

**WHO-FIC Education and Implementation Committee**  
**Midyear meeting**  
**April 9 – 10, 2014**  
**IARC - Lyon, France**

1- Welcome and Introductions

Nenad Kostanjsek, Robert Jakob, Cassia Maria Buchalla, Wansa Paoin, Maliwan Yuenyongsuwan, Yukiko Yokobori, Jun Dehare, Gemala Hatta, Lars Berg, Olafr Steinum, Maria Teresa Cravo Guimarães, Vera Dimitropoulos, Lorraine Nicholson, Joon Hong, Carol Lewis, Catherine Sykes, Maria de Fatima Marinho de Souza, Juan Cortez.

Work commitments prevented Sue Walker, Committee Co-Chair, being present so Cassia chaired the meeting and Carol agreed to serve as rapporteur on 9 April.

2-Review of agenda

No additions were made to the agenda but some changes were made in the order of presentation, and Lorraine indicated that she would report on work in Africa, not just Nigeria.

3-Approval of minutes (Conference call 20 February 2014)

Lars called attention to item 11 of the Conference Call minutes, on the Annual Meeting in Barcelona on October, 2014. Both Sue and Cassia are due to retire, which would lead to a loss of continuity. After discussion, it had been suggested that the Council extend the term of office of one of the Co-Chairs for one year and that one Co-Chair be elected in Barcelona and that another election be held in 2015. Having annual elections would prevent the same situation occurring again. Cassia and Sue have discussed the issue and agreed that Sue would be the Co-Chair who would stay on.

**Stop press: since the EIC meeting, there has been a change in the Council's decision to allow one of the Co-Chairs to remain. This means that both Co-Chairs positions will be declared vacant at the annual meeting, and two new Co-Chairs will be required.**

4- Update on EIC Strategic Workplan (SWP)

Cassia presented an overview of the current status of the goals in the SWP, advising that each of the goals would be discussed further during the meeting. Catherine asked if there was a dissemination plan to make the information sheets (IS) available, whether there has been any evaluation to determine if they were useful. The sheets are on the IFHIMA and NCHS web sites, and Vera asked if other organizations should also place them on their websites, e.g. Health Information Management of Australia, Nationals Centre for Classification in Health etc. It was agreed that the IS can be used wherever they would be useful.

Nenad indicated that he believed that:

- goal 1, Implementation database, was a basic EIC function;
- goals 2 and 3, training tools, were either complete or in the final stage and therefore, as the only future activity will be maintenance, they could be put under goal 6 which covers the EIC's routine tasks;
- goal 4, training, should be expanded to the preparation of training materials for the ICD-11 field trials. There is a huge demand for ICD training – what is the role for EIC, what is the new agenda for training and education? Only activities that have resources – human, time and funding should be supported;
- goal 5, ICD-11, the EIC has a role in producing case summaries for the field trials;
- The EIC has worked efficiently when there has been a resourced focal point for a project, for example, ICD-10 training tool developed at WHO and ICF training tool developed at the German Collaborating Centre.
- There is a need for alignment of Centre work plans and committee work plans.

Lars suggested looking at new goals and focus more on what Collaborating Centres (CCs) will and can do.

Cassia pointed out that previously the task names in the EIC SWP were products but the current broader terms were agreeable to WHO. There is a need for more interaction with the CCs and NGOs.

The role of the CCs in the SWP was discussed. Carol Lewis asked where are the priorities determined for the collaborating centres? Nenad pointed to the Generic Terms of Reference for CCs, plus each has a 4-year work plan. CCs are regional, national and international and have a 4-year designation. WHO's priorities can change from one year to another and therefore not every centre will have the same priorities. There should be dialogue between WHO and different collaborating centres to determine the work plans. The ToR need to be realistic.

Nenad and Vera pointed out the need for concrete and feasible products and outputs before the meeting in Barcelona in October, involvement of the CCs and Regional Offices in determining requirements plus an agreed review process.

Nenad summarized, pointing out the two priority tasks were the implementation database and training materials for ICD-11.

Regarding the ICD-11 volume 2 - Nenad presented the activities and products to support ICD-11 and its coding rules. First priority is to finalise the draft of the volume 2 document and disseminate it for review and comment.

For the field trials, the areas of ICD-11 that have priority must be identified based on where current problems exist in ICD-10 so that these can be tested to confirm that ICD-11 is an improvement. It is important to have feedback that shows benefits.

