Draft Report

World Health Organization – Network for the Family of International Classifications (WHO-FIC) Annual Meeting

Meeting

16-20 October 2023, Bonn, Germany

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# 2023 WHO-FIC Network Annual Meeting Draft Report

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1 Executive Summary

The annual meeting of the World Health Organization Family of International Classifications (WHO-FIC) network, hosted by the German WHO-FIC Collaborating Center in Bonn, Germany, took place from October 16 to 20, 2023, with options for remote participation. This event focused on advancing all activities related to the WHO Family of International Classifications and aligning them with the network's strategy and work plan.

The meeting's theme was "Empowering Healthcare with WHO-FIC Standards." The WHO-FIC network is comprised of 34 WHO-FIC Collaborating Centers, 5 World Health Organization Collaborating Centers for Classifications, Terminologies, and Standards (CTS) and Scientific Support (CSS), eight nongovernmental organizations (NGOs) in official relations with the WHO, and national experts.

The 2023 annual meeting saw over 250 attendees from 47 countries, with 190 physically present.

New co-chairs for the WHO-FIC network were elected for the term from October 2023 to October 2025. Michael Frost from the Australian WHO-FIC Collaborating Center and Keith Denny from the Canadian WHO-FIC Collaborating Center were appointed. They officially began their term during the Council session on Friday, 20 October 2023.

According to network regulations, Keith Denny resigned from his co-chair position at the Morbidity Reference Group (MbRG). Consequently, a second co-chair for the MbRG will be elected before the first council session scheduled for 13 February 2024.

All committees and reference groups conducted technical working sessions before the WHO-FIC Network conference (19 October 2023; see Appendix A – Meeting Agenda). Each committee and reference group presented an annual report of their activities, providing a comprehensive overview of progress in their respective workstreams. The conference day also included a roundtable discussion themed "Empowering Healthcare with WHO-FIC Standards", followed by ten short presentations by selected authors of the posters submitted for the meeting.

The 2024 WHO-FIC annual meeting will be held the week of 14 to 18 October 2024, different venues have been proposed, and the venue will be announced in due course.

2 Opening

The council co-chairs welcomed participants, and the presence of centres, NGOs, and national experts was confirmed.

The conference part of the meeting was opened with a welcome note by Dr Samira Asma, Assistant Director General, Data Analytics and Delivery for Impact (DDI) WHO/HQ. She expressed gratitude to the hosting collaborating centre, the Federal Institute for Drugs and Medical Devices (BfArM), and those who contributed to organizing the meeting. She emphasized achievements and the importance of the Network and the area of work of classifications and terminologies, in line with the sustainable development goals, technological advancement and further availability of health data.

3 State of WHO-FIC

WHO presented an overview of the WHO-FIC network's status and its work's extreme importance and impact in all areas of health systems. The presentation highlighted upcoming work, including the implementation of ICD-11, and discussed how integrating various partners and tools for different use cases could enhance classifications and terminologies usage for health information. WHO noted that accommodating specific use cases within a single ontology and classification system is challenging but could significantly facilitate health data management. Collaboration with external institutions is needed to address multiple ways of classifying one concept.

WHO further reported highlights of the progress of work over the year. The products are mentioned under the relevant subtopics in the different sections of this report.

The Federal Institute for Drugs and Medical Devices (BfArM) gave updates on ICD-11 implementation in Germany. Progress on ICD-11 translation and implementation was shared, as well as how the development of the European health data space is influencing the progress. Mapping tables and educational materials that come along with the preparation of the implementation of ICD-11 were mentioned.

4 International Classifications of Diseases (ICD)

4.1 Mortality

The Mortality Reference Group (MRG) discussed a wide range of topics, including the role and focus of MRG in supporting mortality statistics production, developing a scoping plan for MRG-related implementation work, reviewing mortality-related proposals, highlighting the need for a clear process for reviewing classification and reference guide proposals.

Members of the MRG gave updates on their ICD-11 implementation plans and related project statuses, while regional advisors shared insights into ICD-11 implementation in their areas.

4.1.1 Coding and definitions

The MRG deliberated on 26 proposals that are at various stages of implementation: some need substantial modifications, others are awaiting MRG’s final review before proceeding to the Classification and Statistics Advisory Committee (CSAC), and some require addressing feedback from CSAC’s voting rounds before a final recommendation can be made at the CSAC annual meeting.

The WHO presented a draft ICD-11-based ICD-MM, focusing on maternal mortality, for MRG review and endorsement. However, discrepancies between ICD-11 reference guide and ICD-MM were noted, with some ICD-MM recommendations not aligning with international mortality reporting standards. The MRG’s feedback will be forwarded to the WHO’s Sexual and Reproductive Health (SRH) unit for further discussion.

Additionally, the MRG conducted six coding exercises during the year to familiarize members with ICD-11 coding and identify issues, with ongoing efforts to resolve outstanding problems.

4.1.1 Electronic form of the Medical Certificate of Cause of Death (eMCCD)

The work on the electronic format for the data of an MCCD is completed. Fine-tuning based on feedback as necessary.
4.1.2 Mortality Rule Digitalization
The MRG discussed the anticipated substantial workload associated with the ongoing digitization of the ICD mortality rules and the limited timeframe available for countries to implement and report in ICD-11. A suggestion was made to adopt a layered approach, keeping CSAC oversight while minimizing the workload associated with reference guide proposals. This consideration extends to a broader ongoing discussion of improving the overall CSAC process, which needs further exploration and debate. A presentation was delivered, showcasing a study that compared Iris-11 and DORIS\(^2\) tools for automated selection of underlying cause of death utilizing a sample of 9,500 records. The emphasis was placed on the selected underlying cause of death and the reasons behind some observed differences in the selection.

4.2 ICD-11 Medical and scientific reviews
For further details, see the annex.

4.2.1 WHO update on Malnutrition in Adults proposal and its progress
The Medical and Scientific Advisory Committee (MSAC) secretariat gave an update on proposal #2C6D regarding its content and status and possible ways forward that had been discussed internally with the Nutrition department at WHO HQ.

4.2.2 WHO updates and discussion on proposals that came back from the 2nd round of CSAC voting
The MSAC secretariat presented proposals #2H5A, #2M3Y, and #2H1N, which were discussed by participants for Classification and Statistics Advisory Committee CSAC's voting feedback. Outcomes were quickly shared on the public proposal platform for CSAC's consideration during the meeting. Discussions also covered neoplasm-related proposals, leading to consensus on recommendations and justifications. Proposal #2H25 was reviewed, but #2H3H and #2H5Y were deferred due to limited time.

4.2.3 Expansion of restructuring of the organ donor area
Following the review of proposals #2Q9W and #2Q9X at the September 2023 monthly meeting, an MSAC member presented on restructuring the organ donation sector. It was decided to develop a new proposal based on this presentation. MSAC members will provide the detailed content and structure for this proposal to the MSAC secretariat for formal drafting.

4.2.4 Consideration of specialization area expansion of MSAC members
New MSAC experts from obstetrics, gynaecology, and oncology were welcomed this year. There was a need for more time to discuss this item; however, MSAC is planning to expand its membership, especially for specialties such as neurology, infectious diseases, surgery, and orthopaedics.

All appreciation was given from the MSAC co-chairs and secretariat to MSAC members for their daily contribution and review of the proposals. MSAC is willing to continue its discussion of medical and scientific topics that warrant attention concerning improvement in the foundation.

\(^2\) [https://icd.who.int/doris/](https://icd.who.int/doris/)
4.3 ICD-11 Updates

The Classification and Statistics Advisory Committee (CSAC) had 62 ICD-11 proposals and 24 reference guide proposals for review during the CSAC session of the WHO-FIC annual meeting. The reference guide proposals were not discussed due to time constraints. Instead, based on additional advice from the MRG on several of these proposals, some are to be referred to MRG for second consideration. The ones with MRG or MbRG consensus will not need further consideration at the CSAC additional session, which will be scheduled in November with CSAC members to resolve the remaining outstanding proposals. The CSAC-ICD considered 190 proposals this year, with decisions made on 137 of these. The 2024 release of ICD-11 will be published in early 2024. The council agreed to the recommendations made by the CSAC.

4.4 Morbidity

WHO was requested to provide a webinar to demonstrate the use of the proposal platform. Feedback was received about making the proposal templates more user-friendly. Improvements are currently in progress but still need to be completed.

4.4.1 Rare diseases in ICD-11

WHO provided an update regarding the joint work with Orphanet. A reference was made to poster 313, highlighting the advancement of the collaborative project with the Orphanet database on rare diseases in ICD-11.

4.4.2 Descriptions in ICD-11

A methodology paper will be shared with WHO and distributed to MbRG members. It will look into aspects of maintenance, standardization and completeness.

4.4.3 Cancer coding exercises

A centre for cancer coding exercises was established in ICD-Fit. The first exercise was uploaded and tested in English and Spanish. A presentation was delivered concerning the coding results of 2103 cases.

Updates from a small working group included:

- Regarding the extension codes, it has been observed that they are the leading cause of inconsistency in the results of coding exercises. Although extension codes are optional and may not be included in a strict gold standard, the use of extension codes is acknowledged as valuable for providing a detailed description and fully utilizing all features of ICD-11. A suggestion was made to label pertinent extension codes as "desirable."

4.4.4 DRG – using ICD-11 and ICHI

A presentation on the progress of NordDRG adaptation for WHO was delivered.

4.4.5 ICD-11 in national morbidity use

A brief presentation outlined considerations for creating a national linearization from a national morbidity use case perspective. Another short presentation referred to the content in the reference guide, specifically section 1.6.4.
In principle, a general agreement was reached that nations might require a national linearization tailored to their reporting needs. Practical questions were raised, such as the design of a national linearization based on the core ICD-11 Foundation, the process, and governance.

Review of 2023-2024 workplan

a) Follow up on cancer coding with the small working group
   - Complete answer key for exercise 2
   - Comprehensive guidance for Reference Guide
   - Enhanced functionality for coding tool
   - Follow-up from Spanish coding exercises

b) Additional coding exercises?
   - Injuries (identified at mid-year meeting)
   - Obstetrics (identified at mid-year meeting)
   - Other

c) Descriptions maintenance in ICD-11?

d) Guidance on use of URIs (e.g., for rare diseases, national use cases)

e) Support for the development of international DRG?

f) Continue discussion about the national use of ICD-11.

g) Other priorities

4.5 ICD-11 Education

The storyboard and a production sample of the WHO Academy ICD-11 course module on basic coding with ICD-11 were presented. Additionally, findings from the EIC membership survey on national ICD coding examination practices and the current use of national ICD-11 were shared, shedding light on current practices which should serve as the basis for setting passing marks in the final assessment section ICD-11 course modules related to mortality and morbidity coding. Other discussion topics included the development of curricula for other WHO Academy ICD-11 course modules and updates to Module 12 of the existing ICD-11 Education Tool were discussed.

Key priorities and deliverables for 2024 include the following tasks.

- Assisting WHO in developing and reviewing WHO Academy ICD-11 course modules, expanding a survey focused on country coding assessments to gain insights into the rationale, experiences, challenges, and opportunities related to these assessments. This also includes a review of the production version of the Module on basic coding with ICD-11 as well as the review of the curricula for the course modules "Mortality Coding with ICD-11" and "Medical Certification of Cause of Death".
- Updating the ICD-11 Education Tool to version 2.0, after completing a final review of content for Units 4-10 and 12 and reviewing existing Units 1-3, 11, and the User Guide.
A new YouTube channel for ICD-11\(^3\) was announced and serves as a repository for educational videos focused on ICD-11 for now and in the future WHO-FIC classifications.

### 4.6 ICD-11 Implementation

Selected countries representing different WHO Regions presented an update on the progress of ICD-11 implementation in their country. Work priorities for 2024 will include assisting WHO in updating the Implementation and Transition Guide and further developing the ICD-11 implementation forum, membership, and discussion topics.

### 4.7 ICD-11 Traditional Medicine

A presentation was given about the 1st TM Global Summit, which took place in Gandhinagar, India, on Aug. 17-18, 2023. During the parallel session 2A, titled "Data and routine information", the TMRG team provided insights about data collection with TM1 and TM2. Health statistics reports from Mauritius, Nepal, and Malaysia were also shared.

Delegates from various countries, including China, Japan, Korea, and the United States, provided updates on TM1 education and implementation progress. It was reported that China has been working on mapping between TM1 and their national standards.

The country is transitioning to new national standards, which include interventions. The KCD-8, an adaptation of ICD-10 that encompasses TM-specific conditions, is currently in use in Korea. Plans are in place to implement its next revision, KCD-9, in 2026. Updates were also given regarding the training system progress for TM1 in the US.

