

Thematic Area 1: Health System Strengthening

Phase-wise Implementation Plan

Actions at OIC Level and International Cooperation

Lead Country: *Kazakhstan*

Proposed activities / Actions	Key Performance Indicators	Timeline			Implementing Partners
		2014-2016	2017-2019	2020-2022	
P.A.1.1: Moving towards Universal Health Care Coverage					
i. Facilitate knowledge exchange and the co-production of new knowledge among member countries through the joint capacity building programmes, which brings together implementers and policymakers to jointly develop innovative approaches to accelerate progress towards implementing universal health coverage;	<ul style="list-style-type: none">- Organized working group with subgroups on defined areas of actions- Defined funding resources for meetings and working process- Developed road-map with timeline for each concrete actions defined in the strategic plan	X			SESRIC, IDB WHO
	<ul style="list-style-type: none">- Meetings twice in a year to discuss each part of the road-map	X	XX	XXX	
ii. Plan building capacities of the staff working in the national health economics units of the Ministries of Health to undertake national health accounts analysis	<ul style="list-style-type: none">- Number of developed recommendations by the working group	X	XX	XXX	

<p>and using the technical capacities of WHO, World Bank and other international agencies;</p> <p>iii. Develop a set of common, yet comparable, indicators of progress towards universal health coverage which are needed to enable countries undergoing reforms to assess outcomes and make midcourse corrections in policy and implementation;</p> <p>iv. Support member countries to design policies and programs for universal health coverage by providing policy analysis and advice to help countries develop options for purchasing effective services, pooling resources, and raising revenue;</p> <p>v. Facilitate exchanges of knowledge and best practices in the development of payment scheme for universal health care coverage.</p>	<p>implemented on the national level in the countries</p> <ul style="list-style-type: none"> - Number of countries with improved policy under the consultations and recommendations of working group - Developed funded program (to define resources for funding) and organization that would be responsible for knowledge capacity building in the country members - Number of trainings provided effectively under the program 	<p>X</p> <p>X</p>	<p>XX</p>	<p>XXX</p>	
P.A.1.2: Improving Access to Integrated Quality Health Care Services					
<p>i. Facilitate the exchange of knowledge and best practices among the member countries through capacity building</p>	<p>Indicators that defined for P.A.1.1 –</p> <ul style="list-style-type: none"> - Number of developed 	<p>X</p>	<p>XX</p>	<p>XXX</p>	<p>SESRIC, IDB, OIC-GS, WHO</p>

<p>programmes;</p> <p>ii. Promote health program evaluation in member countries and provide incentives for programs which demonstrate measurable improvement;</p> <p>iii. Contribute to the funding of health facilities;</p> <p>iv. Provide technical assistance to member countries in the establishment and strengthening of national public health institutes;</p> <p>v. Lead the establishment of standards to define capacity development in improving access to health care services;</p> <p>vi. Facilitate intra-OIC cooperation in specialized field of healthcare (medical, pharmaceutical and nursing branches) to improve access to integrated quality health care services in member countries.</p>	<p>recommendations by the working group implemented on the national level in the countries</p> <p>- Number of countries with improved policy under the consultations and recommendations of working group</p> <p>- Developed funded program (to define resources for funding) and organization that would be responsible for knowledge capacity building in the country members</p> <p>- Number of trainings provided effectively under the program</p>	<p>X</p> <p>X</p> <p>X</p>	<p>XX</p> <p>XX</p>	<p>XXX</p> <p>XXX</p>	
P.A.1.3: Strengthening Health Information Systems including Collection and Analysis of Disaggregated Data and its Usage for Policy Development					
<p>i. Assist countries in establishing health information systems that contribute to improved disease surveillance, patient</p>	<p>Indicators that defined for P.A.1.1 –</p>	<p>X</p>	<p>XX</p>	<p>XXX</p>	<p>SESRIC , IDB, WHO</p>

