

OIC In Indices

Universal Health Coverage Service Coverage Index

Statistical Outlook Report
An Outlook on OIC Member Countries



ORGANISATION OF ISLAMIC COOPERATION
STATISTICAL, ECONOMIC AND SOCIAL RESEARCH
AND TRAINING CENTRE FOR ISLAMIC COUNTRIES

No. 3 |

UNIVERSAL HEALTH COVERAGE (UHC) SERVICE COVERAGE INDEX



Organization of Islamic Cooperation
Statistical, Economic and Social Research
and Training Centre for Islamic Countries



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ISBN: 978-625-7162-36-4

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Abbreviations

ARI	<i>Acute Respiratory Infection</i>
DTP3	<i>Third Dose of Diphtheria-Tetanus-Pertussis Containing Vaccine</i>
HIV/AIDS	<i>Human Immunodeficiency Virus / Acquired Immunodeficiency Syndrome</i>
IHR	<i>International Health Regulations</i>
NCDs	<i>Noncommunicable Diseases</i>
OIC	<i>Organisation of Islamic Cooperation</i>
OIC-ECA	<i>OIC Europe and Central Asia Member Countries</i>
OIC-SAPLA	<i>OIC East and South Asia, Pacific, Latin America, and Caribbean Member Countries</i>
OIC-MENA	<i>OIC Middle East and North Africa Member Countries</i>
OIC-SSA	<i>OIC Sub-Saharan Africa Member Countries</i>
SDG	<i>Sustainable Development Goal</i>
SESRIC	<i>Statistical, Economic and Social Research and Training Centre for Islamic Countries</i>
TB	<i>Tuberculosis</i>
UHC	<i>Universal Health Coverage</i>
WHO	<i>World Health Organization</i>

1. Introduction

Universal health coverage (UHC) is a central component of sustainable development, social protection, and inclusive growth. It aims to ensure that all people can access needed health services of sufficient quality without being exposed to financial hardship. In the SDG framework, UHC is monitored through both service coverage and financial protection. The UHC Service Coverage Index, used in this report, captures the coverage of essential health services across major areas of health system performance, while financial protection indicators complement this picture by assessing the burden of out-of-pocket health spending on households.

For OIC Member Countries, progress towards UHC is particularly important given the diversity of health system capacities, income levels, demographic structures, and disease burdens across the group. The OIC-2025 Programme of Action places emphasis on healthy lives, improved well-being, equitable access to healthcare, and strengthened cooperation in addressing communicable and noncommunicable diseases. Similarly, the OIC Strategic Health Programme of Action highlights the need to improve health system capacity, human resources, financing, and cooperation among member countries. These priorities make UHC not only a health-sector objective, but also a broader development and resilience agenda for the OIC.

Recent OIC evidence also points to important structural challenges that make monitoring UHC service coverage highly policy relevant. According to the OIC Health Report 2025, health expenditure in OIC countries remains well below the global average, while out-of-pocket payments continue to represent a relatively high share of health spending. In 2022, health expenditure averaged 3.9% of GDP in OIC countries, compared with 9.8% globally, and out-of-pocket payments accounted for 35.3% of current health expenditure in OIC countries, compared with 17.2% worldwide. These financing constraints can limit access to services and increase the risk that households delay care, forgo treatment, or face financial hardship.

Health workforce and service capacity constraints further underline the importance of tracking UHC outcomes. The OIC Health Report 2025 shows that the density of doctors, nurses and midwives in OIC countries remains below both the global average and the WHO benchmark associated with the delivery of essential health services. Such capacity gaps affect countries' ability to expand effective coverage, improve quality of care, respond to emergencies, and address the growing burden of noncommunicable diseases. Therefore, progress in the UHC Service Coverage Index should be interpreted as a key signal of health system strengthening, but also alongside broader indicators of financing, workforce availability, and financial protection.