Case summaries will be required for the field trials. The training for the field trials must be addressed for different levels of involvement.

Vera indicated that if ICD-11 were to meet expectations there must be a governance structure and continuing education or there would be data inconsistency. She indicated that Singapore had directed attention to these points when it migrated from ICD-9-CM to ICD-10-AM. An article on Singapore's migration to a new classification system had been published in the Health Information Management Association of Australia (HIMAA)'s professional practice journal, HIM-Interchange, and she offered to send it to the members of the EIC. It is also available at <http://himaa2.org.au/HIM-I/?q=volume4issue1>

In addition to governance, Nenad indicated that an information database on how the ministries of health can be reached and educational materials that made ICD-11 attractive for users were needed. Cassia added that there should be a working group to manage the implementation of these strategies.

#### 5- SWP -1 ICD and ICF Database

Huib Ten Napel could not attend the meeting but sent his presentation. All questions form the combined ICD and ICF database and there are no new or altered questions. Currently 145 countries have provided information on ICD and 19 countries have updated their data. The action points that are now needed relate to a process for how to populate the database and use the content for the Global Health Observatory (GHO).

Nenad indicated that it was a pity that Huib was not present and then highlighted four points:

- (1) Enhancement of the tool – It is useful to continue to improve the questions that are not clear and to work on improving the user interface for both input and, more importantly, output. The more user-friendly, the more use it will receive. In short, the focus should be on how to improve the tool itself.
- (2) Populate the database – How to get information, especially from countries without a collaborating centre. It is necessary to have some person to contact, or the active participation of the Regional Offices or even the WHO HQ. This is a priority task, not only to identify a person but also a mechanism to ensure that the information is up to date. It was agreed that follow-up should commence in the lead up to the annual WHO-FIC Network meeting in Barcelona. However, the mechanism of how this is done will need to be specified. We need to be able to check the database to determine its level of completeness and how recently it has been updated.
- (3) Linkage with GHO – One-stop linkage between the classification implementation database and GHO, where the most essential information would get displayed, e.g., date ICD started, version used, coverage and quality. A small work group of key members within Regional Offices should start preparing a template for later review by the whole group.

(4) Communication must be good among all parties.

Cassia pointed out that the tool should not only be user friendly but there was also a need to show people how they could use it. There should be something to give to the Ministry Of Health (MoH) to show the data and how to undertake follow up.

Catherine suggested that it may be more useful to get a small amount of data from more countries, a minimum data set, for example, the top 6 questions. Carol Lewis suggested the Regional Offices (ROs) be involved in this as they are knowledgeable about the people to be contacted.

Lars indicated that there is a need to get in contact with the right person. In the Nordic and Baltic countries updating is most problematic. Nenad added that there should be a person in a country who could organize the data and that the EIC might set some target. Catherine said that based on her experience, finding a focal point may be difficult as information may need to be gathered from numerous sources. Catherine indicated that focal point staff turnover may affect continuity. She asked whether populating the database could be linked with the submission of data to WHO.

In response to Carol's comment about the Regional Office (RO) involvement, Nenad said that the ROs can provide guidance as can groups such as the Asia Pacific Network. WHO can definitely coordinate communications, but the EIC must follow-up regarding regional coverage and mechanisms.

Nenad estimated that 30 – 40 countries submit good quality mortality data to WHO, the data submitted by 70 – 80 countries requires substantial work and the rest of the countries submit no data. It is important to know which country needs to improve its data.

Cassia suggested that the small group could work on a template that would incorporate important questions and contact the ROs to help with communicating to countries. The small group was formed of Cassia, Catherine (to comment on ICF component) and Lars to work on creating a document to be presented to, and approved, by the EIC.

#### 6- SWP-2 ICD-10 Training Tool

Robert summarized the activities regarding this task:

- The new version is to go on-line
- There is still a need for more coding examples – common diseases in low-resource countries
- Migrating the current version from Lectora to another software would be too costly
- The EIC should focus on the content

#### 7- SWP -3 ICF e-Learning tool and Educational Material

As she could not attend the meeting, Melissa Selb apologized and sent a PowerPoint sound presentation on the ICF learning tool updates that outlined recent activities and highlighted changes to the content:

- Meeting at WHO Geneva on April 16<sup>th</sup>, aimed at discussing and getting final approval for the content
- Will also include discussion of software options and next steps for deciding on software
- Request to EIC to discuss funding options and human resources for advanced module

Catherine pointed out that the presentation reflected quite a bit of change since Beijing. She wondered if the EIC or the Functioning and Disability Reference Group (FDRG) should see the revised content. Nenad indicated that there had been plenty of consultation. In future, changes based on user feedback should be considered as part of ongoing maintenance. Catherine asked about the mechanism for maintenance. Lars pointed out that the tool is not a PDF document and therefore is more difficult to update.

