

World Health Organization

Principles and process for including
classifications in the Family of
International Classifications

Revised: August 2004

Introduction

The WHO Family is a suite of classification products that may be used in an integrated fashion to compare health information internationally. This document outlines a set of principles and a process whereby classifications may be admitted to the World Health Organization Family of International Classifications (WHO-FIC) The wider context of the Family is explained in a companion document¹ and includes discussion of the definitions, scope and purpose for which the Family has been developed.

This August 2004 version has been updated to incorporate suggestions made at the WHO-FIC Network meeting in October 2003, comments received from WHO Headquarters and to align the WHO-FIC more closely with international standards. The ISO/IEC FCD 11179-6² has been used, where possible, to provide standard terms for the processes of registering classifications to the WHO-FIC.

The development of the WHO Family of International Classifications is being managed by the Family Development Committee on behalf of the network of WHO Collaborating Centres for the Family of International Classifications and WHO (WHO-FIC Network).

WHO welcomes applications from existing classifications. If the criteria for family inclusion present problems, please contact the Family Development Committee Secretary (contact details at the end of this document). WHO recognises that it is impossible to define specific criteria for all possible eventualities, hence the following principles are to provide guidance to those preparing a submission of a candidate classification.

A submission should contain entries with comments on each section of the principles listed below. The level of detail in these comments may vary depending on the extent to which the proposed classification is regarded new or established. Supporting documentation should be supplied or referenced, where applicable. The main points of the information should be included in the administration record (See p10).

Principles for admitting classifications to the WHO Family of International Classifications

1 *Place of the classification within the matrix*

A classification within the WHO Family of International Classifications should be clear about what it classifies: its scope, its units of classification, its organization, and how these elements are structured in terms of their relation to each other. Its place in relation to other areas of health or related information should be clearly defined.

- A new classification should demonstrate that it occupies an identifiable cell within the matrix (See Part 1) and the relationships to other areas of health or related information.
- It is important that the new classification cover a concept not adequately covered by the reference classifications.

¹ World Health Organization Family of International Classifications: definitions, scope and purpose. (Insert website address)

² ISO/IEC FCD 11179-6 Information Technology – Metadata registries (MDR) – Part 6: Registration Geneva: ISO 2004.

- Any possible redundancy or overlapping of the classification categories with other members of the Family should be identified and will be considered in the process of assessing the candidate classification.

2 *Purpose and definition of the classification*

If a classification is to be considered for membership of the WHO-FIC, its submission must adhere to certain formal requirements including:

- Provisions of a classification title, clear definition and expression of the scope of the classification.
- Presentation of well described categories in standard format backed up by explanatory notes, coding indexes, codes and correspondence tables to related classifications when applicable.
- The extent to which classification categories reflect the realities of the field (ie, the population) to which they relate, should be carefully considered. For example, in a classification of diseases, the categories should reflect the total picture of diseases of the specific population.

Consideration of the key stakeholders and likely users of the classification should be set out in the submission. When a classification is under development, the submitting organisation should ensure that these groups are consulted regarding classification development and use.

3 *Technical qualities of the classification*

There are certain characteristics of a good classification (UN, 2001)³. The technical qualities of the candidate classification should be demonstrated.

- Each classification should have a hierarchical and/or multi-axial structure such that it is possible to aggregate data from individual codes into larger categories.
- Classification categories should be exhaustive and mutually exclusive.
- The categories are stable, ie they are not changed too frequently or without proper review, justification and documentation (See also *Update processes*).
- An entity within a classification that is of particular importance should have its own category.
- Categories within a classification should facilitate the description of phenomena in a way that allows unambiguous understanding by others, including statistical users.
- Each code should have a unique definition.
- Terms should not be ambiguous and the relationship between terms should be consistent.