<p>management, program monitoring, and public health planning;</p> <p>ii. Assist countries in developing capacity for conducting critical surveillance activities such as monitoring disease burden, tracking morbidity and mortality data, evaluating behavioural risk factors, and monitoring and evaluating the impact of health interventions;</p> <p>iii. Provide leadership in establishing consistent standards for global public health informatics;</p> <p>iv. Increase ability of ministries of health to successfully manage the process of transforming data into knowledge, knowledge into guidelines, and guidelines into improved, cost-effective programs and public health practice.</p>	<ul style="list-style-type: none"> - Number of developed recommendations by the working group implemented on the national level in the countries - Number of countries with improved policy under the consultations and recommendations of working group - Developed funded program (to define resources for funding) and organization that would be responsible for knowledge capacity building in the country members - Number of trainings provided effectively under the program 	<p>X</p> <p>X</p> <p>X</p>	<p>XX</p> <p>XX</p>	<p>XXX</p> <p>XXX</p>	
P.A.1.4: Promoting a Balanced and Well-managed Health Workforce with Special Focus on Remote and Disadvantaged Areas					
<p>i. Facilitate transfer of knowledge and exchange of experiences on training, recruitment and management of health workforce and also establish an intra-OIC</p>	<p>Indicators that defined for P.A.1.1 –</p> <ul style="list-style-type: none"> - Number of developed 	<p>X</p>	<p>XX</p>	<p>XXX</p>	<p>SESRIC, IDB,WHO..</p>

<p>network of centres of excellence in health teaching and training;</p> <p>ii. Raise commitment of the governments to plan and implement family practices and also assist in development of valid tools to help member countries making reliable future projections for different workforce cadres;</p> <p>iii. Establish OIC health service commission for facilitating intra-OIC training, recruitment and management of health workforce;</p> <p>iv. Promote principled methods for the hiring and protection of migrant health workers among the OIC countries.</p> <p>v. Facilitate the network between training institutions, health services and professional associations for joint planning to address the needs and profiles of health professionals;</p> <p>vi. Facilitate cooperation among health professional associations (Pharmacist Association, Medical Association, Dentist Association, Midwife Association, Nurse Association,</p>	<p>recommendations by the working group implemented on the national level in the countries</p> <ul style="list-style-type: none"> - Number of countries with improved policy under the consultations and recommendations of working group - Developed funded program (to define resources for funding) and organization that would be responsible for knowledge capacity building in the country members - Number of trainings provided effectively under the program <p>Additionally</p> <p>A. Organized separate commission on issues of medical education including process of diploma recognition</p>	<p>X</p> <p>X</p> <p>X</p>	<p>XX</p> <p>XX</p> <p>X</p>	<p>XXX</p> <p>XXX</p> <p>X</p>	
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<p>etc.) in OIC member countries for exchange of knowledge and best practices</p> <p>vii. Enhance cooperation both at intra-OIC and international level, to increase investment in health education and training institutions;</p> <p>viii. Ensure mutual recognition of medical diplomas, certificates and degrees across the member countries.</p>					
P.A.1.5: Ensuring Access to Essential Health Commodities and Technologies					
<p>i. Provide capacity-building and technical assistance for local production of selected essential medical products;</p> <p>ii. Develop a knowledge sharing platform to facilitate the transfer of knowledge and expertise regarding the operation of modern medical devices and diagnostics among the member countries;</p> <p>iii. Assist member countries to prioritize their plan on the basis of health technology assessment, which includes clinical effectiveness, as well as</p>	<p>Indicators that defined for P.A.1.1 –</p> <ul style="list-style-type: none"> - Number of developed recommendations by the working group implemented on the national level in the countries - Number of countries with improved policy under the consultations and recommendations of working group - Developed funded 	<p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>XX</p> <p>XX</p> <p></p> <p>XX</p>	<p>XXX</p> <p>XXX</p> <p></p> <p>XXX</p>	<p>SESRIC, OIC-GS, Islamic Solidarity Fund for Development (ISFD).</p>

<p>economic, social and ethical impacts of the use of medicines, vaccines and medical devices;</p> <p>iv. Facilitate intra-OIC trade in essential medicines, vaccines, medical devices and diagnostics;</p> <p>v. Encourage and promote intra-OIC investment in health commodities production and industries.</p> <p>vi. Collaborate with relevant health and development agencies to secure funding and resources for the procurement of the essential medicines, vaccines, medical devices and diagnostics especially in low income member countries.</p>	<p>program (to define resources for funding) and organization that would be responsible for knowledge capacity building in the country members</p> <ul style="list-style-type: none"> - Number of trainings provided effectively under the program <p>Additionally</p> <ul style="list-style-type: none"> - Organized separate commission on issues of medicine policy, marketing, etc on OIC level 		X	X	
P.A.1.6: Strengthening Health Financing System to Enable Wider Access to Quality Health Care Services					
<p>i. Facilitate and promote intra-OIC investment in health sector;</p> <p>ii. Collaborate with international agencies like WHO, UNICEF, UNFPA and World Bank to benefit from their expertise and financial contribution to build health infrastructure in member countries;</p> <p>iii. Facilitate the development of</p>	<p>Indicators that defined for P.A.1.1 –</p> <ul style="list-style-type: none"> - Number of developed recommendations by the working group implemented on the national level in the countries - Number of countries with improved policy 	<p>X</p> <p>X</p> <p>X</p>	<p>XX</p> <p>XX</p>	<p>XXX</p> <p>XXX</p>	<p>SESRIC, IDB, WHO, UNICEF, UNFPA</p>

