Executive Summary

Abstract

The WHO–FIC Network Annual Meeting served to review the work within the WHO Family of International Classifications in line with the Strategic Work Plan of the Network. The meeting included more than 20 individual Committee and Reference Group sessions and 11 plenary sessions, as well as 2 sessions of the WHO-FIC Council, 1 poster session, and 5 meetings of the Joint Task Force (JTF) on the ICD-11 for Mortality and Morbidity Statistics (ICD-11 MMS). The Morbidity, Mortality, and Internal Medicine Topic Advisory Groups (TAGs) for ICD-11 also met, as did the Pan American Health Organization (PAHO) and Asia Pacific Networks.

The WHO–FIC Network Committees, namely the Update and Revision Committee (URC), the Education and Implementation Committee (EIC), the Family Development Committee (FDC), and the Informatics and Terminology Committee (ITC), together with the WHO–FIC Network Reference Groups, including the Mortality Reference Group (MRG) and the Functioning and Disability Reference Group (FDRG) conducted their annual meetings and updated the Strategic Work Plan for the WHO–FIC Network (SWP) with a particular focus on the review of the results of activities of the past year and formulation of the new activities for the year to come.

The WHO–FIC Advisory Council met in two sessions during the week to review the SWP, and jointly discussed common themes. Ms Jenny Hargreaves and Ms Lynn Bracewell have served as co-chairs of the WHO–FIC Network since their election in 2015. The work of the Network and its committees and reference groups will continue, in line with the updated Strategic Work Plan, and will be monitored by the WHO–FIC Advisory Council, the Council SEG, and WHO.

The special theme of the WHO–FIC Network Annual Meeting in 2016 was "Health Information in the New Era". Accordingly, the focus was on the upcoming ICD-11 MMS Release, including how to support ICD implementation and use in both high and low resource settings to improve data collection, worldwide.

128 posters on various WHO–FIC topics were presented and printed as a booklet from which 15 were selected for presentation in a special poster session. All accepted posters excluding those focused on WHO–FIC Network administration were displayed throughout the meeting.

The 2016 WHO–FIC Network Annual Meeting included an ICD-11 Revision Conference held from 12-14 October 2016 with invitations for participation sent to all 194 WHO Member States. Several hundred participants joined the ICD-11 Revision Conference representing a wide range of Member States, including representatives from Albania, Algeria, Argentina, Australia, Brazil, Cambodia, Canada, China, Denmark, Egypt, Ethiopia, Finland, India, Indonesia, Iran, Japan, Kenya, Korea, Kuwait, Malaysia, Mexico, Mozambique, Myanmar, Namibia, Nepal, Netherlands, Philippines, Republic of Korea, the Russian Federation, Rwanda, Slovakia, Sri Lanka, Sweden, Tanzania, Thailand, Turkmenistan, Uganda, the United Kingdom, and the United States of America. A full report is available through the meeting website. In keeping with the theme, a special open session of the Joint Task Force on the ICD-11 for Mortality and Morbidity Statistics (JTF) was held allowing all participants and Network Members to receive an update from the JTF and to ask any questions they might have.
Table of Contents

Executive Summary ............................................................................................................. 1
Abstract ................................................................................................................................. 1
1. Opening ............................................................................................................................ 3
2. Participants ....................................................................................................................... 3
3. Elections ........................................................................................................................... 4
4. Advisory Council, Committees, Reference Groups, and NGOs ..................................... 4
5. Summary of Committee and Reference Group sessions ................................................ 5
   Education and Implementation Committee .................................................................... 5
   Update and Revision Committee (URC) ........................................................................ 6
   Mortality Reference Group ............................................................................................ 7
   Mortality TAG Work ....................................................................................................... 8
   Informatics and Terminologies Committee .................................................................. 9
   Functioning and Disability Reference Group .............................................................. 10
   Functioning Topic Advisory Group (f-TAG) work ......................................................... 10
   Family Development Committee ................................................................................ 12
   Morbidity Topic Advisory Group (MbTAG) .................................................................. 13
6. ICD Revision Session and Joint Task Force (JTF) ........................................................ 14
7. ICD-11 Revision Conference – “Health Information in the New Era” .......................... 14
8. Closure of the Meeting ................................................................................................. 21
2016 Report Appendices ...................................................................................................... 23
   A001 - WHO-FIC Network Annual Meeting – Agenda .................................................. 23
   A002 - WHO-FIC Network Annual Meeting – List of Participants ............................... 31
   A003 - Education and Implementation Committee (Draft Minutes) .............................. 32
   A004 - Informatics and Terminologies Committee (Draft Minutes) .............................. 39
   A005 - Family Development Committee (Draft Minutes) ............................................ 41
   A006 - Functioning and Disability Reference Group (Draft Minutes) ............................ 46
   A007 - Functioning TAG Report (Draft Minutes) ......................................................... 49
   A008 – WHO-FIC Council Meeting Minutes ............................................................... 55
1. Opening

The WHO Family of International Classifications (WHO–FIC) Network Annual Meeting was officially opened together with the ICD-11 Revision Conference on 12 October with a welcome address from Dr Margaret Chan, Director General, World Health Organization. Additional opening remarks were also offered by the Japan Hospital Association, as the meeting host and a key partner in the ICD-11 Revision, and the International Federation of Health Information Management Associations (IFHIMA).

The meeting ran from 8 to 12 October, 2016, and included individual committee and reference group sessions, WHO–FIC and ICD-11 Revision Conference plenary sessions, and special sessions dedicated to the work of the Joint Task Force on the ICD-11 for Mortality and Morbidity Statistics (Appendix 1: Agenda).

The special theme of the WHO–FIC Network Annual Meeting in 2016 was “Health Information in the New Era”. Accordingly, the focus was on the upcoming ICD-11 MMS Release, including how to support ICD implementation and use in both high and low resource settings to improve data collection, world-wide.

128 posters on various WHO–FIC topics were submitted and printed as a booklet, as well as being displayed during the meeting; 15 were presented in a special session.

2. Participants

Over 360 international participants attended the 2016 WHO–FIC Network Annual Meeting and ICD-11 Revision Conference, with representatives from 22 WHO–FIC Collaborating Centres and 1 Collaborating Centre under designation, as well as representatives from Ministries of Health and National Statistical Bureaus or individual experts from more than 35 other WHO Member States. WHO Regional Advisors from four of the six WHO Regional Offices were present at the meeting, providing many opportunities to integrate regional and country work into the WHO–FIC Network Strategic Work Plan.

The List of participants is included as Appendix 2.
3. Elections

Elections were held last year and Ms Jenny Hargreaves and Ms Lynn Bracewell will continue to serve as WHO-FIC Council Co-Chairs until the end of the 2017 Meeting. In accordance with the election rules, the WHO–FIC Advisory Council and the Small Executive Group (SEG) were reconstituted.

WHO-FIC Advisory Council SEG for 2016-2017 is now comprised of:

- Ms Jenny Hargreaves  Co-chair WHO-FIC Network
- Ms Lynn Bracewell  Co-chair WHO-FIC Network
- Huib te Napel  Co-chair EIC
- Jun Nakaya  Co-chair ITC
- Patricia Wood  WHO Special Advisor

The new WHO-FIC Network Committees and Reference Groups co-chairs are as follows until 2018:

**Update & Revision** (URC): Co-Chairs: Jenny Hargreaves, Lucilla Frattura
WHO Focal Point: R. Jakob

**Education & Implementation** (EIC): Co-Chairs: Huib ten Napel, Yukiko Yokobori
WHO Focal Point: N. Kostanjsek

**Family Development** (FDC): Co-Chairs: Lyn Hanmer, Andrea Martinuzzi
WHO Focal Point: R. Jakob (acting)

**Informatics and Terminology** (ITC): Co-Chairs: Cassandra Linton, Jun Nakaya
WHO Focal Point: C. Celik

**Mortality Reference Group** (MRG): Co-Chairs: Francesco Grippo, Kaori Nakayama
WHO Focal Point: R. Jakob

**Morbidity Reference Group** (MBRG): Co-Chairs: Donna Pickett, Olafr Steinum, William Ghali
WHO Focal Point: TBD

**Functioning & Disability RG** (FDRG): Co-Chairs: Haejung Lee, Matilde Leonardi
WHO Focal Point: M.M. Robinson Nicol

The work of the Network and its committees and reference groups will continue in line with the Strategic Work Plan, and will be monitored by the WHO–FIC Advisory Council, the Council SEG, and WHO.

4. Advisory Council, Committees, Reference Groups, and NGOs

The WHO-FIC Advisory Council met in two sessions during the week to review the SWP, and jointly discussed common themes. The Advisory Council sessions were held on Saturday, 8 October 2016 and Tuesday, 11 October 2016.

The Strategic Work Plan of the Network and the paper that describes the Conduct of the Network were both discussed and updated, including the updating of outdated terminology. Also discussed and agreed were two additions to the Conduct of the Network paper overviewing
the Structure and Workflow as well as how the WHO-FIC Network might be updated on the work of WHO which falls outside of the Network mandate. The Advisory Council also received reports on the WHO’s progress on ICD-11 and from Regional Advisors from four of the six WHO Regional Offices.

The Advisory Council confirmed proposals for updating ICD-10 and the ICF as recommended by the Update and Revision Committee, and expressed its appreciation to the Committee and Reference Groups for their diligent work on the updates.

Last, the proposed changes to the Strategic Work Plan were reviewed, and information provided on plans for Council meetings during 2017, mid-year meetings of Committees and Reference Groups, and the Annual network meetings in 2017 and 2018.

**WHO-FIC Strategic Work Plan**

The WHO-FIC Network Committees and Reference Groups provided reports of their work over the previous year and proposed updates to the Strategic Work Plan for the WHO–FIC Network (SWP) for the coming year. This included updating the plan in terms of resources, deliverables and utility of products. An ongoing task is focusing on better aligning the SWP with WHO priorities and WHO-FIC Network Collaborating Centre resources.

The SWP has evolved in the last 10 years, and it is formulated in terms of Committee and Reference Group work areas. It will continue to be a framework, serving as reference on the way we work over the coming years. However, the SWP may need to better reflect the joint work by Committees and Reference Groups. An updated format is in development by WHO and the WHO-FIC Advisory Council Small Executive Group (WHO-FIC SEG)

The ICD-10 and ICF updates proposed by the Update Reference Committee were confirmed. Terms of Reference for the newly reconstituted Morbidity Reference Group were discussed and feedback provided. The development work plan and governance plan for ICHI remain pending and will be reviewed by the Council when received.

**Paper on Conduct of the WHO-FIC Network**

Proposed updates of the document “Conduct of the WHO Family of International Classifications Network” relating to updating old terminology, clarifying part of the relationship of the WHO-FIC Network with WHO, and defining the current structure and workflow of the WHO-FIC Network were accepted by the Advisory Council. These changes will be included by WHO in the document as Version 1.3 of the Conduct paper.

The Conduct of the WHO Family of International Classifications Network paper will continue to be reviewed and updated as needed.

5. **Summary of Committee and Reference Group sessions**

Summaries of the sessions follow, with detailed minutes provided in the appendixes. All documents and meeting reports are published on the website of the 2016 Annual Meeting of the WHO–FIC Network: www.who.int/classifications/meeting2016.

**Education and Implementation Committee**
The Education and Implementation Committee Co-Chairs are Yukiko Yokobori (Japan) and Huib ten Napel (Netherlands). The secretariat function is provided by Yukiko Yokobori.

Both co-chairs were re-elected for a second 2-year term and Yukiko Yokobori will continue to provide the secretariat function.

1. Population of updated data in WHO-FIC Implementation database
   a. In the past year, 21 countries updated their data, and nine new countries entered their data for the first time in the database, including two AFRO countries, in response to routine biannual calls to EIC members, Collaborating Centres (CCs), and WHO Regional Offices.
   b. A small group of reviewers was expanded for the task of cleaning up and restructuring questions in the database to avoid ambiguity and for greater simplicity.

2. Activities related to ICD-11
   a. Line coding exercise for the ICD-11 field trial (FT) is ongoing or upcoming in 16 countries. Additional FT of the Spanish version of ICD-11-MMS is planned in Pan American Health Organization (PAHO) and Spanish-speaking countries. South Korean CC and Nordic CC reported on their FT experiences and considerable interest and enthusiasm for the FT among participants.
   b. ICD-11 field trial training materials: The ICD-11 FT Education Package, now in its third revised version, will be further upgraded to accommodate instructions for post-coordination coding, among others.
   c. Transition and implementation guidance package: Discussed possibility of involvement of other WHO-FIC committees and reference groups for development of a transition and implementation guidance package for ICD-11.

3. Database of WHO-FIC advisors and educators
   a. The ICD database now resides on the Korean CC platform and ICF database on the ICF education portal site, with administrative support provided by EIC and FDRG members.

4. Routine activities
   a. ICD-10 training tool: Noted significant need for ICD education particularly in the Africa region with suggestion to link the online training tool and the database of educators for greater efficiency in training.
   b. ICF e-learning tool: More resources now available from the German CC to complete the English version of the introductory module on a new software platform, so that the work of translation into other languages can begin.
   c. International Training and Assessment Program (ITAP): Mortality coding exam was successfully conducted in Korea using mortality coding exam guidelines developed within EIC and exam questions reviewed by the Mortality Reference Group (MRG).

The detail of the work of EIC is in Appendix 003.

Update and Revision Committee (URC)

The Update and Revision Committee Co-Chairs are Ulrich Vogel (Germany) and Jennifer Jelsma (South Africa). The secretariat function is provided by Paula Tonel (Italy).

Elections were held, and the new co-chairs of the URC are Jenny Hargreaves (Australia) and Lucilla Frattura (Italy). The secretariat function will continue to be provided by Paula Tonel (Italy).

Over the course of two days the Committee:
elected new co-chairs;
ratified 104 recommendations for updating the ICD-10;
ratified 20 recommendations for updating the ICF.

Co-chairs election
Jennifer Jelsma’s and Ulrich Vogel’s terms as co-chairs have been completed. They were thanked for the work done. Election of new co-chairs was conducted and by acclamation Jenny Hargreaves (for the ICD-10) and Lucilla Frattura (for the ICF) were elected. Paula Tonel (Italy) will continue to serve as the secretariat.

ICD-10 Updates
1. 78 approved – this number includes those accepted with modification and the ones where no change was required:
   a. 26 major updates
   b. 52 minor updates.
2. 8 rejected or withdrawn – this number includes proposals that were rejected by the members and proposals that were withdrawn at the request of the submitting Collaborating Centre. Withdrawn proposals are deleted from the ICD-10 platform. Rejected proposals are retained for future reference.
3. 18 held over for further work next year.

ICF Updates
1. 7 approved – this number includes those accepted with modification and the ones where no change was required:
   a. 4 major updates
   b. 3 minor updates.
2. 9 rejected or withdrawn – this number includes proposals that were rejected by the members and proposals that were withdrawn at the request of the submitting Collaborating Centre. Withdrawn proposals are deleted from the ICF platform. Rejected proposals are retained for future reference.
3. 4 to be returned to Open Discussion Layer for further work next year.

Highlights of ICF Discussions
1. URC members were informed that a PDF version of ICF that includes all updates that have been approved so far is almost ready. The consolidated ICF version could be in place by mid-2017 after the last update proposals coming from ICF-CY have been included.
2. An updated online ICF version is being prepared, too. The Italian CC is working on that.
3. Updating of the Introduction and Annexes of ICF is proposed to be taken forward. Although WHO will not consider it until after ICD-11 is released, FDRG will consider starting some work on that.

The details of the work of URC can be found in Appendix 007.

Mortality Reference Group

The Mortality Reference Group Co-Chairs are Lars Age Johannsen (Nordic) and Francesco Grippo (Italy). The secretariat function is provided by Donna Hoyert (North America).

Francesco Grippo (Italy) was re-elected for a second 2-year term, and will be joined by Kaori Nakayama (Japan) as co-chair. Donna Hoyert (North America) will continue to provide the secretariat function.
The Mortality Reference Group (MRG) met during two sessions of the WHO-FIC Network meeting on October 8. An additional pre-meeting of the MRG was held the day before (7th October). About 60 issues were discussed, representing a range of kinds of issues and stages of development from those being presented for the first time to those that just needed confirmation that they were ready to be submitted to the URC. The MRG reviewed work completed since the mid-year meeting, continued ongoing discussions, and discussed new issues. Procedural issues were also discussed, in particular election of new co-chairs took place. The group thanked Mr. Lars Age Johansson for his dedicated service as a co-chair over the past years. Moreover, in order to speed up the work, the MRG decided to more intensely use the Mortality Forum for general discussion and the online platform of URC for more specific discussions. A subgroup, the Table Group, met on 5th and 6th October and discussed about 50 issues mainly focused on the tables that are used in automated systems. Many of the tables are related to issues previously discussed in the MRG but other issues have been identified during work done in preparation for ICD-11. The MRG also met with the m-TAG during the WHO-FIC Network meeting sessions this year. In these sessions, topics focused on the work of the joint task force of the JLMMS. Together with the m-TAG, part of the work of the MRG will be devoted to ICD-11, for instance field testing, although ICD-10 will still take most part of the work as long as it is the main classification used in mortality.

Highlights of the discussion were:
1. ICD revision:
   a. Joint session with mTAG to discuss ICD-11 developments
   b. Discussion about joint task force of the JLMMS
   c. Discussion on taking some issues of ICD-11 as part of the MRG, such as taking part in field testing
2. Ongoing issues:
   a. Review of multiple cause instructions for neoplasms
   b. Review of maternal mortality definition
   c. Updates on the start-up list for mortality
   d. International coordination (maintenance of automated software decision tables)
   e. Review of proposals submitted to URC
   f. Coding cardiac arrest
   g. Description of coding algorithm in a work-flow
3. New issues
   h. Clarifications and systematization of ICD-10 provisions on classifications of congenital infections and infections in perinatal period
   i. How to handle conflict in linkage and specificity (discussed some examples)
4. Elections
   a. Francesco Grippo and Kaori Nakayama were elected as co-chairs
   b. Donna Hoyert will continue as secretariat
5. Next meeting: March 2017 Raleigh, NC (USA)

The detail of the work of MRG is in Appendix 008.

Mortality TAG Work

The Mortality Topic Advisory Group Co-Chairs are James Eynstone-Hinkins (Australia) and Robert Anderson (North America). The secretariat function is provided by the Co-Chairs.

The combined mortality Topic Advisory Group and Mortality Reference Group meeting in Tokyo started with an overview from the m-TAG co-chairs on work undertaken by the Joint Task Force on ICD-11 for Mortality and Morbidity Statistics (JTF) over the past year. This overview focused on the different layers of review and feedback provided by the group, noting the initial
structural nature of review, the subsequent focus on the mortality and morbidity use cases, and the more recent chapter by chapter reviews focussing on key areas of concern.

The meeting then opened to questions and comments from the group which generated good discussion about improvements in ICD-11, perceptions of issues remaining, and questions concerning next steps. These discussions also highlighted the importance of infrastructure development, especially the auto-coding system Iris, and the difficulties faced in determining when the classification would be sufficiently mature to support the commencement of work on these tools.