4 *Applicability of the classification*

Following the development of a classification from first principles it is necessary to demonstrate the applicability of the classification in the field for which it was developed, or in the case of existing classifications for the purpose for which it seeking membership of the WHO-FIC. The submitting organisation should demonstrate that:

³ United Nations Statistics Division. UN Glossary of Classification Terms. Internet Communication, 13 June 2001 at http://www.un.org/depts/unsd/class/glossary_short.htm

- the classification may be translated with consistent meaning into the languages of the member states;
- data derived from the classification is of standard suitable for international comparisons;
- the classification is acceptable internationally;
- the classification is valid for the purposes for which it has been developed;
- inter-rater reliability and test-retest reliability in coding using the classification

The classification should be easy to use, unambiguous and well presented. The appropriate tools for use, (training materials, indexes, tabular lists etc) should be clear.

5 *Ownership and support arrangements: responsibilities of Stewards*

Submitting agents should demonstrate that the role of the Steward of the classification to maintain, update and revise the candidate classification is being fulfilled. Due respect of the intellectual property of the Steward and developer(s) of classifications should be demonstrated.

- In accordance with Steward requirements, the classification should be backed up by availability of instructions, manuals, coding indexes, handbooks and training.
- The system is dynamic and hence calls for regular information dissemination and cooperation between custodians of the system. Stewards or their representative must register their classifications into a WHO-FIC Register by completing the administration record at the end of this document. This will enable the systematic and efficient exchange of information among responsible agencies and the Network. The electronic tool developed at the Australian Institute of Health and Welfare (AIHW) will be the register. It is envisaged that the tool will be made available on the WHO-FIC website (Insert web address).
- Stewards should collaborate as necessary in the preparation of correspondence tables between reference, derived and related classifications and instructions for data collection, coding and analysis, for those using the classification.
- Stewards should also recognise their dependence on each other. When a reference classification changes, the other members of the family should work for consistency with the changes made at the international level. When a derived classification notes difficulty in following the reference classification, changes to the reference classification may be proposed. Following from this, when setting strategies for making a change to a classification, it is important that Stewards take note of the classifications possibly affected by the change.

6 *Maintenance and update processes (role of users, transparency, sign-off)*

- Stewards should have a plan for editing and updating a classification or group of related classifications. The timing of these updates and revisions should, if possible, be coordinated with Stewards of other classifications in the WHO-FIC.
- Stewards should specify the location of the persons, offices, or committees responsible for the preparation and/or maintenance of the classification.
- The updating and revision process will be improved through the release of classification timetables for major work on the classifications on the WHO-FIC website, allowing those interested in the process to contribute at appropriate moments. Similarly announcing the

timings of hearing, updates, and revision meetings will ensure that valuable opportunities for direct dialogue are not missed.

7 *Relations with the WHO Network*

- Stewards or their representative must register the candidate classification into the WHO-FIC Register so that there is efficient and systematic exchange of information amongst responsible agencies.
- Classifications that are members of the WHO-FIC will be promoted alongside WHO reference classifications as being an international standard for the purpose indicated by the location in the matrix.
- There will be no changes to intellectual property status as a result of becoming a member of the WHO-FIC.
- Representatives of the Steward and/or submitting organisation will be eligible to attend Network meetings to engage with representatives of the Collaborating Centres and make presentations about the member classification. Knowledge and awareness of the new member classifications will be enhanced and it is hoped that increased implementation of member classifications will mean improved data for international comparisons on a range of health and social service issues.
- The Representatives of the Steward and/or submitting organisation will be part of the Network to exchange information and work to improve the relationships between reference and related and derived classifications in a coordinated and systematic way.

8 *Accessibility*

Classifications within the WHO-FIC must be accessible to the broadest possible cross-section of interested bodies. It is preferable to make classifications easily available in the public domain by publishing in a number of formats and making it available on the Internet.

- Stewards should work together to prepare guidelines for interpretations of classifications at the applied level and develop guidance and training materials that make explicit the classification's relationship to the WHO-FIC.
- Availability of the classifications in a variety of electronic formats and as user friendly applications to make the classifications widely used is strongly encouraged.
- Making classifications widely available in a number of languages and formats such as Braille, large print; machine readable and audio will broaden the sphere of accessibility to include those with disabilities.

