

**Speech of H.E. Amb. Musa Kulaklikaya, Director General of SESRIC  
at the Fifth Islamic Conference of Health Ministers  
17 -19 November 2015, Istanbul, Republic of Turkey**

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

***Honourable Ministers,  
Distinguished Delegates,  
Ladies and Gentlemen,***

Assalamu Alaikum wa Rahmatullahi wa Barakatuhu,

It is a distinct honour for me to address the 5th Islamic Conference of Health Ministers. At the outset, I avail myself of this opportunity to express my deep thanks and gratitude to the Ministry of Health of Republic of Turkey for hosting this important ministerial conference in this beautiful and historical city of Istanbul and for their generous and warm hospitality.

***Honourable Ministers,  
Distinguished Delegates,  
Ladies and Gentlemen,***

Over the years, many OIC member countries have made significant progress in terms of fulfilling people's right to health by increasing the health care coverage and services. Consequently, there has been improvement in life expectancy at birth and significant decrease in adult and child mortality rates.

According to the findings of SESRIC's latest OIC Health Report 2015, which has been circulated to you, if children were still dying at 1990 rates, there would have been 4.5

million deaths in OIC countries in 2013 (where the actual figure was 2.9 million). This difference of 1.6 million means that 4,372 children's lives were saved every day. However, despite this remarkable progress, OIC countries as a group made the least gains in reducing maternal and child deaths since 1990. As a result, many OIC countries are going to miss the target of Millennium Development Goal 4 and 5 on child and maternal mortality. Currently, one in every 34 women dies during pregnancy and child birth in OIC countries compared to one in 48 women in the world. And one in every 15 children dies before 5th birthday in OIC countries compared to one in 22 children in the world.

OIC member countries allocate only 4.4 per cent of their GDP for health compared to the world average of 10 per cent and the share of health expenditures in government total expenditures also remained comparatively very low accounting for only 7.9 per cent of all government expenditures, compared to 15.6 per cent in the world.

On the other hand, shortage of well-trained health workforce remained one of the most basic reasons behind limited outreach of primary health care services and higher mortality rates in OIC Countries. On average, 25 health personnel (physicians, nurses and midwives) per 10,000 people is recorded in the OIC Countries compared to the world average of 46. As of 2013, only 28 member countries meet the critical threshold of 23 health personnel (doctors, nurses and midwives) per 10,000 people, generally considered necessary to deliver essential health services.

This state of affairs necessitates more commitment and efforts by the OIC members to consider this important sector at a higher level on their national development agendas in order to meet the current and future demands for health care services of rapidly increasing populations. On the other hand, there is also an urgent need for strengthening and enhancing cooperation and collaboration in various health issues among the member countries at the regional level. In this regard, the OIC Strategic Health Programme of Action 2014-2023, which has been prepared by SESRIC in collaboration with OIC countries and relevant international organizations, and adopted by the 4th Islamic Conference of

Health Ministers, is expected to play a key role by strengthening and enhancing the cooperation and collaboration on various health issues in OIC countries.

*Honourable Ministers,  
Distinguished Delegates,  
Ladies and Gentlemen,*

I would like to seize this opportunity to brief your august Conference on the activities and initiatives of our Centre in the area of health. SESRIC activity report in the domain of health has been already circulated to you, which provides a detailed account of the activities that have been implemented by SESRIC since the 4th Islamic Conference of Health Ministers in September 2013. SESRIC has implemented several activities within the context of its mandate, namely, statistics, research, training and technical cooperation.

In addition to our comprehensive OIC Health Report 2015, we have also prepared three short reports on specific health issues of immediate concern to our member countries regarding children, elderly, and youth health.

SESRIC is also keenly following developments related with the OIC initiative on self-reliance in vaccines and medicines in OIC member countries. In this regard, SESRIC has actively participated in the 2nd Meeting of the Vaccines Manufacturers Group held in Tunis in May 2015 and contributed to the discussion through a presentation on vital statistics on vaccines production, procurement and needs assessment in the OIC Countries. As per the request of the meeting, currently SESRIC is working with the OIC General Secretariat and the Vaccines Manufacturers Group to establish a website to serve as a platform for online discussion, effective knowledge sharing and learning among the Manufacturers Group.

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Ladies and Gentlemen,*

In addition to research on various health-related issues in our Member Countries, SESRIC has also given a special importance to training and capacity building in the field of health. Under the umbrella of its Vocational Education and Training Programme for OIC Member Countries (OIC-VET), four capacity building programmes are designed for health related issues, namely Ibn Sina Health Capacity Building Programme (IbnSina-HCaB), Tobacco Control Training Programme, Occupational Safety and Health Capacity Building Program (OSHCaB) and Social Security Institutions Capacity Building Program (SSI-CaB).

