

Seoul, Republic of Korea 10 - 16 October 2009	Report	WHO-FIC 2009/C001 I3-MTG-001
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Report from WHO-FIC Network Council, 2008-2009

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Abstract

The mission of the World Health Organization Family of International Classifications (WHO-FIC) Network is to improve health through the ongoing development of an integrated suite of health classifications and related products that produce information of value and utility across the world. The Network is governed through the annual meeting of WHO-FIC collaborating centres with other member countries and non-governmental organizations and WHO headquarters and regional offices. Over the years, the WHO-FIC Network has established committees and reference groups to carry out its work. In 1997, a small group of Centre Heads was established to plan the annual meeting of collaborating centres with WHO. This group evolved into a broader Planning Committee, with the addition of committee and reference group chairs. During the 2007 annual meeting in Trieste, Italy, a WHO-FIC Council was established to accommodate the need for broader participation in the core decision process of the WHO-FIC Network. The functions of the Council are to 1) develop a Strategy and Work Plan for the Network, 2) monitor and follow-up on progress of the Work Plan and the Business Plan for the classifications, 3) review action items from the annual meeting and address new action items that arise, 4) plan the annual meeting in conjunction with an Annual Meeting Planning Group, and 5) establish and revise, as needed, procedures for the conduct of annual meetings of the Network. The Council convenes during the annual WHO-FIC Network meeting and holds a mid-year meeting, in-person or by teleconference. Other teleconferences are scheduled between meetings, as needed.

During 2008, the Council agreed to establish a Small Executive Group (SEG) to prepare recommendations for discussion by the Council and identify other issues for Council discussion and decision. The WHO-FIC Council held teleconferences in February and September, 2009 and two mid-year teleconferences hosted from Geneva, Switzerland in April 2009. The SEG conducted teleconferences with WHO Headquarters staff in January, March, June and August and met in person in Geneva in April prior to and following the Council teleconferences. The previously-developed policy and procedures documents on the WHO-FIC Network and Conduct of WHO-FIC Network Meetings were revised and accepted during the mid-year teleconferences; they have been further updated for agreement in Seoul. The document on "Responsibilities and Privileges of Chairs and Co-Chairs of WHO-FIC Network Committees and Reference Groups", developed in 2008, has not changed.

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Introduction

The WHO-FIC Council was established during the 2007 annual meeting of the Collaborating Centres for the WHO Family of International Classifications (WHO-FIC) in Trieste, Italy. The functions of the Council are to 1) develop a Strategy and Work Plan for the Network, 2) monitor and follow-up on progress of the Work Plan and the Business Plan for the classifications, 3) review action items from the annual meeting and address new action items that arise, 4) plan the annual meeting in conjunction with an Annual Meeting Group, and 5) establish and revise, as needed, procedures for the conduct of annual meetings of the Network. A Small Executive Group (SEG) of the Council was established in 2008 to prepare recommendations for discussion by the Council and identify other issues for Council discussion and decision.

The WHO-FIC Council held teleconferences in February and September 2009 and two mid-year teleconferences hosted from Geneva, Switzerland in April 2009. The Council decided not to hold a mid-year in-person meeting in 2009 due to financial considerations. The SEG conducted teleconferences with WHO Headquarters staff in January, March, June and August and met in person in Geneva in April prior to and following the Council teleconferences. Council members generally agreed that the mid-year teleconferences were useful and a suitable alternative to an in-person meeting when resources are constrained. Higher priority was given to in-person participation in mid-year working meetings of the committees and reference groups. However, the April SEG meeting and Council teleconferences were made more productive by the ability of several additional committee and reference group co-chairs to participate in person in Geneva.

This paper provides a summary report of the Council's activities and progress since the 2008 meeting in New Delhi, India. Included as reference materials are updated documents developed by the Council on the conduct of Network meetings and on the WHO-FIC Network, as well as a guide on Responsibilities and Privileges of Chairs and Co-Chairs. These three documents are intended to guide Network functioning and serve as educational resources on the Network. Minutes of the Council and SEG teleconferences and the mid-year meeting of the SEG are available from WHO.

Follow-up to 2008 WHO-FIC Network Meeting

As follow-up to the 2008 WHO-FIC Network annual meeting held October 26 – 31 in New Delhi, India, the Council and its Small Executive Group, in collaboration with WHO, and through teleconferences and a mid-year meeting:

- Finalized the annual meeting report for posting on the WHO-FIC website: <http://www.who.int/classifications/network/meeting2008/en/index.htm>
- Monitored all action items from the 2008 annual Network meeting
- Reviewed and updated the Network's Strategy and Work Plan
- Received status reports on the work of all of the Network committees and reference groups
- Received reports from WHO on the status of designation of new collaborating centres and re-designation of existing collaborating centres

