



# The State of Health in OIC Countries: Challenges & Prospects for Cooperation

**SESRIC**

STATISTICAL, ECONOMIC AND SOCIAL  
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# Overview of Health in OIC Member Countries

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## • Maternal, New-born and Child Health

- According to the available data for 2010
  - appr. 50% of the maternal deaths in the world are occurring in OIC MCs (around 200 000 maternal deaths)
- Maternal Mortality Rate (2010) :
  - OIC = 330 deaths per 100 000 live births
  - World = 211 deaths per 100 000 live births
  - Other Developing Countries = 178 per 100 000 live births
- In 2010 OIC MCs accounted for 44 % of stillbirths and 40 % of neonatal deaths in the world (1.1 million stillborns and 1.3 million neonatal deaths)

**→ In other words : 1 in every 18 children dies before their 1st birthday**

# Overview of Health in OIC Member Countries

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- **Life Expectancy**

- The average life expectancy in OIC MCs has increased from 46.6 years in 1960 to 64 years in 2010. Despite this improvement the OIC MCs are still lagging behind the world average by 5 years ( 69 years).

- **Health Financing**

- OIC MCs allocate only 3% of their GDP for health compared to 10% in the world and 5.5% in the other developing countries (2010) . In terms of per capita health expenditures, OIC MCs spend 147 USD compared to 857 USD in the world.

- **Health Workforce**

- The number of health personnel (physians, nurses and midwives) in the OIC MCs are only 24 per 10 000 people compared to 42 health personnel in the world (2010). At individual country level, only 27 OIC MCs meet the critical treshold (set by WHO) of 23 health personnel per 10 000 people.





**OIC Strategic Health Programme of  
Action ( OIC-SHPA)  
2013-2022**

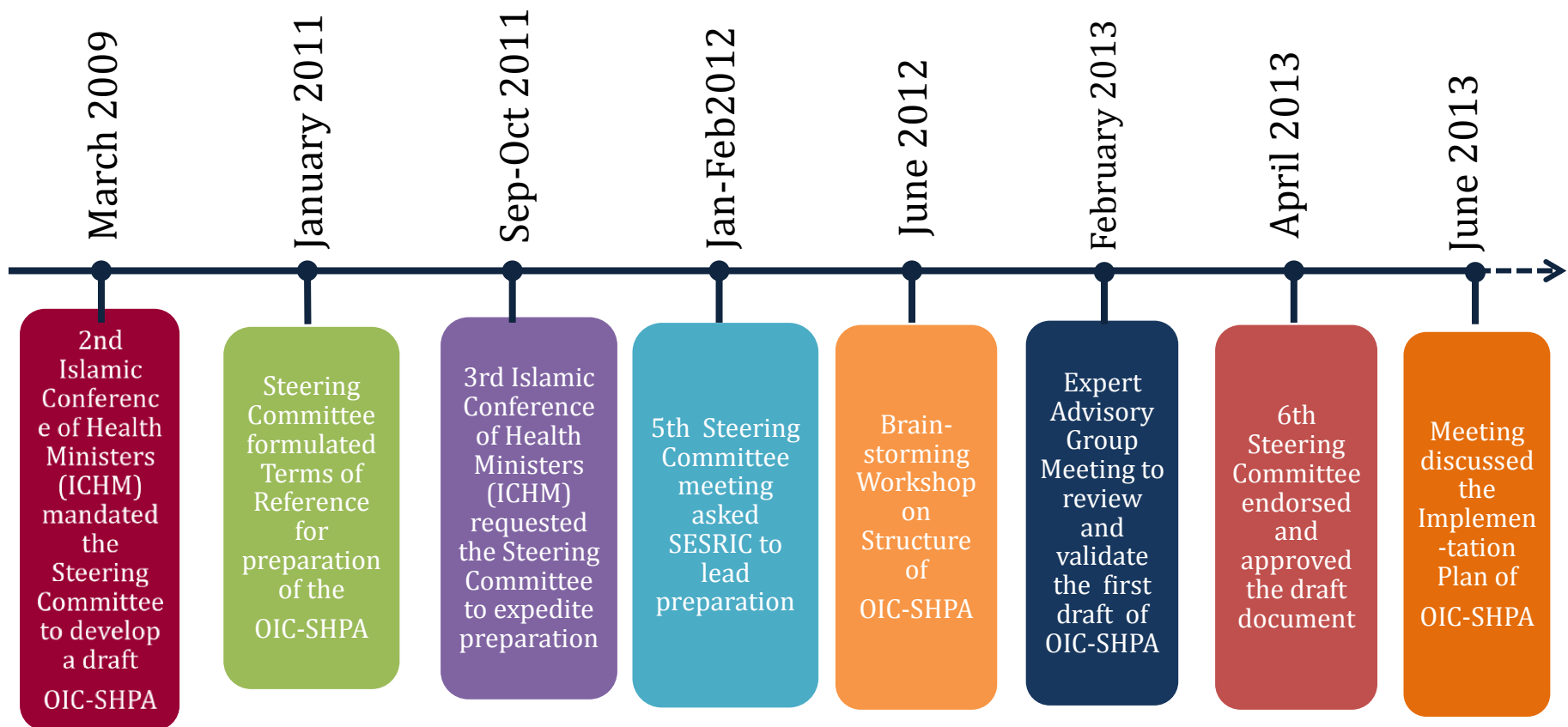
## What's OIC-SHPA?

