TECHNICAL REPORT ON THE EXTENSION OF THE OIC-SHPA

THE 15TH MEETING OF
THE OIC STEERING COMMITTEE OF HEALTH
11 SEPTEMBER 2025
JEDDAH, KINGDOM OF SAUDI ARABIA

Technical Report
on the Extension of the **OIC-SHPA**

Prepared for Submission to

THE 15th MEETING OF
THE OIC STEERING COMMITTEE ON HEALTH

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STATISTICAL, ECONOMIC AND SOCIAL RESEARCH
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Executive Summary

This technical report has been prepared by SESRIC upon the request of the OIC General Secretariat to support deliberations on the future of the OIC Strategic Health Programme of Action (OIC-SHPA) 2014–2023. The report consolidates feedback from members of the OIC Steering Committee on Health (SCH), findings from SESRIC's comprehensive OIC Health Report 2025, and SESRIC's institutional contributions to health cooperation. Its objective is to assess the implementation of SHPA, identify remaining challenges, and present options for extending and updating the framework for the next phase of collective health action within the OIC.

The assessment highlights that, while the SHPA has provided a vital platform for health cooperation across OIC Member States, many strategic goals remain unfulfilled. Persistent disparities between and within regions, gaps in health financing, workforce shortages, and limited emergency preparedness continue to hinder progress toward universal health coverage and resilient health systems. Findings from the OIC Health Report 2025 underscore these challenges, revealing that OIC countries lag behind global averages in most health indicators, including maternal and child mortality, communicable and non-communicable disease control, vaccine production, and regulatory capacities.

Feedback from SCH members echoes these findings. While Member States and OIC institutions have implemented a wide range of initiatives aligned with SHPA priorities, efforts have been fragmented and constrained by limited resources and weak coordination. Several emerging health challenges—antimicrobial resistance, digital transformation, climate-related health threats, and pandemic preparedness—have not been fully integrated into the original SHPA framework.

Given the strategic relevance of SHPA's six thematic areas and the substantial effort invested in its preparation and implementation, the report concludes that an extension of SHPA—with targeted strategic updates—is the most viable option. Developing a completely new strategic framework would require multi-year consultations and risk disrupting ongoing initiatives.

The report proposes a two-phase approach:

Phase 1: An interim extension (2025–2027), to be considered at the 8th Islamic Conference of Health Ministers (ICHM), ensuring continuity of collective health action while incorporating high-level updates to address urgent gaps.

Phase 2: A fully revised SHPA, to be adopted at the 9th ICHM (anticipated in 2027), informed by expanded feedback, emerging health priorities, and lessons learned during interim implementation.

Key priorities for the next phase include:

- Ensuring equity in health service access across all Member States, with targeted support for countries lagging behind.
- Advancing universal health coverage (UHC) through sustainable financing and strengthening primary care.
- Accelerating digital health transformation, leveraging innovations for improved service delivery and emergency response.
- Building regional self-reliance in vaccines, medicines, and medical technologies.
- Strengthening responses to antimicrobial resistance (AMR) through surveillance and stewardship programs.
- Enhancing emergency preparedness and resilience to pandemics and climate-related disasters.

In this vein, the report includes a thematic matrix (Annex 3) that maps current Programmes of Action against proposed adjustments. This matrix is a reference tool to guide discussions during the SCH and clarify updated priorities. It is not an exhaustive revision but a practical starting point for phased updates.

The report also recommends short-term actions ahead of the 8th ICHM, including circulating this technical report for SCH review, finalising Annex 3, and preparing a draft resolution for ministerial consideration. Strengthened governance, including the potential establishment of a dedicated health unit at the General Secretariat and enhanced monitoring mechanisms, will be essential for the successful implementation of the extended SHPA.

Extension of the SHPA with strategic updates preserves the OIC's collective momentum in health cooperation, aligns with global health agendas, and provides a unified framework to address unfinished goals and emerging challenges—ensuring that no Member State is left behind in the next decade of health cooperation.

1. Introduction

This technical report has been prepared by the Statistical, Economic and Social Research and Training Centre for Islamic Countries (SESRIC) at the request of the OIC General Secretariat to support collective decision-making on the future of the *OIC Strategic Health Programme of Action (OIC-SHPA)*. The report provides a consolidated evaluation of the 2014–2023 implementation period, drawing on feedback received from members of the OIC Steering Committee on Health (SCH), complementary institutional inputs, and findings from SESRIC's expanded *OIC Health Report 2025*.

The report is intended to support discussion during the SCH with the aim of developing a common understanding of the issue in preparation for the upcoming 8th Session of the Islamic Conference of Health Ministers (ICHM), scheduled for 7–9 October 2025 in Amman, Jordan. Prepared under tight timelines and with inputs received from few members of SCH, the report remains a living document that can be updated should additional information shared by members of SCH before the 8th ICHM.

In accordance with the mandate given to the General Secretariat, the report reviews achievements and challenges under SHPA, examines strategic options for the post-SHPA agenda—including possible extension—and presents evidence-based considerations for discussion. Its overarching objective is to facilitate an evidence-based, inclusive, and timely decision on the future strategic framework for health cooperation within the OIC. The report is organised into five main sections: (i) Introduction and background; (ii) Summary of feedback received from SCH members; (iii) SESRIC's contributions to SHPA implementation; (iv) Key findings from SESRIC's *OIC Health Report 2025*; and (v) Strategic options and recommendations for the next phase of SHPA.

1.1. Health as a Strategic Priority

Health is a fundamental pillar of human development and a key driver of socio-economic progress. Recognising its critical importance, OIC Member States have long identified health as a major area of cooperation within the broader framework of joint Islamic action. Prioritising health in OIC-level initiatives reflects its central role in improving quality of life, reducing poverty, and achieving sustainable development across diverse Member States.

The commitment to advancing health cooperation was first articulated in the *OIC Ten-Year Programme of Action (2005–2015)*, which sought to combat diseases and epidemics through collective efforts. Building on this foundation, the *OIC-2025:*

Programme of Action elevated health to one of its core priority areas, emphasising its contribution to comprehensive human development. In line with this commitment, OIC Member States have convened seven sessions of the ICHM, resulting in concrete policy outcomes, most notably the adoption of the OIC-SHPA 2014–2023.

Health cooperation within the OIC is grounded in the shared recognition that many public health challenges transcend national borders and require collective solutions. Frameworks such as the OIC-SHPA have provided an organised platform for aligning national efforts, fostering South-South collaboration, and mobilising technical and financial resources. Through these mechanisms, Member States have benefited from knowledge exchange, harmonised strategies, and coordinated responses to health emergencies—contributing to improved and more equitable health outcomes across the Islamic world.

1.2. Genesis of OIC-SHPA 2014–2023

The development of the OIC-SHPA 2014–2023 was initiated during the 2nd Session of the ICHM, held in Tehran, Iran, in March 2009. At this session, Health Ministers mandated the *OIC Steering Committee on Health (SCH)*[1] to prepare a draft strategic programme for submission to the 3rd ICHM. This directive launched a collaborative, multi-year process involving OIC institutions, Member States, and development partners.

The SCH advanced this mandate during its 3rd Meeting in January 2011 in Jeddah, Saudi Arabia, where it adopted formal Terms of Reference for the SHPA and recommended that consultants delegated by the OIC General Secretariat prepare an initial draft. The 3rd ICHM, convened in September 2011 in Astana, Kazakhstan, urged acceleration of the process. In response, the General Secretariat partnered with the SCH Chair and the Islamic Development Bank (IsDB) to expedite technical preparations, while emphasising that OIC institutions should lead the drafting.

At its 5th Meeting (January–February 2012, Jeddah), the SCH appointed SESRIC as the lead institution responsible for preparing the OIC-SHPA, with financial support from IsDB. Afterwards, SESRIC convened a Brainstorming Session in

[1] SCH is the implementing body of the ICHM. It was established in order to enable the monitoring and follow-up of the implementation of the actions identified in the outcome reports and resolutions of the ICHM sessions, and to prepare progress and evaluation reports. The current composition of the SCH is as follows: Saudi Arabia, United Arab Emirates, Maldives, Pakistan, Mauritania, Chad, Türkiye, Egypt, Malaysia, Indonesia, Sudan, OIC General Secretariat, COMSTECH, SESRIC, IsDB, ICESCO, WHO, UNICEF, UNFPA, The Global Fund, and GAVI the Vaccine Alliance.

June 2012 with SCH members, which defined the outlines and thematic scope of the SHPA. SESRIC subsequently prepared and circulated a draft to all Member States and relevant international organisations for input.

To validate and refine the draft, SESRIC hosted an Expert Advisory Group Meeting (EAGM) on 17–18 February 2013 in Ankara. Health experts from OIC countries, international agencies, and academia reviewed the draft and provided technical recommendations. Following these consultations, SESRIC finalised the document, which was endorsed by the SCH and submitted for adoption to the 4th ICHM.

The OIC-SHPA 2014–2023 outlined six thematic areas of health cooperation: (i) Health System Strengthening; (ii) Disease Prevention and Control; (iii) Maternal, Newborn, and Child Health and Nutrition; (iv) Medicines, Vaccines, and Medical Technologies; (v) Emergency Health Response and Interventions; and (vi) Information, Research, Education, and Advocacy.

In parallel, the SCH initiated work on a corresponding Implementation Plan. Following an EAGM proposal, Member States were invited to submit activity proposals under six thematic working groups, each led by a designated Member State.[2] A final meeting hosted by Indonesia on 18–19 June 2013 in Bandung organised activities into short-, medium-, and long-term actions. The 7th SCH Meeting (21 October 2013) endorsed the Implementation Plan for submission alongside the SHPA.

The OIC-SHPA 2014–2023 was adopted at the 4th ICHM, held in Jakarta, Indonesia, on 22–24 October 2013. It became the decade-long blueprint for health cooperation within the OIC, providing a comprehensive framework for coordination among Member States, OIC institutions, and international partners to address shared public health challenges and advance sustainable, resilient health systems across the Islamic world.

[2] Each working group includes interested OIC Member States and relevant OIC institutions, and one Member State is considered as the Lead Country Coordinator (LCC). Elected from among voluntary Member States on a rotation basis, LLCs currently include Türkiye (Health System Strengthening), Egypt (Disease Prevention and Control), Malaysia (Maternal, New-born and Child Health and Nutrition), Indonesia (Medicines, Vaccines and Medical Technologies), Sudan (Emergency Health Response), and Morocco (Information, Research, Education and Advocacy). These LCCs, along with the OIC General Secretariat, COMSTECH, SESRIC, IsDB, and ICESCO, constitute the Lead Country Coordinators' Group (LCCG), which facilitates the implementation and follow-up of the actions and activities under every thematic area of the SHPA.

1.3. Post-SHPA Agenda: Strategic Options

With the conclusion of the implementation period of the OIC-SHPA (2014-2023), there is a clear need to define the next phase of collective health action. The new agenda must build on past achievements, address unfinished objectives, and incorporate emerging health priorities that have gained prominence over the last decade. This report serves as a background document to inform decision-making on the future health agenda of the OIC, outlining the available options and their implications.

The first option would be to simply extend the OIC-SHPA in its current form. This approach would preserve the six thematic areas, which remain broadly relevant to Member States' health needs and priorities. Extending without modification would also ensure continuity, avoid the administrative and technical demands of developing a new framework, and allow Member States to maintain ongoing implementation mechanisms. However, this approach would limit the ability to incorporate lessons learned from the past decade and emerging challenges such as antimicrobial resistance, digital health, and the evolving global health security architecture.