- Monitored establishment of a Harmonization Agreement with the International Health Terminology Standards Development Organization (ITHSDO) and provided representatives on the Interim Harmonization Panel
- Provided representatives to the Revision Steering Group (RSG) and received briefings and provided input on the progress of the RSG and its Topical Advisory Groups
- Continued to discuss the creation of Regional Networks and liaison with regional offices

Planning of WHO-FIC Network Meetings

The Council and Small Executive Group, in consultation with WHO:

- Decided to replace the mid-year Council meeting with two teleconferences due to financial considerations; organized periodic Council and SEG teleconferences and the mid-year SEG meeting and developed the respective agendas.
- Agreed to continue the restructuring of WHO-FIC Network annual meetings into two segments – working sessions of committees and reference groups, followed by official meeting opening and plenary sessions and ending on Friday with a Council meeting
- Agreed on the themes of “Primary Care Classifications” and “ICD-10 Revision” for the 2009 annual meeting and on the venue at Catholic University of Korea.
- Recommended a schedule for issuing invitations and the call for abstracts and for receiving final papers and posters
- Reviewed the proposed annual meeting agenda and made recommendations for modifications, assuring adequate meeting time for all committees and reference groups

Governance issues

In 1997, a small group of Centre Heads was established to plan the annual meeting of collaborating centres with WHO. This group included those Heads of Centres responsible for the most recent annual meeting, the next annual meeting and the following annual meeting; this group subsequently evolved into a broader Planning Committee, adding the chairs of committees and reference groups. During the 2007 annual meeting, a WHO-FIC Council was established to accommodate the need for broader participation in the core decision process of the WHO FIC Network. The Council is composed of the Heads of Centres (designated, and under designation), Committee Chairs, Reference Group Chairs, and the Chair of the Revision Steering Group, who collaborate with WHO in the governance of the Network. A Small Executive Group (SEG), consisting of the Co-Chairs of the Council, two additional chairs of committees or reference groups and WHO Headquarters staff, was established in 2008. The SEG is not a decision-making body but identifies issues requiring Council discussion and decision, drafts agendas and other documents and assures regular communication with WHO.

Council leadership and Small Executive Group membership

Chairs of the WHO-FIC Council serve two-year terms and are elected (or re-elected) in odd-number years in a closed ballot at an annual meeting of the Network. As agreed at the 2007 WHO-FIC Network meeting and further modified and confirmed during the mid-year and September Council teleconferences in 2009, two Co-Chairs of the Council are nominated and elected by the Heads of fully designated Collaborating Centres and those Centres under active re-designation because these centres are the only legal bodies of the Network that have official (contractual) relationships with WHO. Only heads of such a centre are eligible for these posts. WHO solicits nominations prior to the annual meeting; nominations close at noon the first Monday of the meeting. An election for the next leadership of the Council will be held the annual WHO-FIC Network meeting in Seoul, Korea. Because the chairs of committees and reference groups are elected in even-numbered years (see below), the election for the two additional members of the Small Executive Group will be held at the annual 2010 meeting.

Committee and Reference Group membership and leadership

It was agreed during the Council's October 27, 2008 meeting that all WHO-FIC Centres may nominate two official members per country (up to a maximum of four members) for each committee and reference group and additional "collaborators", who can participate fully but do not participate in voting. Beyond these permanent members, additional participants may take part in committee and reference group meetings as observers. It also was agreed, beginning at the 2008 meeting, that committees and reference groups will elect (or re-elect) co-chairs from their membership for two-year terms in even-numbered years in a closed ballot at an annual meeting of the Network. WHO solicits nominations prior to the annual meeting; nominations close at noon the first Monday of the meeting. All members of the Committee or Reference Group can make nominations, and each country represented on the Committee or Reference Group as a member and present at the meeting will have one vote (up to a maximum of two votes per Collaborating Centre). The results of the election are submitted to the WHO Secretariat and Network Council for confirmation.

Policy documents

Two policy documents were developed by the earlier Planning Committee, one on the WHO-FIC Network and a second on the conduct of WHO-FIC Network meetings. During 2008, the Council revised the first document to reflect the new governance arrangements and clarify voting policies; a third document on responsibilities and privileges of committee and reference group chairs also was developed and approved.

The two policy documents have been updated to reflect decisions made at the 2008 WHO-FIC Council meeting and during the 2009 teleconferences and are attached for reference.

Attachments:

WHO-FIC Network
Conduct of WHO-FIC Network Meetings
Responsibilities and Privileges of Chairs and Co-Chairs

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WHO-FIC Network

Introduction

WHO as proprietor of a range of health classifications holds valuable intellectual property of high value for member states and the international statistical community. The classifications now form a Family of International Classifications (WHO-FIC). The International Classification of Diseases (ICD) and International Classification of Functioning, Disability and Health (ICF) serve as the two reference classifications in the Family. A third reference classification, International Classification of Interventions, is under development.. Other classifications, not necessarily the property of WHO, may be included in the WHO-FIC as related or derived members. The principles underlying WHO-FIC are similar to those supporting the UN Family of Classifications, and the reference classifications within WHO-FIC (ICD and ICF) form part of the UN Family. A WHO-FIC strategy and work plan are in place.

