

# Conduct of the WHO Family of International Classifications Network

Version	Date of changes	Author of changes
Draft Version	2013-04-29	Stefanie Weber (Council Co-Chair)
Draft Version for approval (including comments from Council members on previous draft)	2013-09-06	Stefanie Weber (Council Co-Chair)
Version 1	2013-10-18	WHO-FIC Network Advisory Council
Version 1.1	2014-02-17	WHO/HQ CTS Team
Version 1.2	2016-02-08	WHO/HQ DSI Team
Version 1.3	2017-02-09	WHO/HQ DSI Team

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***This document will be on the WHO Classification web site and also be posted on the WHO-FIC Network Annual Meeting website.***

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

### Introduction

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

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

In addition to the WHO Collaborating Centres for the Family of International Classifications, WHO Collaborating Centres for Classifications, Terminologies, and Standards, and Non-Governmental Organizations in official relations with WHO (NGOs) contribute to the classifications agenda. Collectively these organizations make up the WHO-FIC Network. WHO Member States may participate in the work of the WHO-FIC Network through designated representatives.

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

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

- membership
- purpose
- governance
- communication
- Committee and Reference Group structure
- meetings

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

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

The WHO-FIC Network includes all designated WHO Collaborating Centres and Collaborating Centres under designation that are supporting WHO in the development, implementation, and maintenance of the WHO-FIC (updated list of WHO-FIC Collaborating Centres at the following WHO web site:

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

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

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

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

The WHO-FIC Network's activities are guided by the following strategic principles:

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

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

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

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

prior to the start of the session to the WHO elections officer.

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

The WHO-FIC Network Advisory Council is composed of WHO representatives, Heads of WHO-FIC Collaborating Centres (designated and under designation), and the Co-Chairs of Committees Reference Groups (see below for structure of Committees and Reference Groups). WHO Collaborating Centres for Classifications, Terminologies, and Standards and Non-Governmental Organizations' (NGOs) representatives will have voting rights in the Council only if elected as Committee or Reference Group Co-Chair. The Council Co-Chairs will confirm the participation in its work of other persons covering leadership positions in the classification development in collaboration with WHO. WHO Collaborating Centres for Classifications, Terminologies, and Standards and NGOs are invited to participate in the Council as non-voting members.

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

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

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

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

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

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

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

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

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

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

The WHO-FIC Network has established four Committees:

- Update and Revision Committee (URC)
- Education and Implementation Committee (EIC)
- Informatics and Terminology Committee (ITC)
- Family Development Committee (FDC).

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

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

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

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

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

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

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

Beyond these permanent members, additional participants included in the delegations of the Collaborating Centres or NGOs may take part in Committee and Reference Group meetings as observers.

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

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

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

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

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

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

Candidates are members of the Committees or Reference Groups. A person could be elected for only two consecutive terms in a given Committee or Reference Group. Candidates should be willing and committed to serve for two years and should give a statement to this effect clearly if they accept the nomination.

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

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



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

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

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

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

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

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

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

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

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

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

The **Update and Revision Committee (URC)** supports WHO and WHO-FIC Network in keeping the reference classifications of the WHO-FIC in line with current knowledge.

The **Mortality Reference Group (MRG)** aims at improving international comparability of mortality data. To this end, the MRG identifies and solves problems related to the interpretation and application of ICD- 10 to mortality, supports the development of internationally applicable software for mortality coding and classification, and addresses issues of analysis and assessment of mortality statistics. The MRG prepares updates to the ICD for consideration in the URC.

The **Morbidity Reference Group (MbRG)** identifies, discusses, and solves problems related to interpreting and applying ICD-10 to morbidity coding and classification, through the development of agreed upon coding rules and guidelines. MbRG makes annual recommendations to the URC.

The **Functioning and Disability Reference Group (FDRG)** advises the WHO-FIC Network on functioning, disability and health classification and coding issues. The chief aim is to improve the quality and comparability of national and international data that describes functioning, disability and health by enhancing the appropriate use of the ICF. The FDRG prepares updates to the ICF and makes annual recommendations to the URC.

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

This section clarifies Co-Chair responsibilities and privileges in order to facilitate a smooth transition when new leaders are elected.

- Participate in WHO-FIC Network Advisory Council work;
- Propose the contribution of the Committee or Reference Group to the Strategic Work Plan together with WHO and WHO-FIC Network Advisory Council Co-chairs on an annual basis;
- Review the Terms of Reference of the Committee or Reference Group in relation to the Strategic Work Plan together with WHO and WHO-FIC Network Advisory Council Co-chairs on annual basis and propose updates if items are no longer relevant;
- Establish/confirm structure of Committee or Reference Group (e.g. Co-Chairs, Secretariat) with WHO and WHO-FIC Network Advisory Council;
- Establish/confirm Committee or Reference Group membership;
- Prepare the annual report of Committee or Reference Group, to be presented at the annual WHO- FIC Network meeting;
- Convene working sessions at WHO-FIC Network annual meeting
  - present to the Council the Committee's or Reference Group's session needs in order to allocate adequate time to conduct its business
  - prepare agendas at least six weeks in advance of annual meeting