9 *Resource implications*

There are significant resource implications for inclusion of a new classification in the WHO Family. Including a classification in the WHO-FIC should bring savings to Users through readily available, internationally endorsed products to support health and related data collection. Stewards should indicate the costs involved with:

- development and implementation of a new classification;
- ongoing implementation and use of the classification; and
- on-going maintenance and updating of the classification.

Stewards should indicate who has the main financial responsibilities, the Steward, WHO, the Network, or the Users (National, Multi-national, or Private).

Process for admitting classifications to the Family

This section outlines the process for registration of classifications as members of the World Health Organization Family of International Classifications. The process is managed by the WHO-FIC Network and involves the Classification, Assessment and Terminologies Team (CAT Team) in WHO, the Family Development Committee (FDC) and the Heads of Collaborating Centres.

A submission for inclusion of a classification in the WHO-FIC must demonstrate consideration of the principles above. These principles are designed to provide guidance for classification Stewards and Submitting organisations and should not limit information included in any submission.

The Submitting organisation may be any agency or program manager who has identified a classification and considers that the classification is suitable for inclusion in the WHO-FIC. The Submitting organisation need not be the Steward of the classification; however Stewards should be aware of the proposal and be included in consultations. Agencies or offices with responsibility for the maintenance, updating and revision of classifications are called the Stewards of classifications. These responsibilities are set out in the principles. The Submitting organisation will need to demonstrate that the functions of the Steward are to be fulfilled.

New classifications

During the development of a new classification broad-based consultation and evaluation should be undertaken. The purpose of this is to ensure that the classification is acceptable to stakeholders and fit for the purpose for which the classification is being developed. Consultations will need to include the full range of possible users.

Following development of classification from the first principles the Submitting organisation should bring a submission to the FDC for consideration. At this stage a position in the WHO-FIC matrix⁴ should be identified and the state of development of the classification clarified. Alpha status will be granted should the classification have the potential to meet the needs of the WHO-FIC.

Alpha phase

A first round of evaluation should address at least the technical characteristics of the classification, as outlined in Principles 1-3. Other principles may be addressed as appropriate to the stage of development of the classification.

It is essential that the consultation be carried out with consideration of all the stakeholders. This might include providers of information to be classified, users of the information, researchers, academics, governments, and statistical agencies, WHO and the UN. Testing should represent member states from all WHO regions to ensure feedback from different language and cultural groups.

⁴ World Health Organization Family of International Classifications: definitions, scope and purpose. (Insert website address)

Possible methodologies for the alpha phase

Activity	Purpose
Literature review	To demonstrate the need for the classification, its role in health information the basis of the structure and the process of development.
Information Sessions	To present information about the classification to interested delegates at the conference; Receive feedback about the appropriateness of the classification for stakeholders; and Enlist attendees to join a focus group.
Focus Groups	Designed to be appropriate to participants; Provide information about the classification; and Receive feedback about the appropriateness of the classification for stakeholders
Workshops	Presentation and feedback as per focus groups; Application of classification to mini case studies.
Concept Evaluation	Using key stakeholders and academics discuss and receive feedback about the appropriateness of the definitions and concepts in the classification
Key informants	Using a structured questionnaire or interview.

At the end of the alpha phase the submitting organisation will present the classification to the FDC and, should the candidate classification meet the principles, to the Network meeting. If acceptable the classification will be granted beta status. Documents required include:

- 1 A copy of the classification and/or links to an electronic version
- 2 Submission aligned to the principles in this document.
- 3 Administration record/ registration

Should the candidate classification not meet the principles, the FDC will make recommendations to the Submitting organisation. The candidate classification may be resubmitted if changes in accordance with the recommendations are made.

Beta phase

A second (Beta) phase including field-testing is to establish the feasibility and reliability of the classification in different settings and to address the issue of validity.

Beta testing should be encouraged in a range of member states representing the WHO regions. The principles to be addressed are accessibility, resource implications and applicability of the classification (Principles 4-9).