Against this background, this report examines the performance of OIC Member Countries in the UHC Service Coverage Index over the period 2000-2023. It compares OIC countries with global benchmarks and OIC sub-regional averages, assesses changes over time, and identifies areas where progress has been strong or where gaps remain. The analysis provides an evidence-based overview of how OIC Member Countries are advancing towards broader essential health service coverage, while recognizing that a full assessment of UHC also requires complementary evidence on financial protection and out-of-pocket health spending.

2. Methodology

The Universal Health Coverage (UHC) Service Coverage Index is developed under the Sustainable Development Goals (SDGs) framework and is monitored globally by the World Health Organization (WHO) as the custodian agency of SDG indicator 3.8.1.

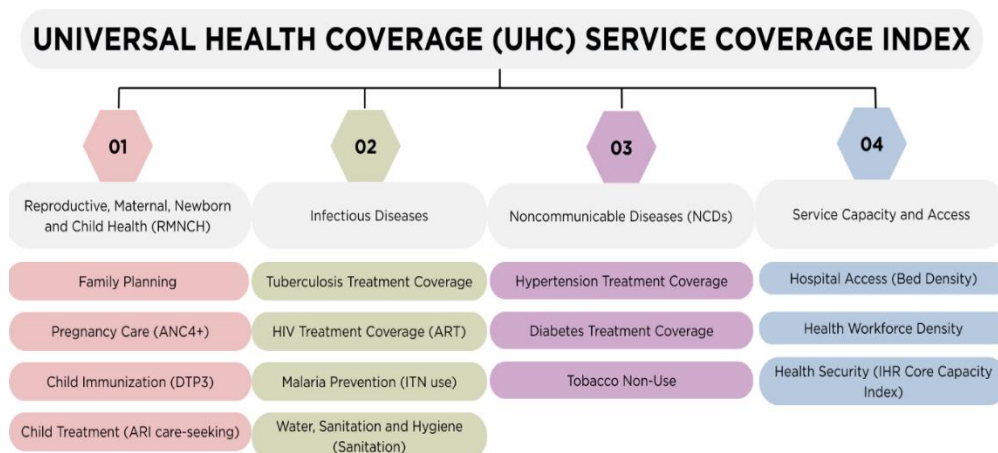
The report uses WHO's 2025-revised methodology for SDG indicator 3.8.1, namely the Universal Health Coverage (UHC) service coverage index series SH_ACS_UNHC_25. WHO re-estimated the historical series in the December 2025 update of the Global Health Observatory (GHO), so the values presented in this report may differ from earlier editions. Although the index is released through periodic global updates, the

2000-2023 annual points shown in this report are taken from WHO's revised annual estimated series.

Methodologically, the index is designed to measure the coverage of essential health services across populations by combining a set of tracer indicators representing key dimensions of health systems. It captures the extent to which individuals receive the health services they need, spanning prevention, treatment, and care, without directly addressing financial protection (World Health Organization, 2025).

As shown in Figure 1, the UHC Service Coverage Index is structured around four core pillars, each capturing a distinct dimension of essential health service delivery. These pillars collectively reflect the continuum of care, ranging from preventive and maternal services to treatment of diseases and the overall capacity of health systems.

Figure 1: Conceptual Framework of the UHC Service Coverage Index



Source: World Health Organization (WHO), SDG indicator 3.8.1 metadata

➤ Reproductive, Maternal, Newborn and Child Health

This pillar captures the coverage of essential services targeting women, mothers, and children, which are foundational to population health and long-term human development outcomes.

- **Family Planning:** Percentage of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods.
- **Pregnancy Care:** Percentage of women aged 15-49 years with a live birth in a given time period who received antenatal care four or more times.
- **Child Immunization (DTP3):** Percentage of infants receiving three doses of diphtheria-tetanus-pertussis containing vaccine.
- **Child Treatment (ARI care-seeking):** Percentage of children younger than 5 years with symptoms of acute respiratory infection (cough and fast or difficult breathing due to a problem in the chest and not due to a blocked nose only) in the 2 weeks preceding the survey for whom advice or treatment was sought from a health facility or provider.