<p>initiatives to strengthen and reform health financing systems in member countries;</p> <p>iv. Support the development and strengthening of international, regional, and national alliances, networks and partnerships in order to support member countries in mobilizing resources, building effective national health finance programmes and strengthening health systems.</p>	<p>under the consultations and recommendations of working group</p> <ul style="list-style-type: none"> - Developed funded program (to define resources for funding) and organization that would be responsible for knowledge capacity building in the country members - Number of trainings provided effectively under the program 	X	XX	XXX	
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Thematic Area 2: Disease Prevention and Control

Phase-wise Implementation Plan

Actions at OIC Level and International Cooperation

Lead Country: Turkey

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	<ul style="list-style-type: none"> - Number of countries conducting SIA - Number of countries with AFP rates above 1/100.000 - Number of countries with wild polio cases 		
P.A.2.2: Promoting Community Awareness and Participation in Preventing, Combating and Controlling Non-Communicable diseases.			
1. Support national and OIC-wide awareness programmes on tobacco control and legislation to protect children from passive smoking (OIC SHPA P.A.2.2.ii)	<ul style="list-style-type: none"> - Raised/mobilized funds for media campaigns, education programmes and surveys - Putting tobacco control high on the agenda of OIC and other relevant international platforms 	2014-2015 (short-term)	OIC-GS, SESRIC, WHO
P.A.2.3: Building/Improving Health System Capacity and Increasing the Outreach of Prevention, Care and Treatment Programmes.			OIC-GS, SESRIC, WHO
P.A.2.4: Establishing a Sound Monitoring and Evaluation Framework for Disease Control			
1. Establish a technical unit in the OIC Secretariat for monitoring and evaluation of communicable and non-communicable diseases and risk factors in member countries (OIC SHPA P.A.2.4.i) 1.1. Establish a coordination mechanism for response	<ul style="list-style-type: none"> - Legal, administrative and financial framework for the technical unit - Fully functional technical unit in place - SOPs for response 	2014-2015 (short-term)	OIC-GS WHO
2. Establish a network with dedicated units, collaborative	<ul style="list-style-type: none"> - List of stakeholders and partners - Terms and conditions for collaborative 	2014-2015 (short-term)	OIC-GS SESRIC

centres and other partners in specific areas of communicable and non-communicable diseases (OIC SHPA P.A.2.4.ii & 2.4.iii)	network		WHO
P.A.2.5: Enhancing Health Diplomacy and Increasing Engagement with Regional and International Organizations with a view to Exchanging Knowledge, and Creating Synergies and New Funding Opportunities To be developed			OIC-GS

Thematic Area 3: Maternal, New-born and Child Health and Nutrition

Phase-wise Implementation Plan

Actions at OIC Level and International Cooperation

Lead Country: Indonesia

Proposed Activities / Actions	Key Performance Indicator	Timeline			Implementing Partners
		2014-2016	2017-2019	2020-2022	
P.A.3.1: Ensuring Access to Adequately Equipped Local Health Facilities for every Woman, New-born, and Child and Improving Quality and Efficiency of Service Delivery, especially at the Local Level.					
i. Promote evidence-based, high-impact interventions to improve MNCH in OIC countries through facilitating the exchange of knowledge and sharing of experiences and best practices;	- Provide higher incentives for senior resident, trained GP and midwives, fresh graduate GP and midwives work in the district hospital and health centre in the remote area	X			OIC GS, IDB, SESRIC, WHO, UNFPA
ii. Cooperate technically in identifying and addressing gaps in coverage and quality of care along the continuum of care for maternal, new-born, and child health;	- incentives for senior resident medical doctor (DTPK)	X			
iii. Develop and implement projects of technical cooperation in the area of MNCH among member countries;	- Assignment of level 1 education program participants to the district hospital for 6 months, given the incentives from central and local	X			
iv. Advocate for the joint project of OIC and	- Competence based Medical Specialist Training				

