WHO-FICトリエステ会議要旨（暫定版）

WHO Family of International Classifications Network
Annual Meeting 2007

Trieste, Italy

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Summary

The meeting served to review all elements of the WHO Family of International Classifications. Highlights of this year's meeting were the revision of ICD, implementation strategies, linkages between WHO classifications and terminologies. Special attention was given to broaden participation in the Network's governance and improving outcomes with streamlined strategic planning.   The meeting assessed the work of the WHO-FIC Network, including Collaborating Centres (CC) themselves, and the various committees [Planning Committee (PC), Implementation Committee (IC); Education Committee (EC); Update, and Revision Committee (URC); Family Development Committee (FDC); Electronic Tools Committee (ETC)], and four reference groups [Mortality Reference Group (MRG), the Morbidity Reference Group (MbRG), the Functioning, and Disability Reference Group (FDRG), and the Terminology Reference Group (TRG)].

Special topic of the Annual meeting was "Information Power - Sharing Knowledge". The WHO FIC Reference Classifications (ICD and ICF) provide a framework to sharing information across different settings, sectors, and disciplines.   A round table panel of international experts discussed policies, technologies, and institutional arrangements needed to make best possible use of ICD, and ICF as a common language for disease, health, and disability, and the lessons learned in implementing information sharing initiatives.   A second panel addressed how WHO FIC classifications can empower users through issues of confidentiality, and patient safety.

Papers presented in the conference are available at the meeting web site (https://crs.sanita.fvg.it/WHO/ **and www.who.int/classifications/ <to be completed>). The views expressed in these papers are those of the named authors only, and do not necessarily represent WHO's or the WHO-FIC Network's views.**

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Annex: References to the committees' and reference groups' reports

1. Opening

The WHO Family of International Classifications (WHO-FIC) Network meeting was opened on 28 October 2007 by Senator Milos Budin, on behalf of His Excellency The Minister of Health, Italy; the Regional Minister of Administrational Affairs, Mr. Gianni Pecol Cominotto; and the Vice President of the Province of Trieste, Walter Godina. The officials welcomed the delegates to Trieste, and emphasized the importance of sharing information, and the power of knowledge in the context of health information systems ensuring that the information can be combined from different sources, and is used in an appropriate fashion to the cause of health of all citizens.

The Regional Minister of Health, Dr. Ezio Beltrame; Assessor of Social Affairs of the Municipality of Trieste, Mr Carlo Grilli; the Head of the newly designated Italian Collaborating Centre for the WHO-FIC, Dr Carlo Francescutti; the Chair of the WHO-FIC Planning Committee Ms Marjorie Greenberg; and Dr Bedirhan Üstün, WHO Coordinator, Classifications, and Terminology, welcomed the participants, and introduced the agenda, emphasizing the normative role of WHO, and the function of classifications as the building blocks for sound health information systems. In this respect, the WHO-FIC Network is working towards producing international public goods, which aim to enhance sharing information, local implementation, and global comparability.

2 Participants and election of officers

168 international participants attended the meeting from 10 WHO Collaborating Centres, and representatives from Ministries of Health or National Statistical Bureaus from 27 countries. The Agenda (annex 2), and the List of Participants (annex 3) are attached.

Members of the Network noted with regret that of the six WHO Regional Offices, only 3 (EURO, AFRO, and PAHO) had been able to attend the meeting. In addition, Spanish language centre (Caracas, Venezuela), and the former UK CC had been unable to send representatives. Members also urged continuing efforts to finalise the arrangements for proposed additional centres with the widest possible geographic coverage.

The WHO secretariat undertook to investigate more flexible solutions, both short, and long-term, to enable these delegates to attend the annual Network meetings, including the removal of possible financial obstacles.

The WHO Secretariat, assisted by representatives of the Australian, and North American Centres, were designated rapporteurs.

3 Committees, and Reference Groups

Each of the committees, and reference groups presented an annual report of its activities, and compiled a detailed meeting report for the relevant stream of work.   These reports are available on the meeting website.   (see annex 1).