Over the period since 1970, WHO has designated a number of collaborating centres to work with it in the development, maintenance and use of health classifications. A WHO collaborating centre is a national institution designated by the Director-General to support WHO's mandate for work on international health issues. The principal role of the WHO-FIC collaborating centres is to promote the implementation, use, maintenance and updating of the two WHO reference health classifications. This is accomplished through Centre-specific work plans and participation in the WHO-FIC strategy and work plan. WHO and the collaborating centres recognise that the interactions are best characterised as a collaborative network (WHO-FIC Network)

The WHO-FIC collaborating centres meet annually. Increasingly the centres and the WHO are progressing their work through committees and reference groups, which conduct their business both during and outside the annual meetings of collaborating centres. These committees and reference groups report to the annual meeting, where official actions are taken by the Network regarding their work.

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

- membership
- purpose
- governance
- committee and reference group structure

Membership of the WHO-FIC Network

The WHO-FIC Network includes all designated WHO-FIC collaborating centres, all collaborating centres under designation, the responsible area of WHO Headquarters and all Regional Offices. Each collaborating centre nominates a centre head acceptable to WHO.

WHO has sought to include a wide range of capacities within the collaborating centre network.

Although the centres have generic terms of reference, they represent different geographic regions, and many centres specialise in a key language. Inevitably, as the spread of collaborating centres has grown, there has been an increasing disparity in the skills and resources across the network and recognition that mutual support among members is essential.

A premise of this paper is that the spread of collaborating centres must continue to grow, in particular in the AFRO, SEARO and EMRO regions. WHO regional offices can assist in representing the interests of regions where collaborating centres currently do not exist and should contribute to establishing new centres as needed. Potential centres do not need to be expert in all aspects of WHO-FIC at the outset, and specific development plans may need to accompany their accession to collaborating centre status. Provision of necessary skills to assist this development needs to be a specific responsibility of the Network.

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 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 Network Council.

Purpose of the Network

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.*

The Network's activities are guided by the following strategic themes:

We deliver quality classifications and related products that are

fit for purpose

responsive to users and changing environments

validated internationally using evidence based methods

We build partnerships with

health information communities

policy makers and planners

clinician groups

consumer groups

We serve global users

in member states

among stakeholder groups

In accomplishing these goals we focus on

creating an open, transparent, responsive and outward-looking organization
developing consistent messages for effective communication, advocacy and training
generating adequate resources
ensuring accountability and effectiveness

Governance of the Network

The Network is governed through the annual meeting of collaborating centres with WHO headquarters and regional offices. At the annual meeting, each Collaborating Centre has one vote for decisions that relate to the Network and WHO-FIC. The Centre Head or a representative must be present to exercise this vote. In meetings of committees and reference groups, in cases where the sense of the group is required, each country will have one vote (up to a maximum of two votes per Collaborating Centre). Again, a country representative must be present to vote. Voting is open unless otherwise designated.

WHO-FIC Council

The Council is composed of the Heads of Centres (designated, and under designation), Committee Chairs, Reference Group 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 fully designated Collaborating Centres and those Centres under active re-designation because these centres are the only legal bodies of the Network that have official (contractual) relationships with WHO. Only heads of such a centre are eligible for these posts. The election will be held in odd-numbered years in a closed ballot at an annual meeting of the Network for a term of two years. The Co-Chair will assume the office at the conclusion of the annual meeting at which they are elected. The annual 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 Council

Major decisions may need to be referred to WHO governing structures for endorsement. Where a decision needs the involvement and/or consent of another WHO area, the WHO Secretariat will seek the necessary agreement in a timely fashion.

Role of the WHO-FIC Council

Between annual meetings, the Network's Council will hold teleconferences and a face-to-face mid-year meeting, as needed, to conduct the business of the Network. The functions of the Council are as follows:

- Develop a Strategy and Work Plan for the Network, which will be presented to the full Network at the annual meeting
- Monitor and follow-up on progress of the Work Plan and the Business Plan for the classifications.
- Review action items from the annual meeting and address new action items that arise
- Plan the annual meeting in conjunction with an Annual Meeting Group (consisting of those Heads of Centres responsible for the most recent annual meeting, the next annual meeting and the following annual meeting and staff from WHO HQ)
- Establish and revise, as needed, procedures for the conduct of annual meetings of the

Network.

If it is necessary to take a vote within the Council, each Collaborating Centre and each committee or reference group present at the Council meeting will have one vote.