Within the framework of the implementation of these programmes, SESRIC organizes different training courses, workshops and study visits aiming at facilitating the exchanging of knowledge and know-how, best practices and models, experience and expertise among the OIC member countries in the field of health with a view to contributing to the South-South cooperation initiative within the OIC. Under the IbnSina Health Capacity Building Programme (IbnSina-HCaB), so far, we have organized 14 training courses for the following member countries: Senegal, Lebanon, Mauritania, Mali, Cameroon, Nigeria, Yemen, Somalia, Egypt, and Bangladesh.

Under the Tobacco Control Training Programme, in 2014 SESRIC launched the Tobacco Questions for Surveys (TQS) project, as a component of the Global Tobacco Surveillance System (GTSS) with the view to serving as a mechanism to harmonize and standardize the monitoring of key tobacco control indicators in OIC countries. Currently, seven OIC Member Countries have already implemented the TQS and 15 OIC Countries have been selected for a pilot study under the framework of this project. Within this framework, SESRIC have signed six Memorandums of Agreement (MoAs) with the relevant institutions in order to facilitate collaboration and cooperation between SESRIC and the following member countries: Senegal, Kazakhstan, Egypt, Mauritania, Cameroon and Tajikistan.

In this regard, SESRIC also organized three study visits on 'Integration of Tobacco Questions for Surveys (TQS)' for the relevant departments of the State Statistical Committee (SSC) of the Republic of Azerbaijan. Furthermore, SESRIC agreed on a partnership with BPS-Statistics Indonesia and the Ministry of Development Planning and Statistics (MDPS) of State of Qatar to facilitate collaboration and cooperation between both institutions within the framework of this project.

In the area of Occupational Safety and Health, the trainers' database has been established under the OIC-OSHNET portal, by which the institutions have access to reach any expertise to benefit in the OIC Member Countries. Since the First Steering Committee Meeting, eight (8) training programmes have been implemented in the area of occupational safety and health in Suriname, Bangladesh, Sudan, Albania, Brunei, Pakistan, Azerbaijan and Tunisia. In order to facilitate the adoption and enforcement of International OSH Regulations and Standards and to popularize occupational health and safety standards in OIC Member Countries, SESRIC prepared a draft General Guideline on Occupational Safety and Health jointly with Turkey and SMIC.

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The Centre has been exerting efforts to devise close coordination with member countries in order to explore ways and means for the implementation of the SHPA and plan concrete activities for future. In this regard, in close cooperation with the lead country coordinators and OIC GS, our Centre has initiated following activities:

Firstly, SESRIC organized a consultative Meeting on Development of Joint Cooperation Activities in OIC Member Countries in the areas of Maternal, New-born and Child Health and Nutrition (MNCH) in Ankara, on 02-03 April 2014 to discuss the possibilities and modalities of transferring knowledge and expertise in the field of MNCH to OIC Member Countries.

Later, the OIC General Secretariat, SESRIC and the Islamic Development Bank (IDB) in partnership with the United States Agency for International Development (USAID) and the World Health Organisation (WHO) initiated the “Maternal and Child Survival Project.” This project aims at supporting selected OIC member countries in addressing high maternal and child mortality burdens by promoting the transfer of knowledge and expertise. The inaugural meeting for the Maternal and Child Survival Project took place in Ankara, Turkey during the period 19-21 January 2015.

It is in the same area, and in line with the decision of the Fourth Session of the Islamic Conference of Health Ministers, which called for “the establishment of an OIC network of experts and institutions to conduct research, establish knowledge assets and share experiences and good practices in the area of health including reproductive health, maternal, new-born and child health.” SESRIC will jointly organize with UNFPA the First Expert Meeting of the OIC Network on Population and Reproductive, Maternal, New-born and Child Health (OIC RMNCH Network) on 2-4 December 2015. The Expert Meeting will be a first step in establishing this important OIC Network, which will serve as repository of innovative ideas, problem solving and best practices and a platform for diffusing knowledge to OIC countries.

Furthermore, the Centre organised a Workshop on the “Role of NGOs in the Implementation of OIC Strategic Health Program of Action 2014-2023 (SHPA)”, on 7-8 April 2014 at SESRIC Headquarters in Ankara, Turkey. This workshop brought together various key NGOs operating in the health related area in OIC Member Countries. The main objective of the Workshop was to discuss possible ways of cooperation in line with OIC Strategic Health Plan of Action 2014-2023 (OIC-SHPA). Within this framework, the workshop launched the Ibn Sina Alliance of Health NGOs as one of the means to contribute to the achievement of the OIC-SHPA.

*Honourable Ministers,  
Excellencies,  
Ladies and Gentlemen*

Finally, I would like to express our readiness at SESRIC to strengthen our cooperation with all the Ministries of Health and health institutions in our Member Countries and we are confident that only with your support and encouragement we can continue to develop and introduce more new innovative approaches to support your efforts towards developing more effective modern and sustainable health systems and we will spare no effort to enhance our services and contribution for more benefit to our Member Countries in this important field.

I wish you all the success and thank you for your kind attention.

Wassalamu Alaykum we Rahmatullahi we Barakatuhu