

Terms of Reference for WHO Topic Advisory Group on MORTALITY (m-TAG) for ICD Revision

For over a century ICD has been used as a key tool to classify causes of death. Currently ICD-10 identifies the 3 character category level as the agreed international standard for reporting mortality. Thus, the current mortality linearization includes some 1600 categories for international comparisons. Longitudinal comparability and feasibility worldwide have driven the development of this set of categories.

Purpose of m-TAG

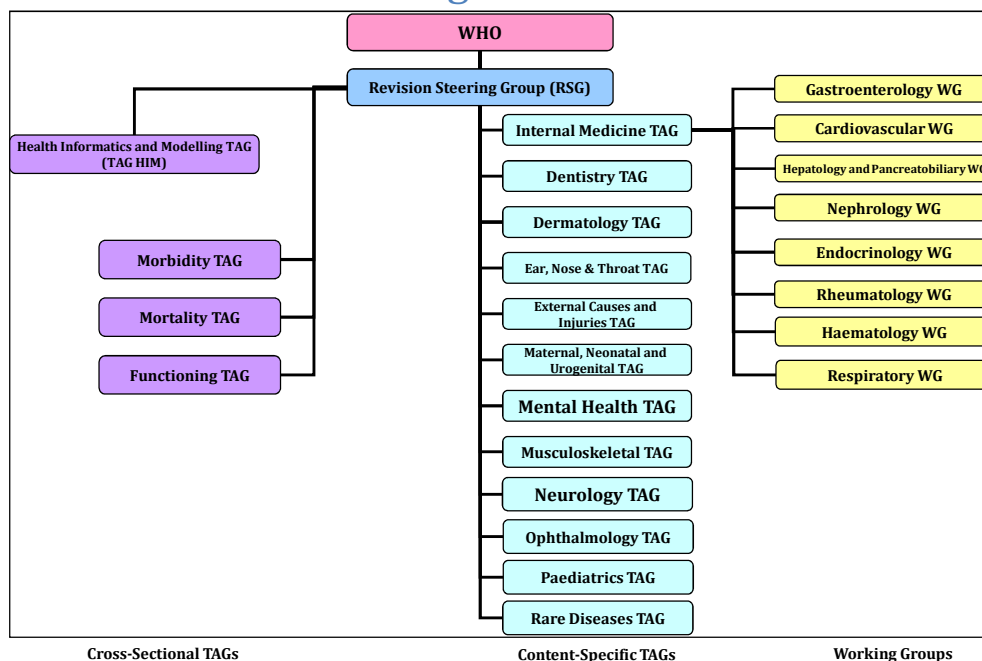
m-TAG will support WHO in producing the ICD-11 with specific aims to:

- (a) develop standardized mortality lists, tabulations and linearizations; and
- (b) formulate and implement use cases and field trials.
- (c) discuss and edit the mortality rules

Method of Work of m-TAG

This group will complement the work of existing Topic Advisory Groups with a particular focus on mortality use of ICD. Within the context of the overall ICD Revision Plan (reference) as depicted in the following organigram **m-TAG** will review the input that is coming from the different TAGs and users for their impact on the mortality use case and propose solutions to improve the feasibility and implementation of the revision.

ICD Revision Organizational Structure



Functions and Tasks of m-TAG:

1. Review of the key categories proposed in ICD -11 for their impact on the mortality uses, based on agreed criteria such as relevance in mortality statistics and public health, and international reporting requirements.
2. Propose edits or measures to ensure continuity of time series of mortality data: e.g., where changes to existing categories and structure may impair longitudinal comparability, and propose options for solutions.
3. Assist in the removal of the dagger and asterisk codes and replacement options
4. Verify that the proposed new categories and structure are actually reported on death certificates, and that collection of meaningful diagnostic mortality data is possible.
5. Assist in meaningful grouping of residual categories and avoid ambiguous practices to unspecific codes.
6. Verify impact of changes to categories and structure on the rule base and amend the rules accordingly
7. Preparation of support material (e.g., user guide, incorporation of improvement in the mortality rules in the volume II and training tools for ICD-11);
8. Refine the formulated “use cases” identifying the key operational steps explicitly so that these could be used in field trials and for computerized applications. These would include:
 - a. Single underlying cause of death
 - b. Multiple causes
 - c. Verbal Autopsy
 - d. Bridge coding exercises for transition from ICD-10 to ICD-11
 - e. Other

and work with WHO on settings, models and mechanisms for field testing. Field tests should aim to test whether the proposed ICD-11 list is fit for purpose, whether it is used reliably by different users.

Composition and Membership

Proposed membership will be composed by equal numbers of experts from inside and outside the WHO-FIC Network.

Membership should reflect geographical distribution, come from different settings regarding implementation of cause of death registration, and have expertise in ICD, and collection, statistical analysis, and collaboration with policy makers using ICD coded cause of death data.

The group will be chaired by two co-chairs, who are appointed by WHO.

The life span of the group is limited to the ICD-11 development process at present 2015. Following the sunset date the functions will be handed-over to existing WHO FIC Mortality Reference Group

The group shall draw up a workplan which lists in detail aims, activities, deliverables, timelines and responsibilities.

Working methods should include e-mail, conference calls, virtual meetings and face-to-face meetings.