

Health Situation in OIC Countries

This section of OIC SHPA describes the current status of health in member countries by providing a detailed account of the efforts made by OIC member countries and institutions in the domain of health, progress towards achieving the targets of the MDGs related to health and social determinants of health.

Overview

The 57 OIC member countries are dispersed over a large geographical region, spread out on four continents, extending from Albania (Europe) in the North to Mozambique (Africa) in the South, and from Guyana (Latin America) in the West to Indonesia (Asia) in the East. As a group, they account for one sixth of the world land area and more than one fifth of the total world population.

The OIC member countries constitute a substantial part of the developing countries, and, being at different levels of economic development, they do not make up a homogenous economic group. The mixed nature of the group of the OIC countries reflects high levels of heterogeneity and divergence in the economic structure and performance of these countries. The degree of heterogeneity in the macroeconomic and developmental profiles of OIC member countries also reflects in their performance in the health sector.

Between 1960 and 2010, the OIC member countries have, on average, recorded a 17.4 years increase in life expectancy. Although, average life expectancy at birth in OIC member countries is recorded at above 64 years in 2010, this average is still below 55 years in some countries especially in Sub Saharan Africa.

Despite a significant reduction in maternal mortality rates during the last decade, reaching the target of Millennium Development Goal (MDG 5) of three-quarters reduction by 2015 seems to be difficult in many OIC member countries. A similar observation could be made also for the under-five mortality rates as the reduction achieved so far has not been satisfactory, especially in countries with high under-five mortality rates, where one out of each 12 children still die before reaching the age of five years.

Under nutrition has also remained quite prevalent among the children in OIC member countries with 36% children under the age of five recorded as stunted and 22% recorded as underweight during 2010-2011(WHO, 2012a).

OIC member countries are still suffering from the double burden of communicable and non-communicable diseases. Currently, it is estimated that over 46.3% of mortality burden in the OIC member countries is due to non-communicable diseases, mainly: cardiovascular disease, diabetes, cancer and chronic lung disease; whereas 45.6% of deaths are caused by communicable diseases.

Overall, the prevalence of three key risk factors of non-communicable disease – tobacco use, unhealthy diet, lack of physical activity is high in most OIC member countries. The prevalence of

smoking among adult men is reported to be as high as 30% in some countries, whereas prevalence of tobacco use among 13-15 years old is more than 20%.

On average, one-third (33.7%) of the adults aged over 20 years are overweight whereas one out of every ten adults aged over 20 is facing obesity (11.8%). In line with the global trends, female obesity is significantly higher than the male obesity in majority of OIC member countries.

OIC member countries allocate only 2.6% of their GDPs for health whereas health expenditures account only 8.9% of their total government expenditures. Out-of-pocket health spending remained the most widely used method for health financing. It accounted for 36% of OIC total health spending in 2010 compared to only 17% at global level.

At the individual country level, out-of-pocket health expenditures account for more than 50 percent of total health spending in 22 member countries. On the other hand, only 28 member countries meet the critical threshold of 23 health personnel (doctors, nurses and midwives) per 10,000 population, generally considered necessary to deliver essential health services (SESRIC, 2011).

B. Progress Made Under the OIC Ten-Year Programme of Action

Over the years, OIC member countries and relevant OIC institutions have been carrying out programs and activities in the domain of health cooperation which are directly related to the implementation of the TYPOA and the decisions of the ICHMs and those of other related OIC fora. These actions and activities are as follows:

Preventing and Combating Communicable Diseases

At the national level, OIC member countries have reported the implementation actions within the context of national health programmes and strategies as well as their partnerships at the international level. With regard to communicable diseases, the efforts of the member countries focus on Polio, Tuberculosis, Malaria, HIV/AIDS and Hepatitis C. In general, member countries have been involved in activities like:

- Implementing national immunization programmes,
- Implementing multi-faceted prevention, screening, care and treatment strategies and programmes and emergency preparedness and response plan,
- Strengthening their disease observatory systems and means of diagnosis, related policies and procedures,
- Launching special programmes for scientific research to assist in the quick detection and treatment of prevalent diseases,
- Conducting training activities for the health personnel on action plan for the screening, diagnosis, follow up and treatment of diseases, and
- Maintaining databases for information on infectious diseases to facilitate analysis, identification and early detection of epidemics.

