Annual report WHO-FIC Implementation Committee concerning ICF

Marijke W. de Kleijn – de Vrankrijker, WHO-FIC IC co-chair

Abstract

The agreed terms of reference of the committee are included in annex 1. Members of the committee are listed in annex 2.

During the annual meeting in Cologne October 2003 a first attempt has been made to develop an ICF implementation plan. In this context "implementation" has been defined as: ICF implementation means use and application of the ICF in practice; it includes translation into other languages, instruments developed based on ICF as well as existing instruments mapped to the ICF (originally not based on ICF); regularity of use and application may vary by circumstances from ad hoc (as a one-off survey, a research or pilot project) up to regular use such as in legislation, censuses, running population based surveys, clinical settings and disability certification.

As a result of our meetings in Reykjavik 2004 a first workplan for the implementation of the ICF was prepared, see annex 3.

Attempts to organize a face-to-face meeting of the committee in order to start the work on ICF implementation failed (spring 2005 in the Netherlands). For this reason last summer a draft operational plan (annex 4) was sent to the committee members in order to stimulate progress of the work. During the annual meeting 2005 we have to see where we are and who is going to do what in the near future. A possible face-to-face meeting (maybe back-to-back to an other meeting such as the annual NACC ICF conference) should be discussed as well.

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Workplan

The ICF workplan developed in Reykjavik (annex 3) indicates four priority areas for strategic action:

1 measuring health and disability in the general population (censuses and surveys);
2 health outcome assessment at clinical and service levels;
3 administrative and clinical information;
4 social policy field.

General principles, related tasks and deliverables were identified as well.

Draft operational plan

Because it was clear that a face-to-face meeting was not possible, a draft proposal for an operational plan was sent to all members of the IC by mid June 2005. See annex 4. For each task a practical proposal was made in order to be prepared for discussions and decisions during the Tokyo meeting.

Task 1 and 2 implementation strategies and demonstration projects

Task 3 sharing information

Task 4 instrument and qualifier mapping

Task 5 systematic recording and analyzing of experiences

Task 6 collection of information on A&P and E domains for measurement

Task 7 IC brochure

Task 8 ICF brochure

Status quo of tasks

Task 1 and 2 implementation strategies and demonstration projects for each priority area

- censuses and surveys enclosed and to be discussed, see annex 5.
- health outcomes and administrative /clinical information by ACC, see ACC papers on " functioning and related health outcomes module" and "use of ICF in health information systems and surveys"
- social policy, see Japanese paper on "application of the ICF in Japan"

Task 3 sharing information

The ICF pilot study raised a lot of experiences. Based on this pilot we will see recommendations about sharing information regarding ICF education, implementation and electronic tools. See paper and presentation on ICF pilot study by DCC and NACC for the joint EC and IC session.

Task 4 instrument and qualifier mapping

For this task the paper prepared by the NCC on the use of qualifiers, rating scales and assessment protocols should be discussed. The mapping protocol developed by a Nancy Mayo and her international group should be taken into account as well.

Task 5 systematic recording and analyzing of experiences

This task is important because we should document all experiences in applying the ICF from the very beginning in order to be prepared for possible updates and/or revisions. A proposal for the technical aspects can be delivered by the DCC. The content of the task was supposed to be done by the FCC.

Task 6 collection and information on A&P and E domains for measurement

The proposal regarding A&P presented last year is still a proposal. See annex 6. Lack of budget prevented us from starting the project.

Measurement of Environmental factors have been taken up by the Washington Group for inclusion in one of the extended sets and in a later stage maybe in a second general set as well.

Task 7 IC brochure

A draft text concerning the IC and its ICF related activities has been developed for discussion. The part relating to ICD should be added and the completed text can be included in the draft EC brochure in order to change it into an IC brochure. See annex 7.

Task 8 ICF brochure

A draft ICF brochure based on the Australian example is not yet provided. This issue should be discussed with the EC.

How to proceed

At the beginning of the ICF Implementation Committee sessions the situation as explained above will be presented. During that session, the joint EC/IC session, the second ICF IC session and the plenary ICF session most of the tasks will be presented and discussed.

At the end of the last IC session it should be decided how we will proceed and who is going to do what for each of the tasks. A discussion about a necessity of a possible face-to-face should be discussed as well.

See annex 8 provisional agenda.

Annex 1: Terms of reference of the WHO-FIC Implementation Committe

Purpose

Assist and advise WHO and the WHO-FIC Network in improving the level and quality of implementation and use of WHO-FIC members in Member States, with priority for WHO-FIC core members (ICD & ICF).

