Distr.
GENERAL

CES/AC.36/1998/17
EUR/ICP/INFO 020603/17

19 August 1998

Original: ENGLISH

**STATISTICAL COMMISSION and ECONOMIC COMMISSION FOR EUROPE**

**WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR EUROPE**

**CONFERENCE OF EUROPEAN STATISTICIANS**

Joint ECE-WHO Meeting on Health Statistics
(Rome, Italy, 14-16 October 1998)

SESSION IV : Progress towards implementation of ICD-10

# WHO LONG-TERM STRATEGY FOR THE DEVELOPMENT AND MANAGEMENT OF HEALTH-RELATED CLASSIFICATIONS

Invited paper submitted by the NHS Centre for Coding & Classification [1]

## EXECUTIVE SUMMARY

In the introduction to this document, the history of the ICD is briefly reviewed and the basis for WHO's responsibilities in maintaining and updating the ICD, as provided in the WHO Constitution, is noted. The objectives of the long-term strategy are to assist WHO to identify changing needs for the ICD (and related classifications and tools) and the Organization's ability to respond to them into the 21st Century. The strategy builds on recommendations of the 1989 International Revision Conference , the Forty-third World Health Assembly in 1990, annual meetings of Heads of WHO Collaborating Centres for the Classification of Diseases (particularly the meeting in October 1997), and the expressed needs of Member States and other users of the ICD.

In a review of current status, the growth of the use of the ICD for a variety of purposes and the growing use of information technology, including the Internet, are described in relation to changing resources at WHO and their impact

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on traditional ICD-support mechanisms. The importance of the ICD to HST and other WHO programmes as well as to national health information systems is addressed.

A number of strategic issues affecting the long-term strategy a re identified, including:

- the family of classifications and the level of HST involvement in the development and maintenance of family members;
- the future of the core classification (the ICD-10) and its immediate derivatives in terms of periodic updating and ongoing maintenance and support;
- the promotion and expanded implementation of ICD-10 worldwide;
- the role of the WHO Collaborating Centres for the Classification of Diseases; and
- the resources required.
- A plan of action until the year 2010 has been developed. It focuses on three following main areas which are seen to be of high priority in the short term:
- promoting and implementing ICD-10;
- updating the ICD-10 (and related classifications and tools); and
- activities related to the family of classifications.

In addressing these areas, specific activities are identified for action and follow-up and the roles and responsibilities of HST, the Regional Offices, and the Collaborating Centres are explored. The Heads of the Collaborating Centres, after discussing a draft of this long-term strategy, committed themselves to working in partnership with WHO to achieve a common workplan. In implementing this strategy, further discussion will be required between HST and the Collaborating Centres and between HST and other areas within WHO. In order to carry out the plan of action, there is a requirement for the commitment of additional resources (both human and financial) to support and enhance WHO's classification activities which are the foundation for much of its work and are critical to the development and enhancement of health information systems at the national, regional, and international levels.

# I. INTRODUCTION

## A. Background

The basis for WHO's responsibilities for the ICD and related health classifications can be found in the Organization's Constitution. Chapter II, Article 2 lists, *inter alia,* the following subparagraph functions [i]:

c) to assist Governments, upon request, in strengthening health services;
f) to establish and maintain such administrative and technical services as may be required, including epidemiological and statistical services;
q) to provide information, counsel, and assistance in the field of health;
s) to establish and revise as necessary international nomenclatures of diseases, of causes of death, and of public health practices.

## B. Objectives

In view of WHO's constitutionally-mandated functional responsibilities to the support of health statistical services including the development, maintenance and use of relevant statistical classifications, this long-term strategy is developed to assist in the Organization's distribution of scarce resources to carry out those ICD activities necessary for the fulfillment of health statistical objectives, both of the Organization itself and of Member States. *The International Statistical Classification ofDiseases and Related Health Problems* is virtually universal in its acceptance as a standard statistical tool, essential at the international, national and local levels for the quantification of mortality, morbidity, and related health problems.

