 Prague Medical Report / Vol. 109 (2008) No. 4, p. 268–274

International Classification of Functioning, Disability and Health of World Health Organization (ICF)

Švestková O.
Charles University in Prague, First Faculty of Medicine, Department of Rehabilitation Medicine, Prague, Czech Republic

Received May 21, 2008; Accepted December 31, 2008.

Key words: Health – Disability – Functioning – Rehabilitation – Activity – Participation

Mailing Address: Assoc. Prof. Olga Švestková, MD., PhD., Charles University in Prague, First Faculty of Medicine, Department of Rehabilitation Medicine, Albertov 7, 128 00, Prague 2, Czech Republic; Phone: +420 224 968 492; e-mail: olga.svestkova@lf1.cuni.cz

Abstract: International Classification of Functioning (ICF) is a "common language" to describe health and disability. It gives detailed operational definitions of different functions that constitute health. From body functions such as vision, hearing, to activities of daily living and participation in societal life, ICF has brought international consensus on definitions and provided a framework to describe health and disability.

The aspect of evaluation, classification of functional abilities and expression of the level of disability in disabled persons is not only a professional issue, but is also political in nature.

The concept of disability is becoming an increasingly important problem with the development of modern medicine, which is frequently capable of combating clinical death and is able to treat very serious, formerly fatal disorders of the organism. In the past 30 years, the limitation experienced by people in connection with disorders of some functions and structures is becoming very important. These "disabled" functions can be compensated by undisturbed functions, i.e. health and environmental factors. The concept of disability has become an umbrella term in an international context in the area of functional disorders, activities and participation. It is one of the basic pillars of the International Classification of Functioning, Disability and Health (ICF) of the World Health Organization (WHO) [1].

It has been found that disability is evaluated differently in the individual countries of the world. In November of 2007 at a conference in Milan, in the 6th framework of the EU Measuring Health and Disability in Europe: Supporting Policy Development – MHADIE [2, 3], the European Commission, the Organization for Economic Cooperation and Development (OECD), representatives of the World Health Organization, the United Nations Organization and representatives of other European organizations of citizens with disabilities agreed that ICF would be used as a basic methodology for evaluating the functional abilities of persons with disabilities.

The rights of disabled persons are increasingly becoming part of the legislation. This is reflected in both European legislation [4, 5, 6] and in the adoption of the UN Convention on the Rights of Persons with Disabilities [7], in which the European Union actively participated.

The aspect of disability connected with the fact that there is a constant increase in life expectancy, which also entails an increasing number of health problems in old age, is becoming especially important. It is expected that a third of Europeans will be more than 60 years of age in 2020. To a certain degree, it is also expected that morbidity will be compressed into the shortest possible final phase of life. However, so far it seems that we can expect an increased frequency of health problems as we become older. Simultaneously, the maximum possible, i.e. optimum quality of the life of the individual, including older persons with a disability, must be the goal.

This shift has long been reflected in the viewpoint of professionals, who do not see a person with a disability as an isolated individual with a particular etiological diagnosis, but rather as someone whose problems are a result of dynamic interactions between him and the environment in which he lives. Now a further shift is becoming a topic for discussion, i.e. a shift to a civic model. However, this does not entail rejection or replacement of the biopsychosocial model [1], but rather its extension to include emphasis on active participation of citizens with disabilities. Professionals and the general public should promote this activity, so that citizens with disabilities are guaranteed the greatest possibly degree of autonomy, i.e. making decisions about their own fate, so that they can participate to the greatest possible degree in the life of society in the economic, social and cultural sense.

It is necessary that conditions be created for disabled persons leading to their greatest possible independence. This entails improving the quality of their lives in the broadest possible sense.

The European Union and the other countries of the world need good-quality, reliable and comparable data. Without this data, it is impossible to understand and evaluate the development of the overall situation of disabled persons. From this point of view, ICF is of great importance, as it forms a conceptual framework permitting further developments in this area. Thanks to ICF, it is possible to better define and evaluate *the positive or, on the other hand, negative impacts of various aspects of the environment on the participation of person with disability* – how this environment mitigates the consequences of the disability (facilitation) or, on the other hand, how it aggravates the disability through the creation of new obstacles [8, 9, 10]. The easier it is to evaluate these data, the greater the benefit and development of policy, from the local, regional and national level up to the European level.

Utilization of ICF in legislation

The UN Convention on the Rights of Persons with Disability [7] emphasizes the aspect of how the concept of disability should be defined. Some delegations at the meeting in New York were of the opinion that such a definition of disability or, at the very least, persons with a disability, is necessary, but a definition has not yet been approved.

The representatives of 82 countries of the world, including the Czech Republic, on March 30, 2007, signed the UN Convention on the Rights of Persons with Disabilities.