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

**...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**

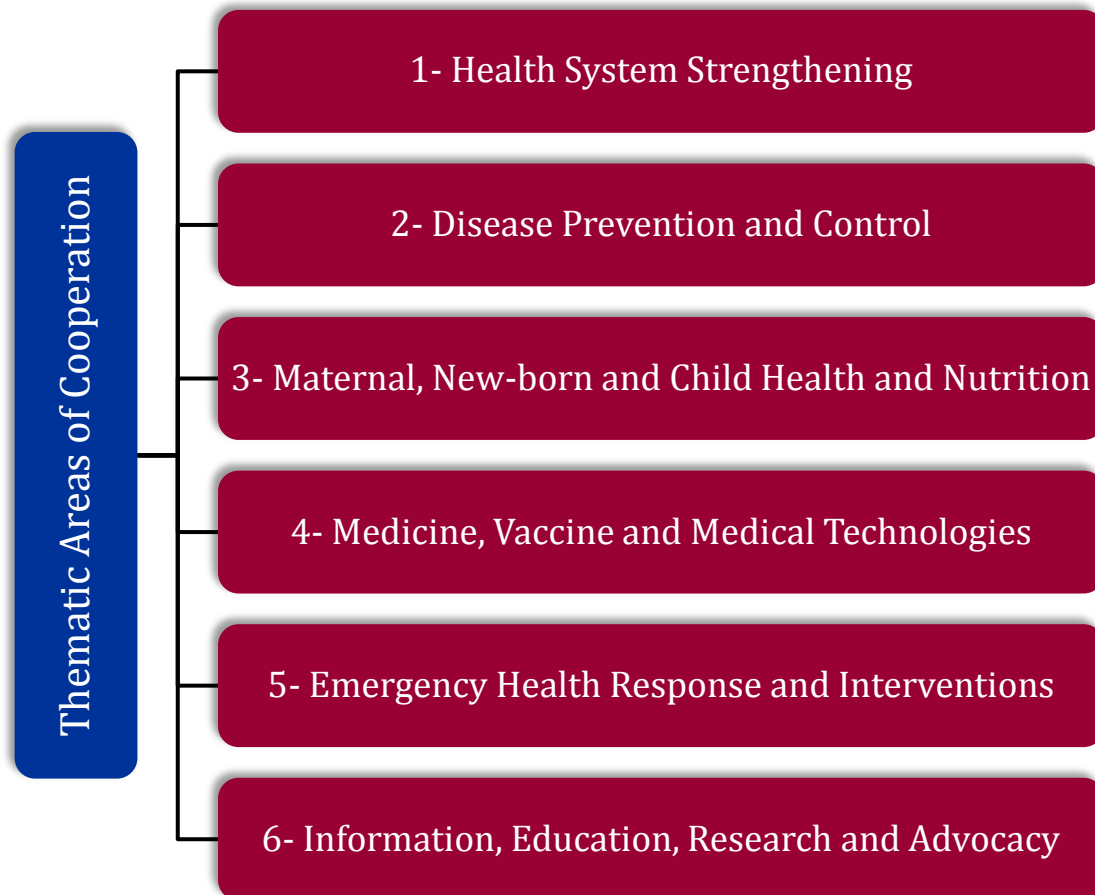
# Timeline





# Thematic Areas of Cooperation

Based on the analysis of current health status of OIC countries and magnitude of health problems they are facing; following six thematic areas have been identified for their joint action:



## **Health System Strengthening**

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The **performance of health system** remained comparatively **very weak** in OIC member countries

Major Issues in OIC Members

- o **Low Access to primary health care services**
- o **Limited Financial Resources for Health**
- o **Low Access to essential medicines**
- o **Shortage of qualified Health Workforce**
- o **Weak Health Infrastructure**

## **1. Health System Strengthening**

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### **Proposed Actions and Activities aim to:**

- Improve Universal Health Care Coverage (**PA-1**)
- Improve Access to Quality Health Care Services (**PA-2**)
- Strengthen Health Information Systems (**PA-3**)
- Promote a Balanced and Well-managed Health Workforce (**PA-4**)
- Ensure Access to Essential Medicines, Vaccines, Medical devices (**PA-5**)

## **Disease Prevention and Control**

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OIC member countries are suffering from the **double burden** of **communicable** and **non-communicable** diseases.

### Major Issues in OIC Members

- **High Population growth and increased longevity**
- **Low Immunization Coverage** especially among infants
- **Increase in Prevalence of Behavioral Risk Factors** like tobacco use, physical inactivity, unhealthy diet etc.
- **Poor Operational policies, Strategies, and Action Plans**
- **Lack of International Cooperation and Fiscal Interventions**



## 2. Disease Prevention and Control

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### Proposed Actions and Activities aim to:

- Promote Community Awareness and Participation in Disease Prevention and Control (**PA-1**)
- Build and Improve Health System Capacity to Increase the Outreach of Prevention and Treatment Programmes (**PA-2**)
- Establish a Sound Monitoring and Evaluation Framework for Disease Control (**PA-3**)
- Enhance Health Diplomacy and Increasing Engagement with Regional and International Organizations (**PA-4**)

## **Maternal, New-born, Child Health and Nutrition**

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**Maternal, new-born and child mortality rates in some member countries are amongst the **highest** in the world**

Major Issues in OIC Members

- **Limited Antenatal care coverage**
- **Few Births attended by skilled personnel**
- **Low Immunization coverage** among one year olds
- **Less Infants exclusively breastfed** for the first six months
- **High Prevalence of Low birth-weight (LBW) new-borns**

### **3. Maternal, New-born, Child Health and Nutrition**

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#### **Proposed Actions and Activities aim to:**

- Ensure Access to Adequately Equipped Local Health Centres for every Woman, New-born, and Child **(PA-1 )**
- Implement long-term Policies and Programmes Increase the Attendance of Skilled Health Personnel during Childbirths **(PA-2 )**
- Develop Programmes and Policies to Prevent Low Birth-weight (LBW), Reduce Under-nutrition and Micronutrient Deficiency in Children **(PA-3 )**
- Reduce Burden of Diseases with Effective Vaccination Programmes for Infants **(PA-4)**
- Reduce Maternal, New-born, and Child Mortality by Effective Programmes and Policies **(PA-5)**

## **Medicine, Vaccine and Medical Technologies**

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**A Well-functioning Medicine, Vaccine and Medical Technologies Supply and Management System is lacking**

Major Issues in OIC Members

- Unavailability of essential medicines and vaccines
- Hegemony of the private sector and elevated Price
- Poor Medicine supply management system
- Complex Supply Chain and Procurement Mechanism



