supporting other countries that work in the same language as the Collaborating Centre
6. Contributing to the public health global mission of improving information to improve health through the support of international health data standards

For example, the WHO-FIC Collaborating Centres exchange information about clinical modifications of the International Classification of Diseases (ICD) to improve comparability and quality of morbidity data. They also contribute to the maintenance and improvement of the automated systems for assigning underlying and multiple cause-of-death information to improve the comparability and quality of mortality data. Regarding the International Classification of Functioning, Disability and Health (ICF), information is shared through the Network about applications of the ICF in the health care, education and disability sectors, which informs national implementation.

Increasingly, countries are implementing electronic health records, which use structured granular terminologies for capturing clinical notes and clinical detail. It is important that these terminologies perform well with the international classifications that will continue to be used for national and international statistics, case mix, resource allocation and multiple other purposes that require data at an aggregated level organized into meaningful groups. Participation in the WHO-FIC Network thus complements participation in parallel terminology activities. Planned mappings between specific terminologies and classifications are likely to lead to modifications and improvements in both and will facilitate statistical and administrative reporting from electronic health records. Terminologies and classification systems used together in health record systems contribute to patient safety and evidence-based high quality care.

### **Location of WHO-FIC Collaborating Centres**

WHO-FIC Collaborating Centres are located in national statistical agencies, ministries of health, research institutes and other governmental agencies and institutes, not-for-profit organizations, universities and hospitals. Regardless of the Centre's location, because Centres are expected to support work on mortality, morbidity, functioning, disability and health classification and data, Centres often represent a collaborative effort among several different agencies and organizations that have these respective responsibilities.

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<sup>9</sup> See [http://www.who.int/collaboratingcentres/cc\\_historical/en/print.html](http://www.who.int/collaboratingcentres/cc_historical/en/print.html)

## **Challenges of serving as a Collaborating Centre**

As noted in information about Collaborating Centres posted on the WHO website, “designation ... is independent of financial support being given to the institution by WHO” (e.g., grants). Thus, Collaborating Centres must identify resources within their respective host agency and partner agencies to support participation by the Centre Head and other experts in Collaborating Centre activities, including travel to WHO-FIC Network meetings. Face-to-face meetings of the full Network are held annually, but increasingly, committees and reference groups hold mid-year meetings and teleconferences to advance their respective work plans. Ideally, the international work complements the responsibilities of the officials and experts in their home organizations, adding synergy to both activities. However, active participation in WHO-FIC Network groups (i.e. Council<sup>10</sup>, committees and reference groups), can take as much as 20% of a person’s time, and leadership roles are even more resource-consuming. In the current global economic situation, these resources are becoming increasingly difficult to identify. Experience shows that funding for infrastructure, as compared to services, is particularly difficult to secure.

With the growing complexity of the use of the classifications, e.g., in national Case-Mix-Systems, the focus of countries increasingly shifts to national work on classifications. Still, with the need for international comparability and data exchange, the Centres are torn between national and international work together with decreasing resources.

Another challenge is coordination within the country with diverse organizations, if responsibility for mortality, morbidity, functioning, disability and health statistics resides in different groups, possibly with different missions and cultures. It is necessary for the Centre to develop an integrated work plan and to maintain communication across all of the relevant organizations, including the National Statistical Office.

## **Consequences of not serving as a Collaborating Centre**

When a country decides not to continue as a WHO-FIC Collaborating Centre or not to establish such a Centre, it represents a loss to the Network as well as the respective country. The Network is deprived of the country’s expertise and its experience in using or trying to implement the classifications. The

Network’s ability to carry out its work plan and associated membership is limited by the reduced Committee and reference group membership and the smaller pool of candidates for leadership positions. And the Network suffers from reduced coverage of languages and geographic areas.

From a country’s perspective, the benefits previously specified are lost. One of the most important benefits for countries having a Collaborating Centre is the right to participate in the update process of the classifications by having voting rights in the Classification and Statistics Advisory Committee (CSAC) and on the CSAC platform. Not having a Collaborating Centre will disqualify countries from participating in this process and, as a result, significantly limit the country’s ability to model the classifications according to national needs. Official members and co-chairs of Network committees and reference groups and the Council also are participating in the governance structure of the ICD revision process through the Revision Steering Group and associated Topical and cross-cutting Advisory Groups. This early and ongoing opportunity to help shape ICD also is constrained for countries lacking a Collaborating Centre.

