



**European Union  
Statement**

**WHO  
72<sup>nd</sup> World Health Assembly  
(20-28 May 2019)**

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**Agenda item 12.7 - ICD 11**

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**Geneva, 25 May 2019**

**- CHECK AGAINST DELIVERY -**

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**EU Statement**

Honourable Chair,

Distinguished Director-General,

Colleagues,

I am speaking on behalf of the European Union and its Member States.

The Candidate Countries Turkey, Montenegro<sup>1</sup>, Serbia\* and Albania\*, the country of the Stabilisation and Association Process and potential candidate Bosnia and Herzegovina, as well as Ukraine and Georgia align themselves with this statement.

The European Union and its Member States appreciate the extensive work done by the Secretariat to revise the International Classification of Diseases and Related Health Problems (ICD).

We welcome the eleventh version of ICD as a response to the current state of affairs in medicine whilst and adapted to the digital environment we live in today.

In order to make ICD-11 successful the European Union stresses the importance of a well-balanced strategy for implementation. Taking into account the increasing

<sup>1</sup> Montenegro, Serbia and Albania continue to be part of the Stabilisation and Association Process.

complexities and interdependencies within the care and cure domains this should not be taken lightly. Many governments are faced with challenges regarding increased health demands, declining workforces and budgetary limitations. Also many governments are already investing in digitalization, standardization and other improvements of the health care process. Expectations on increased efficiencies put a heavy strain on care professionals and IT-experts.

As the use of ICD in health information environments in member states is very complex, we recommend the development, publishing and sharing of information guidelines and best practices to ease the implementation process. This is necessary for improved data standardization and promoting semantic interoperability.

Therefore we request the Director-General to actively maintain a comprehensive and accessible support platform. Information material, training for key users and implementation tools should be provided to assist member states in the transition process.

Regarding the complex process as mentioned before we welcome the important reference to a transitional period of at least five years from the introduction of ICD-11, during which WHO must support reporting of statistics in both ICD-11 and ICD-10.

Finally, the European Union and its Member States urge the Director-General to guard the linkage of ICD11 to existing statistical systems and nomenclatures in its further development with the aim of enhancing its interoperability in the long run. This is specifically relevant for morbidity statistics .

Thank you.