Discussion then focussed on developing a plan to draw the broader mortality community into understanding, testing and further refining ICD-11 to ensure that it meets the requirements of this community. There was agreement among a small group of mTAG and MRG members (including all co-chairs) to begin planning mortality field trials in collaboration with WHO. There was also broad support from participants to contribute to these field trials as required.

Informatics and Terminologies Committee

The Informatics and Terminologies Committee Co-Chairs are Vincenzo Della Mea (Italy) and Karen Carvell (North America). The secretariat function is provided by Jun Nakaya (Japan).

Elections were held, and the new co-chairs of the ITC are Cassandra Linton (North America) and Jun Nakaya (Japan).

Meeting Highlights: Two sessions were held on Oct 10th. The first included a review of the minutes from the Manchester meeting and the ITC 2016 Annual Report (poster 105). Two new committee co-chairs, Cassandra Linton from the North American Collaborating Centre and Jun Nakaya from the Japanese Collaborating Centre, were elected by acclamation. Can Celik gave an update on enhancements to the ICD-11 coding tool including the new features for post-coordination. The tool was developed to enable searching for codes in the ICD-11 Morbidity and Mortality Statistics. The Application Program Interface (API) platform was completed and tested within the WHO-FIC network and is now technically ready. When the API is available for public use, it will enable software developers to build the classifications into their software. The ICD-FIT coding exercises tool to support ICD-11 field trials was demonstrated and discussed, as well as a prototype for an ICD-11 mobile app.

The second session included an update and discussion on the revisions to, and expansion of the ICHI Platform. The platform is now more comprehensive to enable the development, revision and maintenance of ICHI. The German Collaborating Centre provided a report on the Classification Markup Language (ClaML) revision process. It highlighted the proposed changes to the new version (3.0) so the exchange standard will meet current and emerging needs of the WHO-FIC network, including ICD-11. Jun Nakaya presented an update on OMICs projects underway with ISO to achieve international standardization. These include ICD Clinical Omics Sub information model (iCOS), Omics Markup Language (OML) and Whole Genome Sequence Markup Language (WGML).

The informal ICF Ontology Working Group updated the committee on work to date and next steps. The findings from the re-launched survey by FDRG on the uses of ICF will further inform the preparatory work on ICF components and meanings of terms.

A mid-year ITC teleconference is expected to be held in the spring of 2017.

Key Actions:
1. Ensure ICD-11 and ICHI platforms are ready for public use.
2. Finalize ClaML 3.0 with continued submission proposals from the WHO-FIC network to the German CC.
3. Expand the ICF Ontology Working Group to include additional domain experts within the network to support preparatory work towards an ICF ontology.

Recommendations:
1. Implement the necessary licensing and authentication for Application Program Interface (API) for a wider use beyond the WHO-FIC Network.

The detail of the work of ITC is in Appendix 004.

Functioning and Disability Reference Group

The Functioning and Disability Reference Group Co-Chairs are Andrea Martinuzzi (Italy) and Catherine Sykes (WCPT). The secretariat function is provided by Stefanus Snyman (South Africa) and Heidi Anttila (Finland).

Elections were held, and the new co-chairs of the FDRG are Haejung Lee (Republic of Korea) and Matilde Leonardi (Italy). The secretariat function will be provided by Olaf Kraus de Camargo (North America).

Key meeting topics included:

1. A presentation from the Coordinator for the Blindness and Deafness Prevention and Disability and Rehabilitation team at WHO, Dr Alarcos Cieza, reviewed the progress over the last 15 years since ICF was published, but acknowledged that integration of ICF into health information systems has been lacking and that much work would be necessary to make this happen. Dr Cieza challenged FDRG to contribute.
2. Although acknowledging that there is no mandate for work on an ICF Ontology at this time, Dr Andrea Martinuzzi outlined what a small group of volunteers has done in the absence of mandate or resources with regard to information gathering and foundation laying for future work in this area.
3. Dr Molly Meri Robinson Nicol confirmed that the ICF Practical manual, including the changes introduced in 2016 is not yet approved for publication. Dr Robinson Nicol is hopeful that it may be published in due course.
4. Dr Olaf Kraus de Camargo provided an update on the progress of the mICF project. Although outside the Strategic Work Plan (SWP) of the Network, this remains a project of great interest to FDRG members.
5. Ms Catherine Sykes reported on the use of the ICFEducation.org portal.
6. Several new ideas were raised as potential projects that could be proposed to the Council and WHO for inclusion on the SWP for FDRG. These included developing a set of rehabilitation outcomes and indicators, guidance for ICF coding for hospital statistics, ICF coder training, a strategy for addressing the increased demand for WHODAS 2.0 support, or re-visiting an issue raised about resolving personal factors in ICF.
7. FDRG does intend to hold a midyear meeting in 2017. An invitation to hold the meeting at Stellenbosch University, Cape Town, South Africa from 26-27 June was received and will be considered, but is not yet confirmed.

The detail of the work of FDRG is in Appendix 006.

Functioning Topic Advisory Group (f-TAG) work
The Functioning Topic Advisory Group Co-Chairs are Cille Kennedy (North America) and Gerold Stucki (Germany). The Managing Editor function is provided by Melissa Selb (Germany).

Forty-seven persons from 5 WHO world regions, including two NGOs, with a mix of expertise in the ICF, ICD and other classifications, participated in the fTAG meeting held on October 9th during the 2016 WHO-FIC meeting in Tokyo, Japan. Due to the discontinuation of the existing ICD revision structure that included TAGs, this was the last fTAG meeting.

The fTAG priorities for 2015-2016 and a brief update on fTAG activities since the 2015 WHO-FIC meeting in Manchester were presented. After further prioritization the predominant work of fTAG focused on finalisation of instructions for coding functioning properties (FPs). Before condensing its priorities, some work on Chapter 24 Factors influencing health status or contact with health services was done during the Manchester meeting i.e. a small working group met to discuss suggestions for revising the chapter with consideration of risk factors, public health and ICHI. The revision suggestions that were further revised by WHO were presented in Japan. Some highlights of these revisions: wording of concepts were aligned with ICF and ICHI, linkages to the ICF are now indicated in definitions where applicable, titles were shortened, post-coordination options were refined, and proposals from TAGs e.g. Paediatric TAG and Quality and Safety TAG were implemented. WHO confirmed that the sentence in the ICD-11 reference guide referring to Chapter 24 as optional has now been deleted; thus making the availability of Chapter 24 for use mandatory.

In consideration of the information from discussions within fTAG and selected ICF experts, the RSG-SEG recommendations and discussions at the JTF Queensland meeting, WHO decided to include FPs in ICD-11, including in the Mortality and Morbidity version. WHO also decided to trial the 21+2 shortlist of FPs as stem codes, drop the binary coding rule, and include ICF Core Sets as sanctioning rules (identifying an initial list of “allowed combinations). Still under discussion: which stem code chapter to place FPs, the possibility of putting the terms in the index to enable coders to more easily find the functioning term they encounter in medical notes/charts, and the potential use of severity codes. WHO invited those knowledgeable about ICD coding and ICF to rewrite the case examples to adapt to ICD standards, remove all non-ICD-relevant information about ICF and FPs from the reference guide, and finalize definitions and descriptions to be consistent with ICD wording/style.

The participants were also divided into two working groups. While group 1 addressed the question of how can we use FP in ICD-11, group 2 discussed how can we assure the quality of ICD-11. Topics discussed in group 1 included: the definition of functioning in ICD-11 and in ICF, using FPs in patient registrations, providing a mapping table linking ICF codes and FP codes, developing instructions for transforming a functioning description into an ICD-11 diagnosis, and the use case of case-mix in various settings to help shed light on the value of environmental factors and bring the family of classifications (including ICHI) closer together. Topics in group 2 included: developing a mechanism for using the index to map terms in medical charts to functioning, ensuring a wide spectrum of facilities, identifying the extent of financial and human resources of a country/region, and determining the availability of patient records with functioning information when planning quality assurance testing of FPs. Group 2 also emphasized the importance of training coders, specifically in recognizing functioning information and finding the code to map it to.

WHO called for contributors to continue work on integrating functioning in ICD-11, especially in advising WHO and supporting the work of the Medical and Scientific Advisory Committee (MSAC).
The detail of the work of FDC is in Appendix 007.

**Family Development Committee**

The Family Development Committee Co-Chairs are Jenny Hargreaves (Australia) and Lyn Hanmer (South Africa). The secretariat function is provided by Brooke MacPherson (Australia).

The Family Development Committee (FDC) held their 2016 annual meeting in Tokyo over two sessions on Wednesday 12 October 2016.

The following issues were discussed:

**SWP-01: International Classification of Health Interventions (ICHI)**

The responsibility of the ICHI development returned to the Network (and the FDC as its focal point) during the past 12 months and work on the ICHI alpha version has continued to progress. Richard Madden reported the release of ICHI Alpha 2016 (accessible via the WHO website) and the creation of the WHO ICHI Task Force. The Task Force will operate similarly to the ICD-11 Joint Task Force and will have a management role. ICHI has a target date for approval by the World Health Assembly of 2019.

**SWP-02: Integration of the Family**

A suggestion was made at the FDC 2016 mid-year meeting to produce a supplementary document on the Family, for use in the ICD-11 era (possibly released to coincide with the release of ICD-11). This document would be additional to the 2007 Family paper. A draft of this document was tabled at the Tokyo meeting.

A small working group was identified to work further on the Family paper.

The Primary care use case for ICD-11 was discussed (see poster C301). An update from the ICD-11 Primary Care Task Team (PCTT) was provided by Kees van Boven (co-chair of the PCTT). The outcomes of upcoming discussions between the PCTT and WHO will inform FDC’s future work in this area. This item will be discussed further at the FDC’s 2017 mid-year meeting.

**SWP-03: Applications of the WHO-FIC**

The main item under discussion for this work plan area is the joint use of classifications. Discussion of joint use was included in discussions on the revision of the Family paper. The meeting decided to incorporate information on best practices for using classifications together in the Family paper.

**SWP-04: WHO-FIC Support for Universal Health Coverage (UHC)**

The FDC have been assessing the usefulness of the WHO-FIC to support UHC. At the FDC’s 2016 mid-year meeting, the FDC agreed to include measuring the Sustainable Development Goals, in particular the targets for the Health goal, as an extension to this SWP item; this change to the SWP was agreed by the WHO-FIC Advisory Council at the Tokyo meeting. The rationale for the change is the importance of the SDGs (including the Health SDG, which incorporates UHC) and measurement of progress towards them.

The FDC have already begun looking at how the WHO-FIC can support measurement of progress towards the targets for the Health SDG. A presentation on the beginnings of this work was given (poster C702) and discussed by the Committee at the Tokyo meeting.

Future work on this item will include investigating the relevant SDG indicators as listed in the 2016 UN document *Report of the Inter-Agency and Expert Group on Sustainable Development Goal Indicators* (available at: http://unstats.un.org/unsd/statcom/47th-
An aim of this work would be to continue to assess where gaps in the classifications exist and feed this back to the Network for action.

**SWP-05: Assess the need for additional members of the Family to fill gaps in information**

Discussion on this item focussed on the need for a classification on the determinants of health. A presentation was given on work conducted by small group since the 2016 mid-year meeting to identify existing health determinant information in the reference classifications (see poster C704). Discussion by the Committee was mixed as to whether a classification of this nature was necessary. The Committee decided to keep this item on the strategic work plan for further discussion at the 2017 mid-year meeting.

**SWP-06: Alignment of members of the Family**

A watching brief is maintained for this item by the Committee.

A mid-year meeting of the FDC in 2017 is planned.

The detail of the work of FDC is in Appendix 005.

**Morbidity Topic Advisory Group (MbTAG)**

The Morbidity Topic Advisory Group Co-Chairs are Donna Pickett (North America) and Syed Aljunid. The secretariat function is provided by Sue Bowman (AHIMA).

The mbTAG Co-Chairs are Syed Aljunid and Donna Pickett. Ms Pickett was unable to attend, and the meeting was chaired by Syed Aljunid with the support of acting WHO liaison officer, Robert Jakob. The Co-Chairs thanked all the members of the TAG who have devoted their time and energy to work on the development of ICD-11 since the establishment of the group. Members of the TAG carried out reviews of various chapters in ICD-11 over the past two years. Most of the ICD-11 chapters have now been reviewed and feedback has been given to the Revision Steering Group (RSG) and the Joint Task Force (JTF) on ICD-11 for Mortality and Morbidity Statistics (ICD-11-MMS). However, there is still some outstanding work to be done. One example is the development and review of the Morbidity Coding Rules. This work will be continued by the Morbidity Reference Group (mbRG) which is to be reinstated during this WHO-FIC meeting. MbTAG members have also been working with the MRG and the JTF to coordinate and enhance the development of ICD-11.

Dr Jakob presented the draft TOR of the Morbidity Reference Group (mbRG). The mbRG will have the following objectives:

1. to improve international comparability of morbidity data related to the interpretation and application of ICD by analyzing and integrating needs derived from statistics (e.g. hospital data), casemix (e.g. DRG systems) and clinical documentation (e.g. clinical terminology and electronic health records).
2. To provide recommendations for ICD updates
3. To work with WHO in preparing field trials to test whether the proposed ICD is fit for purpose

Membership of mbRG will be drawn from the old mbRG, mbTAG, Quality and Safety TAG, the Primary Care Task Force and nominations from the WHO-FIC CCs. To facilitate an expeditious reconstitution of the mbRG, three co-chairs, one from each of former TAGs (mbTAG and Q & S) and the former mbRG will be appointed by WHO. After the first term, the election of co-chairs will follow the standard WHO-FIC process.
6. ICD Revision Session and Joint Task Force (JTF)

The Joint Task Force (JTF) was established in 2015 to steward the development of the ICD-11 for Mortality and Morbidity Statistics. The Co-Chairs are Professor James Harrison (Australia) and Dr Stefanie Weber (Germany). The secretariat function is provided by Dr Molly Meri Robinson Nicol (WHO).

The JTF has had two face-to-face meetings in 2016 (April and July), as well as monthly teleconferences, in addition to meeting during the WHO-FIC Network Annual Meeting 2016 for 6 sessions.

At the Tokyo meeting, the Task Force met to discuss a broad range of topics, including a review of the technical work completed to date and how to manage expectations of and communication around the ICD-11 for Mortality and Morbidity Statistics (ICD-11 MMS) release. Importantly, the JTF also discussed recommendations on how to manage ICD governance, including the transition for ICD-10 to ICD-11 MMS in countries and the future of national clinical modifications.

The JTF also held an open session on Tuesday, 11 October 2016 for all WHO-FIC Network Meeting and ICD-11 Revision Conference attendees which was very well attended. The purpose of the open session was to demo the existing tools available to support ICD users and to discuss the JTF work to date and future plans, as well as to answer any questions that might be raised. Importantly, the JTF also shared details on the working mechanisms and process by which the JTF makes their recommendations to WHO. Questions from attendees related to topics such as content of ICD-11 MMS and the process and timeline for finalization and release.

Full details of the Joint Task Force sessions are available through the JTF meeting report repository.

7. ICD-11 Revision Conference – “Health Information in the New Era”

Introduction

In October 2016, WHO and Member States reached a major milestone towards finalization of the 11th Revision of the International Classification of Diseases. The ICD-11 Revision Conference in Tokyo, Japan, was held from 12 – 14 October 2016.

Hundreds of individuals and institutions from around the world attended the ICD-11 Revision Conference in Tokyo, Japan. In addition, a wide range of countries attended the Tokyo Revision Conference including: Albania; Algeria; Argentina; Australia; Brazil; Cambodia; Canada; China; Denmark; Egypt; Ethiopia; Finland; India; Indonesia; Iran; Japan; Kenya; Korea; Kuwait; Malaysia; Mexico; Mozambique; Myanmar; Namibia; Nepal; Netherlands; Philippines; Republic of Korea; Russian Federation; Rwanda; Slovakia; Sri Lanka; Sweden; Tanzania; Thailand; Turkmenistan; Uganda; United Kingdom; and the United States of America.
This report summarizes the proceedings, including the Member State feedback received during the conference. The conference documentation, including agenda, posters and presentations, can be found on the WHO ICD-11 Revision website.

1. Main Conference

The opening session of the ICD revision conference was jointly held with the International Federation of Health Information Management Associations (IFHIMA) congress and the annual meeting of the Japan Association of Health Information Management.

The Director-General of the World Health Organization, Dr Margaret Chan, opened the meetings (see Annex A for opening remarks), as well as the Japan Ministry of Health which was hosting the conference. Opening remarks were also made by the president of the IFHIMA, and the president of the Japan Association of Health Information Management. Special gratitude was conveyed to the president of the Japan Hospital Association, which has been instrumental in financing the ICD revision process during the past decade.

1.1 Health Information in the New Era

The opening session aimed to frame the ICD in the global health, the Sustainable Development Goals (SDGs) 2016-2030 and country realities. The presentation by WHO focused on global data priorities, especially the health targets in the era of the SDGs, showed the increased attention for causespecific mortality and morbidity in all countries, and the role and value of the ICD in the present and future data context.

A presentation by the UN Statistical Division highlighted the data challenges of the SGDs and the role of national planning for better data. Data strategies, challenges and improvements in the Latin Americas and Caribbean region through a network approach were highlighted by the Pan-American Health Organization, with much emphasis on improving the quality of vital statistics. The Japan presentation highlighted past and present experiences of Japan in implementing the International Classification of Disease, with a focus on ageing.

Presentations were also made on the ICD-11 use case and design process, and the business model and future governance for the ICD. The first phase of the revision process had been concluded in 2015, and a simplified structure with a Joint Mortality and Morbidity Statistics Task Force is moving the agenda forward. WHO is now establishing a Medical and Scientific Advisory Committee, replacing previous mechanisms. In the future, it is envisioned that the Mortality and Morbidity Statistics Task Force will be transformed into a Classification and Statistics Advisory Committee.

The plenary discussion focused on tools and technology that will help implementation, the need for training and an implementation strategy, the importance of having a short list for mortality.

1.2 ICD-11 advances and use

The simplified coding structure of ICD-11 and the embedded user guidance for coding were

1 http://www.who.int/classifications/network/meeting2016/en/
demonstrated using individual scientific presentations. The new structure allows countries to code broad, simple conditions with one code. In addition, combinations of codes can be used to describe complex detail of individual conditions. As a result, coding quality will improve, using ICD will require less training and the categories will provide scientifically up-to-date information at the level of detail desired by countries and individual settings.

The plenary discussion with the panel focused on:
- **Benefits of ICD-11**: implementation will have to show a benefit to countries, especially in terms of efficiency and resources needs. Implementation of electronic systems is still fragmented in many parts of the world, and WHO will continue to produce a hardcopy version of the ICD.
- **Complexity**: some chapters are quite sophisticated and there were concerns about the time required to complete the detail. The complexity is available for those who need it. The core structure and associated coding is now simpler than with ICD-10.
- **Training needs**: the need to understand the new terminology of ICD-11 will require complete new training for ICD coders. Training needs for ICD-11 will differ to those for ICD-10, and can be scaled to suit country coding needs. The opportunities to facilitate coding with electronic tools are substantial.
- **ICD decision making**: decision making bodies such as the task force should include more representation from low resource countries so that implementation concerns can be taken into account.
- **Statistical considerations**: the use of ICD-11 for data and statistics may be queried where statistical information may be compromised if there is more than one way to code. Statistical training and instructions will be needed. User guidance for coders should be built into the classification, and accessible from one place (not scattered over several places like in ICD-10). This will guide users to code in a uniform way, better than with ICD-10.
- **ICD-10 comparability**: dual coding is part of the field testing. For mortality and morbidity the necessary bridge coding studies are easier where documentation has been electronic.

