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## MULTILATERAL

**World Health Organization Regulations regarding nomenclature (including the compilation and publication of statistics) with respect to diseases and causes of death. Adopted by the twentieth World Health Assembly, at Geneva, on 22 May 1967**

*Authentic texts: English, French, Russian and Spanish.*

*Registered by the World Health Organization on 28 April 1980.*

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## MULTILATÉRAL

**Règlement de l'Organisation mondiale de la santé relatif à la nomenclature (y compris l'établissement et la publication de statistiques) concernant les maladies et causes de décès. Adopté par la vingtième Assemblée mondiale de la santé, à Genève, le 22 mai 1967**

*Textes authentiques : anglais, français, russe et espagnol.*

*Enregistré par l'Organisation mondiale de la santé le 28 avril 1980.*

WORLD HEALTH ORGANIZATION REGULATIONS<sup>1</sup> REGARDING NOMENCLATURE (INCLUDING THE COMPILATION AND PUBLICATION OF STATISTICS) WITH RESPECT TO DISEASES AND CAUSES OF DEATH. ADOPTED BY THE TWENTIETH WORLD HEALTH ASSEMBLY, AT GENEVA, ON 22 MAY 1967

WHA20.18 WHO NOMENCLATURE REGULATIONS 1967

The Twentieth World Health Assembly,

Considering the importance of compiling and publishing statistics of mortality and morbidity in comparable form;

<sup>1</sup> Came into force on 1 January 1968, in accordance with article 7 (1), in respect of the States listed below, those States having been notified on 30 June 1967 of the adoption of the said Regulations:

Afghanistan	Honduras	Pakistan <sup>(2)</sup>
Albania	Hungary	Panama
Algeria	India	Paraguay
Argentina	Indonesia	Peru
Australia	Iran	Philippines
Austria	Iraq	Poland
Barbados	Ireland	Republic of Korea
Belgium	Israel	Romania
Benin	Italy	Rwanda
Bolivia	Ivory Coast	Samoa
Brazil	Jamaica	Saudi Arabia
Bulgaria	Japan	Senegal
Burma	Jordan	Sierra Leone
Burundi	Kenya	Somalia
Byelorussian Soviet Socialist Republic	Kuwait	South Africa
Central African Republic	Lao People's Democratic Republic	Spain
Chad	Lebanon	Sri Lanka
Chile	Lesotho	Syrian Arab Republic
China <sup>(1)</sup>	Liberia	Thailand
Colombia	Libyan Arab Jamahiriya	Togo
Congo	Luxembourg	Trinidad and Tobago
Costa Rica	Madagascar	Tunisia
Cuba	Malawi	Turkey
Cyprus	Malaysia	Uganda
Czechoslovakia	Maldives	Ukrainian Soviet Socialist Republic
Democratic Kampuchea	Mali	Union of Soviet Socialist Republics
Dominican Republic	Malta	United Kingdom of Great Britain and Northern Ireland
Ecuador	Mauritania	United Republic of Cameroon
Egypt	Mexico	United Republic of Tanzania
El Salvador	Monaco	United States of America
Ethiopia	Mongolia	Upper Volta
France	Morocco	Uruguay
Gabon	Nepal	Venezuela
Ghana	Netherlands	Viet Nam <sup>(3)</sup>
Greece	New Zealand	Yemen
Guatemala	Nicaragua	Yugoslavia
Guinea	Niger	Zaire
Guyana	Nigeria	Zambia
Haiti	Norway	

Subsequently, the Regulations came into force in respect of the following States, which had deferred their application or which had become parties to the World Health Organization after 1 January 1968, at the dates indicated, which correspond, either at a date agreed upon by these States, or at the expiry of a period of six months after the date of notification by the Director-General of the World Health Organization: \*

<i>State</i>	<i>Date</i>	<i>State</i>	<i>Date</i>
Angola . . . . .	29 January 1977	Bahrain . . . . .	17 August 1972
Bahamas . . . . .	22 January 1975	Bangladesh . . . . .	16 December 1972

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Having regard to Articles 2(s), 21(b), 22 and 64 of the Constitution of the World Health Organization,<sup>1</sup>

Adopts, this twenty-second day of May 1967, the Nomenclature Regulations 1967; these Regulations may be cited as the WHO Nomenclature Regulations.

*Article 1.* Members of the World Health Organization for whom these Regulations shall come into force under Article 7 below shall be referred to hereinafter as Members.

*Article 2.* Members compiling mortality and morbidity statistics shall do so in accordance with the current revision of the International Statistical Classification of Diseases, Injuries, and Causes of Death as adopted from time to time by the World Health Assembly. This classification may be cited as the International Classification of Diseases.

*Article 3.* In compiling and publishing mortality and morbidity statistics Members shall comply as far as possible with recommendations made by the World Health Assembly as to classification, coding procedure, age-grouping, territorial areas to be identified, and other relevant definitions and standards.