- circulate to membership
- solicit papers and posters for working sessions
- select rapporteur(s) to prepare minutes from working sessions (short synopsis for meeting report [1/2 to 1 page] and longer report [approximately 5-7 pages] for fuller documentation) in a draft version right at the end of the meeting for WHO and to be circulated in a finalized version within six weeks of the annual meeting
- Assist in organization of plenary sessions or round tables for annual Network meeting as requested by WHO and host Centre
- Contribute to orientation materials (organized by Education and Implementation Committee) for annual WHO-FIC Network meeting
  - update 2-3 slides in joint presentation to describe Committee/Reference Group purpose and working sessions
- Make presentation during report-backs of Committees and Reference Groups at Annual Meeting (Templates will be distributed by WHO before the meeting)
  - at first Council session to report on the last year's progress and work
  - at Plenary session to highlight top items of Strategic Work plan for work in the coming year
  - at final Council session to report on recommendations to Council or decisions for endorsement and possible plans for midyear meetings if applicable
  - or as otherwise identified in the agenda
- Propose an update to the respective section of WHO-FIC Strategic Work Plan annually
  - share with membership two months prior to annual Network meeting
  - update during annual meeting and provide to meeting Rapporteur
  - discuss work plan with WHO-FIC Network Advisory Council SEG in light of compiled work plan of all Committees and Reference Groups by teleconference if requested
- Communicate with membership by e-mail at least twice between annual meetings
- Organize teleconferences and mid-year face-to-face meeting if need exists and resources permit
  - assure documentation of teleconferences and meetings
  - circulate minutes to full membership
- Participate in periodic teleconferences of WHO-FIC Network Advisory Council
- Participate in mid-year teleconference/meeting of WHO-FIC Network Advisory Council
  - prepare written update on work plan for inclusion in Council agenda materials
  - report on progress at mid-year teleconference/meeting.

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

All WHO Collaborating Centres and individuals therein have agreed to the "Terms and Conditions for WHO Collaborating Centres" (<http://www.who.int/collaboratingcentres/information/en/>). In this context the following guidelines will be useful to follow to ensure proper conduct and etiquette respecting collaboration, in line with the plan of work with the WHO CC and WHO-FIC Network Strategic Work Plan. The guiding principle should be mutual respect and to protect the WHO-FIC reputation and intellectual property.

If any member of the WHO-FIC Network is proposing to make a public statement or a publication on behalf of the WHO-FIC Network, it is required that s/he informs WHO and the WHO-FIC Network Advisory Council Small Executive Group and seeks their clearance and/or guidance. There may be requirements for the timely release of information to the public (outside the WHO and the WHO-FIC Network) or sensitive issues when different stakeholders have differing views about a certain classification, development, or application. Any conflictual issues should be solved within reasonable timelines, and with appropriate consultation. Any previously publicized information by WHO or the WHO-FIC Network can be used without any permission. Items that are of limited or embargoed nature should be marked as such "network-in-confidence"; embargoed until {DATE}; etc. A caveat/disclaimer may be in place regarding the time and context bound

nature of the information shared. In case of any doubt or uncertainty on the content the authors shall clear the statement or publication with their Centre Heads, the Network Co-Chairs, or the WHO Health Data Standards and Informatics team (DSI).

### **Communication within the network:**

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

- Papers, statements, and any other form of written documents shall be presented at least one working day prior to their discussion. If a voting or confirmation of a group is expected on such written statement, a presentation two days prior to the discussion would allow necessary translation and preparation of a reply in English.
- If a member of the network is expected to give a vote on a decision s/he must be allowed sufficient time to **translate and analyse** the decision beforehand. Whenever necessary the member can request additional time for that if the topic to be decided on was not presented at least two days beforehand.

### **Conduct of WHO-FIC Network annual meeting**

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

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

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

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

#### **Resourcing the WHO-FIC Network annual meeting**

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

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

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

#### **Accessibility**

Collaborating Centres have agreed to make a good faith effort to implement the following accessibility

guidelines for participation in the Network meetings:

- ensure that all official meeting facilities and events are accessible to persons with disabilities (e.g., meeting rooms, rest rooms and sleeping rooms should fully accommodate wheelchairs and allow room to maneuver ; ensure availability of elevators, escalators and stairs; provide for a bus with a power lift for social events);
- ask in advance about special needs of prospective participants
- make meeting content accessible to all participants (e.g., readable by all and read aloud as needed);
- ensure a smoke and chemical-free environment;
- seek funding for sign language, Braille and personal assistants as needed.

### **Rules of Procedure**

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

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

### **Education for Attendees**

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

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

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

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

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

not linked to a specific Centre or WHO.

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

The rapporteurs should, wherever possible, simultaneously project the draft resolution on a screen so that delegates are clear on the proposed outcome.

To this end, a predefined template could be used to aid rapporteurs in their work as well as to clarify the outcome and further actions (recommendations, resolutions). Amendments can be made to the text. The result is then immediate availability of the agreed decision and the report can be incorporated into the meeting report without further editing.

### **Committee and Reference Group Sessions**

Committee and Reference Group Chairs should prepare preliminary agendas of the Committee and Reference Group sessions and make them available to the meeting organizers before the meeting. Committee members are encouraged to submit posters on relevant topics, which may be discussed during Committee and Reference Group meetings. Papers for discussion should only be submitted when requested by the Co-Chairs and only in the form of an attachment to a poster which remains the only official way to present materials to the meeting participants. Specific resolutions should be presented on slides or handouts, if not covered by earlier papers. All decisions taken during the Committee and Reference Group sessions must be brought to the Council meeting for endorsement and inclusion in the record of the meeting.

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

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

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

The first annual network meeting session of the Council is open to all participants of the meeting. The second session of the Council at the end of the meeting can be restricted to a closed meeting if need arises.

### **Strategic Work Plan**

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

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

At the annual Network Meeting Committees and Reference Groups will discuss items from the Work Plan that their Group is working on. Propositions for change will then be reported at the final Council Meeting. Committee and Reference Group Co-Chairs ensure that new items are in line with the overall Work Plan and necessary resources will be available within the network. For each topic one lead Committee or Reference Group should be identified, additional contributors should be mentioned and the lead Committee or Reference Group ensures that effective collaboration on the respective item will be undertaken. All items on the Strategic Work Plan must be approved by the WHO-FIC Network Advisory Council and by WHO.