The timeframe following the April 16 Meeting was discussed in relation to when the tool would go live on the WHO website and whether the new software platform would first need to be implemented. Nenad advised that the tool will be placed on the WHO website but an eLearning site will then be developed using the new platform to which this tool can be hosted. Discussion as to whether the link to the eLearning tool on the WHO website will be activated before the FDRG meeting on 3 May with Nenad agreeing to see whether this is possible.

The EIC should consider the maintenance of the tool and those who will work on it. Cassia pointed out that there must also be a plan for how to go forward, there is a need to work together and it is still not known who will be the audience. Once the first module has been completed, one must think of the future. How much did this first module cost? Nenad replied that the main cost (US\$8,000 – \$10,000) was programming to put it into Lectora; there was no cost data available for the development of content. It was indicated that 400 person workdays were required to complete this work.

Catherine pointed out that without a project plan and estimated budget (provided by Melissa), it is not easy to seek funds to support future developments. Nenad advised that there was an original project plan developed some time ago and that perhaps this could be used as a basis to start a new project plan. Catherine provided this to the Co-chair.

Melissa should be consulted about costs. The needs, content and users of future modules need to be defined.

The ICF Practical Manual, which is on the WHO website as an exposure draft for one year, is planned for publication as version 1 in October 2014 and a review and update process envisaged.

Cassia summarized the status of the task. EIC is:

- awaiting approval of the introductory module and its posting on the web,
- will gather information on costs, steps, content, and develop plans for future modules.

## 8- SWP -3 ICD-11

- ICD-11 volume 2

Robert's presentation provided the EIC with a better understanding of the structure of ICD-11 which would be maintained on an internet based permanent platform. It would be ontology based and Wiki enabled. The structure is similar to the ICD-10 regarding the volumes but it has a content model with a structured framework. This includes definitions of diseases/conditions and there is "multiple parenting" for the structure of the classification and the categories.

Robert explained the elaboration of the ICD-11- which includes the ICD Foundation Content (aggregation of all classifications and terminologies), grouping entities and the linearizations (which are important to each application of the ICD). There will be 24 or 25 chapters (around 15,000 categories- alphanumeric codes). Five specialist tabulation lists will be included but are not designed for coding.

Morbidity and Mortality applications will have a joint linearization. The concept of multiple parenting, pre and post-coordination of codes and extension codes was briefly explained.

He explained the Content Model which will provide a description of each disease with links to genetic factors. A new feature in the content model is the Clinical Description. This will be the structured framework for humans and computers and each entity will have parameters.

It was agreed that the EIC will contribute to the work to be undertaken in development of Volume 2 for Morbidity Rules/Guidelines. Robert will provide the EIC with a link to the current reference guide that is online. Robert will also advise the Morbidity Tag that EIC member(s) will contribute to work on the morbidity rules for education purposes. Volume 2 of ICD-11 is essential for Field Trial success.

Robert stressed the importance of the need for training materials for the field trials. Because of time limitations, the slides on ICD-11 training were presented very quickly and as a result a number of questions were raised. Carol would have liked more time to reflect on the description of linearization, Gemala wondered about the meaning of the characters 1A00 – QF3Z, Vera had questions about pre-coordination and post-coordination. Gemala suggested a Question and Answer self-test.

Robert will share the slides. Cassia recommended that they be put in an EIC Dropbox which can also include all presentations from the meeting. Many people have difficulties in accessing the EIC workspace. She asked that all members review the guide and send comments to Robert.

Robert added that what is urgently needed are more examples of coding questions.

- ICD-11 Field Trials (FTs)

Nenad presented the structure of the field trials, with material that was distributed before the meeting. Study 1 – Reliability and Feasibility - the forms were presented and their content was discussed. Study 2- Bridge Coding with the coding form and the evaluation form. A study on the qualitative approach with key informant survey and a consensus conference is planned. Need to identify possible basic question topics.

