

Current Status of Health in OIC Members and OIC-SHPA 2014-2023

Mazhar Hussain
Senior Researcher

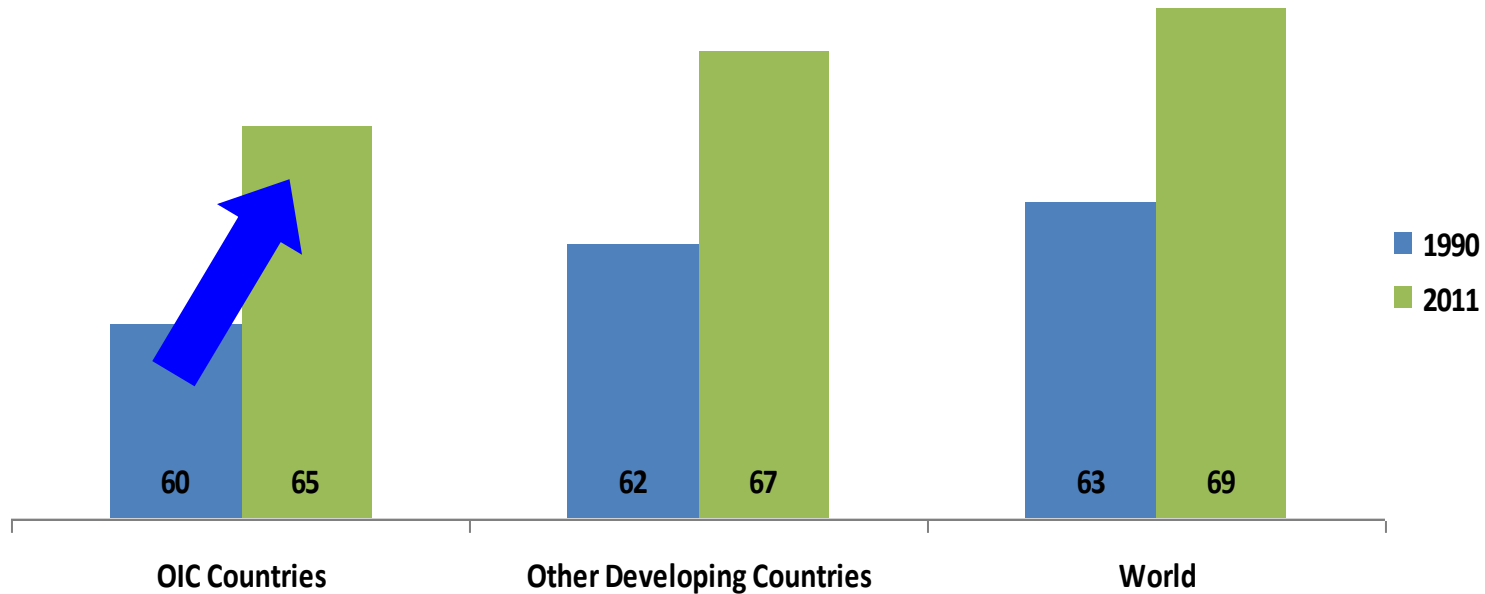
Statistical, Economic and
Social Research and
Training Centre for Islamic
Countries (SESRIC)





General Public Health Trends

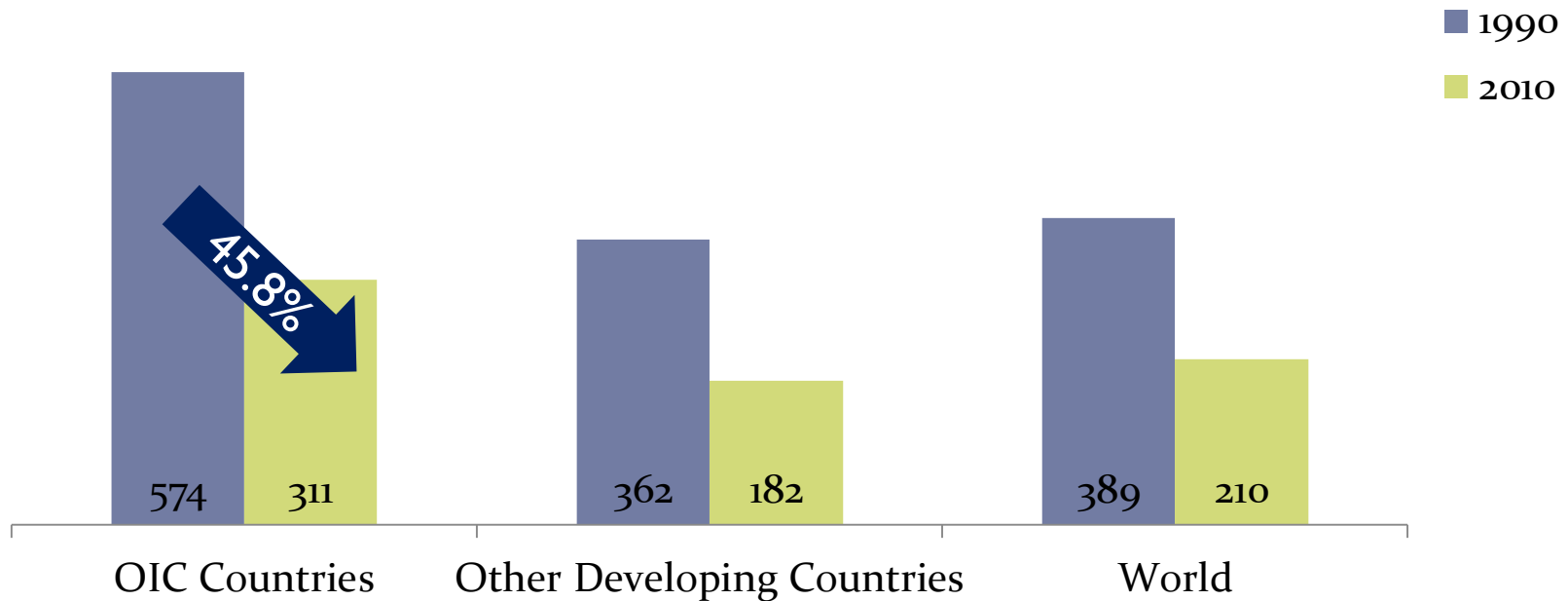
Life expectancy at birth has increased by 5 years between 1990 and 2011



