WHO Family of International Classifications (FIC)

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Relevant links and documents

- WHO FIC web page
- WHO-FIC Network page
- Conduct of the WHO-FIC Network

“The WHO Family is a suite of classification products that may be used in an integrated fashion to compare health information internationally, as well as nationally”.

WHO-FIC is maintained by WHO through an international Network, which consists of a global range of collaborating centres and experts - this confers a worldwide consensus, targeting consistent, high quality health data for both national and international purposes.

Purpose

International classifications are developed with the intention of facilitating the storage, retrieval, analysis, and interpretation of data and their comparison within populations over time or between populations at the same point in time as well as for compilation of internationally consistent data. The concept of a family helps to promote the appropriate selection of classifications already existing in the health domain across the world or to develop new ones, with the ultimate goal of stimulating research on health and health systems. It responds to the intention of capturing the “multidimensionality” of health and meet the needs of a variety of users.

The stated purposes of the WHO-FIC are to:

- Improve health through provision of sound health information to support decision making at all levels
- Provide a conceptual framework of information domains for which classifications are, or are likely to be, required for purposes related to health and health management
- Provide a suit of endorsed classifications for particular purposes defined within the framework
Promote the appropriate selection of classifications in a wide range of settings in the health field across the world

Establish a common language to improve communication

Permit comparisons of data within and between countries, health care disciplines, services and time

Stimulate research on health and the health system

To achieve this, the classifications members of the WHO-FIC must:

- Be based on sound scientific and taxonomic principles
- Be culturally appropriate and internationally applicable
- Focus on the multi-dimensional aspects of health
- Meet the needs of its different and varied users
- Enable derivation of summary health measures
- Provide a platform for users and developers

Structure

The WHO-FIC comprises the Reference Classifications, the Related Classifications and the Derived Classifications - as shown in the following schematic representation:
### Reference Classifications

The **Reference Classifications** cover the main parameters of health and the health system: such as death, disease, functioning, disability, health and health interventions. They are the result of international consensus, achieve broad acceptance and official agreement for use, and are approved and recommended as guidelines for international reporting on health. Reference Classifications may be used as models for the development or revision of other classifications, with respect to both the structure and the character and definition of the categories.

WHO has developed two Reference Classifications that can be used to describe the health state of a person at a particular point in time:

- diseases and other related health problems, such as symptoms and injury, are classified in the International Classification of Diseases (ICD)
- functioning and disability classified separately in the International Classification of Functioning, Disability and Health (ICF)

A third Reference Classification, the International Classification of Health Interventions (ICHI), is currently in Beta status.

### Derived Classifications

The **Derived Classifications** are based upon one or more Reference Classifications and are consistent with them. They may be designed to provide additional detail beyond that provided by the Reference Classification for a specialized purpose or, alternatively, may be prepared through rearrangement of items from one or more Reference Classifications. Examples are:

- **Specialty-based adaptations** of ICD, such as the International Classification of Diseases for Oncology (ICD-O-3) or the Application of the ICD to Dentistry and Stomatology, 3rd Edition (ICD-DA).
- **Special adaptation** of ICF the ICF Version for Children and Youth (ICF-CY)

Derived Classifications may then be expanded to include more detail for a particular clinical specialty (e.g. ICD-O-3) or for a specific population (e.g. ICF-CY) and should be developed following the guidelines and principles stated.

Concepts present in a Derived Classification can be linked to a Reference Classification in a 1:1 or 1:n relationship. This will allow data collected with either a Reference or a Derived Classification to be easily compared.

Derived Classifications may also consist in national adaptations for use in morbidity applications in a specific country as the modifications of ICD in US, Canada, or Australia.

### Related Classifications

- International Classification of Primary Care (ICPC)
- International Classification of External Causes of Injury (ICECI)
- Anatomical Therapeutic Chemical Classification (ATC) and Defined Daily Doses (DDD)
- ISO 9999 Technical aids for persons with disabilities

### Reference Classifications

- International Classification of Diseases (ICD)
- International Classification of Functioning, Disability, and Health (ICF)
- International Classification of Health Interventions (ICHI) *(still as beta version)*

### Derived Classifications

- International Classification of Diseases for Oncology, Third Edition (ICD-O-3)
- The ICD-10 Classification of Mental and Behavioral Disorders
- Application of the ICD to Dentistry and Stomatology, Third Edition (ICD-DA)
- Application of the ICD to Neurology (ICD-10-NA)
- ICF Version for Children and Youth (ICF-CY)
The Related Classifications are included as part of the WHO-FIC to describe important aspects of health or health systems not covered by the Reference or Derived Classifications. They may be the result of the work of other sectors of WHO, as in the case of medicines (ATC/DDD), or have been developed by other organisations, such as the International Classification of Primary Care (ICPC-2).