Functions

1. To conduct through the WHO HQ and ROs international stock-take of WHO-FIC implementation in all WHO Member States on a continuous basis: with annual updates and in a systematic and comprehensive manner.
    - 1.1 to develop and maintain an information database of current and planned use of classifications and in the development and refinement of mechanisms for collecting and analyzing WHO-FIC implementation data. The database should include information on the use of WHO-FIC in both public and private sectors in terms of: areas and purpose of use, version in use, coverage, barriers and facilitators to implementation, degree of data reporting to WHO, quality control, coding method (automated, physician coders, clerk coders etc.), impact of classification change, measuring impact of the change, understanding effect of change on data output and published statistics, bridge coding, comparability studies;
    - 1.2 prepare a periodic summary of the global implementation status in WHO Member States;
    - 1.3 monitor and make proposals in the improvement of the technical and scientific quality of implementation related studies presented to the annual WHO-FIC meetings and other international meetings.
2. Develop plans and projects for a wider application and implementation of WHO-FIC in all Member States
3. Assist WHO in the development and application of implementation guidelines.
4. Assist WHO and Member States in the creation of methodologies for the joint use of WHO-FIC members in health information systems and surveys
5. Provide WHO with guidance on user needs in terms of instruments, tools, training materials etc.
6. To act as an international support network for countries, through the WHO, on issues relating to implementation. And promote information sharing
7. Interact with other WHO-FIC committees in the establishment of integrated workplans to ensure consistency with the general policy on WHO-FIC implementation.
8. Act as advocates both nationally and internationally, through WHO, to obtain high level support and financial commitment to develop and implement improved information systems using WHO-FIC, particularly in developing nations.

Structure and working methods

The committee should have an integrated mandate of WHO-FIC implementation although the nature and phase of different members of WHO-FIC may differ in different countries. The Main Committee should be responsible to develop generic, overall principles that will apply to all members of the WHO-FIC and to handle implementation matters which are specific and unique to the individual classifications.
The structure of the implementation committee should involve 10-12 permanent members that will primarily devote their time in actually developing methods and application of the tasks in the field. The committee may have temporary members, who work on particular tasks.
Membership is open to Regional Offices and all Collaborating Centres with national and regional responsibilities for WHO-FIC implementation. All WHO-FIC Centres may nominate participants and beyond the permanent members additional participants may take part in committee meetings as observers.

The committee is co-chaired at present but a single chair should be established in future to emphasize the integration of WHO-FIC implementation.
The committee shall draw up a workplan, which lists in detail aims, activities, deliverables, timelines and responsibilities. The workplan shall be consistent with the WHO-FIC business plan of the WHO-FIC Network.
Working methods should include e-mail, conference calls and meetings, including an annual meeting during the WHO-FIC annual meetings. Official meetings of the committee must be held in conjunction with international WHO-FIC meetings. Ad-hoc working groups can be established as need arises.

Annex 2 WHO-FIC IC members dd June 2005

Sue Walker	s.walker@qut.edu.au;
Ros Madden	ros.madden@aihw.gov.au;
Guy Laurenti	laurenti@usp.br;
Cassia maria Buchala	cmbuchal@usp.br;
Qiutiger@hotmail.com;	
elghamrya@emro.who.int;	
Diane Caulfeild	dcaulfeild@cihi.ca;
Mae Renahan	mrenahan@cihi.ca;
Marjorie Greenberg	msg1@cdc.gov;
dfp4@cdc.gov;	
rca7@cdc.gov;	
Sam Notzon	SNotzon@cdc.gov;
Marijke de Kleijn	Marijke.de.kleijn@rivm.nl;
Kristina Brand Persson	Kristina.brand.persson@nordclass.uu.se;
Martti Virtanen	Martti.virtanen@nordclass.uu.se
Roberto Becker	Beckerro@paho.org;
Peter Goldblatt	peter.goldblatt@ons.gov.uk;
Ruen Simeonsson	nrjsimeon@email.unc.edu;
Geoffry Reed	gmreed@apa.org;
Catherine Barral	c.barral@ctnerhi.com.fr;
Jane Millar	jane.millar@isb.nhs.uk

Annex 3 ICF Strategy & workplan drafted in Reykjavik, October 2004

ICF related activities

Implement actions on *strategic directions*

1. Establish ICF as the official framework for measuring the health and disability in the general population (in censuses and surveys) across member states, so as to improve the quality and comparability of health and disability statistics for national and international purposes. Global initiatives like the UN Washington Group on Disability Statistics should be supported in order to carry ICF to its full potential use with proper scientific tests.
2. Establish the ICF as a major health outcome assessment framework at the clinical and service levels, in order to quantify health gains of treatment programs and understand how health gains translate into productivity gains at the individual and population levels. Particular emphasis should be given to major public health burden such as HIV/AIDS, tuberculosis, malaria or obesity. Identify or develop ICF-related instruments suitable for outcome assessment of effectiveness of interventions within the global health intervention
3. Administrative and clinical information: Include functional status indicators in health records and information systems including electronic health records.
4. Implement ICF in the social policy field by focusing on: aligning the disability certification process with the ICF framework; developing applications and in the areas of education, labour market and law.

