
Implementation Plan for the OIC Strategic Health Programme of Action 2014-2023 (OIC-SHPA)

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Thematic Area 1: Health System Strengthening

Phase-wise Implementation Plan

Lead Country: *Kazakhstan*

Actions and Activities /Level	Timeline	Key Performance Indicators	Implementing Partners
P.A.1.1: Moving towards Universal Health Care Coverage			
National Level			
1. Establish or strengthen a high level multisectoral health mechanism as well as local level intersectoral cooperation with representation from other public sector ministries, nongovernmental organizations, the private health sector and other stakeholders to prepare a roadmap for achieving universal health coverage (UHC) and social determinants of health (SDH);	2014 – 2023 (long-term)	<ul style="list-style-type: none"> a. Number of multisectoral mechanisms established b. Road map for achieving universal health coverage c. Health care services financed by governmental budget d. Number and kind of health services provided e. Improvement of health indicators such as life expectancy, maternal and child mortality, mortality from trauma f. Improvement in social determinants of health 	Ministry of Health Ministry of Finance, NGOs
2. Strengthen or establish the health economics unit in the Ministry of Health that would be responsible for undertaking regular national health accounts analysis, health utilization and expenditure studies;	2014 -2019 (medium-term)	<ul style="list-style-type: none"> a. Number of units developed on health expenditures analysis in all countries that have regular activity b. Number of countries implemented national health accounts (NHA) c. Number of NHA reports discussed and approved at the higher governmental level 	

3. Enhance free access to primary health care services to pave the way for universal health care coverage;	2017 – 2023 (long-term)	<ul style="list-style-type: none"> a. Percentage increase in government financing (allocation of budget) for primary health care services b. Percentage increase in access (physical and financial) to primary health care facilities/ services 	
4. Develop effective guidelines with adequate checks and balances for the provision of health care by the formal private sector particularly involving registered private health care providers (medical doctors, dentists, pharmacists, midwives and nurses) in the provision of comprehensive health services including in rural and remote areas;	2017 – 2023 (long-term)	<ul style="list-style-type: none"> a. Number of guidelines developed (recommendations) to define the role of private sector b. Percentage increase in number and types of services delivered by the private sector and financially covered by the insurance companies or government c. Number of services provided through public-private-partnership 	
5. Establish an arrangement of payment scheme (e.g., free access for primary health care, health insurance, co-payment/cost-sharing for secondary and tertiary health care).	2017 – 2023 (long term)	<ul style="list-style-type: none"> a. Established health system with clear payment scheme options that will aspire to universal health coverage (presented outcome of different models) b. Number of countries implementing effective and above 80% population coverage by any kind of the payment schemes c. Number of countries with less than 30% out of pocket expenditure 	

<p>OIC and International Cooperation Level</p> <ol style="list-style-type: none"> 1. 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; 2. Plan building capacities of the staff working in the national health economics units of the Ministries of Health to undertake national health accounts analysis and using the technical capacities of WHO, World Bank and other international agencies; 3. 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>2014 – 2016 (short term)</p>	<ol style="list-style-type: none"> a. Working group established along with subgroups on defined areas b. Defined funding resources for capacity building meetings c. Developed road-map with timeline for each concrete actions defined in the strategic plan d. Twice in a year to report progress of the road-map e. Number of recommendations of working group implemented at national level 	<p>SESRIC, IDB, WHO World Bank</p>
<ol style="list-style-type: none"> 4. 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; 5. Facilitate exchanges of knowledge and best practices in the development of payment scheme for universal health care coverage. 	<p>2017 – 2023 (long-term)</p>	<ol style="list-style-type: none"> f. Number of countries improved policy under the consultations and recommendations of working group g. Developed funding program and identified organization (s) that would be responsible for capacity building h. Number of trainings provided effectively under the program i. Agreed on set of indicators on universal health coverage 	

		j. Number of documented good practices related to UHC based on countries experiences	
P.A.1.2: Improving Access to Integrated Quality Health Care Services			
National Level			
<ol style="list-style-type: none"> 1. Strengthen and develop an essential package of health services at all health care levels; 2. Improve delivery of quality health care services through an integrated network of primary health care facilities, community health workers, outsourcing to nongovernmental organizations, outreach team, volunteers or a combination of these; 3. Ensure physical accessibility to a range of services based on community needs, ensuring continuity of care, delivered with an integrated approach and delivery by a well-trained multidisciplinary team; 4. Involve individuals and community in needs assessment, priority setting, implementation, monitoring and evaluation of the public health care services to make health related interventions sustainable; 5. Invest more on self- care capacity building: the focus of the system is on determining the social and environmental context within which health problems occur, identifying risk factors and seeking ways to overcome barriers to achieving health; 6. Encourage intersectoral cooperation for sustainable health development through strengthening cooperation between health, education, labour, justice, and social services etc. and promote joint 	2014 – 2023 (long-term)	<ol style="list-style-type: none"> a. Number of developed and implemented national standards for health care provision – defined Essential Package of health services, catchment population for each health facility, improved quality of care (clinical practice guidelines, accreditation standards, etc.), improved health care infrastructure, clear financing mechanism, staffing pattern, in place referral system, formation of family health folders, in-service training plan, affordable access to essential medicine and appropriate health technology, improved health information system b. Integration of priority health care programmes in the health system c. Organized and improved infrastructure for health care monitoring and supervision needs assessment and methodological support for health care reforms d. Number of countries implemented monitoring and supervision system, and internationally accepted needs assessment methodology 	Ministry of Health, Education, Labor , Finance, NGOs

planning to reduce health inequities;			
<p>7. Ensure hospital safety, quality and efficiency based on WHO patient safety guidelines and ensure that accreditation of health facilities is an integral part of the health system regulations;</p> <p>8. Develop mechanisms for sustainable health financing in order to reduce inequities in accessing health care;</p> <p>9. Strengthen/streamline a system of certification for private practitioners (medical doctors, dentists, pharmacists, midwives and nurses).</p>	2017 – 2019 (medium-term)	<p>e. Number of countries developed and applied system for health care financing mechanism to allocate resources in line with health equity approach</p> <p>f. Number of discussed and approved decisions that improved situation with intersectoral health problems</p> <p>g. Number of developed mechanisms for community participation in needs assessment, local planning, implementation, monitoring and follow up of health related activities</p> <p>h. Number of designed functional mechanisms in support of public private partnership</p> <p>i. Needs assessment on health workforce needed, strengthened medical and paramedical universities, improved strategy and policies related to human resource development and developed certification mechanisms and monitoring. Number of countries implementing modern philosophy of human resource development Number of countries implementing certification mechanism</p> <p>j. Number of countries developed and applied system of quality assurance of health care services, patient safety and accreditation processes</p>	

OIC and International Cooperation Level <ol style="list-style-type: none"> 1. Facilitate the exchange of knowledge and best practices among the member countries through capacity building programmes; 2. Promote health program evaluation in member countries and provide incentives for programs which demonstrate measurable improvement; 3. Contribute to the funding of health facilities; 4. Provide technical assistance to member countries in the establishment and strengthening of national public health institutes; 5. Lead the establishment of standards to define capacity development in improving access to health care services; 6. 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. 	2014 -2023 (long-term)	<ol style="list-style-type: none"> a. Developed funded program (to define resources for funding) and organization that would be responsible for knowledge capacity building in member countries b. Number of trainings provided effectively under the program c. Number of capacity building activities organized at the national level d. Number of participants attended capacity building activities relevant to health care services quality improvement 	OIC-GS, SESRIC, IDB, WHO
P.A.1.3: Strengthening Health Information Systems including Collection and Analysis of Disaggregated Data and its Usage for Policy Development			
National Level <ol style="list-style-type: none"> 1. Review and upgrade the current status of the national health information system and its key elements (monitoring health risks and morbidity disaggregated at least in sex, age and place of residence, registering cause-specific disaggregated mortality statistics and assessing health system capacity and performance); 2. Collaborate with key stakeholders such as the 	2014 – 2016 (short-term)	<ol style="list-style-type: none"> a. Number of countries developed strategy for desegregated national health informational systems b. Developed flows of health information, key income and outcome indicators for monitoring health system performance c. Developed system of data collection, analysis and its using in health 	Ministry of Health National Statistical Office

<p>national statistical office, relevant ministries and organizations and develop a plan for addressing gaps in the national health information system;</p> <ol style="list-style-type: none"> 3. Establish or strengthen an online national health information system to improve the efficiency and effectiveness of health care delivery; 4. Allocate special funds to build IT infrastructure, and link all health facilities and not only public hospitals with a system-wide integrated information network; 5. Develop a national health information technology network based on uniform standards to ensure interoperability between all health care stakeholders; 6. Improve surveillance, health information system and use of strategic information for developing pertinent policies; 7. Strengthening information registration system for monitoring quality improvement. 	<p>2017 – 2023 (long-term)</p>	<p>planning and policy making</p> <ol style="list-style-type: none"> d. Developed national system of surveillance of health system effectiveness e. Number of countries built collaboration with relevant national statistical offices to strengthen health information system f. Number of countries developed online national health information system which is upgraded regularly g. Number of countries with system-wide integrated information network facilities in the hospitals and PHC services h. Number of countries implemented surveillance systems i. Number of registers for health and health care monitoring implemented 	
<p>OIC and International Cooperation Level</p> <ol style="list-style-type: none"> 1. Assist countries in establishing health information systems that contribute to improved disease surveillance, patient management, program monitoring, and public health planning; 2. Assist countries in developing capacity for conducting critical surveillance activities such as monitoring disease burden, tracking morbidity and mortality data, evaluating behavioral risk factors, and monitoring and evaluating the impact of health interventions; 3. Provide leadership in establishing consistent 	<p>2014 – 2016 (short-term)</p>	<ol style="list-style-type: none"> a. Number of needs assessments provided for the countries in health information system b. Number of developed recommendations by the working group implemented on the national level in the countries c. Number of countries with improved policy under the consultations and recommendations of working group d. Number of developed funded program (to define resources for 	<p>SESRIC, IDB, WHO</p>

standards for global public health informatics; 4. 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; 5. Conduct needs assessment and situation analysis of health information systems in OIC members.		funding) and organization that would be responsible for knowledge capacity building e. Number of trainings provided effectively under the program f. Number of health information system strategy development in support of international coordination group g. Number of countries implemented health information system after inputs on international level	
P.A.1.4: Promoting a Balanced and Well-managed Health Workforce with Special Focus on Remote and Disadvantaged Areas			
National Level 1. Establish or strengthen national advisory council for human resources in health to facilitate training, recruitment and management of health workforce across the country; 2. Conduct a detailed review of the current status of the health workforce and develop comprehensive plan that are aligned with the national health plans, covering production, training and retention of the health workforce, in collaboration with the Ministry of Higher Education, academic institutions and other partners;	2014 – 2016 (short-term)	a. Number of countries developed and implemented national strategy for human resource development b. Number of countries developed and implemented system of needs assessment for human resources planning and forecasting c. Number of countries developed and implemented national monitoring system for human resources d. Number of countries developed and implemented national system of training and re-training of human resources	
3. Improve access of the poor and underprivileged areas to primary health care services through training and deployment of community health workers familiar with the language and culture of the local people;	2017 – 2023 (long-term)	e. Number of countries developed and implemented national accreditation system of medical, nursing and paramedical education programs f. Percentage of medical programs,	

<ol style="list-style-type: none"> 4. Collaborate with NGOs and international bodies to train and deploy health workers at community level to provide health services especially in rural areas; 5. Considering importance of the family practice approach for delivery of health care services it is essential to review current status, production and fare distribution of the family physicians and develop concrete short- and medium-term plans for addressing the gaps in quality and number of family medicine practitioners; 6. Conduct assessment on base of balance between production of health manpower and their deployment and utilization by the health system (irrespective to public/ private sector) and needs of the community based on the epidemiological trends of diseases; 7. Identify measures to improve the retention, motivation and performance of staff by developing compulsory programs for distribution of graduates from medical schools, performance-based incentive schemes such as partial compensation fee sharing and better work environment, in-service training programmes and career development opportunities to reduce the urban-rural imbalance and so-called "brain drain"; 8. Strengthening accreditation of the academic institutions in order to ensure high quality training programmes for all cadres of the health workforce; 9. Launch scholarship programs to attract more students in health professions; 10. Take necessary measures to integrate teaching and learning with clinical practices; 		<p>schools, universities accredited by national accreditation body, and number of programs accepted by international accreditation bodies</p> <ol style="list-style-type: none"> g. Percentage of countries developed and used improved programs based on module approach including integral definitions to treatment and care h. Number of countries developed and implemented system for personal motivation of medical personnel, including performance-based payment and career development of medical specialists i. Number of countries organized professional association responsible for quality of health care through improvement of professional competencies j. Number of countries developed mechanisms and system for definition of priority medical professional increasing – for example increasing provision by general practitioners for primary health care, provision by health economists, provision by health statistics, etc. k. Percentage of medical doctors work in rural area l. Number of countries implemented system which integrate teaching and learning with clinical practices 	
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11. In collaboration with health professional associations, develop standards of competencies for practitioners and pharmacists at different level of health services.			
OIC Level and International Cooperation <ol style="list-style-type: none"> 1. Facilitate transfer of knowledge and exchange of experiences on training, recruitment and management of health workforce and also establish an intra-OIC network of centres of excellence in health teaching and training; 2. 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; 3. Establish OIC health service commission for facilitating intra-OIC training, recruitment and management of health workforce; 4. Promote principled methods for the hiring and protection of migrant health workers among the OIC countries; 5. Facilitate the network between training institutions, health services and professional associations for joint planning to address the needs and profiles of health professionals; 6. Facilitate cooperation among health professional associations (Pharmacist Association, Medical Association, Dentist Association, Midwife Association, Nurse Association, etc.) in OIC member countries for exchange of knowledge and best practices; 	2014 – 2019 (medium-term)	<ol style="list-style-type: none"> a. Number of recommendations developed by the working group implemented on the national level b. Number of countries with improved policy under the consultations and recommendations of working group c. Number of developed funded program (to define resources for funding) and organization that would be responsible for knowledge capacity building in the country members d. Number of trainings provided effectively under the program e. Organized separate commission on issues of medical education including process of diploma recognition f. Number of conducted courses for human resource development and improvement of quality of medical education per year g. Number of universities involved to quality improvement of medical education on OIC level h. Established human resources monitoring system for regional OIC level 	SESRIC, IDB, WHO

