WHO USES WEB-BASED APPROACH TO REVISE GLOBAL DISEASE STANDARDS

Tokyo/Geneva - The World Health Organization (WHO) is launching a major online project to revise the global standard for medical and health statistics - the International Classification of Diseases (ICD). For the first time, WHO is inviting stakeholders to participate in the ICD revision through an internet platform.

This update is vital in order to keep up with recent progress in medicine and the use of information technology in the field of health, and to improve the basis for international comparisons. The last version of ICD was adopted in 1990 by all WHO Member States, which have formally agreed to use it as a standard to report diseases and deaths. The first meeting of a steering group to oversee the revision is taking place in Japan from 16 to 18 April, 2007.

Any user can enter suggestions to improve the ICD via a new web application called "ICD-10 Plus" (http://extranet.who.int/icdrevision). Any user who registers can contribute to the revision and back their proposal with evidence.

Users can also see what others have proposed and discuss these topics through a blog. These suggestions will be reviewed by expert groups and formulated as an ICD-11 draft, which is the second step in the revision process. The draft will be formulated using a "wiki", similar to the widely known internet encyclopedia "Wikipedia" - but with stricter editorial rules to jointly author the next version of this international public good.

Emerging diseases and scientific developments, combined with advances in service delivery and health information systems, require a revision of this global classification system. One major need is to improve the relevance of the ICD in primary care settings (clinics, doctors' offices and frontline health services), as that is where most people are treated. Another key driver is the development of computerised health information systems that require classifying electronic patient records according to the ICD.

The design of the ICD has a direct impact on health care, as it influences public health programmes, prevention, reimbursement and treatment. Countries use it to compile basic health statistics and to monitor health spending. To compare findings between countries, a common standard is needed. For example, a comparison of life expectancy from the beginning of the 20th century to today was only possible thanks to mortality data using ICD.

Previous ICD revisions were based on annual revision conferences attended by a limited number of selected experts. This internet-based revision process provides wider scientific input, greater transparency and better exchange with the wide range of users, making the final ICD revision more useful. The internet platform will also allow testing of the new classification before WHO Member States accept it as a global standard.
The aim of the ICD is to categorize diseases, health-related conditions and external causes of disease and injury in order to compile useful health information related to deaths, illness and injury (mortality and morbidity).

The ICD had its origins in the 19th century and was intended to categorize diseases for public health purposes. With its 6th revision in 1948, WHO became its custodian. ICD is the international standard for classifying mortality and morbidity.

Since the endorsement of the tenth revision by the World Health Assembly in 1990, ICD-10 has become the international standard diagnostic classification for all general epidemiological and many health management purposes. These include the analysis of the general health situation of population groups and monitoring of the incidence and prevalence of diseases and other health problems in relation to variables such as the characteristics and circumstances of the individuals affected.

The categories are also useful to support decision-making, reimbursement systems and for independent documentation of medical information. ICD-10 is used to classify diseases and other health problems recorded on many types of health and vital records including death certificates and hospital records. In addition to enabling the storage and retrieval of diagnostic information for clinical and epidemiological purposes, these records also provide the basis for the compilation of national mortality and morbidity statistics by WHO Member States.¹

The internet-based workspace will document systematic reviews that obtain evidence from analysis of available data. WHO has established various Topic Advisory Groups to serve as the planning and coordinating advisory body for specific issues in the update and revision process.

These Groups are composed of renowned international health leaders and chaired by (hyperlink for the full list):

- Mental Health: S. Hyman (USA)
- External Causes: J. Harrison (Australia)
- Rare Diseases: S. Ayme (France)
- Internal Medicine: K. Sugano (Japan)

More groups are under construction. A Revision Steering Group will oversee the coordination and the overarching tasks and will be chaired by C. Chute.

WHO will run this platform in English. A Global Network of WHO Collaborating Centres will be able to run this internet application in Arabic, Chinese, French, Russian and Spanish (UN Official Languages), while other languages may be supported by partners (such as in Japanese) to enable participation of all interested parties. These centres will also channel their national or regional proposals to the system.

WHO will collaborate through this platform with all interested parties, including governments and non-governmental agencies, academia, industry and public to make the new classification system best fit their needs. It is envisaged that there will be three distinct versions of the new ICD: a succinct version for use in primary care, a detailed version for use in specialty settings and an advanced version for use in research.

The website will be available as of 16 April 2007 to anyone to enter their suggestions.

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¹ Source WHO Family of International Classifications http://www.who.int/classifications/icd/en/
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