World Health Organization

ICD-11 Translation Guide

Guidance for national coordinators, translators and editors

WHO
Geneva, 2026

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Acknowledgements

WHO would like to thank the team at the Czech WHO-FIC Collaborating Centre, responsible for the Czech translation, for sharing their instructions, which served as the basis for this document.

Abbreviations

ICD	International Classification of Diseases and Related Health Problems
ICD-11	International Classification of Diseases, Eleventh Revision
ICF	International Classification of Functioning, Disability and Health
ICHI	International Classification of Health Interventions
WHO	World Health Organization
WHA	World Health Assembly
WHO-FIC	WHO Family of International Classifications
ClaML	Classification Markup Language

Summary

This document explains the basic steps for translating **ICD-11** using the **WHO Translation Platform**. Its general principles also apply to the other classifications of the WHO Family of International Classifications (WHO-FIC), in particular ICF and ICHI (see Section 1).

It helps translators and editors understand:

- How a classification system works
- How to translate it into their local language
- How to follow the same rules so that all translations are consistent

The document can also be used by people who are not part of the main translation team, helping them understand the translated version better.

Finally, it allows translation teams from different countries to share their experience and support each other, helping to create a more unified global approach.

How to use this guide

This guide is written for everyone involved in producing a national language version of ICD-11. Not every section is relevant to every reader. Table 1 indicates where each group should start; the remaining sections can be consulted as needed.

Table 1. Sections of this guide by reader group. The table shows the sections each group should read first; it does not restrict access to other sections.

Reader group	Read first	Consult as needed
National coordinator, translation administrator	Sections 1–3 and 7; Appendix 8.3	Sections 4–6; Appendix 8.4
Translator	Sections 4, 5 and 6; Appendix 8.2	Section 2 (Steps 1–2); Appendix 8.1
Internal reviewer, editor	Sections 2, 3, 5 and 6; Appendix 8.2	Section 7
Language expert	Section 6; Appendix 8.1	Sections 2 and 3
Clinical expert	Section 2 (Steps 3–4); Section 6	Sections 4 and 5
Technical staff (import of existing translations, search configuration)	Appendix 8.3	Section 4
Readers outside the translation team	Summary; Sections 1, 2 and 6	–

The guide is organized as follows. Section 2 sets out the translation process in six steps. Section 3 defines the roles in a translation team and shows which role takes part in each step. Sections 4 and 5 explain how to access the WHO Translation Platform and how to enter and manage translations in it. Section 6 contains the language and terminological recommendations that all language versions are expected to follow. Section 7 describes finalization, release and the maintenance of a language version after publication. Appendix 8.1 describes the structure of a national glossary, Appendix 8.2 condenses the rules of Sections 5 and 6 into a checklist for daily use, Appendix 8.3 is addressed to administrators and technical staff, and Appendix 8.4 gives approximate word counts for planning purposes.

1 Introduction

The World Health Assembly (WHA) adopted the 11th revision of the International Classification of Diseases (ICD-11) in 2019. ICD-11 came into effect on 1 January 2022. Member States are responsible for developing translations of ICD-11 in their national languages.

WHO classification and terminology work is based, among others, on World Health Assembly resolutions WHA72.15 (ICD-11), WHA54.21 (ICF) and WHA20.18 (WHO Nomenclature Regulations), and on Articles 2(s), 21(b), 22 and 64 of the WHO Constitution.

This document outlines standardized procedures and methodologies designed to promote consistency, accuracy, and high quality throughout the translation process. It also serves as a reference guide for translators and editors, helping to ensure uniformity across all language versions.

This guide describes the translation of ICD-11. Several of its parts apply equally to the other reference classifications of the WHO Family of International Classifications (WHO-FIC): the organization of the translation process and the team (Sections 2 and 3), the language and terminological recommendations (Section 6) and the basic rules in Appendix 8.2 are general principles for the creation of any language version of a WHO classification. The platform instructions (Sections 4 and 5), the treatment of residual categories and the search-engine settings (Appendix 8.3) are specific to ICD-11. The International Classification of Functioning, Disability and Health (ICF) and the International Classification of Health Interventions (ICHI) differ in structure in ways that affect translation: ICF categories are accompanied by qualifier scales and component-specific definitions, and ICHI titles are composed from three axes (Target, Action and Means), so that the translation of the axis categories determines the translation of the intervention titles. Teams preparing a language version of ICF or ICHI should apply the general parts of this guide and contact WHO for the classification-specific instructions.

2 ICD-11 translation process

WHO provides a tool for WHO-FIC translations, the **Translation Platform**, to manage translation work. Users log in with their e-mail address and password.
Starting point can be the import of an existing translation of ICD-10 (see 8.3.1)

Problems in accessing the platform (such as missing permissions or the need to download data) are referred to the national coordinator (translation administrator), the person authorized by WHO to handle communication and access (see Section 3).

Useful links:

- WHO-FIC Maintenance Platform: https://icd.who.int/dev11
- Translation Platform: https://icd.who.int/dev11/f/en/Multilingual
- User Guide: https://icd.who.int/dev11/Help/Get/translation_general/en

The process comprises six steps. Steps 3 and 4, the clinical and the language review, may be taken in either order, as explained below.

