International Statistical Classification of Diseases and Related Health Problems (ICD-11)

Member states agreed today to adopt the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-11), to come into effect on 1 January 2022.

ICD is the foundation for the identification of health trends and statistics globally, and the international standard for reporting diseases and health conditions. It is the diagnostic classification standard for all clinical and research purposes. ICD defines the universe of diseases, disorders, injuries and other related health conditions.

The ICD also captures factors influencing health, or external causes of mortality and morbidity, providing an holistic look at every aspect of life that can affect health.

Understanding what makes people sick, and what eventually kills them, is at the core of mapping disease trends and epidemics, deciding how to programme health services, allocate healthcare spending, and invest in improving therapies and prevention. ICD-11 is now fit for many uses, including clinical recording, primary care, patient safety, antimicrobial resistance, resource allocation, reimbursement, casemix, in addition to mortality and morbidity statistics.

ICD-11 has been updated for the 21st century and reflects critical advances in science and medicine. It can be well integrated with electronic health applications and information systems. This new version is fully electronic, allows more detail to be recorded and is significantly easier to use and to implement, which will lead to fewer mistakes and lower costs, and make the tool much more accessible, particularly for low-resource settings.

Member States noted that ICD-11 has been produced in a transparent and collaborative manner.

Patient safety

Member States meeting at the World Health Assembly committed to recognize patient safety as a key health priority, and to take concerted action to reduce patient harm in healthcare settings.

The World Health Assembly also endorsed the establishment of an annual World Patient Safety Day on 17 September and called on WHO to provide technical support to countries to build national capacities to assess, measure and improve patient safety.

The Assembly requested WHO to formulate a global patient safety action plan in consultation with countries and all relevant stakeholders, to improve and ensure patient safety globally.

Patient harm due to adverse events is one of the leading causes of death and disability globally. An estimated 134 million adverse events occur annually due to unsafe care in

hospitals in low- and middle-income countries, contributing to 2.6 million deaths, while 1 in 10 patients is estimated to be harmed while receiving hospital care in high-income countries.

Recognizing patient safety as central to healthcare delivery and the provision of universal health coverage, WHO and the United Kingdom have jointly launched the 'Global Patient Safety Collaborative'. The aim of this initiative is to secure and scale up global action on patient safety, and collaborate closely with low- and middle-income countries to reduce avoidable patient harm and improve safety of their national health care systems.

Emergency and trauma care

Member States agreed to pave the way for better and faster services for time-sensitive health conditions, including injuries, heart attacks, mental health conditions, infections or pregnancy complications.

A functional emergency care system is essential to universal health coverage, and investing in frontline care saves lives, increases impact and reduces costs in other parts of the health system.

Member States stressed that timeliness is an essential component of quality care, and that millions of deaths and long-term disabilities could be prevented if emergency care services exist and patients reach them in time.

Steps agreed to strengthen countries' emergency care include developing policies for sustainable funding, governance and universal access to emergency care for all, and integrating emergency care into health delivery and training strategies at all levels. Member States also embraced the use of the WHO emergency care system assessment to identify gaps and context-relevant priorities.

Water, sanitation and hygiene

Member States agreed a new resolution to improve safe water, sanitation and hygiene (WASH) services in health facilities around the world. Noting that this is a critical measure for preventing the spread of infections, reducing maternal and newborn deaths and achieving universal health coverage, the resolution urges Member States to prioritize WASH for safer health care worldwide.

Currently, 1 in 4 healthcare facilities lacks basic water services and 1 in 5 has no sanitation services - affecting 2 billion and 1.5 billion people respectively. Furthermore, many have no hand hygiene facilities and lack systems for safe segregation and disposal of waste. An estimated 15% of patients globally develop one or more infections during a hospital stay, with the greatest risk in low-income countries.

In light of this, the resolution asks Member States to develop national roadmaps, establish and implement standards, and invest in systems to support sustainable WASH services. It also requests WHO to provide leadership, to help mobilize resources for investment, to report on

global progress, and in emergencies, to help coordinate and implement WASH and infection prevention and control in healthcare.