US Government on “Reaching Every Mother and Baby in the OIC Emergency Care” and support and actively participate in the initiatives taken under this project.	- Contractual midwives (bidan PTT)	X	X	X	
	- Fulfilment, development, and empowerment of health personnel	X	XX	XXX	
	- Improve partnership between private midwives with local health authorities for MCH services including immunization, malaria management and pregnancy, supported by donors (GAVI and GF)	X	XX	XXX	
	- Partnership with professional organization and local NGOs regarding MCH and family planning, supported by donor (UNFPA)	X			
	- Develop CSR model intervention for community empowerment for Posyandu activities, Desa Siaga, Mother Class Group				
	- Partnership between community midwives and traditional birth attendance to promote the percentage of delivery assisted by health provider	X	XX	XXX	
P.A.3.2: Implementing long-term Policies and Programmes to Develop Health Workforce and accordingly Increase the Attendance of Skilled Health Personnel during Childbirths					
i. Promote capacity building and disseminate best practices and lessons learned in the member countries in access to skilled health	<ul style="list-style-type: none"> - Maternal mortality ratio - Low Birth Weight 				OIC GS,

<p>personnel attendance during childbirth;</p> <p>ii. Building on best practices and contributing to efforts of multilateral partners and global partnerships through joint assessment of national health programmes and capacities, identify and support policy and structural changes that improve health outcomes in MNCH services;</p> <p>iii. Support the movement of health workers between countries to facilitate meetings, exchange of knowledge and evidence-based best practices in the area of MNCH services.</p>	<ul style="list-style-type: none"> - Children under five who are stunted - Children under five who are wasting - Proportion of Children who are overweight - Proportion of women (15-49 years old) who have anaemia - Proportion of demand for family planning satisfied (met need for contraception) - Antenatal care coverage (at least four times during pregnancy) - Skilled attendant at birth - Postnatal care for mothers and babies within two days of birth - Exclusive breastfeeding for six months 	<p>X</p> <p>X</p> <p>X</p> <p>X</p>	<p>XX</p> <p>XX</p> <p>XX</p> <p>XX</p>	<p>XXX</p> <p>XXX</p> <p>XXX</p> <p>XXX</p>	<p>IDB,</p> <p>SESRIC,</p> <p>WHO,</p> <p>ISESCO</p>
P.A.3.3: Developing Programmes and Policies to Prevent Low Birth-weight (LBW) New-borns, Reduce Undernutrition and Micronutrient Deficiencies in Children, and Promote Optimal Child Development.					
<p>i. Heighten OIC level campaigns that discourage smoking while pregnant to prevent low birth-weight new-borns;</p> <p>ii. Advocate for more resources for effective nutrition programmes and help coordinate nutrition programmes with</p>		<p>X</p>	<p>XX</p>	<p>XXX</p>	<p>OIC GS,</p> <p>IDB,</p> <p>SESRIC,</p>

<p>other health and development priorities;</p> <p>iii. Intensify collaboration between high income and low income OIC countries to reduce undernutrition and micronutrient deficiencies in children through programs offering nutritional support to low-income expectant mothers and infants;</p> <p>iv. Advocate for meeting international commitments and promoting child rights as stipulated in the UN Convention on the Rights of the Child (CRC).</p>		X	XX	XXX	WHO, ISESCO
		X			
		X	XX	XXX	
P.A.3.4: Reducing Burden of Diseases with Effective Vaccination Programmes for Infants and Eliminating Measles and Rubella.					
<p>i. Enhance cooperation in the field of immunization programme among the OIC member countries based on recently adopted global health initiative of Global Vaccine Action Plan (GVAP);</p> <p>ii. Collaborate in ensuring the availability of vaccines for measles and rubella among OIC member countries and in achieving measles and rubella elimination;</p>		X	XX	XXX	OIC GS, IDB, SESRIC, WHO
		X	XX	XXX	

<p>iii. Support introduction of new vaccines in member countries, in particular the low income countries that are lagging behind in this area, e.g., through organizing ‘Synchronized Vaccination Week’ within the OIC countries;</p> <p>iv. Promote establishment of a Pooled Vaccine Procurement (PVP) mechanism at regional level, with the aim of securing timely supply and access to quality vaccines, particularly to new and underutilized vaccines, at competitive prices.</p>		X			
		X	XX	XXX	
			X	X	
P.A.3.5: Reducing Maternal, New-born, and Child Mortality by Effective Programmes and Policies.					
<p>i. Promote technical cooperation and exchange of knowledge between countries for the selection, formulation and implementation of measures aimed at reducing maternal, new-born and child mortality;</p> <p>ii. Collaborate in identifying effective prevention strategies and specific prevention actions by cause of death;</p>	Implementation technical cooperation and exchange of knowledge between countries for improve maternal and child health services through TCTP (Third Country Training Program) which aims to reducing maternal, new-born and child mortality	X	XX	XXX	OIC GS, IDB, SESRIC, WHO, UNFPA, ISESCO
		X	XX	XXX	

