World Health Organization

Collaborating Centres ANNUAL REPORT

Name of the University, Hospital, Research Institute, Academy or Ministry

Regional Central Health Directorate

Name of the Division, Department, Unit, Section or Area

Classification Area, General Directorate

City	Udine	**Reference Number**	ITA-85
Title	WHO Collaborating Centre for Family of International Classifications		
Report Year	07-2016 to 07-2017		

1. Please briefly describe the progress made in the implementation of your agreed workplan as WHO collaborating centre during the past 12 months (or the reporting period listed above). Please report on how each workplan activity was implemented, if any outputs have been delivered, if any results have been achieved and if any difficulties have been encountered during this time. If an activity has previously been completed, has not started yet, or been placed on hold, please indicate this.

Activity 1

Title: Revision of International Classification of Diseases (ICD-11)
Description: Provision of technical expertise and implementation of the following ICD-11 revision related activities:
1. Review and enhancement of ICD-11 Beta draft, ICD-11 Reference Guide and ICD-11 Index
  a. To work on the mortality and morbidity review of the Beta draft through participation in the MTAG and MbTAG
  b. To work on the coding rules for morbidity and mortality
  c. To support the population of the ICD-11 content model and the development of IT tools for ICD-11

2. Prepare and implement field tests of ICD-11 Beta draft in Italy
  a. Italian translation of ICD-11 Beta draft on WHO Translation platform
  b. Italian translation of FT material (including FT manual, FT instrument, case summaries and training material)
  c. Preparation and piloting of Italian ICD FIT version (web-based platform for data entry)
  d. Conduct FT familiarization and training
  e. Implementation of FT protocols as part of the Beta testing phase in 2015/2016 and usage validation phase in 2016/2017

3. Work on the transition from ICD-10 to ICD-11 in Italy
  a. Identify and analyze transition requirements in Italy
  b. Prepare and guide the transition process in Italy

1a) As a member of the Joint Task Force on ICD-11 MMS, Vincenzo Della Mea authored a proposal for the syntax of postcoordination and clustering.
Since the Tokyo meeting, the ICD-Fit system for field testing has been initially updated mainly on the dashboard, to help ICD-11 reviewers understand the most frequent coding mistakes made by raters and thus adjust ICD-11 where needed (e.g., adding an exclusion note, or better specifying inclusions).
However, in the last few months a revision of the underlying model has been carried out to allow studies with a slightly different organization. In fact, until now Field Trial site coordinators invited raters, but Field Trial Center coordinators assigned cases to them. To share duties in case of large studies, now it is possible that also Site coordinators assign cases. Also the export function has been allowed to Site coordinators on selected studies.

1b) Together with other international experts, Istat contributed to the preparation of mortality line coding examples to be used as a basis in the first phase of the field trial of ICD-11 in mortality field. Diagnostic expressions frequently reported in death certificates from different countries (Australia, Japan, US, Canada) were used for completing a list of 1.000 terms. These were included in the ICD-Fit platform and submitted to mortality coding experts for ICD-11 testing. Two experts from Istat participated in the mortality field trial as independent raters giving inputs on various issues of ICD-11: expressions missing in the coding tool, comments on the use of post-coordination and misallocated terms.
Francesco Grippo was also invited to participate in the JTF task force as MRG Co-Chair. In such context he attended some monthly teleconferences (since May 2017) and a face to face meeting held in Geneva 11-14 July 2017, contributing to identify priority issues to be solved for using ICD-11 in mortality coding.

1c) Some Italian WHO-FIC CC experts (Lucilla Frattura, Andrea Martinuzzi, Matilde Leonardi) contributed actively to the discussion on Functioning Properties (now Patterns) within the ICD-11. More specifically discussion with fTAG members and the ICD-11 RSG SEG focused on the representation of FPs within the Coding Instructions for ICD11. Agreement was reached thank to substantial improvements and better adherence of the FPs to the ICF as well to the domains of the WHODAS 2.0.

Dissemination of results:
Donada M, Kostanjsek N, Della Mea V, Celik C, Jakob R. Piloting a Collaborative Web-Based System for Testing ICD-11. Stud Health Technol Inform. 2017;235:466-470.
Donada M, Kostanjsek N, Celik C, Della Mea V. ICDfit: Current Status. Submitted at WHO-FIC Network Annual Meeting 2017.
V.Della Mea. Syntax for ICD-11 postcoordination and clustering.
http://www.who.int/classifications/icd/revision/2016.06.16_ICD-11InternationalReportingClusteringSyntaxDecision.pdf

Activity 2

Title: Development of a case mix application for ICD-11
Description: The activity aims to develop and validate a case mix application of ICD-11, starting from the analysis of the current Italian ICD-9CM DRG system and its possible translation to other case mix systems, and load the corresponding groupings into iCAT also considering ICF for continuity of care applications. Those groupings should be then validated in suitable field trials. This activity not only leads to the development of a case mix use case of ICD-11 but potentially leads to the development of ICHI in case of a strong request coming from interested Countries.

2a) ICD-10 FOR CASE-MIX
Carlo Zavaroni, Flavia Munari and Lucilla Frattura studied how the conversion of ICD-9-CM lists to ICD-10 WHO and ICD-10-Italian Modification (in progress) and ICD-11 face with the issue of combined codes for the «primary (and secondary) diagnosis»; they suggested some solutions useful in defining coding rules and presented them at the WHOFIC Network Annual Meeting, Tokyo, October 2016.

2b) PROPOSING ICD-10 UPDATES
The Italian CC was also active in proposing ICD-10 updates. The update proposals follows:
a) ICD-11 Beta Draft classification;
b) formal international classifications of some nosological entities;
c) standardized (but not formal) classification systems of some nosological entities, universally accepted in the international scientific community;
d) state of the art on each issue.
Moreover, they consider the limited possibilities to extend ICD-10 codes to completely follow ICD-11.