Sample size determinants per Field Trial Centre (FTC) depends on the study (500-1,000 for Study one, 500 for the second), 30 key informants and 2 consensus conferences. Different settings (Primary care, General hospital and Specialist) are planned.

Nenad commented that preparations for the field trials are on track. The trials need to demonstrate the fitness of ICD-11 for multiple purposes and its compatibility with ICD-10. When ICD-11 is presented to the World Health Assembly in 2017 a case must be made for its added value. This means that the field trials should be more hypothesis driven. How ICD-11 provides solutions to shortcomings in ICD-10 needs to be demonstrated. Innovations such as more granularity and the enhanced surveillance that this provides should be shown. The field trials must be focused and the deadlines are short.

Individual participation centers will carry out the trials with coordination by WHO. The participation centers can include TAGs, NGOs, academic communities, clinical practice networks. Information about the field trials should be disseminated through medical associations, international health meetings and through the media.

Nenad provided an overview of the field trial management software and the roles covered by the tool, followed by a demonstration. The roles are as follows:

- Rater (assessing the case summary and coding)
- Field Trial Coordinator at the Field Trial Site
- Field Trial Centre
- WHO Coordinator

It was noted that the software is directly linked to the ICD 11 browser and that there are customized screens for different users, e.g., Physician, Coder, etc.

The tool requires a name and password to log in – rater will see what has been assigned to them as a task. There is a dashboard where the rater can see the case type (e.g. case summary, video) and status (e.g. pending, completed in progress). There is a textual display of the written case summary. When you assign a code, the application is directly linked with the ICD-11 browser.

There was discussion about whether more functionality could be added, so that more of the structure of ICD-11 can be shown to allow the coder to assign the correct code. There is a save option for data stored which allows you to go back to the case until you submit. Once the rater has finished all the cases, then they are prompted to complete an evaluation form.

There is also a “WHO Interface” which has the following features:

- Case Management: assign cases (pooling of all the cases)
- Inserting new cases
- Add a country, Collaborating Centre or organization eg MOH as a FTC
- Dashboard function to monitor who is doing what internationally

It is expected that this will be piloted to ensure that it is functioning properly. Some volunteers will be identified to simulate these various roles and the various studies to determine whether the tool is working. Necessary amendments to the tool will be made following the field trials. Volunteers should contact Nenad. The tool is being developed in English and Italian and it could be produced in other languages but this would require funding. The most appropriate additional languages need to be identified.

Some exploration is being undertaken to determine whether some preliminary data analysis can be undertaken. The data are yet to be identified. Some data will be exported for more sophisticated analysis.

Gemala informed EIC members that the diagnosis “Leteh” was not in the classification. Nenad mentioned that if the diagnosis is not in the ICD 11 browser there is a comment facility in which this omission can be noted.

Vera informed the group that a Promotional and Educational Package, a Pre-migration kit – is needed to educate participants before the FTs. She mentioned that different countries are coding differently – coders versus clinicians. The FT’s should help to look for different coder characteristics. Mini pilots in Thailand, Japan and Indonesia are planned.

Discussion continued on how the EIC could be used to assist with preparatory work in obtaining case summaries/medical records and having them coded in both ICD-10 and ICD-11. It was agreed that EIC members be in touch with Nenad to provide suggested case summaries/medical records and perhaps a plan of how EIC or member country volunteers could contribute to the coding of these cases.

Emphasis should be placed on the top 50 ICD categories associated with the highest mortality and cost-related morbidity. Globally, low income countries and high income countries must be included. Vera suggested that lists of the most costly conditions be provided by the end of June. Other areas to be addressed in the trials include relevant changes from ICD-10 to ICD-11 such as infectious diseases, injuries and external causes. Problematic coding areas (Chapters IV, XV, XIX, XX) where there may be errors related to the assignment of codes should be included. Relevant actions at different levels of care, such as primary care, should be reflected. Case summaries and video summaries must be targeted to specific areas.

The draft Field Trial Handbook includes the form for Study 1 on Reliability and Feasibility, which is used to record the code of the main diagnosis and then joint assessments, indicating the reason for any discrepancy.

Vera stressed the importance of the handbook as a promotional package. Simple guidelines for the education that must take place before the field trials are needed and these must address different coders. A lot of work must be done quickly, and the EIC

should pilot the education prior to the trials. The engagement of stakeholders is necessary because you can't implement without their buy-in.

