



# WORLD HEALTH ORGANIZATION

FIFTY-FOURTH WORLD HEALTH ASSEMBLY  
Provisional agenda item 13.9

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## International classification of functioning, disability and health

### Report by the Secretariat

#### BACKGROUND

1. The need for reliable and timely information on the health of populations as a critical input into the public policy process was recognized from the very inception of WHO. Indeed, the Constitution specifically states that “Each Member shall provide statistical and epidemiological reports in a manner to be determined by the Health Assembly” (Article 64) and that “Each Member shall transmit upon the request of the Board such additional information pertaining to health as may be practicable” (Article 65). In WHO Member States population health has traditionally been measured by mortality. Recently, however the importance of “non-fatal health outcomes” (e.g. functioning and disability in different areas of life) has been recognized.

2. Previously, countries mainly reported mortality statistics on the basis of the international classification of diseases (ICD) system.<sup>1</sup> This approach was useful to identify life expectancy and causes of death, but the data collected gave no further indication of **health status** among the living population. Additional information on population health was needed. Resolution WHA29.35 approved the publication for trial purposes of a supplementary classification of impairments and handicaps. As a result, WHO published in 1980 a tool for the classification of the consequences of disease, namely, the *International Classification of Impairments, Disabilities and Handicaps* (ICIDH). It was field-tested in several countries and a revision process was begun in 1995 to address, *inter alia*, the need to use the classification as a framework for reporting of the health status of populations. Over the subsequent five years, several WHO collaborating centres and both governmental and nongovernmental organizations have taken part in the revision and field-testing of successive versions. With the revisions, the title has evolved; the International Classification of Functioning, Disability and Health is the title now proposed (for historical reasons, hereinafter referred to as ICIDH-2).

3. ICIDH-2 is a classification and description of health domains and a selection of health-related well-being domains. It systematically groups different **domains of health** and **health-related domains** for a person in a given health condition (i.e. what individuals can do or do ... when they have a disease or disorder). The **body component** defines functions and structures of the body system. The **activity and participation component** covers a range of life domains in which individuals may

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<sup>1</sup> ICD: the *International Statistical Classification of Diseases and Related Health Problems*. The Tenth Revision (ICD-10) was published in 1992. ICD was initiated in 1853 by the International Statistical Congress as a “uniform nomenclature of causes of death applicable to all countries”. Since the International Conference for the Sixth Revision (Paris, 1948) WHO has been responsible for ICD. Four revisions were subsequently published: ICD-6 1948; ICD-7 1955; ICD-8 1965; ICD-9 1975; and ICD-10 1992. Over successive revisions, ICD has become the international standard classification for all general epidemiological and many health management purposes.

engage (e.g. learning, moving around, self-care, work etc). Capacity and performance of each individual can be coded in a defined domain. ICIDH-2 also lists environmental factors that interact with all these domains. In this way, the universe of ICIDH-2 encompasses health and health-related outcomes, including non-fatal health outcomes.

4. Within the WHO family of international classifications, ICD provides the codes for mortality and morbidity, ICIDH provides the codes for health status of individuals. ICD-10 and ICIDH-2 are therefore complementary. Users are encouraged to use these tools together wherever applicable, in order to obtain a broader and more meaningful picture of the health status of people or populations.

5. For the purposes of reporting on the health situation of Member States, a precise operational definition of health is needed in order to facilitate comparable measurement across countries; such definition is provided by ICIDH. It is recommended that countries use the ICIDH framework to report clinical encounters and outcomes, and to collect data on a set of core domains of health for measurement purposes. Several international efforts are currently under way to collect information using ICIDH for both **health** and **disability statistics**.

6. In conformity with resolution WHA43.24, a process for the periodic updating of ICD between formal revisions has been established with the creation of a mortality forum, a mortality reference group and an update reference committee. Amendments to the Classification will not be made more often than every three years. A similar process has been put in place for revision of ICIDH, and three successive versions have been field tested. Overall results from international field tests showed that ICIDH-2 is a useful and meaningful framework for health reporting and decision making. It can be used reliably to describe the health status of people in and across different cultures. Subsets of selected ICIDH-2 domains were identified for various purposes, including as the basis of a survey instrument or other data collection methods at encounters with health services. WHO will periodically compile the data. The Health Assembly will revise ICIDH-2 at such intervals as to ensure stability of the classification system and incorporation of new knowledge.

7. The Executive Board at its 107th session considered a report on measuring the health of populations<sup>1</sup> which included the recommendation of a group of international experts that ICIDH-2 should be endorsed and published.

## **ACTION BY THE HEALTH ASSEMBLY**

8. The Health Assembly is invited to consider the resolution contained in resolution EB107.R15.

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<sup>1</sup> Document EB107/8.