<p>iii. Enhance cooperation and exchange best practices on interventions in reducing maternal and infant mortality between countries with similar health profiles;</p> <p>iv. Support global and regional actions to reduce maternal and infant mortality and improve the health of mothers and children, particularly in low income countries.</p>		<p>X</p> <p>X</p>	<p></p> <p>XX</p> <p>X</p>	<p></p> <p>XXX</p> <p>X</p>	
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Thematic Area 4: Medicines, Vaccines and Medical Technologies

Phase-wise Implementation Plan

Actions at OIC Level and International Cooperation

Lead Country: Malaysia

Proposed activities / Actions	Key Performance Indicator	Timeline	Implementing Partners
P.A.4.1: Enhancing Monitoring and Evaluation Mechanisms			
i. Facilitate training among member countries through sharing of knowledge and expertise for the development and strengthening of pharmacovigilance system.	<p>Countries designated as WHO Collaborating Centre and participating in WHO Drug Monitoring Program to facilitate training related to post marketing surveillance activities including pharmacovigilance.</p> <p>KPI :</p> <p>1. Number of countries providing training</p> <p>2. Number of officers trained</p>	<p>Number of countries attached NPCB for pharmacovigilance training:</p> <p>2011: 4 countries</p> <p>2012: 2 countries</p> <p>Number of officer trained:</p> <p>2011: 6 officers</p> <p>2012: 5 officers</p> <p>Training offered is on going</p>	SESRIC, IDB, WHO
ii. Determine a set of indicators on health topics and establish database to follow-up and monitor the supply and use of drugs and vaccines, and open up database to all OIC member countries once the data starts accumulating. Establish database for drugs and	<p>To share database on medicines use for common health conditions</p> <p>KPI: Development of medicines database</p> <p>KPI: Stock for essential vaccines must be at least for 3-month supply</p>	<p>2.1 Indicators on health topics by 2014 – to be deliberated</p> <p>2.2 Database of medicines needed under health topics identified to be developed by year 2022 in phases:</p> <p>2013 – study available data</p> <p>2014 – integrate and update data</p>	SESRIC, OIC-GS, WHO, GAVI

vaccines		2015 – share data	
iii.	Promote awareness about the importance of drug information systems in all member countries and enhance intra-OIC technical cooperation in this area.	To improve access to drug information. KPI: Formation of Medicines Information Center. (Yes /No) (Eg: National Poison Center/ National Medicine Information Center).	Information Center developed by year 2022 in phases. (By district, region, national) SESRIC, WHO
iv.	Strengthen the cooperation with the development partners to ensure the procurement of vaccines particularly for polio.	To ensure the successful delivery of vaccines for immunization program. To secure funding from development partners for training KPI: Structured training module in and good distribution practice of quality vaccines KPI: No of trained personnel KPI: No incidence on stock-out for vaccines	Ongoing program since 1997 Modules and trained personnel available by 2022 OIC-GS, WHO, GAVI
v.	Facilitate member countries in establishing adverse drug reaction reporting system and database.	To establish a global information network among OIC member's state for effective communication to provide exchange and sharing of information related to quality, efficacy, safety and counterfeit medicines and vaccine KPI: Formation of working group to develop the system of networking. To use PMAS (ASEAN) and Rapid	Formation of working group to develop the system of networking by 2014. To be discussed during the 2 nd technical Group on development and Harmonization of Standards on Pharmaceuticals and vaccines in November 2013. SESRIC, OIC-GS, IDB, WHO