*Article 4.* Members shall compile and publish annually for each calendar year statistics of causes of death for the metropolitan (home) territory as a whole or for such part thereof as information is available, and shall indicate the area covered by the statistics.

*Article 5.* Members shall adopt a form of medical certificate of cause of death that provides for the statement of the morbid conditions or injuries resulting in or contributing to death, with a clear indication of the underlying cause.

*Article 6.* Each Member shall, under Article 64 of the Constitution, provide the Organization on request with statistics prepared in accordance with these Regulations and not communicated under Article 63 of the Constitution.

*Article 7.* 1. These Regulations shall come into force on the first day of January 1968.

2. Upon their entry into force these Regulations shall, subject to the exceptions hereinafter provided, replace as between the Members bound by these Regulations and

(Footnote 1 continued from page 346)

State	Date	State	Date
Botswana	28 October 1975	Guinea-Bissau	28 February 1975
Canada*	1 January 1969	Iceland*	1 January 1971
Cape Verde	12 August 1976	Mauritius	10 September 1969
Comoros	12 August 1976	Mozambique	6 May 1976
Democratic Yemen	24 January 1969	Oman	11 December 1971
Denmark*	1 January 1969	Papua New Guinea	29 January 1977
Democratic Republic of Viet-Nam	28 May 1976	Portugal*	10 August 1970
Democratic People's Republic of Korea	19 January 1974	Qatar	16 December 1972
Djibouti	21 October 1978	Sao Tome and Principe	9 October 1976
Fiji	18 August 1972	Sudan	20 January 1977
Finland*	1 January 1969	Suriname	6 October 1976
Gambia	11 December 1971	Swaziland	26 January 1975
German Democratic Republic	19 January 1974	Sweden*(2)	1 January 1969
Germany, Federal Republic of*	6 October 1978	Switzerland*	1 January 1969
Grenada	21 August 1975	Tonga	6 May 1976
		United Arab Emirates	16 December 1972

(1) Refers to the period before the adoption, in 1971, by the World Health Assembly of resolution WHA25.1 on the representation of China in the World Health Organization. (Information provided by the World Health Organization.)

(2) For the texts of the reservations and declarations, see p. 356 of this volume.

(3) Date applicable to the former Republic of South Viet-Nam. The former Democratic Republic of Viet-Nam became bound on 28 May 1976. The Socialist Republic of Viet Nam has declared that it will continue the official WHO membership of the Democratic Republic of Viet-Nam and of the Republic of South Viet-Nam. (Information provided by the World Health Organization.)

<sup>1</sup> United Nations, *Treaty Series*, vol. 14, p. 185.

as between these Members and the Organization, the provisions of the Nomenclature Regulations 1948<sup>1</sup> and subsequent revisions thereof.

3. Any revisions of the International Classification of Diseases adopted by the World Health Assembly pursuant to Article 2 of these Regulations shall enter into force on such date as is prescribed by the World Health Assembly and shall, subject to the exceptions hereinafter provided, replace any earlier classifications.

*Article 8.* 1. The period provided in execution of Article 22 of the Constitution of the Organization for rejection or reservation shall be six months from the date of the notification by the Director-General of the adoption of these Regulations by the World Health Assembly. Any rejection or reservation received by the Director-General after the expiry of this period shall have no effect.

2. The provisions of paragraph 1 of this Article shall likewise apply in respect of any subsequent revision of the International Classification of Diseases adopted by the World Health Assembly pursuant to Article 2 of these Regulations.

*Article 9.* A rejection, or the whole or part of any reservation, whether to these Regulations or to the International Classification of Diseases or any revision thereof, may at any time be withdrawn by notifying the Director-General.

*Article 10.* The Director-General shall notify all Members of the adoption of these Regulations, of the adoption of any revision of the International Classification of Diseases as well as of any notification received by him under Articles 8 and 9.

*Article 11.* The original texts of these Regulations shall be deposited in the Archives of the Organization. Certified true copies shall be sent by the Director-General to all Members. Upon the entry into force of these Regulations, certified true copies shall be delivered by the Director-General to the Secretary-General of the United Nations for registration in accordance with Article 102 of the Charter of the United Nations.

IN FAITH WHEREOF, we have set our hands at Geneva this twenty-second day of May 1967.

V. T. H. GUNARATNE  
President of the World Health Assembly

M. G. CANDAU  
Director-General of the World Health Organization

<sup>1</sup> United Nations, *Treaty Series*, vol. 66, p. 25.

## RESERVATIONS AND DECLARATIONS FORMULATED BY CERTAIN COUNTRIES

## PAKISTAN

*Article 2*

“The Health Administration of Pakistan reserves the right to continue to compile the mortality and morbidity statistics according to the classification presently in use in the country till such time as it is in a position to compile mortality and morbidity statistics according to the International Classification of Diseases.”