The second option would be to extend the OIC-SHPA with targeted updates. This approach would build on the strengths of the existing framework—its thematic comprehensiveness, established institutional mechanisms, and wide ownership among Member States—while introducing refinements to address gaps identified through evaluations and recent health experiences. In particular, SESRIC's *OIC Health Report 2025* highlights limited progress across most indicators compared to global averages, persistent disparities among Member States, and vulnerabilities revealed by the COVID-19 pandemic and other emergencies. Updating the SHPA would allow alignment with contemporary global health agendas, including the Sustainable Development Goals (SDGs), Universal Health Coverage (UHC) commitments, and the forthcoming WHO Pandemic Agreement. It would also integrate new priorities such as strengthening emergency preparedness, promoting regional self-reliance in medicines and vaccines, expanding digital health and innovation, and ensuring equity in reaching vulnerable populations.

The third option would be to develop an entirely new strategic framework. While this would provide an opportunity to rethink the overall health cooperation architecture of the OIC and potentially introduce transformative approaches, it would also require a substantial investment of time and resources. The preparation of the original SHPA involved multi-year consultations, expert reviews, and coordinated efforts among OIC Member States, institutions, and

partners between 2009 and 2013 before it was finally adopted at the 4th ICHM. A similar process would likely be necessary for a new framework, potentially delaying collective health action at a time when Member States are facing pressing health challenges that demand continuity and rapid response.

In light of these considerations, and based on available evaluations and feedback, the second option—extending the OIC-SHPA with targeted updates—emerges as the most practical and strategic way forward. This approach ensures continuity of action, preserves institutional momentum, and leverages a decade of experience while allowing for the incorporation of new priorities, lessons learned, and alignment with evolving national and global health agendas.

1.4. Current Process for SHPA's Next Term

The development of a new health cooperation framework for the OIC region has been delayed beyond the original timeline. Ideally, the process for defining the post-SHPA agenda should have been finalised before the conclusion of the 2014–2023 implementation period. However, the COVID-19 pandemic significantly disrupted regular intergovernmental processes—including the ICHM, last convened in 2019—diverting attention and resources toward immediate crisis response. In parallel, the search for a host country for the next session of the ICHM prolonged collective decision-making on the future strategic direction.

Resolution No. 3/50-S&T on Health Matters, adopted during the 50th Session of the Council of Foreign Ministers, held on 29-30 August 2024 in Yaoundé, Republic of Cameroon, *inter alia*, "Takes note of the end of the OIC Strategic Programme of Action (SHPA) 2014-2023 and calls on the OIC General Secretariat in coordination of relevant institutions especially SESRIC and IsDB to expedite the elaboration of a new strategy for the next ten years in accordance with the recommendation of the OIC Steering Committee on Health" (Item #24). In this connection, the OIC General Secretariat, in collaboration with SESRIC, initiated the process of consultations extending the SHPA for another ten-year period, as recommended during the 14th Meeting of the SCH, held on 6 February 2022 at the OIC General Secretariat, concerning the then-impeding conclusion of the SHPA 2014–2023.

In preparation for defining the next phase of collective health action under the OIC framework, a structured process was launched under the joint coordination of the OIC General Secretariat and SESRIC. This process was initiated during a virtual coordination meeting between the technical teams of the two institutions on 12 September 2024, where the methodology for assessing the 2014–2023 implementation period and guiding deliberations on the future strategic cycle was agreed upon.

In line with this coordination, SESRIC expanded the scope of its regular *OIC Health Report*, transforming the 2025 edition into a comprehensive evaluation of SHPA implementation. The report provides a detailed analysis of achievements, gaps, and disparities across the six thematic areas of SHPA, benchmarking OIC performance against global averages and targets. It also highlights emerging health priorities relevant to shaping the post-SHPA agenda.

Following the coordination meeting, the OIC General Secretariat formally requested inputs from all members of the SCH. The objective of this exercise was to evaluate the performance of the current SHPA, highlight major achievements, identify persistent challenges, and receive recommendations on possible approaches for the next stage, including its extension. While primary responsibility for SHPA implementation rests with OIC Member States, the SCH plays a crucial role in monitoring progress, following up on the implementation of actions identified in ICHM outcome reports and resolutions, and preparing progress and evaluation reports.

To date, feedback has been received from only five SCH members—Malaysia, Pakistan, Türkiye, the Islamic Development Bank (IsDB), and the World Health Organization (WHO). Contributions from other members may be incorporated as they are received. Depending on the Steering Committee's decision, this technical report can be updated accordingly to reflect additional inputs.

The upcoming 8th Session of the ICHM, scheduled for 7–9 October 2025 in Amman, Jordan, provides a critical decision-making opportunity to define the post-SHPA health cooperation agenda. Its outcomes will be pivotal in determining the future strategic framework. Any agreed strategic option—whether to extend the SHPA as is, update it, or develop a new framework—prepared by October 2025 could be adopted at the 8th ICHM. Otherwise, final decisions may be deferred to the 9th ICHM, allowing more time for fine-tuning and comprehensive preparations. In this context, the technical report, together with SESRIC's expanded *OIC Health Report 2025*, is intended to serve as the main reference for Member States and the SCH in shaping informed, evidence-based decisions on the next stage of OIC health cooperation.

2. Summary of Feedback from SCH Members

As part of the preparatory process for defining the post-SHPA agenda, the OIC General Secretariat transmitted to SESRIC the written feedback received from five SCH members, through a Note Verbale dated 7 July 2025. While further contributions from other SCH members may be received and integrated at a later stage, the available submissions offer valuable insights into Member States' and institutional experiences under SHPA. These perspectives have played a critical role in informing both the evaluation of progress and the development of the extension proposals presented in this report. The following subsections summarise these contributions, and a summary table is provided in Annex 1 for ease of reference.

2.1. Malaysia

Malaysia was designated as the Lead Country Coordinator for two thematic areas under the OIC-SHPA: Thematic Area 4 on Medicines, Vaccines and Medical Technologies (2014–2019), and Thematic Area 3 on Maternal, Newborn and Child Health and Nutrition (2020–2023).

Efforts & Achievements

Malaysia has made significant progress in implementing activities under the two priority areas, particularly by enhancing access to safe and quality medicines and promoting information exchange and capacity building among OIC Member States.

Under Thematic Area 4, the National Pharmaceutical Regulatory Agency (NPRA) of Malaysia successfully conducted four training sessions between 2013 and 2019. These sessions aimed to strengthen the pharmaceutical regulatory frameworks and pharmacovigilance systems across OIC member states. A total of 57 participants from 49 member countries benefited from these programs. The training covered a wide range of critical topics, including:

- Product registration processes
- Post-registration activities such as surveillance and pharmacovigilance
- Good Manufacturing Practice (GMP) inspections
- Laboratory testing and regulatory control of clinical trials
- Vaccine and Vaccine Lot Release procedures
- Registration of blood products and biosimilar
- Cold chain requirements

To support information sharing efforts under the OIC-SHPA, Malaysia also collaborated with SESRIC to provide links to its online registered medicines database (QUEST3+) and its consumer medicine price guide, both of which were made available on the SESRIC website. These serve as reference tools for other member countries.

As the Lead Coordinating Country for Thematic Area 3, the Ministry of Health of Malaysia, in collaboration with the OIC General Secretariat, organised an online training program focused on pre-pregnancy care. This initiative aimed to help reduce maternal mortality due to pre-existing medical conditions. The program also highlighted Malaysia's approach to classifying preventable and non-preventable under-five mortalities. A total of 62 participants from 11 member countries took part in this training, gaining valuable insights from Malaysia's experiences and best practices.

Malaysia has greatly benefited from its participation in the OIC-SHPA activities over the years, particularly through enhanced knowledge sharing. The OIC-SHPA availed Malaysia the opportunity to exchange best practices, strengthen technical expertise, and improve work relationships with fellow OIC Member States. For example, Malaysia participated in training programs under the Vaccines Manufacturer Group (VMG).

Challenges

Effective coordination of activities among OIC Member States remains a significant challenge due to several interrelated factors. Key among these is the considerable variation in health system capacities and the wide disparities in available resources across member countries. This heterogeneity complicates the standardisation and harmonisation of efforts. Furthermore, the divergence in national health priorities and the differing institutional capacities among Member States impede the alignment necessary for advancing shared health objectives under the OIC-SHPA. Compounding these challenges is the limited engagement and, in some instances, the reluctance of certain Member States to actively participate in the implementation of OIC-SHPA activities. This lack of collective commitment undermines the overall effectiveness of health cooperation among Member States.

Key Recommendations

In recognition of the significant contributions of the OIC-SHPA in strengthening health systems across member countries, Malaysia fully affirms its support for the extension of the OIC-SHPA for an additional ten-year period. The Ministry of Health Malaysia strongly believes in the continued relevance of the current

thematic areas of the OIC-SHPA. To ensure that the OIC-SHPA remains responsive and relevant in an evolving healthcare landscape, characterised by rapid technological advancements, emerging public health emergencies, and persistent challenges in accessing quality, safe, and effective medicines, the Ministry recommends the incorporation of new priority areas, or the expansion of existing ones, to reflect advances in healthcare technologies.

In addition, Malaysia proposes enhancing regulatory control over medicinal products. This includes, among other areas, the regulation of biologics, particularly cell and gene therapy products, along with improved evaluation of clinical trials, with a specific focus on First-in-Human (FIH) studies involving biologics. It also recommends implementing risk-based surveillance programs for the quality monitoring of pharmaceutical products.

Finally, under Thematic Area 3, Malaysia highlights the following areas for consideration: women's health; the impact of nutrition prior to pregnancy; integrated management of childhood illnesses; childhood immunisation; family planning and community-based services; and the relationship between child health and early education.

2.2. Pakistan

Pakistan has made significant progress in health sector reforms aligned with OIC-SHPA and is committed to achieving the Sustainable Development Goals (SDGs) with a focus on Universal Health Coverage (UHC).

Efforts & Achievements

In the area of *health system strengthening*, Pakistan developed the National Health Vision (2016–2025) to advance progress toward health-related SDGs, integrate health and population services, and address the dual burden of disease. The country also incorporated health security and climate-related health challenges into a resilient health system framework through its National Health and Population Policy (2025–2034). Primary Health Care (PHC) was significantly strengthened to support UHC, with PHC service coverage rising from 40% in 2015 to 54% in 2023. This was made possible through increased investment in the health sector and a corresponding rise in annual per capita health expenditure. Furthermore, a four-year National Health Support Program was launched to expand access to essential health coverage.

Under the thematic area of *disease prevention and control*, Pakistan has launched the National Program for the Prevention and Control of Diabetes Mellitus, and the National Program for the Elimination of Hepatitis C Infection. It also

implemented the PC-1 for Cancer Prevention and Control, established a national cancer registry, and developed and endorsed Pakistan's Antimicrobial Resistance Action Plan.

With respect to *emergency health response and preparedness*, Pakistan has developed the National Action Plan for Health Security-II, aligning with the recommendations of the Joint External Evaluation (JEE 2023) to strengthen health security. Additionally, it has formulated a multi-sectoral National Health Adaptation Plan to address climate-related health risks, presented as the Framework of Action for a Climate-Resilient Health System. Pakistan has also engaged and collaborated with external health security partners to further enhance its preparedness and response capacity.

In the area of *maternal, newborn, and child health (MNCH)*, the government expanded Basic Health Units (BHUs) into round-the-clock service delivery facilities for maternal and neonatal care, supported by enhanced investment in PHC. A Health Care Commission was also established to regulate both public and private healthcare sectors, ensuring service quality through the enforcement of minimum service delivery standards. Additionally, National Guidelines for the Care of Small and Sick Newborns were developed, and a Maternal and Perinatal Death Surveillance and Response (MPDSR) system was established in 24 hospitals across the country.

Regarding *medicines, vaccines, and medical technologies*, Pakistan significantly increased the number of vaccines administered to children annually, strengthened the Drug Regulatory Authority of Pakistan (DRAP), and improved procurement mechanisms for essential medicines and vaccines.

In the domain of *health information and research*, Pakistan developed a National Health Digital Framework and a Health Information System (HIS) plan aimed at digitally transforming the District Health Information System (DHIS), thereby enhancing data-driven health service delivery and policy planning.