### 1.3 Integrated medicine: Traditional Medicine chapter

The presentation on the ICD-11 TM chapter focused on its statistical use case and uses in countries around the world. It was noted that the inclusion of Traditional Medicine for the first time as a chapter within the ICD. This has enabled a standard list of diagnostic categories to identify and report on conditions. These codes will be able to be used for statistical and administrative purposes.

Presentations were given by China, Japan and the Republic of Korea which have all been instrumental in developing the chapter, both technical and in terms of financing. Further insights were provided from Australia and Europe where traditional medicine – or complementary medicine – plays an important role but is often not integrated. India showed its advances in developing a AYUSH related classification, and expressed its interest in joining the ICD.

### 1.4 ICD for health financing

This session outlined the uses of ICD for varied financing purposes in countries, including aggregate data uses to understand population health needs, and the granular use of ICD for data and financing within a health system. The potential application of ICD-11 in casemix systems was discussed, and a presentation from Australia highlighted the significant value of ICD to health system financing.
The discussions focused on the use of national and clinical modifications and the need to consider whether ICD-11 can eliminate the need for clinical modifications.

1.5 ICD-11 Informatics and tooling

This session provided an overview of the ICD-11 structure and function as it relates to application within electronic systems. The role and function of the ICD-11 Foundation Component was highlighted. It enables conventional representation of the ICD, and it also provides the basis for specialty classifications, in which the categories can be arranged according to the requirements of the respective field.

ICD-11 tools for implementation and maintenance were presented. The coding tool provides access to the browser containing the classification. The browser has instructions and help functions to facilitate the use of ICD-11. For implementation, the translation tool and the index reflecting the local clinical terminology are paramount to the use of the classification. The mapping allows the user to quickly find correspondences between ICD-10 and ICD-11 and to understand differences. The use of unique identifiers allows tracking individual conditions of interest that may not have their own category in the classification, e.g. some rare diseases that need to be identified for national purposes. The proposal platform and the commenting features permit broad participation in the maintenance of ICD-11. The authoring environment lays the foundation for the new features of the classification that guide users and bridge the gap between simple use and advanced reporting. For mortality coding, the role of automated approaches were outlined as important to ensuring a standardised data set globally.

Finally, the current state of SNOMED-CT development and implementation was presented. Interoperability between SNOMED CT and ICD-11 is desirable in electronic systems. Joint use can lead to important data quality advances, more efficient reporting, and more meaningful exchange of data in health information systems. The linkage between SNOMED and ICD has progressed in form of mappings, and will require further investments.

2. ICD-11 Way Forward

This session considered the way forward and focused on country comments about the ICD-11 as it had been presented throughout the conference.

2.1 Joint Task Force on ICD-11 for Mortality and Morbidity Statistics: next steps

Presentations were provided by ICD-11 Joint Task Force members from Australia and the United States. Task Force representatives recommended that countries should prepare their national decision makers about the ICD-11, and that it was important that all levels of government were involved.

From the Australian perspective, it was presented that future data needs would be an important area for consideration. The demand for data keeps growing. Data integration has become important, including patient pathways for diagnosis, treatment and outcome. ICD-11 provides opportunities to consider extended information opportunities, including cluster coding and postcoordination. Australia is also looking at whether there will be potential efficiency gains with ICD-11 if there no longer is a need to maintain a national modification. The USA provided an overview of its thinking regarding ICD-11 for mortality data, highlighting the importance of coder training, conducting bridge coding exercises as there will inevitably be some discontinuities and finding ways in which the new features of ICD-11 can best be leveraged (e.g.
The Task force will continue its role in providing technical advice on ICD-11 for mortality and morbidity statistics, and will meet again in February 2017.

2.2 Member State Comments

Myanmar, Rwanda, Mozambique and Nepal provided their perspectives on the ICD-11 as part of a panel. Common themes included the current state of systems (many countries do not yet have the systems to support cause of death reporting, nor morbidity), the need for ICD-based statistics, and the current progress in many to implement ICD-10. In implementing ICD-11, no country should be left behind, and that significant implementation planning and support is required, especially to build systems and capacity. Collaboration between all partners is necessary to achieve this goal.

Several member states commented from the floor. The Netherlands noted a positive impression of ICD-11, but also indicated that much work still needs to be done before ICD-11 is fit for purpose. There was support for the transition process as proposed by WHO in which ICD-11 will not be brought to the World Health Assembly for adoption, but rather be implemented in an incremental manner and formally adopted at a later stage. The Netherlands supported the need for an implementation plan, and a broad role for ICD-11 (everything, for everybody) and noted that the use case for morbidity is much stronger than mortality, and that the concept of added value must be made much stronger. A complete fit for purpose ICD-11 is needed, and the Netherlands indicated its willingness to support the WHO in the process.

Tanzania noted that it was the first time the country had been invited. It discussed that it currently uses both ICD-9 and ICD-10 and has a national insurance fund that uses ICD-9. To harmonize the way data is used, it will advocate to use ICD-10 across the country in preparation for ICD-11. Tanzania noted the challenges of reporting mortality, with many not wanting to report deaths. Kenya similarly stated that if the country were to implement ICD-11 today, the system would still miss out on those who die in the community, as it remains a problem to know who is dying and what they are dying from. The country noted that a collaborative effort between ICD and SNOMED is exciting, since in Kenya, the private sector uses SNOMED but did not know how to use both, one is clinical, and the other is higher level so looking forward to the mapping. Namibia commented that it is currently using ICD-9 for morbidity and mortality, and will be moving to ICD-10 at the end of April, DHIS being piloted now, collaboration with Ministry of Health and the National Statistical Office, which is an opportunity to strengthen data and to learn more about ICD-10.

Finland thanked WHO and the network for modernizing the classification, commenting that it was good practice to have the experts involved. The country stated that moving to ICD-11 will be a major challenge, requiring major investments in translation. Therefore, the transition needs to be planned carefully and sufficiently long to plan for this change. Denmark and Sweden also provided comments on the modernization of the classification, and the challenges of moving to a new classification system.

3. Side Sessions

3.1 Future data and the Family of Classifications

This session highlighted the opportunities for the ICD-11 to work with other classifications more seamlessly in modern health information systems. A presentation from WHO noted the new global policy for rehabilitation, framed in the era of the SDGs. Major health strategies for
promotion, prevention, and curative, rehabilitative, palliative services are serviced by either ICF or ICD, with ICHI a cross-cutting information standard. Data strengthening must occur by mainstreaming these classifications interoperable at the individual, program and health information system level.

IHTSDO (SNOMED-CT) presented on the challenges of implementing data. It was discussed that it was important for systems to be working together, with data collected well at the individual level. The benefits will be better data, better standardisation of information, improved exchange, and improved quality of analysis.

Country presentations highlighted the value of classifications working together. The presentation from Japan highlighted the importance of the ICD for data in Japan, with ICF used for the long term care management for the elderly, as well as for employment support for people with a disability. In the UK, across the spectrum of information about the health of the elderly, it was noted that there is a need to understand and consistently classify information from multiple sources of information, and about multiple conditions. Concepts for functioning, morbidity and mortality must be joined up conceptually.

WHO noted that this was a critical juncture in population health, and there was a commitment and pressure to get systems right. In 2015, WHO released a framework for healthy ageing, and in 2016 the G7 Health Ministers noted the importance of ICD and ICF, especially in the context of ageing. There is a need to focus on how classification can work together. The need is not necessarily to increase the sophistication of classifications, but to adapt classifications to suit varying contexts. Bundling and packaging classifications is an important consideration for future classifications use. The challenge of implementation for ICF may change now that there is a difference in context and emphasis, especially the changes in advice on the models of care, and the opportunities to link classification to others. It is important that the network ensures that the linking of classifications takes place. Capacity is still an issue, requiring concrete steps for low resource member states. There is a need to consider relevant entry points, and also the limitations in terms of capacity in country contexts, especially with the burden of reporting.

### 3.2 Women’s and children’s health

The side session on global data developments for women’s and children’s health comprised three presentations. The presentations demonstrated the critical role of data for the Sustainable Development Goals and for the Global Strategy for Women’s and Children’s Health. The underlying principle is that data should drive country analysis to address causes of death, morbidities, and disability as underpinned by efforts to improve measurement capacity to improve data quality for improvement and accountability.

The challenges of measurement, including the need for classifications applicable across different settings was considered; with the ICD seen as an important tool. The presentation highlighted the weaknesses in current classification and data systems, and the need to strengthen the collections, using data to inform programmatic action.

The discussion included emphasis on the importance of re-visiting the maternal death definition; the difficulties in reconciling the different sets of global estimates that have been published – even though, they understood that technical and scientific methodologies could underlie these differences; the need to monitor deaths among pregnant or recently pregnant women due to suicide/homicide/ or other external injuries- even if these remain outside the “standard” definition of maternal mortality - as they have significant public health implications; and the investment case of improved monitoring of women’s, children’s, and adolescent health outcomes was seen as part of positive efforts to improve country capacity. The use of ICD, and in
particular the primary care tabulation of the ICD should be considered for standardized collection of this data.

### 3.2 Leaving no stone behind

This session highlighted momentum for better civil registration and vital statistics data, including ICD-coded data, and challenges to be addressed into the future. The first presentation identified the value of CRVS data, especially covering births, deaths and causes of death, and the global and regional commitments to this data improvement. The presentation also highlighted the Technical Strategy which had been developed to support better mortality statistics in Africa.

A presentation on ICD implementation challenges overviewed presentations of a range of countries on their improvements and challenges in mortality data collections, and highlighted the role of health information networks in regions to support data and classification improvement. Challenges and opportunities for better data were discussed, especially the role of electronic systems and streamlined classification approaches providing better entry points for country data improvement.

### 3.2 Better data for mental health

This side session provided an opportunity to explore in greater depth the proposals and field testing process for mental and behavioural disorders and categories relevant to suicide deaths in the ICD-11. The systematic process of evidence review and field testing used in the development of the mental and behavioural disorders chapter of the ICD-11 was overviewed, including how clinical utility across a variety of settings has been a key principle of the mental and behavioural disorders revision.

The session included presentations that articulated issues in several key areas that account for substantial portions of global disease burden and are central to the public health objectives of WHO and WHO Member States, including the proposed changes for schizophrenia and other primary psychotic disorders in ICD-11; and the revision of disorders due to substance use proposed for ICD-11 that better corresponds to the evolving nature of substance problems confronting Member States. The session also included a presentation about Australian efforts to improve data related to suicide deaths.

Participants emphasized the importance of integrating the work on mental and behavioural disorders into the ongoing work on ICD-11, including the work on functioning.

### 4. Next Steps

The ICD 2016 version for member state comments was released at the meeting. Member States were invited to provide comments and to field test the ICD-11 for its most relevant use cases.

#### 4.1 Member State Comment

WHO invited Member States to coordinate and provide comments in three main areas:

- Features and Structure of the ICD-11;
- Implementation needs;
- Future data needs.

Member State comments can be provided at http://www.who.int/classifications/icd/revision
The website will be open to receive comments until 31 May 2017. Feedback and comments received will be collated into feedback over the course of 2017 on ICD-11, and will be presented in a final report on ICD-11 at its 2018 release.

4.2 Quality Assurance

During 2017, ICD-11 finalization will be delivered through a comprehensive quality assurance approach:

- WHO Collaborating Centres and other partners will be conducting quality assurance exercises on the ICD-11-MMS in 2017. Quality assurance will inform further decision making of the Joint Task Force for MMS at two meetings in 2017, and will improve the functionality of the ICD-11-MMS.
- ICD-11 technical finalization will continue in 2017, with the continued functioning of the Joint Task Force for Mortality and Morbidity Statistics, and the formation of the Medical and Scientific Advisory Committee (MSAC).

4.3 Implementation planning

The 2018 version of ICD-11 will be released for member state implementation. The goal is not to have a formal adoption, but to provide member states with a fully functioning robust classification that will allow Member States to plan for a transition in accordance with country priorities and capacities. Formal reporting of mortality data (and in the future morbidity data) based on the ICD-11 is expected to be implementation gradually by Member States post-2018.

4.4 Stay up to date

The latest version of the ICD-11 online for Mortality and Morbidity Statistics can be found at http://apps.who.int/classifications/icd11/browse/l-m/en.

The latest information on the ICD-11 Revision including quality assurance can be found at http://www.who.int/classifications/icd/revision/en/.

8. Closure of the Meeting

The WHO-FIC Network Annual Meeting 2016 proved effective and useful in bringing together the different aspects of the WHO-Family of Classifications and its Network. WHO and the WHO-FIC Advisory Council thanked the WHO Collaborating Centre for the WHO-FIC in Japan, located within the Ministry of Health, Labour and Welfare of Japan for the excellent organization of the meeting, and the Japan Hospital Association for their continued support.

Meeting evaluation

The Advisory Council discussed what went well with the meeting, and what improvements could be considered for the future. Overall, the meeting was considered to have been organized and run very well, though the decreased time allocated to the Council due to the ICD Revision Conference did make accomplishing all of the work more difficult. The Council particularly thanked the WHO staff responsible for meeting organization and noted the improvements in recent years.

Suggestions for improvement for next year included increasing the time available for the WHO-FIC Network Advisory Council to complete their agenda, increasing the time allocated to the WHO Regional Advisors for their contributions, continuing the practice of limited conflicting sessions and manging the agenda to limit duplications and overlap, and continuing to do
whatever possible to manage the costs of attendance and hosting the meeting. The Council noted that the agendas and documents have been available in advance in recent years and noted this improvement, but requested earlier availability of the detail of agendas if possible.

**Mid-year meetings of the Advisory Council, Committees and Reference Groups**

The Advisory Council will meet in February, April/May, and September via a Net Meeting (WebEx). The Small Executive Group members are welcome to join the meeting in April/May in person in Geneva at their own cost.

All Committees and Reference Groups were asked to submit their plans for mid-year meetings with the following results:

- FDC will have a midyear meeting in South Africa in June 2017. The exact dates and location will be announced in due course.
- URC will not have a midyear meeting during the 2015/2016 work cycle.
- EIC will have a midyear meeting, with the date and location confirmed in due course.
- ITC will have a midyear meeting via teleconference, with the date confirmed in due course.
- MRG will have a midyear meeting in March 2017 in Raleigh, North Carolina, U.S.A. The exact dates will be announced in due course.
- FDRG will have a midyear meeting in South Africa in June 2017. The exact dates and location will be announced in due course.

**Future WHO-FIC Network Annual Meetings**

In 2017, the WHO–FIC Network will meet from 16 to 21 October in Mexico City, Mexico. The meetings will be hosted by the WHO Collaborating Centre in collaboration with WHO.

The WHO–FIC Network Annual Meeting in 2018 is scheduled to take place in Korea. Suggestions for hosting the meeting in 2019 are welcome.
## WHO-FIC Network Annual Meeting 2016
### 8-12 October 2016; Tokyo, Japan

<table>
<thead>
<tr>
<th>Saturday, 8 October 2016 - MORNING</th>
<th>Room B - FDRG</th>
<th>Room E - MRG</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Introduction and Background – FDRG</strong></td>
<td><strong>1. Procedural issues (co-chair elections; MRG meeting time)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Co-Chairs</strong></td>
<td><strong>2. URC issues need discuss ahead of URC sessions (TBD after URC voting/comments reviewed)</strong></td>
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<tr>
<td>a. Co-chairs welcome</td>
<td>3. New issues MRG requested to examine</td>
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<td>b. Appointment of rapporteurs</td>
<td>4. (MRG2016 Inconsistencies in vol 2 issue; O10.0 vs O10.9)</td>
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</tr>
<tr>
<td>c. Brief introductions by participants</td>
<td>5. Table group review</td>
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<td>d. Confirmation of the agenda and minutes of Bangkok meetings</td>
<td>(e.g., TG2014_030 D5 from D70 to C349; TG2014_034 P60 tables; PS23 Q2; TG2014_093 Systemic connective tissue disorders; TG2015_075 Indexing related to coronary embolism issue; TG2014_074 Add maybe for I4299; TG2015_001 Heart failure linkage; TG2015_009 J841, J848 and J849 causal tables; TG2015_022 Acme maybe I64 or I61 due to H-codes; TG2015_026 LMC AA09 and K519; TG2015_039 D5 in both directions tangent; TG2015_054 Review D5 of F03; TG2015_052 I4299 due to E752; TG2015_075 Immune disorders not accepted as due to anything else; TG2012_005 Review/develop code sets Anaemia; TG2015_072 Causal tables for vascular dementia; TG2015_073 How to interpret “with”; TG2016_003 Sequence...</td>
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<td>e. Matters arising</td>
<td><strong>2. URC issues need discuss ahead of URC sessions (TBD after URC voting/comments reviewed)</strong></td>
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<tr>
<td><strong>2. Election of co-chairs 2016-2018 – Molly Meri Robinson Nicol</strong></td>
<td><strong>3. New issues MRG requested to examine</strong></td>
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<tr>
<td><strong>3. WHO: Evolution of Functioning Information Needs – Alarcos Cieza</strong></td>
<td><strong>4. (MRG2016 Inconsistencies in vol 2 issue; O10.0 vs O10.9)</strong></td>
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<td><strong>4. Informing the ICF Ontology – Andrea Martinuzzi</strong></td>
<td><strong>5. Table group review</strong></td>
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<tr>
<td>a. Use cases</td>
<td><strong>(e.g., TG2014_030 D5 from D70 to C349; TG2014_034 P60 tables; PS23 Q2; TG2014_093 Systemic connective tissue disorders; TG2015_075 Indexing related to coronary embolism issue; TG2014_074 Add maybe for I4299; TG2015_001 Heart failure linkage; TG2015_009 J841, J848 and J849 causal tables; TG2015_022 Acme maybe I64 or I61 due to H-codes; TG2015_026 LMC AA09 and K519; TG2015_039 D5 in both directions tangent; TG2015_054 Review D5 of F03; TG2015_052 I4299 due to E752; TG2015_075 Immune disorders not accepted as due to anything else; TG2012_005 Review/develop code sets Anaemia; TG2015_072 Causal tables for vascular dementia; TG2015_073 How to interpret “with”; TG2016_003 Sequence...</strong></td>
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b. Term beating

c. Next steps


Room B - FDRG

6. Ongoing work MRG deliberating about (e.g., PS21 Q3 Bronchitis and duration; TG2012_005 Decide which morphologies coded to C80; TG2013_001 Can FMD be the underlying cause of IHD; PS27 Q11 Bullying; PS27 Q13 Expand trivial list; PS27 Q21 URC 2061 Respiratory tract infection; PS27 Q24 R99/I46.9; TG2014_051; PS27 Q35 Nordic N9; MRG2014_037 Exclusion for all infectious diseases acquired after birth; MRG2015_002 Doubts about badly certified deaths; MRG2015_004 Use of I15; MRG2015_008 Conditions considered to increase risk of malignancy test; MRG2015_014 P95; TG2014_044 Nordic N2 Hyperbilirubinemia; MRG2015_022 How to handle perinatal certificate; MRG2015_023 Suggestions about heart failure; TG2014_089; MRG2015_026 R63 anorexia is not ill defined; TG2014_089; MRG2015_027 Add most advanced for of drug dependence to secondary conditions; TG2014_089; MRG2015_028 K746+ B16–B19; TG2014_089; MRG2015_029 DS I33 to I34–I37; TG2015_017 DS question from table group; URC 0318; PS15 Q17 Congital anomalies due to chromosome abnormality; MRG2015_037 Indexing codes for types of leukemia and lymphoma with less specificity; MRG2015_039 New short list for mortality; MRG2015_042 Request to modify wording in 5.8.2; TG2014_050 Complications of hypertension; MRG2015_043 R95 questions; MRG2015_044 ICD-PM; TG2014_067; TG2015_055 I509 DS Q909 and review Q909; MRG2015_046 Inconsistencies found in volumes; MRG2015_047 Instruction 4.3.5 malignant neoplasms A (b); MRG2015_051 Instructions flow; MRG2015_050 Diabetic embryopathy; MRG2016_005 Unspecified HIV; MRG2016_008 GHB disappeared; MRG2016_009 Conflict in linkage; TG2015_069 I739/I702; I702/I739; TG2016_012 Other senility issues (SENDC–SENMC_LAJ); MRG2016_011 Victim of extreme weather)

