WHO-FIC Network Planning Committee  
La Marsa, Tunisia  
Draft summary of meetings

Date: Sunday, 29 October 2006  
Location: La Marsa, Tunisia  
Time: 13:00 – 15:00

Opening and welcome  
Introductions

Marjorie Greenberg, Kenji Shuto, Can Celik, Robert Jakob, Nenad Kostanjsek, Bedirhan Ustun, Pierre Levalle, Donnamaria Pickett, Gerard Pavillon, Marc Maudinet, Ros Madden, Lars Age Johansson, Martti Virtanen, Marijke de Kleijn, Mea Renahan, Richard Madden, Michael Schopen

The Chair opened the meeting and made roll call of participants. (see attached). The agenda was reviewed. The Chair invited comments on making the monthly teleconferences of the Planning Committee more useful.

Expected Deliverables of annual meeting: Executive summary, updated Strategy and Work Plan

1 Overview of 2006 WHO-FIC Network meeting agenda

1.1 Plenaries

Local representative is identified, (Tunis) WHO and EMRO will speak at the opening ceremony. Marjorie Greenberg to welcome on behalf of the Network. It was noted that EMRO and EURO were the only two regional offices represented.

1.2 Working sessions

All working sessions should have agendas available for potential participants.

1.3 Chairs and Rapporteurs

WHO: Executive summary will be the responsibility of Pierre Lewalle. Working session reports will be done by the committees and reference groups. Australian Collaborating Centre will compile detailed reports of the plenaries to support Pierre Lewalle and will review the Executive Summary before its distribution.

Monday 9:30 – 10:30 translators Arabic – French - English are available.
Reference groups will make a 5 min presentation of the current status on Monday morning. The matrix management will then be presented by WHO. The groups will then formalise themselves and elect chairs during the week and report this back to the plenary on Thursday.

Tuesday morning plenaries on the theme of information paradox. The presentations are to channel the audience along these lines.

Chairing of the Day One poster session to be switched from Marijke to Richard due to illness.

URC first standard update discussion (2.3, 2.5), then ICD revision activities (2.7). The PC members are urged to attend the latter session.

Ashok Kumar will co-chair Tuesday morning plenary.

Thursday morning Remis Prochorskas will replace Roberto Becker as co-chair.

Chairs should get emerging issues to Michael and Bedirhan for second Thursday morning session.

Session 5.1 and 5.2 on Friday morning to have French/English translation ClaML discussion to occur during first session of ETC (3.1) to avoid overlap with FDC 3.4

1.4 Social events

Conference dinner: 18:30 two buses to go to Tunis, back by 21:00. Famous restaurant in palace, to have dinner and walk around.

1.5 WPRO meeting on Traditional Medicine

The leading countries in the field (China, Japan, Korea) will present their work on traditional medicine terminology and classification on Monday evening. Rosemary Roberts will present the proposal for an International Classification of Traditional Medicine to the FDC.

2 Reports from pre-conferences and meetings

2.1 French Centre ICF conference

- The French Centre hosted an international conference on “Disability and classifications: from concepts to action” on 26-27 October. Participants in the French Disability Research Network, which helped organize the conference, work with both ICF and the Disability Creation Process (DCP, Quebec classification). The French Centre Heads clarified, regarding the perceived conflict, that the French Collaborating Centre supports the ICF only.

2.2 Mortality Reference Group (MRG)

- MRG met on Saturday and will report on Thursday morning.
2.3 Morbidity Reference Group
   • Chair noted two key issues coming out of the meeting
     o Separate morbidity and mortality views for ICD-11
     o Stepwise approach to ClaML: Uploading of codes/titles of national versions

2.8 Functioning and Disability Reference Group
   • FDRG met on Saturday and will report on Thursday morning.

2.9 Terminology Reference Group
   • Pierre to make available the report summarizing the WHO work on establishing an International Network for Health Terminology. Report to be discussed during 2 November PC meeting

2.91 Asian Network
   • The reception Saturday evening and session on Sunday morning were well attended.
   • Australia, China, Fiji, India, Indonesia, Japan, Korea, Malaysia and Thailand all participated in Sunday session and reported on classifications work.
   • It has been suggested to change the name to the Asia Pacific Network. This will be discussed at a breakfast meeting on Saturday.