Challenges

In spite of the above-mentioned efforts and achievements, Pakistan has encountered several challenges in implementing activities related to the OIC-SHPA. Key persistent issues include a low health workforce ratio, a fragmented health governance system, inadequate resource allocation to the health sector, and limited service coverage in remote areas, all of which hinder progress toward achieving the "health for all" initiative.

In the area of disease prevention and control, vaccine hesitancy, limited vaccine availability, and weak health surveillance systems have impeded efforts to eliminate polio and contributed to the continued high prevalence of other communicable diseases. Additionally, the persistence of inefficient medicine and vaccine distribution channels, coupled with the widespread presence of counterfeit and substandard medicines and low levels of health literacy, presents critical challenges within the medical sector. While the former underscores the urgent need to strengthen regulatory oversight of pharmaceutical products, the latter significantly affects the effectiveness and reach of public health campaigns.

Key Recommendations

Inputs from Pakistan affirm the extension of the OIC-SHPA. In line with the current thematic areas of the OIC-SHPA, Pakistan is committed to increase government health expenditure by 3% to strengthen its workforce, improve health infrastructure and services; align the implementation of health programs by streamlining federal-provincial relations; and establish legal mechanisms for transparency and accountability in the health sector. Furthermore, it is committed to deepening international cooperation with OIC Member States and international organisations, particularly in cross-border health challenges.

2.3. Türkiye

Türkiye, currently serving as the Lead Country Coordinator for *Thematic Area 1: Health System Strengthening*, submitted an evaluation report assessing the SHPA's outcomes and shortcomings and providing recommendations for future action.

Efforts & Achievements

The Ministry of Health of the Republic of Türkiye acknowledges that the OIC-SHPA (2013-2014) has contributed to progress in the health sector of member countries. It recognises achievement made in some countries in strengthening their health systems and health workforce, expansion of vaccination rate, a decrease in prevalence of non-communicable diseases and mortality rates and the execution of several activities under emergency health response. It also highlights the significant achievement towards vaccine self-reliance in countries such as Türkiye and Indonesia.

Challenges

The OIC-SHPA achieved limited success in addressing health challenges across Member States due to various significant hurdles. Most importantly, the absence of a central health secretariat within the OIC is considered to have led to poor coordination and lack of technical guidance, resulting in disjointed efforts across Member States. Other challenges include the following:

- Health system strengthening was hindered by systemic weaknesses and insufficient advocacy for reforms, leaving lower-income countries struggling with resource mobilisation.
- Disease prevention and control efforts were inconsistent, with limited sustainable solutions for communicable diseases and inadequate support during crises like the COVID-19 pandemic.
- Maternal and child health progress was uneven due to unaddressed cultural, socio-economic, and access barriers, compounded by weak advocacy.
- Emergency health response faced resource and training shortages, exacerbated by a lack of coordinated policies.
- Self-reliance in vaccine production saw limited success, with most Member States relying on imports due to the absence of a unified strategy.
- Information, research, education, and advocacy initiatives underperformed due to fragmented frameworks, poor data sharing, and weak visibility.
- Collaboration with international partners faltered without structured coordination.
- Persistent challenges included inadequate funding, leadership shortcomings, political instability, and the OIC General Secretariat's inability to actively promote the SHPA, leading to low engagement and limited impact.

Key Recommendations

Türkiye's recommendations for future action emphasise the need for structural reforms and enhanced coordination to address the shortcomings of the SHPA. Key proposals include establishing a dedicated health secretariat within the OIC to provide oversight and technical guidance. Advocacy efforts must be strengthened to secure Member State commitment and raise the visibility of health initiatives. Resource mobilisation should be prioritised, particularly for low-income countries, to ensure sustainable funding. A unified strategy is needed to harmonise efforts across thematic areas, with clear leadership and support for countries leading thematic areas.

Investing in research and data sharing is critical, including the creation of a centralised health data repository to support evidence-based policies. The Secretariat should allocate budgets biennially to countries leading thematic areas to improve accountability and implementation. The SHPA's thematic areas should be reorganised to reflect current global health realities, with certain tasks,

such as the thematic area on Information, Research, Education, and Advocacy, reassigned to the Secretariat rather than Member States.

Additionally, the Secretariat should build a pool of technical experts to monitor and evaluate program implementation. SESRIC could play a larger role in tracking progress by compiling data and providing regular feedback reports. These measures aim to improve coordination, accountability, and long-term health outcomes across OIC Member States.

2.4. Islamic Development Bank (IsDB)

IsDB has aligned its health policy and operations with the six thematic areas of the SHPA. Since its adoption, IsDB has financed major projects to enhance primary healthcare systems across Member States.

Under Health System Strengthening, IsDB has supported projects in Suriname (tertiary hospital and Primary Health Care (PHC) facilities), Cameroon (PHC and blood transfusion systems), Sierra Leone (blood transfusion services post-Ebola), Mozambique (district hospital and HIV prevention), Chad (PHC centres), Lebanon (PHC centres), and Guinea (specialised hospital and epidemic preparedness). These projects aim to improve access to quality healthcare, particularly for vulnerable populations, though some face delays due to funding gaps.

In Disease Prevention and Control, IsDB has been active in polio eradication, notably in Pakistan and Somalia, through vaccination campaigns and community mobilisation. It also supports malaria control in Cameroon, Senegal, and Sudan, focusing on insecticide-treated nets, diagnostics, and training. Additionally, IsDB funds oncology services in Uzbekistan, Djibouti, and Turkmenistan, and disease surveillance in West Africa.

For Maternal and Child Health, projects in Sierra Leone, Niger, Tajikistan, and Uganda emphasise emergency obstetric care, midwifery training, and community mobilisation to reduce maternal and neonatal mortality. These initiatives aim to enhance access to quality services and improve health-seeking behaviours.

Under Medicines and Vaccines, IsDB supports Senegal's yellow fever vaccine production and Bangladesh's Center for Natural Product Research to ensure safe and effective traditional medicines.

In Emergency Health Response, IsDB has addressed Ebola outbreaks in Guinea and Sierra Leone, provided healthcare for Syrian refugees in Lebanon and Jordan, and supported post-Ebola recovery in Guinea. These efforts focus on epidemic control, healthcare capacity, and resilience.

Lastly, in Information and Advocacy, IsDB collaborates with OIC and partners to raise awareness on malaria and strengthen laboratory networks in West Africa for disease diagnosis and monitoring.

Overall, IsDB's contributions reflect a comprehensive approach to improving healthcare systems, addressing diseases, and responding to emergencies, while aligning with the OIC-SHPA's goals. The Bank's projects emphasise infrastructure, capacity building, and equitable access; though challenges like funding delays persist.

2.5. World Health Organization (WHO)

WHO has provided consolidated feedback and recommendations for the next phase of SHPA, emphasising alignment with global health priorities. This feedback reflects priorities discussed at the July 2024 UN-OIC General Cooperation Meeting in Astana, where both organisations reaffirmed their strategic partnership in advancing global health.

In its report, WHO acknowledged progress under SHPA 2014–2023, with achievements in polio eradication, cancer treatment, and vaccine distribution, while also highlighting persistent challenges related to climate resilience, disease outbreaks, and environmental health risks. Strengthening these areas requires sustained commitment and resources from OIC Member States.

Accordingly, WHO recommends that the OIC leverage its strategic position by embedding health in all policies, thereby ensuring a holistic approach to health. Among the key technical recommendations are: (1) establishing a dedicated health coordination forum to strengthen collaboration among Member States; (2) accelerating the exchange of successful health approaches and innovations across OIC countries; and (3) fostering political consensus to enable unified advocacy on shared health priorities.

WHO also recommends that the new phase of the SHPA be aligned with its Fourteenth General Programme of Work (GPW14) for 2025–2028, which is a globally endorsed strategic framework. The six objectives of GPW14 provide a comprehensive roadmap for action, including: (1) responding to climate change through climate-resilient health systems; (2) addressing the root causes of ill health such as poverty and poor nutrition through multi-sectoral policies; (3) advancing universal health coverage by strengthening primary healthcare; (4) improving equity in health services, (5) preparing for health emergencies through disaster risk mitigation; and (6) enhancing outbreak response via rapid detection systems. The recent OIC–WHO Memorandum of Understanding (MoU) reinforces this alignment, paving the way for coordinated implementation of shared health priorities.

3. SESRIC's Contributions in the Health Domain

As the lead coordinator in the preparation of the OIC-SHPA 2014–2023, SESRIC has played a central role in its implementation and continues to contribute actively to shaping the post-SHPA health cooperation agenda. Through its three mandated areas—research, statistics, and training—SESRIC has supported Member States in strengthening evidence-based policymaking, enhancing data-driven monitoring of health systems, and building technical expertise in health governance.

Throughout the SHPA period, SESRIC delivered flagship research outputs, including the *OIC Health Report* and thematic outlook reports on maternal and child health, disability, ageing populations, youth health, and the socio-economic impacts of COVID-19. It expanded the OIC Statistics Database (OICStat) to include more than 240 health indicators and maintained annual statistical yearbooks tracking SDG 3 progress. Complementing these efforts, SESRIC developed specialised databases such as the COVID-19 Pandemic Database, providing real-time tracking of cases and vaccination coverage across Member States.

SESRIC also developed the *OIC Health Portal* and launched it during the 6th Session of the ICHM, held on 5-7 December 2017, in Jeddah, Kingdom of Saudi Arabia. Continuously enhanced since then, the Portal is now serving as the primary platform for health-related data, research dissemination, and capacity-building resources. This integrated platform is becoming a critical tool for facilitating evidence-based policy dialogue and knowledge-sharing among Member States and stakeholders. Similarly, SESRIC maintains the *OIC Occupational Safety and Health Network (OIC-OSHNET) Portal*, which serves as a collaborative platform for improving workplace health and safety standards and strengthening resilience during health emergencies.

Capacity development has been another pillar of SESRIC's contribution to SHPA implementation. Since 2014, SESRIC organised 106 health-related capacity-building activities under its thematic programmes,[3] benefiting over 3,400 experts across Member States. These activities included training courses on epidemiology,

[3] IbnSina Health Capacity Building Programme (IbnSina-CaB), Occupational Safety and Health Capacity Building Programme (OSH-CaB), Social Development Capacity Building Programme (SD-CaB), Tobacco Free OIC Capacity Building Programme (TF-CaB), and Statistical Capacity Building (StatCaB) Programme.

maternal and child health, pandemic management, occupational safety and health, disease prevention, health statistics, vaccine production, and digital health monitoring.

In public health surveillance, SESRIC has been supervising the integration of the *Tobacco Questions for Surveys (TQS)* and *TQS-Youth* modules into ongoing national surveys across OIC Member States. These initiatives aim to harmonise and standardise the monitoring of key tobacco control indicators, promote regular data collection, and encourage integration with broader risk factor surveillance efforts. As of now, the TQS has been successfully completed in 17 Member States—Albania, Azerbaijan, Cameroon, Chad, Côte d'Ivoire, Egypt, Gambia, Guyana, Indonesia, Mauritania, Mali, Niger, Palestine, Senegal, Sierra Leone, Tajikistan, and Togo—while integration is ongoing in Djibouti, Guinea, and Uzbekistan. In addition, the TQS-Youth module has been implemented in Mali, Niger, and Tajikistan. These efforts have contributed to more consistent tobacco use data and informed evidence-based anti-tobacco policies across the OIC region.

SESRIC has also represented the OIC in numerous high-level conferences and expert meetings, contributing to regional and international policy dialogues on health. Meanwhile, the Centre is also fostering strategic partnerships with relevant global, regional, and national institutions. This role has strengthened OIC's visibility in global health fora and enhanced collaboration opportunities for Member States.