7. Open mike: Any requests from floor to topics needing MRG attention

Saturday, 8 October 2016 - AFTERNOON

Room B - FDRG

6. Ongoing Projects
a. ICF Practical Manual – Molly Meri Robinson Nicol
b. mICF – Olaf Kraus de Carmago
c. ICF Education.org portal– Catherine Sykes
d. Informing rehabilitation outcomes and indicators– Catherine Sykes

Room E - MRG

7. Strategic Work Plan 2016-2017 – FDRG Co-Chairs
a. Overview of key meeting outcomes and
plans for the forthcoming year.

b. New Projects?
   i. Coder Training for ICF
   ii. Rehabilitation Outcomes Monitoring
   iii. ICF for Hospital Statistics

16:00 – 17:30 WHO-FIC Council *(Conference Hall)*

1. **Welcome**
   
   Anneke Schmider, Project Lead, Health Data Standards and Informatics, World Health Organization

   Kei Mori, Head of the WHO-FIC Collaborating Centre in Japan

2. Council Co-Chairs and WHO Secretariat – Official Opening
   
   Jenny Hargreaves and Lynn Bracewell, WHO-FIC Network Advisory Council Co-Chairs

3. Reports from the Regional Advisers
   a. Hongyi Xu – Regional Office for Africa, WHO
   b. Ivo Rakovac - Regional Office for Europe, WHO
   c. Dr Vilma Gawryszewski - Regional Office for the American / Pan American Health Organization, WHO
   d. Mark Landry - Regional Office for South-East Asia, WHO

4. Conduct of the Network Paper Updates

5. State of the Network and Network Re-design

**Sunday, 9 October 2016 - MORNING**

<table>
<thead>
<tr>
<th>Room B – URC ICD</th>
<th>Room E - fTAG</th>
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<tbody>
<tr>
<td>9:30 – 11:00</td>
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<tr>
<td>1. Welcome</td>
<td>1. Welcome / Introductions / Appointment of rapporteurs Gerold Stucki, fTAG Co-Chair</td>
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<tr>
<td>2. Approval of agenda</td>
<td>2. Manchester Meeting Minutes Melissa Selb, fTAG Managing Editor</td>
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<tr>
<td>3. Confirmation of membership and attendance</td>
<td>3. Review of activities since Manchester Meeting Melissa Selb</td>
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<td>4. Voting of URC Co-Chairs</td>
<td>4. Updates on Coding Instructions on functioning properties incl. recommendations from RSG-SEG and Joint Task Force (JTF) Melissa Selb &amp; Molly Meri Robinson Nicol, WHO</td>
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<td>5. Report and Update on work plan</td>
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<td>6. Ratification/discussion of URC ICD-10 worksheets:</td>
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<td>6.1. Ratification of accepted ICD-10 proposals</td>
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<td>U. Vogel and J. Jelsma</td>
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<td>Time</td>
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<td>6.2. ICD-10 proposals for discussion</td>
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<td>Room B – JTF (CLOSED)</td>
<td>Room G510 - mbTAG</td>
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<td><strong>18:00 – 19:00</strong></td>
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<tr>
<td>1. Review of the Revision Conference Agenda</td>
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<td>2. Review of the technical work to date</td>
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<td>3. Communication</td>
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<td>3.1. ICD-11-MMS release for Member State Comment</td>
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<tr>
<td><strong>Monday, 10 October 2016 - MORNING</strong></td>
<td></td>
</tr>
<tr>
<td>Room B7 – URC ICF</td>
<td>Room G510 - mbTAG</td>
</tr>
<tr>
<td>8. Confirmation of ICF voting members and attendance</td>
<td>1. Introductions</td>
</tr>
<tr>
<td>9. Minutes of Manchester, 2015 meeting</td>
<td>Syed Aljunid and Donna Pickett</td>
</tr>
<tr>
<td>9.1. Matters arising out of minutes</td>
<td>2. ICD-11 Status</td>
</tr>
<tr>
<td>10. Report and Update on work plan</td>
<td>MbTAG’s Work Progress (including chapter review work that was done)</td>
</tr>
<tr>
<td>11. Ratification/discussion of URC ICF</td>
<td>Morbidity Coding Rules</td>
</tr>
<tr>
<td>11.1. Ratification of accepted/rejected ICF proposals</td>
<td>JLMMS</td>
</tr>
<tr>
<td>11.2. ICF proposals for discussion</td>
<td>3. MbTAG Future Work Plan and Timeline</td>
</tr>
<tr>
<td>12. Any other ICF business</td>
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<tr>
<td><strong>Room B7 – JTF (CLOSED)</strong></td>
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<tr>
<td>4. ICD Governance</td>
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<td>4.1. Transitioning from ICD-10 to ICD-11</td>
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<td>4.2. MSAC and CSAC</td>
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<tr>
<td><strong>Room G510 - ITC</strong></td>
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<tr>
<td>1. Introductions</td>
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<tr>
<td>Karen Carvell and Vincenzo Della Mea,</td>
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<td>ITC Co-Chairs</td>
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<td>2. Manchester Meeting Minutes</td>
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<td>Jun Nakaya, ITC Secretary</td>
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<td>3. Highlight of activities since Manchester Meeting</td>
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<td>Karen Carvell and Vincenzo Della Mea,</td>
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<td>4. Election of ITC Co-Chairs</td>
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<td>Can Celik, WHO liaison</td>
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<td>5. Platforms and Browsers: ICD-11, ICHI</td>
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<td>Can Celik, Vincenzo Della Mea</td>
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<td><strong>Monday, 10 October 2016 - AFTERNOON</strong></td>
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<td>Room B7 – JTF (CLOSED)</td>
<td>Room G510 - ITC</td>
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<td>5. Quality Assurance</td>
<td>6. CLaML Revision proposals</td>
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<tr>
<td>5.1. JTF Role</td>
<td>Vincenzo Della Mea (for Stephanie Weber)</td>
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<td>5.2. Processing of “Interim Proposals”</td>
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<tr>
<td>6. Long term plans</td>
<td>7. OMICs – update on standardization with ICD Jun Nakaya</td>
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<tr>
<td>6.1. from October 2016 to May 2018</td>
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<td>6.2. tasks for the JTF</td>
<td>8. Harmonization Activities – ICF Ontology – ICD-11 integration with Terminologies</td>
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<tr>
<td>6.3. future meeting planning</td>
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<td>6.4. Poster Presentation</td>
<td>9. Poster Presentation TBD</td>
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<td><strong>Karen Carvell and Vincenzo Della Mea</strong></td>
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</table>
7. Live Demos
   a. Implementation of Post-Coordination
   b. Coding using ICD-11
8. JTF Report
   a. Progress over the last 18 months
9. Network Feedback
   a. Identification of concerns, outstanding issues, and challenges

Tuesday, 11 October 2016 - MORNING

Room B7 – JTF (OPEN)

16:00 – 17:30

7. Live Demos
   a. Implementation of Post-Coordination
   b. Coding using ICD-11
8. JTF Report
   a. Progress over the last 18 months
9. Network Feedback
   a. Identification of concerns, outstanding issues, and challenges

Room B5-1 – JTF (CLOSED)

9:30 – 11:00

10. JTF Feedback
11. Next Steps

Room B7 - Poster Session – Moderators: Jennifer Jelsma and Francesco Grippo

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>9:30-9:35</td>
<td>C401</td>
<td>US Experiences Smooth Transition to ICD-10-CM / PCS</td>
<td>Sue Bowman and Donnamarie Picket</td>
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<tr>
<td>9:35-9:40</td>
<td>C402</td>
<td>Reviewing progress in civil registration and vital statistics (CRVS) in selected countries of the Southern African Development Community (SADC)</td>
<td>Jané Joubert, Debbie Bradshaw, and Lyn Hamner</td>
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<tr>
<td>9:40-9:45</td>
<td>C404</td>
<td>Benefits of Collaborative SNOMED CT to ICD-10 Mapping</td>
<td>Hazel Brear and Kathy Giannangelo</td>
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<td>9:45-9:50</td>
<td>C301</td>
<td>WHO-FIC in Primary Care: approaches to effective use</td>
<td>Lyn Hamner, Jenny Hargreaves, and Brooke Macpherson</td>
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<tr>
<td>9:55-10:00</td>
<td>C304</td>
<td>ICD-11 Pilot Testing – The Australian Experience</td>
<td>Jenny Hargreaves, Brooke Macpherson, Miriam Lum On</td>
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<td>10:00-10:05</td>
<td>C306</td>
<td>Internal Medicine TAG Coding Exercise of ICD-11</td>
<td>Toshio Ogawa, Emiko Oikawa, Masato Izutsu, Kaori Nakayama, Kei Mori, Naoko Tajima, and Tomyaki Imamura</td>
</tr>
<tr>
<td>10:05-10:10</td>
<td>C312</td>
<td>Use Case for Traditional Medicine in Japan – Morbidity data classified by joint use of ICD</td>
<td>Masato Izutsu, Kenji Watanabe, Shuji Yakubo, Michiho Ito, Takao Namiki, and Kei Mori</td>
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<tr>
<td>10:10-10:15</td>
<td>C314</td>
<td>Dual Diagnosis of Traditional Chinese Medicine and Western Medicine in China</td>
<td>Lianghua Zu and Danbo Dou</td>
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<tr>
<td>10:15-10:20</td>
<td>C501</td>
<td>Use of WHO-DAS 2.0 in the Netherlands</td>
<td>Daphne van Hoeken, Coen van Gool, Huib ten Napel, and Hans w. Hoek</td>
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<td>10:25-10:30</td>
<td>C508</td>
<td>Mexico Experience in the Training of ICF</td>
<td>Diana Avendaño, Patricia Nilda Soliz, Manuel Yañez, and Amanda Navarro</td>
</tr>
</tbody>
</table>
Tuesday, 11 October 2016 - MORNING

11:30 – 13:00 WHO-FIC Council (Room B7)

6. C&RG Reports
   a. **Jenny Hargreaves and Lyn Hanmer** Family Development Committee (FDC)
   b. **Huib ten Napel and Yukiko Yokobori** Education and Implementation Committee
   c. **Ulrich Vogel and Jennifer Jelsma** Update and Revision Committee (URC)
   d. **Karen Carvell and Vincenzo della Mea** Informatics and Terminology Committee (ITC)
   e. **Lars Age Johansson and Francesco Grippo** Mortality Reference Group (MRG)
   f. **Andrea Martinuzzi and Catherine Sykes** Functioning and Disability Reference Group (FDRG)

7. Confirm actions of Committees and Reference Groups
   g. ICD-10 updates
   h. ICF updates
   i. ICHI Proposals

8. Strategic Work Plan – Compilation and Cooperation between Committees and Reference Groups
   **Jenny Hargreaves and Lynn Bracewell**, WHO-FIC Network Advisory Council Co-Chairs

9. Meeting evaluation
   j. Feedback from participants
   k. What went well
   l. What could be improved
   m. Assessment of the network meeting design
   n. Additional comments, suggestions

10. 2017 & 2018 Network meetings

11. Other business

Wednesday, 12 October 2016 - AFTERNOON

<p>| Room G510 - FDC |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>14:00</td>
<td>1. Welcome and Introductions, including minutes from previous meetings</td>
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<td><em>Jenny Hargreaves and Lyn Hanmer, FDC Co-Chairs</em></td>
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<td>2. FDC-SWP 02 Integration of the Family and FDC-SWP 03 Applications of the WHO-FIC</td>
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<td>Primary care use case</td>
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<td>Presentation of the poster “The WHO-FIC in Primary Health Care settings: Approaches to effective use” and group discussion.</td>
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<td>3. FDC-SWP 02 Integration of the Family and FDC-SWP 03 Applications of the WHO-FIC</td>
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<td>Revision of the Family Paper</td>
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<td>Presentation of the poster “The Family paper in the ICD-11 era” and group discussion.</td>
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<td>Room G510 - FDC</td>
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<td>16:00</td>
<td>4. FDC-SWP 05 Assess the need for additional members of the Family to fill gaps in information</td>
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<td><em>A presentation of the poster “Determinants of health in the WHO-FIC” and group discussion</em></td>
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<td>5. FDC-SWP 04 Universal Health Coverage and the Sustainable Development Goals</td>
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<td><em>Presentation of the poster “Use of the Family of International Classifications in monitoring Universal Health Coverage” and group discussion</em></td>
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<td>6. FDC-SWP 01 Assist WHO in the development of ICHI</td>
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<td><em>Update on ICHI development activities and governance</em></td>
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<td>7. Other business</td>
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<td>a. Co-Chair Elections</td>
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**Agenda Overview**

**Wednesday 12 October**

**Morning**
09:30 - 12:00
Opening Ceremony
Including:
- Keynote Presentation - Margaret Chan, World Health Organization
- The ICD for Global Health - World Health Organization panel
For full agenda, please see Opening Ceremony Booklet

**Afternoon**
14:00 – 16:30
Traditional Medicine Side Event

**Thursday 13 October**

**Morning**
09:30 - 13:00
Health information in the new era
The ICD Revision process
- ICD-11 2016 Release for Member State Comment
- Launch of the Medical and Scientific Advisory Committee (MSAC)

**Afternoon**
14:00 – 17:30
ICD-11 advances and use
Side Sessions:
- Future Data Needs and the Family of Classifications
- Global Data Developments for Women’s and Children’s Health

**Evening**
18:00
Gala Dinner

**Friday 14 October**

**Morning**
09:30 - 13:00
Traditional Medicine
Health Financing
ICD-11 Informatics and Tooling
Side sessions:
- Mental Health
- Leaving no-one Behind

**Afternoon**
14:00 – 16:00
ICD Way Forward
Meeting Closure

A002 - WHO-FIC Network Annual Meeting – List of Participants

Currently under finalization.
A003 - Education and Implementation Committee (Draft Minutes)

Session 1: 14:00-15:30

1- Welcome and Introductions

Huib Ten Napel and Yukiko Yokobori, the EIC Co-Chairs, welcomed participants to the first session of the EIC. All participants briefly introduced themselves.

2- Review of agenda

The proposed agenda was accepted without modification.

3- Election of co-chairs 2016-2018

Nenad Kostanjsek, acting as the polling officer, reported that nominations for the positions of EIC Co-Chairs were received only from the current two Co-Chairs, Huib Ten Napel of the Netherlands and Yukiko Yokobori of Japan, and proposed a vote by acclamation. Huib and Yukiko were elected to serve their second term as EIC Co-Chairs for 2016-2018. Yukiko will also serve as the EIC Secretariat.

4- Approval of Bangkok mid-year meeting minutes

There were three minutes from the EIC mid-year meeting in Bangkok in June 2016: (1) the minutes of the EIC sessions; (2) the minutes of the joint session of the EIC and the Functioning and Disability Reference Group (FDRG); and (3) the minutes of the EIC/FDRG joint working group session with the Asia-Pacific Network (APN). Huib suggested reviewing the first minutes of the EIC sessions only, as the minutes of the joint sessions needed to be reviewed with the other groups. The minutes of the EIC session were briefly reviewed and approved. Huib informed that the APN had approved the minutes of the EIC/FDRG/APN joint working group session.

5- Update on EIC strategic work plan (SWP)

Yukiko reviewed the EIC SWP based on a digest version of the SWP. The main activities of the EIC are: population of updated data in the WHO-FIC Implementation Database; ICD-11 related work, including assistance in developing ICD-11 Reference Guide, field trials and ICD-11 training materials; the databases of WHO-FIC advisors and educators; ICD-10 training tool, ICF e-learning tool, the International Training and Assessment Program (ITAP), and preparing and disseminating information products. Development of a transition and implementation package for ICD-11 was added to the SWP at the mid-year meeting in Bangkok in June 2016.

6- EIC SWP-01 WHO-FIC Implementation Database

6.1 Update on WHO-FIC Implementation Database

Huib gave an update on the WHO-FIC Implementation Database. Bi-annual calls were made to WHO Regional Offices (ROs), all WHO-FIC Collaborating Centres (CCs), all EIC members, and all other focal points to populate the database, and 21 countries updated their data, and nine new countries entered their data for the first time in the database.

Updates: Australia, Canada, China, Denmark, Finland, France, Germany, Guyana, Iceland, Italy, Japan, Mexico, Mozambique, Netherlands, New Zealand, Norway, Spain, St Maarten, Sweden, U.K. and U.S.A.

New entries: Argentina, Benin, Bermuda, Ethiopia, Kenya, Kuwait, Malaysia, Portugal, and Venezuela.
Most information, however, is on ICD implementation, and there is little information on ICF implementation.

Future steps include ongoing improvement of the User Guide through feedback from users, creating a new feature for aggregating data output by region, and considering approaches to enable territories of certain countries (e.g. the territories of the U.S.) to enter their data, which they cannot do at present, taking into account how territories should be included in the list of countries and be listed in the tables.

**Discussion**

Ivo Rakovac, from WHO Regional Office for Europe (EURO), observed that EURO can send out data requests to countries only if they are mandated by a WHO resolution or other international obligations, and proposed adding a paragraph in ICD and ICF to the effect that “countries should submit data to WHO on the implementation of the classifications.” Nenad suggested leveraging the recent declaration of the G7 health ministers’ meeting in Kobe, Japan, in September 2016, which explicitly stated the value of using ICD and ICF. Robert Jakob added that reference may also be made to the International Health Regulations or WHO Nomenclature Regulations as a basis for data requests, and further suggested that a paragraph could be included in the ICD Reference Guide. Matilde Leonardi noted that a paragraph could be added to ICF 2016/2017.

Matilde asked if the Implementation Database could track information on ICF implementation in the non-governmental sector. Huib replied that ICF-INFO was used for such a purpose until 2006 and that it could be revived if EIC could agree on it.

It was agreed that governments, associations, and the research community each had roles in advocating the importance of collecting WHO-FIC implementation information and collecting and making it available.

