

# CONCEPT NOTE



## PREPARATION OF OIC STRATEGIC HEALTH PROGRAMME OF ACTION (2013-2022)

### 1- Introduction

The issue of health and development of modern and sustainable health systems has recently gained greater importance and attention in many developing countries as a major driver of socio-economic progress where more resources have been invested in this sector than ever being before. However, while the progress achieved over the years in health sector has remained highly concentrated in the developed countries, many developing and least-developed countries are still seriously lagging behind. This is particularly true in the regions of South Asia and Sub-Saharan Africa where health care coverage and health services remained significantly poor in many countries including most of the OIC member countries in these regions.

In fact, over the last few decades, many OIC member countries have witnessed significant improvement in health care coverage and services, and, consequently, they recorded declining trends in mortality rates both for adults and children. The average life expectancy rate at birth has been also improved over the years. However, despite these positive trends in many of them, the OIC member countries, as a group, are still lagging behind the world average and the average of the group of the developing countries in many health issues. According to the recent health reports prepared by SESRIC:

- Annually 200 thousand maternal deaths are recorded in OIC countries, corresponding to 50% of the world total maternal deaths.
- 1.1 million babies in OIC countries are stillborns and 1.3 million die within first four weeks of their life, corresponding to 44% of stillbirths and 40% of neonatal deaths in the world.
- Only 38% of total pregnant women in OIC countries benefit from WHO recommended four antenatal checks up compared to 44% in the world.
- 44% of total births in OIC countries are still taking place without receiving any assistance and care from skilled health personnel compared to 34% in the world.
- Three out of the last four polio endemic countries in the world are OIC member countries.
- On average, OIC member countries allocate only 4.7% of their GDP for health compared to the world average of 10% and the average of the developing countries of 5.5%.
- In OIC countries, the average share of health expenditures in total government expenditures is only 8.5% compared to the world average of 15.1%.

- Average health expenditures per capita in OIC countries is only US\$ 131 compared to the world average of US\$ 857.
- Average out-of-pocket health spending in OIC countries account for 36% of total health spending compared to the world average of only 17%. This ratio reached more than 50% in 22 member countries.
- On average, there are only 24 health personnel (physicians, nurses and midwives) per 10,000 people in OIC countries compared to the world average of 42. At the individual country level, only 28 OIC countries meet the critical threshold of 23 health personnel per 10,000 people, which is generally considered necessary to deliver essential health services.

This state of affairs necessitates more commitments and efforts by the governments of the OIC member countries to put this important sector at a higher level on their national development agendas along with strengthening and enhancing Intra-OIC cooperation and collaboration in various health issues.

The present document is a concept note for the preparation of the OIC Strategic Health Program of Action: 2013-2022 (OIC-SHPA).

## 2- Mandate

The 2<sup>nd</sup> Islamic Conference of Health Ministers (ICHM) held in Tehran, Islamic republic of Iran, on 1-4 March 2009 mandated the OIC Health Steering Committee, in collaboration with member countries, to develop a draft OIC Strategic Health Program of Action: 2013-2022 (OIC-SHPA) to be submitted and adopted at the 3<sup>rd</sup> Session of the ICHM. In its 3<sup>rd</sup> meeting, which was held at the OIC Headquarters in Jeddah on 22-23 January 2011, the OIC Health Steering Committee formulated Terms of Reference for the preparation of the OIC-SHPA. The Committee further decided that the initial draft could be prepared by a group of consultants, to be hired by the General Secretariat, and submitted to the Steering Committee.

The 3<sup>rd</sup> Session of the ICHM, held in Astana, Republic of Kazakhstan from 29 September to 01 October 2011, requested the Steering Committee to expedite the preparation and finalization of the OIC-SHPA. Following the decision of the 3<sup>rd</sup> ICHM, the OIC General Secretariat took necessary measures in collaboration with Chair of the Steering Committee and IDB to speed up the process and finalize the technical formalities as soon as possible. During the course of the time, several members of the Steering Committee expressed their opinions about the formalities of the preparation of the SHPA and emphasized that relevant OIC institutions must play a leading role in the preparation of this important document.