<p>7. Enhance cooperation both at intra-OIC and international level, to increase investment in health education and training institutions;</p> <p>8. Ensure mutual recognition of medical diplomas, certificates and degrees across the member countries;</p> <p>9. Establish a human resource observatory.</p>			
P.A.1.5: Ensuring Access to Essential Health Commodities and Technologies			
National Level			
<p>1. Review national list of essential medicines and technologies by considering geographic, demographic and epidemiological trends and increasing prevalence of non-communicable diseases;</p> <p>2. Review the conditions of availability, affordability and storage of essential medicine to improve the national health policies;</p> <p>3. Improve availability of free essential medicines by finding appropriate financial resource/schemes for drug procurement;</p>	2014 – 2016 (short-term)	<p>a. Number of countries used Health Technology Assessment Tool and identified gaps in technologies</p> <p>b. Number of countries with available essential list of Medicine in above 90% of health facilities</p> <p>c. Number of countries with national strategies on Rational Use of Medicine in place</p> <p>d. Number of countries developed organization (agency) on medicine market study, drug policy on forming and realization</p>	Ministry of Health Ministry of Finance, Ministry of Industry, Ministry of Commerce
<p>4. Strengthen national regulatory authority with adequate resources and staff to ensure quality, safety and efficacy, and widen its scope to cover all health technologies including medicines, vaccines, medical devices and diagnostics;</p> <p>5. Establish a national agency/institution of health technology assessment responsible for the evaluation, assessment and screening of health technologies (including, inter alia, medical interventions and procedures, diagnostic and</p>	2017 – 2019 (medium-term)	<p>e. Number of countries developed organization (authority) on independent drug policy monitoring and control</p> <p>f. Number of countries developed independent national institution on health technology assessment</p> <p>g. Number of countries developed National Strategic Plan including all regulations for activity relating to medicine policy, manufacture,</p>	

<p>pharmacological drugs/medicines, medical devices) to produce list of services and products to be included in the benefit schemes of the universal coverage;</p> <p>6. Support local manufacturers of essential medical products;</p> <p>7. Ensure the drug supply by establishing logistics corporations at national and provincial level;</p> <p>8. Develop appropriate technology investment policies and facilitate joint ventures in pharmaceutical sector;</p>		investment, rational use, etc.	
<p>9. Develop and improve (the existing) policies to ensure strict compliance to quality standards by manufacturers and effective national medicine regulatory authorities;</p> <p>10. Ensure the rational use of drugs through legislative and other regulatory measures to educate and encourage doctors and citizens to avoid irrational use of drugs;</p> <p>11. Update/streamline the strategic plan on the use of medical devices and in vitro diagnostics in compliance with the global requirements, where appropriate.</p>	2019 – 2023 (long-term)		
<p>OIC and International Cooperation Level</p> <p>1. Provide capacity-building and technical assistance for local production of selected essential medical products;</p> <p>2. Develop a knowledge sharing platform to facilitate the transfer of knowledge and expertise regarding</p>	2014 – 2019 (medium-term)	a. Number of developed recommendations on health commodities, production and industries by the working group implemented on the national level in	SESRIC, OIC-GS, Islamic Solidarity Fund for Development (ISFD),

<p>the operation of modern medical devices and diagnostics among the member countries;</p> <ol style="list-style-type: none"> 3. Assist member countries to prioritize their plan on the basis of health technology assessment, which includes clinical effectiveness, as well as economic, social and ethical impacts of the use of medicines, vaccines and medical devices; 4. Facilitate intra-OIC trade in essential medicines, vaccines, medical devices and diagnostics; 5. Encourage and promote intra-OIC investment in health commodities production and industries; 6. 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>the countries</p> <ol style="list-style-type: none"> b. Number of countries with improved capacity under the consultations and recommendations of working group c. Developed funded program (to define resources for funding) and organization that would be responsible for knowledge capacity building in the country members d. Number of trainings provided effectively under the program e. Organized separate commission on issues of medicine policy, marketing, etc. on OIC level f. Number of effective cooperation between countries of OIC on ensuring access to essential health commodities and technologies 	World Bank
P.A.1.6: Strengthening Health Financing System to Enable Wider Access to Quality Health Care Services			
National Level			
<ol style="list-style-type: none"> 1. Review health financing system to improve access to quality health services especially to the low income poor groups; 2. Set up a mechanism for social protection of poor using available experiences in different OIC countries and other countries of the world. In this regards, build structures, capacities and coordination mechanism and tools within ministry of health and relevant entities in using Zakat , Sadaqat and Awqaf as sources of funds to support social protection of poor including their access to quality health care 	2014 – 2016 (short-term)	<ol style="list-style-type: none"> a. Increasing percentage of financing health sector from governmental budget/ revenue b. Number of countries developed and increased health programs directing social vulnerable groups of population with no financial hardship c. Number of countries developed fund (organization) that would regulate all financial flows in health sector d. Number of countries developed and 	<p>Ministry of Health Ministry of Finance Ministry of Social Solidarity NGOs Civil Societies</p>

<p>services.</p> <p>3. Advocate budgetary allocations for health sector and establish an accountability mechanism to ensure transparent and efficient use of these funds;</p>		<p>implemented a system on social protection of poor including health care services</p> <p>e. Number of countries studied national health accounts</p> <p>f. Number of countries taken in charge the whole population even gradually</p>	
<p>4. Start prepayment and risk pooling based health financing schemes to overcome financial barriers to health care access especially in rural areas;</p> <p>5. Conduct health expenditure survey.</p>	<p>2017 – 2023 (long-term)</p>		
<p>OIC and International Cooperation Level</p> <p>1. Facilitate and promote intra-OIC investment in health sector;</p> <p>2. Collaborate with international agencies like WHO, UNICEF, UNFPA, World Bank and other donors to benefit from their expertise and financial contribution to build health infrastructure in member countries;</p> <p>3. Facilitate the development of initiatives to strengthen and reform health financing systems in member countries;</p> <p>4. 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>2014 – 2016 (short-term)</p>	<p>a. Number of recommendations developed on strengthening health financing system</p> <p>b. Number of countries which developed infrastructure, strengthen and reform health financing under the consultation of working group</p> <p>c. Developed funded program (to define resources for funding) and organization that would be responsible for knowledge capacity building in the country members</p> <p>d. Number of trainings provided effectively under the program</p> <p>e. Number of consultations per year for countries</p> <p>f. Number of international NGO to be involved to support poor countries in developing health financing system in member countries</p>	<p>SESRIC, IDB, WHO, UNICEF, UNFPA World Bank</p>

Thematic Area 2: Disease Prevention and Control

Phase-wise Implementation Plan

Lead Country: *Turkey*

Actions and Activities /Level	Timeline	Key Performance Indicators	Implementing Partners
P.A.2.1: Promoting Community Awareness and Participation in Preventing, Combating and Controlling Communicable Diseases.			
National Level 1. Promote and organize (or support existing) cost – effective community awareness programs about preventive measures and the treatment methods of communicable diseases and their benefits;	2014-2023 (long-term)	a. Average number of awareness programs /campaigns for prevention and treatment of CD b. Percentage of individuals with correct and sufficient knowledge of CD prevention and treatment for specific diseases c. Number of international days supported and celebrated (World Health Day, World Malaria , TB or AIDS Days)	Ministry of Health, NGOs
2. Improve policy tools and awareness programs to enhance public awareness about the critical benefits of immunization among infants and women at child bearing age;	2014-2016 (short-term)	a. Availability of policy tools to enhance public awareness b. Percentage of women with correct and sufficient knowledge of prevention and treatment for specific diseases c. Proportion of parents with adequate information on value of immunization	Ministry of Health, NGOs

3. Ensure reaching every child for immunization by increasing community demand through various educational activities, enhancing accessibility through improving geographical outreach of immunization facilities, increasing service hours and administrative barriers;	2014-2023 (long-term)	<ul style="list-style-type: none"> a. Percentage of infants under one year of age who received DPT3-containing vaccine b. Percentage of children who received first and second dose of measles containing vaccine (MCV1 & 2) c. Proportion of infants under one year of age who received third dose of Haemophilus influenza type b (Hib) vaccine d. Percentage of infants under one year of age who received third dose of Pneumococcal conjugate vaccine e. Percentage of infants under one year of age who received 2nd or 3rd dose according to the type of vaccine in use) f. Establishment of fully functional mobile immunization teams 	Ministry of Health, relevant UN agencies, NGOs
4. Assess and monitor the public-health burden imposed by communicable diseases, and their social determinants, with special reference to poor and marginalized populations;	2014-2019 (medium-term)	<ul style="list-style-type: none"> a. Completed and monitored “burden of disease” study for CDs and their social determinants, aggregated for population groups b. Disease morbidity and mortality rates 	Ministry of Health and Social Security
5. Implement programs that tackle the social determinants of communicable diseases with particular reference to health in early childhood, the health of the urban poor, fair financing and equitable access to primary health care services; access to clean water, improved sanitation and hygiene services;	2014-2019 (medium-term)	<ul style="list-style-type: none"> a. Number of programs that tackle social determinants of communicable diseases b. Percentage of population having access to improved sanitation 	Ministry of Health, NGOs

6. Incorporate the prevention and control of communicable diseases explicitly in poverty-reduction strategies and in relevant social and economic policies;	2014-2023 (long-term)	<ul style="list-style-type: none"> a. Increased documented political commitment to prevention and control of CD b. Proportion of allocated budget for CD control 	Ministry of health and social security
7. Adopt approaches to policy development that involve all government departments with a view to ensuring an appropriate cross-sectoral response to public health issues in the prevention and control of communicable diseases, including health, finance, foreign affairs, education, agriculture, planning and others;	2014-2019 (medium-term)	<ul style="list-style-type: none"> a. Established cross-sectoral cooperation mechanism for targeted CD b. Percentage of completed implementations defined under the scope of cross-sectoral response and cooperation 	Ministry of Health , Finance, Foreign Affairs, Education, Agriculture, Planning
8. Strengthen the capacity of individuals and populations to make healthier choices and follow lifestyle patterns that foster health preservation.	2014-2019 (medium-term)	<ul style="list-style-type: none"> a. Level of health literacy b. For TB, knowing and practicing Cough etiquette c. Style and rate of hand washing habits in population 	Ministry of health, NGOs
OIC and International Cooperation Level			
<ul style="list-style-type: none"> 1. Establish capacity building network(s) among the Communicable Disease Control and Prevention Centers/Institutions in the member countries, with a view to sharing, transfer and exchange of knowledge and expertise; 1.1. Supported capacity building activities on CDs for targeted member states; 	2014-2016 (short-term)	<ul style="list-style-type: none"> a. Network established and operational between OIC member countries b. Number of member countries participating in the network(s) c. Number of expertise to be transferred or exchanged among centers/institutions d. Number of disease specific or integrated training activities in different aspect of disease control supported by OIC 	OIC-GS, SESRIC, IDB, WHO, Global Fund