Between 1990-2011 average LEB has increased from 60 years to 65 years in member countries...

However, member countries are still lagging behind the world by 3.5 years and non-OIC developing countries by 2 years

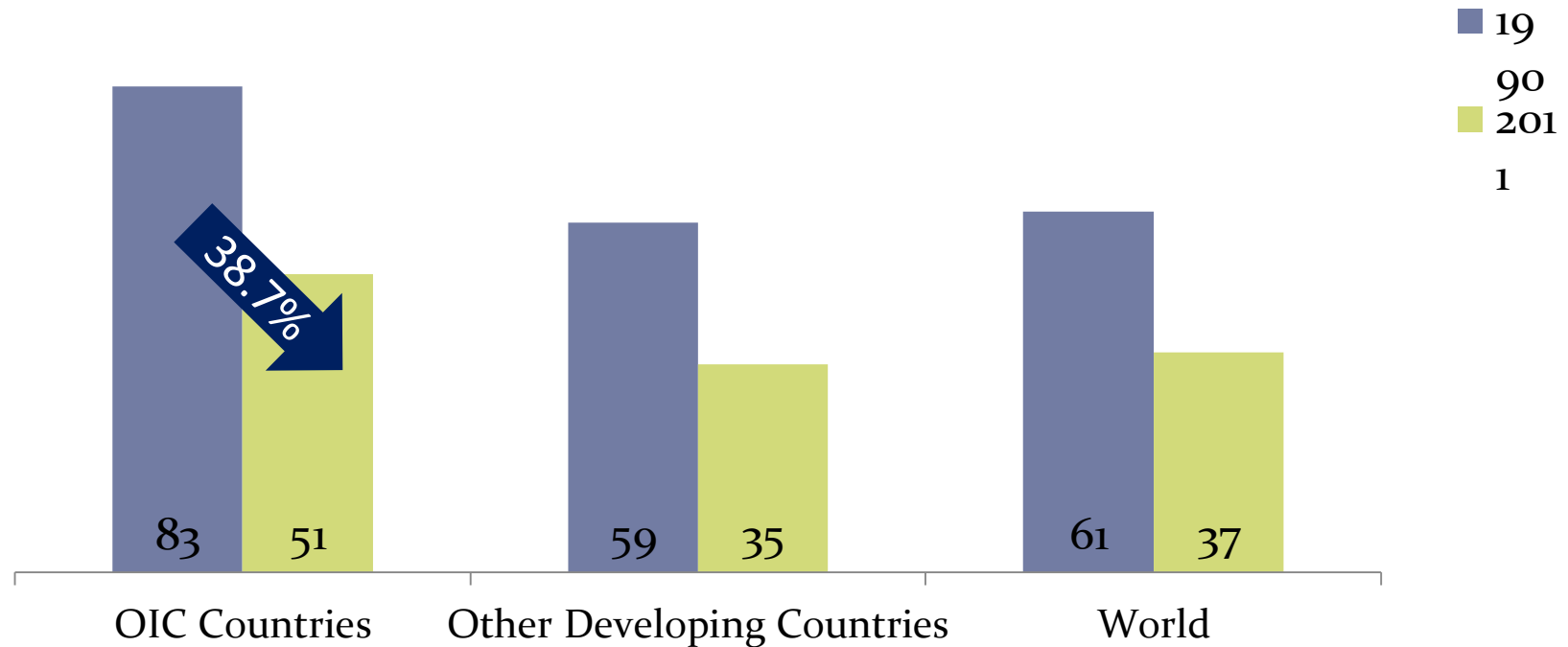
Impressive decline in maternal mortality between 1990 and 2010



Between 1990 and 2010 MMR declined by **45.8%**...