➤ **Infectious Diseases**

This pillar assesses the effectiveness of health systems in preventing and treating major communicable diseases, which remain a significant burden in many countries.

- **Tuberculosis:** Percentage of incident TB cases that are detected and treated.
- **HIV/AIDS:** Percentage of adults and children living with HIV currently receiving antiretroviral therapy.
- **Malaria:** Percentage of population in malaria-endemic areas who slept under an insecticide-treated net the previous night (only for countries with high malaria burden).
- **Water, sanitation and hygiene:** Percentage of population using at least basic sanitation services.

➤ **Noncommunicable Diseases (NCDs)**

This pillar evaluates the capacity of health systems to address the growing burden of chronic diseases and related risk factors.

- **Hypertension:** Coverage of treatment (taking medicine) for hypertension among adults aged 30-79 years with hypertension (age-standardized estimate) (%).
- **Diabetes:** Coverage of treatment (taking medication) for diabetes among adults aged 30 years and over with diabetes (age-standardized estimate) (%).
- **Tobacco:** Age-standardized prevalence of adults aged 15 years and above currently using any tobacco product (smoked and/or smokeless tobacco) on a daily or non-daily basis.

➤ **Service Capacity and Access**

This pillar reflects the structural readiness of health systems to deliver services, including infrastructure, workforce, and emergency preparedness.

- **Hospital access:** Hospital bed density, relative to a maximum threshold of 18 per 10,000 population.
- **Health workforce:** Health workers (medical doctors, nursing and midwifery personnel) per capita, relative to combined maximum thresholds.
- **Health security:** International Health Regulations (IHR) core capacity index, which is the average percentage of attributes of 13 core capacities that have been attained.

Overall, the four pillars provide a balanced representation of both service delivery outcomes (coverage of interventions) and system capacity (resources and preparedness), ensuring a comprehensive assessment of progress towards universal health coverage.

The UHC Service Coverage Index is constructed through a standardized process to ensure cross-country and temporal comparability. All 14 tracer indicators are first normalized onto a 0–100 scale, where higher values indicate better performance. While most indicators follow their natural percentage scale, specific adjustments are applied to ensure consistent interpretation. For example, tobacco use is converted into

non-use, and capacity-related indicators such as hospital beds and health workforce are capped at defined thresholds.

The index is then aggregated using a two-stage geometric mean. In the first stage, tracer indicators are combined within four service domains using population-based weights. In the second stage, these domain scores are aggregated using an unweighted geometric mean to produce the overall index. This approach penalizes imbalances, ensuring that weak performance in any dimension lowers the overall score.

To ensure data completeness, missing values are addressed through interpolation, extrapolation, or imputation using regional or model-based estimates, allowing consistent cross-country comparisons.

At the regional and global levels, aggregation follows a population-weighted approach at the tracer indicator level. Aggregated tracer values are first calculated using population weights and then combined using the same normalization and geometric aggregation methodology.

This ensures full consistency with the index structure and gives greater weight to countries with larger populations. The OIC and sub-regional averages are calculated by SESRIC based on the available country-level UHC service coverage index values for OIC Member Countries. These averages are not official WHO aggregates and should be interpreted as SESRIC-computed benchmark values for analytical comparison.