<p>2. Support OIC-wide awareness programmes and capacity building activities for vaccine preventable diseases (OIC SHPA P.A.2.1.i i)</p> <p>2.1. Reach out to communities to educate them on vaccines</p> <p>2.2. Work with local and religious leaders to strengthen awareness programmes, particularly for polio eradication</p> <p>2.3. Develop strategies to deal with anti-vaccine lobbies</p>	<p>2014-2016 (short-term)</p>	<p>a. Number of advocacy meetings and activities</p> <p>b. Number of member countries measuring and reporting the public knowledge of vaccines (%)</p> <p>c. Funds raised/mobilized for media campaigns and capacity building activities</p>	<p>OIC-GS, WHO, GAVI, IDB, SESRIC</p>
<p>3. Enhance support to member countries to implement “End Game Strategy” for polio eradication programme recommended by WHA (OIC SHPA P.A.2.1.Int.vi);</p>	<p>2014-2016 (short-term)</p>	<p>a. Number of countries using at least 1 dose of IPV</p> <p>b. Number of countries with polio 3 coverage over %90</p> <p>c. Number of countries conducting SIAs with polio vaccine</p> <p>d. Number of countries with AFP rates above 1/100.000</p> <p>e. Number of countries with wild polio cases</p>	<p>OIC-GS, IDB, WHO, UNICEF, GAVI</p>
<p>4. Enhance cross-border cooperation among the member countries (both OIC and non-OIC) in fighting infectious diseases through coordinated logistical and administrative efforts, long-term funding and targeting disease in infected populations</p> <p>4.1. Improve risk assessment and management of the communicable diseases in Hajj(OIC SHPA P.A.2.1.i & 2.1.v)</p>	<p>2014-2016 (short-term)</p>	<p>a. Number of member countries with well-functioning IHR mechanisms</p> <p>b. Number of imported cases arising from OIC member states</p> <p>c. Number of epidemics before, during, and after the mass gathering (hajj)</p> <p>d. Number of meetings between member countries and specialized international organizations</p> <p>e. Increase in human and financial resources mobilized</p>	<p>OIC-GS, IDB, Global Fund, WHO, UNICEF</p>

P.A.2.2: Promoting Community Awareness and Participation in Preventing, Combating and Controlling Non-Communicable Diseases.			
National Level			
<p>1. Improve the implementation of WHO FCTC including all MPOWER measures which includes, regular monitoring, total ban on advertising promotion and sponsorship, tobacco free public places, pictorial health warnings, integration of cessation services into primary health care, increase of taxation; 1.1. Implement programs that involve NGOs and communities</p>	2014-2019 (medium-term)	<p>a. Presence of tobacco free public places policies in the country. b. Presence of bans on tobacco advertising, promotion and sponsorship. c. Accessibility of adult and youth prevalence data of the country d. Presence of the quit line/quit line for tobacco control e. Presence of pictorial health warnings on tobacco products f. Covered area of health warnings on tobacco products (65% or more) g. Status of implementation of MPOWER measures in the country h. Number of programs that are carried out with the involvement of NGOs</p>	Ministry of Health, WHO, NGOs
2. Assess and monitor the public-health burden imposed by non-communicable diseases, including mental and substance use disorders and their social determinants, with special reference to poor and marginalized populations;	2014-2019 (medium-term)	a. Completed and monitored “burden of disease” study for NCDs and social determinants, aggregated for population groups	Ministry of Health
3. Implement programs that tackle the social determinants of non-communicable diseases including mental health and substance use, with particular reference to health in early childhood, the health of the urban poor, fair financing and equitable access to primary health care services;	2014-2019 (medium-term)	a. Number of programs that tackle social determinants of non-communicable diseases	Ministry of Health, relevant UN agencies and NGOs

4. Adopt approaches to policy development that involve all government departments with a view to ensuring an appropriate cross-sectoral response to public health issues in the prevention, control and treatment of non-communicable diseases (including mental health and substance use), including health, finance, foreign affairs, education, agriculture, planning and others;	2014-2019 (medium-term)	<ul style="list-style-type: none"> a. Established cross-sectoral cooperation mechanism b. Percentage of completed implementations defined under the scope of cross-sectoral response and cooperation c. Number of programs that tackle social determinants of non-communicable diseases including mental health and substance use 	
5. Encourage the implementation of cost-effective public health measures and interventions in non-communicable disease control including mental health and substance use, such as health education and campaigns, community volunteers, etc.;	2014-2019 (medium-term)	<ul style="list-style-type: none"> a. Documentation of support for community initiatives legally and financially for interventions of NCD prevention and control including mental health and substance use 	
6. Map the emerging epidemics of non-communicable diseases and analyse their social, economic, behavioral and political determinants as the basis for providing guidance on the policy, programmatic, legislative and financial measures that are needed to support and monitor the prevention and control of non-communicable diseases including mental health;	2014-2019 (medium-term)	<ul style="list-style-type: none"> a. Incidence of diabetes in population aged 20+years (%) (by region, sex, income groups, etc.) b. Incidence of COPD (%) (by region, sex, income groups, etc.) c. Incidence of hypertension (%) (by region, sex, income groups, etc.) d. Incidence of cardiovascular diseases (%) (by region, sex, income groups, etc.) 	
7. Reduce the level of exposure of individuals and populations to the common modifiable risk factors for non-communicable diseases - namely, use of tobacco and harmful use of alcohol, unhealthy diet and physical inactivity - and their determinants; and, promote interventions to reduce the impact of these common	2014-2019 (medium-term)	<ul style="list-style-type: none"> a. Rate of daily tobacco use among adults (aged 15+years) (%) b. Annual average alcohol consumption (in liters) per capita (aged 15+years) c. Average amount of fruits and 	

modifiable risk factors;		vegetables available per person per year (in kg) d. Age-standardized rate of insufficient physical activity in the population age 15+years (%)	
8. Strengthen the partnership with food and beverage industries to increase the availability, accessibility and affordability of healthier food choices (with low/less fat, sugar and salt as well as higher fibre);	2014-2023 (long-term)	a. Legislation on healthy food production b. Multi-sectoral mechanism for oversight and advocacy c. Number of producers accept to join to work on healthier foods	
9. Develop/update national law covering mental health that is in line with international human rights instruments.	2014-2019 (medium-term)	a. 50% of countries will have developed or updated their law for mental health in line with international and regional human rights instruments	
OIC and International Cooperation Level 1. Establish capacity building networks among the Non-communicable Disease Control and Prevention Centres/Institutions, including for mental health and substance use, in the member countries, with a view to sharing, transfer and exchange of knowledge and expertise; 1.1. Cancer prevention, early detection, treatment and palliative care 1.2. Mental health and substance use	2014-2016 (short-term)	a. Network established and operational between OIC member countries b. Number of member countries participating in the network(s) c. Number of expertise to be transferred or exchanged among centers/institutions	OIC-GS, SESRIC, IDB, WHO, UNICEF

<p>2. Enhance Tobacco Free OIC Initiative activities and promote OIC-wide information, education and awareness of public in tobacco control (OIC SHPA P.A.2.2.ii), with emphasis to support member countries to reduce the level of exposure to passive smoking (OIC SHPA P.A.2.2.vi)</p> <p>2.1. Prepare and/or improve public media campaign 2.2. Prepare and/or improve education policies and programmes on tobacco control 2.3. Support OIC-wide awareness programmes to protect children from passive smoking 2.4. Enhance political commitments for tobacco control activities in member countries 2.5. Promote adoption and implementation of legislation on smoking ban in public areas to protect children from passive smoking at education facilities, health institutions, public transport and public buildings 2.6. Establish sound OIC-wide monitoring, evaluation and reporting mechanism</p>	<p>2014-2023 (long-term)</p>	<p>a. Presence of audio-visual materials for tobacco control b. Number of member countries engaged in tobacco control activities c. Number of member countries measuring and reporting the public support for tobacco control activities d. Raised/mobilized funds for media campaigns, education programmes and surveys e. Number of advocacy meetings and activities f. Number of member countries with legislation in place to protect children from passive smoking in public areas g. Monitoring and evaluation reports at OIC level</p>	<p>OIC-GS, SESRIC, IDB, WHO, ISESCO, IBU, UNICEF</p>
<p>3. Support member countries to develop/improve a multi-sectoral approach for effective control of risk factors of non-communicable diseases (physical inactivity, unhealthy eating habits, tobacco and alcohol consumption)(OIC SHPA P.A.2.2.iii);</p>	<p>2014-2023 (long-term)</p>	<p>a. Number of countries with multi-sectoral coordination mechanism b. Rate of daily tobacco use among adults (aged 15+years) (%) c. Annual average alcohol consumption (in liters) per capita (aged 15+years) d. Average amount of fruits and vegetables available per person per year (in kg) e. Age-standardized rate of insufficient physical activity in the population age 15+years (%)</p>	<p>OIC-GS, IDB, WHO, ISESCO, SESRIC, UNICEF</p>

4. Support member countries to develop/improve a multi-sectoral approach for effective suicide prevention programmes especially targeting the vulnerable sections of society like women and youth;	2014-2023 (long-term)	a. Number of suicide deaths per year per 100,000 population	OIC-GS, IDB, WHO, ISESCO, SESRIC, UNICEF
P.A.2.3: Building/Improving Health System Capacity and Increasing the Outreach of Prevention, Care and Treatment Programmes			
National Level			
1. Streamline operational policies, strategies and action plans for the prevention and control of cardiovascular diseases, chronic respiratory diseases, diabetes, and cancer as well as for addressing major underlying risk factors such as stress, substance abuse (including the harmful use of tobacco and alcohol), unhealthy diet, overweight/obesity, and insufficient physical activity;	2014-2019 (medium-term)	a. Rate of completed actions defined within the scope of multi-sectoral cooperation (%)	Ministry of Health, relevant UN agencies and NGOs
2. Establish and strengthen dedicated units (or departments) in the Ministries of Health which are responsible for non-communicable diseases and mental health and substance use disorders;	2014-2016 (short-term)	a. Established units that are responsible for non-communicable diseases and mental health in the MoH are in place and fully functional	Ministry of Health
3. Take necessary measures to increase the servicing capacities of existing testing and HIV/AIDS treatment facilities and increase access to HIV testing, care and treatment through integration in existing health services to provide services for the prevention of mother-to-child transmission, as well as anti-retroviral therapy (ART); 3.1. Build capacity of civil society organizations to provide community based HIV testing and counseling	2014-2016 (short-term)	a. Antiretroviral therapy coverage among eligible people living with HIV (%) b. Incidence of AIDS/HIV c. (per 100,000 population) d. Estimated number of new HIV infections e. Estimated number of people living with HIV (prevalence of HIV infections) f. Estimated AIDS deaths	Ministry of Health, relevant UN agencies and NGOs

4. Improve the network of screening, diagnostic and treatment facilities for the most prevalent communicable and non-communicable diseases including mental, neurological and substance use disorders in terms of accessibility, affordability and quality;	2014-2019 (medium-term)	<ul style="list-style-type: none"> a. Proportion of family physician/primary care admissions among all admissions b. Percentage of health institutions that share electronic information 	Ministry of Health, relevant UN agencies and NGOs
5. Improve radiation-based imaging infrastructure using X-rays, magnetic resonance or radioisotopes, which are essential for diagnosis and screening programmes (such as mammography for early breast cancer detection);	2014-2019 (medium-term)	<ul style="list-style-type: none"> a. Number of MRI devices per 1,000,000 population b. Number of CT scan devices per 1,000,000 population c. Percentage of breast cancer screening among women aged 50–69 years d. Percentage of cervical cancer screening among women aged 20–69 years 	Ministry of Health
6. Enhance the outreach of immunization services and the availability of vaccines, particularly for polio;	2014-2016 (short-term)	<ul style="list-style-type: none"> a. DPT 3 immunization rate b. Polio 3 immunization rate c. Number of poliomyelitis cases (reported) 	Ministry of Health, relevant UN agencies and NGOs
7. Increase the proportion of new and relapse tuberculosis cases detected and treated by adopting more precise and sensitive detection methods such as culture-based diagnostic laboratories, increasing the number of drug susceptibility testing (DST) facilities and ensuring the availability of the multidrug-resistant tuberculosis treatment free of charge;	2014-2016 (short-term)	<ul style="list-style-type: none"> a. Number of MDR-TB cases b. Incidence of tuberculosis (per 100,000 population) c. BCG immunization rate 	
8. Strengthen national strategies for increasing long-term investment to enhance health workforce capacity by improving training of physicians, nurses and other critical health personnel;	2014-2023 (long-term)	<ul style="list-style-type: none"> a. Total (public+ private) number of physicians per 100,000 population b. Total (public+ private) number of nurses + midwives per 100,000 population c. Total (public+ private) number of 	Ministry of Health and Labour

		dentists per 100,000 population d. Total (public+ private) number of pharmacists per 100,000 population	
9. Increase mental health promotion and mental illness prevention with an emphasis on community-based mental health approaches, and streamline public health strategies for their integration with chronic disease prevention strategies;	2014-2019 (medium-term)	a. Total (public+ private) number of psychiatrists per 10,000 population b. Total (public+ private) number of psychiatric beds per 10,000 population c. Number of community-based mental health programs d. Presence of Mental Health Action Plan e. Number of centers providing mental healthcare service	Ministry of Health, relevant UN agencies and NGOs
10. Establish a continuing medical education program at all levels of the health-care system, with a special focus on primary health care;	2014-2019 (medium-term)	a. Number of CME programs on PHC	Ministry of Health and Education
11. Strengthen and maintain routine immunization as part of the primary health care services through an integrated network of PHC facilities, community health workers, outsourcing to NGO's, or a combination of these.	2014-2020 (long-term)	a. Coverage of routine immunization programs b. Number of reported cases of vaccine preventable diseases c. Incidence of total measles cases (Lab confirmed, Epidemiologically linked and clinically compatible) per million population per year	Ministry of Health , relevant UN agencies and NGOs
OIC and International Cooperation Level 1. Support member countries to develop system for early detection and control of risk factors of non-	2014-2023 (long-term)	a. Standardized overall premature mortality rate (from 30 to under 70 years) for four major non-communicable diseases	OIC-GS, IDB, WHO, SESRIC, UNICEF

communicable diseases and mental, neurological and substance use disorders (OIC SHPA P.A.2.3.i)		(cardiovascular diseases, cancer, diabetes mellitus and chronic respiratory disease), disaggregated by sex	
2. Support member countries to develop system for early detection of breast, colon and cervical cancers (OIC SHPA P.A.2.3.v)	2014-2016 (short-term)	<ul style="list-style-type: none"> a. Number of member countries with screening programs and reports b. Number of member countries that report screening coverage to international databases 	OIC-GS, IDB, WHO
3. Support member countries to increase the number of antigens in the vaccination schedule and improve coverage (OIC SHPA P.A.2.3.vi) (also P.A.2.1.iv) <ul style="list-style-type: none"> 3.1. Increase the number of antigens in the vaccination schedule according to the recommendations of WH 3.2. Improve access to vaccines for every child through different strategies such as Reach Every District (RED) strategy 3.3. Achieve the targets of vaccine preventable diseases control programmes in every member country 	2014-2023 (long-term)	<ul style="list-style-type: none"> a. Proportion of countries that have introduced Hib vaccine in national EPI b. Proportion of countries that have introduced Pneumococcal conjugate vaccine (PCV) in national EPI c. Proportion of countries that have introduced rotavirus vaccine in national EPI d. Proportion of countries that have achieved the target of measles elimination e. Proportion of countries that have achieved the target of maternal and neonatal tetanus elimination f. Proportion of countries that have achieved Hepatitis B control target g. Proportion of countries that have introduced at least one dose of IPV 	OIC-GS, IDB, WHO, UNICEF, GAVI