Within the above priority areas the following *general principles* should be applied.

1. Knowledge network: Share information about research, implementation, uses and educational materials and efforts.
2. Mainstream key policy aspects of ICF including the 'new' dimensions of Participation and Environment; use evidence-based thresholds of functioning difficulties at the point of data analysis instead of defining disability a priori with impairment categories.
3. Improve the level and quality of data in terms of accuracy, reliability and comparability.

Related tasks

1. Development of an various implementation strategies for the four strategic directions stated above i.e. statistical use, health outcomes, health records, social policy.
2. Identify, facilitate and or develop demonstration projects relating to the four strategic directions
3. develop platform for the information sharing framework
4. Develop and implement a work agenda on instrument and qualifier mapping and further development of application tool
5. Develop methods for systematic recording and analyzing of experiences (best practice & difficulties) in using the ICF in practice
6. Collect information on A&P and E domains for measurement

Deliverables

1. Implementation strategy for the four strategic directions
2. Identified and supported projects & specifications for guiding projects
3. Information framework up and running
4. Overview of existing mappings and draft mapping protocol
5. Reporting template and collected information
6. WHO DAS modules developed, Instruments identified

Annex 4 WHO-FIC draft operational plan for ICF

Version July 18, 2005 MK

A Introduction

During our annual meeting in Reykjavik we drafted a strategy and workplan for the WHO-FIC IC regarding the implementation of the ICF. See part B of this paper. We also created two working groups: one on strategy and one on sharing information, experiences, instruments and qualifiers, see part E of this paper for names of members.

Regarding sharing information the ICF pilot study on Education and Implementation started and an interim report was presented in Bangkok. All of you received a copy. We continue by starting the second step of the pilot using the workspace. We sent you the invitation for participation a few days ago. We (chairs of EC and ETC, co-chair of IC) plan to report results and recommendations for discussion in a joint session of the EC and IC during our annual meeting in Japan.

In order to proceed with the other tasks I proposed to the working group members and other interested IC members to organize a face-to-face meeting in spring in the Netherlands. I received a few replies, all of them indicating that budget problems prevent them from joining a meeting. So I did not organize the face-to-face meeting.

Instead I propose to organize a face-to-face meeting on ICF issues of the WHO-FIC Implementation Committee Saturday 15 October, the day before the start of the plenary annual meeting. In order to have well prepared documents I propose also to do preparatory work by a small number of persons and e-mail discussion between the working group members. The result should be available to all members of the IC by mid September so that we can read all documents and discuss them in the WHO-FIC IC face-to-face meeting. The results of this face-to-face meeting can be presented and discussed in IC sessions during the following week.

Task 1 and 2 Implementaion strategies and demonstration projects

The ACC offered to work on IC issues and after consultation of Catherine Sykes and Nenad Kostanjsek in Bangkok we agreed that we could prepare operational plans for the four chosen strategic directions according to a certain format, see part E of this paper.

The operational plan will be developed by Nenad and myself for statistics (censuses and surveys) and by ACC for health outcomes and administrative/clinical information. My proposal would be to ask Diane Caulfeild to develop the plan for social policy and try to involve RI because of their worldwide inventory of ICF in social policy. The plans will include an indication of demonstration projects (or how to find them).

Task 3 Sharing information

Based on the ICF pilot study we will have recommendations how to collect and share information regarding Education and Implementation issues including electronic tools based on the agreed common framework.

Task 4 instrument and qualifier mapping

This relates to work being done by Seija Talo and mapping protocol development by Nancy Mayo. So I recommend:

- discussion by e-mail between the members of the working group initiated by Seija taking into account the mapping protocol development of Nancy;
- circulation of the results by mid September
- and discussion 15 October 2005.

Task 5 systematic recording and analyzing of experiences

This task relates to the work by Catherine Barral and work of Huib ten Napel. My proposal would be that:

- the two of them develop a proposal which can be circulated during summer time between the members of the working group.
- Results should be available by mid September,
- presentation and discussion 15 October 2005.

Task 6 collection of information on A&P and E domains for measurement

We already have a proposal prepared by Huib ten Napel. We shall

- circulate that between the working group members during summertime,
- make the results available by mid September
- and discuss them 15 October 2005.

In part C of this paper my proposals are presented in a scheme.