These coordinated initiatives have ensured strong alignment with SHPA's objectives, enhanced technical capacities in Member States, and promoted regional solidarity in responding to health challenges. They have also laid a robust foundation for the next phase of SHPA, where SESRIC remains well-positioned to provide technical support in monitoring, evaluation, capacity development, and fostering intra-OIC cooperation for improved health outcomes.

SESRIC's contributions during the SHPA period have demonstrated the importance of coordinated, evidence-based approaches to advancing health outcomes in OIC Member States. One key lesson has been the critical role of reliable health data and analytical capacity in informing national and regional health policies. The development of harmonised indicators and platforms, combined with comprehensive research outputs, has provided Member States with actionable insights to address disparities and track progress toward universal health coverage.

Capacity-building efforts have shown that sustainable improvements in health systems require continuous investment in human capital. Training activities and

technical exchanges have not only enhanced the skills of thousands of health professionals but also fostered South-South cooperation and knowledge transfer among Member States. This collaborative approach has proven particularly effective in addressing shared challenges such as tobacco control, pandemic preparedness, and occupational health and safety.

The COVID-19 pandemic underscored the importance of agility and cross-institutional collaboration in responding to health crises. SESRIC's rapid mobilisation of data platforms, research, and policy support during this period highlighted its ability to adapt and provide timely, coordinated assistance to Member States.

Building on these experiences, SESRIC remains committed to add further value in the next phase of SHPA. Its proven expertise in monitoring and evaluation, coupled with its capacity-building programmes and facilitation of intra-OIC cooperation, can help ensure that future health strategies are data-driven, inclusive, and responsive to emerging challenges. Strengthening partnerships with OIC institutions, WHO, IsDB, and other stakeholders will remain essential to mobilise resources and deliver impactful regional health interventions.

4. Key Findings from the OIC Health Report 2025

The OIC-SHPA 2014–2023 has served as the main framework for enhancing health cooperation among Member States. Over the past decade, the Programme has fostered collaboration in strengthening health systems, preventing and controlling diseases, improving maternal and child health, advancing access to medicines and technologies, enhancing emergency preparedness, and promoting information sharing and research.

Significant improvements have been recorded in multiple domains, including life expectancy, maternal and child health outcomes, disease control efforts, health research output, and intra-OIC cooperation mechanisms. These achievements demonstrate the value of collective action under the SHPA framework and the progress made toward shared health objectives.

However, despite these advancements, large gaps remain across the region. Health financing, workforce availability, and infrastructure continue to lag behind global benchmarks. The burden of communicable and non-communicable diseases remains high, maternal and child mortality rates exceed global averages, and many Member States face challenges in emergency preparedness and health system resilience.

SESRIC's *OIC Health Report 2025* provides detailed benchmarking of Member States' performance against global averages and SDG targets. These findings—summarised in the following subsections—highlight progress made and persistent disparities under each thematic area of the SHPA. A selection of key health indicators covered in the report is also presented in Annex 2.

4.1. Health System Strengthening

Strong and resilient health systems are essential for achieving universal health coverage and sustainable development across OIC Member States. An assessment of SHPA implementation indicates that while incremental progress has been made in expanding healthcare access and infrastructure, substantial financing and workforce gaps continue to hinder equitable service delivery.

Health spending in OIC countries remains significantly below international norms. As of 2022, average health expenditure stood at 3.9% of GDP, less than half of the global average of 9.8%. Similarly, per capita health spending in OIC countries was estimated at US$ 171, markedly lower than the global average of US$ 1,237 and below the levels observed in other developing countries (US$ 400).

Public funding remains limited, with government spending on health accounting for only 8.9% of total public expenditures compared to a global average of 16.6%. This fiscal constraint translates into high out-of-pocket payments, which constitute 35.3% of total health expenditure in OIC countries—more than double the global average of 17.2%—posing significant barriers to accessing care and achieving financial protection.

Human resource shortages also continue to limit the provision of essential health services. The density of doctors, nurses, and midwives in OIC countries averages 30.6 per 10,000 population, which is well below both the WHO threshold of 44.5 and the global average of 57.5. Shortages are particularly pronounced in low-income Member States and are compounded by geographic disparities, skill gaps, and limited investments in health education and training.

Healthcare infrastructure remains underdeveloped. On average, OIC countries have only 14 hospital beds per 10,000 people, less than half the global average. This limited inpatient capacity affects routine healthcare delivery and constrains surge capacity during public health emergencies. The COVID-19 pandemic further highlighted these vulnerabilities, revealing critical weaknesses in intensive care capacity and emergency response mechanisms.

To build more resilient health systems, the next phase of SHPA must prioritise stronger health financing mechanisms, including public resource mobilisation and risk pooling, and invest in expanding the health workforce through education, training, and retention strategies. It should also support scaling up primary healthcare and leveraging digital health solutions to improve service delivery while addressing persistent infrastructure gaps, particularly in hospital and emergency medical services.

4.2. Disease Prevention and Control

Disease prevention and control have been central to the implementation of the SHPA, with mixed outcomes over the past decade. While notable progress has been made in tackling certain communicable diseases, persistent challenges remain in reducing infectious disease burdens and addressing the growing prevalence of non-communicable diseases (NCDs).

Life expectancy in OIC countries has shown steady growth, rising from 66.8 years in 2015 to 68.0 years in 2019. However, the COVID-19 pandemic temporarily reversed this trend, causing a decline to 66.6 years in 2021 before a recovery to 68.9 years by 2023. Despite this rebound, OIC nations still lag behind the global average of 73.2 years, maintaining a persistent gap of over four years. Adult mortality rates have similarly declined over time (from 190 deaths per 1,000

people to 171) but remain higher than global levels (135), reflecting persistent weaknesses in health system resilience and mortality reduction efforts.

Progress in controlling communicable diseases has been uneven. Tuberculosis incidence declined from 170 per 100,000 population in 2014 to 158 in 2020 but resurged to 170 in 2023 as health services were disrupted during the pandemic. The OIC region now accounts for 32 percent of global TB cases, up from 27 percent in 2014. Malaria incidence also remains elevated, with 111.2 cases per 1,000 population at risk in 2023, 3.4% above 2015 levels and significantly higher than the global average (60.4). While historic progress has been made toward polio eradication, wild poliovirus remains endemic in Afghanistan and Pakistan, both witnessing a resurgence of cases in 2024. Diarrhoeal diseases and pneumonia continue to cause substantial under-five mortality, with diarrhoea claiming 262,000 lives and pneumonia causing 420,000 deaths in 2021 across OIC countries, representing about 60% of the global burden for these conditions.

Non-communicable diseases have emerged as the leading cause of death in OIC countries, responsible for more than seven million deaths annually. Cardiovascular diseases alone account for 3.4 million deaths, representing 24.2% of all-cause mortality and nearly half of all NCD-related deaths. Other major contributors include cancer and genitourinary diseases, with mortality rates rising steadily since 2000. This increasing burden is driven by widespread modifiable risk factors. Obesity prevalence rose to 19.7% in 2022 from 15.9% in 2015, while physical inactivity increased to 29.3%, slightly below the global average. High tobacco use and unhealthy diets further contribute to escalating NCD risks.

While the SHPA prioritised infectious disease control and NCD prevention, implementation progress varied significantly across Member States. Many countries still lack comprehensive policies, coordinated multi-sectoral approaches, and reliable surveillance systems to guide targeted interventions. Strengthening disease prevention and control in the next phase of SHPA will require bolstered immunisation programs, improved disease surveillance, sustained polio eradication efforts, and enhanced tuberculosis and malaria control. Furthermore, integrated NCD prevention and treatment strategies must be developed, supported by policy reforms and public health campaigns aimed at tackling modifiable risk factors and improving community-based healthcare delivery.

4.3. Maternal, Newborn, and Child Health and Nutrition

The health of mothers, newborns, and children has been a primary focus of the OIC-SHPA and a cornerstone of sustainable development in Member States. Over the past decade, significant progress has been achieved in improving

survival rates and nutrition outcomes. However, the region continues to face persistent disparities, with maternal and child mortality remaining well above global averages and far from the SDG targets.

The maternal mortality ratio (MMR) in OIC countries has followed a downward trajectory over the past two decades, declining to 299 maternal deaths per 100,000 live births in 2023. The rate of reduction was relatively faster during the SHPA implementation period compared to other developing regions. Nevertheless, MMR in OIC countries remains nearly four times the SDG target (<70) and significantly higher than the global average (197). Similarly, under-five mortality has fallen to a historical low of 52 deaths per 1,000 live births by 2023. Despite this progress, the pace of decline has slowed in recent years, leading to an increased share of global under-five deaths occurring in OIC countries, rising from 50.5% in 2015 to 54.9% in 2023.

The majority of under-five deaths in the region are preventable and are predominantly caused by communicable diseases. In 2021, approximately 85% of child deaths in OIC countries were attributable to preventable causes such as prematurity (16.1%), acute lower respiratory infections (14.8%), malaria (12%), and birth asphyxia and trauma (11.7%). These conditions collectively accounted for more than half of all under-five mortality, underscoring gaps in timely access to essential care, inadequate immunisation coverage, poor water and sanitation infrastructure, and limited neonatal services, particularly in rural and underserved areas.

Coverage of essential maternal and child health services has improved but remains uneven. As of 2023, only 59% of pregnant women received the recommended four antenatal care visits, compared with a global average of 65%. Skilled birth attendance reached 75%, which is lower than both non-OIC developing countries (87%) and the global average (83%). Childhood immunisation rates have stagnated or declined; coverage for the third dose of the diphtheria-tetanus-pertussis (DTP3) vaccine dropped from 83% in 2019 to 80% in 2024, remaining below the global average and reversing earlier gains.

Malnutrition continues to pose a significant public health challenge. Stunting prevalence among children under five declined from 29.7% in 2015 to 26.1% in 2022, narrowing but not eliminating the gap with the global average. Wasting affects 8.3% of children, slightly above the global prevalence of 8.1%. Overweight prevalence decreased marginally to 5.5%, effectively closing the gap with the global average. Breastfeeding and complementary feeding practices remain suboptimal; less than half of infants are exclusively breastfed during the first six months of life, and only 44.6% are breastfed within the first hour of birth. While

complementary feeding coverage is broadly comparable to global averages, early and exclusive breastfeeding rates need substantial improvement.

Micronutrient deficiencies remain widespread. Vitamin A supplementation reached 57% of children aged 6 to 59 months in 2022, slightly below global rates. Iodized salt consumption covered 80% of households in OIC countries compared to 90% in other developing regions. Iron deficiency anaemia continues to affect half of children under five years old and more than a third of women, with the prevalence among women rising to 35.4% in 2023, both figures exceeding global averages.

In summary, despite measurable progress in reducing maternal and child mortality and improving nutrition, OIC Member States face enduring challenges in service coverage, neonatal care quality, and malnutrition. The next phase of SHPA must strengthen policies and programs that expand equitable access to maternal and child healthcare, enhance immunisation coverage, address nutrition deficiencies, and promote optimal feeding practices to accelerate progress toward global targets.

4.4. Medicines, Vaccines, and Medical Technologies

Access to medicines, vaccines, and medical technologies is a critical component of effective health systems and a major pillar of the OIC-SHPA. While notable progress has been made during the SHPA period, particularly in expanding pharmaceutical availability and advancing vaccine development, the region continues to face significant challenges in self-reliance, regulatory capacity, and equitable access to essential medical products.

Despite ongoing investments and rising medicine expenditures, access to essential medicines remains uneven across OIC countries. Data from WHO surveys indicate improvements in the availability of non-communicable disease medicines between 2015 and 2023, with high-income Member States reporting full availability in public facilities. In contrast, low-income countries experienced only partial improvements or stagnation, reflecting persistent disparities in pharmaceutical access. The OIC region remains a net importer of pharmaceuticals, with imports amounting to US$ 49.4 billion in 2023. Although pharmaceutical exports rose to US$ 8.4 billion in 2023, OIC countries account for only about 1% of global exports, highlighting structural dependence on external suppliers. Intra-OIC trade in pharmaceuticals remains limited, with intra-OIC imports falling to as low as 5.8% in 2023, representing a missed opportunity for enhancing supply chain resilience through regional cooperation.