Nenad said what was needed were specific examples and suggested that each member send at least two cases. Key priority should be given to codes with assignment errors. Once these are received, they will be compiled and then sent to all EIC members for expert review.

Cassia concluded with the next steps: (1) send Nenad problem issues within ICD-10, (2) send Nenad suggestions for the Manual and forms, (3) send Nenad case summaries.

#### 9- SWP-6 WHO-FIC support material

- Information Sheets (IS)

The IS are available for download on many websites but it is unclear who are using them. Means for finding out how useful the sheets are could be by survey of who is using them at conferences or sending them out to enquirers and through web statistics.

- New IS

- ICHI (International Classification of Health Interventions) – Vera, who had been involved in the development of ICHI, wondered if it was appropriate to issue an information sheet before the classification had been finalised. Nenad will consult WHO on this issue. Cassia indicated that the sheet was one way to disseminate information about ICHI – many countries have no recent procedure classification and would be interested. Lars suggested that “under development” could be added to the title. Accordingly Vera will revise the draft based on comments received and will then send it to the group before the Annual Meeting.

- In progress

- Automated coding systems – This was developed by Stefanie Weber, and any comments should be sent to Cassia and Stefanie.
- New death certificate – The new death certificate proposed by the Mortality Reference Group (MRG) is not yet finished. It should be approved in Barcelona in October and a new information sheet can then be prepared.
- At the last Conference Call in February, another IS on the ICD and ICF Implementation Database was suggested, which Huib had volunteered to prepare. As he was not attending the meeting, this IS was not discussed.
- Current versions – The information sheets provide valuable information and it is important to disseminate advice about their existence. The Pan American

Health Organization (PAHO) has translated them and included them on its web site and this is an example for other organizations.

- Briefing Kit (BK) – The content of the BK has been updated annually. Catherine suggested that, as the EIC co-chairs will know about the CCs in development, they could send directly to the heads of those new Collaborating Centres with a letter of welcome. In the past, EIC sent a CD ROM to all Heads of CC with the material which is available in the workspace. A suggestion was made to use a Dropbox file for this year's update of the CC profiles.

## **Day 2: 10 April 2014**

### 1- Welcome and assignment of rapporteurs

Cassia opened the session, and Vera and Lorraine volunteered to act as rapporteurs.

### 2- SWP- 4 - International Training Program (ITP)

- Morbidity Exam - Joon Hong, presented the update on the Morbidity Exam, and Carol Lewis was the discussion leader.

The discussion on this topic was directed by the presentation which ended with some important questions on the next steps of this project. Nenad queried whether this program should continue, and it was mentioned that standardized methods of coding are required to enable international comparisons.

#### Problems Identified:

- How to disseminate and promote the pilot test. *EIC could promote the exam and it could be promoted on the IFHIMA website. It was also suggested that it could be promoted through universities offering HIM programmes.*
- How to collect exam questions – there are currently about 200 in the bank. *It was suggested that each member of the EIC should collect 4 questions and the suggested correct answers. This was agreed, and Cassia will send out a formal request. It was queried whether Margaret Skurka from the USA may have a bank of questions, from the morbidity and mortality educational material we collected some years ago.*
- Confirming the correct answers. *It was suggested that a group of 4/5 expert coders should “blind code” and make recommendations regarding the correct answers which could be compared with the suggested correct answers, using the same coding rules and definition of main condition.*
- Correct documentation of diagnosis
- Administration of the exam. *It was suggested that IFHIMA might administer the exam with one person from each country who works in a University environment but this will need further thought and discussion. The possibility of outsourcing was also suggested and discussed.*

- Certification – WHO is unable to certify but can “make a recommendation”. *Following discussion it was suggested that a “Letter of congratulations” that the person did the exam could replace a certificate for the time being. (This may be inferred as an approval, maybe a “ Letter of Recognition” is more appropriate)*
- Funding is an issue. *Following discussion, it was agreed that Strengthening of Health Information is where the money is and the possibilities of a bi-lateral partnership should be explored.*
- Further discussion identified that the main condition code showed highest discrepancies, mostly due to country specific coding instructions; using modified version of ICD-10.

The lessons learnt included:

- More detailed coding instructions are required from WHO
  - Use of abbreviations is an issue
- The 2008 Candidate Handbook – Carol Lewis

Carol reported on the Candidate Handbook prepared by AHIMA and the EIC some years ago and which needs to be updated. Before starting the update of this document, some questions should be addressed:

- Given that international certification of mortality and morbidity coders is not currently feasible and is not included in the EIC SWP, should the EIC continue to support the development and administration of exams for coders?