The classification is at a threshold as the 21st century approaches; new demands for information, and new technologies for capturing, storing, retrieving, and disseminating information suggest this as an appropriate moment in the "life" of the ICD to step back and take a fresh look at the process of developing, maintaining and supporting it. This plan will assist in the identification of changing needs and WHO's ability to respond to them.

# II. REVIEW OF CURRENT STATUS

The ICD and other health-related classifications (i.e., the "family of classifications") are an essential component of the Health Situation and Trend Assessment (HST) Programme which has responsibility for global health situation analysis and projection, strengthening of country health information (including health information systems which incorporate the ICD) and partnerships and coordination of epidemiology, statistics, and trend assessment. These classifications and the HST mortality database also contribute to global epidemiological surveillance, a function of the Emerging and other Communicable Diseases Surveillance and Control Programme. The ICD-based information also

supports other technical programmes at WHO Headquarters and Regional Offices such as the Expanded Programme on Immunization; Health and Environment; Information System Management; the Special Programme of Research, Development and Research Training in Human Reproduction; and the Special Programme for Research and Training in Tropical Diseases. Epidemiological and statistical analyses, many of them heavily dependent on data related to causes of death, injuries, and illnesses derived from the ICD, contribute significantly to the formulation of the WHO health-for-all policy and strategy for the next century.

## III. STRATEGIC ISSUES

During the review of the draft version of this strategy at the meeting of Heads of Collaborating Centres in October 1997, there was a general strategic discussion. The conclusions of this discussion were summarized as:

- the ICD programme is vitally important to a diverse range of customers and is used on a day-to-day basis;
- the world is changing rapidly with many impacts on health and health information and these will place many new demands on classifications;
- much will need to be done over the next few years if the position of ICD is to be maintained and protected; and
- improved ways of working must be found if success is to be achieved. These include:
- working more effectively and efficiently together;
- managing and coordinating the programme so that promises are delivered upon;
- working with others who have the right skills and a common agenda; and
- acquiring and developing new resources and skills.

It was agreed that HST, Collaborating Centr es, Regional Offices, and national and speciality groups must work in partnership and commit themselves to a common work plan. In developing such a work plan, there are some concepts which must be further refined and some specific issues which must be addressed. These are developed in some detail below.

### A. The Family of Classifications

#### 1. Defining the concept(s).

The concept of a family of classifications was originally seen as a dynamic group of health-related statistical classifications based on the core ICD, dependent on definitions or statistical practices inherent to the ICD, or linked in some other fashion to the ICD. While this was a useful concept to establish WHO interest, involvement, and, in some instances, control of many health and health-related classifications, an amorphous and changing web of classifications requiring WHO involvement does not lend itself to assessment and planning for future WHO activities. Therefore, as an essential step in the development of a long-term plan, criteria for inclusion of a classification into

the family and an explicit statement of WHO responsibilities for each class of "family" membership is required.

## 2. International classification of medical procedures.

During the development of the Ninth Revision of the ICD, in response to requests from a number of Member States, WHO had drafted a classification of therapeutic, diagnostic and prophylactic procedures in medicine, covering surgery, radiology, laboratory and other procedures. Various national classifications of this kind had been studied and advice sought from hospital associations in a number of countries. The intention was to provide a tool for use in the analysis of health services provided to patients in hospitals, clinics, outpatient departments, etc. The Revision Conference recommended that the provisional procedures classifications should be published as supplements to, and not as integral parts of ICD-9, that they should be published in some inexpensive form, and that after two or three years' experience they be revised in the light of users' comments.. WHO published the International Classification of Procedures in Medicine (ICPM) in 1978. It was adopted by some countries and used as a basis for national classifications in some other countries. The ICPM was never revised.

The Revision Conference for ICD-10 in 1989 reviewed work done by the secretariat on a tabulation list for procedures that had been developed to serve as a guide for national presentation or publication of statistics on surgical procedures and which could also facilitate intercountry comparisons. The aim of the list was to identify procedures and groups of procedures and define them as a basis for the development of national classifications, thereby improving the comparability of such classifications. The Conference agreed that such a list was of value and that work should continue on its development, even through any publication would follow the implementation of the Tenth Revision. Questions have been raised since the time of the Revision Conference, however, about plans to update the ICPM or to develop a new international procedure classification. There is a perceived need for a classification for countries which had prepared national-language versions of the ICPM and now need an updated classification.