However, compared to other groups, MMR remained quite high in member countries

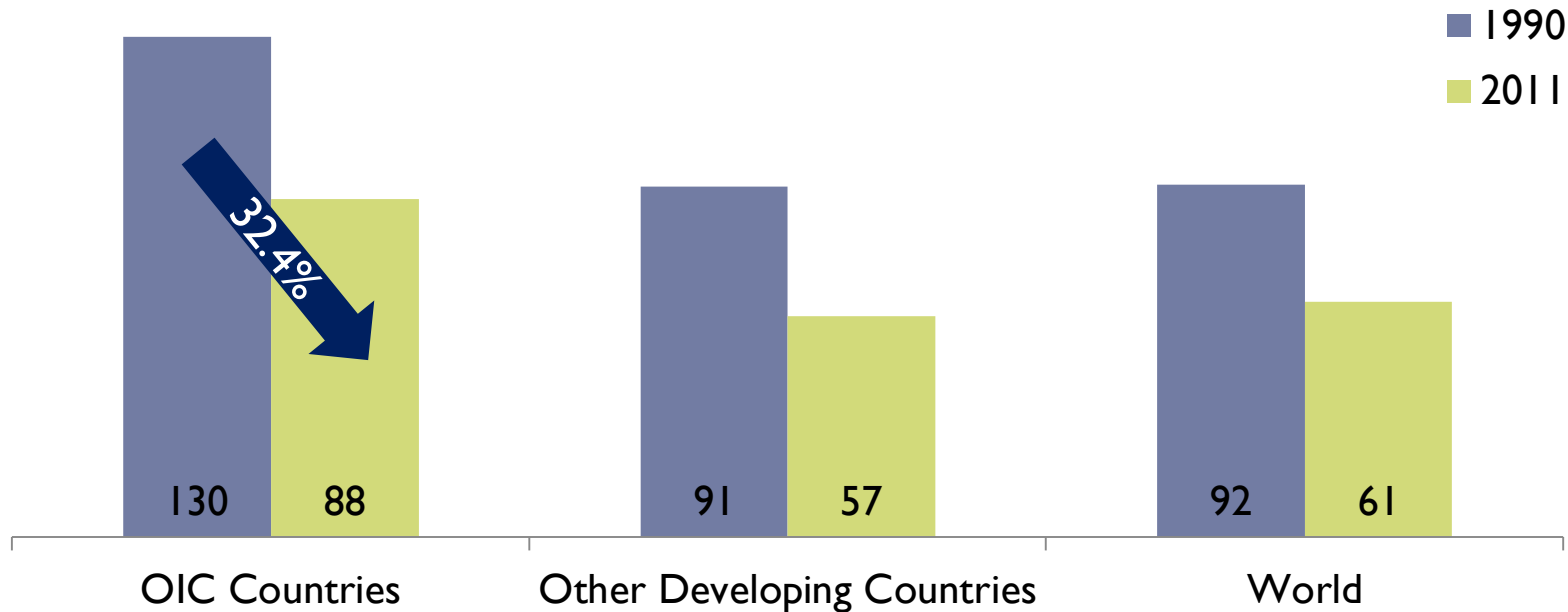
Infant mortality declined remarkably between 1990 and 2011



Between 1990 and 2010 MMR declined by **38.7%**....

However, still **one in every 20 children** die before first birthday in OIC countries compared to **one in 27 children** in world