2.1 Step 1 – Translation by the internal team

Who is involved:

- **Translators** (mainly internal team, but may include clinical experts)

What happens:

- The translation team divides the work by chapters or sections.
- All translators must be trained on how to use the platform and follow the same rules to ensure consistency.
- Online meetings or workshops should be held regularly to solve difficult cases and share tips.
- Machine translation tools can be used for **first drafts**—especially for longer texts (like "Descriptions").

> **Important:** The **translator is responsible** for checking and correcting the output. Machine translations must not be used without review.

2.2 Step 2 – Internal review of each chapter

Who is involved:

- **Internal reviewers** and **editors**

What happens:

- After translation, another team member checks the work for:
  - Completeness
  - Consistency
  - Terminology and formatting
- This step helps find errors before the next review and improves quality.

2.3 Steps 3 and 4 – Clinical expert review and language review

Steps 3 and 4 are the two expert reviews of each chapter: clinical review and language review. WHO does not prescribe their order. The national coordinator fixes the order at the start of the project according to the availability of experts – clinical expertise is in most countries the limiting factor – records the choice in the project plan and applies it to every chapter. Two arrangements are in use:

- **Clinical review first.** Medical content is settled before linguistic revision, so that the language expert works on a stable text and clinical experts are not asked to re-read after linguistic changes. This arrangement suits teams with reliable access to clinical experts for the duration of the project.
- **Language review first.** Clinical experts receive a linguistically finished text and their review is confined to one pass on content. Because clinical expertise is usually the scarcer resource, this is the more common arrangement; it requires that the language expert accept later, clinically motivated changes to terms without a further full review.

Whichever order is chosen, the review that comes second is limited to its own domain: a language expert reviewing after clinical review does not reopen clinical decisions, and a clinical expert

reviewing after language review does not rework style. Changes that affect both domains are referred to the editor.

2.3.1 Clinical expert review

Who is involved:

- **Clinical experts** (members of the team or specially appointed) and, where needed, external medical specialists

What happens:

- The clinical expert reviews the chapter and records comments directly in the translation platform.
- The translator goes through each comment and decides to accept it, reject it or refer it for discussion. Rejected and referred comments are flagged so that the team can decide whether further expert input is needed.
- Unresolved comments are discussed with the experts by e-mail or video call.
- Questions that concern the English source content are registered by the national coordinator and submitted to WHO as proposals on the ICD-11 Maintenance Platform (see Section 5.2).
- The chapter is passed to the next review once all comments have been resolved.

2.3.2 Language review

Who is involved:

- **Language experts** and **linguistic specialists**

What happens:

- Experts check the grammar, spelling, and clarity of the translations.
- They also make sure the terms match the official language rules and translation guidelines.
- This review helps ensure that the translation is easy to read and professionally written.

2.4 Step 5 – Finalization of translations

Who is involved:

- **Editors**, **clinical experts**, and **external medical specialists**

What happens:

- The team compiles all translated content into one full set.
- Editors and reviewers:
  - Check that everything is consistent
  - Fix any duplicate or conflicting translations
  - Resolve any open questions
- Clinical experts and external reviewers confirm that the translation is medically correct and complete; where clinical expertise is scarce, this confirmation is limited to the items referred by the editor.

2.5 Step 6 – Public comment

Who is involved:

- **All relevant stakeholders**, including:
  - Medical associations
  - Patient groups
  - Hospitals or clinics
  - Public health organizations

What happens:

- A near-final version of the translated ICD-11 is shared publicly.
- Feedback is collected from a wide group of professionals.
- This allows corrections and improvements before the final version is published.

3 Roles and responsibilities

A translation team comprises the roles listed in Table 2. The roles describe functions, not a hierarchy, and one individual may perform several of them; in small teams the editor commonly also acts as internal reviewer, and the language expert also covers the functions of a linguistic specialist. Each role should nevertheless be assigned explicitly at the start of the project, so that responsibility for each step of Section 2 is clear. Table 3 shows which role takes part in each step.

Table 2. Roles in a translation team and their responsibilities

Role	Responsibilities
National coordinator (translation administrator)	Plans and resources the project; assigns roles and, as translation administrator, platform access; acts as the point of contact with WHO; submits to WHO the proposals and reports arising from the translation; coordinates public comment, release and maintenance.
Translator	Translates titles, synonyms and descriptions using reliable sources (dictionaries, earlier versions of ICD and other WHO classifications, nationally approved professional references); uses official national translations for external definitions and abbreviations where available; adds synonyms in national use; leaves uncertain items empty with a comment.
Internal reviewer	Checks each translated chapter for completeness, consistency and adherence to the translation rules and guidelines before expert review.
Clinical expert	Verifies the accuracy of medical and professional content; decides whether a preferred term should be changed; adds medical synonyms relevant to national practice; removes English terms not in use.
Language expert	Reviews grammar, spelling, style and clarity; helps establish a consistent translation methodology; builds and maintains the national glossary of preferred terms and synonyms (Appendix 8.1).
Editor	Reviews clinical and linguistic quality across chapters; may change preferred terms and add or remove synonyms; resolves duplicate or conflicting translations; ensures that the entire language version is stylistically, linguistically and terminologically consistent before release.

Table 3. Participation of roles in the translation process. ● leads the step; ○ contributes; – not involved. Steps 3 and 4 may be taken in either order (see Section 2).