This issue was raised at the 1997 Centre Heads meeting in view of the fact that a number of countries and regions have already developed their own procedure classifications and the shortage of resources in HST. The meeting also considered the Galen-in-use project which plans to offer a multilingual common reference model for describing procedures and mapping national classifications to this common framework. The meeting recommended that no work should be done on an international procedures classification at this time. The needs of countries with no modern classification of procedures were seen to be important, however, and it was agreed that mechanisms need to be found to make some or all of the new national classifications available to a wider range of countries. WHO Regional Offices as well as the Collaborating Centres were seen to have a role in facilitating this process.

**3. Clearing-house function.**

## B. The Future of the Core Classification and Its Immediate Derivatives

### *1. Updating the classification*

Following the recommendation at the International Conference for the Tenth Revision of the ICD for an updating process, there have been discussions on this topic at successive meetings of the Heads of WHO Collaborating Centres for the Classification of Diseases. Prior to the 1997 meeting, there had been agreement on some aspects of the updating mechanism for ICD-10, such as the time lines for submission, evaluation, and agreement. Various methods of dissemination had also been addressed. Discussions at the Centre Head meetings had also identified a range of types of updates that might be requested. For the first time, some proposed updates were officially discussed at the 1996 Centre Head meeting. The only changes that were approved, however, consisted of corrections of errors identified in the alphabetical index submitted by the secretariat. Although approved, these changes have not yet been officially disseminated.

Until October 1997, a formal mechanism for processing, accepting, and promulgating ICD-10 updates had not yet been officially adopted. This activity was, therefore, included as part of the plan of action in the draft version of the long-term strategy presented to the Centre Heads meeting and some suggestions were provided for consideration. Papers from the Nordic and North American Centres prepared for the meeting included additional suggestions particularly related to the use of the ICD-10 for mortality. There was agreement at the meeting about the importance of the updating activity as a high priority, short-term task. In fact, a subgroup of the meeting, working from the suggestions in the draft strategy, discussions at previous meetings, and suggestions in the papers from two of the Centres, developed a proposal which was presented back to the meeting and adopted. The newly approved updating mechanism for ICD-10 appears as Annex 3 to this paper. The meeting also went on to approve the first official updates to ICD-10 as presented by the secretariat and provided guidance for their dissemination.

Clearly, all aspects of this updating process have not yet been fully explored, and the complexities of keeping all interrelated parts of the family of classifications in synchrony is an issue to be examined. Yet, the decisions related to a possible ICD-11 are contingent on the success or failure of the updating process. All timetables of work and resource allocations during the next five to 10 years are dependent on the evaluation of this mechanism. The International Conference for the Tenth Revision of the International Classification of Diseases recommended an updating mechanism, and also recommended that the next revision conference be held in 1999. These recommendations were approved by the Forty-third World Health Assembly. Based on the Assembly's endorsement of the Revision Conference's actions, an ICD-11 revision would come into force in 2003. This does not now appear reasonable if the traditional approach is followed, but not enough is yet known to determine if

interim updates will obviate the need for a revision *per se* rather than a reprinting incorporating the modifications which had been approved up to that point.

When this issue was raised at the 1997 Centre Heads meeting through the draft long-term strategy, it was agreed that there should be an evaluation of the updating mechanism after three years and this evaluation has, therefore, been addressed in the plan of action section of this paper. It was further agreed that discussions regarding ICD-11 should be deferred until the completion of this evaluation and consideration of the results by WHO and the Centre Heads.

## 2. *Maintaining/supporting the classification*

It has been previously indicated that, within the family of classifications, the ICD three-character core classification and its immediate derivatives should receive the highest priority. However, the classification, and the ways in which it is distributed, maintained, and revised are in transition. Its uses and applications are also changing at an accelerated pace. It is no longer appropriate to use the same mechanisms of support as have been used since the inception of the classification over one hundred years ago.