#### 4.7.1 Update on ICD-11 TM2 development

The development of TM2 has advanced to the quality assurance process for its beta version. A peer review has been completed, and accuracy and feasibility field tests are currently being planned. Preparations are underway for the release version of TM2, with the final product expected to be published by January 2024.

#### 4.7.2 TM Classification in ICHI

Reports were provided from China and Korea about developing a TM intervention classification linked to health insurance coverage. In both the US and Japan, health insurance already covers TM interventions.

### 4.8 Verbal Autopsy

Key achievements included activities related to the operationalization of the 2022 WHO Verbal Autopsy instrument, such as training materials, the cause of death list for Verbal Autopsy updated with ICD-11 codes, conversion of question-by-question guidance into a more accessible format in ODK Collect, update of quick guide to ODK, and the ongoing official translations of the instrument into five languages (Arabic, French, Portuguese, Swahili, and Spanish).

Other highlighted accomplishments include: approval of guidance on analysis with verbal autopsy and medical certification of cause of death (MCCD) data; finalization of a manual for physician reviewers; identification of probbase values for COVID-19 for algorithms compatibility in the 2016 verbal autopsy instrument; reference architecture outlining IT standards per WHO SMART guidelines; user-friendly,

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\(^3\) [WHOICD11 - YouTube](https://www.youtube.com)
GUI-driven, ‘one-click’ install, all-Python version of openVA; working prototype of reference death archive database; monthly webinars with a community of practice; update and improvement of the user interface of the WHO verbal autopsy standards website\footnote{Verbal autopsy standard (who.int)} and interactive implementation map; verbal autopsy literature alert service; and scoping review of TeleVA.

Outstanding issues include the development of guidance in quality assurance and management of ethical issues in VA; scoping review of the use of the narrative for VA; publishing of paper on 2016 WHO VA instrument revision process and 2022 WHO VA instrument development and use; support for the update of the probbase for algorithms’ compatibility for the 2022 WHO VA instrument; and major DHIS-2 VA Program update.

4.8.1 Verbal Autopsy Reference Group (VARG) work plan 2023-2024
The activities that the group prioritized are as follows:

- provide translations in the five languages of the question-by-question guidance;
- update mapping resource aligning various versions of question-by-question guide;
- develop guidance on quality assurance, ethics, and presenting and reporting verbal autopsy data for vital statistics;
- develop reference media resources on signs and symptoms for training purposes;
- support validation of new Computer-Coded VA algorithms with the updated probbase values;
- establish reference death archive, planning integration of verbal autopsy into WHO Mortality Database;
- assist verbal autopsy advocacy and promotion through curriculum development for use by WHO regional and country offices and at regional/national workshops on Civil Registration and Vital Statistics (CRVS) and MoH mortality data;
- evaluate the performance of the addition of COVID-19 to verbal autopsy tools;
- investigate how to best use the narrative for computer-coded verbal autopsy and conduct a scoping review of concordance methods for computer-coded and physician-coded verbal autopsy.

5 International Classification of Functioning, disability and health (ICF)
5.1 Updating and modernizing ICF
5.1.1 ICF updates
In-depth updates from WHO were provided. It was announced that the updated ICF browser, including the latest updates as accepted by CSAC-ICF, will be available from November 2023.

5.1.2 ICF maintenance
Translations of the ICF will be made available online as they are finalized, with some translations set to be available upon the publication of the updated ICF in November. The update of the WHO manual has been included on the WHO agenda. Another significant task is developing a coding tool for ICF, which will be undertaken in collaboration with FDRG members. An important question was raised.
regarding WHODAS for children, emphasizing its significance and the need for funding for its development.

5.1.3 ICF terminology
The enrichment of the terminology will be achieved with the following actions:

- Expansion of terms from the International Classification of Functioning, Disability and Health (ICF) datasets to cover the entire classification spectrum.
- Collection of supplementary material to enhance the index terms, sourcing from a broader range of datasets.
- Develop and implement a systematic procedure for integrating newly identified index terms, utilizing the Update and Revision (U&R) protocol.

5.1.4 ICF/WHO-FIC harmonization
Inconsistencies in the harmonization process for ICF were addressed, and proposals will be presented to rectify them, starting with specific examples.

5.1.5 CSAC-ICF updates

a. Preparation of ICF Pre-Release Version

The main topic in the CSAC-ICF meeting was the forthcoming pre-release of the ICF on the new classification platform. The 69 update proposals discussed, voted on, and approved by CSAC ICF between 2018 and 2020 still await integration into the new system.

Several issues were identified in integrating 16 pending updates with major changes, previously deliberated in preparatory teleconferences by voting members. The meeting addressed the challenges of incorporating these updates; potential solutions were presented and discussed. Following thorough discussions, the decision was made to proceed with the pre-release version.

b. Timeline for the Launch of the ICF Release Version and Tooling Environment

The timeline for the ICF’s official release was shared. The pre-release is set for completion in November. Subsequently, CSAC-ICF will review it, aiming to finalize the release version. Preparing the tooling environment, including APIs, a translation platform, and a coding tool, will proceed simultaneously. The release version of the ICF is set to launch in February 2024.

c. Resumption of the Regular Update Process

The regular update process was halted due to impending challenges in launching the ICF on the new platform, and 15 proposals remain pending consideration. It was confirmed that the regular update process would resume in November 2023.

6 International Classification of Health Interventions (ICHI)

The current status of the International Classification of Health Interventions (ICHI) development was outlined, highlighting the enrichment and draft finalization of ICHI content, further development of the ICHI browser, updates to the ICHI Reference Guide, and addressing the remaining outstanding issues. Additionally, planned updates to the educational materials were emphasized, along with
presenting the results from the review of maps of the WHO Rehabilitation Package of Rehabilitation Interventions to ICHI.

WHO provided an update on the finalization of ICHI, including the upcoming member-state consultation. Progress in the mapping of N CSP+ was also presented, with completion anticipated soon. The Family Development Committee (FDC) members concurred with the Terms of Reference for the Health Interventions Reference Group and its formation, pending approval by the Council. Once established, the management of ICHI will transition to this Reference Group.

7 Terminologies

7.1 WHO-FIC and terminologies

A network of terminologies that WHO coordinates, and related resources and governance might be needed. Members identified the need to address the misunderstanding that terminologies and classifications are competing. Discussion ensued about use cases which should be driving the linkage.

The necessity of establishing a WHO-coordinated network dedicated to terminologies was a key topic of discussion. This network must identify essential resources and develop a comprehensive governance framework. Members highlighted the critical issue of prevailing misconceptions that suggest terminologies and classifications are in competition, emphasizing the need for clarification in this area. There was a debate regarding the significance of use cases as the principal factors guiding the integration of terminologies. Furthermore, there was an open call for members to express interest in participating in a working group about use cases for linking with terminologies.

7.2 Mapping group

During the session with the Family Development Committee (FDC) and the Mapping Task Force (MTF), the progress on mapping ICHI anatomy targets to ICD-11 anatomy extension codes was described.

An integrated view of the anatomy maps across the three classifications is being developed. A summary of the cross-classification linkage use cases gathered has been provided. Furthermore, according to the report, an inventory of potential areas of overlap among the three classifications is close to completion, and a typology characterizing the nature of these overlaps has been developed.

The following steps are to

- develop examples of harmonization proposals;
- understand the harmonization process and
- establish criteria for harmonizing the Foundation.

MTF gave updates, including the work that has been done, a questionnaire on CCs' ICD-10/ICD-11 mapping use cases, needs and plans that will be disseminated, the work of a subgroup to validate WHO ICD-10/ICD-11 maps, and the need for a volunteer to help to carry out MTF tasks.
8 Crosscutting topics

8.1 DRG - Joint use of ICD-11, ICHI and ICF
To create a diagnostic-related groups (DRG) system internationally driven by the WHO, NordDRG has been facilitating its mapping between ICD-10 and ICD-11, as well as NCSP+ and ICHI. With joint use of ICD-11, ICHI, and ICF, the development of a WHO-driven DRG system is ongoing.

8.2 Mapping of UHC indicators
An update was provided on the state of the UHC indicator mapping work – the mapping table and paper are complete and ready for handing over to WHO, who will review it and discuss the best way to disseminate it.

9 Regional progress in health information
All WHO regional advisers presented progress and items for action. For details, see the annexes.

10 Roundtable
A roundtable panel discussion was made under the following topics and speakers:

Topics & Speakers:

- Family of International Classifications in Brazil: overview and perspectives by Brazil WHO-FIC Collaborating Centre – Dr Ana Carolina Aires Cerqueira Prata, Dr Leticia de Oliveira Cardoso, Dr Juan Jose Cortez Escalante
- ICD-11 in Action: Setting the standard for Medical LLMs Benchmarking by Dr Mehdi Snene, The International Digital Health and AI Research Collaborative
- Utilization of WHO-FIC with WHO’s SMART Guidelines by Dr Carl Leitner, Digital Health & Innovation, WHO
- ICD-11 and ICHI in Casemix by Dr Martti Virtanen, Nordic Casemix Centre
- ‘Experiences of introducing the ICD-11 TM Chapter for medical documentation at the Royal London Hospital for Integrative Medicine by Dr John Hughes, Head of WHO Collaborating Centre for Integrative Medicine, Royal London Hospital for Integrated Medicine
- Aligning with Global Goals: Exploring the SDGs and WHO-FIC Standards by Dr Stephen Mac Feely, Director, Department of Data and Analytics (DNA), WHO

Family of International Classifications in Brazil: overview and perspectives by Brazil WHO-FIC Collaborating Centre – Dr Ana Carolina Aires Cerqueira Prata, Dr Leticia de Oliveira Cardoso, Dr Juan Jose Cortez Escalante

Introducing Brazil’s population statistics, the Unified Health System (1988) connects the private and public sectors for the right to health and its health information systems needs, introducing the e-SUS lifeline Program that leads to the National Health Data Network. Started using ICD-0 in 1979, ICD-10 in 1994, and now aiming to implement ICD-11 with the redesignation of the collaborating centre in Brazil—update on translation progress.
ICD-11 in Action: Setting the standard for Medical LLMs Benchmarking by Dr Mehdi Snene, The International Digital Health and AI Research Collaborative

Health case tech toolbox – especially natural language processing is relevant to ICD-11. LLM (large language models) is the key to textual insights in healthcare machine learning models with many parameters, which are adjusted during the training to minimize prediction errors. Leveraging ICD-11 for health-LLM evaluation is needed for diagnostic accuracy.

Utilization of WHO-FIC with WHO’s SMART Guidelines by Dr Carl Leitner, Digital Health & Innovation, WHO

Dr Carl Leitner introduced the SMART guidelines for digital health and how WHO is making an effort in this area. He expressed how they lead new stakeholders in adopting WHO’s clinical, public health, and data guidelines and guidance. It takes steps of narrative, operational, machine-readable, executable, and dynamic (analysis for precision health). Components of the operational step include a Digital Adaptation Kit (DAK) composed of “Health interventions & recommendations”, "Generic personas", "User scenarios", "Business processes & workflows", etc.

ICD-11 and ICHI in Casemix by Dr Martti Virtanen, Nordic Casemix Centre

Dr Martti Virtanen emphasized how correct coding is important for casemix. He gave updates on his work and shared his experiences in mapping between ICD-10 and ICD-11 as well as NCSP+ and ICHI.

Experiences of introducing the ICD-11 TM Chapter for medical documentation at the Royal London Hospital for Integrated Medicine by Dr John Hughes, Head of WHO Collaborating Centre for Integrative Medicine, Royal London Hospital for Integrated Medicine

Experience introducing the ICD-11 TM chapter for medical documentation at the Royal London Hospital for Integrated Medicine was shared. Clinical documentation of the traditional medicine condition enhances patient care and treatment outcomes and contributes to evidence-based research and knowledge dissemination.

Aligning with Global Goals: Exploring the SDGs and WHO-FIC Standards – Dr Stephen Mac Feely, Director, Department of Data and Analytics (DNA), WHO

Dr Mac Feely gave a presentation on aligning the WHO-FIC work with global goals, namely exploring the SDGs and WHO-FIC standards.

97 percent of the combined health indicators and health-related Sustainable Development Goals (SDGs) are identified using codes from the WHO-FIC reference classifications. The SDGs comprise elements such as health status and risk factors. The Thirteenth General Programme of Work (GPW 13) Triple Billion Targets, which include universal health coverage, have been utilized to monitor and track progress towards the health-related goals of the SDGs. The mapping of the International Classification of Diseases (ICD), International Classification of Functioning, Disability and Health (ICF), and International Classification of Health Interventions (ICHI) codes to the SDG indicators was presented.
Q&A

During the discussion, inquiries were directed towards the next steps for the Brazilian WHO-FIC Collaborating Centre. The response highlighted the necessity of monitoring vital statistics to facilitate a comparison between ICD-10 and ICD-11. Further questions were raised about the potential need for code systems that incorporate Artificial Intelligence (AI) and Natural Language Processing (NLP). In response, Medhi Snene emphasized that AI should be viewed as a tool requiring thorough evaluation and that there is a need to assess human benchmarks to evaluate AI effectively. Regarding the future of work in standards and classifications, Snene expressed optimism that specific needs would drive the development of tools and guidelines.