	Alert (PICS countries) as a guide		
vi. Facilitate cooperation among the member countries for medical devices and in vitro diagnostic vigilance systems and networks.	To disseminate information on adverse incidence reports and recall of medical devices among member countries KPI: Number of adverse events reports and recall incident reports	To be discussed	SESRIC, OIC-GS, IDB, WHO
P.A.4.2: Supporting Local Production of Medicines and Vaccines			
i. Facilitate relevant transfer of technology and knowledge for production in member states in close collaboration with other governments, international organizations, foreign companies and local enterprises;	Depends on each countries' policy	To be determined	SESRIC, IDB, WHO
ii. Target bringing coherence of vision at the OIC level to support local production of medical products/vaccines under the OIC program on achieving Self Reliance in Vaccine Production (SRVP) in the Islamic world.	To be determined	To determine the capacity to manufacture vaccines by OIC countries. To identify type of vaccines to be produced by which country.	IDB, OIC-GS, WHO
iii. Establish an intersectoral intra-OIC committee of experts on	To be discussed	To be discussed.	OIC-GS, IDB, WHO

local production.			
iv. Provide technical assistance to member countries regarding the production of raw material for local production of drugs and vaccines.	To be discussed	To be discussed	OIC-GS, IDB, WHO, GAVI
v. Promote policies at the OIC level to ensure strategic selection of medical products/vaccines.	To ensure selection of medical products / vaccines is based on cost effectiveness. KPI: Development of standard selection guidelines for OIC countries.	Standard selection guideline available by year 2022.	OIC-GS, GAVI, UNICEF, WHO
P.A.4.3: Promoting Research and Development (R&D) in Health-related fields			
i. Support funding programs to students from LDC's to encourage them to enroll in pharmaceutical related academic disciplines in member countries with substantial pharmaceutical base like Turkey, Malaysia and Egypt.	Increase competent manpower in the pharmaceutical sector To be determined.	Funds provided by Ministry of Education.	IDB, OIC-GS
ii. Provide sufficient and coordinated financing for R&D within and between countries.	To be determined	To be determined	IDB, OIC-GS

iii.	Encourage and facilitate the cooperation among the member countries with a view to sharing knowledge and expertise for the development of pharmaceutical industry.	To be determined	To be determined	SESRIC, IDB, WHO
iv.	Promote linkages and networks among member countries in R&D with the aim to promote learning and accumulation of technological capabilities.	To be determined	To be determined	SESRIC, IDB, WHO
P.A.4.4: Increasing the Availability of Essential Medicines, Vaccines and Medical Technologies				
i.	Cooperate and collaborate with Global Alliance Vaccines and Information (GAVI);	To improve accessibility to vaccine products. KPI: All LDC countries to join GAVI	By 2022: All LDC countries join GAVI	OIC-GS, IDB
ii.	Develop OIC level policy document with input from all member countries on access to essential medicines , vaccines and technologies in the context of existing level of development of the relevant manufacturing facilities in these countries.	To ensure that medicines used for consumers are safe, effective and of quality, and to promote quality use of medicines so as to meet the health needs of the nation. KPI: Survey conducted in 2015	Survey of existing level of development of relevant manufacturing facilities by 2015.	OIC-GS,SESRIC, WHO

iii.	Provide material and technical assistance to develop national guidelines related to distribution of medicines and vaccines the distribution channels.	To be determined	Conduct a situational analysis by 2015	OIC-GS, IDB, WHO, GAVI
iv.	Facilitate development of regional pooled procurement mechanism which will enable local production to meet regional needs and allow for the mutual cooperation in increasing the availability of essential medicines and vaccines.	To be determined	Conduct a situational analysis by 2015	OIC-GS, IDB,WHO
v.	Develop regional strategies for cost containment, with an emphasis on pricing and regulations on protection of intellectual property rights.	<p>To ensure a fair, transparent and sustainable cost effective treatment by promoting healthy competition</p> <p>KPI: Development of Medicine Price database comprising of national and international price information.</p> <p>KPI: Price information sharing system through developed database.</p>	Situational analysis on medicines price and IPR by 2015.	OIC-GS, WHO

vi.	Provide support to the regional mechanisms for joint purchase of medicines	<p>To increase availability of pandemic and orphan drug through joint purchase of medicines.</p> <p>KPI: Development of policy for joint purchase medicines for orphan drugs and pandemic situation.</p>	<p>By 2022:</p> <p>Availability of policy and mechanism for joint purchase medicine.</p> <p>Explore existing regional initiatives</p>	OIC-GS, IDB, UNICEF
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Thematic Area 5: Emergency Health Response and Intervention