Concrete outcomes: crosswalk tables from ICD-9-CM to ICD-10; updates proposals on ICD-10 update platform considering ICD-11

Dissemination of results:
Zavaroni C., Tonel P., Frattura L. ICD-10 updates looking at ICD-11: nosological entities limitations. Submitted at 2017 WHO-FIC Network Annual Meeting
Zavaroni C., Tonel P., Frattura L. ICD-10 coders' difficulties: "clinical manifestations and differential diagnosis" update proposals looking at ICD-11. Submitted at 2017 WHO-FIC Network Annual Meeting
Frattura L,, Munari F., Zavaroni C. Identification and coding of the main condition using ICD-10 for case mix purposes: comparison of national modifications. 2016 WHO-FIC Network Annual Meeting Booklet

Activity 3

Title: Management of the ICD-10 and ICF update process.
Description: Provision of URC secretariat functions for 2015-2019. To ensure, with cross sectional competence both in ICD and ICF, an integrated approach to the update of the WHO-FIC members.
More in detail this activity consists of the overall coordination of the update process done by the co-chair together with the secretariat and in other activities such as refinement of the workflow, clarification of membership and further elaboration of the user guide for the update platform, production of documentation such as desiderata and practical guidance for submission of updated proposal, and in the development and maintenance of policies of update in the perspective of the transition from ICD-10 to ICD-11.

3a) URC CO-CHAIR FOR ICF AND URC SECRETARIAT
Lucilla Frattura was elected as URC Co-Chair for ICF at the Tokyo meeting (Oct. 2016).
During the last year Paula Tonel served as URC Secretariat. Lucilla Frattura and Francesco Grippo worked as voting members.
The URC work was mainly conducted through the update and revision platforms for ICD-10 and ICF, which are workflow engines designed to facilitate communication within expert work groups and ensure transparency of the processes. Work and communications were also carried out via e-mail and participation during the WHO-FIC Annual Meeting. In order to update the ICF URC membership list, the Head of the Collaborating Centres were contacted by the URC Secretariat and WHO was asked to update the lists on the ICF update platform.
At the 2016 WHO-FIC Network annual meeting held in Tokyo, Japan, Oct. 2016, the URC ratified 104 recommendations for updating the ICD-10 and 20 recommendations for updating the ICF. The annual and/or cumulative update documents for ICD-10 and ICF were prepared and delivered to WHO.
The analysis of update proposals coming from ICF-CY to be included in ICF was completed in 2016.
An updated ClaML version of ICF including all amendments approved by the URC from 2000 to 2016 was prepared by Andrea Simoncello and Francesco Talin. A ClaML-based electronic version of ICF to be used by WHO to update the ICF browser was also prepared by Vincenzo Della Mea. The updated ICF online version can seen at http://apps.who.int/classifications/icfbrowser/.
URC participated (by teleconference) in the FDRG mid-year meeting 2017 to address some ICF issues.
At present, in 2017, 88 proposals have been moderated for ICD-10 and put to vote by URC members. With regard to ICF, 24 proposals have been moderated and put to vote by URC members.

3b) IMPROVING ICF UPDATES PROCESS
With regard to ICF update process, after the phase in which URC processed ICF-CY proposals (2010-2016 only 4 accepted proposals were new proposals), and before entering a new phase, 4 needs were considered by URC Co-chair, Lucilla Frattura, and URC Secretariat:
1. need to optimize the ICF update process lifecycle;
2. need to involve more people in proposing updates;
3. need to dedicate specific time during the year to make collaborative proposals;
4. need to prepare "comprehensive" ICF update proposals taking into account some priorities.
Main aim: to make the ICF update process more efficient.
It was considered how the process was implemented over the last years. Some suggestions were defined about the life cycle and about the content.
About the life cycle:
1. revise the timetable;
2. change some parts on the Platform that refer to the ICD update process;
3. update the lists of participants in the process.
About the content:
Prepare "comprehensive" ICF update proposals taking into account some priorities that in the short term could be related to:
1. the EF component;
2. the BF component, taking into account the block of proposals submitted in 2017;
3. the rejected proposals coming from ICF-CY.

3c) STUDIES ON ICF UPDATES
A specific study was carried out by Lucilla Frattura on water classification in ICF which was useful to discuss 2017 proposals on the ICF update platform. Since ICF publication in 2001 no updates have been made relative to Chapter 2 of the EF component. The ICF-CY, published in 2007, shows no changes in this Chapter compared to ICF (2001). For the first time, in 2016, a proposal was submitted regarding Chapter 2 of the EF component. The proposal was initially the addition of a new code for "water quality". In 2017 another proposal for adding "drinking water" in Chapter 1 of the EF Component was added. Both the proposals open a "water issue" inside the ICF. The "ICF water issue" is very similar to a Pandora's box, which, once opened, asks for a lot of different decisions in many ICF EF parts. Some policy sources published by WHO and UN around the «water issue» were considered. Web pages of international bodies active on substainable environment were also considered. In order to harmoniously improve ICF, attention was paid to the classification coherence with regard to parent-child relationships and among different chapters. Relationships with ICHI were also considered with regard to the section of public health interventions. ICF EF definition and the coding rules for facilitators and barriers were considered. A lot of suggestions were found for improving the current classification of water in ICF and for reviewing some other ICF concepts linked to the "water issue". The possible updates would concern three different EF chapters: 1, 2, 5 (see a summary in the ICF update platform, Open Discussion layer, proposal ID 306).

Concrete outcomes:
Updates on the ICD update platform: https://extranet.who.int/icdrevision/nr/login.ICD.aspx
Updates on the ICF update platform: https://extranet.who.int/icfrevision/nr/loginICF.aspx
Electronic version of ICF revision 2017 available at http://apps.who.int/classifications/icfbrowser/Default.aspx

Dissemination of results:
Hargreaves J., Frattura L., Tonel P. Update and Revision Committee (URC) Annual Report. Submitted at 2017 WHO-FIC Network Annual Meeting
Frattura L., Tonel P. The ICF update process: suggestions for improving outcomes. Submitted at 2017 WHO-FIC Network Annual Meeting
Frattura L. The ICF water issue: analysis and proposals looking at SDGs and ICHI. Submitted at 2017 WHO-FIC Network Annual Meeting
Vogel U., Jelsma J., Simoncello A., Tonel P. Update and Revision Committee (URC) Annual Report. 2016 WHO-FIC Network Annual Meeting

Activity 4

Title: IT and Ontological developments for WHO-FIC.
Description: Provision of technical expertise and implementation of the following WHO-FIC IT and ontology related activities:
1. ICD-11 ontology development;
a. Harmonization between ICD-11 and SNOMED-CT, with development of methods and tools for enabling harmonization and gap analysis; common ontology study implication on relationships in the foundation layer
b. Development of IT tools related to ICD-11 quality assurance, enhancement, and usage, and experimentation of prototypes developed by WHO;
c. Participation in the joint WHO/IHTSDO table for the development of a common ontology.