At the OIC Institution level, the OIC General Secretariat (GS) and relevant OIC institutions, in collaboration with international health and development organizations, have been involved in the following activities:

- OIC GS established close contact with the Global Polio Eradication Initiative (GPEI) Secretariat in Geneva and finalized a work programme to enhance collaboration on polio eradication in affected member countries. The OIC Secretary General has personally pursued the funding of GPEI programmes with the leadership of the potential donor countries and has been addressing the Heads of the OIC member countries, non-OIC member countries and philanthropic organizations. The OIC GS secured a religious injunction from the Islamic Fiqh Academy (IFA) which issued a fatwa to encourage the Muslims to participate and support the national polio vaccination campaigns.
- IDB has disbursed US\$ 500 000 to the United Nations Children's Fund (UNICEF) to procure polio vaccines on behalf of the Government of Afghanistan. The IDB would consider disbursement of additional funds on receiving notification of the successful utilization of the first disbursement of the payment.
- A Memorandum of Understanding (MoU) has been signed between the OIC GS and the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. Pursuant to the MoU, the GS has been working with the OIC member countries and other partners, including the IDB, to advocate action against HIV/AIDS, Malaria and Tuberculosis and to raise awareness about the Global Fund's vision, mission and work. Saudi Arabia, Kuwait, Malaysia, Brunei and Nigeria, are among the OIC member countries which have contributed to the Global Fund.
- OIC GS contacted with the Stop TB Partnership in order to establish a framework for cooperation. In this regard, a delegation of the Stop TB Partnership visited the OIC Headquarters in Jeddah and mutually discussed the possible elements of a joint work plan which will be finalized soon.
- Under the Quick Win Malaria initiative, the IDB, approved US\$ 8.4 million for implementing a project on Sterile Insect Technique (SIT) for Malaria vector control in Sudan. In addition to the primary objective of eliminating Malaria from the project area, the SIT project will make it possible to save over US\$ 3.2 million that was spent annually for vector control and malaria prevention and treatment in Sudan. Whereas, in a similar project more than 4 million inhabitants of Cameroon, mostly children and pregnant women, are protected from malaria.
- The OIC GS, IDB and the International Atomic Energy Agency (IAEA) are pursuing joint projects for the establishment and strengthening of cancer radiotherapy facilities in interested OIC member countries in Africa.
- The Statistical, Economic and Social Research and Training Centre for Islamic Countries (SESRIC) has initiated IbnSina Programme of OIC Health Capacity Building under which the Centre conducts short term training courses and workshops to provide technical assistance through matching needs and capacities of relevant national health institutions in OIC countries according to the results of the surveys conducted regularly. The Programme seeks to improve public health, and promote collective self-reliance in vaccine production and supply.

Mother and Child Health

At the national level, OIC member countries have reported specific national measures for mother and child health. These measures include:

- Mother and child health strategic action plans,
- Development of pre-natal care, safe and clean delivery, antenatal care, emergency obstetric care and infant and child monitoring clinical protocols and guidelines as well as related training activities,
- Establishment of networks of reproductive health training centres,
- Mandatory requirements for pre-marital screening of couples through Haemoglobinopathy Control Programmes,
- New-born scanning programmes in relation to certain diseases and disabilities,
- Strengthening of family planning consultancy services, and their free of charge provision to the public,
- Breastfeeding promotion and micro-nutrients supplement programmes,
- 45 member countries have pledged to redouble efforts to save every woman and child from dying of preventable causes under the recently launched global initiative “A Promise Renewed”.