As noted in the section above, this plan does not assume that the classification will remain essentially static during a given "revision cycle" of, say, ten or fifteen years. Rather, it is assumed that the updating mechanism will keep the ICD relatively up to date and error free. This mechanism will introduce necessary changes while resisting pressure for highly parochial or trivial modifications, a task which requires careful examination of statistical as well as classification issues. The efficient dissemination of the updated material is a challenge that must be given immediate, high priority attention. In addition, it is assumed that printed versions of the ICD will become less important and that the medium of choice for distribution of the classification and its associated products will be electronic. Because of these assumptions, a large body of prior experience in dealing with ICD matters and their associated timetable probably will no longer be applicable. On the other hand, new approaches will hopefully bring efficiencies and improved timeliness of products - but there will be a cost as well to bring the ICD and related health classifications into the 21st century.

An important consideration for WHO health-related classifications for the immediate and longer-range future is the medium on which the classifications and related material are distributed. Electronic versions, in the form of floppy disks and CD-ROMs, are already in use and are often the preferred medium rather than paper-based products. These forms of storage of information or similar but technologically improved storage media will probably continue to replace the use of paper versions. However, distribution on media of these types is relatively easily controlled by WHO for purposes of copyright protection and for revenue-producing sales. Just as with printed products, the Organization can establish policies regarding free distribution of items, reduced pricing for, say, developing countries, pricing for other Member States, and

pricing for non-governmental or commercial uses. It can negotiate terms for uses which incorporate the classification(s) into software or other proprietary data systems as part of the copyright protections. At the same time, recognition must be given to the fact that the development of WHO's health-related classifications often is partially dependent on technical and resource support of some Member governments, NGOs, and other outside agencies and organizations. Accordingly a clear statement of pricing policy for electronic products should be rationalized and publicized as part of the overall strategy for the ICD. This policy should make allowance for the fact that the ICD is an international standard and required for specified applications.

Another essential consideration for WHO health-related classifications for the immediate and longer-range future is access to electronic products either for viewing or for downloading from the Internet. The Internet has become a common and convenient vehicle for the rapid sharing and transfer of information on a worldwide basis. Many ICD products lend themselves well to this process as part of the goal of widespread dissemination and use of the classification and publication on the Internet not only promotes this dissemination and use but also provides an avenue to make updates, clarifications, interpretations, etc. available to users on a timely and efficient basis. Therefore, Internet publication seems like a highly desirable objective, but equitable access policies must be developed first.

To protect the copyright and to address revenue concerns, Internet availability of the ICD should not result in a way to get around the pricing schedules and policies for printed or electronic media items. This suggests that Internet availability should be based on password access for those previously given authorized access, password access for those who pay an appropriate fee while on line (e.g., by payment via credit card - a common practice for many other Internet services), or free for those materials and demonstrations that should not be associated with a fee (such as, say, errata, updates, and descriptive material.).

### ***3. Classification-related tools***

In association with the core classification and its immediate derivatives, there is a set of closely related tools which support and enhance the quality and utility of ICD data. These include items such as:

(a) conversion and equivalence tables;
(b) bridge coding exercises and comparability ratios;
(c) training materials and software (e.g., TENDON);
(d) automated encoding and coding-assisting software (e.g., MICAR, LUCID);.
(e) data presentation methods (e.g., tabulation lists);
(f) analytical methods (e.g., multiple cause of death analysis).

When planning core classification activities, these and similar tools which support the use and interpretation of the classification should be given similar priority as the work on the basic classification itself. However, the

actual tasks may be appropriate for development by one or more of the Collaborating Centres with coordination by HST, rather than all being undertaken centrally.

Once developed, tools supporting the use and interpretation of the core classification and its immediate derivatives should be evaluated and, where appropriate, advance plans drawn up to keep them in synchronization with changes in the classification(s) and with technological and methodological advances.