Now the individual countries, including the Czech Republic, must ratify the Convention.

Article 26 – Habilitation and rehabilitation (the concept of habilitation is related to children and adolescents)

1. States Parties shall take effective and appropriate measures to enable persons with disabilities to attain and maintain maximum independence, full physical,

mental, social and vocational ability, and full inclusion and participation in all aspects of life. To that end, States Parties shall organize, strengthen and extend comprehensive habilitation and rehabilitation services, particularly in the areas of health, employment, education and social services, in such a way that these services and programmers:

a) Begin *at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths*;

b) *Support participation and inclusion in the community and all aspects of society, are voluntary, and are available* to persons with disabilities as close as possible to their own communities, including in rural areas.

2. States Parties shall *promote the development of initial and continuing training for professionals and staff working in habilitation* and rehabilitation services.

3. States Parties shall promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation.

According to the newest UN information, approximately 10 percent of the world population suffers from a disability, i.e. approximately 650 million persons, and their number is constantly increasing. People with disabilities thus constitute the most numerous minorities in the world.

Definition of disability according to ICF, the relationship between ICF and disability

A draft definition of disability was adopted in Prague in 2006 – entirely according to the International Classification of Functioning, Disability and Health (ICF) [1]. *Disability is a decrement in functioning at the body, individual or social level that arises when an individual with a health condition encounter barriers in the environment.*

This definition corresponds to one of the fundamental standards that were also adopted by the Czech Republic, i.e. the "Standard Rules on Equalization of Opportunities for Persons with Disabilities. UN 1993" [11]. There was a major philosophical shift in that the *International Classification (ICF) does not classify persons, but describes and classifies the situations of every person under a series of circumstances related to health.* Simply stated, every person has a certain state of health that confronts him with various life situations and he thus frequently finds himself in various disadvantageous positions. The classification thus does not create categories of "inferior" persons, designated by a degrading name.

Mankind consists of several billion people in various states of health and, because we live in a collective of human society, health conditions are variously utilized and dealt with technically or organizationally.

Benefits of the International Classification of Functioning, Disability and Health (ICF):

- Structure as a consequence of different policy definitions ("the aspect of unifying assessment of disability")
- Basis for policy integration
- Basis for policy mobility
- Harmony of relevance and coherence
- Comparable data
- Methodology can be evaluated

We are of the opinion that the *International Classification of Functioning, Disability and Health will become a flexible and meaningful instrument that can be employed for recording the incidence and prevalence of disabilities and, on this basis, services will be created and will be available in the social, educational and employment spheres.* It will enable the introduction of uniform evaluation of health and disability, comparable at a national and international level, and will clarify and unify the European system of data collection relating to persons with disabilities.

It is also necessary to change the basic attitude of a person with a disability. The ICF classification sees this from the standpoint of "health"; however, in certain particular situations, a person can have certain disability problems that can be evaluated as percentages according to the classification and potentially remedied, so that the person can fully utilize his "residual health".

This viewpoint is also apparent from terms that are also commonly used in the Czech language. For example, we speak of the health system (and not of the sickness system), of health workers (and not of sickness workers). For example, the World Health Organization is basically translated incorrectly into Czech. It is translated as the World Health-Care Organization, but a better translation would correspond to the World Organization for Health.

Utilization of ICF

ICF can also be employed as a clinical instrument for evaluation, for monitoring treatment under special conditions, for working evaluation, for rehabilitation in evaluating the functional abilities, capacity and performance of individuals, in evaluating the outputs and success of rehabilitation, such as, e.g., integration into the labour market, and for measuring outputs in the quality of life and environmental factors [12, 6, 13]. It is also useful as a statistical instrument for collecting and recording data (prevalence and incidence of disability, in studies of the population, in research or management of information systems), as an instrument of social policy in planned social security, in the compensation system, in creation and introduction of policies as instruments of education and creation of curricula, to promote self-confidence and to create social events.

ICF can be employed in the system of nursing care, e.g. to create standards and, on this basis, to also finance these services, in the area of objective

evaluation and definition of disability, in the area of ensuring objectivity of the need for technical aids (facilitating factor), and also in areas outside of health care, e.g. in insurance, social security, employment, education, economy, social policy and in overall legislative development and in modification of the environment [14].

ICF provides a description of the situation from the standpoint of the functional abilities of the person and their limitations and can be used as a framework for organizing this information. It structures information in a meaningful, mutually interconnected and readily accessible form.

The system of assessing the functional ability of the organism (disability) should be adapted to the international classification and thus functional ability should be evaluated according to the principles common in the European Union.