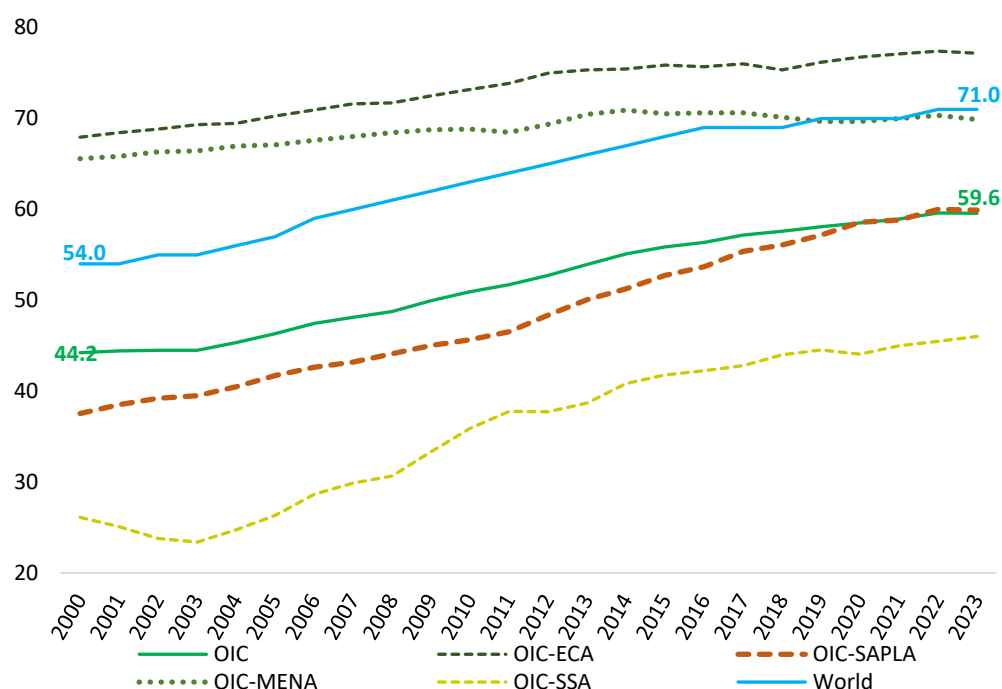
The index ranges from 0 to 100 and reflects both service coverage and health system capacity. Due to its geometric structure, balanced progress across all dimensions is essential for higher scores. While the UHC Service Coverage Index does not include financial protection (SDG 3.8.2), this dimension remains essential for assessing progress towards universal health coverage. Therefore, indicators on catastrophic and impoverishing out-of-pocket health spending should be reviewed alongside the service coverage index. Since OIC-specific SDG 3.8.2 figures are not included in the dataset used for this report, the present analysis focuses on service coverage while noting that a fuller UHC assessment requires complementary evidence on financial hardship from health spending.

3. Regional Trends

Building on the methodological framework outlined above, the regional evolution of the UHC Service Coverage Index provides important insights into the progress achieved across OIC Member Countries relative to global trends.

As shown in Figure 2, the index shows a broad upward trend, despite minor fluctuations in some years, for the period 2000-2023 for the world, OIC Member Countries, and all OIC subregions. The figure highlights both the level differences and the pace of progress across regions, allowing a comparative assessment of long-term changes in service coverage.

Figure 2: UHC Service Coverage Index, 2000-2023



Source: WHO Global Health Observatory (GHO), December 2025 update, series SH_ACS_UNHC_25; and SESRIC staff calculations.

At the aggregate level, the global average increased from 54.0 in 2000 to 71.0 in 2023, reflecting steady improvements in access to essential health services worldwide. Over the same period, the average for OIC Member Countries rose markedly from 44.2 to 59.6, indicating substantial progress. Although the OIC average remains below the global benchmark, the results indicate substantial improvement across OIC Member Countries.

However, the absolute gap with the world average widened from about 9.8 points in 2000 (54.0 compared with 44.2) to about 11.4 points in 2023 (71.0 compared with 59.6), indicating that OIC progress has been significant but not yet sufficient to achieve convergence with the global level. A similar positive trend is observed across all OIC subregions. OIC-ECA consistently records the highest performance, increasing from 67.9 in 2000 to 77.2 in 2023, remaining above the world average throughout the period. OIC-MENA also maintains relatively high levels, rising from 65.6 to 69.9, closely aligning with the global average in recent years. OIC-SAPLA demonstrates notable improvement, advancing from 37.5 to 59.9, thereby significantly reducing its gap with both the OIC and global averages. Meanwhile, OIC-SSA, although starting from a lower base (26.1 in 2000), shows steady progress to 46.0 in 2023, reflecting gradual expansion in service coverage.