The COVID-19 pandemic reshaped the global vaccine landscape, fostering innovation and increasing production capacity. OIC countries collectively received approximately 17% of global COVID-19 vaccine deliveries—about 2.8 billion doses—largely through multilateral initiatives. However, vaccination coverage remained uneven; as of early 2023, the average full vaccination rate in OIC countries was 47.9%, significantly below the global average of 64.1%. Some Member States achieved near-complete coverage, while others, particularly low-income members, lagged behind. Encouragingly, several OIC countries—including Indonesia, Iran, Kazakhstan, and Türkiye—successfully developed and approved domestic vaccines, demonstrating growing scientific capacity in biotechnology and pharmaceuticals.

Regulatory maturity has improved modestly but remains limited overall. By late 2024, six OIC countries had reached WHO-assessed maturity levels 3 or 4 for vaccines and medicines regulation. These include Egypt, Indonesia, Nigeria, Senegal, and Türkiye (ML3), and Saudi Arabia (ML4). However, most Member States lack robust regulatory authorities capable of ensuring the safety and efficacy of medical products, which constrains regional capacity to scale up domestic production and cross-border trade.

Medical technologies, particularly medical devices, remain underdeveloped in many OIC countries. National policies on health technologies are absent in nearly half of Member States, and only 16% maintain official lists of essential medical devices. Health technology assessment units are present in 58% of countries, yet only 13 have units specifically covering medical devices. Regulatory oversight for medical devices exists in about two-thirds of Member States, but nomenclature systems and procurement standards are inconsistently applied.

Access to high-cost medical equipment is uneven. While around 90% of OIC countries have at least one mammography unit per million people, availability drops significantly for advanced imaging and treatment technologies, with only 44% having Magnetic Resonance Imaging (MRI) scanners, 41% having radiotherapy units, and 6% having Positron Emission Tomography (PET) scanners. Several countries lack these critical technologies entirely, creating substantial gaps in diagnostic and treatment capacity.

The next phase of SHPA must address these systemic weaknesses by fostering regional pharmaceutical manufacturing hubs, promoting vaccine self-reliance, harmonising regulatory frameworks, and strengthening health technology assessment and procurement processes. Leveraging intra-OIC trade and cooperative investment in biotechnology and medical devices will be essential to

improving equitable access to essential medicines, vaccines, and medical technologies across Member States.

4.5. Emergency Risk Management for Health

Emergency risk management has become an increasingly critical component of health systems in OIC countries, particularly following the COVID-19 pandemic, which exposed vulnerabilities in preparedness, response, and recovery capacities. Strengthening frameworks to prevent, prepare for, and respond to health emergencies—including pandemics, epidemics, natural disasters, and humanitarian crises—was a key strategic objective of the OIC-SHPA.

The OIC region has faced a growing and complex mix of hazards, including natural disasters, protracted conflicts, and the impacts of climate change. These challenges are often compounded by fragile governance and strained health systems. Between 2015 and 2024, OIC countries accounted for nearly 24% of all natural disasters globally, up from 22% in the preceding decade, indicating a clear upward trend in exposure. Disaster-related mortality also increased significantly, with OIC countries registering 36% of global disaster-related deaths during the most recent decade, compared with 17% previously. Moreover, fourteen of the twenty-one conflict-affected countries globally in 2024 were OIC members, and nearly 60% of all conflicts occurred within the OIC region. These overlapping pressures have strained health systems, disrupted essential services, and heightened vulnerability to epidemics, chronic diseases, and malnutrition.

The COVID-19 pandemic was a critical stress test for emergency preparedness in the OIC region. At the onset of the crisis, only one in five OIC countries was assessed as having high readiness levels. Many Member States faced severe shortages of personal protective equipment, delays in vaccine access, and widespread disruptions to routine health services. Despite these challenges, several countries demonstrated adaptability through swift policy responses, community engagement, and intersectoral coordination. Under the OIC framework, collective responses were mobilised through the Islamic Development Bank's Strategic Preparedness and Response Programme (SPRP) and the Vaccine Access Facility, which provided financial and logistical support to many Member States. These efforts aligned with earlier commitments to self-reliance in vaccine production but revealed the need for stronger regional coordination and more robust emergency health governance.

Assessments of preparedness capacities further highlight systemic weaknesses. The average International Health Regulations State Party Annual Reporting (IHR SPAR) score for OIC countries was 60, below the global average of 64. Similarly, in the Global Health Security (GHS) Index, OIC countries averaged 32.8,

compared with a global average of 38.9. The WHO SCORE index indicated that only 52% of OIC countries had well-developed or sustainable capacity to detect public health threats, compared to 68% globally. These findings reveal structural deficiencies in early warning systems, response mechanisms, and cross-border coordination.

Building resilient emergency health management systems remains a critical priority for Member States. The next phase of SHPA should focus on strengthening national response systems, establishing regional mechanisms for emergency coordination, and improving early warning and rapid deployment capacities. Alignment with emerging global health security frameworks, including the proposed WHO Pandemic Agreement, will be essential to enhance preparedness and ensure timely, equitable, and sovereign responses to future health crises.

4.6. Information, Research, Education, and Advocacy

Access to accurate health information, investment in research and education, and culturally responsive public health advocacy are critical components of resilient health systems and a key thematic area under the OIC-SHPA. Over the past decade, OIC Member States have made important strides in these domains, yet significant challenges remain in building a skilled health workforce, strengthening research capacity, and promoting effective public engagement in health policies and services.

Health workforce shortages persist across much of the OIC region, particularly in low-income and conflict-affected countries. The average health workforce density remains well below global thresholds, limiting service availability and contributing to inequities in healthcare access. Structural barriers such as limited medical training infrastructure, brain drain, and uneven quality assurance in education further compound these challenges. Although 34 OIC countries are known to have established national accreditation bodies for medical education, regional imbalances persist, with Sub-Saharan African members particularly underrepresented. Expanding educational opportunities, enhancing continuous professional development, and leveraging hybrid teaching models, especially those adopted during the COVID-19 pandemic, will be critical to building a capable and inclusive health workforce.

Research output in the life sciences and biomedical fields has grown substantially, with OIC countries raising their global share of scientific publications from 6.1% in 2015 to 9.8% in 2024. However, this growth is concentrated in a few countries, including Türkiye, Iran, Saudi Arabia, Egypt, and Pakistan. Emerging areas like artificial intelligence in life sciences remain underdeveloped, accounting for only

about 5% of global research output. Closing these gaps will require targeted investments in digital research infrastructure, promoting interdisciplinary collaboration, and ensuring equitable access to advanced research and training opportunities for lower-capacity Member States.

Antimicrobial resistance (AMR) poses a growing public health threat in the region. Data from 17 reporting OIC countries indicate that antibiotic consumption was, on average, 18% higher than the global median in 2022. Misuse and over-prescription of antibiotics, coupled with weak diagnostic and regulatory capacities, exacerbate resistance trends and undermine treatment effectiveness. While many OIC countries participate in global initiatives such as the WHO's Global AMR Surveillance System and have endorsed the Global Action Plan on AMR, implementation of surveillance systems, stewardship programs, and public awareness campaigns remains inconsistent. Addressing AMR requires stronger pharmaceutical governance, national action plans, enhanced laboratory and diagnostic capabilities, clinician training on rational prescribing, and broader community engagement through awareness campaigns and insurance mechanisms that discourage overuse.

Social and cultural determinants of health significantly influence service utilisation across the OIC region. Cultural beliefs, stigma, and traditional practices affect how individuals perceive illness, seek care, and adhere to treatments. These factors particularly effect maternal health, mental health, reproductive health, and immunisation coverage. To overcome these barriers, health interventions must be culturally sensitive and community-driven. Evidence from several Member States shows that involving trusted local actors, addressing religious concerns directly, and integrating community feedback into program design improve service uptake and trust in health systems.

Public health awareness campaigns have expanded in recent years, with over 1,100 campaigns conducted between 2019 and 2024. These campaigns have addressed a wide range of issues, from vaccine-preventable diseases to neglected tropical diseases. Digital platforms have become increasingly important tools for disseminating health information, but misinformation and low digital health literacy pose growing challenges. Strengthening community engagement, improving digital literacy, and enhancing access to reliable health information will be crucial for improving health outcomes and ensuring the success of future health interventions.

5. The Way Forward: Extension of OIC-SHPA

The OIC-SHPA 2014–2023 has been a critical framework for advancing health cooperation among Member States, yet its conclusion necessitates a strategic decision on the future of collective health action. Inputs of SCH members and evidence from SESRIC's *OIC Health Report 2025* show that while progress has been made in certain areas, many strategic goals have not been met. Persistent disparities among Member States, along with emerging global health threats, highlight the continued need for a unified OIC health cooperation framework.

5.1. Strategic Rationale for Extension

The extension of the SHPA—with targeted updates—emerges as the most viable option, balancing continuity with adaptability. The existing thematic areas remain broadly relevant, as evidenced by feedback and research findings. Developing a completely new strategic plan would require multi-year consultations, as demonstrated during the original SHPA's preparation period (2009–2013). In addition, a full revision would risk disrupting ongoing initiatives and delay responses to pressing health challenges, particularly given the time elapsed since SHPA's end in 2023 and the limited time before the 8th ICHM in early October 2025.

Moreover, persistent disparities in health outcomes, limited progress toward strategic goals, and emerging global health priorities (such as antimicrobial resistance, universal health coverage financing, digital transformation, and pandemic preparedness) underline the need to update the SHPA rather than simply extend it unchanged. An updated framework would also allow alignment with evolving international commitments, including the SDGs, WHO's GPW14 (2025–2028), and the Pandemic Agreement, while integrating lessons learned from COVID-19 and other crises. This approach also leverages established governance structures, such as the SCH and Lead Country Coordinators, while addressing systemic gaps identified in evaluations.

5.2. Proposed Extension Framework

To ensure timely decision-making and avoid gaps in cooperation, a two-phase extension could be considered. The 8th ICHM (October 2025) could approve an interim extension (2025–2027), preventing a gap in collective health action and providing continuity of implementation while enabling Member States to refine priorities, incorporate additional feedback, and assess emerging needs. The 9th ICHM (anticipated in 2027) would then adopt a fully revised SHPA for the next

strategic cycle (decade), informed by expanded feedback and lessons learned from interim implementation.

The interim extension would introduce strategic-level updates to the SHPA framework—such as refining thematic priorities, integrating new cross-cutting issues, and strengthening governance arrangements—while maintaining the current Programmes of Action as the operational basis during the bridging period.

Annex 3 outlines a mapping of existing Programmes of Action with proposed adjustments. These adjustments identify priority areas requiring more thorough revision, which would be further developed during the interim period and finalised for adoption at the 9th ICHM.

Meanwhile, governance mechanisms need to be strengthened by enhancing the role of the SCH, clarifying responsibilities of Lead Countries, and improving coordination among OIC institutions. Türkiye's recommendation to establish a dedicated OIC health secretariat could address coordination gaps, while biennial budget allocations to Lead Countries—supported by SESRIC's monitoring tools—would improve accountability.

5.3. Key Priorities for the Next Phase

The extension of the OIC-SHPA must address both persistent gaps and emerging challenges, guided by evidence from feedback from SCH members and the *OIC Health Report 2025*. To make the extended SHPA more responsive to current and emerging needs, the following priorities should be integrated across all thematic areas:

Equity should underpin all efforts, with targeted interventions to reduce disparities for vulnerable populations—including women, children, rural communities, and conflict-affected regions—ensuring no Member State is left behind. This requires tailored support for lagging countries, such as capacity-building programs and financing mechanisms tailored to their needs.