Small Executive Group

A Small Executive Group (SEG) will prepare recommendations on matters that will be discussed in the Council. The SEG is not a decision-making body but identifies issues requiring Council discussion and decision, drafts agendas and other documents and assures regular communication with WHO HQ through monthly or bi-monthly teleconferences. Minutes of all meetings of the SEG will be distributed to the full Council membership. The Small Executive Group will consist of the Chair or Co-Chairs of the Council, the Vice-Chair 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 in a closed ballot at the annual meeting for two year terms.

Committee and Reference Group Structure of the Network

The WHO-FIC Network has established five committees. The number and roles of committees will be reviewed from time to time. The aim will be to restrict the number of committees to a minimum. The annual meeting may establish time limited working groups to carry out a specific task, and these will generally be placed within one of the established committees.

To augment the formal committee structure, to provide forums for more technical discussions and to facilitate participation by a wider range of experts and interested parties, the Network also has reference groups, currently four in number. 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.

Figure 1 illustrates the relations between the committees, reference groups and the WHO Secretariat.

Insert diagram

The committees each take responsibility for progressing a broad area of the work program of the Network. Reference Groups address specific areas of classification (e.g., mortality, morbidity, functioning and disability, and terminology.)

Membership

The structure of committees and reference groups 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. All WHO-FIC Centres may nominate two official members per country (up to a maximum of four members) and additional “collaborators”, who can participate fully but do not participate in voting. Beyond these permanent members, additional participants may take part in committee and reference group meetings as observers.

Committees and reference groups will elect their respective co-chairs from their membership in

even-numbered years in a closed ballot at an annual meeting of the Network for a term of two years. Each country represented on the committee or reference group as a member and present at the meeting can make nominations and will have one vote (up to a maximum of two votes per Collaborating Centre). The results of the election are submitted to the WHO Secretariat and Network Council for confirmation.

WHO and the WHO-FIC 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 also will recruit participants from outside the WHO-FIC Network, working with country officials and non-governmental organizations (NGO's) to identify the appropriate representatives, to assure broad input from stakeholders. This should be done in consultation with WHO and the Centre Heads. Through the same process, experts can be invited to participate in a committee or reference group to address specific projects. A possible conflict of interest related to a commercial product is a reason for exclusion from membership.

The committees and reference groups will work through technology, such as e-mail and the WHO Share Point website, will convene at least once a year at the annual meeting, and use telephone conferences as needed. Official meetings of the committee or reference group must be held in conjunction with international WHO-FIC meetings.

To the extent possible, decisions 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. Generally, when voting takes place in a committee or reference group, each country, organization and regional office will have one vote. The committees and reference groups will report their decisions and recommendations to the WHO-FIC Network Council and any other appropriate committee or reference group at the annual Network meeting. In making recommendations to other committees, reference groups or the Network, the Chairs should clarify the process used to reach a decision and any diversity of views. At the Network level, where recommendations of the committees and reference groups are presented for final approval, each Collaborating Centre will have one vote.

Decisions that are endorsed by the relevant committee, the Centre Heads and WHO should be available from the WHO-FIC home page.

The **Education Committee (EC)** focuses on standardized training and educational activities for users of the classifications, including development of core curricula. The EC encourages the development and implementation of best educational practices to ensure comparable data within and among WHO Member States and provides a network for sharing expertise and experience on ICD and ICF education. A Joint Collaboration has been formed with the International Federation of Health Records Organizations to develop an international training and certification program for ICD-10 mortality and morbidity coders.

The **Electronic Tools Committee (ETC)** determines the need for electronic availability of WHO-FIC classifications and develops policies on the deployment and application of electronic tools for the WHO-FIC. The Committee aims to ensure available tools can be, and are, shared across users and disseminates such tools with due attention to the specific needs of Member States.

The **Family Development Committee (FDC)** aims to ensure that the WHO-FIC has a logical

structure so that the classifications needed for each component and setting within the health system can be identified. The Committee identifies and prioritizes gaps in the WHO-FIC. It sets criteria for and assesses potential new member classifications against these criteria. As necessary, the Committee will work with proprietors of classifications that could fill a gap in the WHO-FIC, and will recommend appropriate relationships between WHO and the proprietor. The Committee may also recommend strategies for revision of WHO-FIC classifications, but the revision itself would be undertaken within the Update and Revision Committee or through a specific purpose group.

The **Implementation Committee (IC)** encourages the adoption and use of WHO-FIC classifications within WHO and member states, with a principal focus on the reference classifications. The Committee tracks, promotes and supports implementation of the WHO-FIC in health information systems internationally. This Committee is assisting WHO in the compilation of guidelines, educational materials, tools and strategies useful to countries introducing members of the Family. The Committee also is supporting the development of regional networks.

The **Update and Revision Committee (URC)** assesses the need for updating of WHO-FIC classifications and develops detailed proposals for annual meetings. It fosters reference groups for specific areas of interest and addresses issues brought forward by reference groups. The Committee may identify where major revision is required and how such a revision could be undertaken. Once a revision is approved by the Network, the Committee may undertake, direct or oversee the revision work.