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

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

### **Meeting report**

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

The Executive summary is drafted by the WHO Secretariat with input from the rapporteurs and will then be circulated to the Council for commenting. It also includes summaries of plenary sessions. All documents will be available on the WHO-FIC website no more than three months after the meeting.

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

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

### **Seating arrangement**

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

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

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

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

### **Posters and presentations**

A call for posters is made by WHO at least four months before the meeting. Posters may be submitted for:

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

Poster abstracts and posters are to be submitted using templates provided by WHO. This facilitates the collation of posters and the possibility to access the posters on the Internet.

Authors should submit the titles of each poster and an abstract to WHO Headquarters as outlined in the timeline included below. WHO Headquarters will make available all poster abstracts to the respective Co-Chairs of Committees and Reference Groups for their information right after the deadline for submission. WHO will select a certain number of posters for presentation in the poster sessions of the meeting. Committee or Reference Group Co-Chairs can then select one or more of the posters for presentation within their sessions from among those not already been chosen for presentation in a session. WHO Headquarters will coordinate these presentations and will try to avoid double presentation of the posters in different Committees or Reference Groups. Tentative session agendas should be made available to the organizers six weeks before the meeting.

Final posters should be submitted as outlined in the timeline included below to ensure enough time for printing. Posters are made available on the meeting website a minimum of 10 working days prior to the meeting. The address for accessing posters will be provided by WHO.

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

The host will ensure that all posters will be printed in time and will be displayed from the beginning of the meeting till the end of the meeting.

PowerPoint presentations should be submitted one week before the meeting.

### **Poster award**

Each meeting participant may have the chance to vote for his/her favorite poster. The voting will be done through poster stickers, electronic tools, or in other suitable ways. Each participant will receive a specified amount of votes. On the morning of the last meeting day, the evaluation of the poster award will be done by WHO Headquarters together with the organizers. The winners of the poster award will then be announced before the closure of the meeting. They will also be recognized either on the meeting website or



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in the report of the meeting for further reference.

## Draft TIMELINE for WHO-FIC Network Annual Meeting<sup>2</sup>

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

<sup>2</sup> All dates are subject to annual confirmation by WHO and the Host Collaborating Centre.

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

### Purpose

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

### Functions

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

### Structure and working methods

The Informatics and Terminology Committee (ITC) will endeavor to ensure that its membership reflects the widest possible representation of WHO-FIC Network Centres.

The structure of the ITC should involve permanent members that will primarily devote their time in actually developing methods and application of the tasks in the field.

Membership to the ITC is open to any individuals from collaborating organizations who wish to participate actively in the work of the Committee. They should submit their names to the Chairs with copy to the WHO-FIC secretariat.

Working methods include e-mail and more interactive ways of electronic communication, conference calls and meetings, including an annual meeting during the WHO-FIC Network Annual Meeting. Additional meetings can be held if needed.

## Annex 2: Terms of Reference of the WHO-FIC Update and Revision Committee (URC)

### Purpose

Support WHO and WHO-FIC Network in keeping the reference classifications of the WHO Family of International Classifications up to date with current knowledge.

### Functions

1. Update policy
  - 1.1 Contribute to the establishment of integrated update processes to maintain and enhance each of the reference classifications of the WHO-FIC.
  - 1.2 Develop and implement update principles and criteria.
  - 1.3 Develop and implement update schedules.
  - 1.4 Evaluate update mechanisms, tools and applications.
  - 1.5 Recommend mechanisms for improving the update processes.
2. Update coordination & decision making
  - 2.1 Moderate and assign update proposal to relevant Reference Groups as necessary.
  - 2.2 Review resulting feedback and suggestions submitted by Reference Groups, Collaborating Centres and other sources.
  - 2.3 Check for consistency between WHO-FIC classifications update proposals.
  - 2.4 Decide on update proposals for final approval by WHO-FIC Network Advisory Council.
3. Revision
  - 3.1 Identify areas where major revision is required and decide how such a revision could be undertaken.
  - 3.2 Participate in the revision work to ensure synchronization from one revision to the other and consistency within WHO-FIC classifications.

### Structure

4. Membership and voting rights
  - 4.1 All WHO-FIC Centres may nominate up to a maximum of two official members per single country CC and to a maximum of four official members per multiple countries CC. On a single voting process (e.g. ICD update, ICF update, Co-chair election) there is only one voting right per single country CC and up to a maximum of two voting rights per multiple countries CC. Countries may transfer voting rights following WHO-FIC rules.
  - 4.2 WHO-FIC Centres may nominate additional “observers”, who do not participate in voting.
  - 4.3 WHO, including the regional offices, is represented by its delegated officer, who participates in voting.
  - 4.4 Each NGO currently participating in the WHO-FIC Network may nominate one member, who participates in voting.

- 4.5 Each WHO-FIC Committees or Reference Groups may nominate a delegate to join URC meetings for the discussion of relevant items.
5. Chairs
  - 5.1 The URC will have two co-chairs, which are elected by URC members for a two-year period.
  - 5.2 The role of Co-chairs is detailed in the document "Responsibilities and privileges of chairs and co-chairs of WHO-FIC Network committees and reference groups". In particular, the 2 URC Co-chairs:
    - have joint responsibility for WHO-FIC reference classifications;
    - update URC section of WHO-FIC Strategic Work Plan annually, listing in detail aims, activities, deliverables, timelines and responsibilities.
6. Secretariat
  - 6.1 The Secretariat is chosen by the 2 Co-chairs together with WHO.
  - 6.2 Main roles of the Secretariat are:
    - act as Moderator of the Update Platform;
    - prepare the mid-year and final reports of Committee activity for annual WHO-FIC Network meeting;
    - compile official update documents, both yearly and cumulative, for submission to WHO.