Overall, the findings point to a broadly positive and sustained improvement in UHC service coverage across OIC Member Countries and their regions. While all OIC subregions recorded gains over the period, disparities persist, and the overall OIC average remains below the world average.

4. Country-Level Performance

Complementing the regional trends, country-level results provide a more granular perspective on the distribution of UHC service coverage across OIC Member Countries.

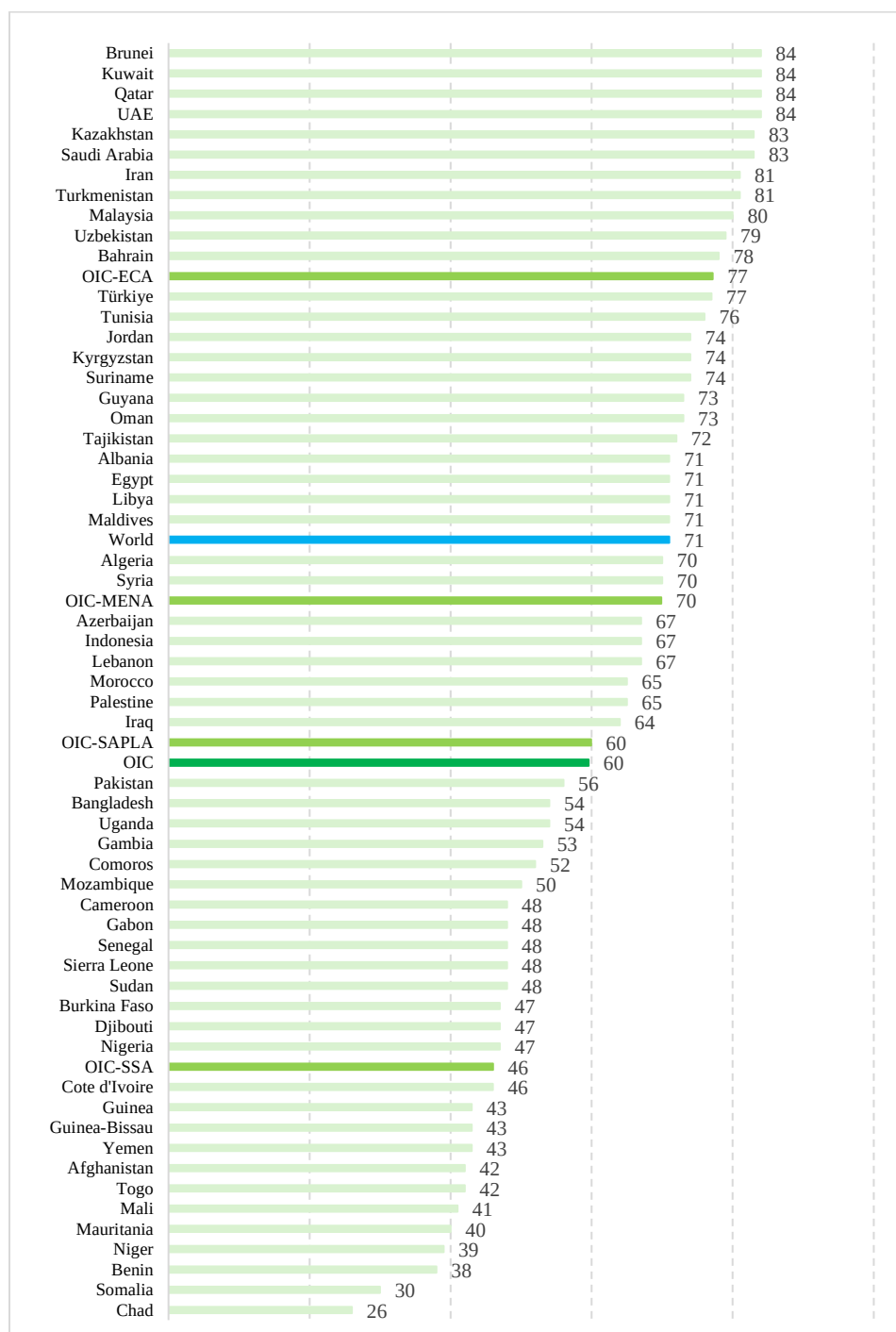
As illustrated in Figure 3, there is a wide variation in index scores among countries, ranging from the mid-20s to the mid-80s. The figure highlights both leading performers and countries at earlier stages of health system development, while also situating OIC averages relative to the global benchmark.