Action Items: Planning Committee
   • Strategic plan to be placed on WHO-FIC meeting site
   • WHO (Pierre) to make the Terminology report available. To be discussed during PC Thursday evening
   • ICF-CY to be discussed in first session of FDC (3.2) with endorsement on Saturday (6.1)
   • Possible additional PC meeting 31 October 20:00 – 21:00 to discuss ICD Revision Steering Committee Note: this item should first be discussed at URC
   • PC members encouraged to attend the URC discussion on 31 October.
   • PC chair to note that participation in 5.3 (Strategy and Work Plan) and 5.4 (Business Plan) not mandatory. Chairs should provide updates to Strategy and Work Plan to Catherine Sykes.
   • Draft Exec. Summary to be available Friday evening and discussed Saturday morning (6.1). Summary to be finalized by end of year
WHO-FIC Planning Committee – Tunis 2006

- Traditional Medicine™ to be added to FDC deliberations after discussion of proposal during the Oct. 30 6-8 pm presentation

3 Organization of WHO-FIC Network

3.1 Organigram
- Bedirhan will revise the top box to include a line between WHO and the Collaborating Centres.

3.2 Relationships between committees and reference groups
a) Joint projects

b) Overlaps/duplication in work plans

To be discussed during the week as needed.

4 ICD-10 revision process

4.1 Planning for revision
a) Organization and responsibilities

- Revision Steering Committee will be discussed in third session of URC, as will role of URC.

- Terms of reference need to be drafted.

b) Resources

- Resources are secured to establish Platform and convene Revision Steering Committee in April 2007 in Japan.

c) Timetable
to be discussed further in 2007

d) Launch

- April 2007 (see below)

5 Business Plan Consultation

5.1 Potential dates
- 23-24 April 2007 Hakone, Japan

5.2 Participants
- Participants from 2004 meeting
- John Fox has been invited to participate
• Planning Committee members should give proposals for Business Plan to Bedirhan

5.3 Desired outcomes
To be discussed further on teleconferences

6 New Centre designations
• Italy All formalities completed. Review by EB January 2007 and should be designated by February 2007.
• Mexico Work plan updated - with DG
• South Africa Plan to be submitted to Regional Office this week
• Nigeria Plan with Regional Office
• India Plan completed. Review by EB January 2007 and should be designated by February 2007.
• Thailand Issues not yet resolved
• UK Issues not yet resolved. Apparently, ONS will not participate

7 Mid-year Planning Committee meeting
7.1 Dates
Arrive 15 April Tokyo
16 April
9:00 – 11:00 High level meeting and meeting with press
11:00 – 14:00 meeting with Japan ICD Committee
15:00 Travel to Hakone
17-18 April
Revision meeting (URC Chair with other PC members)
19-20 April
Meeting of Planning Committee
21-22 April
Weekend break
23-24 April
Business plan meeting

7.2 Location
Japan
8  **2007 Network meeting in Italy**

to be discussed Thursday evening

8.1 Dates
8.2 Location
8.3 Themes

9  **Other business** (deferred to Thursday evening)

9.1 Health Metrics Network

9.2 Monthly Conference Calls of Planning Committee

9.3 Other communication issues

- The Chair thanked the WHO staff for all of their efforts during the past year and noted a number of accomplishments and improvements within the Network.

Following the meeting of the Planning Committee, the Committee met with Centre Heads and WHO regional office representatives. In addition to members of the PC and WHO HQ staff, participants included Penny Allbon (Australia), Lyn Hammer (South Africa), Dong Jingwu (China), Cassia Buchalla (Brazil), Venetsanos Mavreas (Greece), Remis Prochorskas (EURO), Kassem Sara (EMRO), Saher Shuqaidef (EMRO).

Issues raised during this session were as follows:

- Relationship between WHO-FIC Network and Health Metrics Network
- The need for common data models and communication models
- Support for broad participation in the Network by as many countries as possible, while recognizing the special role of the Collaborating Centres, who have agreed to a program of work and are accountable for the Network work plan in cooperation with WHO.

**Date:** Thursday 2 November, 2006

**Location:** La Marsa, Tunisia

**Time:** 19:30 – 23:00
1 Feedback on Meeting and Processes

General feedback

- Participants suggested that the poster sessions worked better in Japan when there were box lunches. In Tunis, there was inadequate time for persons to hear all of the poster presentations and also eat lunch. However, continuation of posters at future meetings was supported. Posters should be up from the beginning of the meeting.
- Papers to be presented should be by invitation only. Country reports should be invited from countries that are not part of a Collaborating Centre.
- Working sessions are not fully accessible for hearing impaired. Every room should have microphones.
- Time allotted to working sessions was not enough, especially with the emergence of the several new reference groups. More parallel sessions are not a solution as members participate in several groups. Reshape the overall meeting or add more time?
- URC sessions shouldn't be three in a row as relevance of discussions tends to fade out. URC meeting governance is at stake. Most of the discussions should be done online.
- Pre sessions should be very limited. They are de facto extension of the meeting as work was normally done during the week. Longer meeting raises the issue of resources.
- The removal of some papers may make the agenda lighter. Meetings should be reserved for discussions. Core parts of the meeting are meant for working and not for show. Papers should be read beforehand.
- There is no slot for discussion of the revision process. More should be done before the meeting.
- Network will continue to coordinate with Traditional Medicine classification experts.
- All agreed that the social events were lovely.
- Telephone conferences have facilitated the work of the PC. However, communication still could be improved.