### Working methods

7. The URC work is mainly conducted through the update and revision platforms which are workflow engines designed to facilitate communication within expert workgroups and ensure transparency of the processes.
8. Work and communications are also carried out via e-mail, conference calls and meetings, including an annual meeting during the WHO-FIC Annual Meeting:
  - 8.1 Official meetings of the Committee must be held in conjunction with international WHO-FIC meetings. Extraordinary meeting, if needed, must be previously approved by the WHO-FIC Network Advisory Council.
  - 8.2 In order to enable standardized and harmonized maintenance of WHO classifications, members of the URC, are encouraged to follow all the URC sessions
  - 8.3 Separate sessions can be established for individual classifications as the need arises.
9. Key deliverable of the URC work include the lists of updates for WHO-FIC member classifications.

### References

1. Greenberg M.S., Weber S., Report from WHO-FIC Network Advisory Council, 2010 - 2011 Cape Town, South Africa 29 Oct - 4 Nov 2011 (WHOFIC2011/C00)  
[http://www.who.int/classifications/network/WHOFIC2011\\_C001\\_Councilfinal.pdf](http://www.who.int/classifications/network/WHOFIC2011_C001_Councilfinal.pdf)
2. Final paper on the Role of Non-governmental Organizations in WHO-FIC Network Approved by WHO-FIC Network Advisory Council April 15, 2011  
[http://www.who.int/classifications/network/WHOFIC2011\\_C001\\_Councilfinal.pdf](http://www.who.int/classifications/network/WHOFIC2011_C001_Councilfinal.pdf)
3. Responsibilities and privileges of chairs and co-chairs of WHO-FIC Network committees and reference groups, August 9, 2010  
[http://www.who.int/classifications/network/WHOFIC2011\\_C001\\_Councilfinal.pdf](http://www.who.int/classifications/network/WHOFIC2011_C001_Councilfinal.pdf)
4. The WHO Updating & Revision Committee  
<http://www.who.int/classifications/committees/URC.pdf>

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

### Purpose

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

### Functions

1. To keep under review, and update as necessary, the structure and content of the WHO- FIC
2. To identify and prioritise gaps in the WHO-FIC.
3. To specify a mechanism, including assessment criteria, for consideration of new family members.
4. To consider proposals for membership of WHO-FIC, to nominate location within the structure of the family, and to assign an appropriate status (derived or related) to the classification.
5. To consider the implications for WHO-FIC of the development and implementation of clinical terminologies, and recommend appropriate actions to the Network.
6. To work with custodians of other classifications to consider appropriate linkages between WHO-FIC and these classifications.
7. To oversee work on development or application of WHO-FIC as requested by the Network.
8. To serve as a focal point for the Network for the development of ICHI.
9. To create and maintain productive working relationships with other WHO-FIC Network Committees and reference groups.
10. To prepare strategic work plans for the Committee and annual reports to the Network on the activities of the Committee.

### Structure and working methods

Ad-hoc working groups are established as need arises.

Working methods include e-mail, conference calls, participating in management tasks on relevant developments on request, and meetings, including an annual meeting during the WHO-FIC Network meeting and a mid-year meeting, optionally.

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

### Purpose

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

priority will be for the reference classifications, ICD and ICF.

## Background

The Implementation Committee was established in 1999 with a Subgroup on Training and Credentialing. In 2003, the Subgroup became a separate Education Committee. The two committees were merged into the Education and Implementation Committee in 2010.

## Functions

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

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

The components of the education and implementation strategies include the following tasks:

1. Inventory the use of ICD and ICF in member states
2. Inventory the availability of the classifications in multiple languages and translation strategies
3. Gather information from Collaborating Centres and regional offices on use and capacity for implementation of ICD and ICF in WHO member states
4. Maintain a Checklist for implementation of WHO Family of International Classifications

5. Identify groups with interest in the implementation of WHO-FIC and approaches to address them.
6. Gather information from Collaborating Centres, regional offices and other Network members on capacity for ICD-10 and ICF training in WHO member states
7. Conduct needs assessments about the capacity, skills and responsibilities of ICD mortality and morbidity coders and ICF users and data collectors in member states. Define the skills and levels of education and training required for coders and nosologists, as well as other users of the classifications.
8. Identify groups requiring education and training about ICD and ICF (e.g., coders, statisticians, epidemiologists, policymakers, administrators, relevant systems and program managers, clinicians, survey developers, health sciences educators, students and consumers) and in the proper completion of source documents (e.g., death certificate, health record, person self-reports) and approaches to address them.
9. Identify groups requiring education and training in the proper completion of source documents (e.g., death certificate, health record, person self-report instruments) and approaches to address them.
10. Catalogue, characterize (e.g., purpose, audience, content, language, availability, media and technology) and disseminate information on current educational and training curricula and modules for the ICD and ICF and identify gaps and methods for filling them.
11. Review existing training materials and the mechanisms for their dissemination and identify best practices. Provide advice on best practices to developers of ICD and ICF educational materials.
12. Promote the multi-lingual development of educational materials on ICD and ICF
13. Work with ITC and IHTSDO and other relevant groups on educational materials and implementation strategies for the joint use of classifications and terminologies
14. Collaborate with national and international organizations (e.g., the International Federation of Health Records Organizations) with which users of the classifications can affiliate.
15. Continue to explore the capacity of these organizations to support an international training and certification program for coders and users of the reference classifications.
16. Explore the need for international certification or assessment of those trained to use the reference classifications or of classification training materials. Identify a support network or mechanism.
17. Identify approaches for assuring that training and certification are dynamic processes, responsive to changes in medical science, disability policy, technology, coding rules, etc. Explore different approaches to training, e.g., face-to-face, eLearning.

## Structure and Working Methods

The structure of the Committee should involve permanent members from WHO (including the regional offices) and each Collaborating Centre who will primarily devote their time to developing and, to the extent possible, carrying out strategies for addressing the functions specified above.