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 makes annual recommendations to 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 **Terminology Reference Group (TRG)** follows terminological developments and promotes awareness of the need to ensure and verify congruence between concepts underlying clinical terminologies and the WHO classifications.

See WHO-FIC Collaborative Workspace for the Terms of Reference of the committees and reference groups.

Revised September 4, 2009

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Conduct of WHO-FIC Network Meetings

Background

The WHO Family of International Classifications (WHO-FIC) Network has grown from a relatively informal gathering of Heads of Collaborating Centres comprising 20 or so representatives to an annual meeting of at least 100. Centres now extend across all regions of the world, and there is a positive intention to further enlarge the Network. Other country representatives and non-governmental organizations also participate in the Network.

The sole topic used to be the International Classification of Diseases (ICD), but since 2001 the other reference classification, International Classification of Functioning, Disability and Health (ICF), has been an equal focus of the annual Network meetings. The Network now also covers a range of derived and related classifications, each with its own wider mix of stakeholders.

Those attending Network meetings have varying degrees of familiarity with the Family of Classifications. Even in long established centres, there is substantial turnover of representatives, with the result being a need for ongoing opportunities to learn about the various members of the Family and the strategy and work of the Network.

With these points in mind, the following revised Rules of Procedure for plenary meetings of the Network are being presented to the WHO-FIC Council for approval at the 2009 annual Network meeting. The document first was developed in 2004 and was revised in 2005 and 2006. The objective is to ensure that the meetings are structured to allow new attendees to learn about the Family of Classifications and the work of the Network and to give all representatives an opportunity to participate fully. The document also is intended to facilitate the organization of future meetings.

Planning and organization of the annual Network meeting

The annual meeting typically is organized by WHO and a Host Centre, with participation by the WHO-FIC Council. (See separate paper on the WHO-FIC Network and committee and reference group membership.) This document should be available on the WHO-FIC Collaborative Workspace, along with a set of templates (e.g. Word, Excel, Access database), a sample meeting schedule, a guide for session reports by rapporteurs and a model for content /compilation of the overall meeting report.

Requirements for information sharing (use of technology) 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 papers on a website and to distribute paper documents on an exception basis.

Documentation of the activities of the Network during and in between meetings (e.g., producing meeting minutes) is a major task that is accomplished entirely with resources available within the Network – as a collaborative effort between Collaborating Centres and WHO CTS. The documentation process should act to support information sharing, decision-making and

transparency within the Network. The outcomes also should be easily accessible to the public.

Resourcing the Network 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 responsible for organizing the social program. This may incur an additional fee to participants.

The Council will work with WHO to ensure that all Collaborating Centres are able to attend the annual meeting.

Conduct of Network meeting

Accessibility

During the 2002 WHO-FIC Network meeting, the participants reconfirmed their commitment to include people with disabilities in all phases of WHO-FIC implementation and research. The participants also welcomed accessibility guidelines presented by the North American Collaborating Center (Attachment 1) and agreed to make a good faith effort to implement them at future WHO-FIC meetings. These guidelines include the following:

- Pre-plan with disability advisors to assure that all official meeting facilities and events are accessible to persons with disabilities (e.g., fully accommodate wheelchairs and allow room for them to maneuver in meeting rooms, rest rooms and sleeping rooms; assure availability of elevators as well as escalators and stairs; provide for a bus with a power lift for social events)
- Ask in advance about special needs of prospective participants
- All meeting content should be accessible (e.g., readable by all registrants and read aloud as needed)
- Assure a smoke and chemical-free environment
- Seek funding for sign language, Braille and personal assistants as needed

Rules of Procedure

All attendees should be encouraged to participate actively in as much of the Network meeting as possible, including the work of the committees. 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.

Over time, delegations have grown to support the work of the Network's committees and reference groups. Several Centres also send delegates from more than one country. Increasingly, the diversity of the Family is seeing Centres including experts in particular classifications in their delegations. Other Centres lack the resources to support large delegations, and must try to cover the wide range of activities with only one or two delegates.

The Network has prided itself on its lack of formality. This is something to be preserved, especially in meetings of committees and reference groups. But the increasing size and diversity of

Network meetings and participants mean 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. The variety of backgrounds for users of these educational opportunities 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 Family concept. When time permits, an orientation session for new members should be organized by the Education Committee. If such a session can not be accommodated in the meeting program, participants should be referred to the Workspace where a WHO-FIC Collaborating Centre Briefing Kit is posted. The Education Committee also will provide an introductory slide set on the WHO-FIC Network for each annual meeting.

Discussion, information sharing and resolutions

It is inevitable that all discussion will continue to be in English without translation. Given that, it is important for Chairs of plenary sessions to act to ensure that each Centre Head in turn has an opportunity to comment on a specific matter for discussion. The Centre Head may defer to one other member of the delegation to provide the contribution. Similarly, each member country should be recognized in committees and reference groups.