Committee and Reference Group Chairs
The WHO Secretariat prefers that a person chair only one committee or reference group (with the obvious exception of the Planning Committee). However, the reference groups already have elected their chairs.

- MRG – Lars Age Johansson and Donna Hoyert
- MbRG – Richard Madden and Olaf Steinum
- FDRG – Ros Madden and Gerold Stucki
- TRG – Martti Virtanen and Marcelline Harris

Dr. Shuto has agreed to co-chair the Implementation Committee with Dr. de Kleijn, pending Japanese government approval.

The question was raised about how long chairs serve. In committees, there is no limit; they serve at the pleasure of their membership and the PC. WHO appoints the Committee chairs; currently it is not as democratic as the reference groups. Reference Group chairs serve two year terms; however, the Morbidity Reference Group agreed to elect co-chairs for a one-year term. Three year terms might be better. There could be rules, with re-eligibility and maximum duration. The topic should be tabled for discussion at the PC meeting in April. It should be put on the agenda of a telephone call before that. The process is very much in progress, so there may be glitches. The Network should not waste too much time in sophisticated governance issues, but governance should be transparent.

The Planning Committee agreed to let the MbRG election stand.

There is another problem with the secretariats (some groups have them and some don’t.) This should be arranged by the co-chairs.

**Accountability**

- Each Committee and Reference Group should have an annual work plan and be accountable for accomplishing its planned tasks. There should be periodic evaluation by the Planning Committee to assure that groups are functioning effectively.
- This topic also should be discussed further at the April meeting.

**Governance**

- Voting procedures still need clarification. The PC Chair reported that, based on the discussion during the meetings of the PC and with the Heads of Centres on Sunday, it will be proposed for approval on Saturday morning that at the Network level, each Collaborating Centre will continue to have one vote. In meetings of committees and reference groups, in cases where the sense of the group is required, each country will have one vote.

2 **ICD revision process**

2.1 Revision Steering Committee:

- No questions have been raised about membership. A terminology/ontology expert should be added. Others may also be added.
• PC will be represented by three people (PC Chair and Chairs of URC and FDC)
• Lars Age Johansson would like to work on mortality rules in Volume 2 for ICD-11
• Criteria for Chair of Revision Steering Committee should be discussed.
• Initial terms of reference have been drafted.
• In the work plan, we had included primary care. However, the committee size has to be limited to 12-15 people to remain operational. This will be discussed further at the December conference call. The structure should be developed in the broader sense in order to communicate better with stakeholders. This is already familiar to countries and it has been discussed in the business plan. All other Centre heads outside PC should be informed with the description of the roles of countries.
• Meetings in Japan confirmed
  o Revision Steering Committee 15 April.
  o On 16 April: meet the press. Bullet train 40 minutes to distant location.
  o Revision Steering Committee 17-18 April.
  o PC members not participating in revision meetings arrive on 18 April, meeting 19-20 April.
  o Business plan meeting on 23-24 April. Other meetings are possible, but WHO participation would be limited.

2.2 Revision Platform
• Use Update Platform as initial base
• Add minimum extra fields (e.g., mortality, morbidity, primary care uses; definitions, anatomy)

2.3 Work Groups (suggested processes)
• Work to be via Revision Platform
• Each Work group to maintain diary and digest
• Consensus meetings to endorse results of work group deliberations
• WHO serve as Secretariat for all
• Participation by WHO-FIC Network should be discussed further

2.3 Terminology network
• This is NOT a competition with SNOMED SDO.
• Regions have been invited to nominate members. There may not be communication within countries between terminologists and classification centres.
• If WHO names a Terminology Centre of Excellence in a particular country where a WHO-FIC Collaborating Centre is located, the Head of Centre should be informed.

3. Business Plan Consultation

3.1 Communication with new DG
• A letter may be sent by PC chair to congratulate the new DG and invite to 2007 Annual Network Meeting. Italian Minister of Health will invite DG anyway.