2. Contribute to ICHI related ontology work
a. Maintenance of the provisional ICHI browser, and eventually participation in the development of the ICHI content model
b. development and enrichment of the functioning ICHI rubric

3. Explore ICF related ontology work
a. Updating of the analysis of the current status of ICF and discover underlying ontological principles on which is founded, starting from use-cases and term beating;
b. Continuity of the Mapping of ICF to other knowledge bases and terminologies (SNOMED CT, FMA, upper ontologies) and represent mappings in formal languages like OWL;
c. Representation, by using formal languages, of the links between measurement scales and ICF;
d. Exploration of new ways of ICF usage by means of knowledge based software.

The actions will be carried out in close cooperation with the Ontology Working Group of the WHO-FIC Informatics & Terminology Committee and the domain experts group provided by the WHO-FIC Functioning and Disability Reference Group.

4a) ICHI PLATFORM

The Italian CC worked on the renovation of the ICHI Platform, with the support and collaboration of the Australian and Chinese Collaborating Centers.

The current version allows maintenance of the classification, including creation and modification of codes, and also management of multiple versions (including transition from one version to the other). The platform has recently been used at the mid-term meeting of FDC (June 2017, South Africa) for working on the ICHI classification.

Up to now, there are 66 registered users, and 1543 comments have been produced for ICHI revision.

4b) FUNCTIONING TECHNICAL WORKING GROUP FOR ICHI

The Italian CC provided expertise for the functioning technical working group (fTWG) for ICHI development on stabilization of ICHI alpha draft and its 2016 revision (Andrea Martinuzzi, Lucllla Frattura, Giulio Castelpietra). Changes made to the classification were informed by reference to current scientific literature concerning mental health interventions. Definitions for all 'Health-related behaviour' Targets were developed, and new Targets needed for describing interventions within mental health care were added. The results were presented at the Tokyo meeting (October 2016).

4c) IMPROVING ICF

Giovanni Bassi and Lucilla Frattura studied how to take into account ISO9999 in the ICHI content model, considering how ISO9999 map to ICF and avoiding to use ISO9999 directly. The original associations made by the Italian experts between ICF categories and ISO 9999 were discussed at the Tokyo meeting, during FDRG work sessions. With regard to new classes / subclasses / divisions in the ISO versions following ISO 9999:1998, the mapping rules were the same used in the first work. As a practical consequence on the ICF side, ICF should better specify the contents of Chapter e1, at least those of category e115.

4d) REVISED PRIORITY

During the Tokyo meeting, WHO decided and announced that ICF ontology work will have some delays as priorities are focusing on ICD-11 now.

Concrete outcomes: Substantial contributions to the finalization of the ICHI were provided with new codes and revised descriptions. In the case of mental health interventions, changes to axis categories, and corresponding revision of the tabular list of intervention codes in ICHI Alpha 2016 were done. The ICHI platform is available at the address http://mitel.dimi.uniud.it/ichi/.

Dissemination of results:
Donada M, Cumerlato M, Rankin N, Della Mea V, Madden R. The ICHI platform. Submitted at the 2017 WHO FIC network annual Meeting
Castelpietra G, Almborg AH, Fortune N, Martinuzzi A, Frattura L, Salvador-Carulla L, Madden R. Classification of interventions in mental health care: the ICHI way. 2016 WHO-FIC Network Annual Meeting Booklet
Bassi G., Frattura L.. Updates on ISO9999 mapped to ICF. 2016 WHO-FIC Network Annual Meeting Booklet
Martinuzzi A., Della Mea V., Ten Napel H. ICF ontology: from theory to practice. The journey continues. 2016 WHO-FIC Network Annual Meeting Booklet
Frattura L. Bassi G. Use case for ICF: three Italian online surveys for encouraging the ontological work 2016 WHO-FIC Network Annual Meeting Booklet

Activity 5

Title: National work on WHO-FIC.
Description: Translation of WHO-FIC materials into Italian. The Italian WHO-FIC Centre serves as a focal point for translation and publication of WHO classifications and related documents in Italy. It promotes the adoption, on the basis of the work plan agreed with the Italian Ministry of Health, of the translated versions of the WHO-FIC materials of national relevance. The translation of the ICD-10 updates, especially those having an impact on mortality, is carried out in collaboration with ISTAT, institution responsible for cause-of-death official statistics in Italy.

Design and diffusion of WHO-FIC training tools and guidelines to use the WHO-FIC. The Italian WHO-FIC Centre serves as a focal point for translation, publication and training of WHO-FIC training tools. The Italian Centre is also specifically committed to WHO and national and local institutions for the development of training tools and guidelines on how to use ICF in disability assessment and eligibility according to ICF disability/functioning definition. It acts as a national reference point for training on WHO-FIC use.

Software applications for using WHO-FIC in national data collection and analysis. Design and develop software that implement new ways of interacting with FIC-based data, including collection, usage, visualization, decision support. These softwares serve to:
- support social networking-based update of WHO classifications, starting from already available classifications, terminologies and ontologies (e.g. ICD-11 as support for updating ICD-10);
- collect coded data in health and social information systems;
- deliver codes from local information systems to general repositories;
- transcode from one classification to another.
In the design process, exploitation of current standards might be involved, as well as development of specifications for communication standards.

ICD implementation strategy in Italy. On behalf of the Italian Ministry of Health, the Friuli Venezia Giulia Region, acting as Italian WHO-FIC CC, is responsible for the coordination and implementation of a national work plan aimed to introduce ICD-10 in Italy, considering the possibility to develop an Italian Modification. (Government-funded four¬-year project "Progetto di un nuovo sistema di misurazione e valorizzazione dei prodotti delle strutture ospedaliere. New measurement and paying systems for hospital products." IT.DRG). The overall process for updating the Italian version of ICD-10 will be carried out using the web environment for collaborative translation and collaborative update on the Italian Portal of Health Classification, jointly with the web tool developed for considering candidates for updating the current version from some of the available clinical modifications. Together with the Ministry of Health and two other Italian regions, responsible for the set up of the Italian classification of procedures and interventions and the revision of the DRG grouper, an analysis of the current Italian DRG system is being carried out, new case mix applications are under developed, and, upon WHO approval, groupings will be loaded into iCAT. Training programs will be realized focused on the use of the new classifications by clinicians and statisticians starting from field trials to routine.

Implementation of the Italian Portal of Health Classifications and of the web environment supporting collaborative authoring of the electronic Italian version of WHO-FIC, according to the agreement between the Italian Ministry of Health and the Friuli Venezia Giulia Ministry of Health.