Martti Virtanen was asked about the role of case-mix in personalized medicine and the future implications of using ICD-11 in case-mix systems. Virtanen clarified that casemix is not directly impacted by personalized medicine; it pertains more to health expenditure and reimbursement processes.

John Hughes was consulted regarding the challenges countries face that still need to implement core classifications. He noted that there is insufficient coding for practices like acupuncture but anticipated that practitioners and health professionals will eventually be able to code such services adequately.

Stephen Mac Feely was approached for his views on how the network could bolster support for the SDGs. He stated that the core tasks involve ensuring comprehensive coverage and continuity over time while adhering to internationally recognized standards. He stressed the critical nature of adopting standards and guaranteeing their interoperability. Additionally, he underscored the importance of promoting the network’s work and securing necessary funding as crucial steps to support the SDGs through the network.

11 Council and Network

11.1 Confirmed Actions of committees and reference groups

The strategic work plan was reviewed jointly.

Suggested modifications, as well as items that require further discussion (underlined), were:

1. ICD-11

   - Clarity on output is needed for 1.5 – rephrase "development of statistical output frameworks (results of bridge coding) for mortality and morbidity."

   - Suggestion was given to 1.8 that the VARG should be listed as responsible. This item (Contribute to maintenance and implementation of WHO VA questionnaire and related instruction materials) may fit better under the Mortality section
2. Morbidity

- In 2.1, there are now "Cancer coding instructions" – MRG raised that MRG needs to be involved in this as well. Should components of 2.1 be divided into mortality and morbidity? It was discussed that this can remain as is for now, but can be revisited in the future.

- To highlight the work of MbRG in the coming year, such as the description-cleaning and guideline development for national use, could be mentioned in the coming year's work plan.

3. Mortality

- Digital rule-based editing work could be mentioned in 3.1, "Advice on ICD-11 mortality coding rules and tabulation", or 3.5 as a new work item. Further discussion is needed.

- It was asked whether the current 3.3 on eMCCDs should involve ITC. The meeting recommended that only MRG and not ITC be involved.

- Regarding the discussion on interoperability and the need for guidance on operating in the digital environment stemming from the eMCCD discussions—VARG believes a new activity is to be added to the framework around this. The VARG highlights that this activity is relevant for the VARG, which has work underway to finalize a business mapping process to outline the software-agnostic requirements and standards/specifications for the implementation of Verbal Autopsy and inform global reference software for VA.

4. Functioning and disability

- The suggestion was to include EIC for 4.3, which reads, "Support use of and further development of WHO-DAS. Training academy WHODAS and ICF in ICD-10 (with EIC)."

5. WHO-FIC Digital Health

- An opinion was raised about how linkages with other classifications, especially concerning digital health (e.g. international patient summary), could be done – consideration as an additional item under section 5 was made. However, as 5.6, "Investigate informatics aspects of Foundation's linkage to other terminologies, ontologies, and standards", already captures the needed aspect, it was clarified that no changes are required.

- For future consideration, guidelines for data use are needed as Australian authorities are asking questions frequently, and it could be included in the workplan.

- A suggestion was made to add FHIR instead of ClaML. ClaML will be removed from the SWP, and a new item about FHIR will be added for 5.7.
• Given the plenary session during the annual meeting that brought new perspectives on artificial intelligence in the context of standards setting, further exploration is needed; thus, in the future, it could be a potential workplan item – discussion to forth come.

6. Primary care

• None were explicitly mentioned.

7. Interventions

• About the forthcoming ICHI Ref group establishment, in the future (not now), add a work item related to the ICHI Reference group to the upcoming year’s workplan – after making sure at the first Council in 2024 that the establishment is endorsed by a set Terms of Reference, and a better idea of its members, then place it where it best fits.

8. WHO-FIC links to clinical terminologies

• The German CC raised a need for the WHO-FIC to work together with all terminologies, such as SNOMED CT.

9. WHO-FIC development

• It was confirmed that the item in 2022-23 for 9.2, "Continue work towards WHO-FIC support for UHC and SDGs", as well as 9.5 "Identify and describe use cases on the joint use of WHO-FIC focusing on the reference classification (ICD, ICF, ICHI)" be carried over and continue in 2023-24 and 2024-25.

• A suggestion was made to add the development of the international DRG.

10. WHO-FIC education

• A suggestion was given that 10.6 “Establish and manage implementation forum for ICD-11, ICF, and ICHI” should move under “11. WHO-FIC implementation”

11. WHO-FIC implementation

• Discussion took place about the status of iMINT. It was concluded that we retain it as is. Currently, it is mortality-focused, but eventually, it would entail morbidity. Its placement will be considered in the future if needed.
11.2 Discussion items

11.2.1 Conduct of the network paper

The Australian Collaborating Center acknowledged the following points based on the feedback received during the Monday Council session.

- The management of mailing lists for Collaborating Reference Groups (CRGs), specifically regarding the potential inclusion of observers and the implications thereof.

- There is a need for clarity, accuracy, and effectiveness in referencing the Framework of Engagement with Non-State Actors (FENSA) requirements. The WHO must provide guidance to ensure adherence to these requirements. While achieving this objective, the network’s mission should be considered, particularly considering the necessity of mobilizing individuals with specialized expertise.

- The proposal is to open the annual meeting plenary session to the public to promote broader awareness of the network’s activities.

- Addressing the suggestion made during Monday’s meeting about the desirability of expanding the network and increasing participation. There is uncertainty about where this reference should be incorporated within the document, and input on this matter is welcome.

The following points were identified for further action concerning the Conduct Paper:

- A detailed agenda for the Annual Meeting must be provided well in advance, necessitating that committees and reference groups submit their agendas promptly.

- The Thursday plenary session should be made accessible to the public while maintaining the confidentiality of the work meeting.

- The Thursday plenary could be recorded to facilitate broader access and archive.

- Consider how the Medical and Scientific Advisory Committee (MSAC) might be best integrated or whether it should be included within the WHO-FIC Collaborating Reference Groups (CRGs).

- The proposition of digitizing the membership list was brought forward and met with approval.
• Currently, each centre has one voting member and one member for the CRGs. There is a proposal to maintain the single-voting-member-rule but increase the number of members to two per centre.

• The Terms of Reference (ToR) of committees and reference groups mentioned in the Conduct Paper should be reviewed to ensure they are current.

• The Conduct Paper states that next year’s meeting venue will be announced at the Annual Meeting. However, it is proposed that the announcement of the location and date be moved to the September Council.

Further feedback would be welcome and should be sent to the SEG cochairs and WHO. A call was put out for collaborating centres to volunteer to participate in a small group to finalise a revised conduct paper for consideration and discussion by the first meeting of the Council in 2024.

11.2.2 CSAC process document

The Mortality Reference Group (MRG) has made progress in updating value sets, which consequently necessitates revisions to the reference guide. To avoid overburdening the Classifications Standards Advisory Committee (CSAC), the MRG seeks to engage with the CSAC only as needed throughout this process.

It was clarified that the current process document is specifically concentrated on the International Classification of Diseases 11th Revision (ICD-11) and that it is intended to be extended to the International Classification of Functioning, Disability and Health (ICF) and the International Classification of Health Interventions (ICHI) in due course.

A proposal was made regarding the CSAC-ICF’s procedures, which prompted a response that the CSAC-ICF would adopt the same approach as the CSAC overall, meaning that discussions pertinent to both CSAC-ICD and CSAC-ICF would be held jointly. Although the draft is ICD-centric, it was agreed to incorporate insights from the ICF experience.

Support for this further refinement will be provided by the Australian, German, and Japanese Collaborating Centres, as well.
11.3 Meeting evaluation

The following feedback was received regarding the organization of the WHO-FIC annual meeting:

- It is recommended that the strategic work plan be explicitly included in the meeting’s agenda for clarity and focus.

- There were suggestions to reduce or optimize the costs associated with the dinner or social event. The idea of downsizing the event was positively viewed, as it could alleviate the pressure on future host countries to exceed previous standards.

- The convenience of having lunch meetings was appreciated, particularly due to the proximity of the dining venue to the meeting rooms. This setup was found to be efficient and conducive to ongoing discussions.

- Concerns were raised about the potential distractions caused by having online participants join in while deep discussions at the onsite meetings are in progress. This aspect requires careful consideration for future meetings to ensure a productive and uninterrupted environment for all participants.

11.4 2023 and 2024 meetings

- The Annual Meeting for 2024 has potential hosting candidates, including Rwanda and the European Regional Office (EURO).

- The Mid-Year Meeting for 2024 hosting will be decided in due course and is tentatively scheduled for May 2024.

- For the Annual Meeting in 2025, Brazil emerged as a possible hosting candidate.
Appendix A – Meeting Agenda

(Day 1) Monday, 16 October MORNING (Times are in Bonn time (CET), UTC +2 hours) –Universal Hall

09:00 – 10:15 WHO-FIC council (75 min)
   Chairs: Ulrich Vogel, Mika Watari
   Rapporteur: Maaya Kita

1. Opening Ulrich Vogel, Mika Watari, Co-Chairs of the WHO-FIC Council
   a. Housekeeping (German WHO-FIC collaborating centre)
   b. Acceptance of the minutes of the council call from September 2023 (Co-chairs)
   c. Information on the election of Co-Chairs of the WHO-FIC Council (WHO)


10:15 – 10:45 Coffee break (30min)

10:45 – 12:00 WHO-FIC council (cont.) (75 min)

3. Committees & Reference Group Reports, Co-chairs of WHO-FIC Committees & Reference Group (3 minutes each)
   CSAC (ICD & ICF), EIC, FDC, FDRG, ITC, MbRG, MRG, MSAC, TMRG, VARG
   - Summary of the achievements since October 2022
   - Highlights for this meeting
   - Planned dates and locations for mid-year meetings
   - If any, suggestions for WHO-FIC Strategic Framework and Work Plan (Council Co-chairs)

4. Revision of the WHO-FIC Network conduct paper (Council Co-chairs)

11:45 – 13:00 Lunch break

11:45-12:15 CLOSED SESSION WHO-FIC CENTRE HEADS ONLY: Election of WHO-FIC Network Co-chairs
<table>
<thead>
<tr>
<th>Time</th>
<th>Universal Hall</th>
<th>Grand Event Hall</th>
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<tbody>
<tr>
<td>Universal Hall Morbidity Reference Group (MbRG)</td>
<td>Grand Event Hall Mortality Reference Group (MRG)</td>
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<tr>
<td>13:00 – 14:15</td>
<td>1. Welcome and introductions <em>(K. Denny, M. Zvolský)</em> (5 min)</td>
<td>1. Welcome and introductions</td>
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<td></td>
<td>2. Review/Approval of agenda <em>(K. Denny, M. Zvolský)</em> (5 min)</td>
<td>2. Feedback from MRG monthly meetings and pre-meeting workshop</td>
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<td>13:15 – 14:15</td>
<td>3. Approval of mid-year minutes from May 2023 <em>(K. Denny, M. Zvolský)</em> (10 min)</td>
<td>3. MRG role/work program: Discussion on main roles for the MRG over the next 1-2 years.</td>
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<tr>
<td>13:25 – 14:15</td>
<td>5. Rare diseases in ICD-11 <em>(E. Krpelanova, M. Zvolský)</em> (15min)</td>
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<tr>
<td>14:15 – 14:45 coffee break</td>
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<tr>
<td>14:45 – 16:00</td>
<td>Universal Hall Morbidity Reference Group (MbRG)</td>
<td>Grand Event Hall Verbal Autopsy Reference Group (VARG)</td>
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<tr>
<td>14:45 – 16:00</td>
<td>1. Cancer coding exercise – update <em>(K. Mabon; M. Yáñez)</em> (40 min)</td>
<td>1. Opening: Goals of the meeting &amp; introduction of new members <em>(Carine Alsokhn)</em> (10min)</td>
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<td>14:45 – 16:00</td>
<td>2. DRG – using ICD-11 and ICHI <em>(WHO: M. Virtanen)</em> (15 min)</td>
<td>2. Review of VARG work plan 2022-2023: key accomplishments, challenges and remaining activities: workstream updates (40min)</td>
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### 3. Update from the Quality and Safety Working Group (B. Ghali, D. Southern, P. Romano) (20 min)