Phase-wise Implementation Plan

Actions at OIC Level and International Cooperation

Lead Country: Sudan

Proposed activates/Actions	Key Performance Indicator	Timeline	Implementing Partners
Improve Strategic Planning For Preparedness And Response And Enhancing Coordination Of Emergency Health Services.			
Mandate the regional and OIC level strategic plans and coordination mechanisms in Disaster Risk Reduction into all health sectors, as a specific policy objective		2013 - 2022	
Support the initiative of UN-OCHA and WHO in their health cluster approach as a way of organizing coordination and cooperation among humanitarian actors to facilitate joint strategic planning.	Health coordination structures exist at all administrative levels.	2013 - 2022	OIC GS, ISESCO (UN-OCHA, WHO)
Improve knowledge and skills risk reduction and emergency preparedness and response in the health sector through sharing experiences and best practices.	Training courses and workshops conducted	2013 - 2022	SESRIC, OIC GS, IDB, UN, WHO, ISESCO
Mandate the development of a national health emergency and disaster response plan (compatible with overall national	National health emergency mandated and endorsed	2013 - 2022	OIC-GS, WHO ...

disaster plan) with clearly defined SOPs.			
Controlling And Preventing Diseases Outbreaks During Emergencies.			
Enhance laboratory capacities through use of available resources in some of advanced OIC countries in lab rotary areas (Iran, Qatar, UAE, etc...).	Laboratory capacities enhanced and availed	2016 - 2022	OIC-GS, IDB, SESRIC
Encourage and facilitate joint epidemiological researches between OIC countries	Epidemiological researched conducted	2016 - 2022	WHO, SESRIC, IDB
Secure stockpiles of vaccines and drugs for major disease outbreaks in one or more OIC countries.	Vaccines and drugs shortfalls reduced	2013 - 2022	IDB, WHO, GAVI
Support integrated supply chain between OIC countries.	System of supply chain established	2013 - 2022	OIC-GS, WHO
Enhance Knowledge plus concept to share information and consultation in case of emergencies	Knowledge plus concept enhanced	2013 - 2022	
Develop list of institutions to build OIC countries capacity in the area of disease outbreak control.	Institutions list in place	2013 - 2015	OIC-GS, WHO, ISESCO, COMSTECH
Ensuring Effectiveness Delivery Of Emergency Health Services.			
Enhance cross-border cooperation among member countries in providing health services through coordinated logistical and administrative efforts, long-term funding and targeting diseases in infected populations.	Plan of cross border cooperation in place and effective	2016 - 2022	IDB,WHO

Establish a coordination mechanism for logistics support for health activities to prevent mortality and morbidity due to lack of medical supplies.	Medical supplies monitoring system established	2013 - 2022	OIC-GS, WHO, UNICEF
Cooperate on gender base violence prevention and response and mental health and psychosocial support activities.	Drafted plan for GBV and mental health in place	2016 - 2022	OIC-GS, UNFPA
Collaborate in identifying and addressing the gaps in the availability of health services for the population affected by humanitarian crisis and the coverage of priority quality services.	Percentage of external assistance to specific emergency situation received from OIC countries out of the total external assistance	2013 - 2022	WHO,
Promote adherence of standards and best practices in emergency health services.	Level of adherence to SOPs	2019 - 2022	WHO,
Scale up the “Safe Hospital” assessment initiative to cover all critical health facilities in hazard prone areas in all country.	Percentage of hospital assessed for Safe Hospital Initiative	2019 - 2022	
Improving Information Management and Analysis for Emergency Health Services.			
Establishment of Emergency Countries Profile (ECP) and common database to be fed regularly and accessible by OIC countries.	ECP for each country present	2013 - 2018	SESRIC, OIC-GS, IDB, WHO, UN

Designation and dissemination of emergency contact points and focal points to request and deliver emergency assistance.	Contact list of emergency contact points and focal points designed and disseminated.	2013 - 2015	
Development of a roster of regional expertise to support countries disasters management	EHA regional expertise lists approved	2013 - 2015	WHO, SESRIC, ISESCO, COMSTECH
Develop procedures, mechanisms and policies for Risk Communication for public, media and responders.	Procedure ,policy and mechanism to dissemination messages through the media and responders are tested and validated	2016 - 2018	WHO, UN
Establish and upgrade regional institutions for research and ongoing projects.	No of EHA institution	2019 - 2022	WHO, SESRIC, ISESCO, COMSTECH