Most, if not all, of the developmental work for these tools lends itself to decentralization to Collaborating Centres or other appropriate institutions, requiring for the most part only coordination from WHO. If undertaken on a voluntary basis but with sufficient advance notice, the Collaborating Centres can make significant contributions while providing important support to Headquarters. At the same time, such activities strengthen the capabilities of the Centres and assist them in their own staff development.

## B. Other Key Issues

### 1. *Promoting and implementing ICD-10*

Once a new revision of the ICD and the associated tools have been developed, one of the important roles of WHO is to facilitate and/or assist with the ICD implementation among existing ICD users. Another role is to expand the use of the classification to additional countries and/or from mortality application only to both mortality and morbidity applications. Promoting and implementing ICD-10 worldwide was, in fact, seen by the Centre Heads at their 1997 meeting as the first high priority, short-term task. The Centre Heads expressed concern about the many parts of the world, including countries in Africa and Asia, where the ICD is not currently used.

The promotion and implementation roles do not rest with HST alone but rather rest, to a large extent, with the WHO Regional Offices. Some of these offices deal with a large number of countries and may also deal with a wide variety of national languages (for many of which there are no Collaborating Centres). A few of the Regional Offices have established an internal level of competency in this regard while others have established a roster of individuals who can be brought in to assist them on a periodic basis. Other offices have, in the past, relied on resources from HST and the Collaborating Centres. As the quantity of classification expertise available at HST has diminished and the resources available through or from the various Collaborating Centres for the classification of diseases may also be limited, the Regional Offices who have not built up their own bases of expertise may have difficulty fulfilling these roles.

The ICD is only one component of a national health information system and, with the increasing technical complexity of both the classification itself and the informatics support to health information systems, a coordinated, team approach to providing assistance to countries has become necessary. Such an

approach necessarily involves several areas within WHO including the Regional Offices.

## IV. A PLAN OF ACTION FOR ACTIVITIES THROUGH THE YEAR 2010

### A. Promoting and Implementing ICD-10

**1. Finalization of the three-character version.**

**2. Review of pricing policies and distribution activities.**

**3. WHO Regional Office involvement.**

### B. Updating the Classification

**1. The updating mechanism.**

Now that an updating mechanism for ICD-10 has been formalized, it must be operationalized under the coordination of HST and with the cooperation of Collaborating Centres, something which will require a substantial commitment of resources. Users of the classifications must be encouraged to contribute to this updating through the agreed upon routes as described in Annex 3. The results of the updating must be widely disseminated to ensure that they reach all users. The following are some specific activities that must be undertaken:

There should be widespread communication and publication of the process for submitting requests for change(s) to ICD-10 (including the contact information for the Collaborating Centres and their areas of responsibility).

Changes that are accepted at Centre Heads' meetings must be disseminated electronically with a clear indication of their effective date. A revised classification should be made available in English and French on diskette and CD-ROM, with details of the actual changes available via the Internet.

Changes introduced into ICD-10 must also be reflected in all language versions, adaptations, and any associated tools.

In addition to changes to ICD-10 which require international agreement through the updating mechanism, there may be minor modifications which are introduced in national versions of the classification. Such modifications should be distributed by Member States to WHO/HST and to the Collaborating Centres for information.

An issue that must be considered in the updating of ICD-10 is the relationship between the content of ICD-10 itself and the content of other members of the family of classifications, particularly the specialty adaptations. One phase of the ICD-10 updating mechanism that cannot be overlooked is that of assuring consistency between the family members. Similarly, proposed

modifications to family members must be evaluated in terms of their impact on ICD-10.

**2. Evaluation of the updating mechanism.**

**3. Future revisions of the classification.**

**4. Review and evaluation of classification-related tools.**

C. **The Family of Classifications**

**1. Parameters of the family.**

**2. Prioritizing work on family members.**

*Guidelines for prioritizing work on components of the Family of Classifications*

the ICD three-character core classification
speciality-based adaptations
other health-related classifications

**3. International classification of medical procedures.**

A number of countries and regions have already developed their own procedure classifications in a manner relevant to their health care systems and any case-mix activities. The development of a universally relevant international classification of medical procedures that could be kept current in the face of almost daily changes is not considered practical. Mechanisms need to be found, however, to make some of the new classifications available to a wider range of countries where they may be relevant. WHO Regional Offices could assist in facilitating this process. In addition, WHO Collaborating Centres are seen as an important resource for assisting countries in the development of national procedure classifications relevant to their needs.