All Reference Groups had their initial meetings ahead of the WHO-FIC meeting.   The plenary meeting heard the progress reports of the various reference groups, and cleared them for implementation.

The documents defining the role, and general governance of the reference groups are available on the WHO Classification website www.who.int/classifications/ .

4 International Classification of Diseases (ICD)

The work on ICD is organized in committees for education, implementation, technical tools and relationship to other members of the WHO-FIC. Technical issues are addressed by a morbidity, and a mortality reference group.

4.1 ICD Implementation

The status of implementation of ICD, and approaches for implementation were analyzed, based on experiences from several regions, and countries, as India, Brazil, and Thailand. A WHO database for the implementation of ICD, and other members of the WHO-FIC will be put online by end January 2008. Information is gathered through a questionnaire that is distributed to all applicants of translation rights, implementation support, and other key informants. A current morbidity use survey by the MbRG will further enhance the quality of information, and inform the ICD revision process, and existing information will inform the database.

Regional implementation networks of the WHO-FIC will address fostering information sharing, and implementation strategies. Procedures for regional networks will be based on experience, and the action plan for the Asia-Pacific Network. This Network was first convened in Tunis, October 2006, and had its second meeting in Kyoto, Japan, on 10, and 11 September 2007. It's three working groups will focus on a set of use cases: (1) Mortality, (2) Morbidity, disability, and functioning, and (3) Health information systems. This network also presented a pragmatic approach to (a) information sharing, (b) human resource development, and (c) academic activities. WHO-EURO will consider a European network in cooperation with the WHO-FIC IC. More regional networks will follow.

A small working group will develop a draft implementation toolkit at country level that includes details for rationale, steps, material needed, and possible stakeholders. A draft will be presented at the mid year meeting of the Planning Committee.

ICD-XM: National modifications of ICD are being combined in a common framework that is based on LexGrid, and ClaML. Some modifications are already available in this format. Others will follow as soon as the necessary confidentiality agreements are made.

Verbal Autopsy Manual for ICD: Verbal Autopsy is used for assessment of death, where no better alternative exists. WHO in cooperation with HMN, and other Networks has published a manual that teaches the appropriate use of ICD in this particular context. In addition, the manual contains a set of standard questionnaires for interviewers.

4.2 ICD Education

Education strategies are applicable to more than one classification. Cross-cutting activities are mentioned here. Specific efforts that relate to ICF are mentioned in the relevant paragraph, there.

An **orientation session** at the Annual Meeting informed new participants of the Network about the WHO-FIC and its overall activities. A tool kit for new WHO-FIC Collaborating Centres, and Centre Heads is being compiled. It will provide basic guidance on the Network, activities and committees. An initial version should be available in 2008. A list of abbreviations, and acronyms is updated regularly. A brochure on the WHO-FIC Network has been finalized and distributed at different meetings.

A **tool for electronic training** of certifiers of cause of death, and ICD-10 coders is under development in cooperation between WHO and members of the Education Committee. This tool can be used web-based or on stand-alone computers. A set of ICD materials has already been compiled, and reviewed. More materials will follow by the end of 2007 and cover the whole ICD. WHO is in the process of identifying a specialized company that will

convert the content of lessons and assessments into electronic training. The final set of materials will also permit paper-based training. The first version will be ready for pilot testing in May 2008.

Presentations of **best practice** of several countries for training and coding showed advantages, and disadvantages of different approaches. Training of the use of classifications should include improving the clinical documentation that is the basis for coding. The need to develop an empirical basis for the selection of training methods was discussed.

The Joint Collaboration (JC) of the Education Committee with the International Federation of Health Records Organizations (IFHRO) is carrying out the International **Training and Certification Program**. The work made considerable progress during 2007. An exam on underlying cause-of-death coding was developed with the Mortality Reference Group, and pilots of the examination, and certification processes for practicing mortality coders, and trainers were conducted by Korea, Canada, and the United States. First certificates were awarded to coders, and trainers at the 15th IFHRO Congress in Seoul, Korea in May 2007. Evaluation of the examination pilots will be completed by mid-2008.