It was mentioned that this exam process helps to ensure international comparison. Lorraine Nicholson advised that international comparisons need standards, in the UK, there is a national exam for clinical coders – successful candidates are awarded the National Clinical Coding Qualification (UK) and may use the post-nominal letters ACC (Accredited Clinical Coder). The examination, which is under academic supervision, was first offered in 1999 and training materials and programmes of study to support candidates wishing to take the examination were developed. National standards for clinical coding have since improved in all 4 of the UK home-countries. This has had positive results with the introduction of standardized training programs as a result of collaboration between the national HIM association (IHRIM) and the NHS. The Institute of Health Records and Information Management (IHRIM) is the examining and awarding body for the qualification and the Health and Social Care Information Centre (a non-departmental public body of the Department of Health in the United Kingdom) has responsibility for setting standards, developing coding materials and delivering training programmes. The examination and the qualification have also helped to raise the profile and standing of clinical coders as a recognised professional group in the UK.

The importance of this issue and the need for it to be addressed was discussed along with EICs role in the process, the critical point being the assurance of a rigorous process.

- A question was raised as to whether WHO was responsible. If the international tests administered are not for international certification but are limited to the assessment of coders, should the EIC provide rules and guidelines for candidates?

Nenad advised that WHO cannot engage in this process. This should be outsourced with EIC highlighting the importance, lobbying universities and governments, emphasizing the need for certification. It was agreed that a letter of participation in the exam is the EIC's responsibility.

Regarding the development of a candidate handbook, 2 sets of guidelines are required – one for morbidity coding and one for mortality coding.

It was agreed to present a draft of the morbidity handbook at the meeting in Barcelona.

### 3- SWP- 3 ICF Education material

- ICF Education material requirements survey

Catherine Sykes, on behalf of the FDRG, presented the results of the survey on the needs for ICF educational material. This was based on 17 responses.

The presentation reported:

- Main audiences for ICF education
- Forms of education for which materials are required
- Types of education materials already produced and available for sharing
- Types of education materials needed
- People willing to work with others to develop materials

The main audiences for whom there are established materials are health professionals, the materials available are the introductory web based tool and slide sets. The materials required are Massive Online Open Courses (MOOCs), mobile applications and materials for specific uses of ICF. Translations of existing materials, the Practical Manual and e-Learning tool were seen as important.

Following discussion about collaboration between the FDRG and EIC it was agreed that FDRG provides input but EIC develops education material. The need for experts to develop ICF learning materials is an issue. There has been limited participation of the ICF experts in the EIC meetings, and a special effort is required to ensure ICF representatives participate in the work of the EIC to take this forward. Ways need to be identified to “reactivate” members with appropriate competencies to undertake this role.

It was also mentioned that the Collaborating Centres need to be made aware of the full range of classifications covered by WHO-FIC and consider this issue when nominating their voting members.

FDRG was asked to produce a draft proposal to take this forward, which will be discussed at the EIC meeting in Barcelona in October.

- ICF Practical Manual

Catherine reported that the current ‘exposure draft’ is close to completion. There are still some comments awaited, with the deadline for receipt being 31 May 2014. Any changes will be considered for into the final document, but it is anticipated that there will be minimal changes to the “exposure draft” currently on the WHO website.

#### 4- SWP- 6 WHO-FIC Support material

- Best Practices

Work in Africa - Update on HIM Activities in Africa – Lorraine Nicholson, UK (presenting) - Mr. Wole Ajayi, Nigeria, IFHIMA’s Regional Director for Africa, contributed to the content of the presentation.