The Network’s committees and reference groups<sup>11</sup> direct the work of the Network and assist countries in implementation, education, use of electronic versions, etc. Although representatives from other countries can serve as observers in these groups, with concurrence of WHO, only members of Collaborating Centres (fully designated or under designation) can serve as official members with voting

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<sup>10</sup> The Council consists of all Heads of WHO-FIC and CTS Collaborating Centres (designated and under designation), co-chairs of committees and reference groups, representatives of NGOs, and other identified project co-chairs, who collaborate with WHO in the governance of the Network.

<sup>11</sup> Education and Implementation Committee, Family Development Committee, Informatics and Terminology Classification and Statistics Advisory Committee; Mortality Reference Group, Morbidity Reference Group/TAG, Functioning and Disability Reference Group.(October 2010)

rights and in leadership positions on these groups; thus the ability to influence the work is very limited by not establishing a Collaborating Centre.

It is assumed that the country will continue to use the classifications as international standards, as stipulated in the WHO Nomenclature Regulations (1967), but, as noted, with reduced likelihood that the classifications will meet specific country needs. Also, experience in at least some countries demonstrates that the existence of a WHO-FIC Collaborating Centre provides increased visibility and recognition for classification work in the country.

## **Recommendations for preserving and expanding WHO-FIC Network**

### *Problem Statement*

In the first decade of the 21<sup>st</sup> century, two WHO-FIC Collaborating Centres (United Kingdom and Nordic) decided not to apply for re-designation.<sup>12</sup> During the same time frame, three new Centres were established in India, Italy and Mexico, and new Centres were actively under designation in Korea and South Africa, with several others in the designation process. This presents a mixed picture because long-standing expertise and participation are being lost, but new Centres and capacity are being developed in several regions of the world. However, there is a risk of losing additional Centres or that establishment of new Centres will stall if the benefits are not articulated better and country resources become more constrained or diverted for other priorities.

### *How can benefits be articulated better*

The authors of this paper, who currently serve as co-chairs of the WHO-FIC Network Advisory Council, see the need for the Network and for WHO to clearly express the benefits for countries to establish and maintain a WHO-FIC Collaborating Centre. This paper, which is an effort to articulate benefits and to acknowledge challenges and risks, was discussed with the members of the WHO-FIC Network

Advisory Council at the 2010 Annual Network meeting in Toronto, Canada. The paper was well received by Council members, who agreed with the importance of articulating the benefits of serving as a WHO-FIC Collaborating Centre. The Council co-chairs and WHO staff met with some current and prospective Centres to learn about the challenges they are experiencing in continuing as or becoming a Collaborating Centre. The Council co-chairs also offered to communicate with relevant country decision makers about the benefits of serving as a WHO-FIC Collaborating Centre, if appropriate. Several countries mentioned that the paper would be helpful in those discussions. The paper has been revised following this additional input.

### *What additional benefits can be afforded to Centres?*

In the past, the Centres have been provided with electronic versions of the ICD-10 for their use and implementation in their countries. As the need for electronic versions in the standard exchange format have increased, the access to an electronic file in this format to Collaborating Centres could be an additional benefit for Countries.

Many projects within the realm of the Network have produced and identified valuable products for the implementation of classifications, including educational materials in multiple languages. Compiled access to these products and the ability to use and modify these products according to the national needs could serve as an additional reason for engaging more countries in the work of the Network.

### *How can resources be increased and shared?*

As already noted, work in the countries and full participation in the Network are resource intensive and might dissuade a country from becoming a Collaborating Centre. It is recommended that countries participate in one or more Network meetings to familiarize themselves with the WHO-FIC Work Plan

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<sup>12</sup> At this writing, both Centres are in discussion with WHO about developing new organizational arrangements.

and processes before considering applying for Collaborating Centre status. While anticipating and undergoing designation, countries can participate in Network committees and contribute to particular projects where they have expertise. Collaboration among multiple organizations should be encouraged within a country to carry out the workload of the Centre. One organization, preferably the organization that is legally in charge of implementing the classifications within the country, has to take the lead and coordinate the application process and serve as official contact point for WHO. As noted earlier, this can become complicated if responsibility differs for ICD mortality and morbidity classification and for functioning, disability and health classification. However, within the country, a group of organizations can commit to and shoulder the work of the Network. In the application to WHO, the parties involved within a country or region should be specified. Existing Centres are already practicing such collaboration but often in an informal way that is not specified in the application of the Centres. By clearly specifying that such regional or national collaborations are encouraged, the hurdle of shouldering the work for one country can be decreased for the applying organization. During the 2010 annual WHO-FIC Network meeting in Toronto, Canada, the Council initiated a discussion on expanding the role in the Network for non-governmental organizations to allow voting and leadership positions in some circumstances. A discussion paper was developed by the WHO-FIC Network Advisory Council Small Executive Group (SEG) to explore these issues for non-governmental organizations in official relations with WHO. The paper was discussed during the February 16, 2011 Council teleconference, updated and acted upon during the Council mid-year teleconference on April 15, 2011. The Council approved the following three proposals:

1. Allow the representative of an NGO in official relations with WHO to vote in elections for a specified committee or reference group co-chair if it meets the following criteria:
  - 1.1. The NGO includes work on the WHO Family of International Classifications in its work plan with WHO<sup>13</sup>
  - 1.2. The NGO has provided a representative who has participated on a continuous basis in the specified committee or reference group for a minimum of two years, including attendance on the majority of teleconferences and at mid-year and annual meetings.
  - 1.3. The NGO would have one voting representative regardless of how many other representatives of that NGO participate in the specific group.
2. Allow the voting representative of the NGO to be nominated as co-chair of the respective committee or reference group and to serve if elected.
3. If the NGO representative is elected as co-chair of a committee or reference group, allow that representative to serve on the WHO-FIC Network Advisory Council.

This policy will be posted on the WHO-FIC Network website and distributed to NGO's currently participating in the WHO-FIC Network. The policy will be implemented at the 2011 WHO-FIC Network annual meeting.

Further consideration also should be given to stronger engagement of countries that are no longer part of designated Collaborating Centres or that do not have the resources to establish a Collaborating Centre but that want to participate in advancing the WHO-FIC strategic work plan.

October 18, 2010

Revised March 22, 2011

Revised August 3, 2011

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<sup>13</sup> If work with WHO-FIC is not currently included in the NGO's work plan, relevant WHO-FIC activities should be added to the work plan the next time it is updated.

## Annex 10: Final paper on the Role of Non-governmental Organizations in WHO-FIC Network

Approved by WHO-FIC Network Advisory Council April 15, 2011

### Introduction

The 2010 update to the WHO-FIC Network policy paper includes the following paragraph about participation by non-governmental organizations and countries not affiliated with a Collaborating Centre:

- Countries not affiliated at present with a Collaborating Centre may participate in the Network, including its meetings and committees/reference groups and seek support from the Network through designated representatives. Non-governmental organizations in official relations with WHO and other national or international organizations with responsibilities directly related to the WHO Family of International Classifications also may participate in the Network at the discretion of WHO and the WHO-FIC Network Advisory Council. In this sense, the WHO-FIC Network is a collaborative structure of WHO Collaborating Centres, representatives of WHO Member States, non-governmental organizations and other health information-related bodies and networks. Assumption of leadership positions in the Network by representatives of countries or organizations not affiliated with a Collaborating Centre will be reviewed by WHO and the WHO-FIC Network Advisory Council.
- Currently, only representatives of Collaborating Centres (designated and under designation) can serve in leadership positions in the WHO-FIC Network or vote in WHO-FIC elections for leadership positions or on policy decisions of the Network. Non-governmental organizations and countries not affiliated with a Collaborating Centre also do not serve on the WHO-FIC Network Advisory Council.
- During the 2010 annual WHO-FIC Network meeting in Toronto, Canada, the Council initiated a discussion on expanding the role for non-affiliated countries and non-governmental organizations to allow voting and leadership positions in some circumstances. A discussion paper was developed by the Council Small Executive Group (SEG) to explore these issues for non-governmental organizations in official relations with WHO. A separate discussion paper has been drafted to consider the role of WHO Collaborating Centres for Classifications, Terminologies, and Standards<sup>14</sup>. The role of non-affiliated countries also is under discussion.

### Background

Several non-governmental organizations (NGO's), in official relations with WHO, participate actively in WHO-FIC committees or reference groups. Most notably, the International Federation of Health Records Organizations (now International Federation of Health Information Management Associations) has had a Joint Collaboration with the WHO-FIC Education Committee since 2000. The World Confederation for Physical Therapy also is an active participant in the Education Committee (now Education and Implementation Committee) and the Functioning and Disability Reference Group. Other NGO's that participate in the Network include the International Council of Nurses, World Organization of Family Doctors and IMMECHI.

During committee and reference group meetings, NGO representatives participate in the same capacity as all other members. They serve on workgroups and as rapporteurs, draft and comment on documents and participate in teleconferences and review and testing of training tools. However, they have been ineligible to serve as a co-chair or to vote in elections for co-chairs. They also have no role on the WHO-FIC Network Advisory Council.