At the top end, several OIC Member Countries record high index scores. Brunei, Kuwait, Qatar, and the United Arab Emirates lead with scores of 84, followed by Kazakhstan and Saudi Arabia (83), Iran and Turkmenistan (81), Malaysia (80), Uzbekistan (79), Bahrain (78), and Türkiye (77). These countries significantly exceed both the OIC average (60) and the world average (71), reflecting comparatively advanced health system capacity and service coverage. A notable group of countries clusters around or above the global average, including Tunisia (76), Jordan, Kyrgyzstan and Suriname (74), Guyana and Oman (73), Tajikistan (72), and Albania, Egypt, Libya and Maldives (71).

In the middle range, countries such as Indonesia, Azerbaijan, and Lebanon (67), together with Morocco and Palestine (65) and Iraq (64), remain below the world average but above the OIC average, indicating moderate performance with room for further improvement.

A wider group of countries falls below the OIC average but remains above the lowest end of the distribution. Pakistan (56), Bangladesh and Uganda (54), Gambia (53), Comoros (52), Mozambique (50), Cameroon, Gabon, Senegal, Sierra Leone and Sudan (48), Burkina Faso, Djibouti and Nigeria (47), Côte d'Ivoire (46), Guinea, Guinea-Bissau and Yemen (43), and both Afghanistan and Togo (42) form an important middle-to-lower cluster. This group is analytically important because several of these countries, particularly Pakistan and Bangladesh, have large populations and therefore materially influence population-weighted OIC averages.

Figure 3: UHC Service Coverage Index, 2023



Source: WHO Global Health Observatory (GHO), December 2025 update, series SH_ACS_UNHC_25; and SESRIC staff calculations.

At the lower end, Mauritania (40) and Mali (41) bridge the transition from the middle-to-lower group to the lowest performers. Several countries, primarily within the OIC-SSA group (average: 46), record relatively lower scores, including Niger (39), Benin (38), Somalia (30), and Chad (26). While these levels indicate remaining challenges, they also point to substantial scope for further improvement in essential health service coverage.

The distribution also appears to be consistent with broader differences in health system capacity and service readiness across OIC Member Countries. Countries above or close to the global average are generally concentrated among higher-performing OIC subregions, while lower scores are more visible among countries facing capacity constraints, fragility, or weaker access to essential services. This pattern indicates that the OIC average masks considerable diversity within the group and should be interpreted together with country-level results.

Overall, the country-level distribution highlights significant variation across OIC Member Countries. At the same time, several countries are positioned at or above the global average, indicating relatively strong service coverage among a group of OIC Member Countries.

5. Conclusion

The findings show that OIC Member Countries have made substantial progress in expanding essential health service coverage over the period 2000-2023. The overall OIC average increased from 44.2 in 2000 to 59.6 in 2023, reflecting clear improvements in access to key health services and in broader health system capacity. However, this progress has not been sufficient to close the gap with the world average. While the world average increased from 54.0 to 71.0 over the same period, the OIC-world gap widened slightly from about 9.8 points in 2000 to about 11.4 points in 2023. This indicates that OIC countries improved in absolute terms, but did not converge with the global level.