<p>4. Reach targets of the health related MDGs in area of communicable diseases (HIV/AIDS, Malaria, and TB) (OIC SHPA P.A.2.3.iii & 2.3.vii)</p> <p>4.1. Ensure universal access to treatment for HIV/AIDS for all those who need it</p> <p>4.2. Strengthen control programmes to stop and reverse the incidence of malaria and TB</p>	<p>2014-2016 (short-term)</p>	<p>a. Global targets of health related MDG</p> <p>b. Percentage of HIV/AIDS cases with access to ART</p> <p>c. Number of countries achieving malaria and TB elimination phase</p> <p>d. Percentage of new MDR-TB cases</p>	<p>OIC-GS, IDB, WHO, UNICEF, GAVI</p>
<p>5. Enhance cooperation among the member countries in the field of immunization programmes based on the recently adopted global health initiative of Global Vaccine Action Plan (GVAP) (transferred from P.A.2.1);</p> <p>5.1. Technical cooperation to increase the outreach and availability of vaccines, diagnostics and medicines to support immunization programs(OIC SHPA P.A.2.3.Int.i);</p> <p>5.2. Cooperation in making available adequate supply of vaccines, diagnostics and medicines to the member countries in need to support immunization and treatment programs in the spirit of Islamic solidarity and fraternity(OIC SHPA P.A.2.3.Int.iii);</p>	<p>2014-2019 (medium-term)</p>	<p>a. Number of joint scientific activities</p> <p>b. Proportion of countries joined regional pooled vaccine procurement system</p>	<p>OIC-GS, IDB, WHO, UNICEF, GAVI</p>
<p>6. Mobilize financial resources to support building, strengthening and maintaining the core capacities as required under the International Health Regulations (IHRs) and in accordance with national plans of action.</p>	<p>2014-2016 (short-term)</p>	<p>a. Number of meetings for need assessment and fund raising among member countries and specialized international organizations</p> <p>b. Increase in appropriate and sustainable human and financial resources</p>	<p>OIC-GS, IDB, WHO</p>

P.A.2.4: Establishing a Sound Monitoring and Evaluation Framework for Disease Control			
National Level			
1. Promote scientific research and data collection and management including equity data with a view to raising the standard of communicable and non-communicable disease control and allowing for benchmarking the progress against other OIC as well as non-OIC countries;	2014-2019 (medium-term)	a. Share of R&D expenditure on health within the total Public Sector R&D expenditures (%) b. Percentage of health institutions that share electronic information	Ministry of Health and Statistics Bureau
2. Take measures to reduce the risk of cross-border transmission of infectious diseases;	2014-2016 (short-term)	a. Number of imported cases b. Well-functioning IHR mechanisms in place	Ministry of health, relevant UN agencies and NGOs
3. Develop and update existing evidence-based norms, standards and guidelines for cost-effective interventions and by reorienting health services to respond to the need for effective management of chronic diseases including mental, neurological and substance use disorders;	2014-2016 (short-term)	a. Number of evidence based guidelines produced or revised regularly b. Percentage of cases treated in accordance with hospital clinical guidelines	Ministry of Health, relevant UN agencies and NGOs
4. Adopt, implement and monitor the use of evidence-based guidelines and establish standards for primary health care services;	2014-2016 (short-term)	a. Number of evidence based guidelines produced or revised regularly b. Percentage of cases treated in accordance with treatment guidelines for primary healthcare	

<p>5. Implement and monitor cost-effective approaches for the early detection of breast and cervical cancers, diabetes, hypertension and other cardiovascular risk factors;</p> <p>5.1. Implement and monitor cost-effective approaches for early detection and management of mental, neurological and substance use disorders (MNS)</p>	<p>2014-2023 (long-term)</p>	<p>a. Percentage of breast cancer screening among women aged 40–69 years</p> <p>b. Percentage of cervical cancer screening among women aged 20–69 years</p> <p>c. Percentage of diabetic population with hemoglobin A1c level $\geq 9\%$</p> <p>d. Prevalence of raised fasting blood glucose among adults aged ≥ 25 years (%)</p> <p>e. Prevalence of raised blood pressure among adults aged ≥ 25 years (%)</p> <p>f. Prevalence of moderate and severe MNS disorders</p> <p>g. Percentage of treated moderate and severe MNS</p>	
<p>6. Ensure recommended performance monitoring tools in polio eradication are put in place to:</p> <p>6.1. track whether supplementary immunization activities are reaching the vaccination coverage thresholds required to interrupt transmission,</p> <p>6.2. ensure surveillance system is sensitive enough to detect any polio virus circulation and</p> <p>6.3. guide rapid corrective action</p>	<p>2014-2016 (short-term)</p>	<p>a. Polio 3 immunization rate ($>90\%$)</p> <p>b. Presence of SIA activities</p> <p>c. AFP rate above 1/100.000</p> <p>d. Number of Polio cases</p>	<p>Ministry of Health, GPEI and NGOs</p>
<p>7. Review and enact, as deemed necessary, relevant public health laws, legislation, regulations or administrative requirements, and other governmental instruments to facilitate full implementation of the IHR.</p>	<p>2014-2016 (short-term)</p>	<p>a. Reports based on IHR self-assessment tools</p>	<p>Ministry of Health, WHO</p>

OIC and International Cooperation Level 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);	2014-2016 (short-term)	a. Legal, administrative and financial framework for the technical unit b. Fully functional technical unit in place	OIC-GS, SESRIC, IDB, WHO
2. Facilitate cooperation among the member countries in building and disseminating information about the necessary evidence base and surveillance data in order to inform policy-makers, with special emphasis on the relationship between disease control, poverty and development;	2014-2016 (short-term)	a. Established mechanism for sharing information and surveillance data on social determinants of health	OIC-GS, SESRIC, IDB, WHO
3. Support the initiatives of the WHO, including the 2013-2020 Action Plan for Implementing the Global Strategy for the Prevention and Control of Non-Communicable Diseases, in addition to Global Action Plan for Mental Health 2013-2020 and European Action Plan to Reduce the Harmful Use of Alcohol 2012-2020, to ensure the monitoring of non-communicable diseases and mental health at the national, regional and OIC levels;	2014-2019 (medium-term)	a. Monitoring of global voluntary targets for NCDs among member countries b. Benchmarking progress among member countries	OIC-GS, IDB, WHO, SESRIC, GAVI
4. Support and facilitate South-South collaboration and border meeting between neighbouring countries to control the spread of communicable diseases.	2014-2016 (short-term)	a. Number of joint activities for disease control	OIC-GS, IDB, WHO, SESRIC, GAVI

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			
National Level			
1. Strengthen intersectoral collaboration and partnership with regional and international institutions for implementing key activities related to communicable and non-communicable diseases including mental health and substance use;	2014-2016 (short-term)	a. Number of projects carried out internationally b. Number of studies started in other countries about Healthcare Services and Health Policies	Ministry of Health, relevant UN agencies and NGOs
2. Ensure effective investments of the funds disbursed by the Global Fund and other international donors through efficient coordination with local partners such as government agencies, community organizations, private sector companies, faith-based organizations, etc.;	2014-2023 (long-term)	a. Number of projects supported by international donors	Ministry of Health, Global Fund, faith-based NGOs
3. Enact or strengthen interventions to reduce risk factors for non-communicable diseases, including ratifying and implementing the WHO Framework Convention on Tobacco Control and its protocol on illicit tobacco trade, implementing the recommendations of the Global Strategy on Diet, Physical Activity and Health, the Global Strategy for Infant and Young Child Feeding, and other relevant strategies through national strategies, policies and action plans;	2014-2023 (long-term)	a. Number of meetings and activities carried out to support and strengthen national strategies, policies and action plans in line with global strategies and conventions to fight with risk factors of communicable and non-communicable diseases b. Number of countries who ratified the WHO FCTC	Ministry of Health, WHO, relevant UN agencies, NGOs
4. Participate actively in regional and sub-regional networks for the prevention and control of diseases; and establish effective partnerships and strengthen collaborative networks, involving key stakeholders, as appropriate;	2014-2016 (short-term)	a. Legislative and administrative mechanisms in place for involvement in networks	Ministry of Health and relevant Govt. departments

5. Strengthen MoH leadership in promoting and engaging in multi-sectoral approach to addressing social determinants of health.	2014-2016 (short-term)	a. Projects/activities to touch upon social determinants of health	Ministry of Health and relevant Govt. departments
OIC and International Cooperation Level			
1. Initiate activities among member countries to increase knowledge and capacity on health policy and health diplomacy;	2014-2016 (short-term)	a. Number of projects and training activities carried out at OIC and international level	OIC-GS, IDB, WHO, SESRIC, UNICEF, GAVI
2. Facilitate the exchange of know-how, technology and expertise between developed countries and member countries in the early diagnosis of diseases, including the new and relapse cases of tuberculosis;	2014-2023 (long-term)	a. Number of meetings and activities carried out at OIC and international level	
3. Follow up the issues pertaining to cooperation with international organizations and initiatives with the leadership of the OIC member states in order to ensure sustained high-level political commitment for the implementation of various campaigns and programmes;	2014-2016 (short-term)	a. Number of advocacy meetings and activities at regional and global level	
4. Attract and secure new lines of funding for disease prevention and control from international donors such as the Islamic Development Bank (IDB), Global Fund, and Bill and Melinda Gates Foundation;	2014-2016 (short-term)	a. Number of projects supported by OIC organizations and international donors	

5. Participate in resource mobilization and partnership development to implement national emergency polio eradication plan in the remaining endemic and high risk OIC member countries;	2014-2016 (short-term)	a. Number of projects and advocacy meetings supported by OIC organizations and international donors	
6. Support the implementation of intervention projects, exchange of experience among stakeholders, and capacity-building programmes of regional and international scale;	2014-2023 (long-term)	a. Number of projects and advocacy meetings supported by OIC organizations and international donors	
7. Call upon the OIC and IDB to support and facilitate the effective attendance and engagement of the member countries in the various activities and programs of the relevant regional and international organizations;	2014-2016 (short-term)	a. Number of projects and advocacy meetings supported by OIC organizations and international donors	
8. Collaborate with all relevant stakeholders in: (i) advocacy in order to raise awareness of the increasing magnitude of the public health problems posed by communicable and non-communicable diseases and (ii) providing support to countries in detection, notification, assessment and response to public health emergencies of national and international concern.	2014-2023 (long-term)	a. Number of projects and advocacy meetings supported by OIC organizations and international donors	