They may partially refer to Reference Classifications, although the concepts contained in their categories may not be identical (m:n relationship) and data collected with either the Related or Reference Classification can only be compared with limitations.

**Principles and process for including classifications in the WHO-FIC**

The WHO Collaborating Centres for the FIC and WHO - the WHO-FIC Network - seeks to improve WHO-FIC by including existing health classifications not currently WHO-FIC members as well as through the development of new classifications. The Network prepared a set of principles guiding the review of classifications that can be recommended for use in health information systems along with WHO Reference Classifications; even though it is not possible to define specific criteria for all possible cases, for this reason the principles established are designed only to guide.

The development of the WHO-FIC is managed by the Family Development Committee (FDC) on behalf of the WHO-FIC Network. The FDC meets twice a year, in April and October, for face-to-face discussions to review and advise on the development of the Family of Classifications.

**New classifications**

Proposals to include new classifications are reviewed by the FDC, who will consider the scope and purpose of the classification and the need for such a classification in the framework of the WHO-FIC to give recommendations to the Network.

The WHO-FIC Network experts may assist developers of classifications to assure their quality. The Network provides advice at different steps of the process of the development of a new classification (explained in this document).

**Existing classifications**

Existing classifications may be recommended for inclusion in the WHO-FIC; this process can be prompted by the proprietors of the classification or by the WHO-FIC Network. The inclusion of a classification does not alter its intellectual property rights, although, existing classifications will need to accord to a series of principles.

**Process for including a classification in the WHO-FIC**

A classification being developed and intended to be part of the WHO-FIC should be consistent with the principles stated (see Attachment 1 in the document). Usually there will be two phases in the process - alpha and beta - and developers may seek the assistance of the Network at any time. The steps of the entire process encompass:
WHO-FIC Network

The WHO-FIC Network has been in place since 1970 to support WHO’s work on international classifications as a network of WHO Collaborating Centres. Its principal role is to promote the implementation, use, maintenance, and updating of WHO Reference Classifications. The Network also assists WHO in the revision and development of the Reference Classifications.

The Network is composed of the WHO Collaborating Centres for the FIC, WHO Collaborating Centres for Classifications, Terminologies, and Standards, and Non-Governmental Organizations in official relations with WHO (NGOs). The Network meets annually and progresses its work through Committees and Reference Groups, who conduct their activities during the annual meeting but also outside it. WHO, Collaborating Centres, and Committees and Reference Groups are represented in the WHO-FIC Network Advisory Council, which endorses official actions proposed by the Committees and Reference Groups.

The purpose of the Network is to improve health through the continuous development, maintenance, and promotion of an integrated suite of Reference Health Classifications and related products that produce information of value and utility across the world. The strategic principles that guide the activities of the Network are:

- to deliver classifications and related products that are fit for purpose, responsive to the needs of users and changing environments and validated internationally using evidence-based methods
- to build partnerships with health information communities, policy makers and planners, clinician groups, consumer groups
- to serve users globally in member states and among stakeholders groups

The WHO-FIC Network is governed through the WHO-FIC Network Advisory Council, with the help of the Small Executive Group (SEG). During the annual meeting of the Network, when it is necessary to have a vote, each WHO-FIC Collaborating Centre and Committee and Reference Group present will have one vote. The WHO-FIC Network Advisory Council is composed of WHO representatives, Heads of WHO-FIC Collaborating Centres, and the Co-Chairs of Committees Reference Groups.

There are four Committees established in the Network; each of them is responsible for progressing a relevant area of the strategic work plan:

- Update and Revision Committee (URC)
- Education and Implementation Committee (EIC)
- Informatics and Terminology Committee (ITC)
- Family Development Committee (FDC)

The Network has also established three Reference Groups as forums for more technical discussions as well as to facilitate the participation of a wider range of experts and interested parties; they address specific areas of classification (e.g. mortality, morbidity, functioning and disability):

- Mortality Reference Group (MRG)
- Morbidity Reference Group (MbRG)
- Functioning and Disability Reference Group (FDRG)