Possible methodologies for the beta phase

Activity	Purpose
Literature review	To demonstrate use of the classification and, for example, results of reliability and validity testing.
Translation and linguistic evaluation	Translation and back translation to establish that the language of the classification is appropriate for WHO member states. Linguistic analysis to identify terms and definitions that may pose cultural difficulties. Recommend

World Health Organization Family of International Classifications

Activity	Purpose
	better terms for translation
Consensus conferences	Concept validation and issues of validity.
Key informants	Using a structured questionnaire or interview.
Feasibility and reliability of coding cases	Assigning codes under different situations for live cases Inter-rater reliability Test-retest reliability Questionnaire with questions about ease of use of the classification
Feasibility and reliability of coding case summaries or vignettes	As above but using case records or prepared summaries or vignettes.

The Submitting organisation will need to construct a test methodology that is appropriate for the purpose and state of development of the classification.

The quality of the classification should be demonstrated using the WHO-FIC principles. The results of the beta phase should demonstrate that the classification is fit for purpose based on use in the field. The candidate classification should be presented to the FDC and subsequently the WHO-FIC Network. If acceptable the classification will be designated as a full member of the WHO-FIC.

Documents required include:

- 1 A copy of the classification and/or links to an electronic version
- 2 Submission aligned to the principles in this document.
- 3 Administration record/ registration

Existing classifications that are being submitted as members of the WHO-FIC

An established classification, which has been used for a specific purpose in one or several countries, may be considered for registration in the WHO-FIC without going through alpha and beta phases. The quality of the classification should be demonstrated using the WHO-FIC principles. A description against the principles and evidence of use in the field are required to demonstrate that the classification is fit for an identified place in the WHO-FIC matrix before presentation to the FDC and subsequently the WHO-FIC Network.

Process

The Family Development Committee will consider submissions in the first instance and act as the Registration Authority⁵ i.e. the organisation responsible for maintaining a register of classifications in the WHO-FIC. Membership of the Committee includes the Chair, a number of Heads and representatives of Collaborating Centres, WHO Regional Offices and the CAT team. At this time Australia provides the Chair and Secretary for the FDC.

After consideration of a submission and the classification by the FDC it will be presented to the WHO-FIC Network annual meeting for endorsement as a member of the WHO Family.

⁵ International Organisation for Standardisation. 2000. Information Technology – Metadata Registries – Part 6 Registration (ISO/IEC FCD 11179-6. Geneva: ISO

The FDC may recommend that further work is needed on the classification prior to presentation to Heads of Centres.

CAT will advise Regional Offices and/or member states of testing of proposed new members of WHO-FIC and involve them in the testing as appropriate.

WHO will update any documentation to include the new member and post the information on the website.

Submissions should be sent to: The Family Development Committee Secretary
The WHO Collaborating Centre for the Family of
International Classifications in Australia
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Australia
who_fic@aihw.gov.au

With a copy to: Classifications and Terminologies Team
World Health Organization
Avenue Appia
Geneva
Switzerland

Administration record

Please include information that may be helpful to users who are not familiar with this classification. An example using the ICF is attached at appendix 1.

This administration record will be used on the WHO website to inform interested persons about the nature of the classification.

Administration Record

TITLE

Version

IDENTIFIER

DEFINITION

CLASSIFICATION STRUCTURE

ADMINISTRATIVE STATUS

Creation date

Last date change

Change description

REFERENCE DOCUMENTS

Available indexes

Concordance tables

Available formats e.g. CD-ROM,
hard copy

Training and training materials

LANGUAGES

RELATIONSHIPS WITH OTHER CLASSIFICATIONS

Correspondence between
revisions

Correspondence with
international, multinational,
national classifications

Relationships – conceptual,
structural and other pertinent

RELATIONSHIPS WITH OTHER TERMINOLOGIES

Maps to reference terminologies
or interface terminologies

STEWARD

Person or organisation with
responsibility for maintenance and
updating the classification