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

Phase-wise Implementation Plan

Lead Country: *Indonesia*

Actions and Activities /Level	Timeline	Key Performance Indicators	Implementing Partners
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			
National Level			
1. Reduce barriers to accessing health services to reach out to cut off women and families due to physical, cultural, geographical and financial barriers;	2014 – 2016 (short-term)	a. Coverage of underserved women, families and vulnerable groups by health <i>services</i> b. Presence of mobile teams and clinics which are fully functional	Ministry of Health NGOs, Local communities, Statistics Bureau Health institutes
2. Improve quality of MNCH services by training family health technicians/physicians (able to deliver antenatal care, safe delivery, post natal care, growth monitoring, nutrition supplementation, immunization and birth-spacing counseling services) with the essential components and new competencies required and strengthening referral linkages;	2014 -2019 (medium-term)	a. Coverage of antenatal, delivery, and post partum care by skilled health personnel in health facilities b. Developed a well functioning referral health system	
3. Develop home-based maternal, newborn and child care programmes based on successful models of community health workers depending	2014 -2019 (medium-term)	a. Percentage of home-based maternal, newborn and child care programmes developed in remote areas	

on the needs and realities of each country and empower families and local communities to close the gap of postnatal care, childhood illnesses, and nutrition through healthy home practices;			
4. Build up disaggregated health information systems at the national and local levels to monitor and improve the delivery of antenatal care services in a comprehensive and timely manner;	2014 -2019 (medium-term)	<ul style="list-style-type: none"> a. Availability of routine data information for local program management (local area monitoring) b. Identified most underdeveloped districts and sub districts 	
5. Develop strategies to ensure that professional skills and competencies are identified and knowledge gaps within human resources management are adequately addressed for quality delivery of maternal, newborn and child health (MNCH) services;	2014 -2019 (medium-term)	<ul style="list-style-type: none"> a. Established standardized competency for health professionals b. Developed regulations on delegation of medical function for each health personnel c. Percentage of accredited hospitals and clinics 	
6. Promote integrated primary health care services from state level down to grassroots and implement family practice program;	2014 -2019 (medium-term)	<ul style="list-style-type: none"> a. Developed and functioning referral health system. b. Percentage of community health posts running routine MCH and nutrition services 	
7. Ensure access and availability of life-saving commodities for women , newborns, and children;	2014 -2019 (medium-term)	<ul style="list-style-type: none"> a. Developed life saving package for women, newborns, and children during emergencies b. Regular provision of life saving packages c. Availability of health services in remote, border, and small 	

		archipelagic areas d. Availability of drugs and medical equipment in every health facility	
8. Improve awareness of women, families and communities about maternal and child life saving practices and existing services.	2014 -2019 (medium-term)	a. Percentage of women knowing danger signals in pregnancy, labour, neonatal and childhood stages	
OIC and International Cooperation Level			
1. Promote evidence-based, high-impact interventions to improve MNCH in OIC countries through facilitating the exchange of knowledge and sharing of best practices;	2014 – 2023 (long-term)	a. Percentage of countries implemented evidence based cost effective MNCH intervention (lancet journal series)	OIC-GS, WHO, UNICEF, SESRIC
2. Cooperate technically in identifying and addressing gaps in coverage and quality of care along the continuum of care for maternal, newborn, and child health;	2014 -2019 (medium-term)	a. Established MNCH technical working group to share and update policies based on the global, regional as well as national evidence	OIC-GS, WHO, SESRIC,IDB, UNFPA
3. Develop and implement projects of technical cooperation in the area of MNCH among member countries;	2014 -2019 (medium-term)	a. Number of countries adopted MNCH handbook b. Number of health personnel trained on MNCH handbook (Third Country Training Program)	OIC-GS, WHO, UNICEF, SESRIC,IDB
4. Advocate for the joint project of OIC and <i>partners</i> on “Reaching Every Mother and Baby in the OIC	2014 -2019 (medium-term)	a. Developed forum to discuss project concept on “Reaching Every Mother and Baby in the OIC	OIC-GS, WHO, UNICEF, IDB, SESRIC, ONHCR, World Bank

Emergency Care” and support and actively participate in the initiatives taken under this project.		Emergency Care” b. Number of needy countries received the project Strengthen capacity in health and nutrition responses during emergencies	
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			
National Level			
1. Resolve inequities in the distribution of health workers and ensure the availability of adequate numbers of skilled health workers at health centers and hospitals in every district;	2014 – 2016 (short-term)	a. Ratio of skilled health personnel by population by district	Ministry of Health Ministry of Finance
2. Increase investment in human resources to offset the present momentum of emigration of qualified personnel from low income countries and improve the conditions of qualified personnel to prevent them emigrating;	2014 -2019 (medium-term)	a. Percentage of health education institution accredited b. Percentage of qualified and certified health personnel c. Established incentive scheme	
3. In case of personnel shortage, train lower level care providers to provide facility based MNCH care under close supervision of authorized providers;	2014 -2019 (medium-term)	a. Developed training module for community health worker b. Number of community health worker in the shortage area trained	
4. Develop strategies aiming at increasing the number of health facility based deliveries and the empowerment of paramedical and trained staff to provide appropriate obstetric interventions;	2014 -2019 (medium-term)	a. Developed guideline for appropriate obstetric care by level of health facilities	

5. Develop long term strategies for an effective human resource development plan, which can be operationalized for universal access to skilled attendance during childbirth.	2014 -2019 (medium-term)	a. Developed roadmap for distribution and utilization of midwives b. Number of villages with adequate skilled midwives	
OIC and International Cooperation Level			
1. Promote capacity building and disseminate best practices and lessons learned in the member countries in access to skilled health personnel during childbirth;	2014 -2016 (short-term)	a. Established networking to share lessons learned b. Percentage of countries practicing the best practices	OIC-GS, SESRIC, WHO, UNICEF UNFPA, World Bank
2. 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;	2014 -2019 (medium-term)	a. Developed multilateral collaboration and global partnership	OIC-GS, WHO, SESRIC
3. 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.	2014 -2019 (medium-term)	a. Number of forum organized to facilitate exchange of knowledge	OIC-GS, WHO, SESRIC International NGOs

P.A.3.3: Developing Programmes and Policies to Prevent Low Birth-weight (LBW) Newborns, Reduce Under nutrition and Deficiencies in Children, and Promote Optimal Child Development.

National Level			
1. Develop and implement effective national approaches for addressing the causes of LBW, promoting early exclusive breast feeding, proper infant and young child feeding practices, and child early stimulation practices;	2014 – 2016 (short-term)	a. Percentage of exclusive breastfeeding among 0 to 6 months old b. Percentage of health facilities with breastfeeding and Infant and Young Child Feeding counselor	Ministry of Health WHO, NGOs
2. Streamline policies addressing children at developmental risk and childhood disabilities;	2017 – 2023 (long-term)	a. Percentage of districts adopting integrated Early Child Growth and Development	Ministry of Health WHO, NGOs
3. Equip health care workers with the skills to provide counseling to parents on taking care of child growth and development;	2014 -2019 (medium-term)	a. Percentage of trained health personnel able to provide parent counseling	
4. Develop programs and policies to prevent women from becoming smokers and encouraging those who do smoke to quit with a view to eliminating one of the main causes of LBW;	2014 -2019 (medium-term)	a. Developed and implement plan to prevent smoking among pregnant women	
5. Support sustained research on the causes of LBW by understanding of the impact of social and economic factors as well as paternal and environmental factors that influence birth-weight and address demographic, social, and environmental risk factors related to LBW;	2014 -2023 (long-term)	a. Developed research roadmap on the factors associated with LBW	

6. Improve public health programs and services to provide education and resources to women of child bearing age to promote healthy nutrition prior to conception and during pregnancy, and also improve the health and nutrition status of adolescents;	2014 -2019 (medium-term)	a. Updated and promoted nutrition guidelines b. Developed specific and sensitive intervention for women of child bearing age	
7. Expand policies to reduce the prevalence of stunting, underweight and overweight in children under the age of five;	2014 -2019 (medium-term)	a. Percentage of districts implemented SUN (Scaling Up Nutrition) movement	
8. Support public-private partnerships to improve the availability of staple foods enriched with key micronutrients;	2014 -2019 (medium-term)	a. Developed standards and technical specification for food b. Number of public-private in partnership programmes	
9. Promote programs and policies to prevent child marriages and adolescence pregnancies.	2014 -2019 (medium-term)	a. Reproductive health for adolescent and young people	
OIC and International Cooperation Level			
1. Heighten OIC level campaigns that discourage smoking while pregnant to prevent low birth-weight newborns;	2014 – 2016 (short-term)	a. Development of evidence based advocacy tools for campaign against smoking for pregnant women	OIC-GS, WHO
2. Advocate for more resources for effective nutrition programmes and help coordinate nutrition programmes with other health and development priorities;	2014 -2019 (medium-term)	a. Defined common result framework (objectives, strategies, program, and activities). b. Build network among government, private, donors, development partner, NGO in the region	OIC-GS,WHO, UNICEF, SUN Secretariat, SESRIC

3. Intensify collaboration between high income and low income OIC countries to reduce under nutrition and micronutrient deficiencies in children through programs offering nutritional support to low-income expectant mothers and infants;	2014 -2019 (medium-term)	a. Created forum for dialog between high income and low income member countries b. Formulated joint proposal for discussion c. Number of countries received support	OIC-GS, WHO, UNICEF, SUN Secretariat
4. Advocate for meeting international commitments and promoting child rights as stipulated in the UN Convention on the Rights of the Child (CRC);	2014 -2019 (medium-term)	a. Developed networking to monitor the implementation of UN Convention on the Rights of the Child (CRC)	OIC-GS,WHO, CRC
5. Help member countries to set regulations for fortifying food with micronutrients.	2014 -2019 (medium-term)	a. Number of countries with appropriate regulation b. Number of countries helped to make regulations	OIC-GS, WHO, UNICEF, CRC SUN Secretariat
P.A.3.4: Reducing Burden of Diseases with Effective Vaccination Programmes for Infants and Eliminating Measles and Rubella			
National Level			
1. Increase community demand for vaccinations through various education activities;	2014 – 2016 (short-term)	a. Number of educational activities organized b. Vaccination coverage rates for different vaccines included in the national vaccination schedule	Ministry of Health Ministry of Finance
2. Enhance access to vaccination services through, among others, reducing out-of-pocket costs, home-visiting and school-based interventions;	2014 -2019 (medium-term)	a. Measures taken to enhance the access b. Vaccination drop-out rates	

3. Increase the availability of vaccines in medical or public health clinical settings by reducing the distance from the setting to the population, increasing hours during which vaccination services are provided and reducing administrative barriers to obtaining vaccination services within clinics;	2017 – 2023 (long-term)	a. Measures taken to increase the availability of vaccines b. Vaccination coverage and drop-out rates per health facilities c. Percentage of health facilities with vaccine stock-out	
4. Support the activities of the Measles & Rubella Initiative in its goal of reducing global measles mortality and eliminating measles and rubella;	2014 – 2016 (short-term)	a. Incidence of Measles and Rubella b. Measles and Rubella containing vaccines immunization coverage	
5. Support the development of coasted multi-year plans for comprehensive immunization, planning, budgeting and evaluation.	2014 – 2016 (short-term)	a. Number of countries developed multi-year plan b. Percentage of countries with multi-year plan	
OIC and International Cooperation Level			
1. 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);	2014 – 2016 (short-term)	a. Enhanced cooperation on immunization program	OIC-GS, WHO, UNICEF, GAVI
2. Collaborate in ensuring the availability of vaccines for measles and rubella among OIC member countries and in achieving measles and rubella elimination;	2014 – 2016 (short-term)	a. Analyzed gap in vaccine availability and identified mobilizable vaccine producer among OIC members b. Prevalence of measles and rubella	OIC-GS, WHO, UNICEF, GAVI
3. 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;	2014 -2019 (medium-term)	a. Scheduling of Synchronized Vaccination Week	OIC-GS, WHO, UNICEF, GAVI

4. 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.	2014 -2019 (medium-term)	a. Joint registration scheme endorsed by all members b. Number of countries with vaccine stock-out	OIC-GS, WHO, UNICEF, GAVI
P.A.3.5: Reducing Maternal, New-born, and Child Mortality by Effective Programmes and Policies.			
National Level			
1. Improve coverage and quality of antenatal care for the mother, obstetric care and birth attendant's ability to resuscitate newborns at birth;	2014 - 2016 (short-term)	a. Percentage of health workers capable of performing obstetric and new born care b. Percentage of basic emergency obstetric neonatal care c. Percentage of comprehensive emergency obstetric neonatal care	Ministry of Health Ministry of Finance Ministry of Industry Ministry of Commerce
2. Address issue of maternal infections during pregnancy, ensure clean birth and immediate, exclusive breastfeeding and ensure that antibiotics against infections and ORS are readily available locally;	2017 - 2019 (medium-term)	a. Percentage of health workers trained to provide care to healthy and ill children (Integrated Management Child Illnesses) b. Percentage availability of child essential drugs especially antibiotics and ORS.	
3. Empower families and local communities with knowledge and skills to deliver care for child development, to recognize danger signs in pregnancy, childbirth, newborn and child, to practice prompt care-seeking behavior;	2014 -2019 (medium-term)	a. Percentage availability of MCH Handbook according to the number of pregnant women. b. Percentage of health worker capable of performing Under5 Class c. Percentage Community Health Workers capable of performing Community – IMCI	

4. Invest for more and better trained and equipped health workers to reach the majority of women and children who today do not have access to basic health care;	2014 -2019 (medium-term)	<ul style="list-style-type: none"> a. Percentage of community health workers capable of performing community – IMCI b. Percentage of Midwives who settled in the villages c. Percentage of general practitioners in community health center d. Percentage of pediatricians in district hospitals 	
5. Improve capabilities of professional and community health workers in identifying local and regional adjustable risk factors, which have impact on MNC mortality, and determining the best strategies for prevention;	2014 -2019 (medium-term)	<ul style="list-style-type: none"> a. Percentage of districts / cities that implement the Maternal Perinatal Death Audit b. Percentage of districts / cities that implement the MCH – LAM c. Coverage of first neonatal visit d. Percentage of infants who received standard health care e. Percentage of under five who received standard health care f. Percentage of utilization of health operational assistance 	
6. Develop and implement approaches to reach constantly underserved women and children, including the urban poor and women and children in conflict and post-conflict settings;	2014 -2019 (medium-term)	<ul style="list-style-type: none"> a. Percentage of utilization of the public health insurance b. Percentage of utilization of the delivery warranties 	
7. Reduce health inequalities between rich and poor, urban and rural through actions and adverse effects of social determinants related to MNC health;	2019 – 2023 (long-term)	<ul style="list-style-type: none"> a. Percentag of mobile clinics in the rural areas 	
8. Strengthen and promote birth spacing program.	2019 – 2023 (long-term)	<ul style="list-style-type: none"> a. Percentage of women using birth spacing method 	