Under 5 child mortality witnessed substantial decline between 1990 and 2011



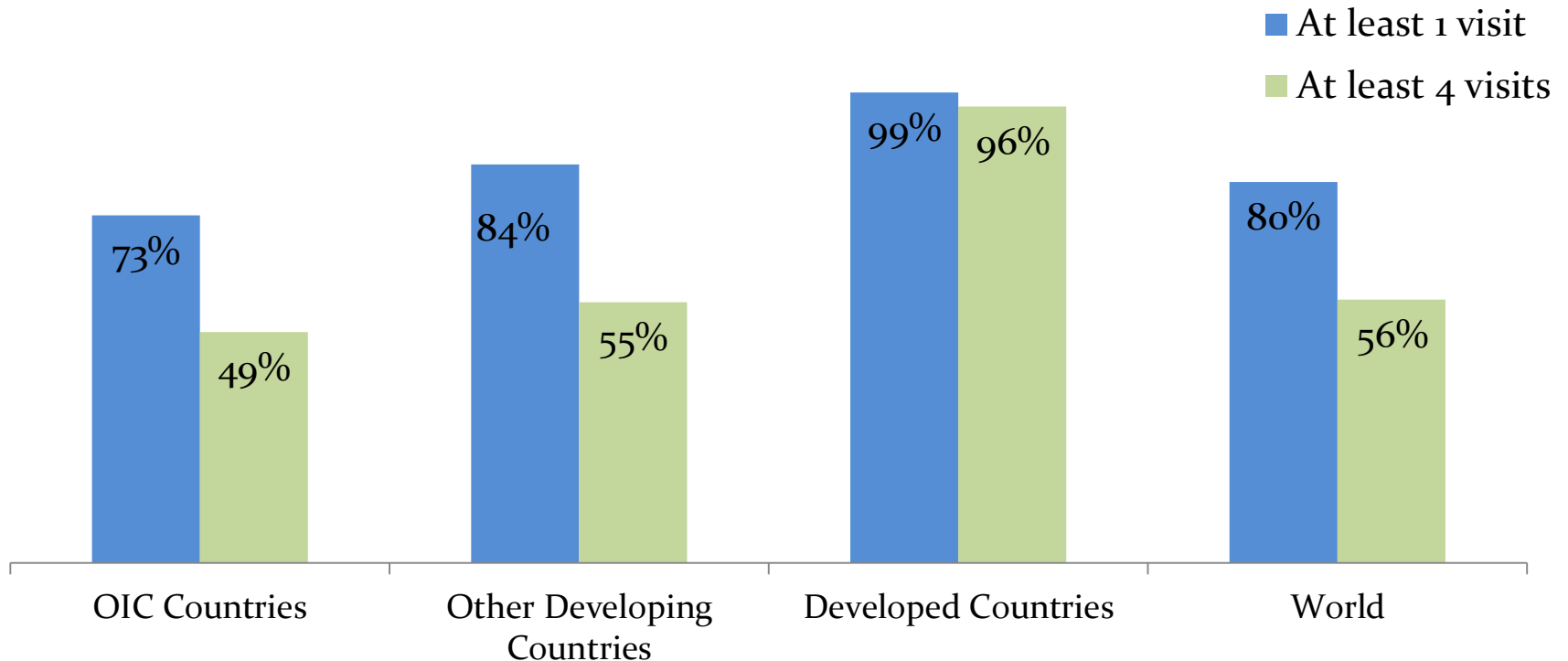
Between 1990 and 2010 MMR declined by **32.4 %**....

However, despite improvement, **one in 11 children** in OIC countries die before their fifth birthday compared to **one in 16 children** in world



Major Issues and Challenges

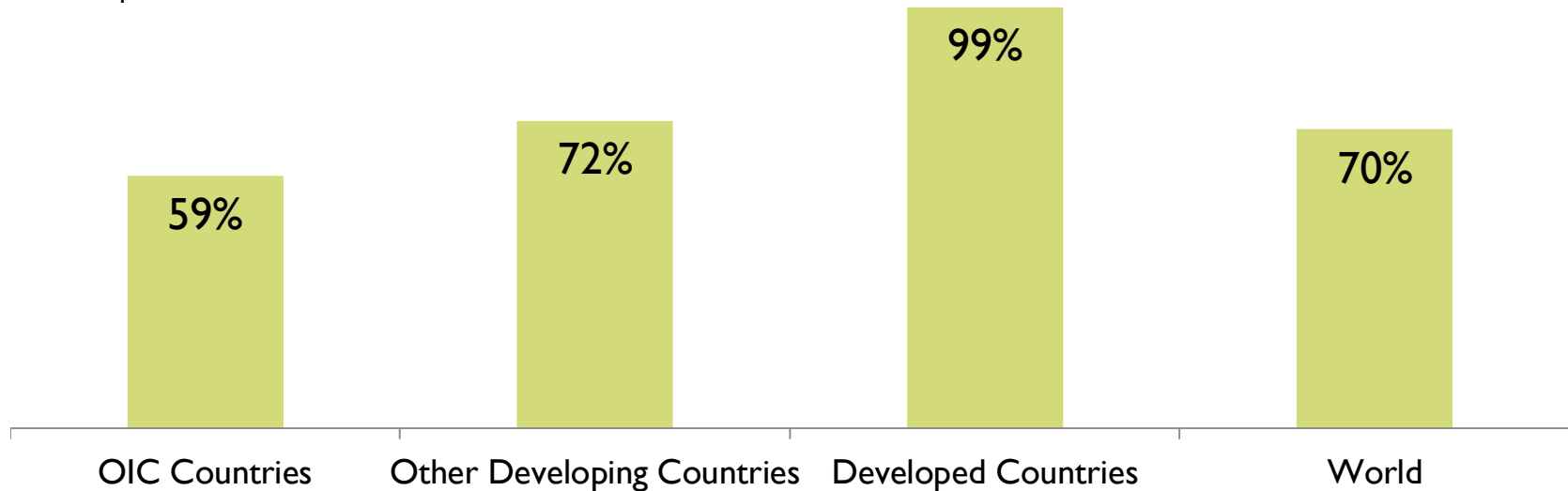
Low antenatal care coverage



Only **49%** of total pregnant women benefited from WHO recommended **four antenatal checks up** whereas **73%** visited health personnel **at least once** during the pregnancy