**6.2 Improvement of the questions in the database**

Carol Lewis, who has been the lead on a small group of reviewers, reported on the progress of work. The group has been reviewing the questions in the WHO-FIC Implementation Database to address the concern that the lack of clarity of the questions may be deterring countries from entering their data in the database. After the EIC mid-year meeting in Bangkok, the group drafted a template of basic questions so that basic information could be collected from more countries. The group also identified a need to further clean up the questions. The template of basic questions was circulated to EIC members for comment, but there has been no response from anyone. Carol questioned whether this activity for improving the questions was really a priority for EIC.

**Discussion**

The importance of maintaining the WHO-FIC Implementation Database and the dissemination of information through the Global Health Observatory (GHO) was recognized. Joanne Valerius volunteered to join the small group to further the work of improving the questions. It was agreed that the questions should be made simpler and more basic and generalized. Considering the past experience of using ICF-INFO to collect information as a basis for developing the ICF e-learning tool and the ICD Implementation Database for developing ICD-11, it was emphasized that the purpose the WHO-FIC Implementation Database is intended to serve, should also be clearly identified. Vera Dimitropoulos suggested that one of the purposes the database could serve would be to collect information based on which to develop the ICD-11 transition and implementation package. It was agreed to discuss the purpose of the database further within the EIC.
7. EIC SWP-02 ICD-11

7.1 Reference Guide developments
Robert gave a report on the status of the ICD-11 Reference Guide. Editing has progressed through several review rounds, and the Reference Guide is now ready for use in ICD-11 field trials. The term “linearization” is no longer used as it is too technical; “classification” or “tabular list” is used instead. Robert encouraged members to participate in the field trials and provide feedback to inform further improvement of the guide and the ICD-11 FT Education Package.

7.2 Field trial activities
Nenad gave a presentation on the line coding exercise for the ICD-11 field trial (FT). The purpose of the exercise is to improve ICD-11 for Mortality and Morbidity Statistics (ICD-11-MMS), validate and improve the testing process for the full-scale field trial, and build up knowledge and capacity about ICD-11.

The line coding exercise is currently ongoing and involves single morbidity code assignment of mostly pre-coordinated entities on both ICD-10 and ICD-11 for comparison. A set of some 420 diagnostic terms representing roughly 5% of each chapter of ICD-11 is currently being used for the exercise, and international expert coders are in the process of building consensus for establishing the reference code assignment for each term.

Each participating country is asked to assign five to 10 coders, who will assign codes on the ICD-FIT platform using the frozen versions of the ICD-11 browser and Coding Tool. Testing is ongoing or upcoming in 16 countries. In addition, the Pan American Health Organization (PAHO) and Spanish-speaking countries will start testing the Spanish version of ICD-11-MMS. Analysis of preliminary test results from 79 coders showed majority of code assignment in full match both in ICD-10 and ICD-11. Whereas the majority of coders had no problem with respect to the difficulty of coding, level of specificity of the classification, and ambiguity, problems that were identified will be used to further improve the classification. More detailed analysis of the results will be performed.

As for the next steps over the next few months, the third batch of diagnostic terms will be issued covering post-coordinated terms, particularly in neoplasms, external causes, and adverse events. The ICD-11 FT Education Package will also be upgraded to accommodate instructions for post-coordination coding.

The testing of mortality rules is envisaged in the full-scale field trials. While mortality rules will essentially remain the same from ICD-10 to preserve continuity of mortality statistics, there was a need to update decision tables and to address the question of whether to use post-coordination for mortality.

Discussion
Matilde requested testing of the functioning properties (FPs) during the full FT phase. Melissa Selb noted that the ICF community could provide input in enhancing the ICD-11 FT Education Package for use of the FPs. Nenad suggested specialty testing of the FPs within the ICF community.

Session 2: 16:00-15:30

7.3 Field trial in Korea
Seolkyung Baek gave a presentation on the line coding exercise performed in Korea. The Korean Medical Record Association conducted the field trial in collaboration with WHO and the Korean CC. Thirteen expert clinical coders with more than 10 years of experience took part. In preparation for the field trial, reference materials were translated, online and face-to-face training was provided from June to July 2016, a community site was launched for information sharing, and a demo test was conducted in July 2016 using 23 cases. The line coding exercise was performed from August 5 to 30, 2016, on the first batch of 212 diagnostic terms on the ICD-FiT, using the frozen versions of the ICD-11 browser and Coding Tool.

Although the majority of coders said it was more difficult coding in ICD-11 than in ICD-10, they said they did not have problem coding in ICD-11 for most cases. As for specificity, there were coders who said ICD-11 was not detailed enough when compared with ICD-10. Some of common terms in Korea could not be found using the Coding Tool. The field trial using the second batch of diagnostic terms is currently underway. Seolkyung concluded by saying that the experience of field trial is expected to contribute to the successful implementation of ICD-11 in Korea.

Discussion

Vera and Can Celik noted that the use of post-coordination in ICD-11 should be able to address many of the specificity issues mentioned by Seolkyung.

7.4 ICD-11 training material

As was already mentioned during the meeting, the ICD-11 FT Education Package will be upgraded to accommodate instructions for post-coordination coding, and feedback from the field trials will inform further improvement of the package. Changes in ICD-11 Reference Guide will also need to be reflected on the package.

7.5 Country feedback from ICD-11 line coding pilot testing

Olafr Steinum gave a presentation on the line coding exercise in Nordic countries. Two physicians from Denmark, three physicians and one clinical coder from Norway, and one physician and three clinical coders from Sweden, as well as three from the Nordic CC as administrators, participated in the line coding exercise. A seminar was organized in Sweden from September 22 to 23, 2016, and each participant was given 308 cases from the first and second batches in late August. As of the time of this meeting, 1,154 cases out of 4,004 have been completed (24%) and the field test is ongoing.

Olafr commented that there were some issues with the diagnostic terms. Some were not clinical terms but classification categories, some were exact index entries in ICD-11, and some were incomprehensible as to their meaning. He suggested a comment rubric for commenting in free text may be useful to have on the platform.

Discussion

Lars Berg, who participated in the line coding exercise, indicated that the seminar had been a remarkable success with considerable interest and enthusiasm from the participants, who were delighted especially with the Coding Tool. Although many in Nordic countries had been reluctant about ICD-11, they were now in a position of actively embracing it.

Nenad commented that he welcomed feedback on diagnostic terms as it would be useful for improving the quality of the term sets for the full-scale field trials. He also invited suggestions on what need to be analyzed during the field trials.

Vilma Gawryszewski, from PAHO, noted that the ICD-11 FT Education Package had been useful for the field trials in the Caribbean islands.

7.6 Transition and Implementation Guidance
It was agreed that this agenda item would be discussed at the end if time allowed. As this is not only an EIC-task, we need to align this item with Reference Groups, such as the MRG and MbRG. This has been reported in the Council Meeting after the EIC meeting.

8- EIC SWP-03 Education in general

8.1 Collaboration with other bodies or programs
Sue Walker reported that the work of the Global Health Workforce Council (GHWC), which developed the Global Curricula Competencies in the fields of health information management, health informatics, and health IT, has come to closure in September 2016 when funding from the U.S. Department of Commerce was completed.

8.2 Database of WHO-FIC advisors and educators
Sue and Catherine Sykes reported on the status of the database of WHO-FIC advisors and educators. In 2015, questions were developed for ICF educators and advisors and pilot tested. It was proposed that the two sets of questions could be merged to one database. The Korean CC offered to update the ICD database with the ICF oriented questions however, are unable to do so until 2017. In the meantime, and with the additional funding for the ICF education portal site (icfeducation.org), the ICF database can be incorporated making a ‘one stop shop’ for ICF education. The questions that advisors and educators needed to answer in order to enter their information in the database were combined for the ICD database and ICF database. Further work has not progressed this year after it was suggested that the database cover all WHO-FIC advisors and educators. The ICD database and ICF database now reside in two separate sites: ICD database on the Korean CC platform and ICF database on the ICF education portal site (icfeducation.org). The ICF database has been pilot tested but has not yet been launched. Sue and Olafr are monitoring the ICD database, and Catherine and Haejung Lee the ICF database.

Discussion
A question was asked on the criteria for being listed on the databases. Sue and Catherine replied that advisors and educators needed to answer a set of questions, for instance, on training experience, type of training, and availability, and in addition, for the ICF database, provide two references, one from within the WHO-FIC Network and one from someone who has actually sponsored training from that person, but it was up to those with training needs to decide which advisors and educators to contact. Neither WHO nor Network members recommend any individuals.

Hongyi Xu, from WHO Regional Office for Africa (AFRO), noted that there was a significant need for ICD education in the Africa region, especially for educators who are qualified in terms of educational background, can show evidence of training, and can offer more than just one-time training, and that there are development partners willing to pay such educators.

AP: Update the ICD database on the Korean CC platform next year
AP: Incorporate ICF database in ICFEducation.org, launch and disseminate link to prospective educators and advisors and to prospective users.

9- EIC SWP-03 Routine activities

9.1 Update on ICD-10 training tool
Sue reported that the ICD-10 online training tool remain a popular tool. There has been no question put to the user support group. She will check with Robert if there was a need for updating the tool.

Discussion
Hongyi suggested that linking the ICD database of educators and the ICD-10 online training tool
would facilitate setting up training programs and be less costly for countries to run programs. AP: Sue to check with Robert if there was a need for updating the tool.

9.2 Update on ICF e-learning tool (*from the point of view of Implementation and Education)
Melissa provided an update on the ICF e-learning tool. After a recommendation was made by WHO to migrate the updated ICF e-learning tool to a new software (Articulate Storyline) in 2014, a core group of volunteers was formed following the EIC session at the annual WHO-FIC Network meeting in Manchester in October 2015, tasked with further developing the introductory modules of the ICF e-learning tool and finalizing the English version based on the content/layout that was approved by WHO. This is expected to follow the review and approval process agreed upon by WHO and the core group at the Manchester meeting, only now with revised timelines. This process involves developing the first module that will serve as the template for developing further modules. The first version of this “template module” will be circulated to the EIC and FDRG for feedback. The core team will then revise the template module accordingly and subsequently send the revised version to WHO for approval. Once the template module receives WHO approval, other modules will be developed following the same review and approval process as with the template module. After receiving approval from WHO on the finalized English version, the tool will be used for translation in other languages. Melissa reminded the countries who have agreed to translate the tool into their respective language to contact Nenad regarding the translation agreement.

The responsibility for the ICF eLearning tool will remain in the German Collaborating Centre. However, Melissa, who had been responsible for leading the task, has transferred the responsibility to Michaela Coenen, another member of the German Collaborating Centre. Melissa will nevertheless be available for support.

Discussion
Marie Cuenot expressed concern that the work has been delayed several times in the past years and that many Collaborating Centres are waiting to produce their language versions of the e-learning tool. Melissa reassured Marie that the work will progress more quickly with the aforementioned transfer of responsibility within the German Collaborating Centre. Hongyi emphasized the need for the French version to implement ICF in francophone African countries. Matilde added that ICF training would be part of the advertising package for the release of ICF 2016/2017.

One remaining issue was whether or not to use voice-overs. Using them would fully leverage the interactive features supported by the new software but may be too much work for those developing the tool. A comment was made that voice-overs would be useful to make the tool barrier-free for users with visual impairment. AP: EIC to address the issue of voice-overs.

9.3 International exam for morbidity coders and results of the mortality coding exam in Korea
Joon Hong gave an update on the morbidity coding exam. Since the last pilot morbidity coding exam in Indonesia in November 2012, no morbidity coding exam has been conducted.

Joon then reported on the results of the mortality coding exam in Korea. Joon, Carol and Cassia Buchalla developed the guidelines for mortality coding exam within EIC to restart the international exam for mortality coding (IEMC), which had been conducted in 2007 and 2008 but was suspended after WHO decided that awarding certificates in the name of the WHO-FIC Network to individuals was not the policy of WHO. By the suggestion of EIC and with the decision of IFHIMA board members to collaborate with EIC in promoting and conducting the mortality exam and awarding the certificate by the president of IFHIMA, WHO-FIC agreed to restart the exam.
After a half-day education program on mortality coding provided by Statistics Korea, the exam was administered by the Korean Medical Record Association (KMRA) on September 24, 2016, using 50 questions for coders and 60 questions for trainers. KMRA used questions that were approved by the Mortality Reference Group (MRG).

The marking scheme was based on the method developed by Cleo Rooney of the U.K., assigning 1 point for correct underlying cause of death (UCOD) code for all digits and 1 point for correct application of the rules and subtracting half a point for incorrect sequence of rules and 0.3 point for assigning of unnecessary rule(s).

For the coder exam, 13 out of 21 passed the exam (61.9%). For the trainer exam, 7 out of 13 passed the exam (53.8%). The successful applicants will receive a certificate issued by the President of the International Federation of Health Information Management Associations (IFHIMA) during the IFHIMA Congress, which is being held concurrently with this WHO-FIC Network meeting in Tokyo.

On the difficulty level of the coder exam, the overall average rating assigned by the examinees on the difficulty of the questions was that 17 out of 50 questions were considered relatively easy and 33 out of 50 relatively difficult.

One of the findings from the exam was that the KMRA’s exam committee could not agree on the applicable rules for four of the exam questions, even though they were approved by MRG. This suggested a need to further clarify the Mortality coding rules in Volume 2 of ICD-10 as well as the latest decision tables and modification tables. Future steps should include identifying ways to systematically manage the certified coders and trainers and promote the IEMC to other countries to improve coding skills, hence the quality of data, and the self-esteem of coders through certification.

**Discussion**

There was a round of applause for Joon for the rigor and thoroughness with which the statistics of the exam were evaluated and analyzed.

**9.4 Update on briefing kit**

Yukiko informed that the briefing kit was already updated by EIC members prior to the orientation session for the WHO-FIC Network meeting for 2016, and requested comments on the current version to be sent to the EIC Secretariat for the next year.

**9.5 Update on Information Sheets**

Yukiko requested EIC members to review eight Information Sheets that EIC currently maintains and send comments to the EIC Secretariat. The Information Sheets are available in the EIC Dropbox.

**9.6 EIC website**

Sue reported that Traci Ramirez had kindly uploaded the minutes from past EIC meetings to the EIC website, but the EIC secretariat should send the minutes from the last mid-year meeting of EIC to Traci. Sue and Carol will check the contents of the EIC website.

AP: EIC secretariat to send the approved minutes of EIC meetings of mid-year meeting in 2016 to Traci

AP: Sue and Carol to check the contents of the EIC website

**10: Other business**

There was no other business to discuss.
11- Closure
Huib thanked all for their participation and declared the meeting closed at 17:40.

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Description</th>
<th>Responsible Party</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>SWP-01 WHO-FIC Implementation Database</td>
<td>The group of reviewers to continue working on improvement of the questions</td>
<td>Carol Lewis and Reviewer group</td>
</tr>
<tr>
<td>2</td>
<td>SWP-01 WHO-FIC Implementation Database</td>
<td>EIC to define the purpose the WHO-FIC Implementation database is to serve</td>
<td>EIC members</td>
</tr>
<tr>
<td>3</td>
<td>SWP-02 ICD-11</td>
<td>EIC co-chairs to summarize an action plan and form the small core group for this task. (*continued item)</td>
<td>EIC Co-Chairs</td>
</tr>
<tr>
<td>4</td>
<td>SWP-02 ICD-11</td>
<td>Update the ICD database (Database of ICD education experts for training) on the Korean CC platform in 2017</td>
<td>Sue Walker, Olafr Steinum</td>
</tr>
<tr>
<td>5</td>
<td>SWP-02 ICD-11</td>
<td>Incorporate ICF database in ICFEducation.org, launch and disseminate link to prospective educators and advisors and to prospective users.</td>
<td>Sue Walker</td>
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<tr>
<td>6</td>
<td>EIC SWP-03 Routine activities</td>
<td>Check with Robert if there was a need for updating the tool</td>
<td>Sue Walker</td>
</tr>
<tr>
<td>7</td>
<td>EIC SWP-03 Routine activities</td>
<td>EIC to address the issue of voice-overs on the ICF e-learning tool</td>
<td>EIC Secretariat</td>
</tr>
<tr>
<td>8</td>
<td>EIC SWP-03 Routine activities</td>
<td>EIC secretariat to send the minutes of EIC meetings of 2016 to Traci</td>
<td>EIC Secretariat</td>
</tr>
<tr>
<td>9</td>
<td>EIC SWP-03 Routine activities</td>
<td>Small group to check contents of EIC website</td>
<td>Sue Walker, Carol Lewis, Yukiko Yokobori</td>
</tr>
</tbody>
</table>

A004 - Informatics and Terminologies Committee (Draft Minutes)

Session 1: Monday October 10, 2016

1. Welcome and Introductions – Co-chairs, Karen Carvell and Vincenzo Della Mea, and secretary Jun Nakaya welcomed committee members and observers to the first of two sessions of the ITC. Participants introduced themselves and recorded their names and contact information on a circulating document.

2. Confirmation of Agenda – The agenda was briefly reviewed and an overview of the ITC sessions was given. Co-chairs noted modifications of the agenda, and they were approved.

3. Minutes 2015 Manchester Annual Meeting - Jun presented the terms of Manchester meeting minutes with showing the minutes documents. The minutes were circulated to ITC members after the Manchester meeting. These were accepted with no additions or revisions identified.

4. Highlight of activities since Manchester Meeting - Karen Carvell and Vincenzo Della Mea explained the activities of the committee since Manchester meeting. Karen presented a
5. Election of ITC Co-Chairs: Can Celik, as WHO liaison, conducted the election of ITC Co-Chairs. Jun Nakaya (Japan) and Cassandra R. Linton (Canada) were the only two candidates nominated and elected by acclamation. They each provided a brief introduction of themselves to the committee. Their term as Co-Chairs will commence at the end of the Tokyo WHO-FIC meeting.

6. Platforms and Browsers: Can Celik and Vincenzo Della Mea presented an update on the platforms and browsers around ICD-11, ICHI. In concrete terms, they explained about iCat authoring tool, ICD-11 Browser, Coding tool, Translation platform, REST Services, Mapping Tools, WHOFIT which Vincenzo’s team developed. In their presentation, they introduced new features of the platforms and browsers such as (better search in the browser, multilingual browser, post-coordination in the browser, special views, UI enhancements, etc). Also Vincenzo demonstrated the ICD-10 code assignment searching function and described that modifications will be ongoing. There were comments that it should be called a Browser and not a Coding Tool because it is difficult to incorporate 3 million index terms to find synonyms. This is a browser and also a coding tool. Contents will change; on the other hand, the browser will keep continuous different progress with having associations with contents. The Browser combines 3 components such as destination entities, chapter distribution/filter, and related words for its expression.

One question asked was what functions are required to compare with the ICD-10 browser and if they are better. Can responded that it depends on the contents. The Browser provides the functions to judge the functions.

Session 2: Monday, October 10, 2015

1. Italian CC update: Vincenzo presented the Italian CC report on the development of the ICHI Platform and ICD-FIT with having supports from China National Development and Research Center. It started with some experiments in an united family and experiments with the ICD-11 URI API. In their presentation, ICHI Alpha 2016 was demonstrated by Vincenzo, which included Mapping ICF demonstration and prototype of a mobile app for ICD-11.