Step	National coordinator	Translator	Internal reviewer	Clinical expert	Language expert	Editor
1 Translation	○	●	–	○	○	–
2 Internal review	–	○	●	–	–	○
3/4 Clinical review	○	○	–	●	–	○
3/4 Language review	–	○	–	–	●	○
5 Finalization	○	–	○	○	○	●
6 Public comment	●	–	–	○	–	○
Release and maintenance (Section 7)	●	–	–	○	○	○

4 Accessing and navigating the Translation Platform

Translators and editors must use the **WHO Translation Platform**, which is managed by designated administrators. Users should receive clear instructions for how to log in, navigate the system, and perform translations.

Access to the platform—and to a specific language version—is managed by the national coordinator, who is assigned the role of translation administrator by WHO (see Section 3 and Appendix 8.3). **Before** rights can be granted, the user must first register on the **Maintenance Platform**.

4.1 Logging in and selecting the language

1. Go to: https://icd.who.int/dev11/f/en
2. Log in with the e-mail address and password of the account.
3. In the top navigation bar, click on **More…**, then select **Multilingual**.
4. In the second group of languages, under **Translation Tool for Translating ICD-11**, choose the language version.

4.2 Displaying the language version for easier translation

- On the right side of the screen, under the second paragraph (Settings), change the **Display Language** to the language of the translation.
- This shows clearly what has already been translated.
- If the display language is left set to English:
  - Translations are visible only when each item is clicked.
  - Terms that have not been translated yet will appear in English with the label: **[No translation available]**.
- After saving a translation, it will not appear right away in the left panel. To see the update, **refresh the page** (e.g., press F5).
  - However, avoid refreshing too often, as it slows down the work.

4.3 Navigating chapters and sections

- On the left side, choose the chapter or section to be worked on.
- To expand a section, click the arrow next to the name.
- To collapse the section again, click the arrow once more.
- To return to the translation home page of the language version, click **Translation Home** at the top of the chapter list.
- Alternatively, click **Translations** in the top menu to go back to the main translation page.

4.4 Switching between English and the language version

- To return to the English version: click **Browse** in the top menu.
- To display the language version again:
  - Click **More…**, then **Multilingual**.
  - In the **first group** of languages (under **Browse other Language Versions**), choose the language version.
- To go back to English again, just click **Browse**.

4.5 Access limitations and contacting editors

- Access may be limited to one chapter or section.
- Comments on items outside the assigned area are addressed to the editor in charge of that chapter.

Educational materials are available in the platform. Video instructions for use are provided at https://icd11files.blob.core.windows.net/trainingvideos/index.html.

5 Entering and managing translations in the platform

5.1 Description of the Translation Platform

The translation platform has different sections, including one called **Title and Synonyms**, which must be fully translated. Translators need to make sure that all translated terms match the meaning of the original and follow language rules.

In **Figure 1**, on the right side of the screen, there is a column called **Is Title**. It is used to change the title (preferred term) or to select one of the synonyms as the new title. A synonym with a more limited (narrower) meaning than the original must not be selected.

Synonyms or classification terms specific to the country are added one by one.

Once the preferred term has been translated, a new box appears near the bottom of the page (above the “Residual Translations” section). This box is used to enter a completely new synonym.

> **Note:** A new box for the next synonym appears only **after** the current translation has been confirmed by clicking the **Submit changes** button.