4.3 ICD Updates

The high number of proposals for update required holding an additional session of the Update and Revision Committee (URC) before the start of the Annual Meeting of the WHO-FIC Network. Enhancements to the process for achieving consensus on proposals (Document A017_URC_Att_B) were decided.

125 proposals were reviewed by the Update, and Revision Committee in 2007. There were 113 new proposals, with 12 being brought forward from the previous year. 89 proposals were accepted, 14 proposals were held over for further research, 10 were converted to information only from the MRG as no change to the ICD was required, 5 proposals were submitted that affected the CIM-10 (French) only, 1 item was withdrawn during the meeting, and 6 items were rejected. Special attention was given to new codes for dysplasia of prostate; HIV complicating pregnancy, childbirth and the puerperium, Chronic kidney disease redefining the stages, and terminology used to describe chronic kidney disease as opposed to chronic renal failure; and tumour lysis syndrome. All changes will be published on the WHO website. The next major update of ICD-10 is deferred from 2009 to 2010.

The amount of parallel work updating, and revising ICD at the same time could be reduced, if consolidated revised parts of ICD-11 could be introduced step by step in national clinical modifications. This may allow a more seamless transition from ICD-10 to ICD-11. Such an approach would require WHO revising the copyright agreements of the relevant countries. No decision was taken.

Discrepancies between the French, and the English editions of ICD currently hamper the publication of the French edition. A decision process will allow systematic handling of these variations (Document A017_URC_Att_B).

The ICD-O-3 in French is in the final steps of its publication.

4.3.1 Mortality Reference Work

The amount of work required the Mortality Reference Group (MRG) to hold a 2 day pre-meeting. Nearly 80 issues were discussed in the pre-meeting. There were 10 decisions where no change was required. 21 proposals were brought forward to the URC. The remaining topics require further discussion.

Progress was made on drafting a unified perinatal, and standard certificate of death. The tool for automated coding (IRIS) will be ready April 2008. Other topics included sudden infant death syndrome, and mechanisms for improvement of cause of death information.

The MRG wished to define its role in the ICD revision process. Appropriate mechanisms were decided in the ICD Revision session.

4.3.2 Morbidity Reference Work

Ongoing work on clarifying ICD conventions for ICD-11, and revision topics for topical advisory groups (TAGs). The current early drafts were submitted to the Revision Steering Group for information. Proposal of new, and updated codes, and terminology for sepsis, nosocomial infections, bacteria, and patient safety concepts.

ICD-10 (Chapter 21) and ICF differ in classification of the same environmental factors. The two classifications should be harmonized. In the same context pro and con of a risk factors classification were discussed.

ICD-9 related corrections to the International Shortlist of Hospital Morbidity Tabulation (ISHMT) were agreed, and some changes to definitions using ICD-9-CM codes were recommended. The changes will be published on the WHO website.

The MbRG submitted 12 proposals to the Update, and Revision Committee (URC) in 2007, with nine accepted during this WHO-FIC meeting.

The MbRG wished to define its role in the ICD revision process. Appropriate mechanisms were decided in the ICD Revision session

Kerry Innes (Australia) succeeds Dr Richard Madden (Australia) as co-chair of the MbRG.

4.4 ICD Electronic Tools

A Classification Tool Kit (CTK) will support the WHO and its WHO-FIC-Network in maintaining and publishing the WHO-FIC classifications. After 2 years of joint development, the German-CC and WHO were able to present now the beta version of the CTK. A training workshop with 16 participants took place previous to the Annual Meeting. The trainees were able to work well with the CTK; and gave useful suggestions for further development of the tool. Copies of the tool were distributed to the participants of the workshop and the Annual Meeting.

The eFHROM tool (electronic Function, and Health Related Outcomes Module) needs technical improvements. Different business models for its implementation, maintenance, and further development have to be identified, as committing national resources, or donating the intellectual property to the international common good through WHO, and it's Network of collaborating centres.