2. CLaML Revision update - Vincenzo introduced CLaML Revision proposal on behalf of Stefanie Weber. The update is also presented in the CLaML Report poster submitted from the German CC. CLaML is in the finalization phase of the revision to version 3.0 of international standardization as EN ISO 13120. ITC will be the entrance channel to collect proposals and feedback from the WHO-FIC network and submit to the German CC.

3. OMICS – update on standardization with ISO: Jun Nakaya presented about the Omics update. As a part of ICOS (ICD Clinical Omics Sub information model), OML(Omics Markup Language) and WGML (Whole Genome Sequence Markup Language) are in the international standardization phase at ISO TC215 WG2. Those projects collaborate with CDISC BRIDGE project. Keeping collaboration with ISO is important and accepted. WHO supports ISO collaboration. Discussion with FHIR genomics group of HL7 has started and is also important.

Harmonization Activities
1. ICF Ontology – Andrea Martinuzzi and Huib ten Napel from the ICF Ontology Working Group updated the committee on work to date and next steps. The findings from the re-launched survey by FDRG on the uses of ICF will further inform the preparatory work on ICF components and meanings of terms. This will include creating category structures which will provide a better understanding of ICF components and their logical relationships. It was acknowledged that broader participation and more domain experts are needed in this group to undertake this additional work. Participants were asked to contact Huib ten Napel if interested in participating.

2. ICD-11 Integration with Terminologies - No work has been undertaken in this area in the past year. Jane Miller shared that the IHTSDO and WHO are discussing this and a new outline of work is expected to be developed in the coming months.

3. Discussion – Vincenzo and Karen shared the recent draft proposal presented at WHO-FIC Council on the changes to the existing ITC to support the future ICD-11 governance structure. This could include revising the name to Informatics and Modelling Reference Group. Feedback from the committee included the following: the field of informatics is broad enough to include modelling; standards should continue to be part of the mandate; a forum for discussion on classifications and terminologies be available; and that the WHO remain open and transparent in future discussions.

4. Wrap up and Adjourn - Karen and Vincenzo concluded the meeting and thanked presenters and co-authors for poster submission and presentations and committee members and observers for their interest, contributions and participation.

A005 - Family Development Committee (Draft Minutes)

The Family Development Committee Co-Chairs are Jenny Hargreaves (Australia) and Lyn Hanmer (South Africa). The secretariat function is provided by Brooke MacPherson (Australia).

Attendees
The list of meeting attendees included:
Ann-Helene ALMBORG (Nordic CC / Sweden), Seol Kyung BAEK (Korea CC), Sharon BAKER (North America CC / Canada), Solveig BANG (Nordic CC ), Lars BERG (Nordic CC / Sweden ), Lindy BEST (World Health Organization), Taran BORGE (Nordic CC), Lynn BRACEWELL (United Kingdom CC), Kristina BRÅND PERSSON (Nordic CC / Sweden), Hazel BREAR (United Kingdom CC), Sergey CHERKASOV (Russia CC), Chamaree CHUAPECHAVASOPON (Thailand CC), Marie CUENOT (France CC), Denise CULLEN (North America CC / Canada), Megan CUMERLATO (Australia CC), Deepak DAHAL (Nepal), Keith DENNY (North America CC / Canada), Vera DIMITROPOULOS (Australia CC), Rodney FRANKLIN (United Kingdom CC), Lyn HANMER (South Africa CC), Jenny HARGREAVES (Australia CC), Oeystein HEBNES (Nordic CC / Norway), Yvonne HEERKENS (Netherlands CC), Manuel Yañez HERNANDEZ (Mexico CC), Joon HONG (Korea CC), Eun Jung HWANG (Korea CC), Robert JAKOB (World Health Organization), Qin JIANG (China National Health Development Research Centre (CNHDRC) ), Jane JOUBERT (South Africa CC), Yoon Kyoo KANG (Korea CC), Hirokazu KAWASE (Japan CC), Nayeong KIM (Korea CC), Sukil KIM (Korea CC), Kitwat KITRCEANGPHATCHARA (Thailand CC), Osuke KOMAZAWA (Japan CC), Alana LANE (North America CC / Canada), Yeojin LEE (Korea CC), Cassandra LINTON (North America CC / Canada), Brooke MACPhERSON (Australia CC), Richard MADDEN (Australia CC), Andrea MARTINUZZI (Italy CC), Nicole MELIN (France CC), Jane MILLAR (International Health Terminology Standards Development Organisation (IHTSDO) ), Janice MILLER (North America CC / Canada), Lori MOSKAL (World Health Organization), Enrique NAVARRO (Mexico CC), Richard NICOL (World Federation of Chiropractic (NGO) ), Prapon NIPATTASAT (Thailand CC), Wansa PAOIN (Thailand CC), Xavier PASTOR (Barcelona-Spain CC), Ivo RAKOVAC (World Health Organization / Europe), Kondhee SANGKHAVASI (Thailand CC), Melissa SELB (German CC),
Kyung SEO (Korea CC), Shivhal SHARMA (Nepal), Donggyo SHIN (Korea CC), David SOTI (Kenya), Huib TEN NAPEL (Netherlands CC), Josée VALLENDAR (North America CC / Canada), Kees VAN BOVEN (World Organization of Family Doctors (WONCA)), Coen VAN GOOL (Netherlands CC), Marie VIKDAL (Nordic CC), Martti VIRTANEN (Nordic CC), Meitang (Jasmine) WANG (China CC), Stefanie WEBER (German CC), Seona YEOM (Korea CC), Nari YI (Korea CC), Ming YU (China CC), Maliwan YUENYONGSUWAN (Thailand CC), Miroslav ZVOLSKY (Czech Republic)

Session One of the annual meeting opened at 14.05 hrs.

1 Welcome and introductions
The Co-Chairs of the Family Development Committee (FDC) Lyn Hanmer and Jenny Hargreaves welcomed everyone to the 2016 annual meeting of the FDC in Tokyo, Japan.

Confirmation of the agenda
The Committee were asked to review and provide any comments on the agenda for this meeting. No comments were received from the Committee.

Minutes
The minutes of the FDC 2016 mid-year meeting held in Conegliano, Italy were presented to the Committee for comment. No comments were received and the minutes were confirmed as a true and accurate record of the meeting.

Review of the Terms of Reference and Strategic Work Plan
The Terms of Reference (ToR) were reported as unchanged since the 2013 annual meeting in Beijing. The Committee were invited to provide comments on the ToR and none were received. The Committee agreed to continue to consider the ToR as being current and up-to-date.

The FDC Strategic Work Plan (SWP) was discussed by the Committee. It was proposed and supported by members at the 2016 mid-year meeting to extend SWP 04 WHO-FIC support for Universal Health Coverage to include the Sustainable Development Goals (SDGs). This change was proposed and approved by Council during the council sessions at the annual meeting (2016). The SWP item title is now WHO-FIC support for Universal Health Coverage and the Sustainable Development Goals.

There were no other changes to the SWP.

2 FDC-SWP 02 Integration of the Family and FDC-SWP 03 Applications of the WHO-FIC: Primary care
This item focussed on the primary care use case for ICD-11. Lyn Hanmer presented the FDC poster on this topic (poster C301).

Kees van Boven (co-chair, Primary Care Task Team (PCTT)) gave an update on the activities of the PCTT, reporting that the group have been comparing the International Classification of Primary Care (ICPC) with ICD-11 to assess the primary care concepts that are included in ICD-11. To do this, the PCTT have been using the existing mapping between ICPC and ICD-10, and have noted that ICD-11 differs from ICPC structurally and that this has caused some issues. The PCTT co-chairs are meeting with the WHO in January 2017 regarding these issues and solutions will be taken back and discussed with the PCTT.
Lyn Hanmer suggested the FDC await the outcomes of the PCTT’s discussions with the WHO before deciding on future pathways for this work.

The work of the Asia Pacific Network to introduce the APN ICD-10 Simplified version for use in primary care was also discussed (refer Poster C405). Committee members were asked whether ICD-10 or ICPC was in use for primary care in their respective countries. Sweden, Iceland, Iran, Vietnam and Thailand use ICD-10 for primary care, whereas Netherlands uses ICPC. Korea uses both, but ICPC is required for reimbursement. Lars Berg commented that using the full version of ICD-10 in primary care has been difficult with many codes used only once and clinicians tending to use lists of common codes rather than the full classification. He suggested it was useful for countries to consider what type of details should be captured regarding primary care and, if using ICD-10, consider using a shortened version that catered to those needs.

Jenny Hargreaves suggested and the Committee agreed to keeping this topic on the FDC’s SWP with no active work being pursued until the 2017 mid-year or annual meetings.

3 FDC-SWP 02 Integration of the Family: Revision of the ‘Family’ paper

A suggestion was made at the FDC 2016 mid-year meeting to produce a supplementary document on the Family, for use in the ICD-11 era (possibly released to coincide with the release of ICD-11). This supplementary short document was produced and distributed for comment at this meeting. Jenny Hargreaves presented the FDC’s poster on this topic (poster C701). Lyn Hanmer reiterated that the shortened document does not replace the revision of the 2007 Family paper; that it is instead intended to complement the 2007 Family paper.

Discussion from the Committee included:

- Huib ten Napel noted the difficulties in accurately describing the Family in the ICD-11 era as the view of the Family is not static.
- Richard Madden queried whether the exclusion of information in the shortened version regarding the relationship between terminologies and classifications should be reconsidered due to the evolving view of terminologies being important for the future.
- Jane Millar spoke about feedback received at the International Health Terminology Standards Development Organisation (IHTSDO) for more information about how to use terminologies and classifications together, specifically SNOMED and the ICD.
- Richard Madden also commented that the ‘neighbour’ relationship of classifications was not defined and suggested further discussion on this topic would be useful. Jenny Hargreaves commented that the ‘neighbour’ description was not included in the shortened document due to this issue of its definition being unresolved.

Jenny Hargreaves presented the shortened version of the document to the Committee.

Comments from the Committee included:

- Marie Cuenot queried the use of the ICF Framework figure as a framework for the Family of Classifications. Marie acknowledged the use of this framework allows a user to see which components of health are covered by each of the classifications, but was concerned about transferring a framework designed for one classification to explain multiple classifications.
- Mathilde Leonardi suggested the model could be referred to as the ‘biopsychosocial model of health’ for this purpose.

Jenny Hargreaves asked the Committee whether it was feasible to have a revised 2007 paper ready for when ICD-11 is due for endorsement by the World Health Assembly in 2018, or should the focus be on the supplementary version? The Committee was also
asked to comment on the best methods for publishing the documents, whether it be in an appropriate journal or via WHO's publishing system.

Robert Jakob commented that the relationships ICD-11 will have with other members of the Family and terminologies would be very useful to include in the revised Family paper and ICD-11 Reference Guide. He also suggested including information on best practices for using classifications together. However, in order to be included in the Reference Guide, revisions to the Family Paper or the supplementary version would need to be finalised in time to be presented at the 2017 Network annual meeting. Volunteers were called for to assist the writing party with the documents. Huib ten Napel, Andrea Martinuzzi, Richard Madden, Lyn Hanmer, Jenny Hargreaves, Brooke Macpherson, Cassandra Linton and Keith Denny volunteered.

Session One concluded at 15.25 hrs.
Session Two opened at 16.00 hrs.

4 FDC-SWP 05 Assess the need for additional members of the Family to fill gaps in information: Determinants of health

This item focussed on the existence of 'health determinant' information in the reference classifications. Jenny Hargreaves presented the results of this work of the Committee since the 2016 meeting, on behalf of the authoring team, in poster C704 Determinants of health in the WHO-FIC.

The three questions posed in the poster were asked of the Committee:
1. Is a classification of ‘determinants of health’ needed in the Family?
2. How would it relate to the existing WHO-FIC reference classifications?
3. What other options are there for WHO-FIC work on determinants?

Comments from the Committee included:
• Andrea Martinuzzi advised that the use of a ‘determinants of health’ classification must be done in a neutral way. He also added that a navigation tool may be required to assist the user in finding the items that relate to possible determinants of health; however personal factors would still be missing. He queried whether personal factors should be included in a ‘determinants of health’ classification.
• Yvonne Heerkens suggested that inclusion of personal factors would be better suited to the ICF and not a ‘determinants of health’ classification.
• Cassandra Linton commented it may be difficult to implement a new classification with current resources. An alternative may be to enhance existing classifications with determinants of health.
• It was suggested that ‘determinants of health’ should only be included if based on a theoretical model for determinants. Jenny Hargreaves noted that the ICF's environmental factors could be used as a conceptual basis, as has been done for some of the work for ICHI.

Lyn Hanmer suggested that this work item remain on the FDC agenda, but without any active work before the next mid-year meeting of the FDC, where it could be (potentially) discussed further with the ICHI development group.

5 FDC-SWP 04 WHO-FIC support for Universal Health Coverage (UHC)

Brooke Macpherson updated the Committee on the FDC's work to assess the usefulness of the WHO-FIC to support UHC. Brooke reported that at the 2016 mid-year meeting, the Committee had agreed to include measuring the Sustainable Development Goals (SDGs), in particular the targets for the Health goal, as an extension to this SWP item. The rationale for this inclusion is the importance of the SDGs (including the Health SDG, which incorporates UHC) and measurement of progress towards them.
Brooke Macpherson presented the results of work undertaken at the 2016 mid-year meeting via poster C702 Use of the Family of International Classifications in monitoring Universal Health Coverage: an update.

Comments from the Committee included:

- Mathilde Leonardi suggested there was an opportunity to look at health targets and measures more broadly than just within the Health SDG. Brooke Macpherson noted that omitted from this poster report were the results of additional work from the 2016 mid-year meeting where the WHO-FIC was applied to other WHO measures relating to health. Brooke agreed to make the results of this work available to any interested parties.
- Ivo Rakovac commented that the ICF could be useful for many of the indicators if ICF data were available.

Future work on this item will include investigating the indicators associated with each target under the Health SDG and possibly those targets that are health-related but included under other SDGs. These indicators are listed in the 2016 UN document Report of the Inter-Agency and Expert Group on Sustainable Development Goal Indicators (available at: http://unstats.un.org/unsd/statcom/47th-session/documents/2016-2-SDGs-Rev1-E.pdf). An aim of this work would be to continue to assess where gaps in the classifications exist and feed this back to the Network to action. Ivo Rakovac volunteered to join the working group for this item. Additional volunteers are also welcome and should contact the FDC Secretariat if interested in this work.

6 FDC-SWP 01 Assist WHO in the development of ICHI

Richard Madden provided an update on the activities and progress of ICHI since the 2015 Annual Network meeting. Richard reported the ICHI Alpha version has continued to progress, with the 2016 version available to view online at: http://mitel.dimi.uniud.it/ichi/. In addition, this platform allows comments by registered users.

Richard advised that much of the content achievement of ICHI for the past 12 months has been the result of two face-to-face meetings in February and May 2016 as well as numerous teleconferences. Highlights include mental health interventions, functioning reviews and changes to extension codes to include assistive and therapeutic products. Also in the past 12 months, the ICHI Task Force has been formed. The co-chairs will be Richard Madden and Lyn Hanmer and 6 potential members covering 4 WHO regions have been identified so far, in addition to Robert Jakob from the WHO. This Task Force will have a management role and is not replacing the ICHI development group. The Task Force will initially concentrate on its Terms of Reference, review and refinement of use cases, communication and publicity, and resourcing for the ICHI development work. Richard added that the ICHI development has a target approval date by the World Health Assembly in 2019. He acknowledged that this is aspirational and may be affected by any changes to the current timeline for ICD-11. He invited interested parties to join the ICHI development; especially anyone who can test the ICHI beta draft with existing data sets. For more information, the ICHI secretariat, Megan Cumerlato, should be contacted.

7 Other business

2017 FDC mid-year meeting

Lyn Hanmer advised that the FDC 2017 mid-year meeting was being planned for South Africa in June 2017. The meeting was likely to be held in conjunction with the ICHI development group. It was noted that mid-year meetings of the FDRG and EIC, likely to be held jointly as in previous years, were also planned for South Africa in June. Lyn
assured the Committee that they would try to avoid any potential clashes between meetings.

**Election of FDC co-chairs 2016-2018**

Robert Jakob advised the Committee that two nominations had been received for the FDC co-chair positions, from Lyn Hanmer (South Africa) and Andrea Martinuzzi (Italy). These nominees were elected by acclamation and congratulated on their appointment. Robert thanked Jenny Hargreaves for all of her work as co-chair for the past four years. The Committee joined with Robert in thanking Jenny.

The Co-Chairs thanked everyone for their participation in the meeting.

The meeting closed at 17.25 hrs.

**A006 - Functioning and Disability Reference Group (Draft Minutes)**

**Introduction and background**

- The co-chairs welcomed participants to the meeting.
- Joanne Valerius and Melissa Selb volunteered to report on activities in the morning and afternoon respectively.
- Brief introductions were made by participants

The agenda and minutes of the Bangkok meeting were confirmed. There were no matters arising.

**Election of Co-chairs**

Molly Meri Robinson Nicol conducted the election of co-chairs for 2016-2018. Three candidates introduced themselves and their vision for the FDRG in the coming term. Gerold Stucki (Germany), Haejung Lee (Korea) and Matilde Leonardi (Italy). Haejung Lee and Matilde Leonardi were elected.

**WHO: Evolution of functioning information needs**

Alarcos Cieza presented on the need for functioning information to support rehabilitation and long term care as key strategies in the 21st century and required to implement the WHO Global Disability Action Plan. She suggested that at the 15th anniversary of the ICF there is still much to be done to integrate ICF into health information systems and challenged FDRG to contribute.

**Informing ICF ontology**

Andrea Martinuzzi outlined what a small working group had achieved in the absence of resources. A survey of use cases has been in place since the beginning of the year. The number of responses is low. Meeting participants were encouraged to complete the survey.

**ICF representation in ICD-11**

Andrea outlined the input that the co-chairs and FDRG members and collaborators made to the fTAG work on functioning properties during 2016. Meeting participants were encouraged to attend the fTAG meeting for details. The outcomes are reported in the fTAG minutes.

**ICF updates**

Jennifer Jelsma (URC co-chair) and Janice Miller (Coordinator of ICF updates) reported on the status of ICF updates. There are 20 proposals ready for voting, 5 on discussion, 7 in moderation and 6 approved.

Working groups were organised to suggest amendments to proposals and enter them on the open discussion layer. The work groups reported on their deliberations. These can be seen on
the update platform at: https://extranet.who.int/icfrevision.

**Ongoing projects**

- **ICF Practical Manual** – It was confirmed that this is not yet approved for publication, but will be re-submitted with necessary changes. Molly Meri Robinson Nicol expressed hope that it will be published in due course.

- **ICF2017** – The 2017 version of ICF will be have the most recent round of approved updates incorporated before being published early in 2017. The updated version will include the existing annexes, unchanged. Matilde Leonardi suggested a press release about ICF 2017 in various peer-reviewed journals. Molly Meri Robinson Nicol stated that a press release from WHO was unlikely, but that other publicity could be discussed.