Membership is open to Regional Offices, Collaborating Centres with national and regional responsibilities for WHO-FIC implementation and education, WHO Collaborating Centres for Classifications, Terminologies, and Standards<sup>3</sup>, and Network members representing non-governmental organisations. Beyond these permanent members, additional participants may take part in committee meetings as observers. The Committee will elect co-chairs from its membership during even-numbered years in a closed ballot at an annual meeting of the network for a term of two years. WHO-FIC Network governance documents specify election procedures.

<sup>3</sup> Terminology was updated in October 2016 to “WHO Collaborating Centres for Classifications, Terminologies, and Standards”.



The Committee should develop a biennial work plan consistent with the WHO-FIC Strategic Work Plan, which reflects the priorities of the Network. It should list in detail goals, objectives, activities, deliverables, timelines and responsibilities for addressing the terms of reference. If necessary, different work groups (sub-committees) may be formed on specific tasks or WHO-FIC classifications so as to address different issues.

Working methods should include e-mail, conference calls and meetings, including an annual meeting during the WHO-FIC Network annual meeting. Official meetings of the committee must be held in conjunction with international WHO-FIC meetings.

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

### **Purpose:**

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

### **Functions:**

1. To identify and solve problems related to the interpretation and application of ICD to coding and classification of mortality.
2. To establish standardized application of mortality coding rules and guidelines by a) making decisions regarding the interpretation of rules and guidelines for mortality, and b) deliberating on updates to the classification and the rules and guidelines. Such updates include both clarifications and correction of errors
3. To develop recommendations for ICD updates through a democratic process which attempts to achieve consensus
4. To submit annual recommendations to the Update and Revision Committee (URC) by the end of April.
5. To support the development and application of international software for mortality coding and classification
6. To address issues of analysis and assessment of mortality statistics
7. To provide documentation of discussions and decisions in a database.

### **Structure and working methods**

The MRG will endeavour to ensure that its membership reflects the widest possible representation from centres and WHO regional offices.

The chair and co-chair are elected by the MRG for terms of two years. The election is submitted to the Secretariat for confirmation.

The MRG will work through email and the ICD Update and Revision Platform, meet in person at least twice a year, and use telephone conferences as needed.

Once a recommendation to the Update and Revision Committee (URC) has been agreed to by the MRG, members will support the recommendation.

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

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

### Purpose:

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

### Functions:

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

### Structure and working methods:

The Morbidity Reference Group (mbRG) will endeavour to ensure that its membership reflects the widest possible representation from the WHO-FIC Network, including Collaborating Centres (CCs), Non-Governmental Organizations (NGOs) and WHO Regional Offices. Nominations for membership in mbRG will come from the Heads of Collaborating Centres and of NGOs. Nominations may also be sought by WHO for an equivalent number of individuals with Morbidity classification expertise from outside the WHO-FIC Network, including expertise in application of ICD for case mix systems, primary care settings or quality and safety applications. Potential conflict of interest may be a reason for exclusion from membership.

The mbRG will work through email communications, meet in person at least once per year, and use teleconferences as needed.

The mbRG will consult with the MSAC on medical and scientific questions, and with MRG on the impact of proposals on mortality, as well as the Primary Care Task Force or successors of the group on issues related to Primary Care.

Recommendations of the mbRG require the participation of the majority of the members in the decision process.

Recommendations from the mbRG which are endorsed by the relevant committee, and the WHO-FIC Network Advisory Council, should be available from the WHO classifications website.

The mbRG may create work groups to address specific topics or tasks, such as Morbidity coding rules, Casemix, or Quality and safety.

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

### Purpose:

The objective of the Functioning and Disability Reference Group (FDRG) is, in the context of WHO-FIC strategic directions for ICF implementation:

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

### Functions:

1. To promote the standardised interpretation of ICF concepts and categories (allowing, as far as possible, for geographical, cultural and specialty-based variations) through developing principles of use, coding rules and guidelines.
2. To identify issues related to the interpretation and application of ICF to coding and classification of functioning, disability and health.
3. To facilitate evaluation of ICF as a classification system and recommend changes, as appropriate.
4. To develop recommendations for ICF updates through an evidence-based process and to submit annual recommendations on updates to the Update and Revision Committee.
5. To advise WHO and WHO-FIC Committees responsible for revising the ICD about ICF implications for the ICD revision.
6. To secure and support appropriate membership, toward ensuring that a breadth of perspectives informs the Group's deliberations.
7. To facilitate the sharing of information within the group and with other international groups working in similar areas.
8. To provide documentation of discussions and decisions in a WHO-supported database that can be used online and offline.

### Structure and working methods

#### Membership and structure

The Functioning and Disability Reference Group (FDRG) will endeavour to ensure that its membership reflects the widest possible representation from WHO-FIC centres, WHO regional offices and a wider network of non-government organisations (NGOs), disabled people's organisations (DPOs) and other experts, including people from 'information paradox' countries.

Nominations will be solicited from designated WHO-FIC Collaborating Centres, WHO-FIC Collaborating Centres under designation, regional offices, NGO's and DPO's in official relations with WHO, and countries not affiliated with a Collaborating Centre but interested in contributing to the

work of the Reference Group. For the latter WHO will work with relevant country officials to identify or confirm appropriate membership.

Criteria for membership should be set out and updated from time to time as an Appendix to this document, but should include:

- have expertise in functioning and disability related to the functions of the group;
- hold a role in a country or organisation that enables representation and consultation;
- be able to contribute actively to a work task.

The co-chairs are elected by the FDRG for a term of two years. The election is submitted to the WHO-FIC Network for confirmation. The co-chairs and WHO, in consultation, are responsible for confirming membership. WHO is responsible for issuing formal invitations to join the Group, when needed. A possible conflict of interest is a reason for exclusion from membership.