The results also reveal considerable variation across OIC sub-regions and individual member countries. OIC-ECA and OIC-MENA generally perform above the overall OIC average, while OIC-SAPLA has recorded important gains and moved close to the group average. OIC-SSA has also improved, but continues to face the largest remaining gap in service coverage. At the country level, some OIC Member Countries have reached or exceeded the world average, while others remain in the middle-to-lower range or at the lower end of the distribution. This uneven pattern suggests that policy responses should be differentiated according to country-specific health system capacity, financing space, demographic pressures, disease burdens, and institutional constraints.

From a policy perspective, progress needs to be strengthened across the four main pillars of the UHC Service Coverage Index: reproductive, maternal, newborn and child health; infectious diseases; noncommunicable diseases; and service capacity and access. Improvements in maternal and child health and infectious disease services remain essential, particularly in countries where basic service coverage is still below the OIC average. At the same time, noncommunicable disease prevention and treatment require stronger policy attention. NCD treatment is among the weakest areas globally and represents a growing priority for many OIC health systems, given the rising burden of chronic diseases and the need for continuous, affordable, and high-quality care.

The service capacity and access dimension is also critical for sustaining progress. Many OIC countries continue to face constraints related to health workforce availability, hospital capacity, emergency preparedness, medicines, and basic service infrastructure. These constraints can limit the ability of health systems to translate policy commitments into effective coverage. Therefore, improving UHC performance requires not only expanding nominal access to services, but also strengthening the foundations of health systems, including financing, workforce planning, primary healthcare, referral systems, digital health infrastructure, and quality of care.

Finally, the UHC Service Coverage Index should be interpreted together with financial protection indicators. The index captures service coverage, but does not include SDG 3.8.2 indicators on catastrophic and impoverishing out-of-pocket health spending. This distinction is particularly important for OIC Member Countries, where out-of-pocket payments remain relatively high compared with the global average. A fuller assessment of universal health coverage therefore requires reading service coverage results alongside evidence on whether households can obtain needed care without financial hardship. Strengthening service coverage while reducing out-of-pocket burdens would make progress towards UHC more inclusive, equitable, and resilient across OIC Member Countries.

Annex Table 1: Overall Structure of the UHC Service Coverage Index

Category	Indicators	Definition
Reproductive, Maternal, Newborn and Child Health	Family Planning	Percentage of women of reproductive age (15–49 years) who have their need for family planning satisfied with modern methods.
Reproductive, Maternal, Newborn and Child Health	Pregnancy Care	Percentage of women aged 15–49 years with a live birth in a given time period who received antenatal care four or more times.
Reproductive, Maternal, Newborn and Child Health	Child Immunization	Percentage of infants receiving three doses of diphtheria-tetanus-pertussis containing vaccine.
Reproductive, Maternal, Newborn and Child Health	Child Treatment	Percentage of children younger than 5 years with symptoms of acute respiratory infection for whom advice or treatment was sought from a health facility or provider.
Infectious Diseases	Tuberculosis	Percentage of incident tuberculosis cases that are detected and treated.
Infectious Diseases	HIV/AIDS	Percentage of adults and children living with HIV currently receiving antiretroviral therapy.
Infectious Diseases	Malaria	Percentage of population in malaria-endemic areas who slept under an insecticide-treated net the previous night.
Infectious Diseases	Water, Sanitation and Hygiene	Percentage of population using at least basic sanitation services.
Noncommunicable Diseases (NCDs)	Hypertension	Coverage of treatment for hypertension among adults aged 30–79 years with hypertension.