The CTK and the Revision tooling environment relate to ICD, and the Classification Mark-up Language. The two groups of developers should jointly formulate an information model for ICD, ensuring consistency in their mutual software development.

4.5 ICD Revision

Following discussion at previous Network meetings, the World Health Organization (WHO) started the revision of the International Classification of Diseases (ICD) to keep up with recent progress in health care and the use of information technology in the field of health, and to improve the basis for comparison of health information across countries.

WHO started the revision process in April 2007 with a press conference and a letter of its Director General to the Member States. The first meeting of a Revision Steering Group (RSG) to oversee the revision took place in Japan from 16 to 18 April 2007. The committee is chaired by Dr Christopher Chute and includes members of the WHO-FIC Network, chairs of Topic Advisory Groups and WHO. The Revision Steering Group has been established as an oversight mechanism, as the planning, and steering authority in the revision process. Each

main area of revision will be worked through a Topic Advisory Group, and multiple workgroups.

The ICD 11 revision will proceed in three phases: (1) systematic review of scientific, clinical, and public health evidence relevant to classification, (2) creation of a draft ICD 11, and field-testing it (3) development of meaningful linkages to standardized health care terminologies to facilitate communication, standardized data processing, and research. The traditional form, and uses of the ICD for mortality, and morbidity reporting will be maintained. There will be three interoperable views for 1) primary care, 2) clinical specialty care, and 3) research. The evolution in computer sciences offers a set of tools that allow capturing the semantic dimensions of diseases in an ontology, meaning clear knowledge representation in ICD, linkage to the various other systems mentioned above, and usability in the context of electronic health information systems. Material from other WHO classifications, notably the (ICF), and national modifications of ICD will improve the ICD content. The revision process will also re-align ICD with the other WHO FIC members. Agreed collaboration with the International association of primary care physicians (WONCA) will harmonize the revised ICPC with ICD.

The revision process will make use of distributed web-based tools such as a structured open database platform to collate suggestions, discussions, and evidence. A structured Wiki-like tool will be used to generate the successive drafts of ICD 11. Users will engage in field trials through the global web based platform. This internet based knowledge management, and sharing process will allow broader participation of multiple stakeholders in the creation, and review of the new classification. Relevant rules, taxonomic guidelines, and the organization of the revision work have been described in a basic document that outlines the full revision process.

Currently, Mortality and Morbidity are the most relevant use cases for ICD. Long standing expertise of the WHO-FIC Network in this field will be used to inform the RSG. To facilitate this, the co-chairs of the MRG and MbRG will be regularly briefed by the RSG on developments. During the revision process, the MRG and MbRG will discuss relevant issues and submit appropriate advice to the RSG and TAGs to ensure that ICD-11 has a sound taxonomic foundation and strikes a balance between innovation and stability, upon request.

Different Topic Advisory Groups will deal with the fields of medicine. A TAG for mental health has been convened under the auspices of the WHO Department of Mental Health, and Substance Abuse, has met and started work. A special highlight is the envisaged alignment between ICD, and DSM IV. The TAG Rare Diseases is formed by ORPHANET, and a European Taskforce for Rare diseases that are funded by the European Commission, and the French Government. Collaboration with the US NIH will provide additional resources, and input. The group has compiled a database of 7000 phenotypes of rare diseases. The work of this group will include the ICD chapter for malformations, genetic diseases, and malformations. The TAG for injuries, and external causes will thoroughly revise the anatomy axis or the "intent" and "mechanism" of accident of the relevant chapters of ICD. Categories of ICD-11 have to be in line with the ICECI (International Classification of External causes of Injuries), ATC (drugs), and Patient Safety Classification (under development). The group is being formed; resources have to be identified. A TAG for Internal Medicine will work on haematological, metabolic, respiratory, circulatory and gastrointestinal diseases, nephrology, and rheumatology. Working groups for gastrointestinal, and for renal diseases are ready to start work. The group is exploring possible experts to work on the other specialities of internal medicine. For neoplasms, a group group is being formed in collaboration with IARC. The IARC publication on WHO Classification of Tumours series (Blue Books) contains definitions of all tumours (e.g. histology, imaging, genetic), the ICD-O, and the TNM classification will play a major role in the revision work.