Once each Centre (or country) has had an opportunity to contribute, and depending on the time available, other delegates may be asked to comment. Specific consideration should be given to attendees who are not linked to a specific Centre or the WHO.

The Chair or Co-Chair should summarize the outcome of the discussion and propose a resolution to the meeting. When recommendations of the committees and reference groups are presented to the Network for final approval, each Collaborating Centre will have one vote.¹

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 then be made to the specific text. The result is then immediate availability of the agreed decision and the report can be incorporated into the meeting report without further editing.

Sessions

Committee and reference group sessions

Committee and reference group Chairs should prepare preliminary agendas and make them available to the meeting organizers before the meeting to assist in preparation of the overall

¹ This is current practice in plenary sessions of the Network. Collaborating Centres under designation have the same status in the voting as fully designated Centres, except in the election of Council leadership.

meeting schedule. A document on Responsibilities and Privileges of Chairs and Co-Chairs of WHO-FIC Network Committees and Reference Groups was approved by the Council in 2008 and can be found on the Workspace.

Committee and reference group agendas should be presented by the Chair or co-chair. Specific resolutions should be presented on slides or handouts, if not covered by earlier papers. Each committee or reference group Chair should consider appointing one main rapporteur for the respective working sessions during the meeting for continuity in the documentation and report back of committee business.

All committee and reference group decisions must be brought to the Network (Plenary) meeting for endorsement and inclusion in the record of the meeting.

Plenary sessions

The 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.

Strategy and Work Plan

The annual process of developing, amending and endorsing the annual Strategy and Workplan is an important part of the Network meeting.

The development of the Strategy and the Work Plan should be undertaken by the Council, which includes all committee and reference group Chairs.

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

Meeting report

The meeting report should consist of an Executive Summary drafted by the WHO Secretariat, with input from the rapporteurs, and approved by the WHO-FIC Council, a final agenda and list of participants, the updated Strategy and Workplan and any resolutions endorsed by the Council. Each committee and reference group also will provide a short summary (not to exceed ten pages) of the sessions held during the Network meeting for the complete set of meeting report documents. Summaries of plenary sessions will be included in the Executive Summary. All documents will be available on the WHO-FIC website no more than five months after the meeting.

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

Seating

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 (North American and Nordic) should have three places. Occupancy of the front row 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.

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

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

Papers and presentations

A call for papers is made by WHO at least four (4) months before the meeting. Abstracts, papers and posters are to be submitted using templates provided by the organizers. This facilitates the collation of the papers and the ability to access the papers on the Internet.

Papers and posters may be submitted

- for information only (background paper)
- for presentation and discussion by one of the committees or reference groups (these papers or posters must be cleared by the respective co-chairs)
- for presentation and discussion in plenary (as determined by WHO and the Council)
- for poster presentation

Collaborating Centres, committee and reference group Chairs should submit a list of the titles of each paper, a document profile on the purpose of the paper and an abstract to the host centre and WHO HQ three (3) months before the meeting. This enables the organizers to start work on developing a draft agenda for the meeting. Tentative session agendas should be made available to the organizers six (6) weeks before the meeting

Final papers and posters should be submitted four (4) weeks before the meeting.

PowerPoint presentations should be submitted one (1) week before the meeting.

Papers are made available on the meeting website a minimum of 10 working days prior to the meeting. The address for accessing papers will be notified by the meeting organizers.

Revised August 20 2009



WORLD HEALTH ORGANIZATION

**MEETING OF HEADS OF WHO COLLABORATING CENTRES
FOR THE CLASSIFICATION OF DISEASES**

Brisbane, Queensland, Australia

14-19th October 2002

Title: Guidelines for Accessibility at WHO-FIC Meetings

Authors: WHO Collaborating Center for the Family of International
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Purpose: For discussion and decision

Recommendations:

- ♦ That the Heads of ICD/ICF reconfirm their commitment to include people with disabilities in all phases of ICF implementation and research
- ♦ That the Heads of ICD/ICF be cognizant of the accessibility guidelines presented here and make a good faith effort to implement them at future WHO-FIC meetings

Abstract:

The first ICIDH revision meeting in 1993 endorsed the principle that persons with disabilities should be involved in the revision process, and the most recent WHO-ICF meeting in Trieste voiced the notion that persons with disabilities should be involved in the implementation of ICF. This paper will recommend that guidelines of accessibility to WHO-FIC meetings be discussed and formalized so that full access can be better implemented. The increasing emergence of international and national policies, conventions and other documents on the equalization of opportunities for persons with disabilities reinforces the expectation that international and national organizations develop a serious consideration of how accessible their future meetings will be for all delegates and other participants (U.N. Standard Rules on the Equalization of Opportunities for Persons with Disabilities), including side meetings and recreational events associated with the meetings. Special accommodations such as ramps, transportation, sign language interpreting services, Braille, animal helpers, site choice, door widths, and guest rooms will be discussed.