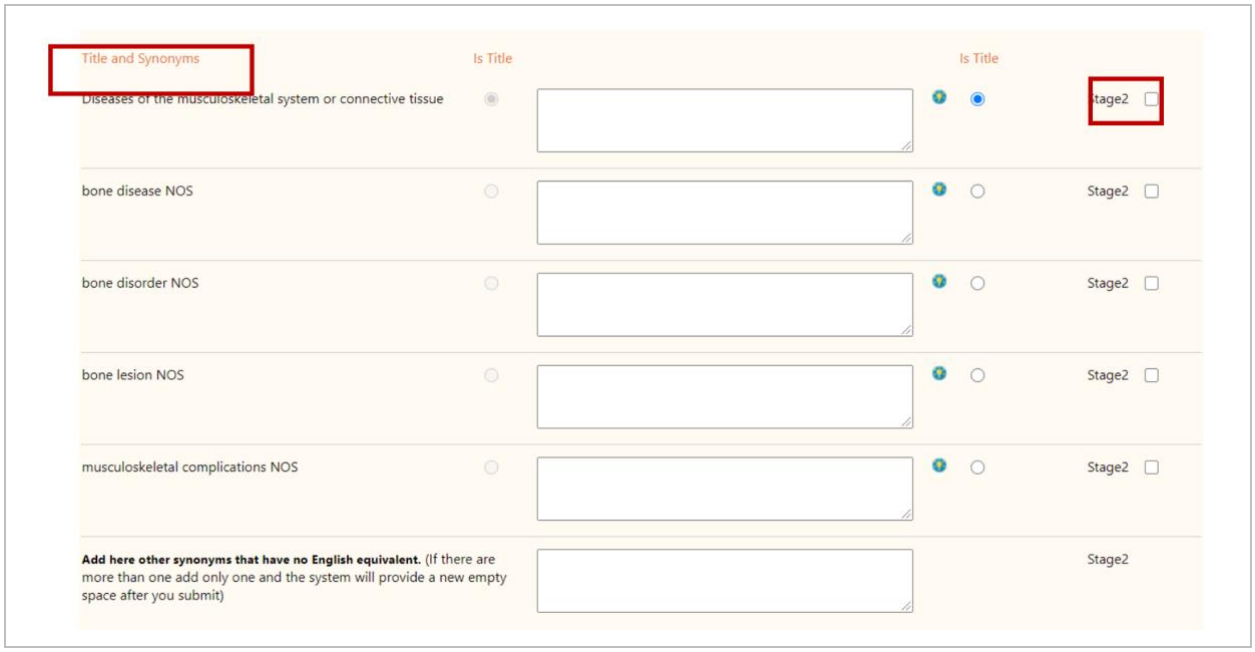


Figure 1. ICD-11 Platform: Title and Synonyms

5.2 Adding terms in the platform – instructions for translators

- Write each synonym in its own separate column. For example: one column for "diabetes mellitus", another for "diabetes".
- Include abbreviations as synonyms if they are commonly used.
- Make sure the final version includes correct translations for everything, including general categories like "other" or "unspecified".
- When translating abbreviations using square brackets:
  - Always write out the full term in the brackets.
  - If an abbreviation (such as “AMI”in English) is kept, also add the full term in brackets—for example: `[acute myocardial infarction]`.
  - If the abbreviation is translated or a local-language abbreviation is used, add the full term in brackets, like: `AMI - [acute myocardial infarction]`.
  - Do not mix the English abbreviation with a translated word.
- Do not add Latin terms unless they are already in the original. Latin terms will be added later in certain sections (e.g. for body parts).
- When adding synonyms, the goal is to make sure users can find the correct term, no matter which synonym they type. So:
  - Use synonyms that are currently in use (not just from ICD-10).
  - Make sure less common synonyms are still findable through the dictionary (see Appendix 8.1).
  - Example: if "femur fracture" is entered, the system already understands that "fracture = fracture" and "femur = femur", so there is no need to also enter "fracture of femur".
- If the translation of a term is unknown, leave the translation box empty. A clinical expert will fill it in later. The system will show that the term is still untranslated.

- A comment can be added to a term if needed, for example if only part of it could be translated or if the quality of the translation is uncertain.
- If there is no matching synonym in the target language (or if it is identical to a term already translated), check the "Stage 2" box. This tells the system “no translation available”. These entries will not be included in the final version for that language.

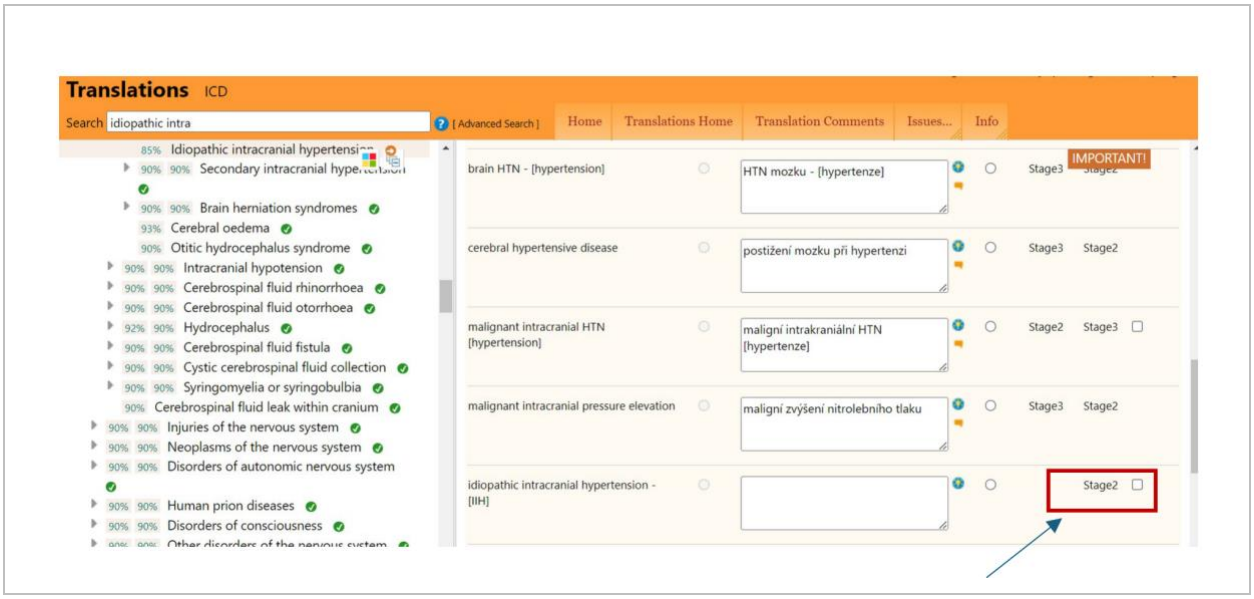


Figure 2. Example of the procedure when there is no need to translate the synonym in the language version

- In the browser, some items show more information than is shown in the translation platform. For example, extra terms may relate to histopathology or body location. These are translated in other parts of the system because they are shared components. The links connect them to the correct places.
- Terms for “residual categories” (like "unspecified") are usually created automatically using fixed rules. For example, in English, “Tuberculosis unspecified” is made by adding “unspecified” to “Tuberculosis.” But in some languages, this automatic translation does not work. In those cases, the translation must be done manually by the editors of each chapter. (See Section 6.9 and Appendix 8.3.)
- Note: in ICD-11, the rules for the use of capital letters described in Section 6.2 must be followed. This is different from ICD-10, where some headings were written in all capital letters.
- Some terms appear in more than one place in the structure. For example, “Structural developmental anomalies of the nervous system” appears in both Chapter 20 (Developmental anomalies, its main location) and Chapter 8 (Diseases of the nervous system). These terms are only translated once—at the main (or “primary parent”) location, where the text appears in black. The other location shows the term in grey and does not need translation. But be careful: sometimes a black-lettered item (which needs translation) is listed under a grey heading—so look closely.