The FDRG may appoint task groups to carry out its work program. Experts, in addition to members, can be invited (by task group leaders in consultation with co-chairs) to participate in these task groups, which will address specific projects and report back to the FDRG.

The FDRG is supported by a FDRG 'secretariat', which is responsible for achievement of work program goals and accountable for FDRG recommendations and actions. The FDRG Secretariat will comprise 6-10 FDRG members including the chairs, and generally including task group leaders.

The FDRG will establish and support a mechanism for wider discussion and consultation on its work program, for instance a web based forum.

### **Working methods**

The FDRG will work through technology, such as e-mail, Skype and the WHO Share Point website, will convene at least once a year, and use telephone conferences as needed.

Decisions of the FDRG are in the form of recommendations to the WHO-FIC Network.

To the extent possible, decisions will be reached by consensus. All FDRG members will have the opportunity to express their views. The co-chairs may call for a vote; all members vote. If the co-chairs decide a formal (rather than indicative) vote is required the chair may request that each Centre or organisation submit one vote only. If consensus is not achieved within a reasonable period of time, the chairs and 'secretariat' will set a time limit for completion of discussion, will inform the Group of their conclusions or proposed actions, and will then take responsibility for recommendations or actions.

In making recommendations to WHO-FIC Committees the Chairs should clarify the process used to reach a decision and any diversity of views in the FDRG.

Recommendations from the FDRG which are endorsed by the relevant Committee(s) and the WHO-FIC Network should be available from the WHO-FIC web site.

## Annex 8: Preserving and Expanding the WHO-FIC Network: A Discussion Paper: 2011 Update

Marjorie S. Greenberg, Stefanie Weber  
Co-Chairs, WHO-FIC Network Advisory Council,  
2009-2011 Abstract

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

### Introduction

International classifications are the building blocks of health information systems. Implementation and maintenance of these classifications in multiple languages and jurisdictions for multiple purposes requires consultation and collaboration with governmental officials, statistical agencies and a broad range of users around the world. The World Health Organization (WHO) recognized this shortly after it received responsibility for the International Classification of Diseases (ICD) in 1948 and established its first Collaborating Centre for the English Language in London in 1951. A Latin American Centre for the Spanish language followed in 1955 and a French language Centre in 1968. By 2010, there were twelve fully designated WHO Family of International Classifications (WHO-FIC) Collaborating Centres, covering five of the six official WHO languages<sup>4</sup> and the two regional languages, and five new Centres undergoing designation. These Centres constitute the WHO Family of International Classifications Network, along with the responsible area of WHO Headquarters and all Regional Offices. The Mission of the WHO-FIC Network is ***“to improve health through the ongoing development, maintenance and promotion of an integrated suite of health classifications and related products that produce information of value and utility across the world.”***

### WHO Collaborating Centres<sup>5</sup>

<sup>4</sup> There currently is no Collaborating Centre for the Arabic Language, although one did exist for a few years in Kuwait in the 1990's. Kuwait currently is developing plans to seek designation for a new Arabic language Centre.

<sup>5</sup> See <http://www.who.int/collaboratingcentres> for more information on WHO Collaborating Centres

A WHO Collaborating Centre is a national institution designated by the Director-General to form part of an international collaborative network to support WHO's mandate for work on international health issues. Currently there are over 800 WHO Collaborating Centres in over 80 Member States working with WHO on a wide range of issues. The WHO-FIC Centres consistently have been recognized by WHO for their productivity and contribution to the WHO mission. Although WHO Collaborating Centres are intended to support international work, they also are expected to participate in the strengthening of country resources, in terms of information, services, research and training, in support of national health development. Thus the main role of the WHO Collaborating Centres is to provide strategic support to the Organization to meet two main needs:

1. Implementing WHO's mandated work and program objectives
2. Developing and strengthening institutional capacity in countries and regions<sup>6</sup>

### Benefits to WHO and to Countries

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

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

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

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

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

<sup>6</sup> See [http://www.who.int/collaboratingcentres/cc\\_historical/en/print.html](http://www.who.int/collaboratingcentres/cc_historical/en/print.html)

## Location of WHO-FIC Collaborating Centres

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

## Challenges of serving as a Collaborating Centre

As noted in information about Collaborating Centres posted on the WHO website, "designation ... is independent of financial support being given to the institution by WHO" (e.g., grants). Thus, Collaborating Centres must identify resources within their respective host agency and partner agencies to support participation by the Centre Head and other experts in Collaborating Centre activities, including travel to WHO-FIC Network meetings. Face-to-face meetings of the full Network are held annually, but increasingly, committees and reference groups hold mid-year meetings and teleconferences to advance their respective work plans. Ideally, the international work complements the responsibilities of the officials and experts in their home organizations, adding synergy to both activities. However, active participation in WHO-FIC Network groups (i.e. Council<sup>7</sup>, committees and reference groups), can take as much as 20% of a person's time, and leadership roles are even more resource-consuming. In the current global economic situation, these resources are becoming increasingly difficult to identify. Experience shows that funding for infrastructure, as compared to services, is particularly difficult to secure.

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

Another challenge is coordination within the country with diverse organizations, if responsibility for mortality, morbidity, functioning, disability and health statistics resides in different groups, possibly with different missions and cultures. It is necessary for the Centre to develop an integrated work plan

and to maintain communication across all of the relevant organizations, including the National Statistical Office.

## Consequences of not serving as a Collaborating Centre

When a country decides not to continue as a WHO-FIC Collaborating Centre or not to establish such a Centre, it represents a loss to the Network as well as the respective country. The Network is deprived of the country's expertise and its experience in using or trying to implement the classifications. The Network's ability to carry out its work plan and associated membership is limited by the reduced committee and reference group membership and the smaller pool of candidates for leadership positions. And the Network suffers from reduced coverage of languages and geographic areas.