National database on the ICF Implementation in Italian regional policies. According to a specific agreement between the Italian Ministry of Health and the Friuli Venezia Giulia Ministry of Health, an implementation database will be set up in order to show the multiple initiatives realized and under realization for ICF implementation. The database has been designed in order

5a) ICD-10, 2016 VERSION, OFFICIAL TRANSLATION INTO ITALIAN AND PUBLICATION
In November 2015, an agreement for granting translation and publication rights was signed between WHO and Regional Central Health Directorate, Friuli Venezia Giuli Region. Exibits will be:
International statistical classification of diseases and related health problems, 10 th revison, fifth edition, 2016, Volume 1 (2015);
International statistical classification of diseases and related health problems, 10 th revison, fifth edition, 2016, Volume 2 (2015);
International statistical classification of diseases and related health problems, 10 th revison, fifth edition, 2016, Volume 3 (2015).

A work group was set up for the full translation of the three volumes replacing the previous translation made in 2000. Lucilla Frattura was the project coordinator. Paula Tonel provided translation. Flavia Munari, Carlo Zavaroni and Lucilla Frattura (three medical doctors), and Giovanni Bassi supported the complete revision of the translation by cross-checking among the three volumes and updating previous the translation considering current medical language; experts from Istat provided the first external revision to the translation of the cumulative updates 1996-2016 using the collaborative environment on the Italian Portal of Health Classifications; Andrea Simoncello worked on the ClaML file of the Volume 1 with some support frrom Francesco Talin (University of Udine); Stefano Terreni and Ivano Tomainu implemented the ClaML format on the Italian Portal of Health Classifications. Some changes were made in the translation in order to better fit with the English text.

Concrete outcomes: As of July 2017, the draft of the new Italian translation of Volumes 1, 2, and 3 was released for the final internal revision. the updated ClaML file was also realized and incorporated into the Italian Portal of Health Classifications, only for translation revision by the restricted CC group.

5b) ICD-10, 2016 VERSION FOR MORTALITY CODING - ISTAT TRANSLATION
At the end of 2016 Istat started the transition to the 2016 version of the ICD-10 for the completion of official mortality statistics for Italy. This was a mandatory step within the data production at Istat. Because an Italian translation of the most recent ICD-10 updates was not available at the time, Istat was obliged to start a parallel translation. The translation involved the relevant part for mortality of Volume 2 and Volume 3 and was carried out in the respect of already available translation of Volume 1 made by the group ccordinated by the CC head (Istat had access to the Portal of Health Classifications for the translation revision). The material traslated by Istat was provided to the CC head in the view of contributing to the official translation of the ICD.

Concrete outcomes: Istat translated the most recent updates for volume 2 and volume 3 of ICD-10. During March-April 2017, the coding team was trained on ICD-10-2016 using the in-house translated material. An Access application was prepared for browsing Volume 3 and 1 of ICD10-2016 for internal use at Istat (hard copies of ICD were not produced).

5c) IMPLEMENTING ICD-10 FOR MORBIDITY CODING: IT.DRG PROJECT
On behalf of the Italian Ministry of Health, since 2010 Lucilla Frattura is responsible for the coordination of a work group in order to develop an Italian modification of ICD-10 (ICD-10-IM) for case-mix purposes (The government funded four-year project "Progetto di un nuovo sistema di misurazione e valorizzazione dei prodotti delle strutture ospedaliere. New measurement and paying systems for hospital products." IT.DRG). By means of the It.DRG project, the Italian Ministry of Health is going to move from the current DRG system, based on ICD-9-CM, to a new Italian system based on an Italian modification of ICD-10 and an improved procedures classification. The Italian WHO-FIC CC worked on a first draft of ICD-10 Italian modification (IM), for which an innovative approach was chosen. Extensions coming from ICD-11 were considered to modify ICD-10.

Concrete outcomes: Crosswalk tables from ICD-9-CM to ICD-10-IM; new lists of ICD-10-IM health conditions for case mix; some ICD-10-IM chapters clinically modified.

5d) ICD-11 EDUCATION
Lucilla Frattura was invited as a speaker at a national congress on Developmental Clinical Psychology to introduce ICD-11 with special regard to mental and neurodevelopmental disorders (Bologna, 17 March 2017).

Dissemination of results:
Frattura L. Stato di avanzamento dei lavori sulla undicesima revisione di ICD (ICD-11), Giornate di aggiornamento sugli stumenti in psicologia clinica dello sviluppo, Bologna 17-18 March 2017

5e) SUPPORT SYSTEM FOR CODING CONDITIONS IN THE PATIENT SUMMARY
During the last year the development of a rule-based support system was completed that facilitates the compilation and coding of Patient Summary (PS) by GPs. According to the EU Guidelines, the PS is the minimum set of information needed to assure healthcare coordination and the continuity of care. PS reference elements, tagged as mandatory or optional, can be reported as free text or by using dedicated coding

systems. Because of its highly structured content, the PS could be well coded using formal rules and implementing a challenging automated support system. In order to set up an automated support system, a formal agreement was signed in June 2016, an Italian collaborative work group was set up, a work plan was defined, and activities were carried out and completed in July 2017.

5f) ICD-10 IN HOSPITAL DISHARGE CHARTS
A new two-year project was funded in 2017 by the Friuli Venezia Giulia region to develop a support system to code morbidity at hospital disharge using ICD-10. Lucilla Frattura was the project coordinator. Project partners were the National Research Council (CNR) and Bruno Kessler Foundation.

5g) ICD-10 FOR MORTALITY STATISTICS
Istat disseminates Italian data on mortality statistics based on the ICD-10 2009 version. In the course of 2017, Istat coders were trained for using ICD-10, 2016 version. The Istat team started to code 2016 data with the new version as well as a sample of 2015 data that will be used as bridge coding study. The training course was the opportunity to produce training material for the users of the 2016 version that will be shared with the Mortality Reference Group colleagues inside the WHOFIC Network. The course and the preparation of the material in Italian allowed to highlight the points of the new rules that need further clarification, in particular for the multiple cause coding.
Istat provides a web access to all classifications used in national statistics (Sistema Italiano delle Classificazioni). Within this system, an electronic version of the ICD-10 was also provided.
In 2016-2017 Istat revised the dictionary of medical terms used by Iris (automated mortality coding system) for coding according to 2016 Istat Italian version of ICD and, using the standardization tool embedded into Iris, carried out quality checking and cleaning of redundancies and miscoded terms. Such mortality dictionary could serve as a basis also for the ICD-11 testing.