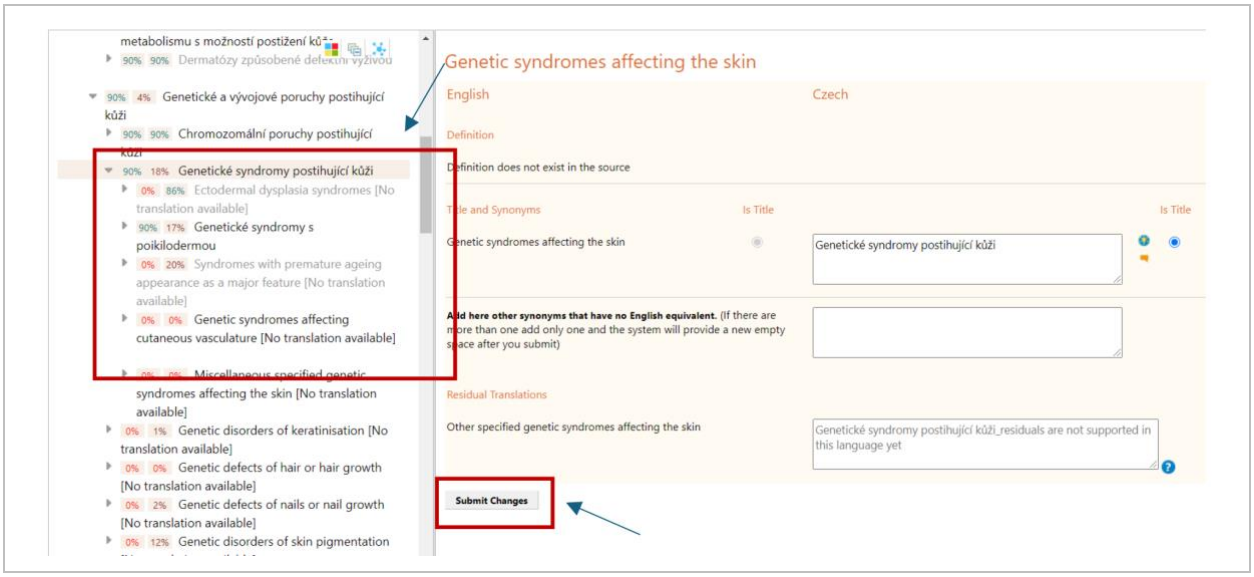


Figure 3. Structure of terms in the platform and gray-lettered terms

- To quickly find terms in the translation platform, copy and save the web link (URL) of the page with the term being worked on.
- After a translation has been edited or added, the **Submit changes** button must be clicked (see Figure 3) to save the work.
- If a mistake is found in an item – for example a typing error, a missing synonym or a missing definition – a correction should be suggested. If the item should be removed, a change proposal can be submitted through the WHO ICD-11 Maintenance Platform. To do this, go to the Foundation view, select **Proposals**, then click **Add Proposals/See in Hierarchy** (see Figure 4). From there, select the term and choose the appropriate type of proposal.
- If a term has been translated and saved but still appears in English in the navigation panel on the left side of the screen (even after 24 hours), inform the national coordinator. The coordinator collects these items and sends a report to WHO for correction.
- For guidance on how to use the **Glossary of Recommended Translations and Synonyms**, see Appendix 8.1.
- A quick-reference list of basic translation rules is provided in Appendix 8.2.