- a. Questionnaire Improvement (Robert Mswia)
- b. Resources & Guidance (Jordan Leitao)
- c. IT Developments & Cause of Death Analysis (Aurelio Di Pasquale & Sam Clark)
- d. User Engagement (Erin Nichols)
- e. Research Agenda (Daniel Cobos)

### 3. Presentation and discussion of proposed VARG work plan 2023-2024 (Erin Nichols & Daniel Cobos) (20 min)

### 4. Adjourn (Carine Alsokhn) (5 min)

### 16:00 – 16:30 coffee break

#### Universal Hall
- Morbidity Reference Group (MbRG)

1. Mid-year meeting 2024 (K. Denny/M. Zvolsky)
2. Special national needs from ICD-11 (K. Denny/M. Zvolsky, R. Jakob)
3. Summary and review of workplan (K. Denny/M. Zvolsky)

#### Grand Event Hall
- Medical and Scientific Advisory Committee (MSAC)

1. WHO update on Malnutrition in Adults proposal and its progress (#2C6D) (Maaya Kita)
2. WHO update and discussion on proposals that came back from 2nd round of CSAC voting (#2H5A, #2M3Y, #2H1N)
3. (Maaya Kita)
4. Discussion on neoplasms related proposals (#2H25, #2H3H, #2H5Y)
5. Expansion of restructuring of the organ donor area (Willem Fibbe)
6. Consideration on specialization area expansion of MSAC members
7. Other business
<table>
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<tr>
<th>(Day 2) Tuesday, 17 October MORNING</th>
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<tbody>
<tr>
<td><strong>Universal Hall</strong></td>
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<tr>
<td><strong>Mortality Reference Group (MRG)</strong></td>
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<tr>
<td>09:00 – 10:15</td>
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<tr>
<td>Universal Hall</td>
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<tr>
<td>Mortality Reference Group (MRG)</td>
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<tr>
<td>09:00 – 10:15</td>
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<tr>
<td>1. ICD-MM for Maternal Mortality: Feedback from MRG/discussion</td>
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<td>2. MRG proposals:</td>
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<td>• M4 proposals</td>
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<td>• SP8 proposals</td>
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<tr>
<td>10:15 – 10:45 coffee break</td>
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<td>10:45 – 12:00</td>
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<td>3. MRG proposals (continued):</td>
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<td>• SIDS</td>
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<td>• Voluntary Assisted Dying</td>
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<td>• Others</td>
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<td>4. Multiple cause coding: MRG role in developing guidelines for multiple cause coding for use with new ICD-11 tools.</td>
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4.1. WHO Academy ICD-11 course:
   4.1.1. Assessment section for Module 1 Basic Coding with ICD-11: National Coding Examination / Assessment Survey feedback and next steps
   4.1.2. Curricula development for other modules
   4.1.3. WHO ICD-11 Education Tool Units 4-10 feedback and next steps

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<th>Time</th>
<th>Location 1</th>
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<tr>
<td>12:00 – 13:00</td>
<td>Universal Hall</td>
<td>Grand Event Hall</td>
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<tr>
<td>Lunch break</td>
<td>Informatics &amp; Terminology Committee (ITC)</td>
<td>Education and Implementation Committee (EIC)</td>
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<tr>
<td>13:00 – 14:15</td>
<td>75 Minutes</td>
<td>5. 2023 SWP items – Implementation</td>
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<tr>
<td>1. Welcome &amp; approval of 2023 ITC mid-year Meeting minutes (ITC Co-Chairs)</td>
<td>5.1. Updates from selected countries on ICD-11 implementation</td>
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<td>2. WHO update on tools and technological developments (Can Celik)</td>
<td>5.2. WHO ICD-11 Implementation and Transition Guide – updating based on user experience</td>
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<td>3. Mondo/Foundation linkage update (Chris Chute)</td>
<td>5.3. WHO-FIC Network ICD-11 Implementation Forum – development of discussion topics</td>
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<td>4. Information on modernization of Content Model and iCAT (Samson Tu)</td>
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<td>5. Strategic work plan and 2024 mid-year meeting (ITC Co-Chairs)</td>
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<tr>
<th>Time</th>
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<tr>
<td>14:15 – 14:45</td>
<td>Universal Hall</td>
<td>Mortality Reference Group (MRG)</td>
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<tr>
<td>14:45 – 16:00</td>
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<tr>
<td>1. Welcome (ITC and FDC Co-Chairs)</td>
<td>1. ICD-11 adoption plans: Sharing of plans, opportunities for collaboration.</td>
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<td>2. Content alignment and harmonisation (Samson Tu, Kathy Giannangelo, Ann-Helene Almborg, Cassandra Linton, Andrea Martinuzzi, Vincenzo Della Mea)</td>
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<td>- Anatomy and topography across the 3 reference classifications</td>
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| 75 Minutes | - Develop use cases for cross-classification linkages  
- Inventory areas of overlap in the three classifications  
- Process and criteria for technical and organizational changes in the WHO FIC Foundation  
- Wrap-up and next steps  
3. Terminology mapping (*Samson Tu, Sharon Baker*)  

**16:00 – 16:30 coffee break**

| 16:30 - 17:45 | Universal Hall  
Classification and Statistics Advisory Committee (CSAC – ICF) | Grand Event Hall  
Mortality Reference Group (MRG) |
|---|---|---|
| 75 Minutes | 1. ICF Latest Version Pre-Release Preparation  
2. a. Integration of 2018-2020 Updates into the ICF Foundation  
3. b. Timeline for Generating Pre-release and Official Release  
4. Upcoming Tasks  
5. a. Pending Proposals  
6. b. Work Focusing on ICF Terminology  
7. Other | 3. Automated coding tools: implications as tools become available/mature, enabling more extensive bridge coding exercises  
4. MRG forward work program |

**Day 3) Wednesday, 18 October MORNING**

| 09:00 – 10:15 | Universal Hall  
Classification and Statistics Advisory Committee (CSAC - ICD) | Grand Event Hall  
Family Development Committee (FDC) |
|---|---|---|
| 75 Minutes | 1. Welcome  
2. Approval of minutes | 1. Welcome and introductions *(9:00 – 9:10)*  
1.1 Review of agenda  
1.2 Approval of minutes from mid-year (May) meeting *(Ann-Helene Almborg, Cassandra Linton)* |
| 80% | 2. Update on linking to terminologies *(09:10 – 09:30)*  
|     | Status of the work – discussion about the size and the scope (Robert Jakob)  
| 80% | 3. ICHI *(09:30 – 10:15)*  
| 80% | 3.1 ICHI 2023 – update on content (enrichment)  
| 80% | 3.2 Planning updated educational material  
| 80% | 3.3 WHO update on ICHI finalization:  
| 80% | 3.3.1 Tooling development (Browser, Coding Tool, etc)  
| 80% | 3.3.2 Review of the mapping of WHO Package of Rehabilitation Interventions  
| 80% | 3.3.3 Reference group for interventions – ToR  
| 80% | 3.3.4 Specific solutions for mapping NCSP+ to ICHI  

| 90% | 10:15 – 10:45 coffee break  

| 90% | 10:45 – 12:00  
| 90% | 75 Minutes  
| Universal Hall  
| Classification and Statistics Advisory Committee (CSAC – ICD)  
| 10. Round 3 voting discussion – ICD proposals (continued)  
| Grand Event Hall  
| Family Development Committee (FDC)  
| 4. UHC Report on the finalization and discuss and promote the results *(Luisa Whitelaw)*  
| 5. Joint use of the reference classifications *(11:05 – 11:15)*  
| 5.1 Discuss the work  
| 5.2 Request for volunteers  
| 5.3 Next step  
| 6. Governance of WHO FIC Membership  
| 6.1 Update on the Family paper  
| 6.2 To consider proposals for membership of WHO-FIC  
| 6.3 Next step  

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<th>Time</th>
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<tr>
<td>12:00 – 13:00</td>
<td>lunch break</td>
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<tr>
<td><strong>(Day 3) Wednesday, 18 October AFTERNOON</strong></td>
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<tr>
<td>13:00 – 14:15</td>
<td>Universal Hall Classification and Statistics Advisory Committee (CSAC – ICD)</td>
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<tr>
<td>75 Minutes</td>
<td>1. Welcome &amp; presentations (Co-chairs: Thomas Maribo &amp; Andrea Martinuzzi)</td>
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<td>2. Mid-year meeting 2023 minutes (Thomas Maribo)</td>
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<td>3. WHO updates (Nenad Kostanjsek)</td>
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<td>4. ICF terminology (Andrea Martinuzzi)</td>
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<td>5. ICF/WHO FIC harmonization: open the discussion on ICF</td>
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<td>body structure substitution with ICD anatomy (Andrea Martinuzzi)</td>
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<td>14:15 – 14:30</td>
<td>coffee break</td>
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<td>14:30 – 15:40</td>
<td>Universal Hall Classification and Statistics Advisory Committee (CSAC – ICD)</td>
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<td>70 Minutes</td>
<td>12. Round 3 voting discussion – Reference Guide proposals (continued)</td>
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<td>13. CSAC Processes</td>
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<td>15. Other business</td>
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10. Other business & sum up (Co-chairs: Thomas Maribo & Andrea Martinuzzi)

16:15 Departure for the Social Event and Gala Dinner

(Day 4) Thursday, 19 October MORNING – Universal Hall

09:00 – 10:15 Official Opening of the WHO-FIC conference (75 minutes)

Chairs: Ulrich Vogel, Mika Watari
Rapporteur: Maaya Kita

Formal opening & welcome: Welcome by
- Prof Dr Karl Broich, President of the Federal Institute for Drugs and Medical Devices (BfArM)
- Dr Samira Asma, Assistant Director-General (ADG) at the World Health Organization for Data, Analytics and Delivery for Impact (DDI) (remote participation)
- Ms. Pia Malin, Division 215, Economic Issues Concerning Hospital Care at the Directorate 2, Health Care Provision, Health Insurance, Federal Ministry of Health, Germany
- Prof Dr Rolf-Detlef Treede, Chair of the National Board for Classification in Health Care at the Federal Ministry of Health (KKG)

Empowering healthcare with WHO-FIC standards – State of the network
Robert Jakob, Head of Unit, Classifications and Terminologies Unit (WHO)

10:15 – 10:45 Coffee break (30 minutes)
10:45 – 12:00 Presentations (75 minutes)
     Chairs: Mika Watari, Ulrich Vogel

1. **Summary reports from WHO-FIC Committees and Reference Groups** (30min)
   a. CSAC (ICD & ICF), EIC, FDC, FDRG, ITC, MbRG, MRG, MSAC, TMRG, VARG

2. **Reports back from Regional Advisors** (30min)
   - Benson Droti/Hillary Kipruto/Moussa Traore, WHO Regional Office for Africa
   - Amani Siyam/Rakesh Mani Rastogi, WHO Regional Office for South-East Asia
   - Henry Doctor/Eman Aly, WHO Regional Office for the Eastern Mediterranean
   - Karapet Davtyan/David Novillo Ortiz, WHO Regional Office for Europe
   - Katri Kontio, WHO Regional Office for the Americas/Pan American Health Organization
   - Hensman, Roland Dilipkumar, Mengjuan Duan, WHO Regional Office for the Western Pacific

Questions & Answers (10 min)

12:00 – 13:00 Lunch break (60 minutes)

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**Thursday, 19 October AFTERNOON – Universal Hall**

13:00 – 14:30 Round Table – (90 minutes)
     Chair: Stefanie Weber

Theme: **Empowering healthcare with WHO-FIC standards**

**Topics & Speakers:**
- Family of International Classifications in Brazil: overview and perspectives by Brazil WHO-FIC Collaborating Centre – Dr Ana Carolina Aires Cerqueira Prata, Dr Leticia de Oliveira Cardoso, Dr Juan Jose Cortez Escalante
- ICD-11 in Action: Setting the standard for Medical LLMs Benchmarking by Dr Mehdi Snene, The International Digital Health and AI Research Collaborative
- Utilization of WHO-FIC with WHO’s SMART Guidelines by Dr Carl Leitner, Digital Health & Innovation, WHO
- ICD-11 and ICHI in Casemix by Dr Martti Virtanen, Nordic Casemix Centre
• 'Experiences of introducing the ICD-11 TM Chapter for medical documentation at the Royal London Hospital for Integrated Medicine by Dr John Hughes, Head of WHO Collaborating Centre for Integrative Medicine, Royal London Hospital for Integrated Medicine
• Aligning with Global Goals: Exploring the SDGs and WHO-FIC Standards – Dr Stephen Mac Feely, Director, Department of Data and Analytics (DNA), WHO

14:30 – 14:45 Coffee break (15 minutes)

14:45 – 16:15 Poster presentations (90 min)