Please let me know whether you can agree with my proposals, including whether you are prepared to carry out the tasks I mentioned.

B WHO FIC Strategy & workplan drafted in Reykjavik, October 2004

ICF related activities
Implement actions on *strategic directions* 5. Establish ICF as the official framework for measuring the health and disability in the general population (in censuses and surveys) across member states, so as to improve the quality and comparability of health and disability statistics for national and international purposes. Global initiatives like the UN Washington Group on Disability Statistics should be supported in order to carry ICF to its full potential use with proper scientific tests. 6. Establish the ICF as a major health outcome assessment framework at the clinical and service levels, in order to quantify health gains of treatment programs and understand how health gains translate into productivity gains at the individual and population levels. Particular emphasis should be given to major public health burden such as HIV/AIDS, tuberculosis, malaria or obesity. Identify or develop ICF-related instruments suitable for outcome assessment of effectiveness of interventions within the global health intervention 7. Administrative and clinical information: Include functional status indicators in health records and information systems including electronic health records. 8. Implement ICF in the social policy field by focusing on: aligning the disability certification process with the ICF framework; developing applications and in the areas of education, labour market and law.
Within the above priority areas the following *general principles* should be applied. 4. Knowledge network: Share information about research, implementation, uses and educational materials and efforts. 5. Mainstream key policy aspects of ICF including the 'new' dimensions of Participation and Environment; use evidence-based thresholds of functioning difficulties at the point of data analysis instead of defining disability a priori with impairment categories. 6. Improve the level and quality of data in terms of accuracy, reliability and comparability.
Related tasks 7. Development of an various implementation strategies for the four strategic directions stated above i.e. statistical use, health outcomes, health records, social policy. 8. Identify, facilitate and or develop demonstration projects relating to the four strategic directions 9. develop platform for the information sharing framework 10. Develop and implement a work agenda on instrument and qualifier mapping and further development of application tool 11. Develop methods for systematic recording and analyzing of experiences (best practice & difficulties) in using the ICF in practice 12. Collect information on A&P and E domains for measurement
Deliverables 7. Implementation strategy for the four strategic directions 8. Identified and supported projects & specifications for guiding projects 9. Information framework up and running 10. Overview of existing mappings and draft mapping protocol 11. Reporting template and collected information 12. WHO DAS modules developed, Instruments identified

C Scheme of draft operational plan, June 2005

ICF related activities	What and who	Proposed timeline
Related tasks		
1.Development of various implementation strategies for the four strategic directions stated above i.e. a. statistical use, b. health outcomes, c. health records, d. social policy.	Draft operational plans according to the same format: a. statistical use, censuses and surveys by Nenad and Marijke b/c. health outcome and adminstrative/clinical information by ACC d. social policy (including disability certification) by Diane? RI to be involved because of ICF in social policy inventory	Draft operational plans to be discussed by e-mail during summertime between the strategic working group member *; results available by mid September 2005, discussion in face-to-face meeting of WHO-FIC IC, Japan, Saturday 15 October 2005
2.Identify, facilitate and or develop demonstration projects relating to the four strategic directions	Should be included in the operational plans to be developed for the four strategic areas, see 1a.- 1d.	See above
3.develop platform for the information sharing framework	Pilot project on sharing information regarding implementation and education, including electronic tools; chairs of EC, IC and ETC	Interim report presented in Bangkok; second step including electronic tools, use of workspace to be started mid July 2005; final report on ICF pilot and recommendations for implementation presented and discussed in joint WHO-FIC EC and IC session.
4.Develop and implement a work agenda on instrument and qualifier mapping and further development of application tool	a.Protocol for mapping developed by Nancy Majo and her working group	a.Mapping protocol results presented in Rochester available by end of July 2005; discussion of implementation WHO-FIC IC face-to-face 15 October 2005. b. to be discussed by e-mail during summer time between the

	b.Work of Seya Talo	members of the sharing working group **; results available by mid September 2005, to be discussed 15 October 2005
5.Develop methods for systematic recording and analyzing of experiences (best practice & difficulties) in using the ICF in practice	Work of Catherine Barral in cooperation with Huib ten Napel	To be circulated during summer time; available by mid September 2005 and discussed in face-to-face WHO-FIC IC meeting 15 October 2005
6.Collect information on A&P and E domains for measurement	Proposal prepared by Huib ten Napel and Marijke	To be circulated and discussed by e-mail during summer time with members of sharing working group**; presentation and discussion of results 15 October 2005
Other tasks/deliverables		
IC brochure	Marijke prepares a proposal based on the draft EC brochure	Available by mid September 2005
ICF brochure	Janice Miller promised to prepare a proposal based on the Australian ICF brochure, Marijke tries to contact Janice	Available by mid September 2005