OIC and International Cooperation Level 1. Promote technical cooperation and exchange of knowledge between countries for the selection, formulation and implementation of measures aimed at reducing maternal, newborn and child mortality;	2014 – 2019 (medium-term)	a. Number, type, and wider coverage of technical cooperation on reduction of MNC mortality	OIC-GS, SESRIC, WHO, UNICEF, UNFPA
2. Collaborate in identifying effective prevention strategies and specific prevention actions by cause of death;	2014 -2019 (medium-term)	a. Number of collaborative programs to identify effective OIC strategic prevention on certain cause of death b. Developed OIC internal classification of diseases	OIC-GS,WHO, UNICEF, UNFPA
3. Enhance cooperation and exchange best practices on interventions in reducing maternal and infant mortality between countries with similar health profiles;	2014 -2019 (medium-term)	a. Number of cooperation on interventions in reducing maternal and infant mortality	OIC-GS,SESRIC, WHO, UNICEF, UNFPA
4. Support global and regional actions to reduce maternal and infant mortality and improve the health of mothers and children, particularly in low income countries.	2014 -2019 (medium-term)	a. Number of actions to reduce maternal and infant mortality b. Percentage reduction in maternal and infant mortality	OIC-GS, WHO, UNFPA, ICEF

Thematic Area 4: Medicines, Vaccines and Medical Technologies

Phase-wise Implementation Plan

Lead Country: *Malaysia*

Actions and Activities /Level	Timeline	Key Performance Indicators	Implementing Partners
P.A.4.1: Enhancing Monitoring and Evaluation Mechanisms			
National Level			
1. Monitor health statistics and medicines utilization data and promote effective analysis of input data;	2014-2016 (short term)	a. Establishment of medicines utilization database b. Collection of medicines utilization data	Ministry of Health Department of Statistics
	2017-2019 (medium-term)	c. Sharing of medicines utilization data with OIC member states and analyze the trend in medicines use	Ministry of Health Department of Statistics
	2014- 2023 (long-term)	d. Availability of real time data on medicines utilization including effective analysis by relevant stakeholders	Ministry of Health Department of Statistics
2. A post-market surveillance system with a view to: – Improve patient care and safety in relation to the use of medicines and all medical interventions; – Contribute to the assessment of benefit, harm,	2014-2016 (short-term)	a. Number of adverse drug reactions (ADR) per million population	Ministry of Health
	2017-2019 (medium-term)	b. Review of all periodic update safety report (PSUR) for new chemical	

<p>effectiveness and risk of medicines and encouraging their effective use;</p> <ul style="list-style-type: none"> – Promoting education and clinical training in pharmacovigilance and its effective communication to the public; – Establish a national database for Adverse Events Following Immunization (AEFI); – Dissemination of information through publication of ADR bulletins, safety newsletter, media statements 		entities (NCE) and biologics	
	2020-2023 (long-term)	<ul style="list-style-type: none"> c. Number of alerts shared with members d. Number of trainings conducted e. Number of personnel trained 	
	2014-2016 (short-term)	<ul style="list-style-type: none"> f. Number of publications g. Number of awareness programmes conducted 	
<p>3. Develop systematic and efficient mechanism for monitoring the quality, safety and efficacy of medical devices and in vitro diagnostic including the post market control measures.</p>	2014-2023 (long-term)	<ul style="list-style-type: none"> a. Enactment of legislation b. Licensing of premises 	Ministry of Health
	2017 -2019 (medium-term)	<ul style="list-style-type: none"> c. Number of adverse events reported 	
	2020-2023 (long-term)	<ul style="list-style-type: none"> d. Establishment of information sharing through an effective database. e. Enforcement of medical devices legislation 	Ministry of Health Medical Device Bureau
OIC and International Cooperation Level			
<p>1. Facilitate training among member countries through sharing of knowledge and expertise for the development and strengthening of pharmacovigilance system, collaboration with WHO to establish Centre of Excellence for training in pharmacovigilance;</p>	2014-2019 (medium-term)	<ul style="list-style-type: none"> a. Number of Centre of Excellence providing training b. Number of officers trained 	OIC-GS, SESRIC, IDB, WHO

2. Establish database to follow-up and monitor the supply and use of medicines and vaccines, and open up database to all OIC member countries once the data starts accumulating. Also make a list of essential medicines and vaccines for OIC member states;	2014-2016 (short-term)	a. List of essential medicines b. List of vaccines	OIC-GS, SESRIC
3. Establish database for medicines and vaccines;	2017-2019 (medium-term)	a. Establishment of database and sharing of information on medicines and vaccines used	OIC-GS, SESRIC
4. Promote awareness about the importance of medicines information systems in all member countries and enhance intra - OIC technical cooperation in this area;	2014-2016 (short-term)	a. Establishment of Medicines Information Center	OIC-GS, SESRIC, ISESCO
5. Cooperation among the member countries for medical devices and in vitro diagnostic vigilance systems and networks. Providing assistance to OIC member state to establish a regulatory control system for medical devices and diagnostic.	2014-2023 (long- term)	a. Enactment of legislation Licensing of premises	OIC-GS, SESRIC, IDB
	2017 -2019 (medium-term)	a. Number of adverse events reported	
	2014-2023 (long term)	a. Establishment database for information sharing b. Enforcement of medical devices legislation	
P.A.4.2: Supporting Local Production of Medicines and Vaccines			
National Level			
1. Facilitate support to the local manufacturers of medical products i.e. policies that reduce the cost of	2014-2019 (medium-term)	a. Availability of mechanisms to encourage and promote local	Ministry of Health Ministry of

manufacture such as grants, subsidies, land, tax and duty exemptions for imported inputs for local production;		production b. Establishment of policy to support local production and comprehensive immunization programme	Domestic Trade, Co-operatives & Consumerism
2. Improve national capacity in producing raw material based on available local/natural resources, to initiate self-reliance of medicine;	2014-2019 (medium-term)	a. National capacity building b. Promoting and acquiring transfer of technology	Ministry of Science, Technology & Innovation
3. Find ways and means for exports and trade agreements for market access with other countries;	2014-2019 (medium-term)	a. Providing mechanism by encouraging investment for the production of vaccines and medicines.	Ministry of International Trade & Industry
4. Improve investment climate by simplifying the requirements for doing business in pharmaceutical and other medical products industry without making any concessions to quality.	2014-2023 (long-term)	a. Minimising technical barrier to trade through establishment of mutual understanding in regulatory control to increase market access	Ministry of International Trade & Industry Ministry of Health
OIC and International Cooperation Level			
1. 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;	2014-16 (short-term)	a. Creation and updating database on vaccine needs, potential resources such as research capability, manufacturing capability and capacity	OIC-GS, SESRIC, WHO, ISESCO
2. Target bringing coherence of vision at the OIC level to		b. Establishment of vaccines manufacturers group to coordinate	

<p>support local production of medical products / vaccines under the OIC program on achieving self reliance in vaccine production (RSVP) in the Islamic world;</p> <p>3. Establish an intersectoral intra-OIC committee of experts on local production;</p> <p>4. Support OIC countries to develop business plans for vaccine and biologicals production to ensure viability and sustainability of production;</p> <p>5. Provide technical assistance to member countries regarding the production of raw material for local production of medicines and vaccines;</p> <p>6. Strengthen the cooperation with the development partners to ensure the procurement of vaccines particularly for polio;</p>		<p>collaboration in vaccines manufacturing (toll manufacturing)</p> <p>c. Development of quality management systems</p> <p>d. Collaboration and transfer of technology to develop fill and finish production capability.</p> <p>e. Preparation of technical and economic feasibility study by SESRIC</p> <p>f. Pooling mechanism within OIC for procurement</p> <p>g. Participation in the process of harmonization and development of standards among OIC members</p> <p>h. Recognition of National Regulatory Authority as fully functional by WHO.</p>	
	2017-2019 (medium-term)	<p>a. Increase capacity for vaccines production</p> <p>b. Collaboration and joint investment in advanced biotechnology</p> <p>c. Strengthening cooperation and</p>	OIC-GS, SESRIC, WHO, GAVI, UNICEF and other partners

		<p>capability development</p> <p>d. Provision of incentives from governments for investment in vaccine manufacturing in OIC countries</p> <p>e. Strengthening cooperation with international partners including WHO, UNICEF and GAVI</p> <p>f. Strengthening regulatory standards in accordance with WHO Requirements</p>	
	2020-2023 (long term)	<p>a. Establishment of OIC Research Centers for new products development</p> <p>b. Cooperation and joint production of raw material (bulk antigen)</p> <p>c. Expansion of OIC indigenous manufacturing capacity</p>	OIC-GS, SESRIC, WHO
7. Promote policies at the OIC level to ensure strategic selection of medical products/vaccines.	2014-2019 (medium-term)	a. Development of standard selection guidelines for OIC countries	OIC-GS, SESRIC

P.A.4.3: Promoting Research and Development (R&D) in Health-related fields			
National Level			
1. Encourage and empower the education system to impart quality knowledge in academic disciplines like Chemistry, Biology and natural sciences;	2014-2023 (long-term)	a. Accreditation of institution of higher learning by an accreditation agency in each country	Ministry of Education Ministry of Health Accreditation agency
2. Standardize the syllabi in the aforementioned academic disciplines in line with the international norms and standards;	2014-2023 (long-term)	a. Standardization of syllabus based on national policies	Ministry of Education Ministry of Health
3. Strengthen innovation policies for development of formulations of products that are more suitable for local conditions;	2014-2023 (long-term)	a. Formulation of policy in promoting innovation in production of medicines b. Availability of mechanism to encourage innovation	Ministry of Science, Technology & Innovation Ministry of Health
4. Build proper R&D facilities to develop an innovative pharmaceutical industry;	2014-2023 (long-term)	a. Number of R&D facilities b. Establishment of Centre of Excellence to promote R&D c. R&D facilities established through Public-Private partnership	Ministry of Health Ministry of Education
5. Facilitate national diaspora and convert the brain drain of skilled labour into brain gain. Giving them the technical support to work in their countries (laboratories with sophisticated equipment);	2014-2019 (medium-term)	a. Number of experts in related areas b. Number of skilled workers	Ministry of Science, Technology & Innovation

			Ministry of Health
6. Provide sufficient and coordinated financing for R&D in health sector.	2014-2019 (medium-term)	a. Establishment of Centre of Excellence to promote R&D b. Strengthen control and production of medical products	Ministry of Health, Science, Technology & Innovation Research Institution
OIC and International Cooperation Level			
1. Support funding programs to students from LDC's to encourage them to enrol in pharmaceutical related academic disciplines in member countries with substantial pharmaceutical base like Turkey, Malaysia and Egypt;	2014-2019 (medium-term)	a. Number of graduates in pharmacy and related fields	OIC-GS, ISESCO
2. Provide sufficient and coordinated financing for R&D within and between member countries;	2014-2019 (medium-term)	a. Number of new products and vaccines produced	OIC-GS, IDB, GAVI
3. Encourage and facilitate the cooperation among the member countries with a view of sharing knowledge and expertise for the development of pharmaceutical industry and trading between OIC member states;	2014-2019 (medium-term)	a. Number of Centre of Excellence established	OIC-GS, SESRIC, ISESCO
4. Promote linkages and networks among member countries in R&D with the aim to promote learning and accumulation of technological capabilities.	2014-2019 (medium-term)	a. Number of OIC member states participating in a Vaccine Manufacturers Group	OIC-GS, SESRIC, ISESCO