From a country's perspective, the benefits previously specified are lost. One of the most important benefits for countries having a Collaborating Centre is the right to participate in the update process of the classifications by having voting rights in the Update and Revision Committee (URC) and on the URC

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<sup>7</sup> The Council consists of all Heads of WHO-FIC and CTS Collaborating Centres (designated and under designation), co-chairs of committees and reference groups, representatives of NGOs, and other identified project co-chairs, who collaborate with WHO in the governance of the Network.

platform. Not having a Collaborating Centre will disqualify countries from participating in this process and, as a result, significantly limit the country's ability to model the classifications according to national needs. Official members and co-chairs of Network committees and reference groups and the Council also are participating in the governance structure of the ICD-10 revision process through the Revision Steering Group and associated Topical and cross-cutting Advisory Groups. This early and ongoing opportunity to help shape ICD-11 also is constrained for countries lacking a Collaborating Centre.

The Network's committees and reference groups<sup>8</sup> direct the work of the network and assist countries in implementation, education, use of electronic versions, etc. Although representatives from other countries can serve as observers in these groups, with concurrence of WHO, only members of Collaborating Centres (fully designated or under designation) can serve as official members with voting rights and in leadership positions on these groups; thus the ability to influence the work is very limited by not establishing a Collaborating Centre.

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

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

### *Problem Statement*

In the first decade of the 21<sup>st</sup> century, two WHO-FIC Collaborating Centres (United Kingdom and Nordic) decided not to apply for re-designation.<sup>9</sup> During the same time frame, three new Centres were established in India, Italy and Mexico, and new Centres are actively under designation in Korea and South Africa, with several others in the designation process. This presents a mixed picture because long-standing expertise and participation are being lost, but new Centres and capacity are being developed in several regions of the world. However, there is a risk of losing additional Centres or that establishment of new Centres will stall if the benefits are not articulated better and country resources become more constrained or diverted for other priorities.

### *How can benefits be articulated better*

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

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

<sup>8</sup> Education and Implementation Committee, Family Development Committee, Informatics and Terminology Committee and Update and Revision Committee; Mortality Reference Group, Morbidity Reference Group/TAG, Functioning and Disability Reference Group. (October 2010)

<sup>9</sup> At this writing, both Centres are in discussion with WHO about developing new organizational arrangements.



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

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

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

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

3. Allow the representative of an NGO in official relations with WHO to vote in elections for a specified committee or reference group co-chair if it meets the following criteria:
  - a. The NGO includes work on the WHO Family of International Classifications in its work plan with WHO<sup>10</sup>
  - b. The NGO has provided a representative who has participated on a continuous basis in the specified committee or reference group for a minimum of two years, including attendance on the majority of teleconferences and at mid-year and annual meetings.
  - c. The NGO would have one voting representative regardless of how many other representatives of that NGO participate in the specific group.
4. Allow the voting representative of the NGO to be nominated as co-chair of the respective committee or reference group and to serve if elected.
5. If the NGO representative is elected as co-chair of a committee or reference group, allow that representative to serve on the WHO-FIC Network Advisory Council.

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

<sup>10</sup> If work with WHO-FIC is not currently included in the NGO's work plan, relevant WHO-FIC activities should be added to the work plan the next time it is updated.

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

## Technical Appendices

Terms and Conditions for WHO Collaborating Centres

Generic terms of reference for WHO-FIC Collaborating Centres

October 18, 2010

Revised March 22, 2011

Revised August 3, 2011

## Annex 9: Final paper on the Role of Non-governmental Organizations in WHO-FIC Network

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

### Introduction

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

*Countries not affiliated at present with a Collaborating Centre may participate in the Network, including its meetings and committees/reference groups and seek support from the Network through designated representatives. Non-governmental organizations in official relations with WHO and other national or international organizations with responsibilities directly related to the WHO Family of International Classifications also may participate in the Network at the discretion of WHO and the WHO-FIC Network Advisory Council. In this sense, the WHO-FIC Network is a collaborative structure of WHO Collaborating Centres, representatives of WHO Member States, non-governmental organizations and other health information-related bodies and networks. Assumption of leadership positions in the Network by representatives of countries or organizations not affiliated with a Collaborating Centre will be reviewed by WHO and the WHO-FIC Network Advisory Council.*

Currently, only representatives of Collaborating Centres (designated and under designation) can serve in leadership positions in the WHO-FIC Network or vote in WHO-FIC elections for leadership positions or on policy decisions of the Network. Non-governmental organizations and countries not affiliated with a Collaborating Centre also do not serve on the WHO-FIC Network Advisory Council. During the 2010 annual WHO-FIC Network meeting in Toronto, Canada, the Council initiated a discussion on expanding the role for non-affiliated countries and non-governmental organizations to allow voting and leadership positions in some circumstances. A discussion paper was developed by the Council Small Executive Group (SEG) to explore these issues for non-governmental organizations in official relations with WHO. A separate discussion paper has been drafted to consider the role of WHO Collaborating Centres for Classifications, Terminologies, and Standards<sup>11</sup>. The role of non-affiliated countries also is under discussion.

### Background

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<sup>11</sup> Terminology was updated in October 2016 to “WHO Collaborating Centres for Classifications, Terminologies, and Standards”.

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

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

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

### Proposals

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

- The NGO includes work on the WHO Family of International Classifications in its work plan with WHO<sup>12</sup>
- The NGO has provided a representative who has participated on a continuous basis in the specified committee or reference group for a minimum of two years, including attendance on the majority of teleconferences and at mid-year and annual meetings.
- The NGO would have one voting representative regardless of how many other representatives of that NGO participate in the specific group.
- Allow the voting representative of the NGO to be nominated as co-chair of the respective committee or reference group and to serve if elected.
- If the NGO representative is elected as co-chair of a committee or reference group, allow that representative to serve on the WHO-FIC Network Advisory Council.