Concrete outcomes and dissemination of results:
- A draft coding manual, integrating ICD-10 volume 2, was prepared. The draft is currently under revision and will be published within Istat publications.
- Istat coders and nosologists provided input for better instructions and better decision tables (issues sent to the MRG and/or Iris group).
- A sample of 2015 data (about 50.000 records) already coded with ICD-10, 2009 version were re-coded using ICD-10, 2016 version. The data analysis will be carried out at the end of 2017 and will highlight the changes introduced by ICD-10, 2016 version. Italy is among the first Countries to adopt the updated version of the ICD for national production.
- The Iris dictionary was reduced from 106.000 terms to 65.000 terms allowing to correct a significant number of errors. The performance of the dictionary reached 97% of medical expressions reported on death certificates.

5h) ICD-10 TRAINING FOR MORBIDITY CODING
An appropriate use of ICD-10 allows users to keep the classification as a diagnostic tool and to fully code all conditions and reasons for encountering health services. Although ICD-10 is not mandatory for morbidity coding in Italy, specific activities were carried out by the Italian WHO-FIC CC to implement the full use of ICD-10 in the Emilia Romagna region. In 2015 a long lasting training programme was started by involving professionals from children neuropsychiatry services who use DC:0-3R and WHO Multiaxial Classification of Child and Adolescent Psychiatric Disorders. The aims were to use the entire ICD-10 and to set up a consensual crosswalk table from the Axis 1 (Clinical disorders) of the DC:0-3R to ICD-10. The training programme was presented at the 2016 WHO-FIC Network Annual Meeting. In 2017, a regional work group was created with neuropsychiatrists and psychologists from public health services of Emilia Romagna Region. A draft of a crosswalk table from DC:0-3R clinical disorders to ICD-10 was compared to the most updated Minnesota crosswalk table and other available crosswalk tables. Some changes were discussed and the table was tested.

Concrete outcomes: A draft of a crosswalk table from DC:0-3R Axis 1 (Clinical Disorders) to ICD-10 was set up. Some modifications were proposed for some .8 ICD-10 codes in order to explicit how to include some DC:0-3R diagnostic concepts. The crosswalk table will be used to implement regional information systems, to update the draft of the ICD-10 Italian modifications, and to be shared in the Italian professional community.

The crosswalk table should be updated considering the new DC:0-5 version.

Dissemination of results:
Frattura L., Bruno L. How to code mental disorders in 0-3 years old children using ICD-10. Submitted at 2017 WHO-FIC Network Annual Meeting
Frattura L, Bruno L. ICD-10 use in children psychiatry between old approaches and ICD-11. 2016 WHO-FIC Network Annual Meeting Booklet

5i) ICF IMPLEMENTATION
A one-year national project funded by the Italian Ministry of Health was completed in order to: collect data on how the Italian regions are using ICF in health, social, education and labour policies; review the way to collect ICF-based data and report on them; study the advantages of introducing a common data set to standardize data collection for national purposes; study if and how an ICF data collection and analysis might be at the basis of new ways to determine disability in Italy. The Italian WHO-FIC CC was the project coordinator. Some observations and results on this first attempt to monitor ICF implementation on a national basis were presented at the 2016 WHOFIC network Annual Meeting.

Dissemination of results:
Frattura L. Malara P. ICF implementation in Italy: regional policies and national needs. 2016 WHO-FIC Network Annual Meeting Booklet
Frattura L., Bassi G. Use case for ICF: three Italian online surveys for encouraging the ontological work. 2016 WHO-FIC Network Annual Meeting Booklet
Frattura L. Ragazzo F., Cogno S., Bassi G. ICF and inclusive education in Italy: monitoring how the users implement regional guidelines. 2016 WHO-FIC Network Annual Meeting Booklet
Frattura L., Mascio M.E., Cornacchia S. Five-year programme for using ICF at school to include children with special educational needs: the dandelion way for ICF learning and teaching. 2016 WHO-FIC Network Annual Meeting Booklet

5l) THE ITALIAN PORTAL OF HEALTH CLASSIFICATIONS
The Italian Portal of Health Classifications (www.reteclassiifcazioni.it) was implemented to support the collaborative authoring of the updated electronic Italian versions of WHO-FIC, according to the agreement between the Italian Ministry of Health and the Friuli Venezia Giulia Region (www.reteclassificazioni.it).

5m) DESIGN AND DIFFUSION OF WHO TOOLS AND GUIDELINES
In Autumn 2016, the Web activities participation performance inventory 1.0 (WAPPIn) was tested on 109 outpatients. WAPPIn. was developed by Lucilla Frattura, Giovanni Bassi, Andrea Simoncello and Carlo Zavaroni starting from WHODAS 2.0. It includes 52 (+6) questions for the 6 WHODAS 2.0 domains. For each question, EFs are explored. 35 (+3) questions of WAPPIn correspond to the 36 questions of WHODAS 2.0 and produce the WHODAS 2.0 summary score. These questions map to 31 ICF Activitiies and Participation (AP) categories and the answers correspond to 31 ICF AP categories qualified with a performance qualifier. 17 (+3) additional questions that complete WAPPIn come from 20 ICF AP categories that are not considered in the different WHODAS 2.0 domains. Answers were collected by web and automatically coded into ICF to describe the individual functioning profile.

WHO has developed ICF and WHODAS 2.0 in order to describe and measure functioning and disability. WHODAS 2.0 domains refer to the Activities and Participation (AP) component of ICF, but do not make explicit the type and number of Environmental Factors (EFs) that the respondent should take into consideration to point out the difficulties experienced in the last 30 days. EFs were analysed in an Italian sample interviewed with the WHODAS 2.0, 36 items mapped to 27 ICF AP categories. Some preliminary results were submitted at the 2017 WHOFIC Network Annual Meeting.

Concrete outcomes: 109 outpatients were assessed using WAPPIn. WHODAS 2.0 scores were automatically calculatated and ICF coding were automatically carried out by an ad hoc web software. Analysis of the Environmental Factors was also performed.

5n) DEVELOPING SCORES FOR DISABILITY DETERMINATION

WHODAS 2.0 domains refer to the Activity and Participation (AP) component of ICF, but do not make explicit that the questions are about the performance. No agreement exists on how to group persons according to the WHODAS 2.0 score.The WHODAS does not correspond to an ICF core set; it is not an ICF database and it does not produce a functioning profile.

The Italian WHOFIC CC team studied the consistency of two scores calculated by using WHODAS 2.0, 36 items, and a derived WHODAS-based ICF core set (developed by the Italian CC) in a sample population.

1. 36 questions of WHODAS 2.0 were mapped to ICF second-level categories; an ICF core set with 27 AP categories was created, corresponding to 27 WHODAS questions.