The number of persons with a disability is increasing as a consequence of progress in medicine. Even very serious cases can be treated; however, timely, individually tailored rehabilitation by a multi-disciplinary team is required. According to the World Health Organization, 9 to 13% of the population of Europe suffers from a disability. Thus the number of these people forms a "large minority in the population". It is not only ethical and moral, but also economically advantageous to objectively and, as soon as possible, evaluate the functional abilities of patients following a disease, injury or congenital defect and, through rehabilitation, assist in reducing or alleviating their disability. If the disability continues, it is necessary to enable these people to live dignified lives and to optimally integrate them into society.

Rehabilitation according to ICF encompasses three basic groups

1. Function and structure of authorities.

2. Projection to the level of the personality. In practice, the expression activity (evaluation of capacity) and its limits are employed.

3. Participation (evaluation of performance) and factors of the environment (facilitating, barrier). The availability of various aids, legislation, the attitudes of other people, etc. Basically, this is a "disability situation" that the individual can deal with using his "residual health". [2, 14, 12].

This substantial change in the attitude towards rehabilitation is not currently greatly taken into account in assessing disability in the Czech Republic. Functional abilities are assessed on the basis of etiological and morphological-functional changes at the level of the organs, but functional diagnosis of a personality is very imperfect and the factor of the environment is practically not diagnosed. The system in the Czech Republic is fundamentally based on compensation for health disability and does not entail equalization of opportunity, i.e. equal opportunities for healthy persons and persons with disabilities [10].

We would like to point out the advantageousness of use of the WHO international classification for functional diagnosis and for evaluating participation,

which is essential for patient rehabilitation. We would like to state the need for unification of functional diagnosis and assessment of participation according to international standards [15].

ICF Czech version is available in Grada publishing [8].

References

1. International Classification of Functioning, Disability and Health WHO, 2001.
2. ALMANSA J., GARIN O., CHATTERJII S., VILLALONGA-OLIVEST E., ALONSO J., VALDERAS J., MORENO M., AYUSO J., DIETA A., LEONARDI M., SVESTKOVA O., BURGER H., RACCA V., FRANCESCUTTI C., VIETA E., FERRER M.: The International Classification of Functioning, Disability and Health (ICF): Quantitative Measurement of Capacity and Performance. *Newsletter, WHO Family of International Classification (FIC)* 6(1): 5–7, 2008.
3. Measuring Health and Disability in Europe: Supporting Policy Development (MHADIE), 6th Framework Program EU SP24-CT-2004-513708, 2004–2008.
4. ELDAR R., KULLMANN L., MARINCEK C., SEKELJ-KAUZLARIČ K., SVESTKOVA O., PALAT M.: Rehabilitation medicine in countries of Central/Eastern Europe. *Disability and Rehabilitation* 30(2): 134–141, 2008.
5. ŠVESTKOVÁ O., PFEIFFER J.: Dynamika pojmu zdraví a disability (in Czech). *Eurorehab* 16(1–2): 24–27, 2006.
6. ŠVESTKOVÁ O., ANGEROVÁ Y., PFEIFFER J.: Hodnocení zdraví, disability v Evropě (in Czech). *Eurorehab* 16(3–4): 117–120, 2006.
7. UN Convention on the Rights of Persons with Disabilities, 2007.
8. Mezinárodní klasifikace funkčních schopností, disability a zdraví WHO (in Czech), Grada, Prague, 2008.
9. SÜSSOVÁ J., ŠVESTKOVÁ O., ŠÁCHOVÁ I.: Rehabilitation care in Paediatrics in the Czech Republic. *Pediatric Rehabilitation* 9(2): 119–121, 2006.
10. ŠVESTKOVÁ O.: Conceptual basis of a legal framework for rehabilitation in the Czech Republic – a proposal. *Disability and Rehabilitation* 24(15): 798–801, 2002.
11. Standard Rules on Equalization of Opportunities for Persons with Disabilities, UN, 1993.
12. ŠVESTKOVÁ O., PFEIFFER J., ANGEROVÁ Y., BRTNICKÁ P.: Praktické použití mezinárodní klasifikace funkčních schopností, disability a zdraví – MKF (in Czech). *Eurorehab* 16(1–2): 31–36, 2006.
13. ŠVESTKOVÁ O., PFEIFFER J., KUPKOVÁ J., MATLASOVÁ H.: Mezinárodní klasifikace funkčních schopností, disability a zdraví WHO jako nástroj moderní rehabilitace (in Czech). *Praktický lékař* 88(3): 161–165, 2008.
14. ŠVESTKOVÁ O.: Základní informace a praktické využití mezinárodní klasifikace následků onemocnění a úrazů WHO (in Czech). *Praktický lékař* 82(2): 90–92, 2002.
15. PFEIFFER J., ŠVESTKOVÁ O.: Zamyšlení nad zákonem o rehabilitaci (in Czech). *Eurorehab* 9(3): 154–156, 2004.