HST should request Regional Offices to contact Member States to determine their needs in relation to medical procedure classification. This contact should not, however, imply that an international procedure classification will be provided. Once information about national needs is available, a decision should be taken by WHO with respect to proceeding further on the development of a taxonomic approach for the classification of medical procedures and the preparation of guidelines for the establishment of national procedure classifications (something which has already been included in the plan of work for the 1998-1999 biennium).

**4. Clearing-house function**

## D. Roles, Responsibilities and Resources

It is clear that WHO must retain a core role in the development and maintenance of the ICD. First, it is the ICD proprietor, and must retain ultimate responsibility for approval of updates, technical standards and copyright issues. Second, WHO must promote the ICD family globally, and assist or facilitate implementation of ICD-10. Third, the ICD is an essential infrastructure within WHO for the description of the global health situation and trends. Fourth, there is the need to coordinate the activities of Collaborating Centres for the Classification of Diseases and the ICD-related activities of the Regional Offices.

**2. Succession planning.**
**3. Provision of informatics support.**
**4. Enhancement of classification-related networks.**
**5. WHO Collaborating Centres for the Classification of Diseases.**

It was recommended at the 1997 Centre Heads meeting that a German-language Collaborating Centre should be designated in the short-term as a natural and necessary extension of the existing network. In the longer term, it was seen as a medium priority that a mechanism be developed for deciding on the need for additional centres.

## V. CONCLUSION

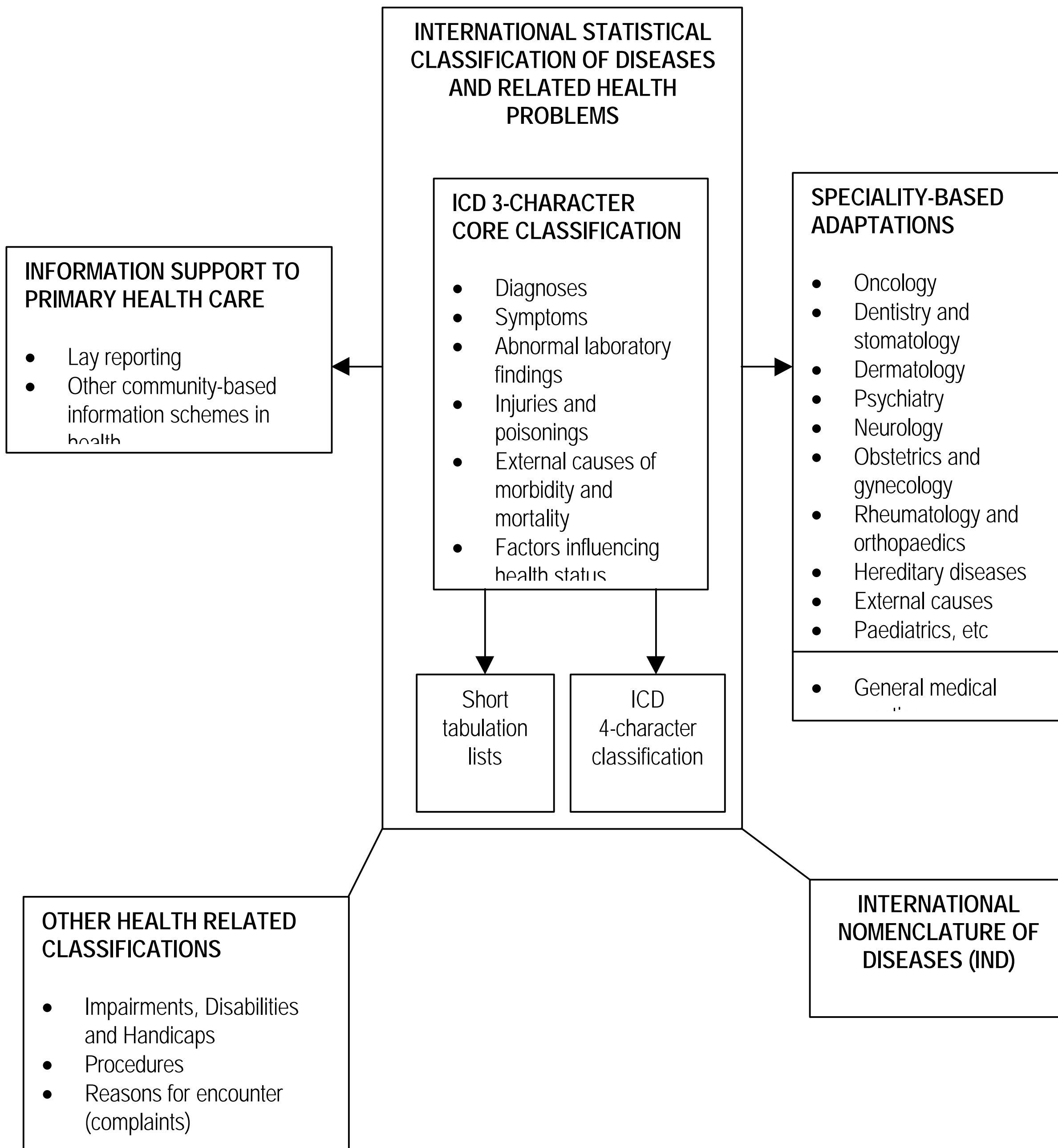
This document has attempted to highlight the importance of the ICD and associated classifications and tools both to WHO and to Member States. A number of strategic issues which pertain to the development and management of the ICD itself and to other health-related classifications are identified. A plan of action for the next decade or so is proposed.