## **4. Medicine, Vaccine and Medical Technologies**

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### **Proposed Actions and Activities aim to:**

- Enhance Monitoring and Evaluation Mechanisms **(PA-1)**
- Support Local Production of Medicine and Vaccine **(PA-2)**
- Promote Research and Development (R&D) in Health-related fields **(PA-3 )**
- Increase the Availability of Essential Medicines, Vaccines and Technologies **(PA-4 )**

## **Emergency Health Responses and Interventions**

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Many member countries are **frequently** exposed to **natural disasters** and **man-made crises**.

### Major Issues in OIC Members

- o Lack of Information management, monitoring and analysis during emergencies
- o Ineffective Strategic planning and coordination both in pre and post disaster phases
- o Lack of quality and prioritization in Service delivery

## **5. Emergency Health Responses and Interventions**

### **Proposed Actions and Activities aim to:**

- Improve Strategic Planning for Preparedness and Response in Emergencies (**PA-1**)
- Control and Prevent Disease Outbreaks during Emergencies (**PA-2**)
- Ensure Effective Delivery of Emergency Health Services (**PA-3**)
- Improve Information Management and Analysis for Emergency Health Services (**PA-4**)

## **Information, Education, Research and Advocacy**

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Many OIC member countries are suffering from the **poor level of Health Information, Education, Research and Advocacy**

### Major Issues in OIC Members

- o **Lack of Community awareness and participation**
- o **Prevalence of Controversies over safety and religious permissibility of medicines and vaccines**
- o **Information and education deficiencies of health workers**
- o **Sub-standard Medical and nursing education**



## **6. Information, Education, Research and Advocacy**

### **Proposed Actions and Activities aim to:**

- Promote and Encourage the Involvement and Commitment of all Stakeholders to initiate and implement Effective Community Health Information, Education and Advocacy Programmes (**PA-1**)
- Promote Community Awareness about Disease Prevention and Healthy Life Style (**PA-2**)
- Meet the Information and Education needs of Health Care Providers (**PA-3**)

## Implementation Plan for the OIC-SHPA

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- Six working groups (WGs) have been established to prepare a draft phase-wise implementation plans of action for the six thematic areas of cooperation stipulated in the OIC-SHPA
- The Coordinators of these working groups presented their proposed implementation plans during a meeting held in Bandung, Indonesia on 18-19 June 2013.
- As a fast-track implementation approach, among others, twinning capacity building programmes based on matching the needs and capacities of the member countries are proposed in the implementation plan for OIC-SHPA.



**OIC – VET IbnSina Health  
Capacity Building Programme  
(IbnSina-HCaB)**



# OIC – VET IbnSina Health Capacity Building Programme (IbSina- HCaB)

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- History:  
The launching was in 2010
- Mission:  
To organize short – term health training courses regarding needs and capacities of Ministries of Health in the OIC member countries

# OIC – VET IbnSina Health Capacity Building Programme (IbSina- HCaB)

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## Mode of Operation



Preparation  
Questionnaires

Circulating  
Questionnaires

Matching Needs  
and Capacities

Sending Health  
Experts from  
Countries with  
Capacities

Providing  
Training  
Courses in  
Countries with  
Needs

# Memorandum of Understanding (MoU)

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- **10 September 2012:**  
Aegean International Federation of Health (ESAFED)



# Memorandum of Understanding (MoU)

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- **10 December 2012 :**  
International Anatolian Health Federation (USAF)





# Memorandum of Understanding (MoU)

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- **03 April 2013 :**  
Southeast International Health Federation ( GUSAF)



# Implemented Training Courses



01-02 June 2013: 'Recognition and Prevention of Diabetes'  
Kaduna, Nigeria



# Implemented Training Courses

24-25 June 2012 : 'Modern Hospital Management Trends' San'a Yemen ( 1 )