3.3 Participants
• Deloitte Consulting are interested in bringing the classification to the health care industry. They would read Business Plan (BP), made suggestions and then organize two meetings with their partners. They want USD 150 000. Such a partnership may sharpen our focus. If engaged, representatives would be invited to the April meeting.
• Possible engagements with other consulting firms also should be explored. Selecting one firm only without consulting others may open up the way for all sorts of problems. A written proposal and query for expressions of interest might be circulated, from which we could choose.
• Where would the money come from? The merits of the case are not very clear. What would their mandate be? They will be expected to do the marketing.
• Some PC members suggested that it would be more appropriate for the consultants to receive a smaller payment up front and then a percentage of the funds raised for the BP.
• Other possible attendees: Betsy Humphrey, Denise Lievesley, John Fox, Chris Chute.

3.4 Desired outcomes
• BP will have to be adjusted.
• On top of 6 original Business Plan themes, add primary care use of classifications, normative health information standards, traditional medicine

4 2007 meeting

4.1 Dates
• 28 October- 3 November.
• Reference Groups would meet 27 October
• 25-26 October would be ICF-CY celebration in Venice.

4.2 Theme
• Possible theme of the meeting: shift to knowledge management: social anthropological part, and technical part. It should be around sharing information, not only between researchers but also with society.
• Sharing knowledge and information
• “Nothing about us without us”

5 2008 Meeting
• Possible locations are India, Mexico or Brazil
• Decision should be made as soon as possible so representatives can participate on the Planning Committee

Date: Saturday, 4 November 2006
Location: La Marsa, Tunisia
Time: 12:05 – 1:15

Marjorie Greenberg, Kenji Shuto, Ian Coltart, Can Celik, Robert Jakob, Saher Shoukaideff, Nenad Kostanjsek, Bedirhan Ustun, Pierre Levalle, Donnamaria Pickett, Gerard Pavillon, , Carlo Francescutti, Matilde Leonardi, , Ros Madden, Lars Age Johansson, Martti Virtanen, Marijke de Kleijn, Mea Renahan, Richard Madden, Michael Schopen, Donna Hoyert

1 Interventions
• The FDC chair will call for nominees for a work group. Preliminary discussions held with Marion Mendelsohn and Albrecht Zaiss. Albrecht Zaiss to serve as ad hoc chair. Nominations to be put to Heads of Centres and countries. Question of funding possibilities raised.

2 Health Metrics Network
• WHO Secretariat to brief his director
• Explore work suggestion of Penny Allbon and Philip Setel
• Network to formulate work plan to be presented to DG. Draft of the workplan to be discussed during next planning committee call. There should be no individual contact until after the 12/7 conference call.

3 Teleconference processes
• Consideration of moving meeting to another day than Friday when Thursday is not possible
• Technical quality of calls must be improved
• If participant is unable to dial-in, he will be unable to participate
• WHO Secretariat will develop improved process for the calls.
• Need to circulate meeting agenda earlier
• Telephones should be muted when not speaking
• Minutes should be distributed with material prior to next call
• Suggestion to not have January call, at least not during first two weeks
• Calendar for the year needed

4 WHO-FIC Network Meetings

• WHO Secretariat has three proposals to facilitate meetings
  o Strategic plan to be distributed to PC two months prior to meeting
  o Document to be distributed to reference groups and committees and updated during working sessions
  o Use new format for ease of update; suggestion made to update format to include a column for work accomplished.
• Suggestion made to convene another strategic planning meeting, perhaps as part of April PC meeting in Japan. WHO will coordinate needs in creative way.
• If acceptable, WHO suggests to URC that a process be developed to handle issues before meeting. Work flow among MRG, MbRG and URC needs to be considered further. URC should meet on first Sunday morning of Network meeting.
• Comments requested on best structure for Executive Summary.
  o What needs to be adopted and/or brought forward to full meeting
  o Should a topical report be developed? It is mentioned that many are not interested in Committees.
  o There is room for improvement
  o Rapporteurs should have been given instruction prior to reporting
  o An 8 column newspaper-style format is suggested

5 Regional Networks

• Regional offices need to be further engaged and involved in the Network.
• Establishment of new collaborating centres should be strategic rather than opportunistic.

• A paper should be prepared on strategic directions for regional networks (co-chairs of Implementation Committee will work on this). This would include aims, structures and work plan.

• Establishment of regional networks with special focus on information paradox countries to be discussed in a future call of PC.

6 2007 Annual Meeting

• Expectation is that there will be wireless capability and participants will have laptops to facilitate document distribution.

Tentative calendar and topics

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