*Article 5*

“The Health Administration of Pakistan reserves the right to continue to use the existing national form of death certificate till such time as it is in a position to adopt the form of medical certificate of cause of deaths that provides for the statement of the morbid conditions or injuries resulting in or contributing to death, with a clear indication of the underlying cause.”

## EXPLANATORY NOTE

It is stated that, at present, almost all hospitals (except three of them) in the country are following a disease classification of about 97 diseases. The three hospitals, i.e., Jinnah Post-Graduate Medical Centre, Karachi, Children's Hospital, Karachi, and Central Government Hospital, Rawalpindi, however, follow the list “A” of the International Classification of Diseases for mortality and morbidity classification.

The International Form of Death Certificate is also in use only in the above-mentioned three hospitals. The rest of the hospitals in the country use a form for death certification which only gives the cause of death.

## RÉSERVES ET DÉCLARATIONS FORMULÉES PAR CERTAINS PAYS

## PAKISTAN

[TRADUCTION<sup>1</sup> — TRANSLATION<sup>2</sup>]*Article 2*

L'Administration sanitaire du Pakistan se réserve le droit de continuer à établir les statistiques de mortalité et de morbidité conformément à la classification actuellement en vigueur dans le pays jusqu'à ce qu'elle soit en mesure d'établir les statistiques de mortalité et de morbidité conformément à la Classification internationale des maladies.

*Article 5*

L'Administration sanitaire du Pakistan se réserve le droit de continuer à utiliser le modèle national existant de certificat de décès jusqu'à ce qu'elle soit en mesure d'adopter le modèle de certificat médical de la cause de décès qui permet de mentionner les états morbides ou traumatismes ayant abouti ou contribué au décès, tout en indiquant clairement la cause initiale.

## NOTE EXPLICATIVE

Il est précisé que presque tous les hôpitaux du pays (à l'exception de trois) utilisent une classification comprenant environ 97 rubriques. Les trois hôpitaux qui n'utilisent pas cette classification, c'est-à-dire le Jinnah Post-Graduate Medical Centre de Karachi, le Children's Hospital de Karachi et le Central Government Hospital de Rawalpindi utilisent la liste «A» de la Classification internationale des maladies pour la mise en tableau des causes de mortalité et de morbidité.

De même, le modèle international de certificat de décès n'est utilisé que dans les trois hôpitaux précités. Les autres hôpitaux du pays utilisent un modèle de certificat de décès prévoyant simplement la mention de la cause du décès.

<sup>1</sup> Traduction fournie par l'Organisation mondiale de la santé.

<sup>2</sup> Translation supplied by the World Health Organization.

Efforts are being made for introducing the International Form of Death Certificate and also the use of International Classification of Diseases in all hospitals in the country.

It may, however, be added that the two provincial Governments agree in principle to adopt the International Classification of Diseases and the use of the International Form of Death Certificate in the hospitals under their control. How soon this will be implemented is difficult to say.

### SWEDEN

#### Article 2

“Sweden must make a reservation as regards the use in morbidity statistics of the E-series of the ICD (International Classification of Diseases) in respect of external causes of injuries.

“The series will be too difficult to apply, in particular as regards traffic accidents and injuries caused by fire. As far as poisoning is concerned, the series repeat what can be classified through the N-series, which deals with the nature of the injuries.

“As regards the rest of the ICD (International Classification of Diseases), it is our aim to follow the international version, but a general reservation has to be made in case the co-operation established in this field with the other Nordic countries should lead to a wish for changes in exceptional cases.”

On s'efforce d'introduire le modèle international de certificat de décès et la Classification internationale des maladies dans tous les hôpitaux du pays.

Il convient d'ajouter que les deux gouvernements régionaux ont donné leur accord de principe pour l'adoption de la Classification internationale des maladies et du modèle international de certificat de décès par les hôpitaux placés sous leur juridiction. Il est cependant difficile de préciser le moment où cette classification et ce modèle seront appliqués.

### SUÈDE

[TRADUCTION<sup>1</sup> — TRANSLATION<sup>2</sup>]

#### Article 2

La Suède doit formuler une réserve sur l'utilisation des statistiques de morbidité de la série E de la CIM (Classification des accidents, empoisonnements et traumatismes d'après leur cause).

Cette série sera trop difficile à appliquer, notamment en ce qui concerne les accidents de la circulation et les accidents causés par le feu. Pour ce qui est des empoisonnements, la série E fait double emploi avec la série N, qui traite de la nature des accidents, empoisonnements et traumatismes.

En ce qui concerne le reste de la Classification internationale des maladies, nous nous proposons d'adopter la version internationale, mais nous devons formuler une réserve générale pour le cas où, à la suite de notre collaboration dans ce domaine avec les autres pays scandinaves, nous désirerions apporter des modifications dans certains cas exceptionnels.

<sup>1</sup> Traduction fournie par l'Organisation mondiale de la santé.

<sup>2</sup> Translation supplied by the World Health Organization.