P.A.4.4: Increasing the Availability of Essential Medicines, Vaccines and Medical Technologies			
National Level			
1. Target increasing the utilization of health technology assessment of medical device and in vitro diagnostics to achieve the cost efficiency and implement regulations to prevent high mark-ups;	2014-2019 (medium-term)	a. Number of Pharmacoeconomic evaluations for medicines b. Number of Health Technology Assessment for medical devices.	Ministry of Health
2. Develop national guidelines and policies in accordance with international norms and standards on the procurement and distribution of vaccines, medicines and medical devices in order to ensure the safety, efficacy, and quality across the distribution channels;	2014-2019 (medium-term)	a. Establishment of National Medicines Policy b. Implementation of : <ul style="list-style-type: none"> ○ Good regulatory practices ○ Good Distribution Practice ○ Good Governance in medicines ○ Regulatory control for medical device and ○ establishment of an agency to regulate medical devices 	Ministry of Health
3. Establish or strengthen National regulatory authority to ensure the quality of the vaccines since their purchase is complex and different from medicines;	2014-2019 (medium-term)	a. Establishment of National Regulatory Authority (NRA) for medicines and vaccines	Ministry of Health
4. Provide efficient procurement and supply of vaccines, medicines and medical devices;	2014-2019 (medium-term)	a. Appropriate procurement system	Ministry of Health
5. Prepare a national list of approved medical devices for procurement and reimbursement;	2014-2019 (medium-term)	a. Availability of a national list b. Review of List regularly where	Ministry of Health

		appropriate	
6. Enhance access to essential medicines and affordable technologies, building on the continuing WHO programmes promoting good-quality generic products;	2014-2019 (medium-term)	a. Accessibility of good quality generic products	Ministry of Health
7. Support study of approaches for improving access to, and availability of, essential medicines, essential medical technologies and other central elements of health care.	2014-2019 (medium-term)	a. Availability of fund to conduct the study b. Publication of the study report	Ministry of Health, Science, Technology & Innovation
OIC and International Cooperation Level			
1. Cooperate and collaborate with Global Alliance for Vaccines and Immunization (GAVI);	2017-2019 (medium-term)	a. Number of vaccines accessible to OIC member states	OIC-GS, SESRIC, GAVI
2. Develop OIC level policy document with input from all member countries on access to essential medicines, vaccines and medical technologies in the context of existing level of development of the relevant manufacturing facilities in these countries;	2014-2016 (short-term)	a. Conducting feasibility study to produce vaccine in member states	OIC-GS, SESRIC
	2017-2023 (long-term)	a. Availability of OIC policy document to ensure sufficient essential medicines , medical devices as well as vaccines to immunize all children	
3. Provide material and technical assistance to develop national guidelines related to distribution of medicines and vaccines;	2014-2019 (medium-term)	a. Conducting situational analysis to determine the need of OIC member states b. Publication of situational analysis c. Number of material, guidelines	OIC-GS, SESRIC, IDB

		distributed d. Number of trainees	
4. 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;	2014-2019 (medium-term)	a. Conducting situational analysis to determine the need of OIC member states. b. Publication of situational analysis report c. Harmonization scheme for regulatory requirements for medicines and vaccines	OIC-GS, SESRIC, IDB
5. Develop regional strategies for cost containment, with an emphasis on pricing and regulations on protection of intellectual property rights;	2014-2019 (medium-term)	a. Development of Medicine Price database comprising of national and international price information. b. Price information sharing system through developed database.	OIC-GS, SESRIC, IDB
6. Provide support to the regional mechanisms for pooled procurement / joint purchase of medicines and vaccines.	2014-2016 (short term)	a. Feasibility study on pooled procurement in the region to be carried out	OIC-GS, IDB
	2017-2019 (medium term)	a. Development of regional policy and operational plan for pooled procurement	

Thematic Area 5: Emergency Health Response and Intervention

Phase-wise Implementation Plan

Lead Country: *Sudan*

Actions and Activities /Level	Timeline	Key Performance Indicators	Implementing Partners
P.A.5.1: Improve Strategic Planning For Preparedness And Response And Enhancing Coordination Of Emergency Health Services			
National Level			
1. Develop all hazards national policies and programmes on risk reduction and emergency preparedness in the health sector and formulate emergency response regulations of public health emergencies based on real time risk assessment;	2014 – 2016 (short-term)	a. Percentage of hospitals that developed hospital disaster plan and updated regularly	Ministry of Health and Civil Defense
2. Set up a national multisectoral mechanism to coordinate and guide the work for medical relief, humanitarian supply logistics, and international cooperation as well as communication of activities;	2014 – 2016 (short-term)	a. Number of disaster events in which the work of all related sectors is well coordinated	Ministry of Health and Civil Defense, relevant UN agencies and NGOs
3. Establish local medical relief staff teams to respond to unexpected emergencies as the major taskforces and provide financial incentives for local health workers;	2014 – 2016 (short-term)	a. Number of medical teams developed	Ministry of Health and Finance, NGOs
4. Integrate humanitarian facilities with nearby local facilities;	2014- 2019 (medium-term)	a. Percentage of health facilities well-functioning during disasters	Ministry of Health, NGOs
5. Ensure that standard operating procedures and	2014 – 2016	a. Number of disaster events in	Ministry of Health and

contingency plans are available for addressing the affected areas in terms of health workers, drugs and medical supplies, and logistics;	(short-term)	which SoPs are followed	Civil Defense, relevant UN agencies
6. Allocate sufficient financial resources to implement essential actions to minimize preventable mortality and morbidity;	2014 – 2023 (long-term)	a. Percentage of financial resources made available for disaster events compare to needed funds	Ministry of Health and Finance, relevant UN agencies
7. Coordinate actions with different relevant sectors to improve city resilience and response;	2014 – 2023 (long-term)	a. Number of sectors who play active role in disaster risk reduction	Ministry of Health and Civil Defense, relevant UN agencies and NGOs
8. Support the synergy of Public-Private Partnership for community empowerment in the field of disaster management from policy to practice;	2014 – 2023 (long-term)	a. Percentage of private institutions who play active role in disaster risk reduction	Ministry of Health, private sector
9. Streamline national policy and procedure for cross border collaboration for preparedness and response;	2014 – 2023 (long-term)	a. Number of cross boarder activities implemented	Ministry of Health and Civil Defense
10. Collaborate in assuring that affected countries have sufficient logistics for effective response to disease outbreaks;	2014 – 2023 (long-term)	a. Percentage of logistic made available for use in response	OIC-GS, relevant UN agencies, NGOs
11. Develop programmes on safe and prepared hospitals that ensure health facilities in prone areas are prepared to respond to all of internal and external hazards (including hazardous materials).	2014 – 2023 (long-term)	a. Percentage of hospitals / health facilities with a tested disaster plan	Ministry of Health, academics, business, relevant UN agencies and NGOs
OIC and International Cooperation Level			
1. Develop regional and OIC level evidence based strategic planning and coordination mechanisms for emergency health services based on WHO hazard atlas;	2014 – 2016 (short-term)	a. Number of plans and coordination mechanisms developed	OIC-GS, SESRIC, relevant UN agencies, NGOs
2. Support initiative of UN-OCHA, WHO and others in their Health Sector Approach as a way of organizing	2014 – 2019 (medium-term)	a. Number of active health and nutrition clusters in members	OIC-GS, relevant UN agencies, NGOs

coordination and cooperation among humanitarian actors to facilitate joint strategic planning;			
3. Facilitate interregional partnerships and fund-raising for country-based capacity-building in the field of emergency health preparedness and response by supporting regional solidarity funds for emergency response;	2014 – 2023 (long-term)	a. Amount of regional fund made available for disaster capacity building and response	OIC-GS, IDB, SESRIC, relevant UN agencies, NGOs
4. Conduct joint contingency planning for possible future events/set-backs in the areas of potential health emergencies;	2014 – 2023 (long-term)	a. Number of contingency plans made jointly	OIC-GS, relevant UN Agencies, NGOs
5. Improve knowledge and skills in risk reduction and emergency preparedness and response in the health sector through sharing experiences and best practices.	2014 – 2023 (long-term)	a. Number of study tours and other tools for sharing experiences (including training) made between OIC member countries	OIC-GS, SESRIC, relevant UN agencies, NGOs
P.A.5.2: Controlling And Preventing Diseases Outbreaks During Emergencies			
National Level			
1. Establish bodies/agencies in national-provincial-district level for the prevention and control of disease, early-warning and treatment of disease outbreaks, and conducting real time analysis and standard reporting of disease outbreaks;	2014 – 2019 (medium-term)	a. Number of disease outbreaks which are timely notified and well controlled	Ministry of Health, district health authorities, WHO
2. Conduct early epidemiological assessment of the affected population for different age groups and gender;	2014 – 2023 (long-term)	a. Number of disaster events for which a timely epidemiological assessment is done	Ministry of Health, WHO
3. Enhance laboratory capacity for diagnosis of diseases and confirmation of outbreaks;	2014 – 2023 (long-term)	a. Number of disease outbreaks for which laboratory diagnosis was done	Ministry of Health, district health authorities, WHO

4. Prepare and implement contingency plans to respond to possible new health threats and to ensure the continuity of services to the target populations;	2014 – 2023 (long-term)	a. Number of emergency plans implemented	Ministry of Health and Civil Defense, WHO
5. Ensure that access to safe water, sanitation and hygiene meet international standards;	2014 – 2023 (long-term)	a. Percentage of affected population received clean water and proper sanitation services	Ministry of Health and Civil Defense, WHO and other UN agencies
6. Develop national aviation public health plan as part of the national emergency health response and intervention plan;	2014 – 2023 (long-term)	a. Availability of aviation public health strategies with the national emergency health response and intervention plan	Ministry of Health, Civil Defense and Civil Aviation, relevant UN agencies
7. Merge the international health regulation (IHR) provisions with the national emergency health response and intervention plan.	2014 – 2023 (long-term)	a. Presence of the international health regulation (IHR) provisions within the national emergency health response and intervention plan	Ministry of Health, WHO
OIC and International Cooperation level			
1. Facilitate intra-OIC technical cooperation to diagnose diseases and confirmation of outbreaks;	2014 – 2019 (medium-term)	a. Formulation of strategy for cooperation on outbreaks	OIC-GS, WHO
2. Establish regional early warning and response mechanisms to prevent cross-border disease outbreaks;	2014 – 2023 (long-term)	a. Number of potential disease outbreaks with cross-border causative agents timely prevented	OIC-GS, WHO
3. Achieve regional harmonization, alignment, and the most effective coordination of resources available for disease prevention and control in emergency situations.	2014 – 2023 (long-term)	a. Amount of available resources harmonized and aligned to be used to prevent and control diseases	OIC-GS, relevant UN agencies, NGOs

P.A.5.3: Ensuring Effectiveness Delivery of Emergency Health Services			
National Level			
1. Develop standardized prevention and treatment of communicable diseases appropriate to the epidemiological setting and phase of response;	2014 – 2016 (short-term)	a. Number of communicable diseases with clear set of SoPs for prevention and treatment	Ministry of health, WHO
2. Improve ability to conduct immediate needs assessment with proper representation of related health agencies;	2014 – 2023 (long-term)	a. Number of disaster events for which proper need assessments were conducted	Ministry of Health and Civil Defense, relevant UN agencies and NGOs
3. Establish mechanisms to ensure that emergency health services are accessible by all affected people;	2014 – 2023 (long-term)	a. Percentage of affected population received needed services	Ministry of Health, relevant UN agencies and NGOs
4. Set up emergency supply chain systems, including procurement, storage and distribution of drugs and medical supplies;	2014 – 2017 (short-term)	a. Percentage of disaster events for which drugs and medical supplies were made readily available	
5. Establish organized referral mechanisms with adequate access to life-saving secondary or tertiary care;	2014 – 2023 (long-term)	a. Percentage of patients referred properly to life-saving secondary or tertiary care	Ministry of Health and Civil Defense, WHO, NGOs
6. Identify as early as possible the cross-cutting issues with other sectors that have particular significance for the health sector and organize joint (or complementary) activities to address them appropriately;	2014 – 2023 (long-term)	a. Number of joint activities with related sector in which cross-cutting issues were addressed properly	Ministry of Health, relevant Govt. departments
7. Train community health workers to deliver post disaster rehabilitation services mental health and psychosocial support services (MHPSS);	2014 – 2023 (long-term)	a. Number of well-trained community health workers to deliver post disaster rehabilitation, mental and psychosocial health services	Ministry of Health, WHO, NGOs

8. Improve health services for affected victims through joint work and enhancement of partnership with relevant stakeholders (UN Agencies, NGOs, private sector ect.);	2014 – 2023 (long-term)	a. Level of engagement of relevant partners in response work	Ministry of Health , private sector, relevant UN agencies, NGOs
9. Conduct Post Disaster Need Assessment (PDNA) for effective and efficient planning in post disaster phase;	2014 – 2019 (medium-term)	a. Percentage of PDNA is conducted compare to number of disaster	Ministry of Health , private sector, relevant UN agencies, NGOs
10. Establish a post disaster rehabilitation and reconstruction mechanism to ensure comprehensive and integrated activities of all relevant sectors.	2014 – 2019 (medium-term)	a. Post disaster rehabilitation and reconstruction mechanism established	Ministry of Health , private sector, relevant UN agencies, NGOs
OIC and International Cooperation Level			
1. Enhance cross-border cooperation among the member countries in providing health services through coordinated logistical and administrative efforts, long-term funding and targeting disease in affected populations;	2014 – 2023 (long-term)	a. Percentage of affected population who received needed health services	OIC-GS, IDB, relevant UN agencies , NGOs
2. Establish a coordination mechanism for logistics support for health activities to prevent mortality and morbidity due to lack of medical supplies;	2014 – 2019 (medium-term)	a. Well-coordinated medical supply system established	OIC-GS, relevant UN Agencies , NGOs
3. Cooperate on gender based violence prevention and response and Promote mental health and psychosocial support activities;	2014 – 2023 (long-term)	a. Number of victims received appropriate gender based violence care b. Number of psychosocial support activities documented	OIC-GS, WHO and UNFPA, NGOs
4. Collaborate in identifying and addressing the gaps in the availability of health services for the population affected by the humanitarian crises and the coverage of priority quality services;	2014 – 2023 (long-term)	a. Percentage of affected population who received needed health services	OIC-GS, IDB, relevant UN Agencies ,NGOs