WHO is exploring chairs and experts for TAGs of not yet covered areas of medicine. Contacts have been established for infectious diseases, diseases of the eye, dental diseases, maternal, and perinatal conditions, as well as children, and youth diseases. ICD-11 will improve representation of differences in disease in adults, children and elderly.

WHO has secured initial resources covering meetings of the RSG, and the development of the internet-based revision platform. Extensive work will be done on this knowledge sharing platform. WHO is informing relevant experts through NGOs, collaborating centres and ministries. More funds are necessary to ensure that TAGs can meet, and work effectively. The WHO Business Plan for Classifications will seek to generate resources from public-private partnerships with adequate precautions on possible conflict of interest.

Members of the WHO-FIC network see many benefits in linking ICD (and all WHO classifications) with terminologies. They understand that WHO sees this as one of the main aims of the revision. It is WHO's intention to "identify core constructs and concepts of ICD 11 using terminology/ontology tools to formalize the concepts and constructs using SNOMED-CT and/or any other terminology. This formalization will be useful in creating knowledge linkages (also known as mappings) and algorithms for assessment tools or Clinical Interface and possible Decision Support Systems." They also understand that the ICD in different views for different purposes would be derived by aggregation rules from this knowledgebase. This forms Stage 3 of the revision process.

Stages (1) and (2) of the process involve the creation of ICD 10+ (a compilation of scientific, clinical and public health evidence for revision) and the creation and field testing of a draft ICD 11.The extensive work of the Topic Advisory Groups and the WHO-FIC, which is already underway, is expected to deliver these first 2 stages. These improvements to the classification for statistical purposes are seen by the network members as a mandatory and minimum outcome of the revision process.

Network members note that – besides the technical platform – the enormous amount of intellectual work that will be necessary to undertake Stage 3 of the revision process is seriously underfunded. They consider this to be a significant risk to the achievement of all stages of the process and feel that a thorough risk analysis is necessary.

Network members therefore propose that the results of stages 1 and 2 should be made available periodically to the ICD-10 update process. Depending on whether the structure and content of material developed in stages 1 and 2 is conducive to being added into the older ICD-10 structure, when appropriate it should be used to update and enhance ICD 10. This will facilitate the transition from ICD 10 to ICD 11 as smoothly as possible to avoid major disruptions of health statistics and case-mix systems and provide a means of "field testing" for ICD 11.

5 International Classification of Functioning, Disability, and Health (ICF)

ICF work is structured along different streams of work that relate to implementation, education, updates and electronic tools. Technical issues are solved by the Functioning and Disability Reference Group.

5.1 ICF Implementation

The state of the art of ICF implementation at country level according to the four strategic areas for ICF implementation was reported from 16 countries, and relevant issues for an implementation toolkit for ICF were discussed. A new template for information collection on ICF use (implementation, educational materials, and electronic tools) will be used for updating the information database on ICF. This information will be included in the WHO implementation database on the WHO-FIC members.

The meeting reviewed the progress in several strategic directions for ICF implementation. The four strategic directions are (1) health, and disability statistics, (2) health outcomes at clinical, and service level, (3) information systems, and (4) social policy. A proposal for a work plan for an ICF personal factors classification will be prepared by the ICF Research Branch of the German Centre with advice from FDRG volunteers. Possible collaboration with interRAI is to be explored

South Africa, the Nordic Centre, and Italy informed about current use of ICF in statistics, and related measurement; social science and children's rights. The adaptation of ICF for Children and Youth (ICF-CY), and a global project on monitoring health, and disability of children have been launched immediately preceding the Annual Meeting. ICF ontology development, and terminology mapping was discussed.

A Project Group will summarize a literature review, and prepare a draft outline of generic guidelines that will assist people wishing to use the ICF for the wide range of its possible uses.