2. A web application was created to code the 27 ICF-mapped WHODAS 2.0 questions/answers into ICF (AP category.performance qualifier).

3. The WHODAS syntax for automatic computation of overall score using SPSS was used.

4. A syntax for automatic computation of overall ICF score using SPSS was created.

5. Five severity ranges were created following the ICF (no disability, 0 to 4; mild disability, 5 to 24; moderate disability, 25 to 49; severe, 50 to 95; and extreme disability, 96 to 100).

6. 109 persons were recruited: 62.4% were males, 15.6% were less than 18 years old, 65.1% had a mental disorder (ICD 9-CM codes 290-319).

7. Spearman's rank correlation rho was calculated.

The agreement between the WHODAS score and the WHODAS-based ICF core set score was quantified by using Altman and Bland analysis. Comparison between the two different ways to calculate disability scores using WHODAS 2.0 and ICF was also analysed in order to assess the impact on the disability prevalence. The results showed that WHODAS-based ICF scores seemed less specific than Cumulative Disability Ratio (CDR).

Concrete outcomes: The correlation between the two scores was very strong (rho=0.96188, p-value<2.2e-16). The level of the agreement between the two scores was very high. 27 WHODAS questions mapped to ICF AP categories seem sufficient to generate a valid score useful to distinguish five severity classes.This new WHODAS-ICF method may be useful in the disability determination process.

Dissemination of results:
Frattura L., Morassutto C. Disability determination using WHODAS 2.0 and ICF: first results. Submitted at 2017 WHO-FIC Network Annual Meeting
Frattura L., Morassutto C. Comparison between two different ways to calculate disability scores using WHODAS 2.0 and ICF: impact on the disability prevalence. Submitted at 2017 WHO-FIC Network Annual Meeting
Frattura L., Morassutto C. Environmental factors in disability assessment: how to combine WHODAS and ICF. Submitted at 2017 WHO-FIC Network Annual Meeting

5o) ICF EDUCATION
The WHO CC research branch Besta actively provided ICF and WHODAS 2.0 training in national and international contexts. In all the ICF training activities the same program was given to different interprofessional stakeholders, as follows:
ICF Course: introductory module
ICF and the biopsychosocial model of health and disability
ICF and UN Convention on Rights of People with disability
The National Disabilitity Action Plan
ICF for goal settings in education: profile of functioning role of environment
The PEI ICF for children with special needs' functioning profiling
Principles of Disability Case management in the labour sector
Case management for chronic disorders
Goals setting in rehabilitation and in neurorehabilitation with ICF and WHODAS 2.0

Dissemination of results (Besta Foundation):
15th January 2016: Università degli Studi di Genova, Dipartimento di Scienze della Formazione: "Applicazione ICF nella Scuola", Moncalieri (TO)
5th April 2016: Istituto Comprensivo Statale di Appiano Gentile: Intervento formativo:" Ridefinire la disabilità in base al progetto educativo e di vita", Appiano Gentile

7th April 2016: XVI Congresso Nazionale SIRN: Workshop:"Goal setting in neuroriabilitazione con l'utilizzo di IDC", Ascoli Piceno
13th April 2016: I.I.S. Da Vinci-Ripamonti: "Ridefinire la disabilità in base al progetto educativo e di vita", Como
14th December 2016: Aggiornamento 2016 per medici INAIL della Lombardia: "La nuova sanità INAIL tra costi e prestazioni", Corso: "Classificazione Internazionale del funzionamento e della disabilità", Milano sede INAIL

5p) SOFTWARE APPLICATION FOR USING WHO-FIC IN DATA COLLECTION AND ANALYSIS
The Italian CC continued to implement the own ICF-based system to collect and analyze data on functioning and disability in Italian samples. Some results are showed in posters submitted at the 2016 and 2017 WHOFIC Network Annual Meetings.

Concrete outcomes: Mapping tables to automatically code information collected in lay languagei nto ICF; algorithms to calculate the Family of Functioning Indicators; implementation of the indicators in an ad hoc web system; new data collected on 109 outpatients.

Dissemination of results:
Frattura L., Bassi G, Castelpietra G, Simoncello A. Disability/functioning balance and levels of disability: some evidences of a continuum. 2016 WHO-FIC Network Meeting Booklet
Frattura L., Simoncello A., Castelpietra G., Bassi G. The relevance of functioning indicators in distinguishing clusters of outpatients. 2016 WHO-FIC Network Meeting Booklet

5q) ICF IN CLINICAL RESEARCH
The Besta Foundation was active on the implementation of ICF and WHODAS 2.0 based assessment tools in neurosurgical and neurological patients, in particular in patients with brain tumours, movement disorders, migraine and other headache disorders, myasthenia, disorders of consciousness and multiple sclerosis. The description of functioning and disability in patients with obesity and disorders of consciousness was also made. Differences in functioning between patients in vegetative state and minimally conscious state were analysed in longitudinal national studies.
In particular, the ICF and WHODAS 2.0 based instruments developed and implemented were:
• MSQ Job for the evaluation of functional problems in the work sector of patients with multiple sclerosis
• Disability management Besta protocol for the evaluation of needs and environmental factors of neurosurgical patients
• MG-DIS functioning and disability assessment tool for patients with Miastenia Gravis;
• Functioning and disability protocol for neurosurgery patients: the protocol was validated and quality of life, well being, coping strategies and disability were measured with WHODAS 2.0.
The Besta team also worked on:
• disability and ageing issues; together with the international network on Bridging Disability and Ageing, a meeting took place to develop common areas of work in Europe and in Canada;
• PATHWAYS project, a EU 3-year project that using the biopsychosocial approach, is trying to develop European guidelines for the integration and reintegration in the labour sector of people with chronic diseases;
• Measuring disability in emergencies. Using WHODAS 2.0 in natural and man made disasters. The paper on data from Typhoon Yolanda in the Philippines has been published. A presentation of this work was given in December 2015 at the Italian Ministry of Foreign Affairs, in April 2016 at Raul Follerau meeting in Pompei, in May 2016 at the London School of hygiene and Tropical Medicine in London.
A new area of work on chronic diseases was opened following PATHWAYS project results and Besta Foundation is coordinating a EU Joint Action CHRODIS Plus.

Activity 6

Title: Support WHO-FIC implementation in EURO and other WHO regions
Description: Plan and implement technical assistance projects in support of WHO-FIC implementation
• Support Euro WHO region in introducing ICD-10 in the health national service and in the health information system. (Albania, Russia)
• Provide resource of persons for WHO-FIC related training and capacity building activities as requested by WHO HQ or Regional Offices.