**The 5<sup>th</sup> Meeting of the OIC Health Steering Committee, which was held at the OIC Headquarters in Jeddah from 31 January to 01 February 2012, accepted the offer of SESRIC to lead the preparation of the draft OIC Strategic Health Program of Action 2013-2022. It directed SESRIC to coordinate with IDB in line with the approved Terms of Reference for the preparation of the document.** In this regard the Meeting also underlined the need for close collaboration with the OIC General Secretariat, the Steering Committee of Health and relevant international agencies and organizations.

The Statistical, Economic and Social Research and Training Centre for Islamic Countries (SESRIC) is a subsidiary organ of the Organisation of Islamic Cooperation (OIC) operating in Ankara, Turkey since

June 1978. SESRIC has been mandated the work in three areas: statistics, socio-economic research and training/technical cooperation. In its capacity as the main socio-economic research, statistics and training organ of the OIC, SESRIC has been engaged with statistical data collection and dissemination on and for the OIC member countries, undertaking the preparation of research papers, reports and studies on economic cooperation and development issues contained on the agenda of various OIC ministerial and other forums, organizing training programs on subjects of immediate interest to the member countries, and putting out periodic and other publications in its areas of mandate for the benefit of the member countries.

Like other many and diverse socio-economic issues, SESRIC is pursuing the issue of health in three dimensions reflecting the core areas of its mandate i.e. statistics, research and training. The Centre has established a comprehensive online database on the OIC health statistics. This database provides updated statistics collected from various national and international data sources and serves as the main source of information for the preparation of important technical reports and documents on various health issues of immediate concern to the member countries. Over the years, SESRIC has prepared several reports on major health issues in OIC member countries with a view to analysing the prevailing situation at the OIC level and suggesting the appropriate policy actions that need to be taken in order to face the challenges and strengthen the intra-Islamic cooperation in the domain of health. In this context, SESRIC has recently prepared four health reports prepared to serve as the main technical background documents for the major health-related issues at the agenda of the 3<sup>rd</sup> Islamic Conference of Health Ministers (ICHM) held in Astana, Kazakhstan on 29 September - 01 October 2011.

In addition to the statistical and research activities on various health-related issues, SESRIC has also given a special importance to training and capacity building in this important field. Under the umbrella of its Vocational Education and Training Programme for OIC Member Countries (OIC-VET), four capacity building programmes have been initiated and designed by the Centre with the aim of enhancing the capacities of human resources involving in health sector in the member countries. These programmes are: Ibn Sina Health Capacity Building Programme (IbnSina-HCaB), Tobacco Control Training Programme, Occupational Safety and Health Capacity Building Program (OSHCaB) and OIC Network for Occupational Safety and Health (OIC-OSHNET). Within the framework of the implementation of these programmes, SESRIC organizes various 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 community.

### **3- Guidelines for the Preparation of the OIC-SHPA**

In accordance with the decision of the 5<sup>th</sup> Meeting of the OIC Steering Committee on Health, which was held at the OIC Headquarters in Jeddah from 31 January to 01 February 2012, SESRIC will lead the preparation of the OIC-SHPA, and coordinate with IDB, in line with the approved Terms of Reference for the preparation of the document, and in close collaboration with the OIC General Secretariat, the OIC Steering Committee on Health and relevant international agencies and organizations.

- A- In the process of preparation of the OIC-SHPA, SESRIC will adhere to the following guidelines:

- Assessing and analyzing the existing information, including national health plans; existing OIC health policies, programmes and resolutions as well as ICHM decisions; internationally accepted health strategies, programmes and action plans; information through relevant documents and best practices in member countries, OIC institutions as well as international organizations.
  - Identifying the overall health challenges and major gaps, obstacles and problems as well as opportunities and potentials, including health institutional and health system capacities, the burden of communicable and non-communicable diseases on the public health sector, and cultural, environmental, geographical and political specificities.
  - Identifying and prioritizing a set of thematic areas of cooperation for the OIC-SHPA, based on the magnitude of health problem and availability of resources and, where appropriate, align with the global health initiatives.
  - Identifying a set of actions and activities to be taken under each of the thematic areas of cooperation of the OIC-SHPA as well as the leading and implementing players (member countries, OIC institutions, International bodies).
  - Developing a mechanism and time frame for implementation of the OIC-SHPA, and suggesting a monitoring and evaluation mechanism, which might include assessment of the OIC General Secretariat to carry out this function and propose any structural organization and financial implications.
- B- During the preparation process of the OIC-SHPA, SESRIC will seek external technical support and consultant services from relevant national, regional and international institutions in terms of both access to required data and information and expert consultant services. The need for external consultancy services in terms of recruitment of technical services of some experts from relevant international organizations like WHO, UNICEF is mainly related to certain technical aspects of the OIC-SHPA like prioritization of the SHPA, identification of gaps, challenges, opportunities, potential resources, and alignment of the OIC-SHPA with the global and regional health initiatives.
- C- Two events will be organized by SESRIC:
- (1) A brainstorming workshop at the early stage to discuss the draft structure (draft script of the outlines) of the document. The participants in the workshop shall include the members of the Steering Committee representing at health policy expert level and some experts from relevant international organizations and universities. This workshop will provide an opportunity to gather the technical views and comments of the participants on the structure and content of the document as well as on the technical and consultant services needed during the various stages of the preparation of the document.

(2) An EGM to discuss and deliberate on the first draft of the document, particularly on prioritized thematic areas of cooperation and the programmes of action of the document before circulating it to the member countries. The participants shall again include the members of the Steering Committee and some international experts from both the member countries and relevant international organizations. This EGM will provide an opportunity to discuss and evaluate the first draft of the OIC-SHPA document and hence will pave the way for the finalisation of the draft document.

D- SESRIC is expected to perform its work from the beginning of May 2012 and complete it by the end of May 2013 by submitting the English version of the document to the OIC General Secretariat.

E- SESRIC will be reporting to the Chairman of the OIC Health Steering Committee and will incorporate the comments of the Committee.

#### **4- Objective of the OIC-SHPA**

The OIC Strategic Health Program of Action 2013-2022 (OIC-SHPA) is a framework for cooperation among OIC member countries, OIC Institutions and relevant international organizations in the field of health. The OIC-SHPA aims at identifying some specific thematic areas of cooperation and programmes of action and activities in the domain of health for to enhance cooperation at intra-OIC level with the aim of improve health situation and systems in OIC countries.

#### **5- Structure of the OIC-SHPA**

##### **I. Overview of Health Situation in OIC Countries**

The OIC-SHPA document will overview the health status of the OIC member countries considering the following points:

- What makes health in the OIC so different
- Progress of health status in several OIC countries is slower than in other parts of the world
- Health outcomes are worst for the poor than the better off
- Communicable diseases, most preventable, remain the priority among the poor
- Non communicable diseases are emerging; equally important albeit not prioritized by decision makers and unfelt by the population
- HIV/AIDS the greatest challenge in Africa region and on the rise in other areas
- Malnutrition is prevalent among women and children and generally rising among the marginalized
- Population and reproductive health remains a top priority for at least the next two decade; and Global health initiatives and the impact of such initiatives on the OIC member states (polio eradication, TB elimination, measles elimination, micronutrient initiatives, IMCI, etc)

##### **II. Challenges, Obstacles and Problems**

The document will identify and analyse some major health challenges in OIC countries like:

- Institutional capacity
- Donors preferences concerning health system development in the member countries
- The burden of communicable and non-communicable diseases on the public health sector
- Cultural, environmental, geographical and political specificities
- Other health-related challenges, obstacles and problems

### III. Thematic Areas of Cooperation

Based on the magnitude of health problems, gaps, challenges and availability of resources, the document will identify specific thematic areas of cooperation in the field of health among the member countries, and, where appropriate, align with the global health initiatives.

### VI. Programs of Action and Activities

The document will also identify a set of programmes of actions and activities under each thematic area of cooperation to be undertaken collectively by the member countries, relevant OIC and international institutions.

### V. Implementation Mechanism and Time Frame

The document will propose an implementation mechanism and time frame for the OIC-SHPA.

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