Sources for these Guidelines

1. The American Public Health Association's "Accessibility Guide", available at www.apha.org/meetings/old062602/access.htm
2. June Isaacson Kailes and Darrel Jones "A Guide to Planning Accessible Meetings", a publication of the ILRU Research & Training Center on Independent Living at TIRR, 1993, Houston, Texas. This Guide is available as a 168 page published document, on standard-size audio cassette, and computer disk from ILRU Program, 2323 S. Shepherd, Suite 1000, Houston, TX 77019, tel 713-520-0232 and TDD 713-520-0232.
3. Barbara Altman "Access Guide of the American Sociological Association", published by ASA, 1722 N Street, NW, Washington, DC 20036, 2001, available from the author electronically BAltman@cdc.gov.
4. This website includes information about transportation, housing, accessible restaurants, tourist information, services, equipment rentals etc.: www.un.org/esa/socdev/enable/designm/
5. The School of Hard Knocks and Blunders.

Based on these materials, this paper offers guidelines for accessibility at future WHO-FIC meetings.

BACKGROUND

Barriers are a problem for anyone whose navigation of the environment is limited due to size, age, pregnancy, vision, hearing, lack of stamina, broken bones, temporary sprains, arthritis, chemical sensitivities, or learning disabilities. An accessible meeting is not just useful for people who use walkers, canes, crutches, braces, oxygen tanks, wheelchairs, scooters, or guide dogs. An accessible meeting also benefits participants who carry heavy briefcases, wheel in luggage, pull carts, or are just plain tired from a sleepless night! The increasing emergence of international and national policies, conventions, and other documents on the equalization of opportunities for persons with disabilities has encouraged international and national organizations to examine how best participation in their activities by delegates and other participants with disabilities can be increased. Participating in this spirit, the first ICIDH revision meeting in 1993 endorsed the principle that persons with disabilities should be involved in the revision process. The April 2002 WHO-ICF meeting in Trieste again urged a greater involvement of persons with disabilities in the implementation of ICF. The June 2002 meeting of the WHO Collaborating Center for the Family of International Classifications for North America (NACC) in Toronto, Canada, included professionals with disabilities as presenters, and several were given priority for limited travel funds. The NACC and the WHO have a good track record in this regard. Several years ago, national professional organizations in several countries established advisory committees to ensure that their meetings are fully accessible to all their members. The number of health workers with disabilities, including physicians, apparently is increasing in many countries. The important adoption of the social and medical models of disabilities in the new ICF will certainly increase cooperation among health workers with different perspectives. It is time for the Heads of ICD/ICF to plan how best the future WHO-FIC meetings will be accessible for all delegates and other participants. WHO and its Collaborating Centers should reaffirm their agreement that delegates and invited health professionals, including individuals with disabilities, will have unrestricted access to all their events (meetings, conferences, professional gatherings and social meetings). There are other guides on accessibility which might be used. Available national policies or laws might amend the list of guidelines. It would be useful if these guidelines could be translated into the official WHO languages. This strategy would help to facilitate not only the current standardization of international rules for accessibility but also the implementation of ICF and its standardization efforts.

GUIDELINE #1. PRE-PLAN WITH DISABILITY ADVISORS.

Consult with health workers with disabilities regarding accessibility of the meeting site, recreational site, and restaurants. Personally check accessibility at the proposed meeting place, hotel, restaurants, and parking lots—don't take a hotel employee's word for it. Local people from Centers for Independent Living, University Disabled Students Offices, or other local advisors may be available. Take an empty wheelchair with you everywhere that conference participants might go—lack of curb cuts will be quickly discovered. Realize that motorized scooters can go places that motorized wheelchairs cannot. Printed guides for tourists in some metropolitan areas indicate ratings of the accessibility of hotels and restaurants. Build into the budget expenses for sign language, Braille services, expenses for personal assistants to the conference participants. For example, accessible parking with an unobstructed path from parking to the conference is necessary. Also, doorway thresholds should be no higher than ½" and doorways should be 32" wide and swing easily. Ramps should have a gentle slope, hopefully no more than 8 degrees. Make sure that the site is accessible by elevator—an escalator won't do. Avoid having to depend on the

freight elevator or coming through the kitchen—this suggests second-class citizenship. Paper cups at the water fountain will allow a wheelchair user to get a drink. The public phones must be reachable by someone short of stature. Floors too highly waxed may be a threat for someone using a cane. Accessible rooms should have space to operate a wheelchair. Perhaps a roll-in shower is needed. The sink is better if it has levers rather than knobs. There should be a visual fire alarm for persons who cannot hear a sound fire alarm. Has the staff had training on accommodating persons with disabilities? Have they learned to directly ask the disabled person what they want instead of asking a nearby companion? Has this facility previously hosted meetings with people who have disabilities?

GUIDELINE #2. ASK IN ADVANCE ABOUT SPECIAL NEEDS.