D Working group members

** Strategic working group members:*

Diane Caulfeild,

Catherine Barral,

Nenad Kostanjsek,

Matti Ojala,

Marijke de Kleijn

** *Sharing working group members:*

Trish Welch-Saleeby,

Ros Madden,

Catherine Barral,

Nenad Kostanjsek,

Seija Talo,

Marijke de Kleijn

E Proposed format for operational plans for each of the strategic areas

1 Definition of ICF use/implementation in the specific area *)

2 Added value of ICF for the specific area

3 Status quo of the area, including players, stakeholders, information already being collected, use of ICF

4 Proposed concrete steps for the implementation process; who should be involved

5 Indication of possible demonstration projects (requirements and deliverables)

*) Definition of ICF implementation in general:

ICF implementation means “use and application of the ICF in practice”. It includes translation into other languages, instruments developed based on ICF as well as existing instruments mapped to the ICF (originally not based on ICF). Regularity of use and application may vary by circumstances from ad hoc (as a one-off survey, a research or pilot project) up to regular use such as in legislation, censuses, running population based surveys, clinical settings and disability certification.

Annex 5 Draft operational plan for censuses and surveys

Marijke W. de Kleijn – de Vrankrijker, October 2005

*1 Definition of ICF use/implementation in the specific area *):*

- use of the ICF as a framework for concepts and definitions
- use of the ICF classifications as a checklist for the selection of relevant (because of the purpose of data collection) domains and classes
- development of questions related and mapped to the ICF classifications, domains and classes, including qualifiers
- mapping existing instruments (questionnaires) to the ICF

2 Added value of ICF for the specific area

- including all components and domains of the ICF instead of focusing at one e.g. impairments
- information to be collected relating to functioning of all persons in a population (not only for the disabled)
- using the same language as used in other areas of application

3 Status quo of the area, including players, stakeholders, information already being collected, use of ICF

- World level:
    - UN Census program 2010,
    - UN Washington Group on Disability Statistics, general/short set and extended sets
    - UNECE/WHO/Eurostat Health State measurement
- European level:
    - Eurostat modules (existing European Health Status Module, European Functioning and Disability Module under development taking into account the WG work and the ICF)
    - MHADIE, no information available to me
- UNESCAP level:
    - Application of WHS
    - WHO-DAS
    - WG general set
    - Australian census questions
- UNESCWA level:
    - planning to use experience of UNESCAP and WG
- South America and Africa level:

  - application of WG general set planned in pilots
- Existing instruments:
  - World Health Survey
  - WHO-DAS

4 Proposed concrete steps for the implementation process; who should be involved

The biggest problem here is the lack of concrete coordination. I shall make available a matrix which shows the relationship between ICF and the instruments mentioned. This will make it easy to identify where coordination is absolutely necessary in order to avoid internationally recommended questions on the same topic but in different questions.

5 Indication of possible demonstration projects (requirements and deliverables)

If coordination can be realized, all survey activities mentioned above can act as demonstration projects.

*) Definition of ICF implementation in general:

ICF implementation means “use and application of the ICF in practice”. It includes translation into other languages, instruments developed based on ICF as well as existing instruments mapped to the ICF (originally not based on ICF). Regularity of use and application may vary by circumstances from ad hoc (as a one-off survey, a research or pilot project) up to regular use such as in legislation, censuses, running population based surveys, clinical settings and disability certification.

Annex 6 Dutch pilot study on A & P distinction, a Dutch example of a proposed concrete project

Introduction

A high number of international experts on former ICIDH and present ICF, agreed for the time being, on the combined A & P list as published in the International Classification of Functioning, Disability and Health (ICF) in 2001.

The CC could try to stipulate the definition of both concepts, as presented in the ICF. The question is if this will lead to an appropriate solution in the codes and terms as presented in ICF. Implementation of these definitions in combination with the given list of codes, terms, constructs and qualifiers is not a straightforward thing to do. It needs a lot of explaining and discussing before health care workers start to understand what is meant by A or P in ICF, and even than get puzzled by the complexity of it and the ambiguity of assigning a code by means of the qualifiers.

In daily practice there is a quest for a clear distinction between A and P, and for two separate lists of corresponding codes.

The thought is that A and P can only be understood, and the reliability of definitions checked in real live context. That is why the Dutch Centre wants to undertake a systematic collecting of terms concerning A & P, and study what makes something an Activity item or a Participation item.

Theorising about concepts and definitions is important, checking the reliability of this theorising is the next step.

