



7th Islamic Conference of Health Ministers

Address by

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Honourable Ministers,

Excellencies, Ladies and Gentlemen,

السلام عليكم ورحمة الله وبركاته

It is a great pleasure and honour for me to address the 7th Islamic Conference of Health Ministers. At the outset, I avail myself of this opportunity to express my sincere appreciation and thanks to our host the Ministry of Health and Prevention of the State of United Arab Emirates for hosting this important ministerial conference and for their generous and warm hospitality.

My deep thanks and appreciations are also extended to the OIC General Secretariat for their usual cooperation and support to the organization of this important Conference.

Honourable Ministers,

Excellencies, Ladies and Gentlemen,

As SESRIC, we regularly prepare and submit OIC Health Report as the main technical background document for the Islamic Conference of Health Ministers. The latest edition of this report, which has been circulated to you

in three official languages, comes out at a time where we are halfway through implementing the OIC Strategic Health Programme of Action (OIC-SHPA) 2014-2023. It is high time, therefore, to examine the health sector performance in our member countries by looking into the latest data and trends related to the six thematic areas of cooperation identified in the OIC-SHPA.

- At the outset, it is important to recognize the noteworthy progress, which many OIC countries have made over the years to ensure healthy lives and promoting the well-being of their populations. Since 2000, life expectancy at birth has increased from 62.6 years to 68.1 years in 2017, an increase of 5.5 years. On the other hand, child mortality rate decreased from 124 per 1000 live births in 1990 to 56 in 2017, corresponding to a decline of 55%. The maternal mortality rate has also declined from 559 per 100,000 live births in 1990 to 326 in 2015, corresponding to a decline of 42%.
- According to the latest available data, the incidence of tuberculosis declined from 132.3 per 100,000 people in 2010 to 113.7 in 2017. Meanwhile, the prevalence of HIV/AIDS also witnessed remarkable decline from 5.7% of population aged 15 to 49 years in 2010 to 1.3% in 2017. On the other hand, mortality associated with cardiovascular diseases, cancer and diabetes also remained under check with a rate of 23.1% among male and 19% among female of 30 to 70 years of age.
- However, even with these positive health trends, the OIC countries, as a group, still tends to lag behind the performance of other country groups on many fronts.

- OIC countries as a group made the least progress compared to their developing counterparts elsewhere in mainstreaming interventions like antenatal care, skilled attendance during birth, immunization, and early care seeking for infectious diseases.
- Today, only 64.5% of total pregnant women in OIC group are benefiting from the recommended four antenatal checks up while only 69% of deliveries are being assisted by skilled health personnel.
- On the other hand, though childhood immunization has increased in OIC countries from 72% in 2007 to 77% in 2017, still 23% of children remained vulnerable to diseases, disability and death due to missing the immunization.

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- A look at the general trends in disease prevention and control in OIC countries reveals that non-communicable diseases caused 59.2% of all deaths in 2016. Most of these deaths were related with cardiovascular diseases, which accounted for 47% of all deaths. The high incidence of non-communicable diseases is associated with risk factors like tobacco use and sedentary lifestyle.
- In this context, though, there is a slight decline in tobacco smoking rate, from 20.2% in 2010 to 19.3% in 2016, the tobacco use prevalence remained more than 20% in 18 OIC countries. Meanwhile, the prevalence of insufficient physical activity in OIC countries was also higher than the world average of 28.2% in 2016.

- On the other hand, a significant number of OIC countries continued to struggle with communicable diseases, which are largely preventable. Many children and adults are at risk of dying due to diarrhoea that mainly comes from unclean drinking water and unhygienic sanitation.
- As of 2016, 20.8% of deaths were attributed to unsafe water, sanitation, and lack of hygiene in OIC countries compared to only 11.9% in non-OIC developing countries. On the other hand, incidence of Malaria remained very high in OIC countries with 52.3% of world total Malaria cases reported in OIC countries in 2017.
- With respect to production and supply of medicines, vaccines and medical technologies, OIC countries are characterised by low production capacities and rely heavily on imports to meet their domestic demand. In 2018, pharmaceutical imports of OIC countries were recorded at US\$ 8.4 billion compared to exports of only US\$ 1.2 billion. On the other hand, intra-OIC pharmaceutical trade remained comparatively very low. With a total value of US\$ 413 million, intra-OIC exports accounted for 35% of OIC total pharmaceutical exports in 2018 whereas, with a total value of US\$ 332 million, intra-OIC imports accounted for only 4% of OIC total pharmaceutical imports in 2018.

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- A striking reality, which the report highlights, is the levels of resources OIC countries are devoting to the health sector. On average, health expenditures in OIC countries account for only 4.4% of GDP and 8.5% of total government spending in 2016.

- When we break this figure down even further, we find that the average per capita health spending in OIC countries is estimated at \$161 is 6 times lower than the world average and nearly 35 times lower than the average of developed countries.
- Furthermore, health expenditures continued to be financed through out of pocket spending in OIC countries with a lion share of 37.4% compared to 18.6% in the world and 13.5% in the developed countries.
- The report also warns that the density of health workers in OIC countries, with only 8 physicians and 18 nurses and midwives per 10,000 people, is well below the critical threshold (of 34.5), which is considered necessary to deliver the basic health services.
- Perhaps the most disturbing finding of our report is about the catastrophic impacts of conflicts and natural disasters on the continuity and sustainability of healthcare systems in many OIC countries.
- According to the latest available data, share of OIC member countries in total conflicts in the world has been doubled from 30% in 2002 to 61% as of 2017. On the other hand, 27% of floods and 23% of droughts in the world were reported in OIC member countries during the period of 2010-2018.
- As a result of these conflicts and natural disasters, over 25 million people in OIC countries are forced out of their homes and do not have access to food, shelter and basic healthcare services. This state of affairs underlines the need for OIC countries to develop and operationalize new mechanisms to reduce their vulnerability and strengthen their resilience to various crises especially by integrating common disaster management methods and health policies.

Finally, I would like to underline that the culmination of these positive and negative trends across the OIC countries calls for greater cooperation and collaboration to learn from each other's experiences and support the development of effective and efficient healthcare systems in our member countries.

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

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