6a) Following the study visit of WHO Albania and Albanian Ministry of Health in Spring 2015, in December 2015 a provisional work plan was prepared by the Italian CC head. In 2017 WHO Albania and Albanian Ministry of Health decide to ask for support in preparing ClaML of ICD-10. 2016 version, Volume 1. A study visit was sheduled in October 2017, involving University of Udine.

6b) In November 2016 Lucilla Frattura was invited as a speaker at the two-day Conference on Disability and Rehabilitation organized in Saint Petersburg by the Russian WHOFIC CC and the Ministry of Labor and Social Development.

6c) In January 2017 Lucilla Frattura was invited as a speaker at the two-day regional conference on disability organized in Lyon by the Regional Health Agency to revise how to assess and care for persons with disabilities.

6d) In June 2016 Matilde Leonardi was involved in a mission in Kyrgyzstan on the ICF and disability issues . The mission was organized by the Ministry of Health of Kyrgyzstan, Ministry of Labor and Social development of Kyrgyzstan, Project Office of the World Bank Project 'Health and Social Development', the WHO Regional Office for Europe, and the WHO Country Office in Kyrgyzstan.
Trainings were arranged by the WHO Country Office in Kyrgyzstan and Project Office of the World Bank Project 'Health and Social Development'. In March 2017, in accordance with the recommendations by WHO mission team (2016) and the request by the Government of Kyrgyzstan, Dr Alexander Shoshmin conducted trainings for two groups of professionals in disability statistics and in assessment of health of the nation, and in practices of health care, social protection, education, employment, and development of individual programs of rehabilitation. Trainings were aimed at introducing ICF and its implementation in health and social care practices.
The first group consisted of 65 professionals from medical and social commissions and regional health coordinators. Heads of departments and leading specialists from the Ministry of Labour and Social Development, the Ministry of Health, the Health Department of the city Bishkek, the Ministry of Education and Science, the Fund of Compulsory Medical Insurance, the State Agency for Local Self-Government and Interethnic Relations, UNICEF, and the heads of a number of NGOs were trained in the second group. After the training, participants from the second group showed higher results of knowledge, and agreed on further ways for cooperation.

Activity 7

Title: Contribution to WHO-FIC network activities.
Description: According to the roles of the WHO-FIC Network to promote the implementation, use, maintenance and updating of WHO reference health classifications and to assist WHO in the revision and development of the reference classifications, the Italian WHO-FIC CC assures contribution to the key products of the WHO-FIC Network Committees and Reference Groups, providing technical expertise, participating actively in the annual and mid-year meetings, chairing working groups and committees, being involved in key projects inside the network.
It currently provides:
Advisory Council: Head, and three Co-Chairs
Small Executive Group: one co-chair
URC: Secretariat (ICF since 2010 – third mandate; ICD-10 since 2014 – first mandate), and two voting members
ITC: Co-Chair (until 2016, second mandate) and one voting member
FIC: one voting member and one observer
EIC: one voting member and one observer
MRG: Co-Chair (until 2016, first mandate)
FDRG: Co-Chair (until 2016, second mandate), one voting member

The Italian CC currently provides:
URC: ICF Co-Chair (since Oct 2016 to Oct 2018), Secretariat (ICF since 2010; ICD-10 since 2014), and two voting members
ITC: Co-Chair (since Oct 2014 until Oct 2016, second mandate) and one voting member
FDC:Co-Chair (since Oct 2016 to Oct 2018), one voting member and one observer
EIC: one voting member and one observer

MRG: Co-Chair (since Oct 2016 to Oct 2018, second mandate)
FDRG: Co-Chair (since Oct 2016 to Oct 2018, third Italian mandate), one voting member
MbRG: one voting member, since 2017

The Italian CC has actively participated in leading positions to the WHO-FIC management assuring the progress of the Strategic Work Plan and the participation in the WHO-FIC Network activities (vis-a-vis meetings, teleconferences, annual meeting in Oct 2016 and in upcoming meeting in Oct 2017).

Specifically:
Advisory Council (CC Head and other Co-Chairs: scheduled teleconferences);

URC
Lucilla Frattura was elected in Oct 2016 for the first term as Co-Chair of the Update and Revision Committee (URC) for the ICF side. Paula Tonel supported the URC (ICD-10 and ICF) in the steps before and after the 2016 meeting, and worked with the new URC Co-Chair, Lucilla Frattura, to accompany the ICF update process in 2017.
see Activity 3

MRG
Francesco Grippo was elected for the second term as Co-Chair of the Mortality Reference Group (MRG) together with Kaori Nakayama (Japan CC).
The main objective of the MRG is to contribute to the harmonization of the application of the ICD-10 in mortality. In order to achieve this goal the MRG clarifies the application of consolidated international rules, discusses practical examples and proposes updates of the ICD-10 if necessary. The issues to be discussed in the MRG derived from the Mortality Forum, MRG members enquires, ICD-10 users for mortality and users of automated coding systems.
Specific activities carried out during 2016-2017 within the MRG include:
- Assessment of issues to be submitted for discussion to the MRG coming from personal email contact, mortality forum, national coders enquiries, automated coding users.
- Moderation of the discussion via email and during the annual meeting in Tokyo and the mid-year meeting, March 2017.
- Revision of ICD-10 Volume 2, 2016 version; in particular revision of the coding instructions for multiple cause coding of neoplasms.

Besides these activities, an incoming task of the MRG was to guide the transition to ICD-11 and therefore provide information and instructions to the members on the new coding instrument in order to gather expertise for activities on ICD-11, especially devoted to the refining of coding instructions.
One of the major tasks of the MRG is to make recommendations for the updating of the decision tables. This tool constitutes also the supporting material during the manual coding, allowing an increase in the harmonization of the code selection across geographical areas, in line with the major goals of the MRG. As MRG Co-Chair, the activities in this field included the collection and revision of table updates proposals and the formatting of the updates. Other work on tables was addressed to the following objectives:
- to outline the actions needed in order to update the tables to the 2016 version of the ICD: revision of causal relationships between codes and conditions, obvious causes implementation and linkages updating.
- to identify the strategies for handling the relationship and behavior of surgery coding in mortality and implementing the rules for a correct selection of cases containing surgery codes in the decision tables.