On the invitation/registration form, ask whether special accommodations are needed, and what kind. This may include loaner wheelchairs, a bus with a power lift, TDD, amplified phone, tub bench, tub grab bars, need for personal assistant, use of animal helper, special diet, Braille materials, or sign language interpreters. When an interpreter is requested, be clear on what type is needed. It is a fact that American Sign Language is understandable in only two countries--Canada and the United States, and not necessarily so in other English-speaking countries. The sign languages in seventeen Spanish-speaking countries are mutually unintelligible, unlike their spoken dialects. Insure that interpreters are comfortable to handle highly technical discussions, and plan on paying them for working at the social events.

GUIDELINE #3. EVERYONE PARTICIPATES IN SOCIAL EVENTS.

Social events, tours, banquets, breaks between meetings, and parties should also be accessible for all the conference participants. Participation in such events can promote informal interaction among the delegates and invited persons with different perspectives in addition to formal meetings. If a “physical” social event is planned, balance it with an alternative less demanding activity. Even people without disabilities may not wish to hike to a waterfall that day.

GUIDELINE #4. THE MEETING CONTENT SHOULD BE ACCESSIBLE.

Allow space for wheelchairs to maneuver, and don't just have the wheelchair spaces in the back of the room. All documents should be readable for all the registrants and invited guests. Perhaps they should be available in large print, tape, disk, or Braille formats. Large print is particularly important for slides/power points/overheads. Such slides should also be read aloud for the benefit of visually impaired persons. Don't turn off all the lights for a slide presentation—the interpreter can't be seen! And interpreters work best with a moderately paced presentation, so presenters should not race through a talk.

GUIDELINE #5. ASSISTANTS SHOULD NOT PAY.

Sign language interpreters, CART providers, and personal assistants should not be required to pay for registration. Personal assistants and even guide dogs should be admitted to all meetings and recreational events.

GUIDELINE #6. INSURE A SMOKE AND CHEMICAL FREE ENVIRONMENT.

Meetings, sleeping rooms and social events should be smoke-free. Specific requests may have to be made that chemicals are not to be used on room carpets within four days prior to the opening of meetings and to the hotels that only unscented products be used in guest rooms. Perfumes, hair sprays and other chemicals should, if requested, be avoided for the comfort and health of all WHO registrants.

Conclusion

Most of these accommodations will not be necessary for every meeting, but several accommodations will certainly be needed for some meetings. Which accommodations for which meetings? It is far better to plan ahead and be sensitive to the special needs of participants in advance rather than to encounter an embarrassing situation at the meeting, which hinders participation. “Participation” and “Environmental Facilitators” are what makes the ICF superior, and WHO-FIC meetings should exemplify that.

**RESPONSIBILITIES and PRIVILEGES OF
CHAIRS AND CO-CHAIRS OF WHO-FIC NETWORK
COMMITTEES AND REFERENCE GROUPS**

The WHO Family of International Classifications (WHO-FIC) Network carries out its Strategy and Work Plan through a Committee and Reference Group Structure. Chairs or co-chairs are elected by the respective membership for two year terms. This document has been prepared by the WHO-FIC Council, on which the chairs and co-chairs sit, to clarify chair responsibilities and privileges and to facilitate a smooth transition when new leadership is selected.

- Serve on WHO-FIC Council
- Establish terms of reference for committee or reference group with WHO and WHO-FIC Council
- Establish structure (e.g.. chairs or co-chairs, secretariat) with WHO and WHO-FIC Council
- Establish membership
- Review and update terms of reference on an annual basis
- Prepare annual report on Committee or Reference Group for annual WHO-FIC Network meeting
 - ✓ Circulate to membership
 - ✓ Send to WHO for posting on meeting website at least one month before meeting
- Convene working sessions at WHO-FIC Network annual meeting
 - ✓ Work with WHO and Annual Meeting Group to assure that the Committee or Reference Group has 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
 - ✓ Finalize longer report within three months of annual meeting
 - ✓ Circulate longer report to membership
- Assist in organization of plenary sessions or round tables for annual Network meeting as requested by WHO and host Centre
- Participate in Orientation session (organized by chair of Education Committee) at annual WHO-FIC Network meeting
 - ✓ Update 2-3 slides in joint presentation to describe Committee/Reference Group purpose and working sessions

- Make PowerPoint presentation on accomplishments of Committee or Reference Group at opening plenary of Annual Meeting
- Update Committee or Reference Group section of WHO-FIC Work Plan annually
 - ✓ Share with membership two months prior to annual Network meeting
 - ✓ Update during annual meeting and provide to meeting Rapporteur
- 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 teleconferences of WHO-FIC Council
- Participate in mid-year meeting of WHO-FIC Council
 - ✓ Prepare written update on work plan for inclusion in Council agenda
 - ✓ Report on progress at mid-year meeting

14 July 2008