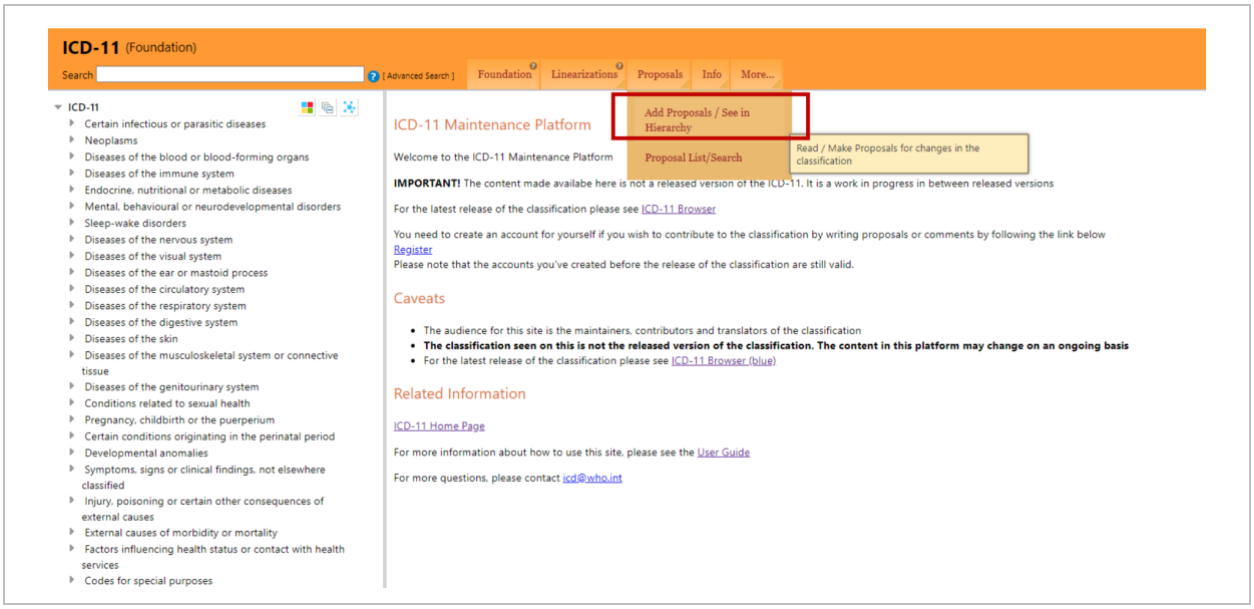


Figure 4. Submitting a proposal to request for change in the WHO's ICD-11 maintenance platform

6 Language and terminological recommendations

A good translation should be:

- Clear
- Grammatically correct
- Easy to understand
- Recognized internationally
- Accepted (or at least acceptable) in the professional field
- Consistent with other translations

These goals might sometimes conflict. Translators should use their judgment to choose the best option in each case. Keeping these principles in mind helps ensure overall quality and consistency.

If a translation other than the recommended one is chosen, the place and the reason for the deviation are noted clearly, for example where the chosen version is more commonly used in the field. This documentation avoids unnecessary changes during later reviews.

ICD-11 is mainly for health professionals, so the language should match that level of expertise. If several translations are possible, use the internationally known term (e.g. "pneumonia") and list other terms—whether in Latin, English, or the local language—as synonyms (e.g. "pneumonitis", "lung inflammation").

6.1 Terminology and abbreviations specific to ICD-11

Stick to the official terms and abbreviations used in ICD-11. Keep international understanding and consistency in mind. For example:

- "not otherwise specified" (NOS) means "unspecified"
  - Use "NOS" only in synonyms or classifications—not in preferred (main) terms.

- “not elsewhere classified” = “not classified elsewhere”
  - Keep the word order at the end, like in English, but skip the comma unless the name is long and the comma helps understanding.
  - Example: “Dwarfism, not elsewhere classified” should be written as “Dwarfism not classified elsewhere”.

6.2 Use of capital letters and punctuation

- Sentences (like in descriptions) should start with a capital letter and end with a period.
- Preferred terms (titles) should start with a capital letter. Subparts may start with lowercase letters and should not end with a period.
- Avoid commas in short phrases like “…unspecified location” or “…of unknown intent.” But do use a comma if it makes the term clearer.
- When showing the type or subtype of a disease or syndrome, use a comma, like in Orphanet:
  - “Cockayne syndrome, type 1”
  - But if another form is more common, use that instead:
    - “Diabetes mellitus type 2”

Using Greek or non-Latin characters

- Write out Greek letters in full in the local language, e.g. “Beta thalassemia” instead of “β-thalassemia”.
- Exception: Use Greek letters in well-known abbreviations for genes, enzymes, or scientific terms.
- Keep umlauts and other special characters when needed for accuracy.
- If a “?” appears in place of a letter, it may be a special character that did not display properly.

Writing units and percentages

- Always keep the correct spacing between numbers and units, according to the target language rules.

6.3 Hyphens and other symbols

Use hyphens and symbols according to ICD-11 rules, but adjust for local language norms when necessary.

- In some cases, a hyphen can be replaced by a space, comma, or phrase—especially in body part lists.
- A hyphen can sometimes be left out if the abbreviation comes later in the phrase.
- Use only the standard hyphen-minus “-” (not en dashes or other hyphen types), as some keyboards do not support them.

Disease names named after people (eponyms)

Translate eponyms according to local grammar rules.

- Use the possessive form of the person's name, even if not always used in textbooks.
  - Example: "Creutzfeldt-Jakob disease"

6.4 Handling abbreviations

Abbreviations are used with care and must be understandable in the target language. Only use Latin terms if they are commonly used in the field.

- Do not shorten words in headings, even if they are common abbreviations.
- Abbreviations can be used in longer texts if they appear in the English version or if the word is repeated and explained the first time.
- If there is a clear, common abbreviation in the country, list it as a synonym, even if it is not in the English original.
  - Example: "Graft-versus-Host Disease" → synonym: "GvHD"
- If an English abbreviation is used but no local one exists, use the English abbreviation with an explanation in the target language.
- Always format abbreviations like this:
  `ABC - [full meaning]`
  Example:
  `PMC - [pseudomembranous colitis]`
  `AIM - [acute myocardial infarction]`

6.5 Keeping English terms

If no good translation exists, the original English term can be kept. Where possible, a synonym or explanation in the target language is added.

6.6 Declension in translated terms

If the target language uses declension (changing word endings based on grammar), use the fully declined forms with proper grammar.