Organisation name

Contact name

Contact information

World Health Organization Family of International Classifications

SUBMITTING ORGANISATION	Organisation name
Person or organisation submitting the classification	Contact name
	Contact information

Administration Record

Appendix 1

TITLE	International Classification of Functioning, Disability and Health.	
Version		
IDENTIFIER	ICF	
DEFINITION	ICF classifies health and health-related states.	
	The overall aim of the ICF classification is to provide a unified and standard language and framework for the description of health and health-related states. It defines components of health and some health-related components of well being (such as education and labour).	
CLASSIFICATION STRUCTURE	The ICF is organised in two parts (i) Functioning and Disability and (ii) Contextual factors. In each part there are two components; first, Body Functions & Body Structures, and Activities & Participation, and second Environmental factors and personal factors. Personal factors are not classified in the ICF.	
	Each component of the classification is made up of neutral domains and requires the use of qualifiers to express positive or negative states.	
ADMINISTRATIVE STATUS	Standard	
Creation date	2001	
Last date change	2001	
Change description	ICIDH (1980) was a precursor of ICF	
REFERENCE DOCUMENTS	.	
Available indexes		
Concordance tables		
Available formats e.g. CD-ROM, hard copy	Full length and short (2 digit level) versions CD-ROM browser available from WHO	
Training and training materials	Australian User Guide - www.aihw.gov.au CodeICF – web based training -Under development Training slides www.who.int/icf	
LANGUAGES	English, French, Arabic, Spanish, Italian, Chinese, Russian	
RELATIONSHIPS WITH OTHER CLASSIFICATIONS	Conceptual and structural relationships with the International Classification of Impairments, Disabilities and Handicaps, ICIDH, 1980. The concept of Impairments is consistent across the two classifications. 'Activities' replaces the concept of disability and 'participation' replaces the concept of handicap.	
Correspondence between revisions		
Correspondence with international, multinational, national classifications	The ICF is a reference classification in the WHO Family of International Classifications and is complementary to the International Classification of Diseases (10th Revision).	
Relationships – conceptual, structural and other pertinent	A derived version for children and youth is under development.	
RELATIONSHIPS WITH OTHER TERMINOLOGIES		
STEWARD	Organisation name	World Health Organization
Person or organisation with responsibility for maintenance and updating the classification	Contact name	Nenad Kostanjsek
	Contact information	Avenue Appia Geneva Switzerland kostanjsekn@who.int

Glossary

WHO	World Health Organization
WHO-FIC	WHO Family of International Classifications
WONCA	World Organisation of Family Physicians
ICD-10	International Classification of Disease, 10 th revision ⁶
ICF	International Classification of Functioning, Disability and Health ⁷
ICECI	International Classification of External causes of Injury ⁸
ICHI	International Classification of Health Interventions (under development)
ICPC	International Classification of Primary Care ⁹
ISO9999	Technical aids for persons with disabilities: Classification and terminology ¹⁰
ATC/DDD	Anatomical Therapeutic Chemicals Classification with Defined Daily Dose ¹¹

⁶ World Health Organization. International Statistical Classification of Diseases and Related Health Problems (10th Edition). Geneva, WHO, 1994.

⁷ World Health Organization. International Classification of Functioning, Disability and Health. Geneva, WHO, 2001.

⁸ WHO Working Group on Injury Surveillance Methods. (2000). International Classifications of External Causes of Injury (ICECI), version 1.0. Consumer Safety Institute, Amsterdam. Website: www.iceci.org

⁹ WONCA International Classifications Committee 1998. International Classification of Primary Care 2nd Edition. Oxford: Oxford University Press.

¹⁰ International Organization for Standardization 2002. Technical aids for persons with disabilities-- Classification and terminology. Geneva: ISO.

¹¹ WHO Collaborating Centre for Drug Statistics Methodology. Guidelines for ATC classification and DDD assignment 6th Edition Oslo: Norwegian Institute of Public Health. 2003.