Significant births still taking place without skilled assistance

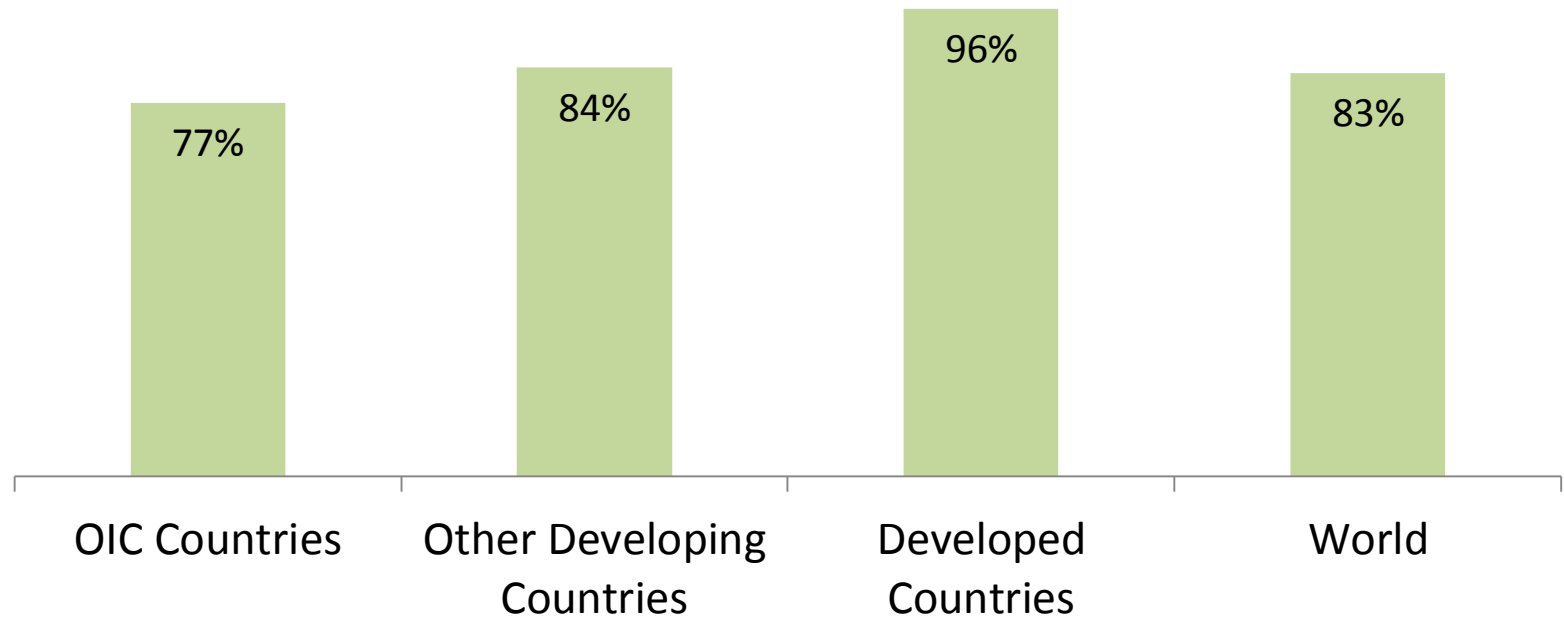
% of births attended by skilled personnel



41% of total births are still taking place **without** receiving any assistance and care from skilled health personnel

Situation critical in **SA** and **SSA** regions where this ratio stands at **61%** and **56%** respectively