At the OIC Institution level: Pursuant to the TYPOA and the resolution of ICHM on mother and child health, OIC GS and relevant OIC institutions, in collaboration with international health and development organizations, have taken following actions:

- OIC GS with the assistance of the US Centre of Disease Control and Prevention (CDC) prepared a project entitled “Reaching Every Mother and Baby in the OIC Emergency Care”. The OIC and the US Government signed a Cooperation Framework on 1 December 2008 to implement the project.
- **OIC-US- Mali partnership** to reduce mortality rate of mother during delivery and infant for first 4 weeks, was launched on 4 November 2010. The implementation of the project involves religious and community leaders, women groups, civil societies and a number of international partners. A delegation of Fiqh Academy visited Mali in July 2011 to assess the nature and scope of efforts required in terms of advocacy involving religious and community leaders.
- **OIC-IDB-US- Bangladesh partnership:** Under this initiative a joint field mission to Dhaka was conducted on 6 – 10 February 2011. The purpose of the mission was to meet with representatives of the government of Bangladesh and discuss the proposed partnership between the OIC-IDB-USA on the pilot project on maternal and neonatal health care.

Self-Reliance in Vaccine and Drugs

At the national level, OIC member countries are implementing national plans for strengthening their capacities in pharmaceutical industry and are also forging international partnerships for this purpose.

However manufacturing capacities in the pharmaceutical industry in many member countries continue to be inadequate. Local industry covers a tiny fraction of domestic pharmaceutical demand and member countries rely heavily on imports and medicinal aid. The current status of the pharmaceutical industry in the OIC countries is detailed in SESRIC report titled “Pharmaceutical Industry in OIC Member Countries: Production, Consumption and Trade“, which has been submitted to the 3rd ICHM, held in Astana, Kazakhstan, on 29 September – 1 October 2011.

At the OIC Institution level, OIC GS and relevant OIC institutions have been actively involved in various activities to promote self-reliance in vaccines and drugs in OIC member countries. These activities include:

- Coordination with relevant international partners for the participation of experts from the OIC member countries in international capacity-building activities in the area of vaccine and drug production.
- The workshop on public-private partnership in vaccine production pre-qualification hosted by Indonesia on 5 – 7 June 2012 in collaboration with the WHO and United States Agency for International Development (USAID). Indonesia offered to share expertise with other OIC member countries in the production of medicines.
- The meeting of technical experts on development and harmonization of standards on pharmaceuticals and vaccines hosted by Malaysia on 01-02 September 2012. The meeting deliberated on the proposed structure of the Technical Committee for the Development and Harmonization of Standards on Pharmaceuticals and Vaccines (OIC-DHSVP). Malaysia and Indonesia expressed their readiness to provide technical assistances and guidance on the area of good manufacturing practices (GMP) to
- IDB’s capacity-building assistance to producers and regulators from OIC member countries to enable them to meet WHO pre-qualifications for vaccine production. Under this program, IDB has spent US \$ 3.11 million for capacity building operations and projects in OIC member countries.
- IDB in collaboration with WHO has developed a comprehensive training programme on pre-qualification, validation and certification procedures for vaccine producers in OIC member countries.

C. Progress towards Achieving Health-related MDGs Targets

Health and well-being of people is at the heart of Millennium Development Goals (MDGs). Six out of the eight MDGs are identified as direct or indirect health-related MDGs. Progress towards the achievement of these goals varies across the OIC member countries presenting a mix picture in terms of achievements and gaps (see Table A).

The situation is particularly critical in some member countries from Sub-Saharan Africa and South Asia region. In fact many of these member countries are suffering continuously from natural calamities, conflict, political instability, massive migration and internal displacement. Furthermore, due to the lack of institutional capabilities, some of them could not also collect necessary data to track the progress towards achieving the MDGs targets. The status of the progress towards achieving the MDGs targets in the domain of health in OIC member countries can be summarized as follows:

MDG 1: Eradicate extreme poverty and hunger

Only 8 countries out of the 57 OIC member countries, for which the relevant information are available, have already achieved the MDG1 targets, while 12 are on track to meet the targets by 2015. Most of these countries are located in Middle East and North Africa (MENA) and Europe & Central Asian (ECA) regions. Two member countries from Asia are in early achiever category and two from Sub-Saharan Africa (SSA) are on track to reach the target in time.

On the other hand, 15 member countries are unlikely to meet the targets and hence need to make changes in their current approach; whereas six member countries are completely off track and will miss the MDG1 targets. The majority of these countries are located in SSA and South Asia (SA) regions. Overall, 16 OIC member countries do not have sufficient information to assess their progress towards achieving MDG1 targets. Among these countries, 16 are from SSA (8) and MENA (8) regions.