Given their full participation in committee and reference group activities, inability to vote in elections at that level, at a minimum, has been seen as "second-class status" for these representatives. This could discourage their continued participation. In addition, their inability to be candidates for leadership positions, limits the pool of qualified members from which to choose co-chairs.

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<sup>14</sup> Terminology was updated in October 2016 to "WHO Collaborating Centres for Classifications, Terminologies, and Standards".



## Proposals

Allow the representative of an NGO in official relations with WHO to vote in elections for a specified committee or reference group co-chair if it meets the following criteria:

- The NGO includes work on the WHO Family of International Classifications in its work plan with WHO<sup>15</sup>
- The NGO has provided a representative who has participated on a continuous basis in the specified committee or reference group for a minimum of two years, including attendance on the majority of teleconferences and at mid-year and annual meetings.
- The NGO would have one voting representative regardless of how many other representatives of that NGO participate in the specific group.
- Allow the voting representative of the NGO to be nominated as co-chair of the respective committee or reference group and to serve if elected.
- If the NGO representative is elected as co-chair of a committee or reference group, allow that representative to serve on the WHO-FIC Network Advisory Council.

## Leadership of WHO-FIC Network Advisory Council

The WHO-FIC Network policy paper states the following regarding leadership of the WHO-FIC Network Advisory Council:

The Council is composed of the Heads of Centres (designated and under designation), Committee Co-Chairs, Reference Group Co-Chairs, and the Chair of the Revision Steering Group, who collaborate with WHO in the governance of the Network. The co-chairs of the Council will be nominated and elected by the Heads of designated Collaborating Centres and Centres under re-designation.<sup>16</sup> Only heads of such a Centre are eligible for these posts.

No change is proposed for this policy.

## Conclusion

The WHO-FIC Network Advisory Council approved the three proposals for enhanced NGO participation during its April 15, 2011 teleconference. The new policy is posted on the WHO-FIC Network website and distributed to NGO's currently participating in the WHO-FIC Network. The policy will be implemented at the 2011 WHO-FIC Network annual meeting.

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<sup>15</sup> If work with WHO-FIC is not currently included in the NGO's work plan, relevant WHO-FIC activities should be added to the work plan the next time it is updated.

<sup>16</sup> A statement was removed that erroneously indicated that WHO-FIC Collaborating Centres are the only WHO-FIC Network Stakeholders who have legal agreements with WHO. All WHO Collaborating Centres undergo the same designation process and have the same legal agreement with WHO, and NGO's in Official Relations with WHO have a standard legal agreement, as well.

## **Annex 11: Final paper on the role of WHO Collaborating Centres for Classifications, Terminologies, and Standards<sup>17,18</sup> in WHO-FIC Network**

Approved by WHO-FIC Network Advisory Council 30 December 2011

### **Introduction**

Since the 2010 annual WHO-FIC Network meeting in Toronto, Canada, the WHO-FIC Network Advisory Council approved a proposal to expand the role of NGOs in the Network to allow voting and leadership positions in some circumstances.<sup>19</sup> At the Toronto meeting 2010, it had also been discussed that a separate paper will be developed to consider the role of WHO Collaborating Centres for Classifications, Terminologies, and Standards. This current paper is intended to address this task; the objective of this paper is to propose the possible ways for integrating WHO Collaborating Centres for Classifications, Terminologies, and Standards in the WHO-FIC Network.

### **Background**

Within the WHO-FIC Network, there are two types of institutions that have been designated as WHO-FIC Collaborating Centres (CC). Most of the WHO-FIC CC are based in institutions that are part of the administrative bodies of countries (Governmental Agencies, Statistical Offices, Ministries of Health etc.) which perform regulatory functions with regard to classification and classification related work at the national level. There are some WHO-FIC Collaborating Centres that are hosted by research institutions such as universities. Additionally, there are various other institutions or organizations that are actively involved in the work of WHO-FIC. Some of these Centres are officially linked and work under the umbrella of an existing WHO-FIC CC. Others conduct research and development activities in the area of classification, terminologies and standards through a working relationship with WHO.