UHC remains a cornerstone, requiring sustainable health financing reforms to reduce out-of-pocket expenditures and expand primary healthcare access. Lessons from Pakistan's Sehat Sahulat Programme and IsDB's investments highlight the importance of domestic resource mobilisation complemented by concessional funding and public-private partnerships.

Digital health transformation can accelerate progress, leveraging innovations like AI-driven diagnostics and telemedicine to overcome geographical barriers. Member States such as Pakistan and Malaysia have demonstrated the potential of digital tools in strengthening service delivery and regulatory systems, but expanding these efforts requires intra-OIC knowledge-sharing and infrastructure investments.

Regional self-reliance in vaccines, medicines, and medical technologies is crucial for reducing dependence on external suppliers. Malaysia's regulatory training programs and Türkiye's vaccine production advancements offer examples of harmonising standards and boosting local manufacturing capacity, while the IsDB's financing initiatives can stimulate cross-border collaboration.

Antimicrobial resistance (AMR) poses a growing threat, necessitating coordinated surveillance, stewardship programs, and public awareness campaigns. SESRIC's capacity-building programmes and IsDB's financing tools can support Member States in sharing good practices, developing expertise in monitoring AMR trends, and aligning with global action plans.

Finally, ***emergency preparedness*** must be strengthened to address pandemics, disasters, and humanitarian crises. The COVID-19 pandemic exposed systemic vulnerabilities, underscoring the need for climate-resilient health systems, strong early warning mechanisms, and regional stockpiles of essential supplies. WHO's recommendations on IHR compliance and the Pandemic Agreement provide a roadmap for incorporating these priorities into the SHPA framework.

In this vein, a thematic matrix (Annex 3) has been prepared, mapping the current Programmes of Action under each thematic area against proposed adjustments. This matrix identifies specific national and OIC-level actions to be added, modified, or removed, reflecting the gaps and emerging needs based on feedback from SCH members and findings of the *OIC Health Report 2025*. The matrix is intended as a reference tool to facilitate SCH discussions, rather than an ultimate or all-inclusive revision of the SHPA. The proposals are designed to be practical and phased, allowing Member States to consider immediate, feasible updates during the interim extension period while laying the groundwork for a more comprehensive revision to be adopted at the 9th ICHM.

5.4. Strengthening Implementation and Monitoring

The next phase of the SHPA must include robust mechanisms for implementation, monitoring, and evaluation, while prioritising institutional capacity development. Ensuring adequate and sustainable financing is critical for implementation and success. IsDB, Islamic Solidarity Fund, and donor partners should be engaged to provide concessional financing, technical assistance, and innovative funding mechanisms. These could include insurance pools and public-private partnerships aimed at addressing health workforce shortages, improving infrastructure, and supporting low-capacity Member States

SESRIC's data and information platforms, such as the *OIC Health Portal* and the *OICStat* database, could be instrumental in tracking progress against clear KPIs (e.g., reducing maternal mortality by 20% by 2027). Regular progress reviews by

the SCH, supported by SESRIC's analytical reports, could expedite implementation and accountability. The SCH could adopt a biennial review mechanism coinciding with ICHM sessions, assessing both quantitative outcomes and qualitative challenges (e.g., governance bottlenecks, financing shortfalls). Central to this effort is the strengthening of health information systems across Member States to ensure reliable, timely, and disaggregated data for evidence-based decision-making. In addition, close collaboration with relevant international organisations like WHO will be critical to align monitoring tools with international standards.

Capacity-building programs, supporting implementation at the national level, should focus on lagging Member States, expanding training in areas like AMR stewardship and emergency response. Advocacy efforts, aligned with WHO's GPW14, can elevate health as a foreign policy priority within the OIC, fostering high-level commitment.

5.5. Actions before 8th ICHM

To facilitate discussions at the upcoming SCH meeting, and given the limited time before the 8th ICHM (7–9 October 2025), the following steps are suggested:

1. Circulating this technical report—along with inputs received from SCH members—for the review of members of the SCH before the upcoming meeting scheduled for 11 September 2025.
2. Deliberating on options, refining recommendations, and finalising the report during the SCH meeting.
3. Finalising the draft thematic matrix (Annex 3) to clarify updated priorities.
4. Drafting terms of reference for the proposed health secretariat, should the SCH reaches a consensus on this proposal.
5. Preparing a draft resolution for consideration by Health Ministers at the 8th ICHM, based on SCH decision on the way forward—balancing urgency with inclusivity.

Annex 1: Summary of Feedback from SCH Members on OIC-SHPA 2014-2023 and the Way Forward

SCH Member	Efforts	Achievements	Challenges	Recommendations	Additional Notes

Malaysia	• Served as the Lead Coordinating Country for Thematic Area 4 (2014-2019) and 3 (2020-2023).
	• Co-chaired Thematic Area 4 with Indonesia (2018–2019).
	• Organised capacity-building programs, including four training sessions on pharmaceutical regulation, pharmacovigilance, and vaccine lot release, and online training on pre-pregnancy care and under-5 mortality classification.
	• Collaborated with SESRIC to share Malaysia's regulatory databases (e.g., QUEST3+) and price guides.
		• Enhanced knowledge sharing among OIC members, e.g., through Malaysia's Vaccine Lot Release training.
		• Strengthened regulatory systems and pharmacovigilance in OIC states via NPRA-led programs.
		• Improved maternal and child health practices through pre-pregnancy care initiatives.
		• Fostered regional unity via cross-border collaboration (e.g., with Indonesia's OIC Centre of Excellence for Vaccines).
		• Benefited from enhanced knowledge sharing by other OIC Member States.
			• Coordination difficulties due to diverse health systems and resource disparities.
			• Limited engagement from some OIC members, slowing progress.
			• Language and time-zone barriers in virtual programs.
			• Varying definitions of "preventable" child deaths complicating standardisation.
				• Extend OIC-SHPA for 10 more years, retaining current thematic areas.
				• Add emerging priorities:
				  ○ Biologics (e.g., cell/gene therapy regulation).
				  ○ Risk-based surveillance of pharmaceuticals.
				  ○ First-in-human clinical trials for biologics.
				• Address logistical barriers by:
				  ○ Offering multilingual (French/Arabic) training.
				  ○ Using a central time zone for virtual events.
				• Expand Thematic Area 3 topics: Women's health, nutrition, childhood immunisation, and sexual health education.
					• Strong support for OIC-SHPA extension, citing alignment with Malaysia's national/regional health goals.
					• Advocates for modernising the framework to address technological advances (e.g., AI in healthcare) and pandemics.
					• Stresses the need for stronger Member-State commitment to ensure effective implementation.

SCH Member	Efforts	Achievements	Challenges	Recommendations	Additional Notes
Pakistan	• Developed National Health Vision (2016-2025) and National Health and Population Policy (2025-2034) to align with OIC-SHPA objectives. • Launched initiatives like the Sehat Sahulat Programme (SSP), Sehat Tahafuz Helpline 1166, and National Programme for Elimination of Hepatitis C. • Working to expand Primary Health Care (PHC) and integrate community health workers for better service delivery. • Developed National Action Plan for Health Security-II (NAPHS 2024-28) and secured Pandemic Fund (USD 18 million) for One Health initiatives. • Conducting Climate Risk Vulnerability Assessments and drafting a National Health Adaptation Plan (NHAP). • Building capacity for integrated disease reporting and AMR surveillance through partnerships (WHO, CDC, etc.).	• Increased UHC service coverage from 40% (2015) to 54% (2023). • Expanded SSP to cover 100% of population in some regions. • COVID-19 response: Vaccinated 90% of the target population with minimal loss of life. • Established public health labs in all provinces and trained 12,000 personnel on disease surveillance. • Introduced new vaccines and strengthened Drug Regulatory Authority of Pakistan (DRAP) for medicine regulation. • Developed climate-resilient health frameworks (e.g., Climate Risk Vulnerability Assessments for Sindh/Punjab).	• Low health financing (below 3% of GDP) leading to infrastructure gaps. • Rural healthcare disparities and workforce shortages (nurses, paramedics). • Polio persistence due to vaccine hesitancy and security challenges. • High burden of TB, hepatitis C, and malnutrition. • Medicine shortages and weak distribution channels, coupled with prevalence of counterfeit and poor quality medicine. • Low health literacy • Weak federal-provincial coordination in health governance.	• Pakistan lists 10-year national health priorities, which align with and can inform the next OIC-SHPA. These include: • Increasing health budget to 3% GDP and explore public-private partnerships. • Strengthening rural healthcare via telemedicine and mobile clinics. • Enhancing polio eradication efforts through community engagement. • Improving maternal/child health with skilled birth attendants and nutrition programs. • Boosting emergency preparedness with better training and stockpiles. • Promoting health literacy and research-backed policies. • Strengthening collaboration with OIC Member States and international organisations.	• *The input received from Pakistan largely describes its health-related activities, achievements, and challenges during the SHPA period, and the way forward for the country per se. It does not provide an explicit assessment of the SHPA, or recommendations regarding its extension. The listed national health priorities for the next decade, however, closely align with SHPA's thematic priorities.*

SCH Member	Efforts	Achievements	Challenges	Recommendations	Additional Notes
Türkiye	• *Having served as a LCC for* several *thematic areas since 2014, Türkiye does not detail its specific activities during SHPA implementation but focuses on broader SHPA evaluation and recommendations.*	• Some progress in health system strengthening (e.g., infrastructure and workforce training in select Member States). • Improvements in vaccination rates and non-communicable disease control. • Advancements in self-reliance in vaccine production in Türkiye and Indonesia. • Reductions in maternal and child mortality in certain Member States.	• Lack of coordination due to the absence of a dedicated OIC health secretariat. • Insufficient advocacy by the OIC Secretariat, leading to low engagement. • Funding gaps, especially in lower-income countries. • Fragmented disease control efforts, worsened during the COVID-19 pandemic. • Inconsistent progress in maternal and child health due to cultural and socio-economic barriers. • Weak research collaboration and lack of a centralised health data repository. • Political instability disrupting program continuity in some regions.	• Establish a health secretariat for better coordination and oversight. • Strengthen advocacy to increase Member State commitment. • Enhance resource mobilisation, particularly for low-income countries. • Develop a unified strategy for thematic areas, with clear leadership. • Invest in research and data sharing, including a centralised repository. • Allocate budgets to leading countries for biennial thematic activities. • Reorganise SHPA thematic areas (e.g., remove 'Information, Research, Education, and Advocacy' and assign it to the Secretariat). • Strengthen the OIC Secretariat's expert capacity for monitoring and evaluation. • Enhance SESRIC's role in tracking progress and providing feedback.	• Criticizes the SHPA's implementation but proposes actionable reforms rather than a simple extension. • The focus is on systemic improvements for future programs. • Suggests realigning thematic areas with current global health realities and Member-State capacities. • Calls for stronger leadership and accountability in future initiatives.