FDC
The FDC Co-Chairs are Lyn Hanmer (South African CC) and Andrea Martinuzzi (Italian CC – elected for the first term at the Tokyo Meeting, October 2016). The secretariat function is provided by Brooke Macpherson (Australian CC).The Family Development Committee (FDC) was established in 1999 to ensure that the WHO-FIC has a logical structure so that health classifications needed for each health parameter and setting within the health system can be identified. The Committee assesses potential new member classifications that could fill a gap in the WHO-FIC. During the year, the FDC met three times; in October 2016 at the Network Annual Meeting in Tokyo, Japan, via teleconference in April 2017, and in June 2017 at the mid-year meeting in Stellenbosch, South Africa. The mid-year meeting was held in conjunction with meetings of the International

Classification of Health Interventions (ICHI) and the Functioning and Disability Reference Group (FDRG).
The FDC has been re-drafting the 2007 WHO Family paper, which describes the Family, principles of classification and the processes for adding, updating and maintaining classifications in the Family.
At the Tokyo meeting in 2016, a shorter document focused on the reference classifications in the ICD-11 era was tabled for discussion by the FDC. It was anticipated that this document would complement the 2007 Family paper. Members suggested that a small writing group be formed to concentrate on amending and finalising the document, to be presented to the Network in Mexico City in 2017.
A writing group was formed and has been meeting since January 2017. A revised draft of the Family paper was presented to members at the FDC.
mid-year meeting, where small groups worked on individual sections. Drafts have also been presented to the ICD-11 MMS Joint Task Force and the WHO-FIC Advisory Council.
The schematic representation of the WHO-FIC is being revised to reflect new developments in classifications.

The FDC has been assessing how the WHO-FIC can potentially be used to support measuring progress towards the WHO's Universal Health Coverage (UHC) initiative. Since the 2016 Network meeting in Tokyo, this item has been expanded to include the Sustainable Development Goals (SDGs).
SDG3, Health, contains UHC as one of its thirteen targets. UHC in this context represents an influential factor where success in UHC could propel the achievement of the other set targets and, indirectly, other SDGs.
Previous mapping exercises by the FDC have assessed which reference classifications could be useful to monitor the UHC indicators and the 13 targets of the Health SDG. This year the FDC expanded the mapping to include the 100 Core Health Indicators identified by WHO, which contain indicators for health status, risk factors, service coverage and health systems – all seen as vital elements that contribute to UHC. Each reference classification has a role to play in assisting the monitoring of these indicators.
The FDC will continue to pursue this topic at its 2018 mid-year meeting, with a focus on ensuring alignment with other WHO activities related to UHC.

ITC
Vincenzo Della Mea served as Co-Chair until October 2016. Work has continued on the classification update platforms and on the ICD Revision Platform.

FDRGg
Matilde Leonardi was elected as Co-Chair for the first term. In 2016 two Co-Chair and secretariat teleconferences were scheduled; since January 2017: 4 teleconferences, one meeting in WHO Geneva between Matilde Leonardi, Robert Jacob and Nenad Kostanjesek to plan the publication of ICF 2017 and the mid-year meeting, 1 FDRG mid-year meeting, Cape Town 28-29 June 2017) were realized.

MbRG
Carlo Zavaroni was introduced as a member of Morbidity Reference Group (MbRg in 2017). He attended the MbRG mid-year meeting in Goteborg (Sweden) in March 2017.

Dissemination of results:

Note:The specific posters presented or submitted at the 2016 and 2017 WHO-FIC Network meeting are distributed in this report in relation to specific activities. In this section, the posters related to the Network activities are listed.

Frattura L., Italian WHO-FIC CC annual report. Submitted at 2017 WHO-FIC Network Annual Meeting
Frattura L., Italian WHO-FIC CC annual report. 2016 WHO-FIC Network Annual Meeting Booklet
Hargreaves J., Frattura L., Tonel P. Update and Revision Committee (URC) Annual Report. Submitted at 2017 WHO-FIC Network Annual Meeting
Hanmer L., Martinuzzi A., Macpherson B. Family Development Committee annual report 2017. Submitted at 2017 WHO-FIC Network Annual Meeting
Martinuzzi A., Hanmer L., Macpherson B., Jakob R.The WHO-FIC as a tool to monitor and promote Universal Health Coverage (UHC). Submitted at 2017 WHO-FIC Network Annual Meeting
Martinuzzi A., Hanmer L., Macpherson B. Assessing the actual and potential future joint use of the WHO-FIC. Submitted at 2017 WHO-FIC Network Annual Meeting

Hanmer L., Martinuzzi A., Macpherson B., Linton C,, Denny K.. WHO-FIC Family paper: Progress on revision for the ICD-11 era. Submitted at 2017 WHO-FIC Network Annual Meeting
Vogel U., Jelsma J., Simoncello A., Tonel P. Update and Revision Committee (URC) Annual Report. 2016 WHO-FIC Network Annual Meeting Booklet
Carvell K., Della Mea V. Informatics and Terminology Committee – Annual Report. 2016 WHO-FIC Network Annual Meeting Booklet
Hoyert DL, Grippo F, Johansson LA. Mortality Reference Group Annual Report, 2015-2016. 2016 WHO-FIC Network Annual Meeting Booklet
Sykes C., Martinuzzi A. Annual report FDRG 2015-16. 2016 WHO-FIC Network Annual Meeting Booklet

2. Please briefly describe your collaboration with WHO in regards to the activities of the WHO collaborating centre during the past 12 months (e.g. means of communication, frequency of contact, visits to or from WHO). Please feel free to mention any difficulties encountered (if any) and to provide suggestions for increased or improved communication (if applicable).

See the activities as described above for a full specification of the persons and time made available to WHO at WHO-HQ and to WHO-EURO for other missions. As far as the means of communication are specifically concerned, the collaboration took advantage of e-mails (contacts on average on a daily basis), shared work-spaces (iCAT collaborative platform for ICD-11, RSG shared workspace, ICF Update Platform, ICD Update Platform and telephone including conference calls facilities used on average on a biweekly basis.

3. Please briefly describe any interactions or collaborations with other WHO collaborating centres in the context of the implementation of the above activities (if any). If you are part of a network of WHO collaborating centres, please also mention the name of the network, and describe any involvement in the network during the last 12 months.

The interactions with other WHO Collaborating Centres took place almost completely within the general framework of the WHO-FIC Network Strategic Work Plan as illustrated per every single above described activity.

4. Please briefly describe any type of technical, programmatic, advisory or other support received from WHO during the past 12 months for the implementation of the agreed activities listed above (if any).

WHO provides advisory support on the official translation into Italian of ICD-10, 2016 version.