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IFHIMA Endorses the Implementation of ICD-11 for Improved Global Health

About IFHIMA

The International Federation of Health Information Management Associations (IFHIMA) is a non-governmental organization that has been in official relations with the World Health Organization (WHO) for 45 years. The IFHIMA Executive Board has representatives from each of the six WHO regions.

IFHIMA members include Health Information professionals, Health Information Managers (HI5) and Classification Specialists (CSs) from over 55 countries. IFHIMA representatives serve on various WHO-FIC Committees and Reference Groups.

By 2025, the global total amount of healthcare data is projected to reach 10,800 exabytes¹ — an annual growth rate of 36%, larger than any other industry². In fact, healthcare generates about 30% of the world's entire data volume. This data holds tremendous promise for supporting the World Health Organization's (WHO) Sustainable Development Goals³ (SDGs) of better health for all.

The WHO's SDGs call for leveraging digital technologies such as machine learning and artificial intelligence to unlock the value in health data and provide crucial insights for understanding population health trends and priorities.

The International Classification of Diseases and Related Health Problems 11th Revision⁴, or [ICD-11](#), provides a common “language” to exchange health information across systems and borders.

ICD-11 will standardize and structure health data so it can be leveraged by technology to enable the reduction of healthcare costs, improve outcomes, and increase universal access to healthcare.

As the International Federation of Health Information Management Associations (IFHIMA), our members have dedicated their careers to advancing the development and use of health records and health information standards. That's why we are continuing to advocate for the widespread adoption of ICD-11 as the next step in our efforts. IFHIMA members will play a key role in helping realize the benefits of ICD-11.

How ICD-11 will aid global health transformation

Over the past century, ten prior versions of the ICD began the process of standardization and enabled analysis of global morbidity and mortality data⁵. However, technology has changed dramatically since the WHO World Health Assembly endorsed the 10th Revision in 1990.

In January 2022, ICD-11 officially went into effect for the national and international recording and reporting of causes of illness, death, and more. The standardized, up-to-date medical and scientific knowledge and terminology will allow for better classification of today's health

conditions. The [11th Revision](#) currently provides access to 17,000 diagnostic categories, with over 100,000 medical diagnostic index terms. The index-based search algorithm interprets more than 1.6 million clinical terms.

Work is underway to harmonize the WHO-FIC Reference Classifications. This includes ICD-11, the International Classification of Functioning, Disability and Health (ICF), and the International Classification of Health Interventions (ICHI) in the WHO-FIC Foundation. This work creates the potential for increased alignment of the classification's content. It will also improve interoperability between the classifications, including text analytics.

Digital tooling improvements include updates to the Coding Tool and APIs. The candidate version of the WHO Digital Open Rule Integrated Cause of Death Selection (DORIS) tool has also been updated and is now available in multiple languages⁶.

IFHIMA commends these efforts to link various medical classifications and terminologies, including:

- Lossless mapping of MedDRA (Medical Dictionary for Regulatory Activities) to facilitate accurate reporting of drug-related information, embedding medical device nomenclature for consistency across international health systems
- Incorporating Orphanet terminology to improve the classification and understanding of rare diseases
- Technical collaboration and linkages with the MONDO Disease Ontology to support accurate disease classification
- Initiating design efforts with Logical Observation Identifiers Names and Codes ([LOINC](#)) to link laboratory and clinical observations with interventions
- Exploring potential methods and frameworks for collaboration with other terminology systems (including [SNOMED](#)) to enhance comprehensive health information management

ICD-11 data will support many use cases, including:

- Cause of death (mortality) reporting
- Disease prevalence (morbidity) reporting
- Epidemiology, population health, and research
- Reimbursement and case mix
- Mental health diagnostics
- Patient quality and safety monitoring
- Primary care reporting
- Functioning assessments in conjunction with physical conditions
- Traditional medicine reporting
- Specific surveillance programs such as antimicrobial resistance (in line with GLASS), cancer registration, or injury research
- Interoperability for clinical documentation, decision support, and operational guidelines

How ICD-11 can be implemented globally

ICD-11 is designed specifically for global implementation, freely available and licensed under the Creative Commons Attribution-NoDerivs 3.0 IGO license, according to specified [Terms of Use](#).

As of the January 2024 release, the classification is now available in ten languages: Arabic, Chinese, Czech, English, French, Portuguese, Russian, Spanish, Turkish, and Uzbek. Work on 25 additional languages is under way⁷.

ICD-11 was designed for an electronic platform, providing an online Browser and Coding Tool. The Browser is an augmented electronic version of a [Tabular List](#). The [Coding Tool](#) is used similarly to the Alphabetic Index in previous revisions, but with several enhancements to facilitate accurate, simple, and fast coding. There are also offline services to support usage when local internet connectivity is unstable or not present.

The 11th Revision has a [Reference Guide](#) that contains an introduction to the context, components, and intended use of the ICD. It describes the diverse components of ICD-11 and provides guidance for certification, recording, mortality coding (i.e. causes of death statistics), and morbidity coding (e.g. hospital statistics).

The [Implementation or Transition Guide](#) outlines essential issues to consider while transitioning from previous ICD versions to ICD-11. It also provides guidance on planning ICD-11 implementation in jurisdictions where ICD has not been used previously. The Guide is being updated to incorporate lessons learned from several countries' experience and is currently under review with the WHO-FIC Education and Implementation Committee (EIC).

Currently, proposals for amendments or additions can be made via the [maintenance platform](#). WHO maintains a timetable for official releases of the ICD-11 classification.

How nations can adapt ICD-11 for national or clinical needs

The ICD-11 does enable the generation of multiple tabular lists (also known as linearizations). These lists may be required to ensure consistent use of the ICD-11 for certain use cases, such as the Mortality and Morbidity Statistics (MMS). The ICD-11 Foundation supports the development of these tabular lists. The Foundation Component includes information on:

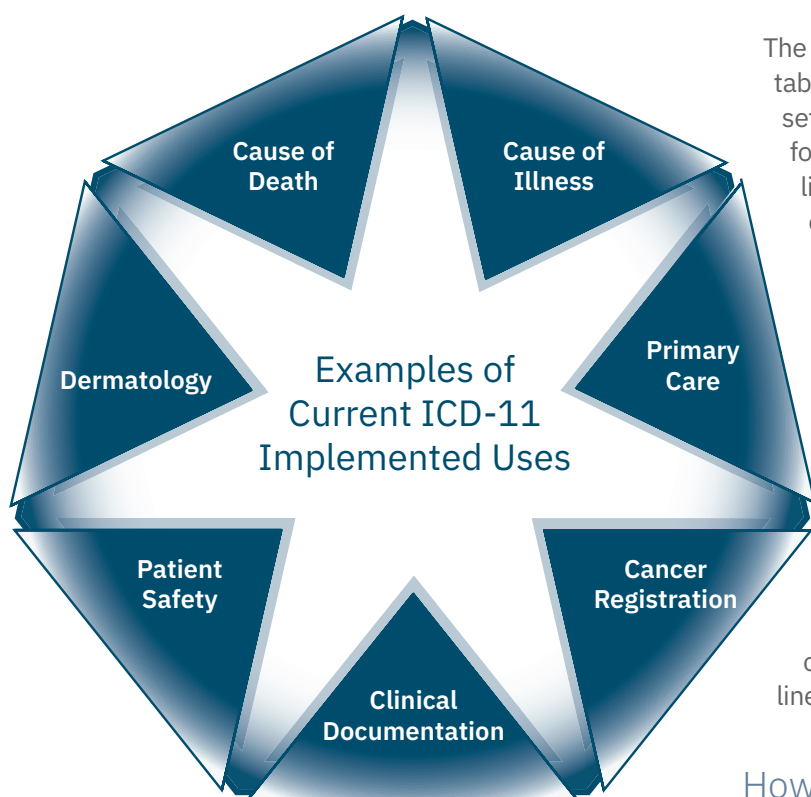
- Where and how a certain entity is represented in a linearization (tabular list)
- Whether it becomes a category or a code
- Whether it is an index term

The Foundation Component allows for creating a set of tabular lists built on the same hierarchical structure. This set will produce congruent data to simplify classification for some use cases and data comparability across tabular lists. This potentially allows countries to build their own customizations while remaining congruent with ICD-11.

IFHIMA maintains its stance that clinical or national linearizations of the ICD-11 will not likely be required. After all, the ICD-11 Foundation content was, and is, developed with international involvement and input. Additionally, all existing national/clinical modifications in ICD-10 are included in the Foundation Component. The recent WHO-FIC work towards improving the CSAC ICD process supports this stance, as it aims to follow an inclusive, agile, and time-efficient proposal review process. However, IFHIMA awaits the outcomes of the current working group regarding national linearization potential development and/or requirements.

How IFHIMA members can assist with ICD-11 adoption

In 2021, we released [IFHIMA Fosters Planning for ICD-11 Adoption with Global Case Studies](#) to facilitate awareness and foster readiness within the global healthcare community, and to support the timely and appropriate adoption of ICD-11.



IFHIMA members are essential to the ICD-11 transition and implementation, both at a national and international level.

IFHIMA launched the ICD-11 Community of Practice (COP) in 2023. This COP highlights information sharing from countries that are on the ICD-11 journey including use cases, lessons learned, and publishing.

IFHIMA members are essential to the ICD-11 transition and implementation, both at a national and international level . This is evident in IFHIMA participation in the WHO Family of International Classifications Committees and Reference Groups (CRGs).

HIMs and CSs are well positioned as key stakeholders to lead and assist with ICD-11 adoption. They bring vast practical experience to provide an essential bridge between clinical and technical-based implementation participants to ensure the classification process and data usage are understood.

IFHIMA aligns itself with the 72nd World Health Assembly resolution on ICD-11 calling for timely implementation of ICD-11.

IFHIMA aligns itself with the 72nd World Health Assembly resolution on ICD-11 calling for timely implementation of ICD-11 . We must begin or continue the implementation journey now, whether a country is migrating from a previous version of the ICD or commencing their ICD journey and implementing ICD-11 as a new data standard for their nation. Doing so will help the world reach our shared mission of better health for all and universal health coverage that relies on better information.

For further information see the [WHO ICD Information Page](#).

References

1. [LEK Consulting, December 2023](#)
2. [RBC Capital Markets, 2023](#)
3. [World Health Organization Sustainable Development Goals Action Plan](#)
4. [International Classification of Diseases 11th revision](#)
5. [BMC Medical Informatics and Decision Making, 2021](#)
6. [World Health Organization](#)
7. [International Statistical Classification of Diseases and Related Health Problems \(ICD\)](#)