SCH Member	Efforts	Achievements	Challenges	Recommendations	Additional Notes
IsDB	• Aligned IsDB Health Policy and operations with SHPA's six priority areas. • Implemented large-scale projects expanding hospitals, primary healthcare, and blood transfusion services. • Supported major disease control initiatives, including polio eradication, malaria prevention, and oncology services. • Advanced maternal and neonatal health programs and promoted regional vaccine self-reliance. • Strengthened emergency health response during outbreaks and humanitarian crises. • Enhanced health research, ICT-based training, and laboratory capacities.	• Expanded access to modern health infrastructure and services. • Contributed to disease eradication and control efforts. • Improved maternal and neonatal care delivery. • Increased regional vaccine production capacity. • Strengthened emergency preparedness and epidemiological surveillance.	• Project delays due to funding gaps and administrative hurdles. • Persistent disparities in medicine access and healthcare coverage. • Slow implementation of maternal and neonatal projects in some regions. • Weak laboratory and diagnostic capacities in low-income Member States.	• Enhance coordination among OIC institutions for more integrated health interventions. • Increase concessional financing and technical assistance for low-capacity countries. • Scale up vaccine production, supply chains, and laboratory networks. • Strengthen emergency preparedness and health system resilience.	• *The input received from IsDB largely describes its health-related activities and investments during the SHPA period, without providing an explicit assessment of SHPA implementation, challenges faced, or recommendations regarding its extension. The listed efforts, however, closely align with SHPA's thematic priorities and contribute to strengthening health systems, disease control, and emergency preparedness in Member States.*

SCH Member	Efforts	Achievements	Challenges	Recommendations	Additional Notes
SESRIC	• Coordinated the preparation of the OIC-SHPA 2014–2023 and contributed actively to its implementation. • Produced flagship research outputs, notably the *OIC Health Report 2025*, providing a comprehensive assessment of progress and challenges in all SHPA priority areas. • Expanded health data systems with 240+ indicators, developed specialised databases (e.g., COVID-19 tracking), and maintained annual statistical yearbooks. • Delivered 106 health-related capacity-building activities benefiting over 3,400 experts. • Supervised the integration of TQS and TQS-Youth modules into national surveys across OIC countries to harmonise tobacco control data collection. • Developed and maintained portals, serving as platforms for policy dialogue, knowledge-sharing, and workplace health and safety.	• Strengthened evidence-based policymaking and regional cooperation mechanisms. • Improved availability of health statistics and monitoring tools. • Enhanced capacities of health professionals through extensive training and technical cooperation. • Completed TQS in 17 Member States and TQS-Youth in 3, strengthening surveillance and informing anti-tobacco policies across the OIC. • Fostered collective action in health cooperation through support to Member States with health data systems, capacity-building programmes, and policy dialogue platforms.	• Limited overall progress in achieving SHPA goals, with most indicators still lagging behind global averages. • Inadequate preparedness for health emergencies, weak access to health technologies, and slow advancement in self-reliance for vaccines and medicines. • Persistent disparities among Member States across all priority areas of SHPA implementation, including health financing, service coverage, workforce availability, disease control, and emergency preparedness. These gaps are particularly pronounced in Sub-Saharan Africa and low-income Member States, which continue to lag significantly behind other regions and global averages.	• Extend and adapt the SHPA as a relevant and necessary framework for collective health action. • Accommodate emerging global health issues, with emphasis on: o Universal health coverage and health financing reforms. o Emergency preparedness and resilience. o Regional self-reliance in vaccines and medicines. o Digital health and innovation. o Combating antimicrobial resistance. o Promoting equity and reaching vulnerable populations. • Place special focus on lagging Member States to address health disparities and ensure no country is left behind.	• SESRIC is committed to supporting the extended SHPA through its roles in monitoring, evaluation, technical cooperation, capacity building, and fostering intra-OIC solidarity for stronger, more equitable health systems.

SCH Member	Efforts	Achievements	Challenges	Recommendations	Additional Notes
WHO	• The OIC and WHO collaborated on health issues through strategic partnerships and joint initiatives. • The UN-OIC General Cooperation Meeting in Astana (July 2024) reviewed OIC's collaboration with the UN, including WHO, highlighting their long-standing partnership in promoting public health and addressing health challenges.	• Positive progress in initiatives aimed at eradicating polio. • Advancements in cancer treatment efforts. • Improvements in vaccine production and distribution.	• Strengthening resilience and preparedness for natural disasters. • Addressing the health impacts of climate change and improving environmental health. • Responding effectively to disease outbreaks. • Mobilising sufficient technical and financial resources to sustain and enhance health initiatives.	• Continued commitment. • Increased technical and financial resources. • Alignment with WHO's Fourteenth General Programme of Work (GPW14) 2025-2028 to reduce fragmentation and enhance mutual priorities.	• The recently signed MOU between OIC and WHO outlines agreed collaboration areas that align with GPW14 priorities, focusing on climate change, health determinants, universal health coverage, equity in health services, health emergency preparedness, and rapid response to health threats. • WHO expressed readiness to support the development of the new SHPA and emphasised the importance of aligning global policies and fostering impactful implementation.

Annex 2: A Snapshot of Progress over the OIC-SHPA with Key Health Indicators, 2014 vs 2023, and A Comparison with the Global Average

Indicator	OIC Average		World Average
	2014	2023[1]	2023[1]
Current Health Expenditures, % of GDP	4.1	3.9	9.8
Current Health Expenditures, per capita (US$)	173	171	1,237
Government Expenditures on Health, % of Total Government Expenditures	7.9	8.9	16.6
Out-of-Pocket Health Expenditure, % of Total Health Expenditures	36	35	17
Health Workers Density (per 10,000 population)	–	30.6	57.5
Hospital Beds (per 10,000 population)	–	14	29.8
Life Expectancy at Birth (years)	66.6	68.9	73.2
Adult Mortality Rate (per 1,000 people)	192	171	135
Deaths Attributable to Communicable Diseases, excluding COVID-19 (% of total deaths)	36.7[2]	27.2	14.6
Deaths Attributable to COVID-19 (% of total deaths)	–	11.7	12.8
Deaths Attributable to Non-Communicable Diseases (% of total deaths)	54.2[2]	49.5	63.4
Under-5 Deaths Caused by Diarrhoea (% of total under-five deaths)	–	9.7	8.5
Malaria Mortality Rate (deaths per 100,000 population at risk)	29.6[2]	25.9	13.7
Malaria Incidence Rate (cases per 1,000 population at risk)	107[2]	111	60
Under-5 Deaths Caused by Pneumonia (% of total under-five deaths)	–	15.4	14.1
Incidence of Tuberculosis (per 100,000 population per year)	170	170	135
Crude Death Rate: Cardiovascular diseases (per 100,000 population)	176[2]	172	242
Crude Death Rate: Malignant neoplasms (per 100,000 population)	66[2]	65	123
Crude Death Rate: Digestive diseases (per 100,000 population)	29[2]	27	31
Crude Death Rate: Respiratory diseases (per 100,000 population)	24[2]	23	54
Crude Death Rate: Genitourinary diseases (per 100,000 population)	17[2]	18	22
Alcohol Consumption per Capita (15+ years) (in litres of pure alcohol)	1.2	1.1	5
Current Tobacco Smoking Prevalence (15+) (%)	19.3[2]	17.9	17.2
Prevalence of Insufficient Physical Activity among Adults (18+) (age-standardized estimate) (%)	27.4	29.3	31.6
Prevalence of Obesity among Adults (18+), BMI≥30 (age-standardized estimate) (%)	15.4	19.7	15.8
Maternal Mortality Ratio (per 100,000 live births)	378[2]	299	197

Indicator	OIC Average		World Average
	2014	2023[1]	2023[1]
Under-5 Mortality Rate (per 1,000 live births)	64[2]	52	37
Neonatal Mortality Rate (per 1,000 live births)	26[2]	23	17
Antenatal Care Coverage (at least four visits) (%)	–	59	65
Births Attended by Skilled Health Personnel (%)	–	75	83
DTP3 Immunisation Coverage (%)	77	81	84
Stunting Prevalence in Children Under-5 (%)	29.7[2]	26.1	22.3
Overweight Prevalence in Children Under-5 (%)	5.9[2]	5.5	5.6
Prevalence of Anaemia in Children aged 6-59 Months (%)	51	50	40
Prevalence of Anaemia in Women of Reproductive Age (aged 15-49) (%)	34.4	35.4	30.7
IHR Score, All Capacities	–	60	64
Global Health Security (GHS) Index, Overall Score	33.1[3]	32.8	38.9

[1] Data for 2023 or the latest year available. [2] Data for 2015. [3] Data for 2019.

Source: SESRIC, *OIC Health Report 2025* (forthcoming)

Annex 3: Mapping of Programmes of Action and Proposed Adjustments

PA	Title	Proposed Action	Action Label	Rationale
1.1	Moving towards Universal Health Care Coverage	Expand the use of strategic purchasing mechanisms and performance-based provider payment systems to improve service efficiency and financial protection.	Add O-vi	Persistent high out-of-pocket expenditures in several Member States necessitate improved purchasing reforms.
		Strengthen mechanisms to monitor and reduce out-of-pocket expenditures, especially for primary health care services.	Add N-vi	Monitoring and addressing financial hardship is essential to advancing UHC goals.
1.3	Strengthening Health Information Systems	Review and upgrade the current status of the national health information system by strengthening capacities to collect, process, and utilise disaggregated data (including by income, sex, and region) for more equity-focused policy decisions.	Modify N-i	Data disaggregation remains weak, limiting the ability to address within-country inequalities.
1.4	Promoting a Balanced and Well-managed Health Workforce	Conduct a comprehensive review of the health workforce and develop a national plan—aligned with health sector needs—for training, retention, and equitable deployment, with a focus on empowering women and expanding their participation in underserved areas. Collaborate with higher education institutions and relevant partners to align curricula with national priorities and apply forecasting models to anticipate future workforce shortages and skill gaps.	Modify N-ii	Labour shortages hinder UHC and preparedness. Forecasting and targeted training—paired with efforts to empower and equitably deploy women—can help address these gaps.
1.5	Ensuring Access to Essential Health Commodities and Technologies	Develop regional platforms for regulatory harmonisation and mutual recognition of approvals for essential medicines and diagnostics.	Add O-vii	Disparate regulatory systems hinder intra-OIC access and regional production coordination.

PA	Title	Proposed Action	Action Label	Rationale
		Launch a pooled procurement initiative among willing Member States for selected essential medicines and vaccines.	Add O-viii	Economies of scale and affordability can be improved through collective procurement.
1.6	Strengthening Health Financing System	Integrate digital health financing platforms (e.g. mobile payment systems, real-time claims management) to improve accountability and coverage.	Add N-v	Expanding digital platforms can enhance efficiency, reduce fraud, and widen access to health coverage.
2.1	Promoting Community Awareness in Communicable Diseases	Incorporate behavioural science approaches and digital tools into community engagement strategies to increase the effectiveness of awareness campaigns and improve uptake of preventive practices, particularly in underserved areas	Add N-x	Traditional awareness methods have limited reach and impact in some settings. Integrating behavioural insights and digital outreach (e.g., SMS reminders, mobile apps, community-based influencers) can enhance engagement, especially in hard-to-reach or vaccine-hesitant populations
2.2	Promoting Community Awareness in NCDs	Establish national multi-sectoral NCD coordination platforms involving ministries of health, education, agriculture, and finance.	Add N-viii	Effective NCD control requires whole-of-government and whole-of-society approaches, which are still underdeveloped in many OIC Member States.
		Develop national public awareness strategies that target youth, schools, and workplaces, with culturally tailored messages promoting healthy diets, physical activity, and tobacco cessation.	Add N-ix	Behaviour-related risk factors contribute significantly to NCD burden across the OIC, especially in younger populations.
		Facilitate intra-OIC exchange of good practices and communication tools on health promotion campaigns, including successful national initiatives and community-based models.	Add O-vi	Sharing tested approaches can help countries develop more effective strategies and avoid duplication of efforts.

