



**Fifth Conference of African Ministers Responsible
for Civil Registration**
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Issue paper

Eleventh revision of the International Classification of Diseases

Conference theme

*Innovative Civil Registration and Vital Statistics systems:
Foundation for Legal Identity Management*



APAI-CRVS
Everyone visible in Africa

Decade for Repositioning
of Civil Registration and
Vital Statistics in Africa
2017-2026

1. The eleventh revision of the International Classification of Diseases (ICD-11) is a system of medical coding created by the World Health Organization (WHO) for reporting and defining diseases, disorders, injuries and other health related conditions.
2. The first revision (ICD-1) was already available in 1900 before the creation of WHO. In 1948, when WHO was established, the sixth revision (ICD-6) was already in existence. ICD is the global standard classification for mortality and morbidity statistics. Data on mortality by age, sex and cause of death are the foundation of public health and public health policy.
3. Implementation of the tenth revision (ICD-10) started in 1994. About 120 countries report cause-of-death data to WHO based on ICD-10, but only half of those report data are of good quality. Many countries are applying ICD to morbidity data and using it for health insurance billing. By end of 2019, only 14 countries from the Eastern Mediterranean region will have ever reported cause-of-death information using ICD-10.
4. Building upon its predecessors, ICD-11 incorporates medical findings and data that have been discovered since the release of ICD-10 in 1992. However, revising ICD is a balancing act between conservatism and innovation. While it is necessary to update the classification content to reflect clinical knowledge and practice, it is also important that there be comparability between data collected in successive revisions and an understanding of how changes in the classification affect data trends.
5. Particularly for this eleventh revision, the environment in which it is being prepared is completely different from that of the tenth revision in the 1980s. For mortality, multiple cause-of-death coding software has been updated and expanded, and promotes consistent application of underlying cause-of-death rules. For morbidity, as well as allowing data collection for reporting disease trends and hospital utilization, the codes are being increasingly used for case mix and reimbursement purposes. Technology and data handling tools are dramatically different, as are the expectations of users to extract data from electronic health records.

Issues for discussion

(a) How this new electronic-friendly revision will facilitate coding and further contribute to the strengthening of mortality and morbidity coding systems, as well as meeting the needs of diverse users and the demands of information technology.

(b) Innovations that are embedded in ICD-11 will not only support electronic coding but also the translation, testing and inclusion of ICD-11 in existing electronic medical record platforms as plug-ins.

(c) WHO will provide technical support in accelerating the implementation of ICD-11 in Africa (through the Regional Office for the Eastern Mediterranean and the Regional Office for Africa). It should be noted that member States from the Eastern Mediterranean region were among the first to pilot ICD-11 in the world, and a total of six member States are either piloting or in the piloting pipeline for ICD-11: Jordan, Kuwait and Tunisia, as well as the United Nations Relief and Works Agency for Palestine Refugees, are currently piloting, while Egypt and Iran in the pipeline to do so.

(d) The introduction of ICD-11 will accelerate and enhance the joint efforts of WHO and member States to improve the quality of mortality and morbidity statistics.

(e) Member States from the Eastern Mediterranean region recognize that countries already operating with electronic systems will benefit from migrating to ICD-11, as it will

facilitate the coding process and the codes will provide more granular and detailed information about the case under consideration.

(f) Member States delayed in implementing ICD-10 are encouraged to introduce electronic morbidity and mortality systems and start implementing ICD-11, as they will greatly benefit from the enhanced coding potentials offered by the new electronic coding environment.

(g) Arabic and French versions of ICD-11 will be available as an online coding tool and browser on the WHO website of ICD-11. An Arabic translation of ICD-11 is under way and expected to be completed by August 2019.

6. The WHO Regional Office for the Eastern Mediterranean will present an orientation on ICD-11 and potential benefits for migrating from ICD-10 to ICD-11. An ICD-11 fact sheet will be distributed.