#### Background & Starting Point:

- During Margaret Skurka’s Presidency of IFHIMA, Joon Hong was assigned responsibility for the African and Eastern Mediterranean regions in which there was no national membership of IFHIMA. The IFHIMA Board later decided that Joon would focus on the Eastern Mediterranean Region and would also undertake a research project in both regions to provide a baseline of information that IFHIMA could utilise for future work in both regions. Lorraine would take responsibility for outreach work in the Africa region
- At this time there were no national member associations in Africa. Both Kenya and Nigeria had previously been members but their membership had lapsed, and these two countries provided the focus for initial outreach work. Nigeria rejoined in June 2012 and Kenya rejoined in January 2013

#### Events 2012 - current

Opportunities to promote implementation of the WHO-FIC arose through the following events:

- Nigerian national EHR workshop in Lagos, Nigeria Nov 2012 - Lorraine Nicholson
- Outreach visits on behalf of IFHIMA by Lorraine to Kenya and Tanzania Jan/Feb 2013
- Presentation via SKYPE to the Africa and Eastern Mediterranean IFHIMA/WHO regional groups on 11th May 2013 entitled “ICD Implementation Innovative Approaches” - Robert Jakob
- It was noted that HIMAN National Conference in Calabar, Cross River State, Nigeria in Aug 2013 – HIMAN generously sponsored two delegates, one from Sierra Leone and one from Cameroon and Wole Ajayi and HIMAN Colleagues are currently working to identify training facilities in Africa which are able to deliver ICD-10 training to support the WHO ICD Training Initiative for Africa.

- Andrea Martinuzzi, Ros Madden and others presented a workshop on ICF following the WHO-FIC meeting in Beijing.

Lorraine informed the meeting about IFHIMA/AHIMA Book Donation Project,

- The project came about as a result of an invited presentation made by Lorraine on “HIM Education Issues in Developing Countries” at the International Educator’s Day on 12 May 2013, immediately prior to the IFHIMA Congress in Montreal
- AHIMA is donating copies of 5 brand-new titles of HIM reference/text books
- Shipping costs will be jointly borne by IFHIMA and AHIMA
- Donations will be made to 19 recipient organisations in 13 different countries around the world including 9 countries in Africa (Botswana, Cameroon, Ghana, Kenya, Mauritius, Nigeria, South Africa, Tanzania, Uganda)

The “1st International HIM Conference for Africa”

- The “1st International HIM Conference for Africa” will be held at the National Sickie Cell Centre in Lagos, Nigeria 12th – 14th August 2014
- The Conference Theme is “Knowing IT Better”
- The conference will be hosted by the Health Information Managers Association of Nigeria (HIMAN) (of which Mr. Ajayi is the President), in collaboration with IFHIMA
- topics for the conference include the ICD Training Initiative for Africa.

Some Other HIM News from Africa that has relevance to promoting the WHO-FIC

- A new HI/HIM Association is being established in Botswana
- Tanzania is working to strengthen its national HIM association THERIA (Tanzania Health Records & Information Association)
- IFHIMA is working with AHIMA on a project supported by a US Dept. of Commerce grant to establish a Global Health Workforce Council – nominations have been invited from every region & there are a number of strong candidates from Africa
- Kenyatta University in Kenya has reviewed & updated the curriculum for BSc in Health Records & Information Management
- A school in Cameroon is starting to include HIM into its programmes
- A programme for Health Information Technicians has been established in Ethiopia
- ICD 10 Training Programme delivered in Mauritius in October 2013 by UK Trainer, Linda Gibbs
- The Nigerian HIM curriculum for Nigeria was reviewed in Jan 2014

Further information on these projects and activities can be sourced from **Contacts:** Lorraine Nicholson, Membership Chair/Treasurer & Past President of IFHIMA 2007-2010 -[l.nicholson@zen.co.uk](mailto:l.nicholson@zen.co.uk) or Wole Ajayi, IFHIMA’s Regional Director for Africa & President of HIMAN [nhra009@yahoo.com](mailto:nhra009@yahoo.com)

5- Plans for the Annual Meeting 11-18 October 2014 in Barcelona

Planning for the Barcelona annual meeting will be occur during the two EIC conference calls planned for May and September. Posters and papers for the meeting will be discussed. It is desirable that a joint session is held with FDRG, and this should be a priority.

The mid-year meeting for the Council will be held on 29th April, and at this meeting more information on the annual meeting will be presented.

Cassia will post all presentations from this meeting in the EIC workspace and will also provide a Dropbox file with all documents and presentations. Robert Jakob will provide an invitation for ICD-11 materials in the Dropbox.

- Thanks to Cassia

This meeting was Cassia's last face to face meeting as Co-Chair, a role which she has undertaken since 2008. Carol Lewis proposed a vote of thanks to Cassia for all her efforts during this period and EIC Members showed their appreciation to Cassia by giving her a round of applause.

#### Close of meeting

Cassia thanked everyone for their participation and declared the meeting closed at 12:00 (CEST).