The Italian Centre with advice from FDRG interested members will prepare a work plan for Global Program on Monitoring Health of children

A SharePoint site will be established for communication and information sharing among the FDRG contributors.

5.2 ICF Education

A project to develop basic training materials for ICF is being conducted jointly by the EC and the FDRG. A draft core curriculum for introductory courses on ICF was developed during 2007, for further comment, and revision in 2008. Existing ICF training materials have been solicited, and a questionnaire regarding best practices, and coding guidelines circulated to the developers. These materials, and questionnaires will be reviewed, and analyzed, and will contribute to development of the basic training material for introducing ICF. The ICD training tool project will inform the process for training tools for the ICF.

5.3 ICF updates

In 2008, a working group of the FDRG will draft an ICF update strategy for agreement with URC. The WHO secretariat will arrange for the ICF Update Platform to be running so that update proposals can be submitted, as from ICF-CY. In addition, it was suggested that each collaborating centre put forward at least one expert in this field to support this initiative. ICD chapter 21 has common topics with parts of ICF. A group will identify Key ICF terms, towards harmonising the language across the two classifications. The potential for broader work will be reported to FDC.

The ICF Children and Youth version was launched on a meeting on 25-26 October 2007 in Venice, Italy.

The FDRG is planning a range of work around ontology and terminology for ICF. This includes identifying top level entities, and an information model for ICF, modeling selected ICF components in Protégé, identifying use cases, linkages with other classifications, and assessment instruments

5.4 ICF use

ICF use has to be harmonized collaborating with the "Washington City Group", mapping measures and assessment systems to ICF, and developing category reference scales. A first version of the Generic ICF Core Set, and ongoing development and improvement of context oriented ICF Core Sets will further improve usability of ICF. During the year, a draft paper on 'Relating ICF to UN Convention for Monitoring' will be completed and elaborate this use of ICF. A draft paper on 'Operationalising EF' will be prepared for publication, and work will

continue on a literature review expanding on measurement of Environmental Factors for children, and youth.

5.5 ICF Electronic tools

The eFHROM tool (electronic Function, and Health Related Outcomes Module) needs some minor technical improvements. Different business models for its implementation, maintenance, and further development have to be identified, as committing national resources, or donating the intellectual property to the international common good through WHO, and it's Network of collaborating centres.

6 International Classification of Health Interventions (ICHI)

ICHI is included as a reference classification within WHO-FIC. To date, the classification has been marked as under development. In line with the decisions of the 2006 meeting, there was work during 2007 on the background, need for, and possible structure of ICHI. This work was presented, and discussed.

The overall approach, and suggested dimensions were broadly supported. In particular, ICHI should not include the provider of the intervention or diagnostic of functioning information. A broader group will take forward the work in 2008. The aims include a sound structure consistent with relevant information standards. To populate the structure, the intention will be to begin with existing material, and then expand the scope progressively. Selected EU short list interventions will be included as examples.

7 WHO-FIC - other Fields

7.1   International Classification of Traditional Medicine (ICTM)

In line with the outcomes of the 2006 meeting, an alpha version of the classification was provided for this meeting. The Network welcomed progress since 2006. It was agreed in principle to include the alpha version of ICTM-EA as an alpha version of a related classification in the WHO Family of International Classifications. The comment of the WHO-FIC-Network on the alpha version will be sought by 31 January 2008; feedback from the ICTM-EA group on these comments will be sought by mid March, so that a final decision of the WHO-FIC alpha status can be made in April 2008.

7.2 International Classification of Nursing Practice

The International Council of Nurses had sought inclusion of ICNP in WHO-FIC as a related classification, and had submitted the appropriate formal application material. The WHO-FIC welcomes ICNP. More time is necessary to review the classification. As a result, the initial WHO-FIC status will be as a beta version of a related classification. The FDC will receive comments and accordingly review the beta status, in April 2008. The Council will be asked to answer comments and questions of the FDC and possible issues of alignment of ICNP with other WHO-FIC classifications, in a paper at the 2008 Annual Meeting.

