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

• 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

• **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 (physicians, 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 threshold (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?

.....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

- **March 2009**: 2nd Islamic Conference of Health Ministers (ICHM) mandated the Steering Committee to develop a draft OIC-SHPA.
- **January 2011**: Steering Committee formulated Terms of Reference for preparation of the OIC-SHPA.
- **Sep-Oct 2011**: 3rd Islamic Conference of Health Ministers (ICHM) requested the Steering Committee to expedite preparation.
- **Jan-Feb 2012**: 5th Steering Committee meeting asked SESRIC to lead preparation.
- **June 2012**: Brain-storming Workshop on Structure of OIC-SHPA.
- **February 2013**: Expert Advisory Group Meeting to review and validate the first draft of OIC-SHPA.
- **April 2013**: 6th Steering Committee endorsed and approved the draft document.
- **June 2013**: Meeting discussed the Implementation Plan of OIC-SHPA.

**Timeline**

- **March 2009**
- **January 2011**
- **Sep-Oct 2011**
- **Jan-Feb 2012**
- **June 2012**
- **February 2013**
- **April 2013**
- **June 2013**
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:

1. Health System Strengthening
2. Disease Prevention and Control
4. Medicine, Vaccine and Medical Technologies
5. Emergency Health Response and Interventions
6. Information, Education, Research and Advocacy
Thematic Area 1
Health System Strengthening

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

- Low Access to primary health care services
- Limited Financial Resources for Health
- Low Access to essential medicines
- Shortage of qualified Health Workforce
- Weak Health Infrastructure
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)
OIC member countries are suffering from the **double burden** of **communicable** and **non-communicable** diseases.

- 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
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 and child mortality rates in some member countries are amongst the highest in the world

- 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
Programmes of Action (PA)


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)
Thematic Area 4

**Medicine, Vaccine and Medical Technologies**

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

- 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
Programmes of Action (PA)

4. Medicine, Vaccine and Medical Technologies

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

- Lack of Information management, monitoring and analysis during emergencies
- Ineffective Strategic planning and coordination both in pre and post disaster phases
- Lack of quality and prioritization in Service delivery
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)
Many OIC member countries are suffering from the poor level of Health Information, Education, Research and Advocacy.

- Lack of Community awareness and participation
- Prevalence of Controversies over safety and religious permissibility of medicines and vaccines
- Information and education deficiencies of health workers
- Sub-standard Medical and nursing education
Programmes of Action (PA)

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)
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)

• 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)

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)

- 10 September 2012:
  Aegean International Federation of Health (ESAFED)
Memorandum of Understanding (MoU)

- 10 December 2012:
  International Anatolian Health Federation (USAF)
Memorandum of Understanding (MoU)

- **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

- 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

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

Establishment of Intensive Care and Neonatal (new-born) Unit for hospitals in Somalia
Installation Blood Banks and Laboratories in Cameroon:

To reduce the impact of infectious diseases on vulnerable populations, there is a 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