MDG 4: Reduce child mortality

Only 5 OIC member countries are early achievers to reach the MDG4 targets by 2015; while 20 are on track. The majority of on track countries are located in MENA (12) and ECA (4) regions; whereas two from South Asia and two from EAP are on track to meet the targets in time.

On the other hand, while 5 OIC member countries need to make changes in their current approach to meet the MDG4 targets, 27 are completely off track and will miss the MDG4 targets. Among the off track countries, 21 are located in SSA region.

MDG5: Improve maternal health

So far, 5 OIC member countries have already achieved the MDG5 targets while 14 are on track to meet the targets by 2015. The majority of these countries are located in MENA (10) region whereas; two from SSA and South Asia each are also on track to reach the target in time.

On the other hand, 22 OIC member countries need to make changes in their current approach to meet the targets and 16 are completely off track to achieve the MDG5. The majority of off track countries are located in SSA (7) and ECA (5) region.

MDG6: Combat HIV/AIDS, Malaria and other diseases

Currently, 2 OIC member countries already achieved the MDG6 targets whereas 21 member countries are on track to reach the targets. Most of these on track countries are located in MENA (12) whereas; three from ECA and three from SSA are also falling into this category.

On the other hand, 16 OIC member countries need to make changes in their current approach to meet the targets and 11 are completely off track to achieve the MDG6. The majority of off track countries are from SSA (10). Overall, 7 countries do not have sufficient information to assess

their progress towards achieving MDG6 targets. More than half of these countries are from the MENA region.

MDG7: Ensure environmental sustainability

The majority of OIC member countries are seriously lagging behind in achieving the MDG7 targets and only two countries are early achievers while 11 members are on track to reach the targets by 2015. A large number of OIC member countries (21) are very likely to miss the targets if they did not make changes in their current approach. On the other hand, 10 OIC member countries are completely off track to achieve the MDG7 targets; whereas there is a lack of sufficient information on 13 member countries to assess their progress towards achieving MDG7 targets.

MDG8: Develop a global partnership for development

The overall performance of the OIC member countries remained very poor in this area where only two member countries, namely Afghanistan and Indonesia, are on track to reach the targets; whereas four member countries (Azerbaijan, Senegal, Syria and Yemen) need to make changes in their current approach and one member (Gambia) is completely off track to meet the targets by 2015. Overall, 50 countries do not have sufficient information to assess their progress towards achieving MDG8 targets.

D. Social Determinants of Health

Social determinants of health (SDH) are the economic and social conditions in which people born, grow, live, work and age including the health system itself (Commission on SDH, 2008). These circumstances are influenced by policy choices and shaped by the distribution of income, wealth, influence, power and resources at global, national and local levels. Recognition of the power of socioeconomic factors as determinants of health came initially from research on health inequalities. Hence, combating health inequities requires comprehensive and coordinated action to address the SDH by key factors, including governments, civil society, health agencies and other developmental organizations, academic institutions, donors and private sector.

Poverty

Poverty is an important social determinant of health. It has a direct relationship with the state of poor health as it restricts strongly the access to some basic human needs like food, clean water, improved sanitation, housing and health care services and hence increases the risk of illness and mortality.

Poverty is one of the most challenging problems facing the OIC member countries today. In spite of some improvement in the situation during the last two decades, about 27% of the total population of these countries is still living below the poverty line of 1.25 dollar per day. The situation remained particularly more alarming in most OIC member countries in SSA region, which recorded highest prevalence of poverty both in terms of absolute numbers (over 186 million poor) and relative share in total population (44%). More than half of the OIC member

countries' poverty-stricken population is currently living in this region with incidence of poverty ranging from 50% to 70% in some member countries (World Bank, 2012).

Education

It is a well-established fact that better educated people are more likely to have better prospects of employability and earnings and hence better standards of living. Usually, educated people also enjoy various non-monetary benefits including better health, hygiene practices, family planning and less potential to engage in illegal acts.