WHO Collaborating Centres for Classifications, Terminologies, and Standards play an increasingly important role in providing qualified and scientifically- based contributions to WHO-FIC activities and decisions and in providing essential human and technical resources that complement support from WHO-FIC Collaborating Centres. For this reason, it is proposed to enhance and formalize the participation of WHO Collaborating Centres for Classifications, Terminologies, and Standards to participate in the WHO-FIC Network by the following means:

1. Allow WHO Collaborating Centres for Classifications, Terminologies, and Standards to vote in elections for Committee or reference group co-chair if it meets the following criteria:
  - The WHO Collaborating Centre for Classifications, Terminologies, and Standards includes work on the WHO Family of International Classifications in its work plan with WHO;
  - The WHO Collaborating Centre for Classifications, Terminologies, and Standards has actively participated on a continuous basis in a committee or reference group for a minimum of two years, including attendance on the majority of teleconferences and at mid-year and annual meetings;
  - The WHO Collaborating Centre for Classifications, Terminologies, and Standards has one vote regardless of how many representatives participate in the specific group.
2. Allow the voting member of the WHO Collaborating Centre for Classifications, Terminologies, and Standards to be nominated as co-chair of the respective committee or reference group and to serve if elected.
3. If the WHO Collaborating Centre for Classifications, Terminologies, and Standards representative is elected as co-chair of a committee or reference group, allow that representative to serve on the WHO-FIC Network Advisory Council.

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<sup>17</sup> Terminology was updated in October 2016 to “WHO Collaborating Centres for Classifications, Terminologies, and Standards”.

<sup>18</sup> Same rules apply to other types of centres that contribute to the classification work but are not WHO-FIC centres.

<sup>19</sup> Discussion Paper on the role of non-governmental organizations in WHO-FIC Network, Finalized October 30, 2011 following approval by the WHO-FIC Network Advisory Council.

Each of these changes should be considered individually. However, if the WHO Collaborating Centre for Classifications, Terminologies, and Standards representative can serve as a co-chair, probably they also should be able to serve on the WHO-FIC Network Advisory Council, where all committee and reference group co-chairs serve.

As the WHO Collaborating Centres for Classifications, Terminologies, and Standards become part of the WHO-FIC Network, their activities will be included in the Strategic Work Plan (SWP). The SWP will be the main alignment and cooperation mechanism between their work and the WHO-FIC Collaborating Centres, taking into account the individual CC designation agreements. It will identify particular activities for further coordination between different Collaborating Centres as necessary.

### **Leadership of WHO-FIC Network Advisory Council**

The WHO-FIC Network policy paper states the following regarding leadership of the WHO-FIC Network Advisory Council:

The Council is composed of the Heads of Centres (designated, and under designation), Committee Co-Chairs, Reference Group Co-Chairs, and other identified project co-chairs, who collaborate with WHO in the governance of the Network. The co-chairs of the Council will be nominated and elected by the Heads of designated WHO-FIC Collaborating Centres and those Centres under redesignation.<sup>20</sup> Only heads of such a Centre are eligible to serve as co-chairs of the Council.

No change is proposed for this policy.

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<sup>20</sup> Terminology was updated in October 2016 to “WHO Collaborating Centres for Classifications, Terminologies, and Standards”.

## Annex 12: An overview of the Network Organizational Structure and Workflow: 2016 Update

The **WHO-FIC Network** is a construct of the WHO Family of Classifications and Terminologies team (CAT), created to enable optimized cooperation between WHO Collaborating Centres and other stakeholders working with WHO classifications.

**WHO Collaborating Centres** may exist for any WHO technical unit, such as Classifications, Traditional Medicine, Injury Prevention, Patient Safety, etc. Both Centres designated at WHO-FIC CCs and CTS CCs are WHO Collaborating Centres, with the same rights, responsibilities, and authorities under WHO rules.

The **WHO-FIC Network Advisory Council**, composed of the heads of Collaborating Centres, NGOs, WHO, and selected experts, partners with WHO to determine the agreed-upon Network Strategies and Priorities, and to develop (and approve) the Strategic Work Plan for each year.

The **Strategic Work Plan (SWP)** is the subset of the Network Strategies and Priorities identified as specific work tasks for the Committees and Reference Groups of the Network during that period. It is possible that some Network Strategies and Priorities may not be included in the Strategic Work Plan for that year, given competing priorities, limited resources, a changing environment, or other relevant factors. Given the limited resources, however, it is not expected that the Strategic Work Plan will include items not identified within the Network Strategies and Priorities.

The **Committees and Reference Groups (C&RGs)** are populated with WHO staff members, representatives of WHO Collaborating Centres, representatives of NGOs, technical experts nominated by member states and other experts invited by WHO. The C&RGs are the practical groups where specific tasks on the SWP are completed. Additional projects that are of interest to members of the C&RGs, but which are not a part of the Network Strategies and Priorities / Strategic Work Plan should be proposed to the Council for consideration before resources are expended.