A draft vers ion of this long-term strategy was discussed at the 1997 meeting of the Heads of WHO Collaborating Centres for the Classification of Diseases. These discussions resulted in a number of actions and recommendations from the meeting and these have been incorporated into the present paper. At their meeting the Centre Heads committed themselves to working in partnership with HST, Regional Offices, and national and specialty groups on a common workplan.

In implementing this strategy, further discussion will be required between HST and the Collaborating Centres and between HST and other areas within WHO. There is also a requirement for the commitment of additional resources (both human and financial) to support and enhance the Organization’s classification activities. These activities and their outcomes are the foundation for much of the Organization’s work and are critical to the development and enhancement of health information systems at the national, regional, and international levels.

*Annex 2*

# Family of disease and health-related classifications



*Annex 3*

**Updating Mechanism for ICD-10**

Recommendations in the draft WHO long-term strategy document (WHO/HST/ICD/C/97.39) and in papers from the North American and Nordic Centres regarding the updating of the ICD were reviewed. It was agreed that issues for updating might take two basic forms:

updates to the classification itself, i.e. correction of errors and additions
clarification of application and interpretation (of the classification and its associated rules) to establish international practice

After discussion, a mechanism for review of issues was developed that incorporated elements from each of the suggestions. The mechanism is illustrated in the diagram above.
The following points were discussed by the meeting and agreed:
Updates suggested should only relate to the ICD-10 and not to national versions (although they may come from national versions).
Updates, once agreed, should be applied to all language versions (if applicable) and specialty adaptations and should be reflected in related tools, as necessary.