5. Promote adherence to standards and best practices in emergency health services.	2019- 2023 (long-term)	a. Number of health facilities adhering to SoPs during emergencies b. Number of Best Practices documented	OIC-GS, relevant UN Agencies , NGOs
P.A.5.4: Improving Information Management and Analysis for Emergency Health Services			
National Level			
1. Establish a centralized health information system for timely reporting of deaths, diseases, emergency health logistics and other emergency health issues;	2017 – 2019 (medium-term)	a. Well-functioning emergency information system available	Ministry of Health and Civil Defense, Central Bureau of Statistics, NGOs
2. Ensure comprehensive, inclusive and timely assessment of health needs of the affected population;	2014 – 2023 (long-term)	a. Number of disaster timely assessed for health needs of the affected population	Ministry of Health and Civil Defense, relevant UN Agencies, NGOs
3. Identify the people targeted by humanitarian assistance with a strategy for addressing unmet health-related needs of other people;	2014 – 2023 (long-term)	a. Accuracy of targeting strategies used by relevant authority	Ministry of Health and Civil Defense, relevant UN Agencies, NGOs
4. Ensure standardization of information to be collected, stored and disseminated and ensure that health-related data from all sources are systematically compiled and reviewed for reliability and relevance;	2017 – 2019 (medium-term)	a. Guideline for information management developed and properly used	Ministry of Health, Central Bureau of Statistics, relevant UN Agencies
5. Conduct systematic analysis of compiled data to generate information for planning, organization, evaluation, and advocacy purposes;	2017 – 2023 (long-term)	a. Adequacy of usage of data to support decision-making	
6. Develop GIS maps for risk analysis and tracking of response activities, , including information about types and quantities of hazardous materials stored, used or transported, in order to support effective health emergency and disaster risk-management;	2017 – 2023 (long-term)	a. GIS maps developed	Ministry of Health, relevant UN Agencies

7. Establish Risk Communication Mechanism that ensure effectively risk communication during public health emergency situation;	2014 – 2019 (medium-term)	a. Availability of Risk Communication Mechanism	Ministry of Health, academics, business, relevant UN agencies and NGOs
8. Establish health information mechanism for disseminating data of rehabilitation and reconstruction post disaster activities;	2014 – 2019 (medium-term)	a. Availability of Health Information Mechanism	Ministry of Health, academics, business, relevant UN agencies and NGOs
9. Facilitate access for concerned government and other related agencies to health crisis information (impacts, efforts, activities, programs, analysis, etc) in all phase (pre disaster, during emergency response and post disaster).	2014 – 2019 (medium-term)	a. Mechanism established to enhance accesibility	Ministry of Health, academics, business, relevant UN agencies and NGOs
OIC and International Cooperation Level			
1. Establish capacity building networks among the relevant institutions in the member countries with a view to sharing, transfer and exchange of knowledge and expertise;	2014 – 2019 (medium-term)	a. Number and membership of networks formed. b. Level of information sharing between relevant institutions	OIC-GS, SESRIC, relevant UN Agencies, NGOs
2. Facilitate cooperation among the member countries in improving information management and data analysis related to emergency health relief evidence based and surveillance data;	2014 – 2016 (short-term)	a. Availability of mechanisms for cooperation in information management	OIC-GS, SESRIC, IDB, relevant UN Agencies, NGOs
3. Collaborate in identification of health problems, risks and gaps in services and prioritization of them on the basis of the health risks posed;	2014 – 2016 (short-term)	a. Availability of profiles for health problems, risks and gaps in services	OIC-GS, SESRIC, relevant UN Agencies, NGOs
4. Assist the countries in developing their capacities for using Information Technology (IT) in disasters;	2014 – 2019 (medium-term)	a. Number of IT based systems developed	OIC-GS, SESRIC, UN-SPIDER
5. Adapt the UN disaster/emergency terminologies in the context OIC Members.	2014 – 2019 (medium-term)	a. Number of disaster/ emergency terminology adapted	OIC-GS, SESRIC, relevant UN Agencies

Thematic Area 6: Information, Research, Education and Advocacy

Phase-wise Implementation Plan

Lead Country: *Egypt & Sultanate of Oman*

Actions and Activities/Level	Timeline	Key Performance Indicators	Implementing Partners
P.A.6.1: Ensuring the Involvement and Commitment of all Stakeholders to initiate and implement Effective Community Health Information, Education and Advocacy Programs			
National Level			
1. Establish a national multisectoral committee for development, monitoring and evaluation of national health information, education and advocacy programs/interventions;	2014 – 2016 (short-term)	a. Established national committee b. Number of committee meetings c. Number of multisectoral representatives attending committee meetings	Ministry of Health, relevant Govt. departments
2. Build strong partnership among health and other relevant governmental stakeholders (like education, labour, sports, finance,...) to improve the socio-economic and political environment for the implementation of effective health promotion interventions;	2014 – 2016 (short-term)	a. Number of relevant governmental stakeholders attending/giving attention to meetings b. Number of activities implemented with other governmental agencies	Ministry of Health, relevant Govt. departments
3. Create public-private partnership (PPP) and involve civil society, NGOs and international organisations to address issues related to resource mobilisation and social mobilization;	2014 – 2016 (short-term)	a. PPP system developed b. Number of civil society, NGOs and International organization involved c. Number of training programs for resource mobilisation and social mobilization d. Number of activities implemented with private sector, NGOs and international organizations	Ministry of Health, Private sector, NGO's, UNFPA,WHO

4. Establish a reliable health information system for the development of evidence-based health education and promotion programs and services;	2014 – 2016 (short-term)	a. Health information system developed	Ministry of Health WHO
5. Organize conventions of local health care providers, community leaders and local people to make community health information and promotion interventions more culturally relevant and responsive;	2014 – 2016 (short-term)	a. Number of conventions organised	Ministry of Health NGOs
6. Strengthen capacities of ministry of health to lead and perform researches and evidence- building on MNCH, disease control and health system development;	2014 – 2016 (short-term)	a. Number of MOH initiatives in this field	Ministry of Health WHO
7. Establish monitoring and evaluation tools for future improvements in information, education and advocacy interventions;	2014 – 2016 (short-term)	a. Tools developed and practised	Ministry of Health WHO
8. Establish a database on knowledge, attitude, practice and behaviour (KAPB) of the community to prioritize subjects for information, education and promotion interventions;	2014 – 2016 (short-term)	a. KAPB study conducted and database built	Ministry of Health WHO
9. Advocate for the increased commitment of national and local government for gain policy support;	2014 – 2016 (short-term)	a. Number of relevant government who gave commitment in related matters b. Number of provinces and Districts /cities established commitment in related matters	Ministry of Health WHO
10. 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.	2014 – 2016 (short-term)	a. Number of provincial and local health programs supported by regional/international agencies	Ministry of Health WHO

OIC and International Cooperation Level			
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;	2014 – 2016 (short-term)	a. Number of regional/international agencies committed to help member countries b. Number of national programs supported by regional/international agencies	OIC-GS, WHO, IDB, SESRIC, UNFPA
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;	2014 – 2016 (short-term)	a. Number of forums/conventions organised b. Number of member countries participated c. Number of participants attended	OIC-GS, WHO, IDB, SESRIC, UNFPA
3. Establish an online database of existing programmes and best practices in the member countries;	2014 – 2016 (short-term)	a. Online database established	OIC-GS, SESRIC
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.	2014 – 2016 (short-term)	a. Number of member countries adopted international standards	OIC-GS, WHO
P.A.6.2: Promoting Community Awareness about Disease Prevention and Healthy Life Styles			
National Level			
1. Develop national strategy to promote disease prevention and healthy life styles involving all concerned partners;	2014 – 2016 (short-term)	a. National strategy with action plan developed	Ministry of Health, relevant Govt. departments, private sector
2. Build strong partnership with media to promote for healthy life styles;	2014 – 2023 (long-term)	a. Effective media plan built b. Number of media outlets commit to support the programs c. Number of awareness programs broadcasted	Ministry of Health, National and private media

3. Launch awareness and media campaigns to promote for disease prevention and healthy lifestyles using innovative evidence based tools and by implementing evidence based approaches (health promotion, social marketing, behavioural economics, ...);	2014 – 2023 (long-term)	a. Establish media campaign plan of action b. Rate of health broadcasts in the media in relations to other broadcasts c. Pre & post campaign evaluation tests	
4. Adopt health promoting schools initiatives to promote healthy behaviours among youth and minimize risky behaviours;	2014 – 2016 (short-term)	a. Number of health promoting schools	Ministry of Health and Education
5. Involve popular national figures (like actors sportsmen, writers, etc.) to be as health ambassadors promoting for healthy life styles and disease prevention;	2014 – 2016 (short-term)	a. Number of popular national figures committed to this matter b. Number of activities conducted with health ambassadors	Ministry of Health
6. Engage local community leaders (political, religious) to develop community religious and cultural specific awareness campaigns to combat stigma and discrimination against affected people;	2014 – 2016 (short-term)	a. Cultural and religious issues identified b. Number of specific activities conducted c. Number of fatwa issued on certain health issues	Ministry of Health, NGOs
7. Translate and disseminate fatwa of IFA in local languages to address religious concerns regarding vaccination;	2014 – 2016 (short-term)	a. Translated fatwa distributed b. Improved vaccination coverage in religious sensitive areas	OIC-GS, IFA
8. Adopt modern information technology (mobile applications, SMS, MMS, social media, ..) as a tool for promoting healthy life styles;	2014 – 2023 (long-term)	a. Number of IT tools used b. Percentage of people using such technology as a resource for healthy life styles information	Ministry of Health Ministry of Information Technology

9. Train health care workers (HCW) on the scientific methods for developing and disseminating evidence-based simple, consistent and appropriate health messages and information, education and communications (IEC) materials;	2014 – 2023 (long-term)	a. Guidelines on IEC production developed b. Percentage of HCW trained c. Standard messages developed and disseminated	WHO, UNFPA, SESRIC
10. Advocate for community support groups (CSG) and build their capacities to empower them to engage in health promotion activities;	2014 – 2023 (long-term)	a. Number of volunteers being part of CSG b. Number of trained CSG members	Ministry of Health, NGO's
11. Organize conventions of local health care providers, community leaders and local people to make community health awareness campaigns more culturally relevant and responsive;	2014 – 2023 (long-term)	a. Number of conventions organized b. Number of participants in conventions c. Number of culturally relevant health awareness campaign	
12. Allocate specific budget for health promotions activities.	2014 – 2023 (long-term)	a. Budget allocated	Ministry of Health and Finance
OIC and International Cooperation Level			
1. Design OIC-wide disease specific awareness campaigns;	2014 – 2016 (short-term)	a. Number of campaigns designed	OIC-GS, WHO
2. Launch a tailor made OIC community health awareness programs for the clerks (imams);	2014 – 2016 (short-term)	a. Number of programs launched b. Number of imams attended	OIC-GS, SESRIC, IFA
3. Secure IFA fatwa for all types of immunizations in OIC member countries;	2014 – 2016 (short-term)	a. Fatwa communicated	OIC-GS, IFA
4. Organize OIC level conferences and conventions for health care providers and community leaders to facilitate the sharing of knowledge and best practices on community awareness;	2014 – 2023 (long-term)	a. Number of conferences/conventions conducted b. Number of member countries participated	OIC-GS, SESRIC, WHO

		c. Number of participants attended	
5. Launch an OIC-wide competition to encourage innovative ideas for community awareness on health improvement.	2014 – 2023 (long-term)	a. Competition launched b. Number of member countries participated	OIC-GS, IDB, SESRIC WHO, UNFPA
P.A.6.3: Meeting the Information and Education needs of Health Care Providers			
National Level			
1. Integrate health promotion and prevention in the curricula of health training Institutes;	2014 – 2016 (short-term)	a. Number of training programs which integrated health promotion modules	Ministry of Health and Higher Education
2. Establish a network of national health education institutions to develop quality assurance systems for health education and training;	2014 – 2016 (short-term)	a. Network established b. Quality assurance system developed	Ministry of Health, WHO
3. Monitor and supervise the performance of health care providers by using quality improvement approaches and promote proven effective practices;	2014 – 2023 (long-term)	a. Number of new approaches applied b. Number of health care provider monitored and supervised c. Number of evaluation studies conducted to assess performance	
4. Support the maintenance and development of professionals competencies through continuing education to ensure they are equipped with updates best evidence information;	2014 – 2023 (long-term)	a. Number of Continuing education programs b. Number of staff trained	
5. Offer scholarships to health care providers to build their capacities in the fields of health information, education, communication, health promotion and social marketing;	2014 – 2023 (long-term)	a. Number of scholarships offered by speciality	Ministry of Health, WHO, UNFPA
6. Launch health educator faculty exchange programs at national and international level;	2014 – 2023 (long-term)	a. Exchange program launched b. Number of activities within this program conducted	

7. