World Health Organization

Centre for Health Development

Future Data Needs and Family of Classifications: Ageing & Rehabilitation

The Way Forward

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Director

13 October 2016

Ageing, rehabilitation, disability: *illuminating*

Must link data, electronic information, management, policy

- Across classifications, health information systems, analysis and decision-making
- Attention to sources of data, and efficiency, and country capacities
- Systems thinking

Interoperability, interaction, and linkages across classifications and systems are vital

- ICD-11, ICF, ICPC, ICHI + CRVS; health & other sector information systems: crosswalk
- Discrete paths vs linkages/bridges vs referrals to each other

Translation Wanted: From classification to use by stakeholders

- How does a manager, decision maker, academic use a classification?

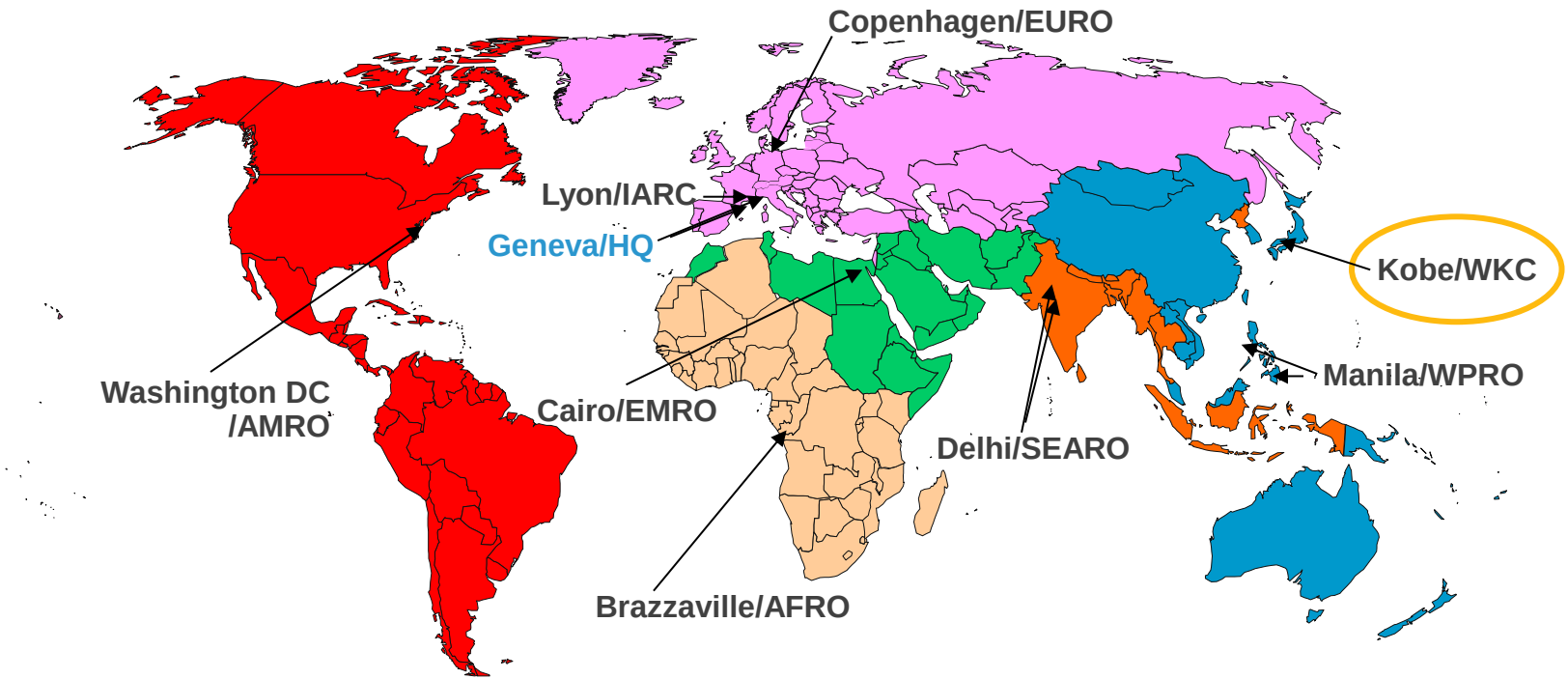
Understand what works, what has not, and why: "the elephant in the room"

- ICF: has not been used—why?

Transformation – turn the paradigm around: person-centredness

- Needs of a person; needs of the clinic; needs of managers -- inter-connectedness
- Revolutions: personalized medicine; functional status of person; eHealth and connected health
- Big data: how to harness effectively
- "Follow the person through the system" <--> home, health care facility/provider, back home?

Locations of WHO HQ, Regional offices & Research centres



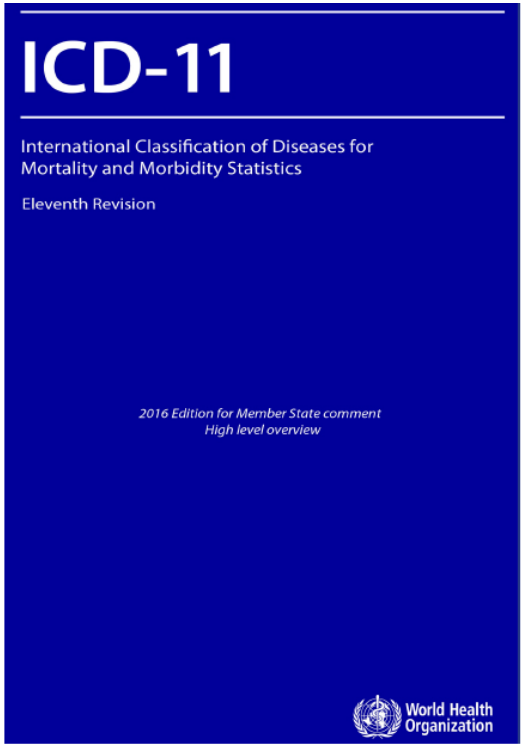
Outline

1. 2016 G7 Health Ministers Meeting; WHO Strategies
2. Major Needs for Classification/Data
3. Actions

2016 G7 Health Ministers' Meeting

"Valid and reliable data are essential for high-quality health care systems and monitoring the SDGs, including UHC. Supporting basic data collection such as civil registration and vital statistics (CRVS), as well as health and health care data, would help countries be better prepared for population ageing. In view of facilitating effective and efficient response to global population ageing, we acknowledge the value of using international statistical classifications including the International Statistical Classification of Diseases and Related Health Problems (ICD) and the International Classification of Functioning, Disability and Health (ICF) as well as a global survey on key indicators of health and needs of the elderly integrated into existing survey and routine reporting mechanisms as much as possible."

ICD



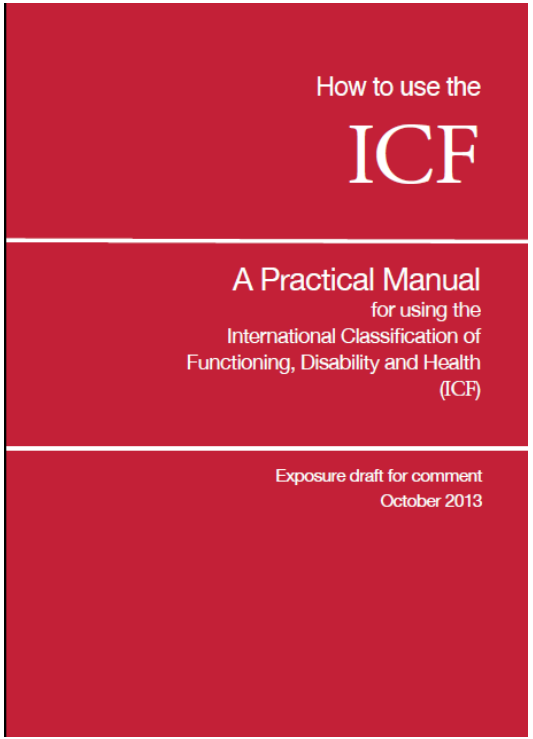
The ICD-10 Classification of Mental and Behavioural Disorders

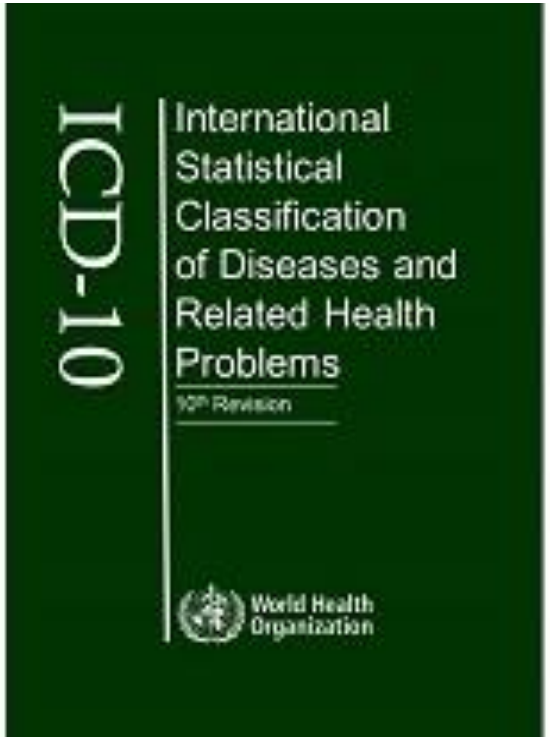
Diagnostic criteria for research

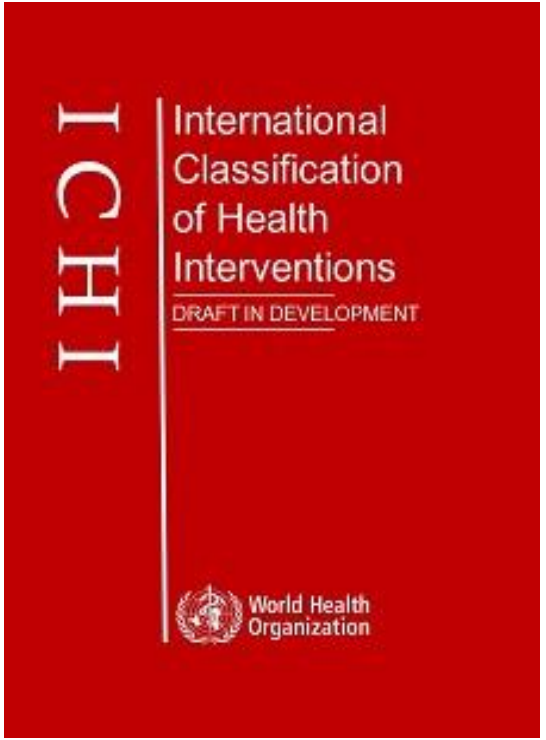
World Health Organization

Geneva

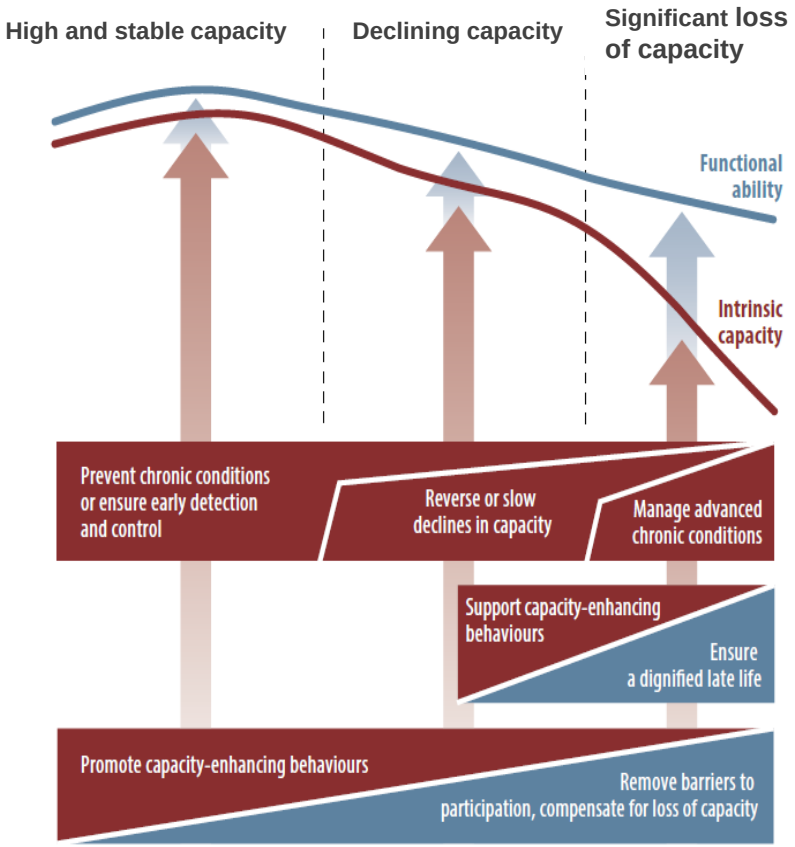
ICF, ICF, ICHI


How to use the
ICF
A Practical Manual
for using the
International Classification of
Functioning, Disability and Health
(ICF)
Exposure draft for comment
October 2013


ICD-10
International
Statistical
Classification
of Diseases and
Related Health
Problems
10th Revision
World Health
Organization


ICHI
International
Classification
of Health
Interventions
DRAFT IN DEVELOPMENT
World Health
Organization

A new public-health framework for healthy ageing

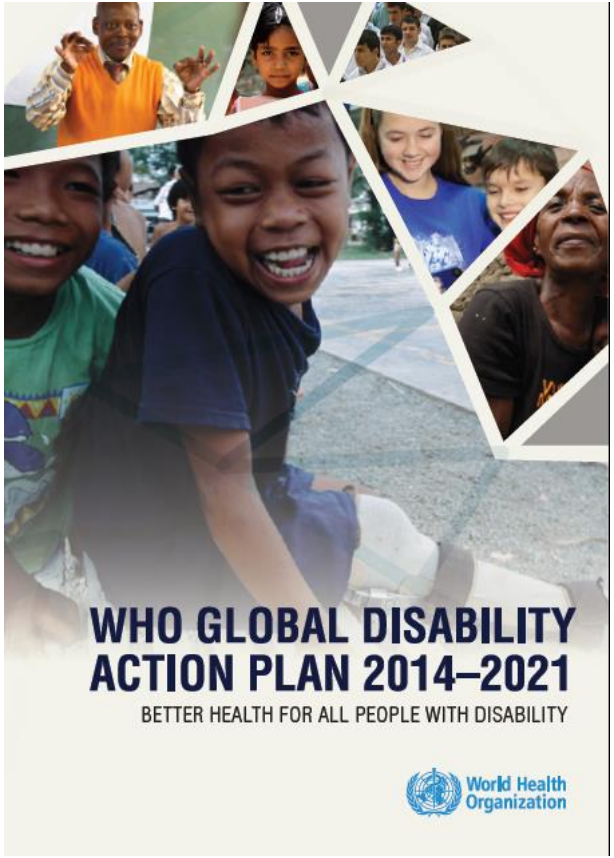


WHO, The World report on ageing and health. 2015

Priority areas for action

- Improving measurement, monitoring and understanding
- Aligning health-services to the older populations they now serve
- Developing systems of long-term care
- Creating age-friendly environments

WHO Disability Action Plan



Objectives

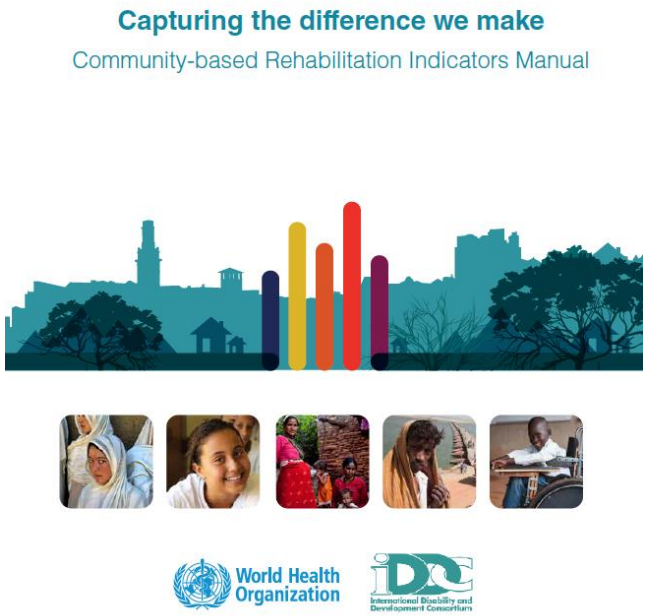
Monitoring progress towards the achievement of the objectives of the action plan

Objective 1:
To remove barriers and improve access to health services and programmes

Objective 2:
To strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation

Objective 3:
To strengthen collection of relevant and internationally comparable data on disability and support research on disability and related services

WHO Disability Data



Model Disability Survey: Providing evidence for accountability and decision-making

Consensus in the global human rights, development and health communities demands action to improve the health and well-being of people with disability, and to reduce the barriers that hinder their participation in society on an equal basis with others. Effective policy-making in this area requires reliable, detailed data on all aspects of disability – impairments, activity limitations, participation restrictions, related health conditions, environmental factors—information that is lacking in most countries. The Model Disability Survey (MDS) is designed to address these data gaps.

What is the Model Disability Survey (MDS)?

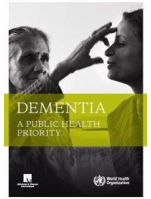
The MDS is a general population survey that provides detailed and nuanced information on the lives of people with disability. It allows direct comparison between groups with differing levels and profiles of disability, including comparison to people without disability. The evidence resulting from the MDS will help policy-makers identify which interventions are required to maximize the inclusion and functioning of people with disability.

The MDS is grounded in the International Classification of Functioning, Disability and Health (ICF) and represents an evolution in the concept of disability measurement. It explores disability as an outcome of interactions between a person with a health condition and various environmental and personal factors, rather than focusing only on a person's health or impairments. This gives a more complete understanding of the lived experience of people with disability and provides a better approximation of the true size of the population with disability.

Related WHO Strategies & Initiatives

- **GATE**:

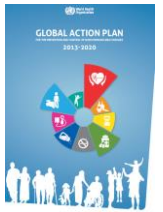
- **Priority Assistive Products List**



- **Dementia**: Global strategy (being developed)

- **Global Reference List of 100 Core Health Indicators**

- **SAGE**



- **Health Systems Strategies; Global Plan for NCDs**

WHO Kobe Centre – Survey: functional status

Table 1. Final list of function areas for assistive devices – development process

Functions identified through analysis of ISO 9999 and research	Refined final survey list of 12 functional areas
1. Get dressed including tying shoes, working zippers and doing buttons	1. Able to dress
2. Have a bath or shower, including getting in out of the bath or shower	2. Able to be clean and hygienic
3. Go to the toilet including getting on and off the toilet	
4. Reach and lift down a 2 kg object (bag of flour) from just above your head	3. Grip or pick up items and do housework
5. Carry out light housework	
6. Grip with your hands*	
7. Get into and out of bed	4. Transfer to or from bed or chair
8. Move in and out of a chair	
9. Walk from one room to another on the same level	5. Move about and use transport
10. Walk up one flight of stairs	
11. Walk 500 m (two or three blocks)	
12. Get in and out of a vehicle	
13. Eat and drink as independently as possible	6. Eat and drink as independently as possible
14. Hear and understand others	7. Able to hear and communicate
15 Communicate effectively with another person	
16. See writing/symbols at a reading distance	8. Able to see and understand writing
17. Manage health care including follow health advice	9. Manage health care and fatigue including following health advice
18. Manage the energy needed for daily tasks	
19. Undertake employment (paid or unpaid)	10. Participate in community activities (can include employment) and visiting others
20. Participating in community activities including visiting with relatives or friends	
21. Taking care of a family member	11. Take care of a family member
22. Experience intimate/sexual relations	12. Experience intimate/sexual relations

WHO Kobe Center: Monitoring Framework - AFC

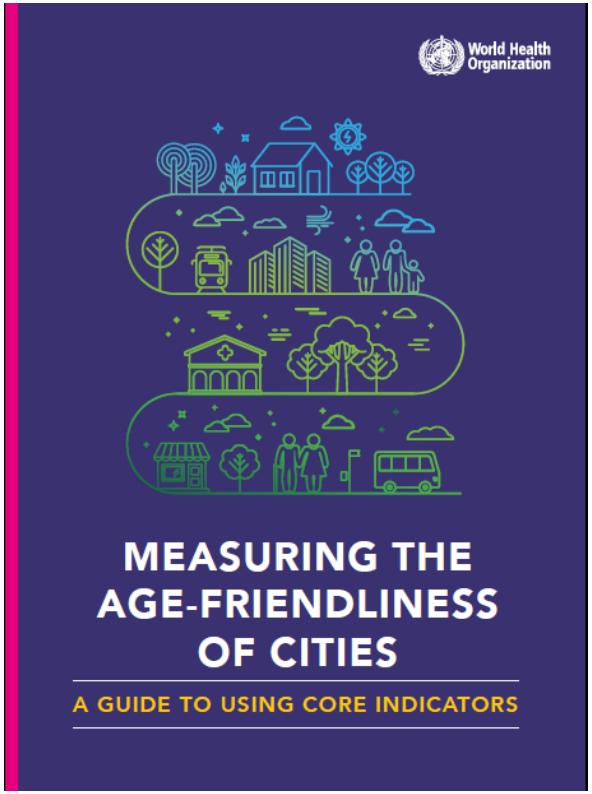


FIGURE 1. A FRAMEWORK FOR SELECTING AN AGE-FRIENDLY CITY INDICATOR SET

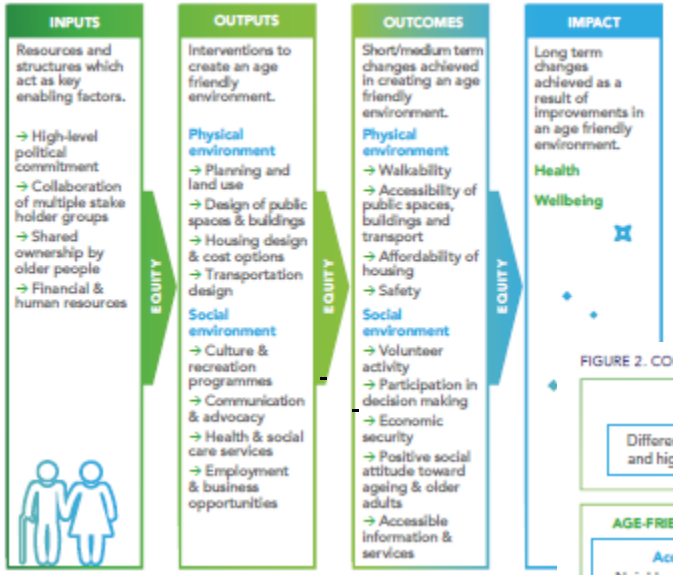
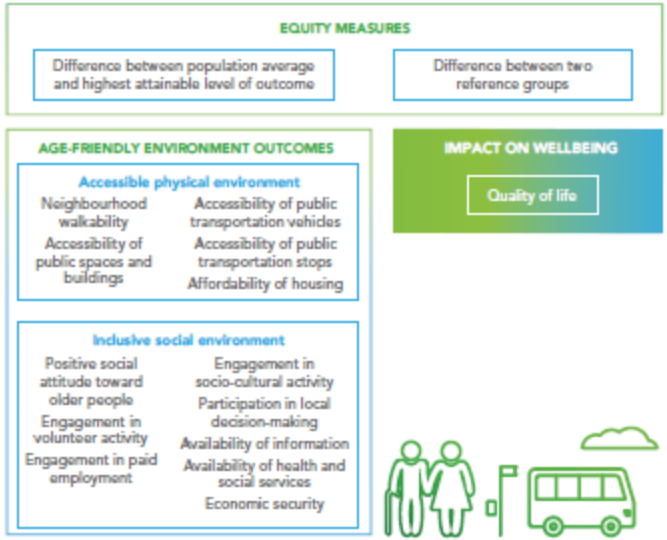


FIGURE 2. CORE INDICATORS OF AGE-FRIENDLY CITIES



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Paradigm shifts

Existing model		Future
Acute	→	Chronic
Treatment	→	Prevention
Cure	→	Care
Hospital	→	Home
Physician-led	→	Self Dx./Care
Paper based	→	Connected health
Ageing as #	→	Fcnl. ability + Intrinsic capacity

Ageing, Rehabilitation, Disability: Classification

Key Issues

Defining, communication

- Ageing: functional and intrinsic capacities; NCDs; social inclusion; dementia
- Rehabilitation: functioning, disability, injuries
- UHC: data for financing, equity, coverage, resource allocation, planning
- Driver for multisectoral action

Interoperability: assessment, regulation, financing, planning

- Product development, standards, regulation
- Connecting people, providers, technology (devices)

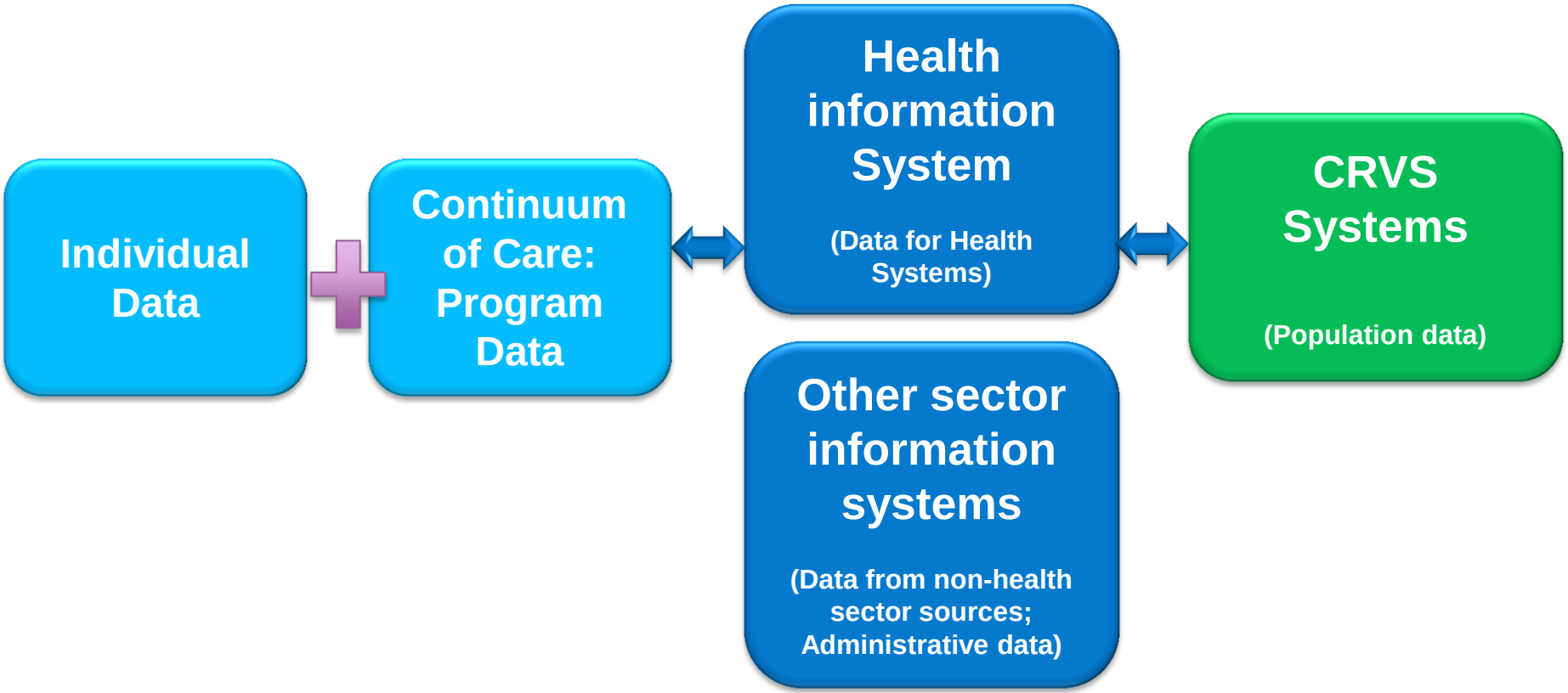
Monitoring progress, outcomes

- Indicators: suitability and sensitivity to needs
- Morbidity, mortality
- Innovation in data collection

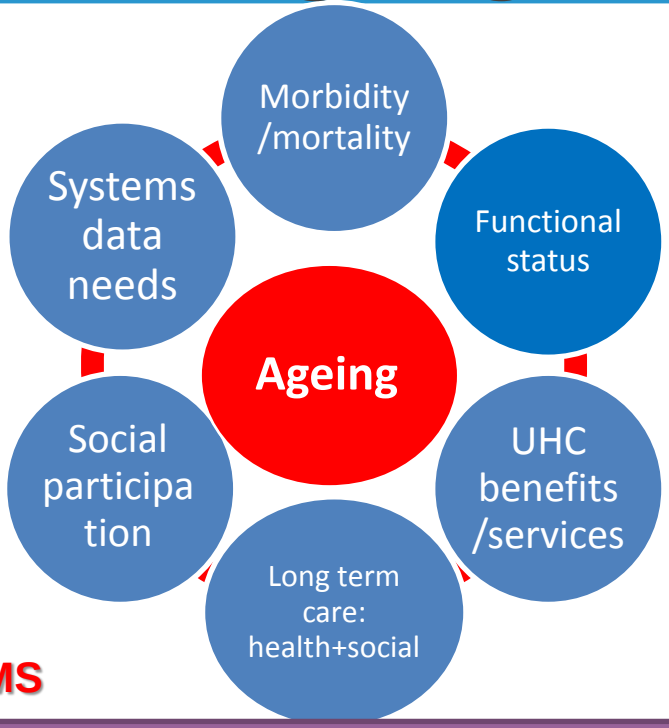
Harmonization

- Across ICD, ICF, ICHI, CRVS as appropriate. Link to ISO
- ICH (regulatory)
- Across disabilities, injuries, rehabilitation; NCDs; Mental health, dementia; ageing (functional, intrinsic capacities); health systems; equity; social determinants + prevention, promotion, care, rehabilitation, palliative care

Data


Individual Data
Continuum of Care: Program Data
Health information System
(Data for Health Systems)
CRVS Systems
(Population data)
Other sector information systems
(Data from non-health sector sources; Administrative data)

Measurement for Ageing



Equity

Non-health

ALONG THE CONTINUUMS

CARE: Acute Post-acute Long-term

LIFE COURSE: Birth Adolescent Adulthood Older Age

EPIDEMIOLOGY: Child Survival Infectious Diseases NCDs, Dementia

UHC: Prevention Health Promotion Care Rehabilitation Palliative care + Public Health

Future issues

- **Co-morbidities: physical and cognitive decline**
- **Dementia, frailty, social dimensions of health**
- **Rapid technological innovations**
- **Innovations in data: big data**
  Digital connectivity
- **New models of integrated care and support**
  - Health and social welfare
  - Long term care
  - Healthy life expectancy

Healthy ageing is an investment, not a cost

Investment	Benefits	Return
Health systems	Health	Individual well-being
Long-term care systems	Skills and knowledge	Workforce participation
Lifelong learning	mobility	Consumption
Age-friendly environments	Social connectivity	Entrepreneurship and investment
Social protection	Financial security	Innovation
	Personal dignity, Safety and security	Social and cultural contribution
		Social cohesion

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Suggested Actions (1)

1 "Design" Group

- Link across classifications, data systems, health/social care systems, UHC, and users + conceptual frameworks. Link to multiple sectors. Equity disaggregation of all data.
- Use of data visualization; Ensure alignment at country level
- Ageing: functional status, morbidity, health/social care, and UHC; Rehabilitation, disability
- Long term care (holistic approach): Document/translate Japan, Germany, other country examples

2 Joint Working Group (WHO) + Partners

- WHO: IER Dept; ALC Dept; NMH Cluster; WKC; Regional Offices
- Stakeholders: To be identified
- Subgroup of Health Data Collective?

3 Establish milestones

- 6 months; 1 year; 2-5 years

4 Joint research

- Across disease and programme lines; UHC focused
- Implementation research

5 Report back to 2017 G7

- Incorporate in selected WHO EB/WHA reports for WHO global plans, strategies, resolutions
- UHC2030

Suggested Actions (2)

1. **Possible new chapter in ICD11 on functioning**

2. **Seeking simplicity in country implementation**
   - Example for ageing: CRVS mortality- narrow causes of death based on epidemiology/local realities

3. **Focus on country accessibility/capacity**
   - Consider how best to introduce/integrate new classifications in countries

Building societies for older ages

Building societies for all ages

Equity **Autonomy** **Dignity**

CONNECTING

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***Web**:*
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Japanese: www.who.int/kobe_centre/ja

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Thank you.