Aim of the pilot study

- The pilot study is aiming at understanding, what in the Dutch situation, and in practice, is understood as an activity-item and what is understood as a participation-item in the context of functioning, disability and health,
- To provide a basis for a clear distinction of A & P, by means of a categorial structure for A and for P that can be used for further discussion.

Design of the pilot study*

- Structured collection of expressions on A & P with corresponding codes, and on questionnaires, the Dutch Centre will organize the ICF Response Centre.
- Collecting data from a selected group of ICF experts in various fields of expertise concerning A & P, by means of ICF (Activities and Participation – D component with Qualifiers - version),
- Data analysis and categorial model construction.

Steps* of the project

- organisation of the pilot study, preparing the tools, preparing the ICF –A&P, developing the structured data format, selecting the expert group, informing and instructing the expert group,
- Pilot study, including preparing results,
- Presentation of results in the expert group, disussion and follow-up.

Organisation of the pilot

- Expert group
- Project team

Duration of the pilot

- Organisation, etc, 3-4 months
- Pilot study, 12 months
- Report and presentation 3-4 months

Sponsors (tentative)

- Organisation, partly Dutch WHO FIC CC, & tools?
- Dutch WHO FIC CC
- Dutch WHO FIC CC & ?

*Ad Design and Steps of the pilot

User Group

- a controlled group of ICF users are invited to contribute to this work on A & P. Specific interested parties can be invited to participate, if the Centres criteria for participation are met. These criteria will be made explicit.
- the selected group of ICF users needs to be equipped with the ICF Response Centre as part of the electronic Classification Browser software. Once the ICF Response Centre is activated, information about the selected class will automatically be shown within the first four fields. Comments on separate codes and classes can be stored, and mailed as a batch to the central server on any convenient moment.

Terminological Analysis on A & P

To discover what the difference is between an activity and participation item, and what defines A and P, the submitted descriptions will be analysed using a method for modelling medical terminology (MMT). This method has been developed in analogy with the development of the French Classification of Procedures (CCAM), and further developed by the Medical Informatics Group of Nijmegen University. As part of the method a class concept diagram for Activity and Participation will be modelled. The concept diagram describes the class constructs with their relations. The diagram will be modelled in the Unified Modelling Language (UML).

The Terminological Analysis is a contribution in the answer to the question if separate lists of classes for A & P are sensible and possible. In other words, if the present A & P list can be reconstructed and separate A´s and P´s can be explicitly defined.

The Dutch CC wants to explore the possibility of applying this approach to A & P on an international level and expansion of the scope to all of ICF in a next step.

July 2004

Huib Ten Napel, Pieter Zanstra, Egbert van der Haring

Annex 7 Draft text for IC brochure

WHO-FIC Implementation Committee

The aim of the WHO-FIC Implementation Committee is to support and stimulate the implementation and use of the WHO-FIC members in Member States. Priority is given to current core members: ICD and ICF. Because the level of implementation is completely different for both classifications, the related activities of the committee are different as well. For other members of the WHO-FIC, derived and related members the committee will prepare an inventory on a yearly base concerning the situation of those classifications.

ICD actions

(to be completed by ICD co-chair)

ICF actions

Four strategic directions for ICF implementation actions have been identified, being: measuring health and disability in censuses and surveys; health outcome in clinical and service settings; administrative and clinical information (health records and information systems); social policy field. For each direction implementation plans are under development and demonstration projects are going to be identified. A system to collect information on the use of the ICF and educational items in a structured way is tested in a pilot by the Education and Implementation Committee. It is planned to have the system operational by the end of 2005. The system will be used for collection, storage and accessibility of information concerning experiences, comments and measurement instruments mapped towards the ICF too. A mapping protocol is under development as well.

Annex 8 Implementation Committee provisional agenda

Monday 17 October	
15.30-17.00	5.1 Opening and welcome (IC Co-Chairs) 5.2 General Committee issues (IC Co-Chair) a. Introduction of new co-chair (Martti Virttanen) b. Committee brochure based on EC draft brochure; DOC#: (DCC + NCC) c. Implementation situation WHO-FIC members, related and derived members • Update on development and review process of ICF-CY (NACC, WHO CAT) (should be on FDC agenda as well!)
Tuesday 18 October	
14.00-15.30	5.3 Joint session with EC a. ICF Information framework; DOC#: (Chair IC/EC) b. ICD Training Programs (WHO CAT & ACC) c. Health Profession Manual for ICF: Review and FT process; DOC#: (NACC) d. Report of ICF in Thailand workshop; DOC#: (NACC) Related poster presentations a. ICF-DIN Training for EU MHADIE project; DOC#: (Italian CC)
15.30-16.00	**Break**
16.00-17.30	ICF issues 5.4 Overview of progress of the workplan a. ICF workplan and operational plan progress sofar b. ICF: Why collaborate, DOC#: (ACC) 5.5 Use of ICF for Health and Disability Surveys and Statistics (IC-Chair/WHO CAT) Related plenary presentations Report from the Washington City Group on Disability Statistics; DOC#: (NACC) Using ICF in Health & Disability Statistics; DOC#: (WHO CAT)