- **mICF** – An update on progress on the mICF was provided by Olaf Kraus de Camargo. mICF is a patient-oriented, ICF-based app for documenting functioning and health information as the basis for shared clinical decision-making. It utilises a program and architecture that enables "big data" analysis. It enables patients/clients to generate their own functioning profile and share their experience of disability. It is an empowering tool; the data is entered, owned and directed by the patient/client him/herself. Olaf showed a video ‘Nothing about us without us’ illustrating the benefits of the ICF from the patient/client perspective.
  - KELA (Social insurance institution of Finland) is currently conducting a feasibility, proof of concept study of using mICF
  - The goals for 2017 include: 1) identifying partners for field testing, 2) identifying partners that would be able to provide input on the front-end, 3) piloting data models with existing ICF data from different settings and related algorithms and success in acquiring grant funding.
  - Information about mICF is being disseminated via social media Twitter @ICFmobile and Facebook, and on its website www.icfmobile.org

In response to questions Olaf indicated that mICF:
  - is intended to operate on smart phones, but also to contribute to big data;
  - would develop iteratively with new data improving the algorithms;
  - is compatible with existing clinical tests and measures;
  - person reported information will be complemented by health professional information; and
  - will require adequate data protection when interfaced with other systems.

- **ICF Education.org** - Catherine Sykes reported on the use of the ICFEducation.org portal. Thanks were made to the South African Collaborating Centre for providing funding support for the ICFEducation.org for the next period. She advised that funds will need to be obtained from another source to sustain the portal after this funding has finished if it is to be maintained.

What is needed now are more educational resources/materials, feedback on the content already on the website.

A guidance document has been developed for the Editorial Team; this has been circulated to team members.

The database of ICF advisors and educators is being integrated into ICFEducation.org to form a single portal for ICF education. FDRG will be informed when the data entry is available for pilot testing. The database will be available for searching by WHO HQ or regional offices when a request for assistance is received. It was emphasised that there can be no endorsement of a person who enters their profile on the database or the courses they
offer and that the potential sponsor will be expected to review qualifications and ascertain that the advisor or educator has the skills to match the requirements of the commission. It must also be clear that the database does not imply any relationship with WHO.

There is and will be no certification of ICF (or ICD) education by WHO.

**Suggestions for new projects**

Suggestions for new projects for FDRG were offered. The incoming co-chairs were invited to consider them for the forthcoming term.

- Informing rehabilitation outcomes and indicators; a drop box of resources has been developed and the link circulated to interested persons present at the 2016 mid-year meeting.
- ICF for hospital statistics
- Coder training for ICF
- Develop a strategy for addressing the increasing demand for WHO-DAS-2 advice and education.

**Strategic work plan 2016-2017**

Catherine Sykes reflected on the activities of FDRG in the period 2012-16 using a sporting analogy. The 'wins':

- ICF Updates – the ICF-CY update proposals have been completed and new proposals reviewed
- ICF Education (ICFEducation.org, ICF Advisors & educators, joint work with EIC including joint meetings)
- The joint meetings and presence of the WHO DAR team has been valuable and should continue to be welcomed
- ICHI development with input of functioning interventions
- mICF
- Secretariat support and processes

The 'losses':

- ICF eLearning Tool, which is still not available. The EIC were encouraged to find a solution to move this forward and revert to FDRG if technical input is required.
- Loss of funding and diminished capacity to engage by members and collaborators in Finland, Brazil, and South Africa, amongst others.

The 'draws':

- ICF ontology has done as much work as feasible with no resources, but it is hoped that this project might advance in the future.

The 'Next Season...'

- ICF Updates need to be continued
- Ask that WHO reconsider including ICF ontology and an ICF revision as a future priority
- Any new projects that might be added to the work plan will need to be scoped, costed and initiated as feasible.

**Mid-year meeting 2017**

An invitation to host the 2017 mid-year Meeting was received from Stefanus Snyman at the Stellenbosch University, Cape Town, South Africa from 26-27 June. Associated meetings will be a closed mICF meeting on June 28-29th and the 2nd International ICF Education Symposium on June 30th.

**Closure**
Richard Madden recognised Catherine Sykes’ contributions to the WHO-FIC and the ICF. The outgoing chairs, Catherine Sykes and Andrea Martinuzzi, gave thanks for the dedication and personal and in-kind investment of many people, including the rapporteurs, secretariat; Stefanus Snyman and Heidi Anttila and WHO liaison Molly Meri Robinson Nicol.

The incoming FDRG Co-chairs, Matilde Leonardi and Haejung Lee, thanked the outgoing co-chairs and made concluding remarks to begin their term. They acknowledged Olaf Kraus de Camargo who volunteered to take on the secretariat role.

A007 - Functioning TAG Report (Draft Minutes)

The Functioning Topic Advisory Group Co-Chairs are Cille Kennedy (North America) and Gerold Stucki (Germany). The Managing Editor function is provided by Melissa Selb (Germany).

Participants included: Ann-Helene Almborg (Sweden), Olaf Kraus de Camargo (Canada), Anneke Schmider (WHO-HQ), Solvejg Bang * (Denmark), Andzey Kuzmtsov (Japan), Melissa Selb (Managing Editor) * (Switzerland), Yanina Bestrashnova (Russia), Natasha Layton (Australia), Donggyo Shin (Korea), Lindy Best (WHO-HQ), Haejung Lee * (Korea), Liane Simon (Germany), Alarcs Cieza (WHO-HQ), Matilde Leonardli (Italy), Harold Solbrig (USA), Michaela Coenen (Germany), Carol Lewis (USA), Gerold Stucki (Co-chair) * (Switzerland), Keith Denny (Canada), Hongying Li (China), Catherine Sykes * (World Confed. for Physical Therapy), Lynn Hamner (South Africa), Richard Madden (Australia), Huib Ten Napel (Netherlands), Jenny Hargreaves (Australia), Andrea Martinuzzi (Italy), Ulrike Trinks (Germany), Yvonne Heerkens (Netherlands), John Melvin * (USA (for fTAG)), Joanne Valerius (USA), Takenobu Inoue (Japan), Jane Millar * (IHTSDO), José Vallerand (Canada), Robert Jakob (WHO-HQ), Janice Miller (Canada), Coen van Gool (Netherlands), Jennifer Jelsma (South Africa), Richard Nicol (World Federation of Chiropractic), Meifang (Jasmine) Wang (China), Jun Oda (Japan), Jaehwa Noh (Korea), Stefanie Weber (Germany), Yoon Kyoo Kang (Korea), Emiko Oikawa (Japan), Manuel Yuñez Hernandez (Mexico), Wanho Kim (Korea), Molly Meri Robinson Nicol * (WHO-HQ), * fTAG member

1. Welcome / Introductions / Appointment of rapporteurs (Gerold Stucki)

Gerold Stucki, also on behalf of his fTAG Co-chair Cille Kennedy (who was unable to attend the Japan meeting), thanked the participants for their contributions to the fTAG work. His opening remarks presented a vision of the impact of fTAG activities: consistent with the vision of WHO, fTAG has contributed to WHO’s efforts toward the implementation of its reference classifications. fTAG work has facilitated the inclusion of functioning information in ICD-11. Gerold, quoting Martti Virtanen stated that functioning information complementary to disease information in the ICD can help to improve case-mix models. He also suggested that the ICD-11 can be used to enhance health systems performance, in relation to quality and safety. Including functioning information in the ICD provides opportunities e.g. to integrate functioning information in rehabilitation within the health system through ICD-11.

Gerold Stucki concluded the opening by confirming that this will be the last meeting of fTAG. He also gave thanks to Melissa Selb as well as to Molly Meri Robinson Nicol and others in WHO’s classifications team for their support.

2. fTAG priorities 2015-2016 and update on activities since WHO-FIC Meeting 2015 Manchester (Melissa Selb)
The following items were the priorities for the period between the WHO-FIC Manchester meeting in October 2015 and WHO-FIC 2016 in Japan (October 2016):
1) finalisation of instructions for coding functioning properties (FPs),
2) exploration of how the term “disability” is employed in ICD-11,
3) gathering of information on who and how Chapter 24 Factors influencing health status or contact with health services is being used in different countries, and
4) addressing proposals forward to fTAG using the ICD-11 proposals mechanism.

Afterwards, fTAG further prioritized and decided to focus on items 1) and 2).

Chapter 24 Factors influencing health status or contact with health services is being used in different countries:
Before condensing its priorities, fTAG had already done some work on Chapter 24 during the Manchester meeting. A small group of fTAG members, non-fTAG ICF and ICD experts, and WHO met to discuss suggestions initially posed by Richard Madden for revising the chapter with consideration of risk factors, public health and ICHI. Based on discussions, Nicola Fortune and Ros Madden drafted a document which was sent to WHO. Considering the document WHO revised Chapter 24 (see below for minutes on presentation of Lindy Best). In response to Richard Madden’s inquiry whether countries are obligated to use Chapter 24, Molly Meri confirmed that Chapter 24 could be understood as mandatory as the sentence in the ICD-11 reference guide that this chapter is optional has been deleted.

Exploring the term “disability” in ICD-11:
The task was to propose alternative wording for terms in ICD-11 that avoid confusion with similar terms with specific meaning in the ICF. The task started in the first quarter of 2016 based on a list of 1728 items which included the terms “functioning”, “impairment” and derivatives of those terms. With the an accelerated timeline for ICD-11 completion, fTAG decided to concentrate on finalizing the coding instructions for Functioning Properties (FPs).

3. Updates on Coding Instructions on FPs and RSG-SEG recommendations / Joint Task Force (JTF) Feedback (Melissa Selb & Molly Meri Robinson Nicol)

Melissa Selb briefly introduced the FPs (see PowerPoint presentation). She emphasized that FPs do not replace the ICF; if a comprehensive assessment of functioning is necessary e.g. in clinical rehabilitation practice, it would be essential to use the entire ICF along with ICD.

The coding instructions presented at the Manchester meeting were revised considerably between January-May 2016 in consultation with ICF experts Ros Madden, Richard Madden, Matilde Leonardi, and Andrea Martinuzzi. On May 24th, version 20 of the revised coding instructions were sent for review by WHO and the Small Executive Group of the ICD-11 Revision Steering Group (RSG-SEG). This version provided 3 options for specifying the FPs for a given disease/disorder without any order of priority: i) using the block codes of the activities and participation (A&P) chapters of the ICF, ii) using tailored sets of FPs reflecting ICF Core Sets, and using iii) a 23-item set made up of the 21 A&P categories of the ICF Rehabilitation Set2 plus the ICF chapters d1 Understanding & Learning and d3 Communication.

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Melissa emphasized that according to the ICF the blocks are provided as a convenience to the user, and not intended for coding purposes. There is no scientific support for the blocks. Molly Meri emphasized that the ICF blocks were created for navigation. The binary rule proposal (code the FP with .0 if the disease entity has no impact on a particular FP and .8 if it does have an impact) had been kept from the coding instructions version presented in Manchester.

After reviewing the May 24th version of the coding instructions RSG-SEG recommended how to integrate FP in ICD-11. The coding instructions and the RSG-SEG recommendations were also discussed at a Joint Mortality and Morbidity Task Force (JTF) meeting in Queensland in July 2016. See PowerPoint presentation for overview of RSG-SEG recommendations and JTF feedback.

Melissa (with assistance from Molly Meri to clarify the terms stem codes\(^3\), extension codes\(^4\), and sanctioning rules\(^5\)) introduced the RSG-SEG recommendations and JTF feedback. Molly Meri highlighted that possible sanctioning rules for FPs would indicate what is allowed rather than what is disallowed. The RSG-SEG and JTF recommended that the coding examples need to be simplified and shortened considerably.

fTAG provided a response to RSG-SEG’s request that fTAG recommends one sub-set of FPs to include in the coding instructions. fTAG supported the RSG-SEG recommendation to use the 23-item set of FPs. fTAG did not make any recommendation regarding the chapter in which FPs should be integrated, deciding to leave the decision to WHO; fTAG felt that it was necessary to adapt to the ICD structure and standards.

Andrea Martinuzzi stated the FDRG position on the ICF representation in the ICD-11; he made the point that as a “property”, a FP must be attached to a stem code and cannot stand alone. A FP would have no meaning without a disease entity connected. Andrea supported the use of block codes, and with regard to the RSG-SEG recommendation regarding the incorporation of ICF Core Sets in the sanctioning rules, Andrea pointed out that the ICF and ICF Core Sets do not rely on the same scientific basis.

According to Anneke Schmider there are different means to facilitate interoperability between classifications, and between classifications and terminologies (e.g., ICD with SNOMED besides others). Including FPs in ICD-11 is “only” one example. Anneke mentioned that side sessions at the Revision conference, would address this broader conversation.

Molly Meri indicated that structuring classifications are flexible, but are set based on experience and testing. The feasibility of coding FPs, as introduced in the coding instructions, will be testing during quality assurance.

Richard Madden agreed that embedding functioning in the ICD-11 would be beneficial for case-mix purposes. He explained, however, that the RSG-SEG recommendation to integrate FPs as stem codes in Chapter 21 Symptoms, signs... is a different use case than the one of FP as the

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\(^3\) Stem codes are “stand-alone” codes

\(^4\) extension codes supplement stem codes to provide more specific information. Extension codes cannot stand alone.

\(^5\) Sanctioning rules identify combination of codes that are allowed and others that are disallowed.
impact of disease on functioning. Thus it would be important to distinguish between these use cases. He also suggested that co-morbidity can be addressed with extension codes (Chapter 26) in ICD. Richard expressed his preference for having FPs as extension codes, but clarity on the use cases is still required.

According to Molly Meri, FPs have evolved since 2010 when the concept was first discussed. After originally thinking that FPs would be an option to reflect the impact of a condition in the individual by showing all the relevant FPs for each health condition. However, it seems that this would not work. More recently selected coders were asked how FPs could work. These coders indicated that the FP as extension codes would make a code too long and recommended using FP as stem codes. If the causation is known, then the FP can be used as an extension code, but if not it would be better to use it as stem codes. Putting FPs as stem codes would give users more flexibility and combinations. Gerold Stucki welcomed the recommendations of coding experts about stem versus extension codes. However, it was commented that with the current definition of a FP, technically speaking the FP could not be dissociated from a disease. It would have to be a property or impact of the disease.

Disagreeing with the limitations posed by FPs, Matilde Leonardi commented that FPs do not reflect the environmental factors, and that FPs in ICD-11 is completely related to the disease and not to the functioning as intended in the ICF. She feels that one should not have high expectations that FPs serves as a link to the ICF. She added that one needs to indicate the severity of limitations to provide information for payment purposes. Molly Meri agreed that the link to the ICF is limited, but intentional. WHO does not want to reproduce the ICF in ICD-11. She suggested that once coders start to code using FPs, they may want more codes. She gave the example of the use of a previous version of the ICD in which “found dead on street” was one of the codes. The coding set was not sufficient to capture the actual situation, so the users requested additional codes to describe the situation. As a result, additional codes were established. This may occur with FP as well (lots of nodding from participants). This is the first iteration of functioning information in ICD-11 – quality assurance testing will lead to further improvement and possibly to modifications.

Gerold stated that there is confusion in the use of ICF and ICD-11. ICF can be used in clinical context for describing the functioning of an individual. ICD-11 and FPs may be used for coding and documenting functioning in health conditions (e.g., in health records). Richard Madden stressed these are different use cases. For this reason, it would be important to clarify the use cases related to FPs.

Catherine Sykes commented that with FPs, we have 2 different definitions of “functioning” – one in the ICF and one in the ICD-11. She suggested that a pragmatic solution would be to just use the term “functioning”. Molly Meri agreed with Catherine and use a term that is self-explanatory. Takenobu Inoue suggested that the term “functioning” needs to be more clearly defined.. Gerold called for taking note that the name of the term needs to be clarified.

Anneke Schmider stated that 67 Member States will attend the Revision conference. Among the Member States are states that do not use the ICD. More than half of the member states are being introduced to the use of WHO-FIC. Thus the issue with FP and use of ICF will be part of the new paradigm that Member States will be introduced to.

Jane Millar stated that it is exciting to have the two classifications linked. What we are talking about is how the classifications fit into the systems and for different purposes. It is essential to think about the “ecosystem”, the bigger picture. Thus, this starting point is essential, even if only
a small representation of the ICF. Including functioning in ICD-11 is needed to spread the practice of coding functioning and the use of ICF.

2. WHO’s decision to integrate FPs into ICD-11 and possible post-Japan meeting work (Molly Meri Robinson Nicol)

Molly Meri commented that after various iterations the version of the coding instructions submitted by fTAG May 24th reflected compromises based on extensive discussions between fTAG members and some non-fTAG ICF experts. See slides 31-36 of the PowerPoint presentation outlining the feedback. The coding instructions were then sent to RSG-SEG for review and recommendation. RSG-SEG spent considerable time on the topic of FPs including holding special sessions, review of 71 pages of feedback, some individual discussions with those providing feedback, and acquiring feedback from professional coders.

After consideration of all feedback and discussions WHO made some decisions regarding FPs in ICD-11. See slides 37-39 of the PowerPoint presentation. Molly Meri made the following comments not found on the PowerPoint:

- Regarding severity coding, if FPs were extension codes, coding severity would not possible. To do so FPs would need to be stem codes. The current ICD-11 severity coding would need to be altered to qualify FP.
- Still under discussion is the stem code chapter in which FPs should be placed. WHO has also discussed whether FPs should be its own separate chapter.
- WHO invited those knowledgeable about ICD coding as well as ICF to provide case examples, including one relevant to children, according to ICD-11 style.
- Also under consideration is the possibility of putting ICF terms in the index so that coders will be able to more easily find the functioning term they encounter in a health record.

In response to questions, Molly Meri stated that ICF Core Sets can be included in the sanctioning rules, that the 23-item set will be tested for quality assurance, and block codes may be considered if the 23-item set does not work. Anneke Schmider and Robert Jakob added that the decision process has been extensive and the functioning community has not offered a clear consensus on the RSG-SEG recommendations. The field testing/quality assurance aims to identify what works and what does not work. Gerold Stucki concurred and stressed that everyone agrees with the value of having functioning items in ICD-11, even if there is no consensus on "the how and where". fTAG has been transparent and fair in gathering input from different experts and communicating recommendations to WHO.

Solveig Bang commented that concepts rather than categories should be used. Additionally she supports the use of the 23-item set.

Richard Madden agreed that much consensus has been reached. Nevertheless a couple of issues that need to be resolved e.g. avoid having the same word with different definitions – for example ICD-11 should use "limitations" with the same specific definition as in the ICF. In addition, Richard reminded that ICF Core Sets are designed as a list that can be supplemented by additional ICF categories. In response, Molly Meri reiterated that ICF Core Sets can be used but allow the use of other concepts. In response to Richard’s comment that gaps will appear if a concept is not applicable Molly Meri indicated that steps to identify gaps is being planned, but gave no details.

Further work on functioning in ICD-11 will be done under the auspices of the Medical and Scientific Advisory Committee (MSAC). The MSAC will comprise of a small group of experts selected by WHO and be established by 15 October. MSAC will advise on scientific content for
ICD-11. To support MSAC a so-called “Network of Experts” will also be formed; Molly Meri welcomed nominations as well as self-nominations to join this Network of Experts.

5. Update on chapter on Factors influencing health status and contact with health services (Lindy Best, WHO)

Lindy Best presented the work done on Chapter 24. See PowerPoint presentation.