Thematic Area 6: Information, Research, Education and Advocacy

Phase-wise Implementation Plan

Actions at OIC Level and International Cooperation

Lead Country: Egypt

Proposed Activities / Actions	Key Performance Indicator	Timeline	Implementing Partners
Goal No 1: Ensuring the Involvement and Commitment of all Stakeholders to initiate and implement Effective Community Health Information, Education and Advocacy Programs.			
Objective No. B.1.1: Advocate for the increased commitment of regional/international health and development agencies in terms of technical and financial assistance to help member countries to develop and implement their national programs.			
Formulate OIC health committee to coordinate and monitor the commitment and provide technical and financial assistance for the member states			OIC-GS, IDB
Conduct an annual conference for promoting fundraising and coordination			OIC-GS, IDB, SESRIC
Advocacy for declaration of laws to increase the taxes on tobacco and other hazards to the minister of health			OIC-GS, SESRIC
Objective No. B.1.2: Organize OIC health information, education and advocacy forums/conventions to encourage the interaction and dialogue among policy makers, health care providers, health educators and community/religious leaders.			
Establish strategy for experiences exchange			OIC-GS, SESRIC, IDB, WHO

through different workshops			
Objective No. B.1.3: Establish an online database of existing programmes and best practices in the member countries.			
Create a common website for all member states including (publishing researches and abstracts in OIC specific journal, success experiences, alarming for any health event of public health importance)			OIC-GS, SESRIC, ISESCO, WHO
Objective No. B.1.4: Encourage member countries to harmonize their health information, education, and advocacy practices with the international standards by implementing the guidelines provided by international health agencies.			
Review and update the guidelines of OIC member countries according to WHO/international standards.			OIC-GS, WHO
Conduct training workshops for key persons of OIC members regarding implementation of health information and advocacy practices			OIC-GS, SESRIC, IDB, WHO, Global Fund, ISESCO
Goal No. 2: Promoting Community Awareness about Disease Prevention and Healthy Life Style.			
Objective No. B.2.1: Design OIC-wide disease specific awareness campaigns.			
Setting priorities of campaigns by IEA committee			OIC-GS, IDB, IEA
Providing a framework for implementing these campaigns			
Creating unified message and time frame customized by each country			

Objective No. B.2.2: Secure IFA fatwa for all types of immunizations in OIC member countries.			
Identifying countries that have false beliefs about vaccinations			OIC-GS, IFA, IDB, WHO, UNICEF, UNFPA
Transferring this fatwa through the national awareness campaigns in these countries			
Objective No. B.2.3: Organize OIC level conferences for health care providers to facilitate the sharing of knowledge and best practices on community awareness.			
Conducting a yearly conference to show the experiences of each countries in implementing the strategic plan			OIC-GS, IDB, SESRIC
Objective No. B.2.4: Organize OIC level conventions of health care providers and religious/community leaders to develop religiously/culturally relevant community awareness campaigns.			
Identifying wrong beliefs regarding to health issues			OIC-GS, IFA, IDB, WHO, UNICEF, UNFPA
transferring this beliefs to IFA fatwa			
Objective No. B.2.5: Launch an OIC-wide competition to encourage innovative ideas for community awareness on health improvement.			
Calling for a competition for best experiences each 3 years			OIC-GS, SESRIC, IDB, WHO, UNICEF, COMSTECH
Establishing committee for choosing the best experiences			

Establishing websites containing the experiences of different countries and showing the best practices			
Goal No. 3: Meeting the Information and Education needs of Health Care Providers.			
Objective No. B.3.1: Facilitate the intra-OIC transfer of knowledge & expertise.			
Formulate an international task force committee to assess the country needs regarding knowledge & expertise exchange program			OIC-GS, SERIC, IDB, WHO, ISESCO, COMSTECH
Set priorities for countries based on needs assessment program			
Design curricula for health capacity building according to the selected priority (nurses & health service providers).			
Objective No. B.3.2: Enhance cooperation in the field of health education.			
Enhance technical assistant support between OIC country members in particularly health education training			OIC-GS, SESRIC, IDB, WHO
Objective No. B.3.3: Link health professionals OIC wide.			
Develop video conference centers to enhance virtual communication for experience exchange between OIC country members			OIC-GS, IDB, WHO
Objective No. B.3.4: Organize OIC health educators & providers forum to workout innovative health information & education approaches.			
Conduct annual workshops to orient the health educators about the updated information, new educational approach and innovated intervention			OIC-GS, IDB, WHO, UNICEF, UNFPA, Global Fund

Objective No. B.3.5: Establish a network of OIC health centers of excellence to promote harmonization of health care education and practices.			
Develop international web site originated from the OIC main internet gate			
Upload IEC materials (including educational training curricula, posters, brochures and TV spots) which have been developed by different member countries on the web site			
Objective No. B.3.6: Advocate the implementation of WHO's recommended key interventions.			
Conduct multiple ministerial meetings to discuss WHO's interventions with policy makers to convince them adopting this key interventions and buy-in			OIC-GS