PA	Title	Proposed Action	Action Label	Rationale
		Support Member States to participate in SESRIC's *Tobacco Questions for Surveys (TQS)* and *TQS-Youth* Integration Project to strengthen the collection of standardised, policy-relevant tobacco use data and support national efforts to reduce tobacco-related health risks.	Add O-vii	TQS and TQS-Youth help generate internationally comparable data on tobacco use, enabling better surveillance, informed policymaking, and alignment with global NCD prevention targets.
2.3	Building/Improving Health System Capacity	Integrate NCD and communicable disease screening (e.g., diabetes, hepatitis, HIV, TB) in primary care settings through standardised national protocols.	Add N-xii	Integrated care models increase efficiency and address co-morbidities more effectively, especially in low-resource settings.
		Promote regional collaboration on communicable disease surveillance, with emphasis on border health, migrant populations, and crisis-affected areas.	Add O-vi	Cross-border threats require regional coordination mechanisms that go beyond national response systems.
3.1	Ensuring Access to Health Facilities and Improving Quality of Service Delivery	Strengthen early essential newborn care (EENC) protocols in all health facilities, including thermal protection, breastfeeding initiation, and resuscitation.	Add N-ix	Neonatal mortality contributes significantly to under-5 deaths; EENC has proven cost-effective impact.
		Promote evidence-based, high-impact interventions to improve MNCH in OIC countries by facilitating the exchange of knowledge and best practices, and supporting intra-OIC collaboration on maternal health through midwifery education programs, shared guidelines, and joint training initiatives.	Modify O-i	Enhances knowledge exchange and promotes consistent standards of maternal care across Member States, particularly supporting those with limited technical capacity.
3.3	Promoting Child Nutrition and Combating Malnutrition	Develop and implement effective national nutrition programmes targeting the first 1,000 days of life, incorporating interventions such as breastfeeding promotion, micronutrient supplementation, growth monitoring, and early childhood stimulation, while addressing the root causes of low birthweight.	Modify N-i	Malnutrition persists across many OIC countries. Emphasising the first 1,000 days ensures early, impactful interventions with long-term benefits.

PA	Title	Proposed Action	Action Label	Rationale
		Facilitate OIC-wide cooperation on nutrition surveillance systems, policy harmonisation, and food fortification strategies.	Add O-v	Regional cooperation can help address cross-border challenges such as food insecurity and align nutrition-related interventions with WHO standards.
3.5	Reducing Maternal, New-born, and Child Mortality	Establish national maternal mortality review committees to investigate avoidable causes of maternal deaths and inform targeted interventions.	Add N-viii	Maternal mortality remains high in many OIC countries; review committees can guide context-specific improvements and enhance accountability.
		Support harmonisation of child health indicators and strengthen regional data collection systems to monitor progress on child survival and development.	Add O-v	Addresses gaps in data quality and comparability across countries and supports improved tracking of SDG-related targets.
4.1	Enhancing Monitoring and Evaluation Mechanisms	Support national regulatory authorities in adopting harmonised regulatory standards for medicines and medical products, in line with WHO and OIC best practices.	Add N-v	Builds upon existing national efforts to improve regulatory quality and aligns with best practices to enhance cross-border consistency.
		Strengthen post-marketing surveillance systems through regional collaboration and shared reporting platforms.	Add O-vii	Strengthened surveillance will help identify substandard and falsified medicines across borders more efficiently.
4.2	Supporting Local Production of Medicines, Vaccines and Medical Devices	Develop national strategies to support local pharmaceutical and vaccine manufacturing by complementing existing government incentives (e.g., subsidies, tax exemptions) with measures to promote R&D, streamline regulatory approvals, and foster public-private partnerships.	Modify N-i	A more comprehensive strategy is needed to build sustainable local production capacity and improve access to essential health products across OIC Member States.

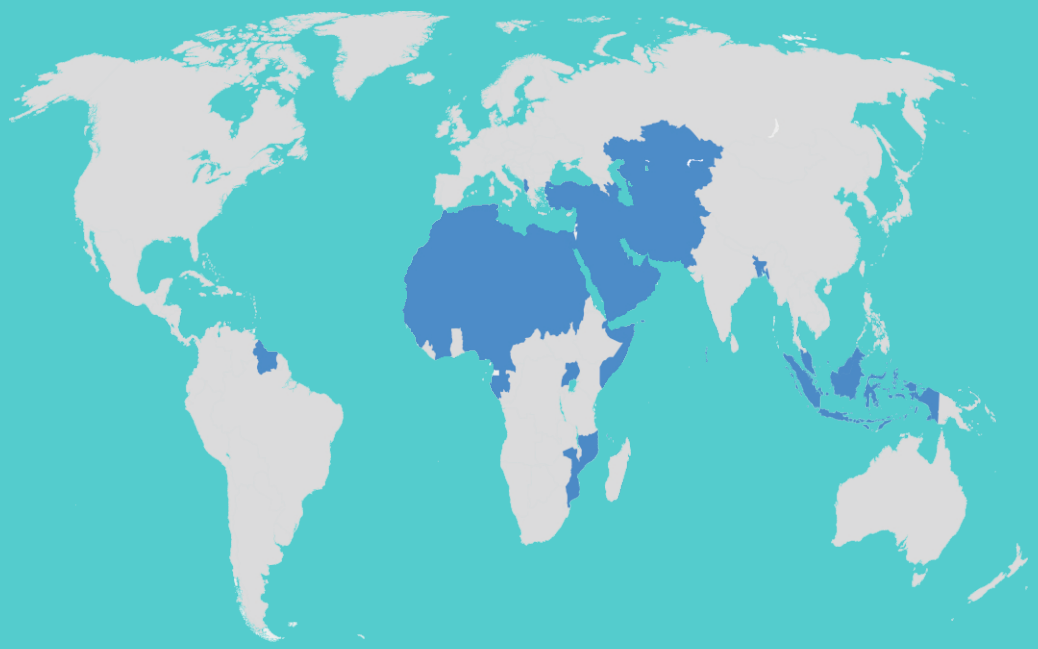
PA	Title	Proposed Action	Action Label	Rationale
		Promote targeted technology transfer and manufacturing partnerships between advanced and emerging OIC countries, particularly in the fields of vaccine production and biopharmaceuticals, while continuing collaboration with international partners and local enterprises.	Modify O-i	Strengthening intra-OIC collaboration in high-priority health technology sectors will enhance self-reliance and reduce dependency on external suppliers, especially for critical products.
		Encourage development and use of regional centres of excellence and training facilities to support pharmaceutical and biomedical innovation.	Add O-vi	These centres will help address technical skills gaps and promote innovation across Member States.
4.4	Increasing the Availability of Essential Medicines, Vaccines and Medical Technologies	Facilitate the development of regional pooled procurement and purchasing mechanisms across Member States to lower costs, enhance availability, and support local production of essential medicines, vaccines, and medical devices—fostering mutual cooperation and supply security.	Modify O-iv	While the original action emphasized support to local production, the proposed modification expands the scope to include cost-effectiveness and improved bargaining power through pooled procurement. This broader approach is particularly beneficial for low-income Member States by enhancing access and affordability of essential medicines, vaccines, and medical devices.
5.1	Improving Strategic Planning for Preparedness and Response	Develop or update all-hazard national emergency preparedness and response plans, incorporating lessons learned from COVID-19 and other recent crises to improve real-time risk assessment, regulatory frameworks, and response capacity in the health sector.	Modify N-i	Integrating recent experiences enhances the relevance, responsiveness, and effectiveness of emergency preparedness plans across Member States.
		Integrate climate resilience into emergency health risk planning, especially for disaster-prone countries.	Add N-x	Addressing the climate-health nexus strengthens health system readiness for evolving risks.

PA	Title	Proposed Action	Action Label	Rationale
		Strengthen intersectoral coordination mechanisms by engaging health, disaster management, environment, and civil protection authorities at all administrative levels to ensure comprehensive emergency preparedness and response.	Modify N-vii	Broader intersectoral collaboration improves resilience and enables more effective responses to complex emergencies beyond urban contexts.
		Encourage the development of regional stockpiles of essential health supplies and equipment for emergency response.	Add O-vi	Ensures timely access to critical resources and reduces duplication and delays during emergencies.
5.4	Improving Information Management and Analysis for Emergency Health Services	Support digitalisation and integration of disease surveillance systems with real-time data sharing capabilities.	Add N-vi	Timely data is essential for early detection and effective response to health threats.
		Promote harmonisation of data standards and interoperability among Member States' health information systems to enable timely cross-border risk detection, data sharing, and coordinated responses to public health emergencies.	Modify O-ii	While the original action highlights cooperation, the revised proposal introduces critical dimensions of harmonisation, interoperability, and timely cross-border coordination—essential elements for effective regional response to public health emergencies, especially in light of recent pandemic experiences.
		Collaborate with WHO and other international bodies to align with IHR (2005) and Pandemic Agreement implementation priorities.	Add O-iv	Ensures consistency with global frameworks and strengthens compliance across the region.
6.2	Promoting Community Awareness about Disease Prevention and Healthy Life Style	Launch structured awareness campaigns on key public health issues (e.g., antimicrobial resistance, maternal health, mental health), coordinated across Member States.	Add O-iv	Addresses Türkiye's concern by formalising the advocacy function and ensuring consistency.
		Establish a dedicated Health Communication and Advocacy Unit under the OIC General Secretariat to lead and coordinate strategic health messaging and awareness across Member States.	Add O-v	Responds directly to Türkiye's recommendation to house advocacy within a specialised unit.

PA	Title	Proposed Action	Action Label	Rationale
		Strengthen partnerships with Islamic media networks and religious institutions to amplify culturally sensitive health messaging.	Add O-vi	Leverages existing communication channels trusted by local populations for greater outreach.
6.3	Meeting the Information and Education needs of Health Care Providers	Institutionalise a biennial OIC Health Education Forum to facilitate training exchanges, curriculum alignment, and capacity development across Member States.	Add O-v	Promotes systemic improvements in health education, aligned with SDG and SHPA goals.
		Encourage collaborative health education programs between leading OIC universities, including joint degrees and exchange opportunities.	Add O-vi	Enhances academic mobility and strengthens cross-border educational ties within the OIC.
6.4	Strengthening Evidence-based Health Policy **[New PA]**	*Health research was not adequately addressed in the original SHPA.*	Add	Evidence-based policymaking is essential to improving health outcomes and ensuring efficient use of limited resources. However, research capacity remains weak across much of the OIC, with fragmented efforts and limited funding. Strengthening national and regional research systems is critical to supporting innovation, informed decision-making, and long-term health sector resilience.
		Expand national capacities for health research by establishing dedicated national health research councils and increasing public investment in health R&D to support innovation and evidence-based policymaking.	Move 6.1 N-vii (N-i)	National health research systems remain underdeveloped in many OIC countries. Greater investment and institutional support are essential to generate evidence for context-specific health policies and innovations.
		Promote the ethical use of Artificial Intelligence (AI) and big data analytics in public health research and decision-making through regulatory guidance, capacity-building, and pilot initiatives.	Add N-ii	Emerging technologies such as AI and big data offer transformative opportunities for health systems but require ethical frameworks and technical capacity to ensure responsible adoption.

PA	Title	Proposed Action	Action Label	Rationale
		Expand national capacities for health research by establishing dedicated national health research councils and increasing public investment in health R&D to support innovation and evidence-based policymaking	Add N-iii	National research governance is often underdeveloped. Establishing dedicated councils and increasing public investment can help structure research priorities, attract talent, and bridge the gap between academia and health policy.
		Upgrade and expand the OIC Health Portal to include a dedicated repository of health research publications, policy briefs, and strategic knowledge products, developed in collaboration with SESRIC, national health institutions, and academic partners across Member States	Add O-i	Facilitates intra-OIC knowledge sharing and access to regional evidence for policy-making.
		Support capacity-building initiatives aimed at enhancing research governance, ethics, and policy translation in Member States, especially those with limited institutional capacity.	Add O-ii	Weak research governance and poor policy uptake of evidence remain key challenges in several Member States. Targeted support can help bridge these gaps and promote evidence-informed policymaking.
		Promote mutual recognition of research standards, certifications, and evidence-based guidelines among OIC Member States to enhance policy coherence and enable cross-country adoption of best practices.	Add O-iii	Mutual recognition of standards and outputs would foster trust, reduce duplication of efforts, and facilitate the transfer of proven interventions and technologies across Member States—particularly benefiting countries with limited research infrastructure.

* National (N-) and OIC-level (O-) actions.



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