	Use of ICF in HIS and surveys DOC#: (ACC) Related poster presentations Measurement of disability in Mexico; DOC#: (Mexican CC in pod) Describing health states by measuring health domains (Mexican CC in pod)
Wednesday 19 October	
09.00-10.30	ICD issues 5.6 ICD implementation situation & planning of work • Mortality data quality (WHO MHI / PAHO) *(Proposed)*
13.30-15.00	ICF issues 5.7 Use of ICF as health outcome measure a. Implementation of a questionnaire to collect information on the use of qualifiers, rating scales and assessment protocols with ICF; DOC#: (Nordic CC), b. A functioning and related health outcomes module: the tool and testing DOC#: (ACC) c. Update on Crosswalk assessment instruments to ICF (WHO CAT) 5.8 Use of ICF in the social policy field a. Application of the ICF in Japan (Local Host) 5.9 ICF workplan and operational plan: how to proceed Related poster presentations Use of ICF in Mexico; DOC#: (Mexican CC in pod) ICF Functioning Card in Greece (V.Maveras, TBC) Report from 11th NACC ICF meeting (NACC)

International developments concerning ICF based question sets

Attachment to the annual report of the WHO-FIC Implementation Committee concerning ICF

Marijke W. de Kleijn – de Vrankrijker, October 2005

There are several running activities relating to the development of internationally comparable question sets for the measurement of Functioning and Disability in censuses and surveys:

- UN Washington Group on Disability Statistics general/short set, including pilots in Africa and South America, extended sets to be developed, the first extended set being proposed based on WHS-17 and WHO-DAS-12
- UN census program 2010
- UNESCAP, using the WG general/short set, WHS-17 and WHO-DAS 36
- UNESCWA
- EUROSTAT EHSM and future European Functioning and Disability module
- UNECE/WHO/EUROSTAT
- MHADIE

In the attached tables the proposed items and questions are mapped towards the ICF and the items suggested for inclusion in surveys in ICF annex 9.

This comparison makes it easy to see where coordination is urgent and necessary. Countries cannot be confronted with different recommended questions relating to the same items.

Enclosures:

- table B Body functions
- table S Body structures
- table D Activities and Participation
- table E Environmental factors

ICF B **BODY FUNCTIONS**	**ICF annex 9**	**WG short set**	**WHS-17**	**WHO-DAS-12**	**UNECE proposed items**	**EHSM** **Eurostat**		
b1 MENTAL FUNCTIONS								
b110-b139 GLOBAL MENTAL FUNCTIONS	Energy/vitality Sleep		Sleep		Vitality and fatigue			
b140-b189 SPECIFIC MENTAL FUNCTIONS	Cognition Affect	Remembering/ concentrating	Feeling sad Worried/anxiety	Concentrating doing Emotionally effected	Cognition (memory/concentration, thinking/problem solving) Affect Anxiety	Feeling nervous Feeling happy		
b2 SENSORY FUNCTIONS AND PAIN								
b210-b229 SEEING AND RELATED FUNCTIONS	Vision	Seeing	Seeing/recognizing person Seeing/recognizing object		Vision	Seeing newspaper print with/without glasses See a face		

b230-b249 HEARING AND VESTIBULAR FUNCTIONS	Hearing	Hearing	Hearing some one Hearing a conversation		Hearing	Hearing conversation several people Hearing conversation one person		
b250-b279 ADDITIONAL SENSORY FUNCTIONS								
b280-b289 PAIN	Pain		Aches/pain Bodily discomfort		Pain and discomfort			
b3 VOICE AND SPEECH FUNCTIONS	Speech					Clearly speak to others		
b4 FUNCTIONS OF THE CARDIOVASCULAR, HAEMATOLOGICAL, IMMUNOLOGICAL AND RESPIRATORY SYSTEMS	Breathing		Shortness of breath at rest Shortness of breath mild exercise Coughing					
b5 FUNCTIONS OF THE DIGESTIVE, METABOLIC AND ENDOCRINE SYSTEMS	Digestion		Defecation			Biting/chewing		
b6 GENITOURINARY AND REPRODUCTIVE FUNCTIONS								

b610-b639 URINARY FUNCTIONS	Bodily excretion		Urinating					
B640-b679 GENITAL AND REPRODUCTIVE FUNCTIONS	Fertility Sexual activity							
b7 NEUROMUSCULOSKELETAL AND MOVEMENT-RELATED FUNCTIONS								
b8 FUNCTIONS OF THE SKIN AND RELATED STRUCTURES	Skin and disfigurement		Skin defects					