### Leadership of WHO-FIC Network Advisory Council

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

*The Council is composed of the Heads of Centres (designated and under designation), Committee Co-Chairs, Reference Group Co-Chairs, and the Chair of the Revision Steering Group, who collaborate with WHO in the governance of the Network. The co-chairs of the Council will be nominated and elected by the Heads of designated Collaborating Centres and Centres under re-designation.<sup>13</sup> Only heads of such a Centre are eligible for these posts.*

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<sup>12</sup> If work with WHO-FIC is not currently included in the NGO's work plan, relevant WHO-FIC activities should be added to the work plan the next time it is updated.

<sup>13</sup> A statement was removed that erroneously indicated that WHO-FIC Collaborating Centres are the only WHO-FIC Network Stakeholders who have legal agreements with WHO. All WHO Collaborating Centres undergo the same designation process and have the same legal agreement with WHO, and NGO's in Official Relations with WHO have a standard legal agreement, as well.

No change is proposed for this policy.

### Conclusion

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

## **Annex 10: Final paper on the role of WHO Collaborating Centres for Classifications, Terminologies, and Standards<sup>14</sup> in WHO-FIC Network**

**Approved by WHO-FIC Network Advisory Council 30 December 2011**

### Introduction

Since the 2010 annual WHO-FIC Network meeting in Toronto, Canada, the WHO-FIC Network Advisory Council approved a proposal to expand the role of NGOs in the Network to allow voting and leadership positions in some circumstances<sup>15</sup>. At the Toronto meeting it had also been discussed that a separate paper will be developed to consider the role of WHO Collaborating Centres for Classifications, Terminologies, and Standards. This current paper is intended to address this task; the objective of this paper is to propose the possible ways for integrating WHO Collaborating Centres for Classifications, Terminologies, and Standards in the WHO-FIC Network.

### Background

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

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

1. Allow WHO Collaborating Centres for Classifications, Terminologies, and Standards to vote in elections for committee or reference group co-chair if it meets the following

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

<sup>15</sup> Discussion paper on the role of non-governmental organizations in WHO-FIC Network, Finalized October 30, 2011 following approval by the WHO-FIC Network Advisory Council.

criteria:

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

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

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

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

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

The Council is composed of the Heads of Centres (designated, and under designation), Committee Co-Chairs, Reference Group Co-Chairs, and other identified project co-chairs, who collaborate with WHO in the governance of the Network. The co-chairs of the Council will be nominated and elected by the Heads of designated WHO-FIC Collaborating Centres and those Centres under redesignation.<sup>16</sup> Only heads of such a Centre are eligible to serve as co-chair of the Council.

No change is proposed for this policy.

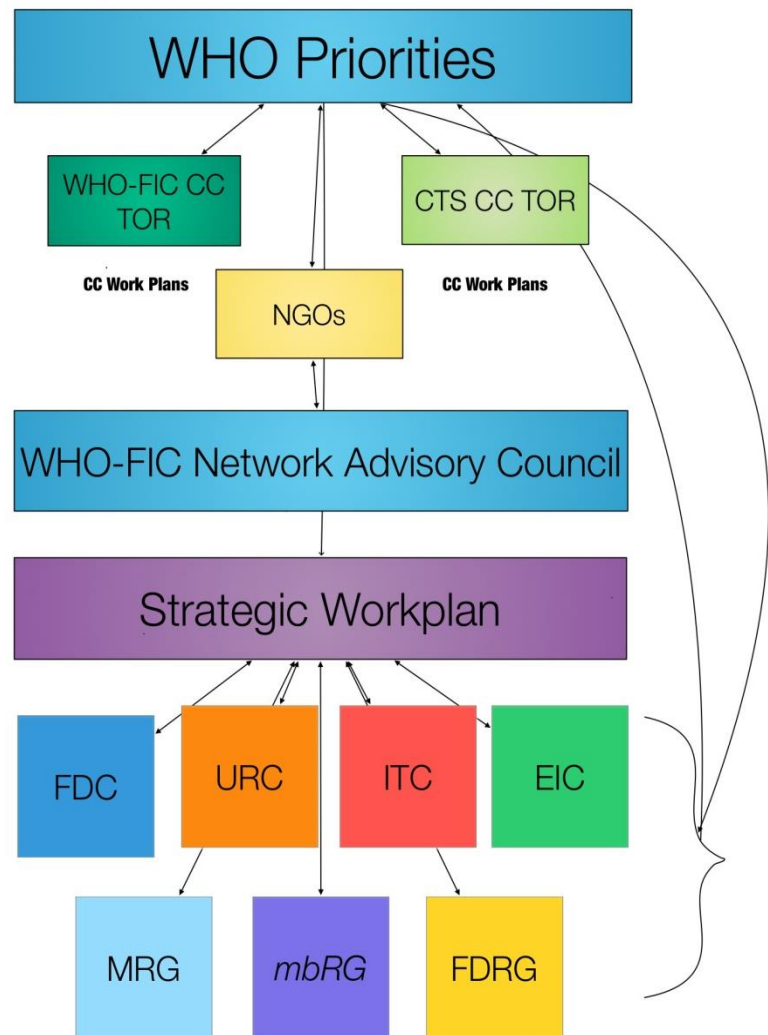
<sup>16</sup> Terminology was updated in October 2016 to “WHO Collaborating Centres for Classifications, Terminologies, and Standards”.

## Annex 11: An overview of the Network Organizational Structure and Workflow: 2016 Update

The **WHO-FIC Network** is a construct of the WHO Health Data Standards and Informatics team (DSI), created to enable better cooperation between WHO Collaborating Centres and other stakeholders working with WHO classifications.

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

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



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

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