Despite improvement in immunization coverage still many children are missed out

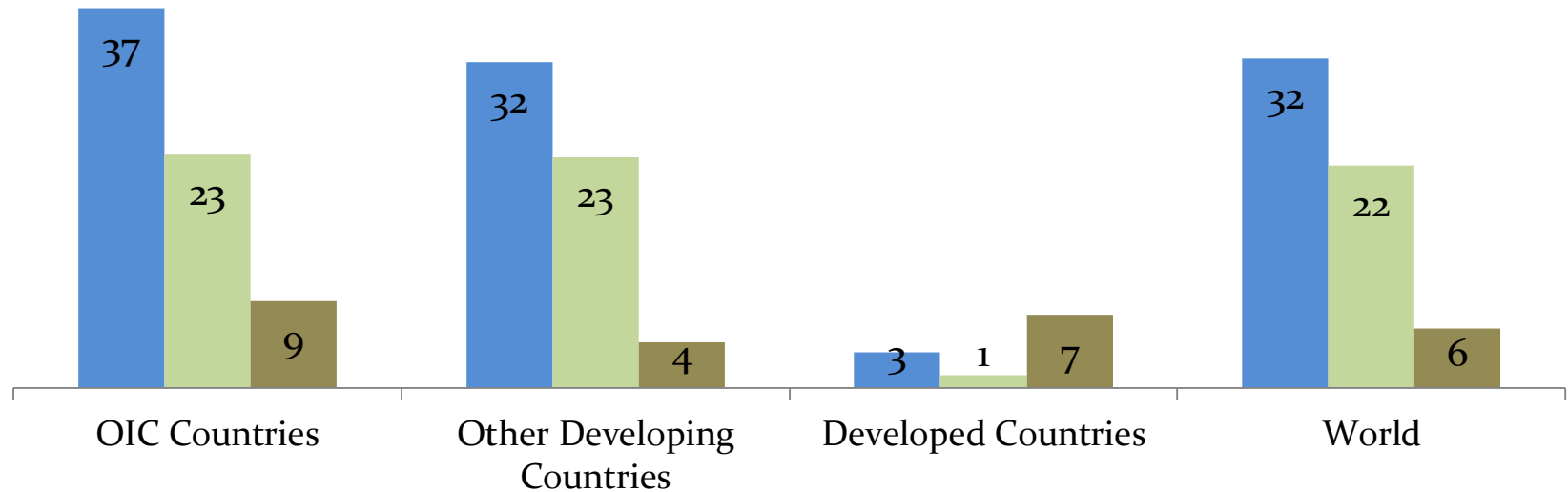


77% of children received vaccination against DTP compared to **83%** in the world...

Those who are missed out are usually coming from the most vulnerable families and communities (rural and poor)

Nutritional status of children

■ Stunted ■ Underweight ■ Overweight



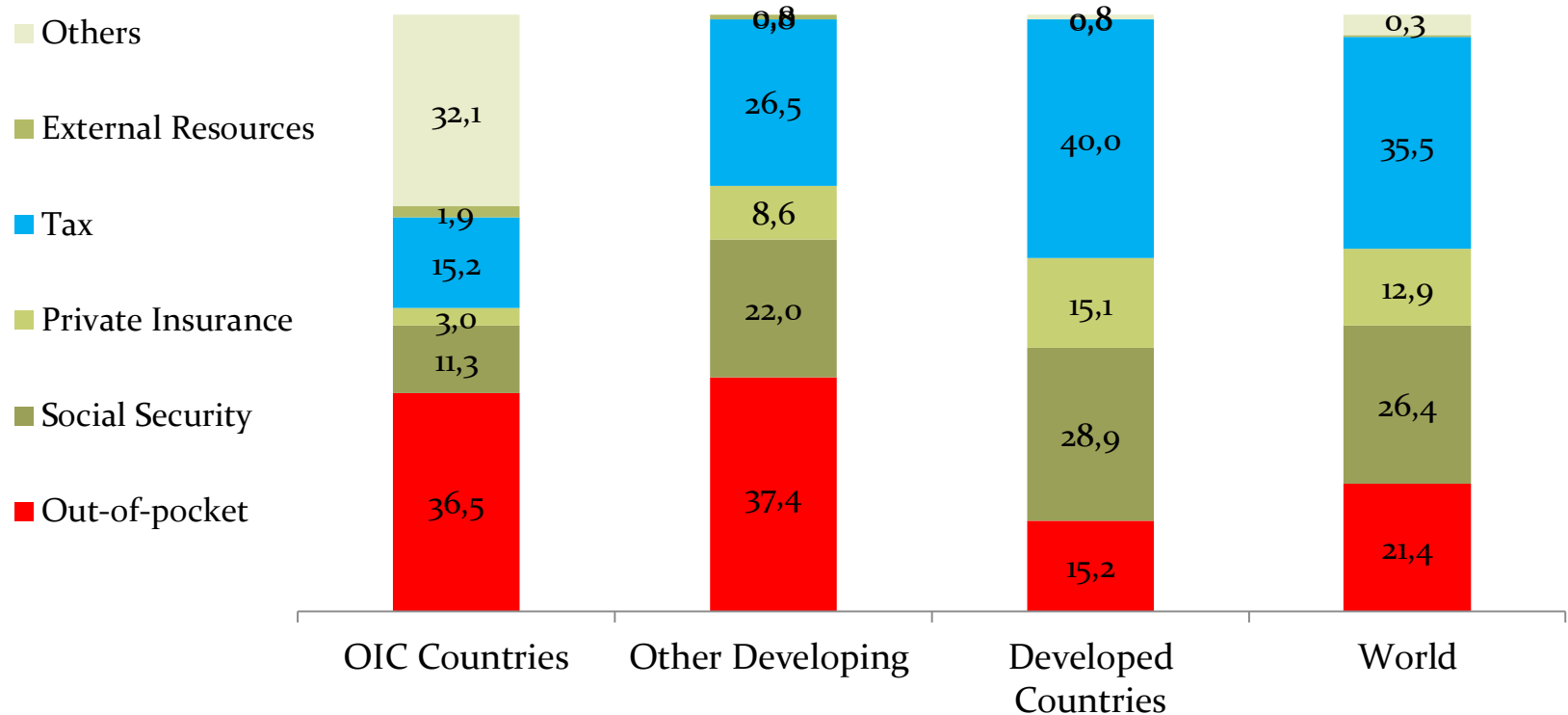
37% of under five children are **stunted**, **23% underweight** whereas **9%** are **overweight**