Chair: Amani Siyam, WHO Regional Office for South-East Asia

Presentations of selected posters:
1. Lessons learned about implementing Electronic Death Registration Systems (EDRS)
2. A search for abbreviations in health records in Argentina and Chile and their inclusion in the ICD-11 Coding Tool
3. Planning for ICD-11 Transition in Malaysia
4. Clinical implementation of ICD-11 MMS Chapter 6 Mental, behavioural or neurodevelopmental disorders in Scotland
5. Intercontinental Cooperation: Strategy of the Community of Portuguese Speaking Countries for the Translation and Implementation of ICD-11
6. Telephonic verbal autopsy: a pilot study in a district health system
7. Ontogeny and Severity of Impairments according to the ICF in Children of Early Age
8. Computerization Approach for the Utilization of ICF as a Global Protocol
9. Joint use of three classifications in DRG for rehabilitation
10. Czech translation of ICHI
11. Update on the mapping of the Global Reference List of 100 Core Health Indicators to the three WHO-FIC Reference Classifications
12. Implication of the International Classification of Health Interventions System for TCM Medical Insurance Payment

16:15 Closing
09:00 – 10:15 WHO-FIC council (75 minutes)  
   Chairs: newly elected co-chairs  
   Rapporteur: Maaya Kita  
   1. Confirm actions of Committees and Reference groups and update the workplan

10:15 -10:45 Coffee break

10:45 – 12:00 WHO-FIC council (75 minutes)  
   2. Discuss WHO-FIC Revision of the Network conduct paper (Michael Frost, WHO-FIC council)  
   3. Discuss CSAC process review and next steps

12:00 – 13:00 lunch break (60 minutes)

13:00 – 14:15 WHO-FIC council (75 minutes)  
   4. Confirmation of the CRG chairs in the SEG  
   5. Final dates and venues for the mid-year meetings 2024  
   6. Meeting evaluation  
      b. Feedback from participants  
      c. Suggestions for improvement, additional comments  
   7. 2024 and 2025 Network Annual Meetings  
   8. Other business

14:15 Meeting Closing
Annex 1: Poster Session Information

Selected posters for Thursday, 19 October 2023

Chair: Amani Siyam, WHO Regional Office for South-East Asia

1. (608) Lessons learned about implementing Electronic Death Registration Systems (EDRS)
2. (322) A search for abbreviations in health records in Argentina and Chile and their inclusion in the ICD-11 Coding Tool
3. (326) Planning for ICD-11 Transition in Malaysia
4. (323) Clinical implementation of ICD-11 MMS Chapter 6 Mental, behavioural or neurodevelopmental disorders in Scotland
5. (316) Intercontinental Cooperation: Strategy of the Community of Portuguese Speaking Countries for the Translation and Implementation of ICD-11
6. (615) Telephonic verbal autopsy: a pilot study in a district health system
7. (418) Ontogeny and Severity of Impairments according to the ICF in Children of Early Age
8. (406) Computerization Approach for the Utilization of ICF as a Global Protocol
9. (605) Joint use of three classifications in DRG for rehabilitation
10. (506) Czech translation of ICHI
11. (616) Implication of the International Classification of Health Interventions System for TCM Medical Insurance Payment
12. (620) Assessment of implementation of WHO Family of International Classifications (FIC) in selective facilities in India
13 Appendix B – Updated WHO FIC Strategy and Work Plan

See separate document.

14 Appendix C – List of Cochairs of Committees and Reference Groups

<table>
<thead>
<tr>
<th>CRG</th>
<th>First Name</th>
<th>Last Name</th>
<th>Secretariat</th>
</tr>
</thead>
<tbody>
<tr>
<td>FDC</td>
<td>Ann-Helene</td>
<td>Almborg</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cassandra</td>
<td>Linton</td>
<td></td>
</tr>
<tr>
<td>EIC</td>
<td>Carlos Gustavo</td>
<td>Guevel</td>
<td>Filippa Pretty</td>
</tr>
<tr>
<td></td>
<td>Lynn</td>
<td>Bracewell</td>
<td></td>
</tr>
<tr>
<td>CSAC</td>
<td>Meng</td>
<td>Zhang</td>
<td>Brooke Macpherson</td>
</tr>
<tr>
<td></td>
<td>Masahiko</td>
<td>Mukaino</td>
<td>to be announced</td>
</tr>
<tr>
<td>ITC</td>
<td>Samson</td>
<td>Tu</td>
<td>Takeshi Imai</td>
</tr>
<tr>
<td></td>
<td>Vicki</td>
<td>Bennett</td>
<td></td>
</tr>
<tr>
<td>FDRG</td>
<td>Andrea</td>
<td>Martinuzzi</td>
<td>Manuel Yañez</td>
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<tr>
<td></td>
<td>Thomas</td>
<td>Maribo</td>
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<tr>
<td>MBRG</td>
<td>Miroslav</td>
<td>Zvolsky</td>
<td>Kristy Mabon</td>
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<tr>
<td></td>
<td>to be announced</td>
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<tr>
<td>MRG</td>
<td>James</td>
<td>Eynstone-Hinkins</td>
<td>Donna Hoyert</td>
</tr>
<tr>
<td></td>
<td>Kathy</td>
<td>O’ Brien</td>
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<tr>
<td>TMRG</td>
<td>Kenji</td>
<td>Watanabe</td>
<td>Wenjie Wu</td>
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<td>Dou</td>
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<td>Cobos Munoz</td>
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<td>Nichols</td>
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<td>MSAC</td>
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<td>Maaya Kita</td>
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<tr>
<td></td>
<td>Rolf-Detlef</td>
<td>Treede</td>
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</table>
15  Annex D Draft minutes from WHO-FIC Committee and Reference Groups

15.1  Annex CSAC Summary Report

The Classification and Statistics Advisory Committee (CSAC) is co-chaired by Meng Zhang, China (ICD) and Masahiko Mukaino, Japan (ICF). The secretariat for the ICD is Brooke Macpherson, Australia, there is currently no secretariat for the ICF.

The CSAC-ICD met over four sessions on Wednesday 18 October 2023. The CSAC-ICF met in one session on Tuesday 17 October 2023.

15.1.1  CSAC-ICD

The CSAC had 62 ICD proposals and 24 Reference Guide proposals for review during the annual meeting. The Reference Guide proposals were not discussed due to time constraints. Instead, based on additional advice received from the MRG on a number of these proposals, some of which are to be referred to MRG for second consideration and the ones with MRG consensus will not need further CSAC consideration. For the other outstanding proposals, an additional session may be arranged with members to resolve these (to be determined).

In total, the CSAC-ICD considered 190 proposals this year, with decisions made on 137 of these. See Table 1.

Table 1: Voting Decisions on ICD and Reference Guide Proposals 2023

<table>
<thead>
<tr>
<th>Decision</th>
<th>ICD</th>
<th>Reference Guide</th>
<th>Total</th>
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<tbody>
<tr>
<td>Proposals accepted (with modification) after Round 2</td>
<td>38</td>
<td>28</td>
<td>66</td>
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<tr>
<td>Proposals accepted (with modification) after Round 3</td>
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<td>-</td>
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<tr>
<td>Total accepted (with modification)</td>
<td>92</td>
<td>28</td>
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<td>Proposals rejected after Round 2</td>
<td>9</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Proposals rejected after Round 3</td>
<td>4</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>Total rejected</td>
<td>13</td>
<td>4</td>
<td>17</td>
</tr>
<tr>
<td>Total proposals accepted or rejected in 2023</td>
<td>105</td>
<td>32</td>
<td>137</td>
</tr>
<tr>
<td>Marked elsewhere after Round 2</td>
<td>25</td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>Held over to 2024 (marked to CSAC)</td>
<td>3</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Proposals not yet discussed</td>
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<td>24</td>
<td>24</td>
</tr>
<tr>
<td>Marked elsewhere after Round 3</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Total proposals considered by CSAC in 2023</td>
<td>134</td>
<td>56</td>
<td>190</td>
</tr>
</tbody>
</table>
The following topics were also discussed at the meeting:

**CSAC Process Review**

A paper was tabled co-authored by the Canadian and Australian Collaborating Centres. If members were in favour, the paper proposed forming a working group to undertake a review of the current CSAC process. Members were in favour, with volunteers to join the working group from Australia, Canada and Germany. Another call for volunteers will be made at the closed Council sessions on 20 October 2023.

**CSAC Timetable 2024**

CSAC Secretariat tabled the voting timetable for 2024 with members.

### 15.1.2 CSAC-ICF

**Preparation of ICF Pre-Release Version**

The main topic in the CSAC-ICF meeting was the forthcoming pre-release of the ICF on the new classification platform. The 69 update proposals which were discussed, voted on, and approved by CSAC ICF between 2018 and 2020 still await integration into the new system. There were several issues identified in the integration of 16 pending updates with major changes, previously deliberated in preparatory teleconferences by voting members. The meeting addressed the challenges associated with integrating these updates, and potential solutions were presented and discussed. Following thorough discussions, the decision was made to proceed with the pre-release version.

**Timeline for the Launch of the ICF Release Version and Tooling Environment**

The timeline for the ICF's official release was shared. The pre-release is set for completion in November. Subsequently, CSAC-ICF will review it, aiming to finalize the release version. Work on preparing the tooling environment, which includes APIs, a translation platform, and a coding tool, will also proceed simultaneously. The release version of the ICF is set to launch in February 2024.

**Resumption of the Regular Update Process**

The regular update process was halted due to impending challenges tied to launching the ICF on the new platform, and 15 proposals remain pending for consideration. It was confirmed that the regular update process would resume from November 2023.

### 15.2 Annex EIC Summary Report

#### 1. Welcome and introductions

The meeting was held in hybrid mode, with in-person and virtual participants. Cochairs Lynn Bracewell and Carlos Guevel led the EIC sessions, supported by Secretariat Filippa Pretty. The proposed meeting agenda was agreed. The mid-year meeting minutes were approved, and status of actions reviewed.
2. WHO updates:

Nenad Kostanjsek, WHO Liaison, provided a WHO update on country implementation of ICD-11 moving forward in different speeds and that there is a beneficial effect in the sense that all reference classifications are promoted. In fact, some countries have put forward legislation for the whole family of reference classifications. There were some important sub-regional meetings, for example, Southeast Asia and Caribbean regions and positive experiences were highlighted: Eswatini after testing the tools last year, started to implement and now reports data with ICD-11.

The iMINT portal was piloted with several countries last year and the platform is being managed by WHO Regional Advisors. A user can access the iMINT portal to search implementation data.

3. 2023 SWP Education:

3.1 WHO Academy ICD-11 course

Islam Ibrahim, Kuwait Collaborating Centre, provided an update WHO Academy ICD-11 Module F02: ICD-11 coding and tooling. The story boarding development has been finished and the materials are now under production. The prototype will be available by December 2023 and EIC members will be asked to test the prototype.

The National coding examination/assessment feedback from seven countries was presented and members discussed and agreed that more information is needed such as target audience, rationale, experience, challenges, and opportunities. IFHIMA proposed to extend the survey to its 56 country members and the US representation will consult with professional coders associations.

3.2 WHO ICD-11 Education Tool Units 4-10

The context for the updating of the WHO ICD-11 Education Tool was provided and the EIC member review of Units 4-10 was summarized. The next steps were outlined with the expectation that all updating, and release would be completed by April 2024.

4. 2023 SWP Implementation

4.1 Updates from selected countries on ICD-11 implementation

Nenad Kostanjsek invited 5 countries to make presentations on their ICD-11 implementation progress and experiences: Bhutan, Chile, China, Ghana and United Kingdom.

4.2 WHO-FIC Network ICD-11 Implementation Forum

The committee discussed how best to bring this forum to life and increase participation by members and discussion topics. Some topics suggested were mapping, bridge coding and field test studies and further work will be undertaken.

4.3 WHO ICD-11 Implementation and Transition Guide

The forum will also serve as an opportunity to identify topics for an enhancement of the Implementation and Transition Guide. Members were encouraged to raise topic discussions on the platform.

5. Updates from NGOs on WHO FIC / EIC related activities

Mary Stanfill, IFHIMA representative, recommended members to visit poster number 314 on their work supporting ICD-11 training and implementation.

6 and 7. Strategic work plan and meeting dates in 2024
Cochairs confirmed the SWP priorities discussed during the meeting would be shared with the members along with the proposed quarterly meetings during 2024 as 15 February, 16 May, 15 August with October annual meeting dates to be confirmed and closed the meeting.

15.3 Annex FDC Summary Report

WHO-FIC Family Development Committee - Wednesday, 18 October 09:00-12:00

1. Welcome and Introductions The meeting was opened by Ann-Helene and Cassandra Linton, FDC Co-Chairs The agenda for the meeting was approved. The minutes from the mid-year meeting were approved.