6.7 Anatomy and topography terms

For anatomy, use Latin-based terms as the preferred version, with local-language synonyms if needed.

6.8 Translating residual categories

Residual terms like "unspecified" or "not elsewhere classified" should be translated the same way across all chapters to keep things consistent.

7 Finalization, release and maintenance of the language version

Before the language version is submitted for release, the entire content should be thoroughly reviewed to ensure completeness, correct typographical errors, and confirm consistency with preferred terms. Bulk editing operations may be performed to ensure uniformity across the translated document.

7.1 Conditions for release

A language version is ready for release when the following conditions are met:

- every entity has a translated title, or the “Stage 2” marker where no equivalent exists;
- residual category titles are generated correctly by pattern or translated manually in every chapter;
- all comments flagged as unresolved during Steps 2–4 have been closed, and questions for WHO have been submitted as proposals on the ICD-11 Maintenance Platform;
- the national glossary (Appendix 8.1) is complete and deviations from recommended translations are documented;
- stop words and substitutions for the search engine (Appendix 8.3) have been provided to WHO;
- public comments have been assessed and the resulting changes entered;
- the national coordinator has confirmed the version to WHO for publication in the ICD-11 Browser and Coding Tool.

7.2 Maintenance of the language version

A language version is not a one-time product. ICD-11 is updated annually, and each update introduces new entities, changed titles and revised descriptions, which are displayed in English until they are translated. The national coordinator should establish a standing arrangement for translating the annual changes within an agreed period after each release, so that the language version remains aligned with the current version of the classification.

Because clinical experts are the role most likely to be unavailable between projects, the arrangement should allow the editor to collect the clinical questions arising from an update and refer them for a single consultation per release, rather than relying on continuous clinical review.

8 Appendices

8.1 Glossary of recommended translations and synonyms

Each translation team should build a national glossary to support consistency by recording recommended equivalents for commonly used terms. This appendix describes the recommended structure of such a glossary; WHO does not provide a glossary for individual languages. Translators should refer to the national glossary regularly to maintain uniformity throughout the ICD-11 translation process.

The glossary should be divided into several sections, each serving a specific purpose:

Recommended translations– This section includes suggested translations for frequently occurring terms in ICD-11 diagnostic titles. While these translations may not be appropriate in every context, translators should be familiar with them, follow the recommendations where applicable, and clearly note any deviations.

Synonyms– To enhance electronic search functionality, synonyms should be added where relevant. Users may search for terms using alternative or informal terminology. Some synonyms are context-specific. While translators are not required to study this section in depth, it can be useful in two key ways:

- When searching for a more appropriate translation of a term that is not immediately recalled.
- When identifying a term not used in translation but likely to be used in search queries; such terms can be added as synonyms.
- A full translation of each ICD-11 entity is mandatory. However, this requirement applies only at the entity level (i.e., for each concept or disease entry), not for every English synonym.
- Many English synonyms may not have direct equivalents in other languages. Translators should focus on providing relevant synonyms in their own language, based on actual usage. They should *not* attempt to translate every English synonym literally. The goal is to make sure that users searching in the local language can find the right entity, not to mirror all English wording.

Eponyms– This section is used to record synonyms and address specific issues related to eponyms, such as variations in word endings or naming conventions.

Translators should document the following:

- Any deviations from the recommended translations.
- Suggestions for new synonyms or recommended terms to be added to the glossary.
- Other comments, recommendations, or questions related to the translation process.

8.2 Basic rules for translation – quick reference

This checklist condenses the rules explained in Sections 5 and 6 for daily use. It does not introduce additional requirements; where a rule needs explanation, the corresponding section applies.

- Use internationally recognized terms as preferred terms (e.g. *pneumonia*) and add other commonly used Latin, English or country-specific terms as synonyms (e.g. *lung inflammation*).
- Do not include Latin terms unless they appear in the original English version.

- Add only meaningful and relevant synonyms - avoid unnecessary or unclear additions.
- If the translation of an item is uncertain, leave the translation field blank and consult with experts as needed.
- For unclear or partial translations, include a comment with the item.
- If there is no suitable equivalent in the target language, or the term is identical to an already translated one, leave the field empty and check the "Stage 2" box.
- Translate only text written in black, the gray text refers to content from another chapter.
- Follow all provided linguistic and terminological guidelines carefully.
- After making any modification or addition to the translated terms, click the **Submit changes** button to save the work.

8.3 Technical steps for translating ICD-11 and customizing the tools (administrators and technical staff)

This section describes the steps needed to complete a translation of ICD-11, as well as additional settings that help improve the search experience in the **ICD-11 Browser** and **Coding Tool** (and the API) when they are used in the translated language.

This appendix is addressed to national coordinators, translation administrators and technical staff. Translators do not need it for their daily work.

8.3.1 Importing existing ICD-10 translations

There are different options depending on the format of the existing ICD-10 translation and on whether there is any translation of an earlier revision of ICD:

Case 1: No electronic version of the ICD-10 translation exists

- If no digital version of the ICD-10 translation exists, WHO sets up the translation platform for the language from scratch.
- This is straightforward because no earlier translation needs to be imported.
- Contact WHO for further instructions and support.