Comparatively low financing for health



in 2011, expenditures on health accounted for only **4.7% of GDP in OIC** compared to **7.6%** in the world and **6.1%** in non-OIC developing countries

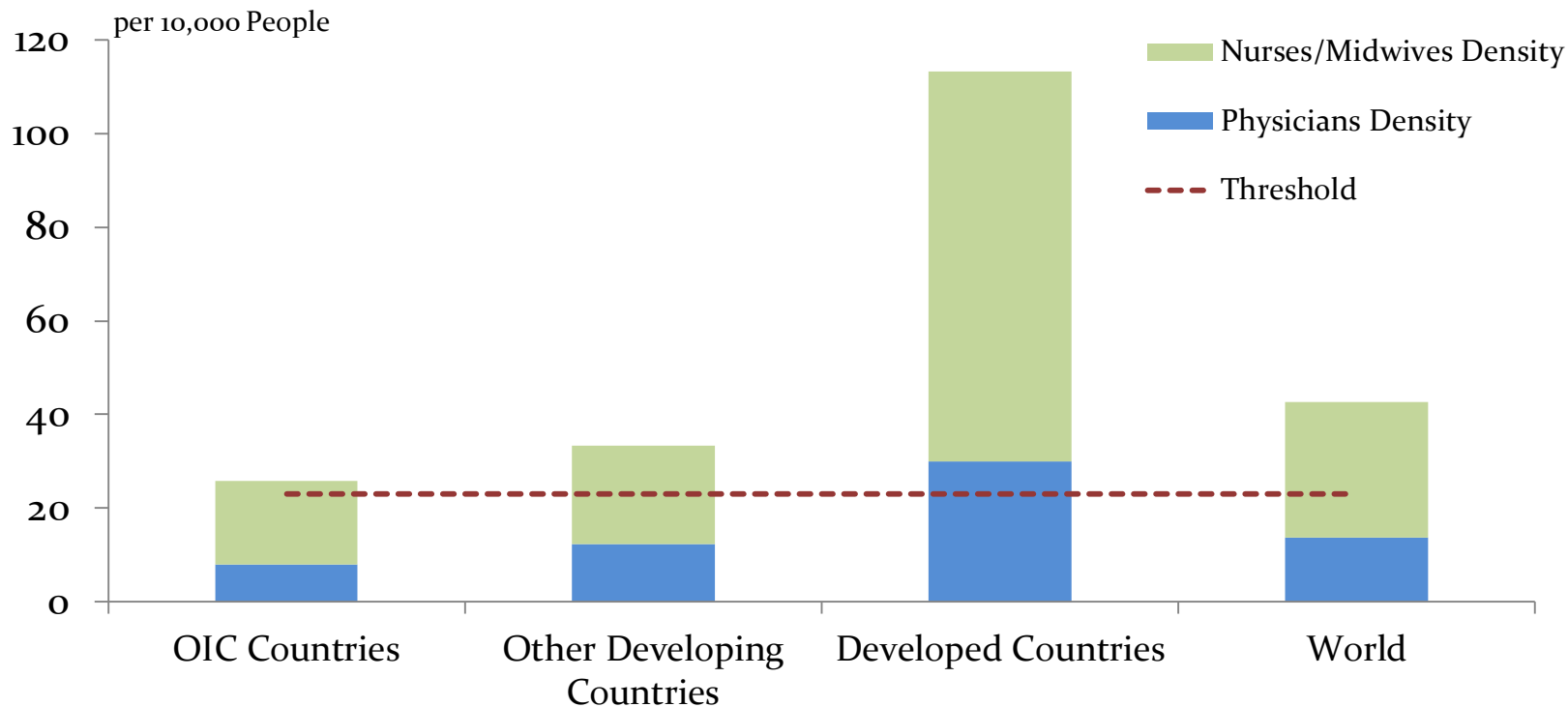
Heavy reliance on out-of-pocket health expenditures



It's the most widely used source which accounts for over 36% of total health expenditures in member countries

For 20 member countries, out-of-pocket health spending accounts for 50% of the total health expenditures