2. Update on linking to terminologies We may need a Network of terminologies coordinated by WHO and identify resources and a framework. Members identified the need to address the misunderstanding that terminologies and classifications are competing. Discussion ensued about use cases which should be driving the linkage. Expression of interest to members to participate in a working group around use cases for linking with terminologies.

3. ICHI Megan Cumerlato outlined the current status of ICHI development such as enrichment of the content in ICHI, further development of the ICHI browser, updated ICHI Reference Guide, and the remaining outstanding issues. Ann-Helene highlighted some planned updates to the educational materials and present the results of the review of maps of WHO Rehab package of Rehabilitation Interventions to ICHI. WHO provided an update for the finalization of ICHI such as the remaining member state consultation. Martti Virtanen presented work on mapping NCSP+, which is in progress and anticipated to be completed soon. FDC members agreed with the Health Interventions Reference Group Terms of Reference and group formation. These will be approved by Council. ICHI will be transitioned to the Reference Group once it is formed.

4. UHC An update was provided on the state of the UHC indicator mapping work – the mapping table and paper are complete and ready for transition to the WHO, who will review and discuss disseminate internally/post to their website.

5. Joint use of the reference classifications Relevant use cases were presented, and next steps discussed. Next steps include an elaboration on the practical details from those happening in countries with lessons learnt to be added.

6. Governance of WHO-FIC membership No proposals were received for any additional WHO-FIC members since the mid-year. Agreement was made that a review of related classifications should be undertaken as part of the review of the Family paper.

7. Mid-Year Meeting location for the mid-year meeting is to be determined and will be discussed within Council but WHO noted it should be accessible for all to attend.

ITC/FDC Joint session Tuesday, 17 October, 2023 14:45 - 16:00

WHO-FIC Foundation Content Alignment/Harmonisation and Mapping Task Force During our joint session with FDC and the Mapping Task Force (MTF), Andrea Martinuzzi and Vincenzo Della Mea described the progress on mapping ICHI anatomy targets to ICD-11 anatomy extension codes.
An integrated view of the anatomy maps among the three classifications is being developed. Samson Tu summarized the use cases for cross classification linkages that have been collected. Kathy Giannangelo and Samson Tu reported that an inventory of potential areas of overlap among the three classifications is being completed and a typology that characterizes the nature of these overlaps has been developed. The next steps are to 1. develop examples of harmonization proposals, 2. understand the harmonization process, and 3. establish criteria for harmonizing the Foundation.

### 15.4 Annex FDRG Summary Report

The FDRG meeting was well attended by members from all WHO regions either in person or online.

<table>
<thead>
<tr>
<th>Subject</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Welcome</strong></td>
<td>Welcome by FDRG co-chairs Thomas Maribo and Andrea Martinuzzi and secretariat Manuel Yáñez Hernández. Approval of the agenda.</td>
</tr>
<tr>
<td><strong>Approval of minutes from midyear meeting May 2023</strong></td>
<td>Minutes were approved.</td>
</tr>
<tr>
<td><strong>Housekeeping</strong></td>
<td>The co-chairs drew members' attention to posters, especially posters about ICF. Poster presentation Thursday has several interesting posters of interest to members.</td>
</tr>
</tbody>
</table>
| **WHO updates** | Nenad Kostanjsek gave in-depth updates from WHO  
- The updated ICF browser will be available from November 2023 including the latest updates as accepted by CSAC-ICF  
- Translation of ICF will be available online as they are ready, some translations will be available from the publication of the updated ICF in November  
- Update of the WHO manual is on the WHO agenda  
- Coding tool for ICF is another important task which will be developed in collaboration with FDRG members.  
- A question on WHODAS for children was raised – this is another important issue; funding is needed for the development. |
| **ICF terminology** | Work on terminology enrichment will proceed in 3 actions:  
- Extend the terms beating from ICF datasets to cover the whole classification;  
- Accumulate further material for index terms enrichment from more data sets;  
- Design and test the process for introducing the newly identified index terms through the U&R protocol |
| **ICF/WHOFIC harmonization** | Deal with the inconsistencies in the harmonization process for ICF presenting proposals to solve them starting from specific examples |
| **CSAC-ICF** | Masahiko Mukaino presented the ICF updates as decided in CSAC-ICF |
| **ICD-11 Education Tool, Unit 12 Section V** | The updated module 12 was presented by EIC secretariat. Few changes were proposed. Module 12 are ready for publication later in 2023. More examples are welcome, FDRG members are asked to contribute. |
**WHO Updates** In-depth updates from WHO were provided. It was announced that the updated ICF browser, including the latest updates as accepted by CSAC-ICF, will be available from November 2023. Translations of the ICF will be made available online as they are finalized, with some translations set to be available upon the publication of the updated ICF in November. The update of the WHO manual has been included on the WHO agenda. Another significant task is developing a coding tool for ICF, which will be undertaken with FDRG members. An important question was raised regarding WHODAS for children, emphasizing its significance and the need for funding for its development.

**ICF Terminology** The process of terminology enrichment will be undertaken through three actions:

1. The terms from ICF datasets will be extended to encompass the entire classification.
2. Additional material will be gathered for index terms enrichment from more datasets.
3. A process will be designed and tested for introducing the newly identified index terms through the U&R protocol.

**ICF/WHOIFIC Harmonization** Inconsistencies in the harmonization process for ICF were addressed, and proposals will be presented to rectify them, starting with specific examples.

**CSAC-ICF Updates** from CSAC-ICF regarding ICF were presented.

**ICD-11 Education Tool, Unit 12 Section V** The updated Module 12 was showcased by the EIC secretariat. A few modifications were proposed, with the module set to be published later in 2023. Contributions in the form of examples were solicited, with FDRG members being asked to participate.

### 15.5 Annex ITC Summary Report

At this year’s Annual Meeting ITC session, Can Celik gave a comprehensive presentation on the WHO-FIC tooling for the maintenance and use of the classifications. Notable addition to the tooling is the CodeFusion command-line software that takes a list of phrases and generate best ICD-11 code matches. Chris Chute described a vision where the WHO-FIC Foundation is enriched by integrating open ontologies like the Mondo disease ontology and the Human Phenotype Ontology. Work has started to evaluate Monarch tools for the Mondo/ICD Foundation integration. A dedicated resource person will be hired this year for this work. Samson Tu presented the architecture and functionalities of the new iCAT 2 editing tool and a new representation of the Content Model. The committee reviewed its SWP tasks and devised plans to move forward on them.

During our joint session with FDC and the Mapping Task Force (MTF), Andrea Martinuzzi and Vincenzo Della Mea described the progress on mapping ICHI anatomy targets to ICD-11 anatomy extension codes. An integrated view of the anatomy maps among the three classifications is being developed. Samson Tu summarized the use cases for cross-classification linkages that have been collected. Kathy Giannangelo and Samson Tu reported that an inventory of potential areas of
overlap among the three classifications is being completed and a typology that characterizes the
nature of these overlaps has been developed. The next steps are to 1. develop examples of
harmonization proposals, 2. understand the harmonization process, and 3. establish criteria for
harmonizing the Foundation.

Sharon Baker and Samson Tu gave an update on the Mapping Task Force (MTF), including the work
that has been done, a questionnaire on CCs’ ICD-10/ICD-11 mapping use cases, needs and plans that
will be disseminated, the work of a subgroup to validate WHO ICD-10/ICD-11 maps, and the need for
volunteers to help carrying out MTF tasks.

15.6 Annex MbRG Summary Report

Co-chairs: Keith Denny, Miroslav Zvolsky

Secretariat: Kristy Mabon

1. Welcome
   • Keith Denny has been elected the co-chair of Council, taking effect on Friday, October
     20th; therefore, MbRG voting members are asked to submit nominations for one MbRG
     co-chair to whofic@who.int

2. Review/approval of agenda

3. Approval of mid-year meeting minutes from May 2023 and review of 2 action items (Dual Coding
   – Chinese Experience; CSAC proposals) for topics that are not part of this agenda. Action for both
   topics have been completed.

4. Update from WHO:
   a) Value Set Domain Platform:

   • A webinar to demonstrate the use of the platform was requested to be provided by WHO.

   b) Update on Proposal Templates:

   • Feedback was received about making the proposal templates more user-friendly. Improve-
     ments are currently in progress but not yet complete.

   c) WHO Videos:

   • Five short videos are available at https://www.youtube.com/@WHOICD-11/featured. Feed-
     back on these videos was requested to be provided to WHO.

5. Rare Disease in ICD-11:

   • Participation in the Implementation Forum was requested by members.
   • An update was provided by WHO regarding the joint work with Orphanet.
   • Reference was made to poster 313, highlighting the advancement of the collaborative pro-
     ject with the Orphanet database on rare diseases in ICD-11.
6. Descriptions in ICD-11:

- A methodology paper is set to be shared with WHO and subsequently distributed to MbRG members.

7. Cancer Coding Exercises: a) A center for Cancer coding exercises was established in ICD-Fit. The first exercise was uploaded and tested in English and Spanish. b) A presentation was delivered concerning the coding results of 2103 answers. c) Updates from a small working group included:

- Concerning the X-codes, it was noted that these were the primary source of inconsistency in coding exercise results. While extension codes are optional and might not be part of a strict gold standard, there is recognized value in using X-codes for a comprehensive description and practicing all ICD-11 features. A proposal was raised regarding marking relevant X-codes as "desirable".

8. DRG – Using ICD-11 and ICHI:

- A presentation on the progress of NordDRG adaptation for WHO was delivered.

9. Update from the Quality and Safety Working Group:

- (No specific content provided under this heading)

10. Midyear Meeting Location:

- To be determined.

11. ICD-11 in National Morbidity Use:

- A brief presentation outlined considerations for creating a national linearization from a national morbidity use case perspective.
- Another brief presentation referred to the content in the Reference Guide, specifically section 1.6.4.
- A general agreement was reached in principle that nations might require a national linearization tailored to their reporting needs. Practical questions were raised, such as the design of a national linearization based on the core ICD-11 Foundation, the process, and governance.

4. Review of 2023-2024 workplan

a) Follow up on cancer coding with small working group
   - Complete answer key for exercise 2
   - Complete guidance for Reference Guide
   - Enhanced functionality for coding tool
   - Follow up from Spanish coding exercises

b) Additional coding exercises?
   - Injuries (identified at mid-year meeting)
   - Obstetrics (identified at mid-year meeting)
   - Other

c) Descriptions maintenance in ICD-11?

d) Guidance on use of URIs (e.g., for rare diseases, national needs)

e) Support for development of international DRG?
15.7 Annex MRG Summary Report
Mon Oct 16 and Tues Oct 17, 2023

Meeting summary

Rapporteur: Donna Hoyert

The Mortality Reference Group (MRG) met during five sessions of the WHO-FIC Network annual meeting and in a two-day workshop held in advance of the annual meeting. Highlights of the meeting session were:

1. **Summary of weekend workshop:** The MRG discussed a wide range of topics including role and focus of MRG; supporting mortality statistics production; developing a scoping plan for MRG related implementation work; review of proposals before CSAC; and process for making updates.

2. **Proposal status and review:** The MRG discussed 26 proposals that are in different stages of progress from those still needing significant modification in development, those needing MRG final review before submitting to CSAC, and those that received comments in the CSAC voting rounds this year and might be accepted during the CSAC sessions if the comments could be addressed.

3. **Implementation updates:** A couple of the MRG members gave updates on their implementation plans and how the projects are proceeding, and regional advisors spoke in general about implementation status in their regions.

4. **Process to get decisions on updates:** Discussed expectations of a large workload as rules digitization progresses and limited time before members are expected to implement and report in ICD-11. Suggested a layered approach with CSAC oversight but minimization of the workload of proposals. This also relates to a broader discussion of CSAC processes to be discussed in the CSAC sessions and Council.

5. **ICD-MM:** Another unit in WHO asked the MRG to review an update of ICD-MM. This document is of great interest to some focused primarily on maternal mortality. However, differences between ICD-11 and ICD-MM cause confusion, and we would like to minimize that. Next steps were outlined for continuing these discussions.

6. **Coding exercises:** Reviewed that the MRG had conducted six coding exercises during the year. These were intended to give people exposure to coding in ICD-11 and to surface issues. Some actions have been taken to solve problems found; solutions need to be found for other issues.

7. **Study comparing Iris-11 and Doris:** A presentation was given of a study comparing Iris-11 and Doris using a sample of 9,500 records. The focus was on the underlying cause selected and reasons for differences found.

f) Continue discussion about national use of ICD-11?

g) Other priorities?
1. **WHO update on Malnutrition in Adults proposal and its progress (#2C6D)**
   The MSAC Secretariat gave an update on proposal #2C6D, regarding its content and status, as well as possible ways forward that had been discussed internally with the Nutrition department at WHO Headquarters. Once further feedback is received from the Nutrition department, the proposal will be taken forward for consideration in the next proposal year-round for MSAC and CSAC to ensure its content.