- The wording of concepts in ICD-11 have been aligned with ICF and ICHI;
- Linkages to the ICF are indicated in definitions where applicable;
- Headings and index entries have been reviewed;
- Titles have been revised, primarily shortened; to enhance clarity. In addition,
- Further specifications e.g. age-specific concepts have been added.
- Further work on post-coordination options; e.g. by coding the status of donors of organs or tissues, the user has the option to also specify which organ/tissue or item in post-coordination.

There is a proposal platform on which comments can be added and alternative proposals made. Two Topic Advisory Groups have entered comments/proposals e.g. the Paediatric TAG proposed age-specific codes and more specific codes for the item of child maltreatment. The Quality and Safety TAG had considerable impact on Chapter 24, particularly on adverse events in hospital settings e.g. events associated with surgery and medical devices. As a result, there is a new section addressing adverse events. Even if an adverse event has no impact on the patient, the respective code can still indicate the situation.

Slides 54-55 of the PowerPoint presentation shows the statistics on the proposals submitted from 2014-2016 to date. WHO will consult with FDRG regarding the proposals that are still under review or to be reviewed.

The Morbidity and Mortality (MMS) or blue version of ICD-11 is online for review by the member states. The MMS version shows the top 2 levels of Chapter 24 i.e. “Factors influencing contact with the health system” and “Factors influencing health status”, the latter with a listing of the blocks of factors influencing health status e.g. “Factors associated with drinking water or nutrition”.

The next step is quality assurance. Current case-controlled pilot testing of selected ICD-11 MMS components is being conducted. This pilot will help to ensure feasibility, usability and consistency with ICD-10. See slides 59-62 of the PowerPoint presentation.

Anneke commended Lindy Best and Lori Moskal for their tremendous work on chapter 24 as well as on all of the chapters.

In response to Catherine Sykes’ inquiry about which FDRG statements have been implemented, Lindy confirmed that there will be a mechanism for following up on the implementation of statements. Robert Jakob added that there will be a redistribution of work load, a new definition of the network and corresponding working groups.

6. Where do we go from here – Getting participants’ input in working group sessions (Solvejg Bang and John Melvin)

The participants were given the option of joining two working groups that addressed the following: 1) how can we use FP in ICD-11 and 2) how can we assure quality. The working groups were led by fTAG members, Solvejg Band and John Melvin.
Solvejg reported on the discussions on possible use cases of FPs: Several suggestions were made.

- In patient registration, there is a need for a framework of the use cases for the joint use of ICD-11 and ICF (in form of functioning categories).
- Clarity about whether the concept of functioning will be the same in ICD-11 as in ICF where functioning is described in neutral terms, while the functioning concepts in ICD-11 codes some kind of problem in activity and participation.
- A suggestion was made to provide a mapping table that links ICF codes and ICD-11 codes used for FPs. There must be some kind of “bridging” between the two classifications ICF and ICD-11.
- It would also be helpful to have a use case that instructs the process of transforming a functioning description of a patient’s problems into the diagnose in ICD-11.
- It would be important to be aware that coders can only code what is already in the patient record.
- The use case of case-mix in acute, rehabilitation and other settings can help to shed light on the value of environmental factors and bring the family of classifications (including ICHI) closer together.
- A suggestion was also made to provide recommendations to countries that have registries of various nature on the types of data they should capture in the registries, specifically the data that are not yet being collected but may be valuable and useful. “You can’t monitor what you don’t measure”.

John reported on the discussions of the working group that addressed quality assurance:

- There should be a mechanism for using the index to map the terms in medical charts to functioning.
- In planning quality assurance testing of FPs, it would be important to keep in mind the wide spectrum of facilities from to acute to community/outpatient settings as well as the extent of financial and personal resources a country or region has.
- In order to test FPs, functioning information needs to be found in the patient records. Rehabilitation settings for example.
- Another source of functioning information is also the therapist notes (if involved in the patient’s care).
- The working group participants also emphasized that training coders is essential, specifically to recognize functioning information and finding the code to map it to. This is particularly important when the health record is complex.
- The quality assurance testing will identify what details in the health records are not able to be coded using FP. A gap in the list of codes may also be indicated by having too many entries in “other specified” and “unspecified”.

Matilde Leonardi suggested looking at rare diseases or health conditions that have no diagnoses (yet) when planning quality assurance testing.

7. Next steps & Closing Remarks (Molly Meri Robinson Nicol and Gerold Stucki)

Gerold Stucki closed by saying that in the continuum of care information on functioning will be needed at various levels of detail. The journey of fTAG has ended, but a new era is starting e.g. ICD-11 quality assurance. Molly Meri Robinson Nicol thanked fTAG for the many years of ground-breaking work, and also Ros Madden previous fTAG member, Richard Madden and Andrea Martinuzzi for valuable feedback. She called for contributors to continue work on integrating functioning in ICD-11.

A008 – WHO-FIC Council Meeting Minutes
1. Welcome
   A brief welcome address was offered by Ms Anneke Schmider, Project Lead in the Health Data Standards and Informatics team at the World Health Organization. The focus of the welcome was on the progress made with regard to ICD-11 while also recognizing the amount of work still pending. Ms Schmider also recognized the challenges associated with implementing classifications world-wide, particularly in low-resource settings, and called upon the WHO-FIC Network to make addressing these challenges a priority.

   A brief welcome address was offered by Dr Kei Mori, Meeting Host and Head of the WHO-FIC Collaborating Centre in Japan in the Japan Ministry of Health, Labour and Welfare. Dr Mori focused on the great challenges inherent in developing a suite of classifications such as the WHO-FIC, and reaffirmed the commitment by Japan to contribute to this work.

2. Council Co-Chairs and WHO Secretariat – Official Opening
   The Council Co-Chairs, Ms Jenny Hargreaves (Australia) and Ms Lynn Bracewell (United Kingdom) officially opened the meeting of the WHO-FIC Network Advisory Council and offered thanks to our meeting host and the WHO staff involved in organizing and coordinating the meeting. The Co-Chairs drew attention to the fact that the Council sessions are somewhat abbreviated this year, and called upon members to be mindful of the need for efficiency.

3. State of the Network
   A “State of the Network” presentation was prepared by Dr Robert Jakob (WHO) focusing on the vision for the ICD-11 MMS as well as the progress and activity to date. This included a background on ICD-11, an overview of the available suite of electronic tools such as the ICD-11 Browser and Coding Tools developed by Mr Can Celik (WHO), and a brief explanation of some new ICD-11 features, such as post-coordination, and structural innovations.

4. Reports from the Regional Advisers
   Four of the six WHO Regional Advisors were able to attend the meeting this year, Dr Hongyi Xu, representing the Regional Office for Africa, Dr Vilma Gawryszewski representing the WHO Regional Office for the Americas, Dr Ivo Rakovak representing the Regional Office of Europe, and Dr Mark Landry representing the Regional Office for South-East Asia.

   Dr Xu focused on the difficulty of data collection in Africa, highlighting key achievements in vital statistics coverage while outlining the existing gaps in capacity and health systems. In particular, Dr Xu called upon the WHO-FIC Network to support the development of country capacity to estimate, analyze, and use data for planning and reviews as well as creating user-friendly tools for implementation of classifications in low-resource settings.

   Dr Gawryszewski discussed the key achievement in the Region of the Americas, particularly the development of the PAHO network of WHO Collaborating Centres and National Reference Centres in the Region to facilitate knowledge sharing. Additional key achievements have included the translation of WHO-FIC materials into Spanish, and the provision of several training courses to build capacity in countries. Dr Gawryszewski requested support in the form of funds to support regional activities, development of training and implementation support materials, the provision of such materials in both Spanish and French, in addition to English, and support for the increased demand for Electronic Medical Records implementation.

   Dr Rakovak highlighted the key achievements in the European Region under the European Health Information Initiative (EHII). The key areas of the EHII include measurement using the SDGs
and Health 2020 indicators, access to collected data to support use, building capacity within the region, developing networks to share resources and knowledge, building evidence-informed strategies for health data collection and use, and communication of the available support for countries. Dr Rakovak called upon the WHO-FIC Network to continue their ongoing and indispensable support for classification implementation and use in the Region and to support the alignment of the International Shortlist for Hospital Morbidity Tabulation (ISHMT) with the new ICD.

Dr Landry spoke on behalf of the WHO Regional Office for South-East Asian and shared information about the launch of the Health Information Platform (HIP) for the South-East Asia Region which aims to link global health estimates, burden of disease data, and nationally reported indicators as well as the Rollout of Starter Mortality List (SMoL) of ICD-10 codes in DHIS2 and existing training courses for mortality and morbidity coding in Member States including Thailand and Sri Lanka. The existing Asia Pacific Network (APN) continues to work together successfully to transfer knowledge and skills between countries in the Region and meets regularly. Dr Landry called upon the WHO-FIC Network to Develop business cases including costs and benefits for adoption of ICF, ICD-10, and the future ICD-11 to support adoption in low/middle income countries, as well as developing multiple pathways to implement the classifications in low and middle income countries, including adapting the classifications, as necessary. Dr Landry also requested that the work of the Network be more closely aligned to the Sustainable Development Goals (SDGs) and for the Network to promote the classifications and related tools more successfully in the Regions to drive in-country follow-up, adoption, and use.

5. Conduct of the Network Paper Updates
Dr Stefanie Weber and Dr Lars Berg kindly identified areas within the Conduct of the WHO Family of International Classifications Network paper requiring update and proposed solutions for consideration by the Network. In addition to these changes, WHO and the WHO-FIC Council SEG proposed several changes, including the updating of old terminology, the introduction of language consistency across the paper, including in the Annexes, the addition of language clarifying the relationship between the WHO-FIC Network and WHO, and the addition of an overview document to better clarify the Network Organizational Structure and Workflow.

Discussion of the updates among the Network included concerns that updating the language without caveat might cause confusion, and it was agreed that footnotes would be included to identify where and when such changes were made. There was also discussion about the updated language and the rationale for needing to make such updates. The Council approved the proposed changes with the instructions that WHO should fully implement the proposed changes and the agreed definitions for final approval on the WHO-FIC Network Council Call scheduled for 26 January 2017.

6. Network Re-design
In recent years, Network feedback has called upon WHO to make the WHO-FIC Network Annual Meeting more efficient and cost-effective, as well as improving the alignment between the work of the Network and the WHO and WHO-FIC Collaborating Centres priorities and available resources. Efforts have been made to streamline the meeting, including decreasing the length of the meeting, decreasing the number of overlapping or conflicting sessions, eliminating the duplication of agenda items across the Committee and Reference Group agendas, and improving the coherence and efficiency of the Network, overall. The WHO-FIC Council SEG has also discussed how to decrease the costs associated with hosting the Annual Meeting, as these place quite a burden on the Collaborating Centre in question.

The WHO-FIC Network was invited to provide feedback on the changes implemented to date, as well as looking at the proposed changes to be implemented in 2017 and beyond. Although generally supported, there were concerns raised about having insufficient time to complete the
required work during the meeting. There were also questions raised about how the work plan would be streamlined, and concerns that certain projects of particular interest to different individuals might not be included in the future priorities. There were also questions about how the various Terms of Reference for each Committee and Reference Group might be updated, though the suggestion to standardize them and eliminate conflicts of duplications with information contained elsewhere in the Conduct of the Network paper was widely supported.

This work will continue to evolve during 2016-2017 and will return as an agenda topic next year.

7. C&RG Reports
   a. Family Development Committee (FDC)
      Co-Chairs Ms Jenny Hargreaves (Australia) and Dr Lyn Hanmer (South Africa) presented on the work of the FDC, including achievements of the past year and plans for the 2016-2017 workplan.

      The FDC Midyear meeting was held in Conegliano, Italy from 3-6 May 2016 with the ICHI technical working group, and achievements included discussing the revision of the ‘Family’ paper and drafting of a shorter, more focused document on the reference classifications in the ICD-11 era to complement previous work, exploring the next phase of Universal Health Coverage work, and a proposal to extend the UHC work to include the Sustainable Development Goals. The FDC also discussed the primary care classification use case, and the potential to draft a document with general principles for primary care classifications. The potential need for a risk factor or determinants classification within the WHO-FIC suite was discussed, and an assessment was undertaken, together with further discussion on the joint use of classification with a proposal to include best practice guidelines in the revised Family paper. Future work proposed will include supporting the development of ICHI, further discussions towards revision of the 2007 ‘Family’ paper and on the the primary care use case, the incorporation of best practice guidelines for joint use of the WHO-FIC in the revised Family paper, and the inclusion of the Sustainable Development Goals into the ongoing support for Universal Health Coverage.

      Ms Hargreaves and Dr Hanmer also shared the results of the election and introduced the new FDC co-chairs. Dr Hanmer was re-elected for a second term and will be joined by Dr Andrea Martinuzzi (Italy).

   b. Education and Implementation Committee
      Co-Chairs Dr Huib ten Napel (the Netherlands) and Ms Yukiko Yokobori (Japan) presented on the work of the EIC, including achievements of the past year and plans for the 2016-2017 work plan.

      The EIC midyear meeting was held in Bangkok, Thailand in partnership with the FDRG. Nine new focal points, including two from the WHO AFRO Region, were identified for the WHO-FIC Implementation Database, and the results of a review of the ICD-11 Reference Guide were submitted together with inputs into the ICD-11 Field Trials. The WHO-FIC Advisors and Educators database continues to be expanded, with inclusion of ICF as well as ICD. Future work proposed will include continued population of the WHO-FIC Implementation Database, continued support for ICD-11 through contributions to the Reference Guide, Field Trial training materials, and a transition and implementation guidance package, and completion of the ICF e-Learning Tool.

      Dr ten Napel and Ms Yokobori also shared the results of the election and both were re-elected for a second term.
c. **Update and Revision Committee (URC)**  
Co-Chairs Dr Ulrich Vogel (Germany) and Ms Jennifer Jelsma (South Africa) presented on the work of the URC, including achievements of the past year and plans for the 2016-2017 workplan.

The URC did not have a face-to-face midyear meeting, but continued their work in the online platform environment provided by WHO quite successfully. 104 ICD-10 related update proposals were processed, 18 of which were held over for next year. 20 ICF relevant proposals were processed, marking the completion of the consideration of all update proposals generated as a result of the decision to merge ICF-CY into ICF. The results of the URC work are presented for confirmation by the WHO-FIC Network Advisory Council. Future work proposed will include continuing to engage with WHO-FIC Collaborating Centres and NGOs in Official Relations to become more involved in the ICF Update Process, exploring the potential for actively soliciting proposals on specific topics, and facilitating the publication of an updated ICF 2017 including all of the ICF proposals approved to date in both the ICF browser and in an electronic publication format.

Dr Ulrich Vogel and Ms Jennifer Jelsma shared the results of the election. The new URC Co-chairs will be Ms Jenny Hargreaves (Australia) Dr Lucilla Frattura (Italy).

d. **Informatics and Terminology Committee (ITC)**  
Co-Chairs Ms Karen Carvell (North America) and Dr Vincenzo della Mea (Italy) presented on the work of the ITC, including achievements of the past year and plans for the 2016-2017 workplan.

The ITC shared information about the enhancements made to the ICD-11 browser and ICD-11 Coding Tool, particularly the implementation of post-coordination and the ability to search codes using natural language. The ITC has initiated a ClaML (Classification Markup Language) revision project with a goal to enhance the WHO-FIC representation and to make it more relevant for ICD-11. The ITC also completed a first technical testing development for the ICD-FiT platform and content testing is underway. The ICHI development platform has also been revised to become a more complete tool for its creation and maintenance. Future work proposed will include ongoing platform maintenance and support for the ICF Ontology work when such work is launched by WHO.

Ms Carvell and Dr della Mea also shared the results of the election and introduced the new co-chairs. Dr Cassandra Linton (North America) and Dr Jun Nakaya (Japan) will serve as co-chairs for the next two-year term.

e. **Mortality Reference Group (MRG)**  
Co-Chairs Dr Lars Age Johansson (Norway) and Dr Francesco Grippo (Italy) presented on the work of the MRG, including achievements of the past year and plans for the 2016-2017 workplan.

The MRG submitted 33 proposals to the URC in 2015-2016 and made specific recommendations for updating the decision tables for mortality coding. Progress on instructions for mortality coding was made with the work ongoing through next year. Future work proposed will include continuing to adapt international instructions for multiple and underlying cause-of-death coding, maintaining the international core set of quality assurance checks for mortality data, and contributing to the review of the ICD-11 for Mortality and Morbidity Statistics from the mortality perspective.
Dr Johansson and Dr Grippio shared the results of the election. Dr Grippio was re-elected for a second term and will be joined by Dr Kaori Nakayama (Japan).

f. **Functioning and Disability Reference Group (FDRG)**

Co-Chairs Dr Andrea Martinuzzi (Italy) and Ms Catherine Sykes (WCPT) presented on the work of the FDRG, including achievements of the past year and plans for the 2016-2017 workplan.

FDRG completed the review of all ICF update proposals generated from the decision to merge ICF-CY into ICF and passed their recommendations to URC for action, and continued to support EIC on topics related to ICF education and implementation. FDRG also progressed a survey on ICF users to better inform future development work, and received a report from the independent working group developing the mICF. Future work proposed will include providing reference group support to other WHO-FIC Committees and reference groups, continuing to support ICF and WHO-DAS updates and use, monitoring ICF project development, and advocating for the launch of an ICF ontology project by WHO when time and resources permit.

Ms Sykes and Dr Martinuzzi also shared the results of the election and introduced the new co-chairs. Dr Haejung Lee (Republic of Korea) and Dr Matilde Leonardi (Italy) will serve as co-chairs for the next two-year term.

8. **Confirm actions of Committees and Reference Groups**

The WHO-FIC Council received and reviewed the outputs of the URC as related to the ICD-10 and ICF Updates. The recommendations of the URC were confirmed to WHO. A summary of these actions include:

a. **URC – 2016 ICD recommendations**

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104
b. URC – 2016 ICF recommendations

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9. **Strategic Work Plan – Compilation and Cooperation between Committees and Reference Groups**

A presentation was made on the Strategic Work Plan, including the proposals from the Committees and Reference Groups for items to add, to delete, or to modify. The WHO-FIC Council SEG, together with WHO, will review these proposals and coordinate with each Committee and Reference Group regarding the tasks for next year. Summary details of the proposals can be found in the meeting documents available here: [http://who.int/entity/classifications/network/meeting2016/WHO-FICNetworkPresentations.7z](http://who.int/entity/classifications/network/meeting2016/WHO-FICNetworkPresentations.7z).

10. **2017 & 2018 Network meetings**

WHO confirmed that the 2017 WHO-FIC Network Annual Meeting will be hosted by the WHO-FIC Collaborating Centre in Mexico and will be located in Mexico City. The proposed dates include the week of either 9 or 16 October 2017 and will be confirmed in due course together with the theme of the meeting. A brief video prepared by the Collaborating Centre in Mexico was shared and appreciation was expressed for their willingness to host the meeting next year.

Discussion is underway regarding the hosting of the 2018 WHO-FIC Network Annual Meeting in the Republic of Korea by the WHO-FIC Collaborating Centre in Korea. The dates, venue, and theme will be confirmed next year in Mexico.