



WHO-FIC Collaborating Centre in South Africa: 2015 Report

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Abstract Colleagues associated with the WHO-FIC collaborating centre in South Africa (WHO-FIC SA) are active in the development and maintenance of the WHO-FIC internationally; in WHO-FIC network structures; and in the development, implementation and use of ICD and ICF in South and Southern Africa. Formal and informal networks of stakeholders remain the most important mechanism for participation in WHO-FIC activities.

Introduction

The base of activities of the WHO-FIC collaborating centre in South Africa (WHO-FIC SA) remains the Burden of Disease Research Unit of the South African Medical Research Council (SAMRC BoDRU). Contact is maintained with colleagues in other institutions and structures involved in the development, implementation and use of the WHO-FIC, mainly in South Africa but also in other countries in the WHO/AFRO region, and with the relevant structures in WHO.

The range of activities of colleagues associated with WHO-FIC SA relates to most components of the WHO-FIC: ICD-10 and ICF development, implementation and use; and the development of ICD-11 and ICHI. Current participation in WHO-FIC structures is strongest in the FDRG (secretariat and active membership), the FDC (co-chair), the URC (co-chair), the MRG and in the WHO-FIC Council and Council SEG.

WHO-FIC SA benefits from the ongoing contributions of colleagues in a wide range of organisations and roles, who are committed to the effective use of the WHO-FIC in support of excellent health care. Due to resource limitations, there have been only limited activities convened by the collaborating centre during 2015.

ICF

Members of the FDRG and the URC from South Africa, including the current URC co-chair and the FDRG secretary, continue to contribute significantly to the ICF activities of the WHO-FIC.

The inputs from South Africa to the mICF project (described in detail in separate reporting) reflect the necessity for international projects to take account of as wide a range of requirements as possible, from developing and developed environments, to ensure effective design.

In addition to direct FDRG and URC participation, ongoing training and research activities within South Africa and elsewhere in the African Region provide important insights into the challenges and opportunities related to the implementation of the ICF in low-resource settings.

ICD-10

ICD-10 is the national standard for diagnosis coding for South Africa, for morbidity and mortality. However, the extent of implementation remains variable across components of the health care system.

WHO-FIC SA has been represented on the National ICD-10 Task Team, an advisory committee to the National Department of Health, and provides regular reports on WHO-FIC activities. Membership of other national committees related to health information in both public and private sectors provides the opportunity to report on the WHO-FIC and gain an understanding of the challenges and progress in the implementation of ICD-10 as a national standard, especially for morbidity coding.

Statistics South Africa, the national statistics authority, continues with efforts to improve the quality of Cause of Death coding from routine death registration, including the use of automated coding tools. Research studies related to the implementation of ICD-10 mortality coding at both national level, and in the Western Cape, one of the nine provinces in South Africa, provide the platform for promoting the effective implementation of ICD-10 for mortality coding, and in sophisticated analysis and modelling of the available data on mortality in South Africa. Researchers from the Burden of Disease Research Unit have been invited to participate in WHO consultations related to the strengthening of Civil Registration and Vital Statistics (CRVS).

Potential new links with research initiatives on clinical governance are being investigated.

New members of the WHO-FIC

WHO-FIC SA, as a member of the WHO-FIC network, is committed to contributing to the development of new components of the WHO-FIC:

- Experts are being sought to contribute to the definition of requirements and testing of **ICD-11 for Primary Health Care (PHC)** settings.
- Experts from South Africa contribute to the development of **ICD-11** through membership of the MbTAG and several other TAGs; and coding experts from multiple organisations in South Africa have contributed to the ICD-11 review process.
- Contributions to the development of **ICHI** will continue when the development structures have been established.

Conclusions

WHO-FIC SA remains dependent on co-ordination among and liaison with networks of stakeholders in order to support the development and implementation of the WHO-FIC in South Africa and elsewhere in the African region. The establishment and maintenance of links both within and beyond South Africa remains a challenge.

Further opportunities for expanding the network of WHO-FIC participants and activities in South and Southern Africa and through the international WHO-FIC network continue to be sought.

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