Over the last four decades, OIC member countries have witnessed an improvement in their performance in the education sector and their average years of schooling have increased substantially. The number of OIC countries with average years of schooling more than 6 years was only 4 in 1970, but this number increased to 26 in 2010. Yet, average literacy rates in OIC countries are not impressive. In some member countries, literacy rates are still below 50%. With an average adult literacy rate of 71.7% in 2010, OIC countries, as a group, lag well behind the world and other developing countries' performance over the years (SESRIC, 2012a).

Employment

Employment is strongly related to good health as it does not only provide necessary resources for basic necessities of life, but also helps to keep people away from becoming a victim of depression, anxiety and unhealthy behaviours like tobacco use, drinking and committing suicide.

Availability of sufficient jobs and work opportunities remained a big challenge in OIC countries as majority of them are facing comparatively higher unemployment rates ranging between 10 to 25%. The figures on youth unemployment in OIC countries are even less promising with an unemployment rate of over 25% in some member countries. The highest youth unemployment rate in OIC countries is recorded in Palestine, where 46.9% youth aged 15-24 were unemployed in 2009 (SESRIC, 2012b). The lowest youth unemployment rate was recorded in Qatar with an unemployment rate of just 1.6% in 2007. According to the latest estimates, the youth unemployment rate in member countries, namely, Palestine, Tunisia, Bahrain, Saudi Arabia, Albania and Jordan, reached to more than 25%, and was recorded at 15% in a significant number of OIC countries like Syria, Turkey, Morocco, Lebanon, Maldives, Indonesia, Iran and Egypt (SESRIC, 2012b).

Occupational Safety

Work conditions are an important social determinant of health because of the great amount of time spent in workplaces. People who are already most vulnerable to poor health outcomes due to their lower income and education are also the ones most likely to experience adverse working conditions.

Workers and their families, other people in the community and the physical environment around the workplace can all be at risk due to poor working conditions and workplace hazards. Work-related accidents and diseases are common in many OIC member countries and have several

direct and indirect negative consequences for the health of workers and their families. Annually, more than 80 million occupational accidents causing more than 4 days of absence, about 86 thousand fatal occupational accidents and more than 390 thousand fatal work-related diseases have been reported in the OIC member countries (P. Hämäläinen et al., 2009).

Food Insecurity

Food is one of the basic human needs and it is an important determinant of health and human dignity. People who experience food insecurity are unable to have an adequate diet in terms of its quality or quantity.

Despite some progress, many OIC member countries are still suffering from a comparatively higher prevalence of food insecurity and hunger with 18% of the total population of OIC countries categorized as undernourished. The situation is particularly alarming in South Asia region, which recorded highest prevalence of food insecurity both in terms of absolute numbers (over 84 million undernourished people) and relative share in total population (25%). According to the Food and Agriculture Organization (FAO, 2012), 31 OIC countries are classified as Low Income Food Deficit Countries (LIFDC). These countries are relying heavily on food aid and imports to meet their local food demand.

Environment

Adequate access to improved water sources and sanitation facilities is very crucial for human health. As lack of sanitation facilities, poor hygiene practices and contaminated drinking water lead to various acute and chronic diseases.

In OIC countries, about 78% of the total population have access to improved drinking water sources. Nevertheless, in line with the global trend, access to clean water in rural areas remained quite lower compared to urban areas where only 69% of the rural population in OIC countries use improved water sources compared to 90% in urban areas.

Over the years, access to safe water has been improved across the OIC regional groups. Nevertheless, there are significant disparities within the OIC group and access to safe water sources ranges from a low of 60% in SSA, to a high of 94% in LAC. Meanwhile, improved water coverage remained 88% in MENA region and 82% in EAP region. Significant disparities exist in coverage of improved water resources and sanitation facilities between rural and urban areas as well, where; in general, coverage rates remained higher in urban areas.

In OIC member countries, 55% of the total population has access to improved sanitation facilities. The vast majority of those without access to improved sanitation are living in the rural areas where only 44% of people living in these areas are using improved sanitation facilities compared to 71% in urban areas.

Access to improved sanitation facilities has been improved across the OIC regions. Nevertheless, there are significant disparities within these regions where improved

sanitation coverage ranging from a low of 30% in SSA, to a high of 91% in ECA. Among the OIC regions, there are also disparities in rural and urban coverage of improved sanitation facilities.