2. **WHO update and discussion on proposals that came back from 2nd round of CSAC voting**
   Proposals #2H5A, #2M3Y, and #2H1N required feedback for the CSAC for their voting during the annual meeting, thus were introduced by the MSAC Secretariat and discussed amongst all attendees. For proposal #2H5A, MSAC concluded that being able to have sunstroke as a separate individual entity from heat stroke, would be an opportunity to record clinical cases for risk factor management purposes, in particular from the occupational health perspective. In addition, MSAC will agree to the definition provided by the CSAC for sunstroke.

   For proposal #2M3Y, it was discussed whether the meaning between ‘meningeal tuberculoma’ and ‘tuberculous granuloma of the meninges (or meningeal tuberculoma)’ was discussed and whether it is possible to have one developing without the other. Given that tuberculosis is known for developing granulomas (or granulomatous inflammatory reaction to the presence of Mycobacteria), the meaning of tuberculous granuloma of meninges and meningeal tuberculoma is the same, based on MSAC’s discussion.

   For proposal #2H1N, a discussion point that arose from the reviewer of this proposal for MSAC discussion was to clarify whether expanding the foundation terms in ICD-11 would make sense even though a specific cause (in this case steroid use leading to diabetes) is common and definitive. MSAC discussed that the genuine criteria for the expansion would be whether there is enough evidence and appetite to make such proposals that request this. Comments were made on the platform, according to the decisions made.

3. **Discussion on neoplasms related proposals (#2H25, #2H3H, #2H5Y)**
   #2H25, which is a Complex Hierarchical Changes Proposal, on topic Malignant neoplasm metastasis in other sites, was discussed, and the outcome was to recommend accepting the proposal with modification, based on the understanding that the third parent to be adding the children is “Malignant metastasis neoplasm involving skin” (now the proposal reads “Malignant neoplasm metastasis involving skin”). The modification would be to not use “NEC” in the entity title, as it provides an ambiguous meaning and NEC should not belong to the foundation.”

   #2H3H, #2H5Y – with insufficient time for discussion, it was deferred to the next monthly meeting.

4. **Expansion of restructuring of the organ donor area**
   Driven from two proposals that already have been reviewed in the September monthly meeting (proposals #2Q9W, #2Q9X), an MSAC member gave a presentation on the restructuring of the organ donor area. It was agreed that based on the suggestion based on his presentation, a new proposal would be created to accommodate the request. MSAC member to submit the proposal content with
the detailed structures in sentences to the MSAC secretariat so that it can be in the form of a new proposal.

5. Consideration of specialization area expansion of MSAC members
This year we welcomed new MSAC experts from the field of obstetrics and gynaecology, and neoplasms/oncology. There was not sufficient time to discuss this item, however, MSAC is planning to expand its membership, especially for specialties such as neurology, infectious diseases, surgery, and orthopaedics.

6. Other business
All appreciation was given from the MSAC co-chairs and secretariat to MSAC members for their daily contribution and review of the proposals.
MSAC is willing to continue its discussion of medical and scientific topics that warrant attention in relation to improvement in the foundation.

15.9 Annex TMRG Summary Report
2023 WHO-FIC Traditional Medicine Reference Group Meeting
October 17, Tuesday, 9:00-10:15, Kameha Grand Hall
Co-chair: Dou Danbo, Kenji Watanabe
Secretariat: Xue Wenjie
WHO liaison: Nenad Kostanjusek, Stephane Espinosa

1. Welcome and Introductions (Co-Chairs)
2. A presentation was given about the 1st TM Global Summit, which took place in Gandhinagar, India on Aug. 17-18, 2023. During the parallel session 2A, titled "Data and routine information", the TMRG team provided insights about data collection with TM1 and TM2. Health statistics reports from Mauritius, Nepal, and Malaysia were also shared.
3. Feedback on ICD-11 TM1 Module Implementation and Education
Delegates from various countries, including China, Japan, Korea, and the US, provided updates on the progress of TM1 education and implementation. It was reported that China has been working on mapping between TM1 and their national standards. The country is transitioning to new national standards, which include interventions. In Korea, the KCD-8, an adaptation of ICD-10 that encompasses TM-specific conditions, is currently in use. Plans are in place for the implementation of its next revision, KCD-9, in 2026. Updates were also given regarding the training system progress for TM1 in the US.
4. Update on ICD-11 TM2 Development
The development of TM2 has advanced to the quality assurance process for its beta version. A peer review has been completed, and accuracy and feasibility field tests are currently being planned. Preparations are underway for the release version of TM2, with the final product expected to be published by January 2024.
5. TM Classification in ICHI
Reports were provided from China and Korea about the development of a TM intervention classification linked to health insurance coverage. In both the US and Japan, TM interventions are already covered by health insurance.
4. TMRG workplan and mid-year meeting 2024
Mid-year meeting will be planned in April or May 2024.
Make plans of deliverables of ICHI TM and create KPIs and timeline.

15.10 Annex VARG Summary Report
Summary Report – Verbal Autopsy Reference Group (VARG) Session
16 October 2023, 14:45-16:00

Key Agenda Items
1. Review of VARG work plan 2022-2023: key achievements and remaining activities
2. Presentation of proposed VARG work plan 2023-2024

VARG work plan 2022-2023
Key achievements included activities related to operationalization of the 2022 WHO VA instrument, such as training materials, the cause of death list for VA updated with ICD-11 codes, conversion of question-by-question guidance into more accessible format in ODK Collect, update of quick guide to ODK, and the ongoing official translations of the instrument into 5 languages (Arabic, French, Portuguese, Swahili, and Spanish). Other highlighted accomplishments include: approval of guidance on analysis with VA and MCCD data; finalization of manual for physician reviewers; elicitation of probbase values for CV19 for algorithms compatibility in the 2016 instrument; reference architecture outlining IT standards in accordance with WHO SMART guidelines; user-friendly, GUI-driven, ‘one-click’ install, all-Python version of openVA; working prototype of Reference Death Archive database; monthly webinars with community of practice; update and improvement of user interface of the WHO VA standards website and interactive implementation map; VA Literature alert service; and scoping review of TeleVA.

Outstanding issues include the development of guidance in quality assurance and management of ethical issues in VA; scoping review of the use of the narrative for VA; publishing of paper on 2016 WHO VA instrument revision process and 2022 WHO VA instrument development and use; support for the update of the probbase for algorithms’ compatibility for the 2022 WHO VA instrument; and major DHIS-2 VA Program update.

VARG work plan 2023-2024
Prioritized activities include: provide translations in the 5 languages of the question-by-question guidance; update mapping resource aligning various versions of question-by-question guide; develop guidance on QA, ethics, and presenting and reporting VA data for vital statistics; develop reference media resources on signs and symptoms for training purposes; support validation of new Computer-Coded VA algorithms with the updated probbase values; establish reference death archive, planning integrating of VA into WHO Mortality Database; assist VA advocacy and promotion through curriculum development for use by WHO regional and country offices and at regional/national workshops on CRVS and MoH mortality data; evaluate the performance of the addition of COVID-19 to VA tools; investigate how to best use the narrative for Computer-Coded VA; and conduct a scoping review of concordance methods for Computer-Coded and Physician-Coded VA.
16 Annex Regional Reports
Regional progress in health information

16.1 AFRO
Dr Benson Droti, Team Lead at WHO AFRO, provided the update for the African Region.

Key achievements in the region

- WHO-FIC-related activity in the great majority of the 47 countries in the African Region
- Country-wide scale-up of ICD 11: two countries
- Both collecting and reporting ICD-coded mortality and morbidity data: three countries
- Collecting (but not reporting) ICD-coded mortality and morbidity data: six countries
- Active preparation for implementation: Nine countries
- Just starting to implement ICD 11: 16 countries
- Not initiated: six countries

Regional Activities Update – Ongoing activities

1. Development of the ICD 11 module to be included in the electronic platform for training health care workers
2. Ongoing technical support and training to countries to improve the adoption and use of ICD 11 and associated tools and processes
   - Including development of country-level strategic plans
   - Transition to ICD 11
   - Scaleup of medical certification of cause of death
   - Analysis of cause of death data.

Regional Priorities

1. Focus on 3 – 5 countries for intense technical support, demonstrate results, learn lessons.
2. Greater adoption of ICD 11 and associated tools and processes, including digital tools
   - Countries are struggling with implementation of ICD 11 in health care facilities where the needed IT infrastructure does not exist.
3. Strengthening systems and capacities for collection, reporting and storage of good quality and disaggregated death and cause of death data
4. Improving capacity for analysis and use of morbidity and mortality data, including ICD-coded data
5. Research and development to develop cost-effective and sustainable approaches for improving the reporting of deaths and causes of deaths.

6. Establishment of additional collaborating centres

**Call to Action**

1. There should be greater focus on ensuring that these great tools are adopted and used by countries.
   - Why is the pace of adoption and implementation slow; what should change at both global/regional level and country-level to accelerate the pace of adoption and implementation; what investments are needed (e.g., can greater investments be oriented to enhancing adoption and use of the tools); how do we want to measure success?

2. There should be greater investments in research and development / prototyping of some approaches to improve the cause of death reporting, especially from communities in Africa.
   - For instance, what role can religious, cultural, and academic / public health institutions play in reporting births, deaths and causes of deaths?
   - Develop and evaluate an approach to improve the reporting of births, deaths and causes of deaths through a network of public/academic institutes and health care facilities

3. Funding support to WHO Regional Office and to countries to implement the tools and processes

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**16.2 EMRO**

Dr Eman Abdelkreem Aly, Technical Officer, Information Systems for Health and CRVS at WHO EMRO, provided the update for the Eastern Mediterranean Region.

**Key Achievements in the Region**

- Dissemination of ICD-11 information and technical resources
- Training sessions:
  - Arabic ICD-11 browsing and coding tools
  - Analysis of ICD causes of death data (virtual and in person)
  - Lebanon, first country in EMR to submit COD data in ICD-11 format
  - Regional training on ICD-11 COD selection tool and analysis of mortality and COD data (ANACOD3)
  - Promoting electronic platform integrated with ICD-11 coding and browsing tools (dhis2 – COD)
  - Developing ICD coding Continuous Medical Education Materials for on job training (Oman)
Regional Activities Update

- Mapping regional capacities for ICD-11 implementation (high-income countries)
- Customization of ICD11 morbidity and mortality tabulation lists for aggregate data reporting in emergency and low-resource setting (Yemen)
- Exploring potential CC in EMR with strong capacities in information technology to support implementation of the digital health strategy
- Develop ICD-11 transition plan for morbidity and mortality (Tunisia)
- Training of Trainers on ICD-11 for mortality coding (Egypt)
- Training on standards of writing medical death notification and coding (UAE, Lebanon)
- Technical guidance of Libya Health Insurance Fund group, on ICD11 -ICHI implementation in beneficiaries registration system

Regional Priorities

- Improving coding of data on COD for better and accurate reporting on SDG (estimates)
- Capacity building on electronic medical records and death registration system, opportunity for ICD11 use
- Address global needs to support WHOFIC implementation (translation, medical dictionary, applying coding standards in regional strategies, iMINT country reports)
- Collaboration with regional partners in coding of mortality and morbidity data (UNESCWA, Africa CDC, UNECA)
- Support implementation of WHO CC workplan and related initiatives in line with regional priorities
- Promote implementation of ICD-11 for Primary Health Care (PHC) as part of efforts to develop minimum requirements of PHCs based on the national model of care

Call to Action

- Information technology resource mobilization: IT capacities to support integration and customization, resource allocation for upgrading digital systems to support integration
- Identify effective options for countries with limited digital infrastructure, to implement the WHOFIC
- Scale up DHIS2 integration with ICD11 for morbidity and mortality
- Presentations (PPT) of educational materials in addition to available videos
16.3 EURO
Karapet Davtyan, Technical Officer at WHO EURO, provided the update for the European Region.

Key Achievements in the Region

- WHO/Europe’s 52 Member States have adopted the Region’s first-ever digital health action plan.
  - The WHO FIC is priority area of focus in the scope of d-HIS/d-Health
- Active promotion of ICD-11 in 8 countries as a part of HIS Assessment.
- Increased interest in ICF (Armenia, Kazakhstan, Kyrgyzstan, Ukraine)
- Supporting WHO-FIC across the WHO European Region, through the Global WHO-FIC Network.
  - Overall, 16+1 meeting out of which 5 this year.