Two separate bodies should be established: an Update Reference Committee (advisory to the secretariat and the Centre Heads, generally carrying out its activities by electronic means such as e-mail and facsimile); and a Mortality Reference Group (with decision-making powers regarding application and interpretation, working electronically and meeting once annually, if necessary)

The Mortality Reference Group will make decisions on the application and interpretation of the ICD as it relates to mortality and will refer updates/changes to the Update Reference Committee.
Mortality problems arising through the Mortality Forum (an electronic newsgroup) requiring decisions on application and interpretation will be referred to the Mortality Reference Group.
Morbidity problems should be directed to the Collaborating Centres and then to the secretariat for distribution to Update Reference Committee members.
There should be representation from the Mortality Reference Group on the Update Reference Committee (particularly to address proposed changes to Volumes 1 and 3 that would effect application and interpretation).
Collaborating Centres and the secretariat may nominate representatives to the Mortality Reference Group and the Update Reference Committee (nominations are not compulsory). Nominations from the Collaborating Centres should be made to the secretariat by November 20, 1997.
There should be a balance between morbidity and mortality expertise in the membership of the Update Reference Committee. The membership should

include clinicians, nosologists and users of statistics based on the classification (e.g. epidemiologists, statisticians and researchers) but should not exceed 20 members.

Once the Mortality Reference Group and the Update Reference Committee are operational, the replacement of members should be staggered to ensure continuity and balance.

The Update Reference Committee will be coordinated/chaired by the secretariat.

The secretariat will appoint a chairperson for the Mortality Reference Group.

The Update Reference Committee will be responsible for developing criteria for acceptance of changes to the ICD. These criteria will be established as part of the Committee terms of reference and will be tested by the Committee.

Recommendations made to the Centre Heads will be based on issues for which the Update Reference Committee has reached agreement by consensus. Where consensus is not possible, the issue may be referred to the Centre Heads for resolution.

Decisions from the Mortality Reference Group should be available from the WHO ICD-10 home page (directly or through a link) using the most suitable accessible technology. The decisions may be available from several sites (mirror or replicate sites) but, if so, they should all be updated concurrently.

Corrections of errors (e.g. typographical, spelling, inconsistency between versions) should be announced on the ICD-10 home page immediately. If a correction will have an impact on statistical collection, however, it should be treated as part of the annual update process and introduced with other updates.

Updates to Volume 1 of ICD-10 (and their associated index changes) should not be implemented immediately. For mortality statistics (which are based on a calendar year), updates become effective for deaths from the first of January of the second year following the October Centre Heads meeting (i.e. 15 months later). For morbidity statistics (which may be based on a fiscal/financial year), implementation dates will be dependent upon update mechanisms within individual countries. To avoid confusion, it was recommended that updates approved at the Centre Heads meeting not be made available until the following February.

To be considered at an October Centre Heads meeting, recommendations from the Update Reference Committee and the Mortality Reference Group must be submitted by the first of August.

If the Mortality Reference Group is to meet, it should meet by the end of June to allow finalization of recommendations by the first of August.

Although there will be an ongoing updating process, annual updates to the classification are not essential. Updates will be disseminated when they are sufficiently important or urgent, or when there is a sufficient volume to make dissemination worthwhile (based on the impact on language versions, specialty adaptations, and associated tools). Updates will not be issued more frequently than annually. The secretariat will have discretion in making recommendations to the

Centre Heads for implementation (including recommendations regarding the timing of such implementation).

*Annex 5*

**OTHER SPECIFIC ACTIVITIES PLANNED FOR THE PERIOD SEPTEMBER 1997 - DECEMBER 1999**

Development of three-character versions of ICD-10 in English and French for countries that do not have the infrastructure necessary to support the full four-character version.

Revision of ICD-O-2 (ICD-O-3).

Development of ICD-O-3 in French.

Development of an International Classification of External Causes of Injuries.

Finalization of Application of ICD-10 to Neurology (ICD-10-NA) and work on the French-language version.

Revision of ICIDH in cooperation with the Division of Mental Health and Substance Abuse (MSA).

NGO focal point for International Association of Cancer Registries (IACR) and World Organization of Family Doctors (WONCA).

Facilitation of TENDON training courses in English and in French as requested by the Regional Offices.

Preparation of guidelines for physicians and others certifying causes of death.

Participation in the development of a taxonomic approach for the classification of medical procedures and the preparation of guidelines for the establishment of national procedure classifications.

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[i] *Basic Documents, Forty-first Edition*, Geneva, World Health Organization, 1996, pp 2-3.