Category	Indicators	Definition
Noncommunicable Diseases (NCDs)	Diabetes	Coverage of treatment for diabetes among adults aged 30 years and over with diabetes.
Noncommunicable Diseases (NCDs)	Tobacco	Age-standardized prevalence of adults aged 15 years and above currently using any tobacco product.
Service Capacity and Access	Hospital Access	Hospital bed density, relative to a maximum threshold of 18 per 10,000 population.
Service Capacity and Access	Health Workforce	Health workers, including medical doctors, nursing and midwifery personnel, per capita relative to combined maximum thresholds.
Service Capacity and Access	Health Security	International Health Regulations (IHR) core capacity index.

Source: World Health Organization (WHO), SDG indicator 3.8.1 metadata.

Annex Table 2: UHC Service Coverage Index of OIC Member Countries

Country / Group	2000	2005	2010	2015	2020	2023
Brunei	72	76	78	84	84	84
Kuwait	79	79	81	83	83	84
Qatar	81	82	80	82	83	84
United Arab Emirates	73	71	72	81	84	84
Kazakhstan	76	78	81	82	83	83
Saudi Arabia	74	78	81	82	81	83
Iran	68	70	73	77	80	81
Turkmenistan	76	78	79	80	79	81
Malaysia	71	74	77	80	80	80
Uzbekistan	78	80	81	80	78	79
Bahrain	74	75	75	79	78	78
OIC-ECA	68	70	73	76	77	77
Türkiye	64	67	71	75	77	77
Tunisia	61	66	69	73	76	76
Jordan	75	75	76	75	70	74
Kyrgyzstan	70	71	70	74	74	74
Suriname	59	70	70	74	77	74
Guyana	61	62	63	71	80	73
Oman	73	73	74	75	73	73
Tajikistan	66	68	70	73	71	72
Albania	56	55	58	62	68	71
Egypt	73	74	74	73	71	71
Libya	66	68	69	71	71	71
Maldives	52	62	67	68	68	71
World	54	57	63	68	70	71
Algeria	68	68	70	72	66	70
OIC-MENA	66	67	69	71	70	70
Syria	66	68	70	71	71	70
Azerbaijan	54	55	58	64	67	67
Indonesia	44	48	51	59	66	67
Lebanon	64	64	66	68	68	67
Morocco	55	58	63	66	65	65
Palestine	66	67	68	69	65	65
Iraq	61	63	64	67	67	64
OIC	44	46	51	56	59	60
OIC-SAPLA	38	42	46	53	59	60
Pakistan	36	39	42	49	54	56
Bangladesh	24	30	37	45	52	54
Uganda	24	28	40	49	52	54
Gambia	38	37	48	51	48	53
Comoros	25	40	45	48	54	52
Mozambique	23	26	33	45	48	50
Cameroon	32	28	35	47	47	48
Gabon	38	45	52	52	50	48
Senegal	24	25	39	42	49	48

Country / Group	2000	2005	2010	2015	2020	2023
Sierra Leone	18	18	31	43	41	48
Sudan	27	29	38	45	47	48
Burkina Faso	19	19	32	39	42	47
Djibouti	31	32	39	42	49	47
Nigeria	30	29	39	43	45	47
Côte d'Ivoire	26	24	31	44	43	46
OIC-SSA	26	26	36	42	44	46
Guinea	19	18	26	34	43	43
Guinea-Bissau	25	29	37	45	44	43
Yemen	41	43	44	44	44	43
Afghanistan	30	35	38	38	42	42
Togo	21	25	28	37	38	42
Mali	24	26	37	37	42	41
Mauritania	23	24	33	31	38	40
Niger	19	22	31	34	32	39
Benin	25	24	31	30	38	38
Somalia	14	15	21	24	29	30
Chad	18	17	22	25	26	26

Source: WHO Global Health Observatory (GHO), December 2025 update, series SH_ACS_UNHC_25; and SESRIC staff calculations.

Note: The latest available year in the WHO 2025 revised series used in this report is 2023.

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