

## WHO-FIC Asia-Pacific Network Luncheon Meeting

Date: Tuesday, October 20, 2015

Time: 13:00-14:00

Venue: Palace Hotel, Manchester, United Kingdom

Participants: 23 participants

Hiroyoshi Endo (Co-chair, Japan), Sukil Kim (Co-chair, South Korea), Jenny Hargreaves (Australia), Richard Madden (Australia), Anne Elsworth (Australia), Sue Walker (Australia), Ming Yu (China), Lan Yang (China), Qin Jiang (China CHNDRC), Emiko Oikawa (Japan), Toshio Oi (Japan), Hiroyuki Suenaga (Japan), Osahiro Takahashi (Japan), Yukiko Yokobori (Japan), Hwa Yong Hong (South Korea), Joon Hong (South Korea), Syed Aljunid (Malaysia), Wansa Paoin (Thailand), Maliwan Yuenyongswan (Thailand), Kondhee Sangkharasi (Thailand), Torpong Jamtawee (Thailand), Jun Gao (WHO WPRO), Mark Landry (WHO SEARO)

### 1. Opening Remarks

Dr. Hiroyoshi Endo, the Co-Chair of the Asia-Pacific Network (APN), welcomed all the participants to the WHO-FIC Asia-Pacific Network Luncheon Meeting on behalf of both Co-Chairs.

### 2. Field trial of ICD-10 APN Simplified Version in Cambodia

Dr. Endo provided an update on ICD-10 APN Simplified Version. Prof. Sukil Kim and his team are working energetically to translate the Simplified Version from English to Khmer, and the translation is almost complete. At the poster session during this WHO-FIC Network meeting, Dr. Wansa Paoin, who gave a presentation on the activities of the APN, was approached by an Argentine delegate who showed interest in the Simplified Version. A copy of the Simplified Version was presented to the Argentine delegation.

### Discussion

A clarification was made that the Simplified Version is used for morbidity and does not refer to the ICD shortlist for mortality.

A question was raised on the practicality of having low-resource countries such as Cambodia and Laos with limited capacity in diagnosis and data generation adopt the Simplified Version. Dr. Endo explained that in the case of Cambodia, the Simplified Version is being introduced within a larger process of introducing health information systems in the country and after Cambodian officials had judged implementation as feasible after seeing a presentation on the Simplified Version. Dr. Paoin noted that APN delegates visited Cambodia twice in 2015 to learn about the status of its health information systems, data collection capacity, and ICD coding and that the field trial in Cambodia should promote further standardization in the collection and coding of diagnosis data.

The field trial of the Simplified Version in Cambodia is expected to run for about three months in about ten hospitals to code data on outpatients. Using standard forms provided by APN, hospital staff members will be assigned to code diagnoses made by doctors. It was agreed that the field trial in Cambodia will be important in gauging the

potential for implementation both in terms of procedure and contents of the Simplified Version.

Dr. Mark Landry suggested that it may be useful to develop a business case document, of one or two pages, by the next APN meeting on the benefits and limitations of the Simplified Version, outlining that the Simplified Version, as a package that includes a training curriculum, is used in the primary health care and adaptable for coding in the secondary level as a pathway to the implementation of the full ICD in countries at different levels of resource availability.

Ms. Sue Walker asked whether the Simplified Version will be used for coding of inpatient data in the future. Dr. Paoin explained that while the basic stance of APN was to recommend the use of the full ICD for inpatients, Cambodia had sought the possibility of adding codes to the Simplified Version for inpatient use. The Simplified Version is based on ICD-10-TM for PCU for coding of outpatient data in primary care settings. Prof. Kim added that as the full ICD does not serve the purpose of primary care well, the Simplified Version has value as a useful tool particularly for low-resource countries.

Dr. Paoin pointed out that electronic version of the Simplified Version that could be used, for instance, on tablets, for search and coding would be appreciated by countries. Dr. Landry indicated that he could explore possibility of building the Simplified Version on top of the District Health Information Software (DHIS) system, a district open-source software platform, at a meeting to be convened soon. Funding for software development may be available from other existing projects in related fields.

### 3. The plan for the 8<sup>th</sup> Asia-Pacific Network meeting in 2016

Dr. Jun Gao, Regional Advisor for the WHO Regional Office for the Western Pacific (WPRO), offered to share information about Laos counterparties and WHO Country Office in Laos for the planned 8<sup>th</sup> Asia-Pacific Network meeting in Laos in 2016. The organization of the meeting will be consulted with Lao government.

### 4. Funding for APN activities

Additional future funding may be needed if more countries show interest in implementing the Simplified Version. The field trial in Cambodia has the funding support from the U.S. Agency for International Development (USAID) within the context of a larger project to implement health information systems in the country. Funding from the World Bank's Global Finance Facility in the field of civil registration and vital statistics may be an option. Dr. Gao pointed out that there may be domestic funding sources in countries such as Vietnam and Laos where such organizations as the World Bank, Bloomberg, ADV, and KOICA are providing financial assistance. Ms. Walker touched on the activities of the Brisbane Accord Group, which is supporting mortality coding in the Pacific island countries such as Fiji and Kiribati and which is hoping eventually to establish a regional center for data collection and coding.

Dr. Endo thanked all for their participation and declared the meeting closed.