Revising the ICD: explaining the WHO approach

From the late 19th century, the International Classification of Diseases and Related Health Problems (ICD) has been the backbone of cause of death statistics. Over time, country uses of the ICD have moved beyond tracking mortality, and now include morbidity statistics, health financing, research, and clinical care. Regular revisions of the ICD are necessary to accommodate advances in medical knowledge. The product of the ongoing revision will be suitable for a digital environment and include electronic tools for coding, browsing, translation, review, and mapping. The revised ICD has been designed to become interoperable with related classifications and terminologies. In addition, new approaches, such as tools for coding in low-resource environments, will be better integrated in the ICD.

The 11th revision of the ICD is in its final phase, benefiting from remarkable commitments and contributions from clinical experts, statisticians, classification experts, and other users. The initial phase was driven by 30 committees and working groups, including 21 topic advisory groups with clinical expertise in all key areas, including neurology or internal medicine. Over 7000 revision proposals were received through an internet platform.

The ICD-11 is unique as it builds its purpose-specific classifications from the foundation component, which is a database that currently includes 47 000 entities characterised by 13 properties such as body system, causation, functional consequences, and manifestations. The foundation not only forms the basis for the conventional representation of the ICD, a tabular list of now 26 chapters, but also provides the basis for specialty classifications, in which the categories can be arranged according to the requirements of the respective field.

In April, 2015, an independent external review was commissioned by WHO in response to comments from its Member States. The report noted important advances, but also expressed concerns about the delays due to the complexity of the task and the potentially negative impact on statistical continuity. On the basis of the review recommendations, WHO focused on producing a stable version of ICD-11 for mortality and morbidity statistics and an expert task force was established to assist with that goal. Production of a classification that is taxonomically sound and practicable for users has required appraisal and integration of a vast amount of advice, which was sometimes contradictory. Continuity of mortality statistics remained the priority for the ICD, which is essentially an aetiological classification, and some of the proposals of expert groups with a clinical focus were revised or rejected. For instance, although the sequelae of a cerebrovascular condition may largely be related to the nervous system, the acute phase and aetiology are clearly vascular. "Vascular lesions affecting central nervous system" have been in the diseases of the vascular system chapter since ICD-7. The decisions were made available on the ICD web platform in August, 2016.

WHO will release the 2016 version of the ICD-11 for country comments during the ICD revision conference in Tokyo, Japan, held Oct 12–14, 2016. The results of country field testing and further refinements should result in the release of the ICD-11 for country implementation in 2018.

JH and SW are Co-Chairs of the Joint Task Force on the ICD 11th revision for Mortality and Morbidity Statistics. We declare no competing interests.

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