The Hospital Data Project 2 has formulated a selected list of hospital procedures for international comparison of hospital activity, and will report further progress.

The FDC will undertake a scoping study on the classification of health services.

7.3 Links among WHO-FIC Classifications

After an update on development of the ATC by the WHO Collaborating Centre for Drug Statistics Methodology, it was agreed that that Centre, and the WHO Collaborating Centre for International Drug Monitoring would bring to the Revision Steering Group a proposal for

use of the ATC in ICD-11. Links between ICD and ICPC and ICF are addressed in the revision of ICD.

8 WHO-FIC and Terminologies

A Terminology Reference Group is meant to address the linkage between classifications and terminologies. Martti Virtanen, and Marcy Harris will continue as chairs. Pierre Lewalle from WHO-CAT was elected to secretary of the TRG.

TRG will develop a workplan and identify resources and centres of excellence with responsibility. It will identify terminology representation issues within classifications. Collaboration around SNOMED-CT has been arranged with the International Health Terminology Standard Development Organisation (IHTSDO). The property rights of SNOMED-CT have been transferred to this organisation. WHO-CAT together with some members of WHO-FIC network had a meeting with IHTSDO board members in August 2007. Discussions will continue in a second meeting with IHTSDO in Geneva November 2007, to share ideas about ICD-11 between WHO, and IHTSDO, and types of relations to be built, resources, and IP issues. A key issue in the co-operation will be the mapping of SNOMED-CT with ICD, and other WHO-FIC classifications. The practical forms of this work are still open. The technical demands are considerable.

TRG membership will be expanded with representation across regions, and languages with responsibility at TRG. This is a key issue, because WHO desires to publish in six official languages. TRG should work on this to assure multi-lingual representation, and the tools to assure this. This also contributes to concept validity of the concept representation. We need to create a background, multi-lingual conceptual representation as a paper to share with constituency, and assure across network distribution.

A new item for plan of work was proposed: To bring to the discussion table all those who engage in mapping terminologies, and classifications around the world. This was regarded to be an important topic, and the chairs, and WHO-CAT secretariat will look for possibilities to accomplish this as an electronic forum. During the meeting, there was a report from the floor about mapping of Korean terms of both western, and traditional medicine to English. This work needs to be reported in more details in the future.

Different statements were made: Conventional lexical matching is useful for bridging at key points. Mapping has to be fit to purpose; mapping has to be carried out by persons knowledgeable of both source, and target systems. A harmonization board that will focus initially on conventional mapping efforts, and shared opportunities to build on existing maps, standards, guidelines, validation processes, etc. Terms of reference for a harmonization board have to be formulated by a working group (Lewalle, Harris, Virtanen, Innes).

The Semantic Health Project is working on a roadmap towards semantic interoperability of health information systems, presentation made by Pieter Zanstra

9.Business Plan

In 2004, WHO-CAT produced a "Business Plan" (BP hereafter) with the involvement of the WHO FIC Network including regional offices, and possible other stakeholders, to ensure sustainable maintenance, and work on WHO's classifications. The BP formulated the strategy, and vision for WHO FIC in selected areas open to partnerships with external public, and private parties in six areas: Information Paradox, ICD Revision, ICD-XM and case mix groupings, ICF, Classifying Interventions and Linkages with Health Terminologies. It was envisaged for 2005-2011 with periodic reviews. A consultation meeting on the business plan was held in Tokyo/Odawara, Japan, on 22-24 April 2007 evaluating the progress, and exploring possible alternative business models with potential public or private partners. Two work streams were added:

traditional medicine, and primary care. Professional business consultants will be invited to review the BP, and specify the alternative business models, and seek relevance, and feasibility of the BP work streams to potential stakeholders. The eight relevant fields of activity of CAT were analyzed for Business as Usual (BAU) versus proposed Alternative Business Models (ABMs) in low, medium, and high resource environment. Potential economic & business parameters, stakeholders, and interested parties of the proposed ABM were identified:

- Sales of WHO FIC books and other electronic products
- Royalties from intellectual property
- Re-organization of the some parts of the WHO FIC Network as a Classifications Standards Development Organization.   In this model, a non-for-profit SDO generates fees directly from countries that use the current classifications.
- Finding new partners to support main lines of development.