More countries and stakeholders were involved

Regional Activities Update

- Received EU funding to promote ICD-11
- Guidance development for digitalization of health information systems
  - Chapter on: Ensuring integration and interoperability of health information systems

Regional Priorities

- Direct support for the implementation and use of ICD-11
  - ICD-11 Training
  - Implementation Preparation Workshop
  - Direct support through technical mission
- Full capacity operationalization of the WHO FIC European Network
- Completion of the WHO FIC Situational analyses

Call to Action

- Support collaboration and regional networking.
- Share best practices.
- Developing regional database for WHO FIC status and progress reporting.
- Operational research on identification of regional priorities for WHO FIC.
- Develop a regional roadmap with specific and realistic actions.
16.4 PAHO
Katri Kontio, Regional Advisor at PAHO, provided the update for the Pan American Region.

Key achievements
- Capacity building
- Regional webinars, workshops, advocacy, in country support and national training
- Field testing and pilots
- Collaboration centers’ contribution on ICD-11 development and field-testing national pilots
- Governance and preparedness
- Governance, road maps, assessments
- Translations
- Spanish and Portuguese
- French Translation (Canada)
- Regional and global collaboration
- ICD-11 Focal points nominated

Activity updates

THE POWER OF PARTNERSHIPS AND COLLABORATION
- CRVS partners meetings (2 face-to-face/hybrid meetings, 2 online)
- 32 icd-11 focal points nominated
- regional fic network meetings (online)
- collaboration center collaboration (online meetings)
- community of practice what’s up group with coders (Caribbean)
  ANACOD3 advocacy/training and short videos with who and vital strategy
- regional webinar series and online technical meetings with partners

DIVERSE ASSESSMENT APPROACHES
- Evaluating the Impact of ICD-11 on Canada’s Health Care Information Systems (Canada)
- Integrated into other evaluations (BPM, IS4H) (Ecuador, Trinidad, and Tobago)
- Qualitative pilot documentation (Argentina, Colombia, Mexico)
- iMINT (18 countries responded)
- INFORMATION SYSTEM and ICD-11 preparedness ASSESSMENT TOOL (Tool tested with
Trinidad and Tobago, focus on organizational and technology feasibility, aligned with
WHO/PAHO and other assessment instruments)

Similar findings: level 2
- ICD-11 implementation progress level (WHO):
  - LEVEL 2, preparation started
- IS4H (information system and digital health maturity, PAHO): LEVEL 2, DEVELOPING
The pace of digital transformation varies across different healthcare facilities and across the region. Some entities may be more advanced in their implementation, while others are still in the initial stages of transitioning from paper to digital systems.

- digital silos

- a major technical challenge, including old legacy systems, privacy concerns, strict data-sharing rules and cyber security, and data quality—all present challenges to the adoption of ICD-11.

- Many countries plan to implement new clinical information systems and interoperability frameworks in the coming years. It is crucial that these systems can incorporate ICD-11.

ICD-11 IMPLEMENTATION IN THE ENGLISH-SPEAKING CARIBBEAN

- Regional workshop, June 23
  45 participants across 16 countries
- pilots and field testing
  - focus on mortality coding
  - planning stage
- Capacity building and community of practice
  - regional webinars and advocacy, training

- Planning and strategy
  - Draft regional implementation plan
  - Chief medical officer meeting (planned)
  - Focus on mortality coding
  - Planning stage

BELIZE: ICD-11 PILOTING AND THE CLINICAL DATA EXCHANGE PLATFORM (CDEP)

- RAWA – registration and clinical activity web application
  - The NHI currently provides coverage to about 40% of the population.
  - ICD-11 integration in 2021
- “SOCIAL SECURITY at your Fingertips”
  - client portal and pas system with icd-11 integration in progress, cloud-based database storage
- the Clinical Data Exchange Platform (CDEP)
  - EU Project Clinical Data Exchange Warehouse and Analytics Platform Component
  - 8.8 million USD
  - Interoperability between Belize Health Information System (BHIS) and social security rawa software

REGIONAL PRIORITIES

- The implementation of icd-11 regional level activities including guidance for the member states
- ICD-11 as part of information system modernization, digital transformation and digital health planning and implementation
  - Regional digital transformation meeting in Panama 2022, Brazil, November 2023
- Building expert community and partner collaboration
  - train the trainers (planned)
Key challenges

- Digital health maturity and ICD use
  - countries at the level 2: developing;
  - diversity of legacy systems
  - some countries still utilize outdated coding systems, such as the international classification of diseases, 9th revision (icd-9)

- Governance and leadership
  - competing priorities, lack of data governance in the countries, government changes

- Practical implementation issues
  - challenges include incomplete Spanish translations, legacy system difficulties, ongoing vendor negotiations, technical issues such as interoperability and data storage, mapping, and the decision of whether to scale up or continue with pilot initiatives.

- Resources
  - lack of human resources, funding, lack of trainers, lack of expert availability

Call to action

- Global level Digital Health and ICD-11 round table with the Private Sector.
  - Many countries face challenges when attempting to modify existing systems. These challenges stem from proprietary electronic medical record (EMR) systems.
  - Collaboration within digital health teams and vendors is crucial to explore integration possibilities of ICD-11 within the healthcare system.

- Expert guidance on practical implementation
  - Country to country collaboration across the regions and field visits
  - Identification of experts globally (data base)
  - Inclusion of digital health departments/data architects in the WHO-FIC meetings
  - Tentative plan to form expert group hosted by PAHO for the Americas

- ICD-11 implementation and scaling up
  - Speeding up the implementation requires finalization of the many products and tools under development globally.
  - Funding challenge

16.5 SEARO

Dr Amani Siyam, Regional Advisor at WHO SEARO, provided the update for the South-East Asian Region.

Key Achievements in the Region (2023-2024)

Most common actions adopted by countries

- The mandate of implementing ICD-11 and Government buy-in → different entry routes:
• Appointment of high-level steering committees to oversee the implementation of ICD-11 (in almost all 9 out of 11 countries).

• Developing a roadmap for the health-related CRVS, with a focus on birth and death registration – strong advocacy from WHO among CRVS stakeholders to implement ICD-11 (Indonesia).

• MOH (Ministry of Health) nomination of a focal point for ICD 11 implementation for example Chief of Integrated Health Information Management System (IHIMS) in Nepal.

• Different stages of pilot-testing:
  • Bangladesh → a national level capacity building program established → at a local level capacity building in 6 districts has been completed. Piloting of ICD-11 in 06 Public Hospitals is ongoing.

• ICD transitioning through intermediary steps:
  • Broadly through the National Health Insurance system:
    ➢ Maldives: efforts underway through the Asandha Insurance scheme (universal coverage).
    ➢ Indonesia: a mixed-approach through preliminary discussion to go through the Diagnosis Related Groups (DRGs) /Casemix system used for reimbursement by the national health insurance programme since 2014, AND, WCO Indonesia advocacy efforts ICD-11 with CRVS stakeholders (MoH, Bappenas (Ministry of National Development Planning), BPJS (National Health Insurance), and BPS (NSO)).
    ➢ India's flagship programme Ayushmann Bharat- Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) health protection scheme introduced DRG and ICHI for the claims management business process. As of 13 Oct 2023, close to 257 million beneficiaries have been enrolled under the scheme.

• Finding the financing (??): Budget allocations to upgrade software to enable ICD-11 integration and piloting the introduction of ICD-11 in selected hospitals (Sri Lanka)

• Nepal → ICD-11 training for federal and provincial hospitals (six batches of training completed); pilot-testing in 6 federal hospitals; dhis2 customized for use of ICD 11; MCCD form and software developed provisioning ICD-11 coding; ICD-11 coded diseases are provisioned in CRVS for community death reporting.

• With the support of WHO HQ FIC Team, SEARO conducted a multi-country ICD-11 workshop (Apr 2023, Colombo, Sri Lanka) which had the participation of 7 focus countries (Bangladesh, Bhutan, Indonesia, Maldives, Nepal, Sri Lanka and Timor-Leste). Workshop outcomes = Example to follow for Nepal

• Key interest is on the ICD-11 apps for dhis2 (all 7 countries use dhis2 as their main HMIS), i.e. eMCCD and supporting tools (DORIS and ANACoD3) – CoDEdit tool.

• Countries need support to make their dhis2 development and use “EMR-ready” – a few of those countries are using OpenMRS as their EMR system, others have their own home-made EMR system (such as ePIS in Bhutan).

• Special attention for the integration of ICD-11 in their population-based patient registries which collect more data than that streaming within the facilities referral system.
Regional Priorities - a diverse set of needs

- Support countries acquiring the necessary facilities infrastructure (moving slowly from manual forms to digitized ones).
- Enabling the workforce: a designated Medical Record Officer (MRO) positions for all hospitals and enhancing their capacities through dedicated training and development programs.
- Integrating the necessary software (API with ICD-11) / enhance the existing hospital information system with particular emphasis on the system responsible for collecting hospital discharge summaries nationally (e.g. ePIS → dhis2 in Bhutan, eIMMR in Sri Lanka)
  - Revising the ICD code validation rule set currently employed for ICD-10, which validates ICD codes in relation to age, gender, mode of discharge, and prevalence.
  - Pilot-testing the implementation of ICD-11 in selected hospitals (a priority for all countries), documentation and full roll-out (also publication of country experiences).
  - Help in conducting an assessment of existing and proposed clinical terminologies in Indonesia (ICD-10, ICD-11, SNOMED CT, and other terminologies) as an early stage of the transition plan to ICD-11. This assessment aims to enhance understanding, build trust, and secure buy-in from relevant stakeholders while working in tandem with the established CRVS Working Group within the MoH.
  - Provide expert inputs for the ICD-11 implementation strategies action plans, timelines developed by countries.
  - Participate as resource persons in the ICD-11 implementation processes and consultations (In-person/virtual)
  - Support countries in the standard mortality tabulations (Bureau of Statistics) → all-cause mortality.
  - Development of a customized DHIS2 app for morbidity according to country needs.
  - Analyzing the results of the piloting stage to provide feedback and direction to policy makers for the full-scale implementation of ICD-11 nationwide.

Call to Action

- Taking full advantage of the training and capacity building tools → self-learning vs training of trainers’ support tools / workshops for coders, health informatics and the professional organization, academia on ICD-11 suite of tools.
- Examples of well-to-do “Roadmap of ICD-11 implementation”: Technical assistance to ensure a seamless transition from ICD-10 earlier versions to ICD-11 → sharing country experiences will be valuable.
- Better still a guide/ handbook on setup the implementation of the core components of ICD-11 apps and tools particularly for mortality reporting.
- Guidance/ technical note on the implementation and complementarities between eMCCD → DORIS → ANACoD3 and the Verbal autopsy methodology.
- Technical backstopping, especially in ICHI & ICF coding and integration of ICD-11 coding into traditional medicine services.
- Developing capacities in data analysis, presentation and use of ICD-11 collected data (top 10 causes of morbidity would be helpful).

- Technical assistance to develop a dhis2 morbidity app that can be customized to country needs (Bangladesh).

- Advocacy materials to diverse levels of the health sector to use ICD-11 nationally and sub-nationally.

16.6 WPRO

Dr Roland Dilipkumar Hensman, Coordinator at WHO WPRO, provided the update for the Western Pacific Region.

- Many countries have initiated ICD11 transition activities.
  - Development of ICD11 transition roadmap or strategic plans
  - Capacity building – Trainings/workshops/ webinars
  - Undertaking pilot implementation initiatives and developing case studies based on learnings

<table>
<thead>
<tr>
<th>ICD11 transition status</th>
<th>WPR (No. of countries)</th>
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<tr>
<td>Stage 1: Orientation and familiarization: national advocacy and orientation</td>
<td>6 non PICs + all PICs</td>
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<tr>
<td>Stage 2: Planning and piloting: developing the national implementation plan/roadmap,</td>
<td>7</td>
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<tr>
<td>initiating pilots, translation</td>
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<tr>
<td>Stage 3: National scale-up: cross-sectional collaboration and enterprise planning</td>
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<td>Stage 4: Routine reporting: improving completeness and timeliness, data quality and</td>
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</tr>
<tr>
<td>promoting use of data</td>
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</tbody>
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Regional activities update
**Regional priorities**

**Conduct training, workshops and webinars with support from HQ for countries without WHO CC**
- Mongolia
- Malaysia
- Philippines
- PICs

**Technical support for the development of ICD 11 transition plans, HIS preparedness assessments**
- Tonga
- Mongolia
- Solomon Islands

**Case studies based on country experience**
- China
- Malaysia

**Technical support in monitoring all-cause of death in a routine and timely manner**
- More than 11 countries and areas

**Call to Action**
- Further capacity building for both WHO Regional/Country Office resource persons and Member States
- Develop standardized, interoperable tools (e.g., integration with VA tool)
- Share country implementation experiences (e.g., integrating/embedding/customizing ICD API or ICD tools into current health information systems)
- Prioritize developing solutions for low-resource settings with limited digital health infrastructure
Annex List of Participants

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