ICF S **BODY STRUCTURES**	**ICF annex 9**	**WG short set**	**WHS-17**	**WHO-DAS-12**	**UNECE proposed items**	**EHSM Eurostat**		
s1 STRUCTURES OF THE NERVOUS SYSTEM								
s2 THE EYE, EAR AND RELATED STRUCTURES								
s3 STRUCTURES INVOLVED IN VOICE AND SPEECH								
s4 STRUCTURES OF THE CARDIOVASCULAR, IMMUNOLOGICAL AND RESPIRATORY SYSTEMS								
s5 STRUCTURES RELATED TO THE DIGESTIVE, METABOLIC AND ENDOCRINE SYSTEMS								
s6 STRUCTURES RELATED TO THE GENITOURINARY AND REPRODUCTIVE SYSTEMS								
s7 STRUCTURES RELATED TO MOVEMENT								
s8 SKIN AND RELATED STRUCTURES	Skin and disfigurement							

ICF D **ACTIVITIES AND PARTICIPATION**	**ICF annex 9**	**WG short set**	**WHS-17**	**WHO-DAS-12**	**UNECE proposed items**	**EHSM Eurostat**		
d1 LEARNING AND APPLYING KNOWLEDGE								
d110-d129 PURPOSEFUL SENSORY EXPERIENCES								
D110 Watching								
d115 Listening								
d130-d159 BASIC LEARNING				Learning new tasks Concentrating doing				
d160-d179 APPLYING KNOWLEDGE								
d2 GENERAL TASKS AND DEMANDS								
d3 COMMUNICATION	Communication	Understanding / being understood			Communication			
d310-d329								

COMMUNICATING - RECEIVING								
d330-d349 COMMUNICATING - PRODUCING								
d350-d369 CONVERSATION AND USE OF COMMUNICATION DEVICES AND TECHNIQUES						Use telephone		
d4 MOBILITY					Mobility			
d410-d429 CHANGING AND MAINTAINING BODY POSITION				Standing		Bending and kneeling Transfer in/out of bed		
d430-d449 CARRYING, MOVING AND HANDLING OBJECTS	Dexterity		Using hands / fingers		Dexterity	Lifting and carrying Grasping Stretching arm Turn a tap		

D450-D469 WALKING AND MOVING	Mobility	Walking / climbing stairs		Walking long distance		Walk 500 m Walk up and down a flight of stairs Going where and when you want		
D470-d489 MOVING AROUND USING TRANSPORTATION								
d5 SELF-CARE	Self-care							
d510 Washing oneself		Washing all over / dressing		Washing whole body		Bath or shower		
d520 Caring for body parts								
d530 Toileting						Use toiliet		
d540 Dressing		Washing all over / dressing		Getting dressed		Dress and undress		
d550 Eating						Feeding yourself		

d560 Drinking						Feeding yourself		
d570 Looking after one's health								
d6 DOMESTIC LIFE	Usual activities							
d610-d629 ACQUISITION OF NECESSITIES						Do all shopping		
d630-d649 HOUSEHOLD TASKS				Household responsibilities		Prepare meals Heavy housework Laundry Light housework		
d650-d669 CARING FOR HOUSEHOLD OBJECTS AND ASSISTING OTHERS								
d7 INTERPERSONAL INTERACTIONS AND RELATIONSHIPS	Interpersonal relations			Dealing with people Friendship	Social relationship			

d8 MAJOR LIFE AREAS	Usual activities							
d810-d839 EDUCATION	Usual activities			Day-to-day work/school		Difficulty school or work		
d840-d859 WORK AND EMPLOYMENT	Usual activities			Day-to-day work/school		Difficulty school or work		
d860-d879 ECONOMIC LIFE						Take care of financial matters		
d9 COMMUNITY, SOCIAL AND CIVIC LIFE	Social functioning			Community activities		Difficulty leisure time, difficulty social activities		

ICF E ENVIRONMENTAL FACTORS	**ICF annex 9**	**WG short set**	**WHS-17**	**WHO-DAS-12**	**UNECE proposed items**	**EHSM Eurostat**		
e1 PRODUCTS AND TECHNOLOGY								
e2 NATURAL ENVIRONMENT AND HUMAN-MADE CHANGES TO ENVIRONMENT								
e3 SUPPORT AND RELATIONSHIPS								
e4 ATTITUDES								
e5 SERVICES, SYSTEMS AND POLICIES								