Case 2: The ICD-10 translation is in ClaML format (an official WHO format for classifications)

- **Case 2a: The rubric IDs in the ClaML file match the English version**
  - In this case, importing is simple: WHO has the tools to import ClaML files directly.
- **Case 2b: ClaML exists, but the rubric IDs do not match the English version**
  - This means the links between the translated text and the English categories are unclear.
  - For example, if a category has three sub-items in English, it is not known which translated item matches which English one.
  - There are two options:
    1. WHO imports only the main titles that match, and the translation continues from there.
    2. The national team first adjusts the rubric IDs so that they match the English version; the file is then imported.

Case 3: The translation exists in another digital format (but not ClaML)

- In this situation, how long it takes to import the translation depends on the specific format.
- Contact WHO for further instructions and support.

8.3.2 Translator accounts and starting the translations

All translators must have an account on the **ICD-11 Maintenance Platform**: https://icd.who.int/dev11

The person managing the translation for a language is given the role of "translator administrator", which allows additional translators to be assigned for that language.

The platform supports different access levels for translators. This helps manage workflows by allowing review or approval by senior translators

- Further information is given in the ICD-11 Maintenance Platform User Guide**.**
- A training video is also available on the translator tool: https://icd11files.blob.core.windows.net/trainingvideos/index.html

Translators work directly in the translation tool using their web browser. Multiple translators can work at the same time.

8.3.3 Residual categories – title patterns

In some languages, the titles of residual categories (like "Other specified..." or "Unspecified...") can be generated automatically using patterns.

For example, in English:

- **Other residual**: "Other specified *<title of parent>*"
- **Unspecified residual**: "*<title of parent>*, unspecified"

If the target language also uses regular patterns for these categories, WHO can apply them in the system. This will save time and reduce the need to translate each residual title manually.

Manual translations can still be provided for specific residual categories where needed, even if pattern-based translations are used for others.

8.3.4 Tuning the search engine

Once translation begins, users will be able to search or browse the classification in the new language. To make the search results better and more accurate, some extra setup is needed. These settings depend on the language and may be different for each translation.

Stop words

Stop words are very common words that do not help much in a search and can be ignored to improve results.

- In English, examples include: *the*, *a*, *is*, *are*, *to*, *it*, etc.
- By excluding these words, the search engine can find more relevant results.
- To improve the search in the target language, the national team provides WHO with a list of stop words to be excluded.

Substitutions

Substitutions help the search engine recognize different versions of the same word.

- For example, in English:
  - If a user types **“edema,”** the system also searches for **“oedema.”**
  - If they type **“tuberculosis,”** the system also includes **“tuberculous.”**

A substitution list for the target language can be provided to improve search accuracy. This helps users find the right terms even if they type a variation.

Advanced tuning

The search engine uses powerful tools called **Lucene** and **Elasticsearch**. These allow for advanced settings such as:

- Custom analyzers and tokenizers
- Adding or changing, for example, token filters to improve how search terms are handled

This type of fine-tuning is optional and depends very much on the language. Teams with technical experts can contact WHO to discuss how to adjust these settings for their language.

8.4 Approximate word count of ICD-11 by chapter

Table 4 gives the approximate number of words in ICD-11 by chapter and by type of text (titles, synonyms, narrower terms, coding notes and definitions), as a basis for planning and contracting the translation work. The figures refer to ICD-11 version 2005-01 and change with each annual update; an exact count for the current version can be obtained from WHO on request.

Table 4. Approximate number of words in ICD-11 by chapter and type of text

ICD-11 Chapter	Title	Synonym	NarrowerTerm	CodingNote	Definition	Number of Terms with Definition	Number of Terms without Definition
01 Infec	12123	12682		666	56224	81695	25471
02 Cancer	21870	13665		130	31954	67619	35665
03 Blood	2919	3197			17358	23474	6116
04 Immu	2964	2948			13466	19378	5912
05 Endo	7881	11210		191	49813	69095	19282
06 Ment	18404	3960	15	3766	73590	99735	22056
07 Sleep	376	381			6193	6950	757
08 Nerve	11970	6057	3	784	62119	80933	18814
09 Visual	7259	3734		52	30291	41336	11045
10 Ear	1139	1057			3858	6054	2196
11 Circu	7807	7249	26	125	26055	41262	15207
12 Respi	4191	4211		44	13423	21869	8446
13 Digest	9931	8208	3	13	32308	50463	18155
14 Skin	9074	5373	2	37	50678	65164	14486
15 MSK	22477	8004		81	8333	38895	30562
16 Genito	7776	5944	23	28	22520	36291	13771
17 Sexual	336	112			2741	3189	448
18 Pregna	6539	4986	18	393	6925	18861	11936
19 Perin	6060	4083		1135	15570	26848	11278
20 Devel	17246	15570		746	78777	112339	33562
21 Signs	8834	6005		3427	23249	41515	18266
22 Injury	29142	13023		3447	7705	53317	45612
23 Ext.Causes	48451	10050	8	5801	2585	66895	64310
24 Factors	9090	7472		120	6380	23062	16682
25 Specia	128	98		69	106	401	295
26 Trad Med	2158	925	134		20494	23711	3217
V Funct.	2692		885		14617	18194	3577
X Exten	50900	14919	7		20421	86247	65826
Grand Total	**329737**	**175123**	**1124**	**21055**	**697753**	**1224792**	**527039**