Health workforce just above the crisis level



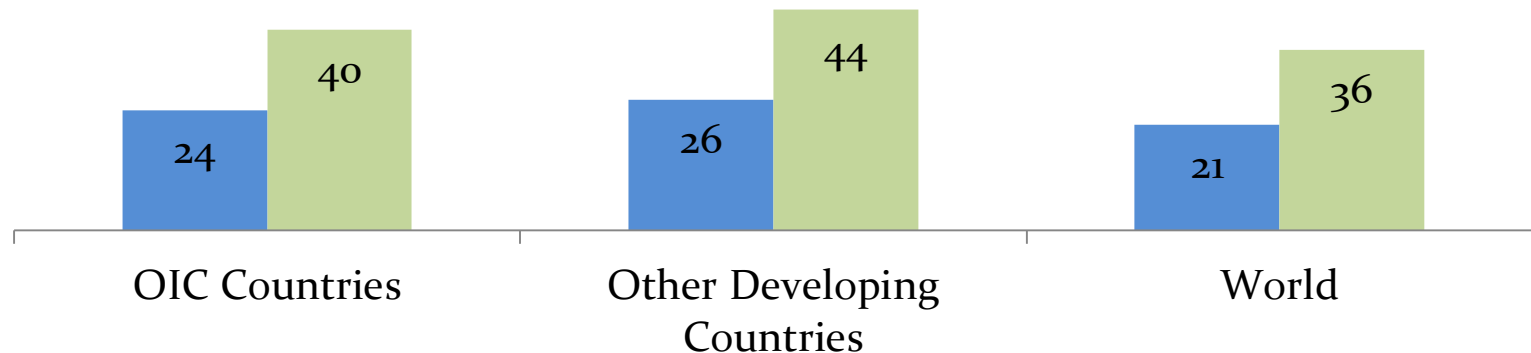
There were only **26 health personnel** (physicians, nurses and midwives) per 10,000 people in OIC countries in 2000-2011 compared to **43** health personnel in the world

Only **28** members **meet** the **critical threshold of 23** health personnel per 10,000 people

Lack of access to improved water resources and sanitation facilities

Percent

■ Water ■ Sanitation



- In 2011, **24%** of OIC population was **without access to improved water resources** whereas this share was recorded at **40%** for **access to sanitation facilities**



**OIC Strategic Health Programme of Action
2014-2023**

What's OIC-SHPA?

...a **framework of cooperation** among **OIC member countries, relevant OIC institutions** and **international organizations** in the **domain of health**

...aims to **strengthen health care delivery system** and **improve health situation** in OIC member countries especially **by facilitating and promoting intra-OIC transfer of knowledge and expertise**

Thematic Areas of Cooperation



Implementation Plan of the OIC-SHPA

Implementation Plan is based on OIC-SHPA findings and describes proposed actions/activities under each TA with:

i- Timeline for their implementation (short, medium and long term)

ii- Key Performance Indicators (KPIs) to monitor the implementation

iii- Implementing partners (both national and international institutions)

Thematic Area 1: Health System Strengthening

Phase-wise Implementation Plan

Lead Country: *Kazakhstan*

Actions and Activities /Level	Timeline	Key Performance Indicators	Implementing Partners
P.A.1.1: Moving towards Universal Health Care Coverage			
National Level			
<ol style="list-style-type: none"> Establish or strengthen a high level multisectoral health mechanism as well as local level intersectoral cooperation with representation from other public sector ministries, nongovernmental organizations, the private health sector 	2014 - 2023 (long-term)	<ol style="list-style-type: none"> Number of multisectoral mechanisms established Road map for achieving universal health coverage 	Ministry of Health Ministry of Finance, NGOs
OIC and International Cooperation Level			
<ol style="list-style-type: none"> Establish a technical unit in the OIC Secretariat for monitoring and evaluation of communicable and non-communicable diseases and risk factors in member countries (OIC SHPA P.A.2.4.i); 	2014-2016 (short-term)	<ol style="list-style-type: none"> Legal, administrative and financial framework for the technical unit Fully functional technical unit in place 	OIC-GS, SESRIC, IDB, WHO

Role of NGOs in the Implementation of OIC-SHPA (1/3)

NGOs have a long history of active involvement in the promotion of human well-being.....and provide an important link between community and Govt.

NGOs are identified as one of the implementing partners under all thematic areas of cooperation of the OIC-SHPA

Mostly NGOs are implementing partners at the national level activities... to be implemented in collaboration with the Ministry of Health etc.

Role of NGOs in the Implementation of OIC-SHPA (2/3)

NGOs could play a vital role in the implantation of a wide range of activities through:

- Promoting public health campaigns...public awareness and community involvement...tailoring new health awareness campaigns;
- Helping to formulate cultural/religion sensitive health policies and programmes....by providing the communities viewpoint
- Delivering health services in emergencies....natural catastrophes and/or civil conflicts.... through grass root level networking, volunteers

Role of NGOs in the Implementation of OIC-SHPA (3/3)

- Enhancing local capacity through health education...volunteers and community health workers.... development of health infrastructure (healthcare units, apparatus) through fundingdonations, charity ;
- Preventing/controlling both communicable and non-communicable diseases... by promoting healthy life styles.... awareness about immunization, health risk factors like tobacco, drugs, hygiene;
- Helping to improve the social determinants of the health...poverty, education, employment.....



**Thank you for your
attention !**