10.   Strategic Work Plan

The Network updated its "strategic work plan" as the key monitoring and evaluation tools to track progress, plan and distribute tasks.

The strategic work plan lists detailed tasks and activities to be carried out by various entities such as the WHO/HQ, Regional Offices, Committees, Reference Groups or others.   The work plan is reviewed annually.   In the past, the workplan was discussed and updated in a plenary session; and it was structured like a simple list.   This year, the work plan was reviewed two months before the Annual Network Meeting in the Planning Committee.   Each chair took it back to their corresponding group that discussed outcomes, and suggested additions or deletions for next year. The Network reviewed and agreed on the plan without additional changes in a plenary session.   WHO-CAT will transfer the current workplan to a project management tool.   The new structure will improve identification of gaps, overlaps, and missing information.   Higher precision in task assignments and time estimates will improve reality based planning.   The level of granularity in the representation of individual tasks has to be determined, yet.   WHO-CAT with gather the necessary additional information from relevant chairs.

12 Network Governance

A new, broader executive structure of the WHO-FIC Network now includes all relevant stakeholders of the WHO-FIC Network. In the past, decisions for the WHO-FIC Network were prepared by a Planning Committee (PC) that was composed of chairs of Committees and Reference Groups, and the heads of collaborating centres that carried out the Annual Meeting of the previous year, the current year and the next year.   Only some Heads of Centres were part of this central body. All centres (designated, and under designation) contribute to WHO's efforts, and should be part of the executive discussion.

Under the new proposal   A "Council" will accommodate the need of broader participation in the core decision process of the WHO-FIC Network.   The "Council" is composed by the Heads of Centres (designated, and under designation), Committee Chairs, Reference Group Chairs, and the Chair of the RSG will collaborate with WHO in the governance of the Network.

A Small Executive Group will prepare relevant decisions that will be discussed in the Council. The Council will discuss the decisions on quarterly conferences, of which two will be conducted via phone, and two will be held face-to face (mid-year meeting, and annual meeting).   The chair will be elected by the Heads of nominated Collaborating Centres because these centres are the only legal bodies of the Network that have official

(contractual) relationship to WHO. Only heads of such a centre are eligible for this post. The members of the Council will propose candidates for the election.

This year, 2007, the term for the chair of the PC ended.   The heads of the designated centres held an election for the post of a chair of the Council.   Two candidates were proposed by members of the "Council".   Both candidates received an equal number of votes in two ballots.   The Heads of Centres, and the two candidates agreed on co-chairing of the two chairs.   The Network agreed that each Collaborating Centre would continue to have one vote for decisions that relate to Network and WHO-FIC.   In meetings of committees, and reference groups, in cases where the sense of the group is required, each country will have one vote.

13 Network Meetings

In 2008, the WHO-FIC Network will meet from 26 October to 1 November 2008 in Delhi, India. The meeting will be organized by WHO-SEARO, with additional support from the Indian Collaborating Centre (under designation).   "Public Health Informatics " will be the special topic 2008.

Dates and venue for the mid year meeting of the Council will be determined by WHO in discussion with the Small Executive Group.

Annex 1, References to committee reports

All documents are published on the website of the 2007 Annual Meeting of the WHO-FIC Network

https://crs.sanita.fvg.it/WHO/

- Planning Committee (Documents C004, ___)
- Implementation Committee (Documents C010, ___)
- Family Development Committee (Documents C008, ___)
- Update, and Revision Committee (Documents C005, ___)
- Education Committee (Documents C002, ___)
- Electronic Tools Committee (Document C007, ___)
- Mortality Reference Group (Documents C001, ___)
- Morbidity Reference Group (Documents ___, ___)
- Functioning, and Disability Reference Group (Documents C009, ___)
- Terminology Reference Group (Documents C006, ___)