28 Sept – 02 October 2012 : 'Hospital and Health Care Facilities Management and Administration' San'a Yemen ( 2 )





# Implemented Training Courses



23 April – 02 May 2013 :

'Hospital and Health Care Facilities Management and Administration ' Izmir, Turkey ( 3 )



# Implemented Training Courses



06 – 10 February 2013: 'Minimally Invasive Surgery' Assiut, Egypt





## Implemented Training Courses

1 January – 24 February 2013: 'Emergency Medicine Training'  
Mogadishu, Somalia







## Implemented Training Courses

01 November 2012 – 31 January 2013 :  
'Pediatric Emergency Medicine' Mogadishu, Somalia





## Scheduled training courses

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- **The Training of Trainers of Medical Doctors from the Bamako University Medical Faculty in Mali and from the Ngaundere State Hospital in Cameroon at Turkish Universities Medical Faculties**
- **Training courses in Egypt, United Arab Emirates, Burkina Faso, Niger, Nigeria, Kyrgyzstan, Cote d'Ivoire and Mauritania:**
  - » Recognition and Prevention from Diabetes
  - » Recognition and Prevention from Hypertension
  - » First Step Pregnancy Care Ultrasonography
  - » Circumcision Trainer Education
  - » Recognition and Protection of AIDS
- **The training course 'Medicosocial' for Healthcare personnel and managers**

# Projects

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## **Mobile Eye Clinic for Africa :**

In most African countries the sun rays are perpendicular due to geological reasons which make Cataract widespread. By offering those countries a Mobile Eye Clinic we can decrease or even eliminate the impact of Cataract in the most effected regions.



# Projects

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## Establishment of Intensive Care and Neonatal (new-born) Unit for hospitals in Somalia

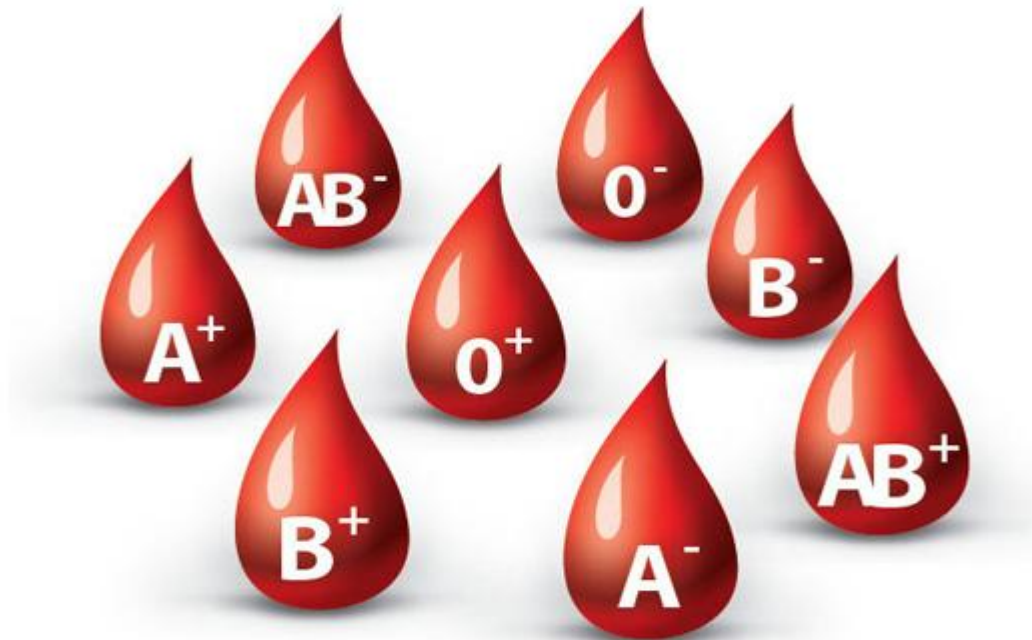


# Projects

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## Installation Blood Banks and Laboratories in Cameroon :

To reduce the impact of infectious diseases on vulnerable populations, there is need for Blood Banks in Cameroon. In the Blood Banks we can provide laboratories where blood samples can be tested in a sterile area.



Thank you

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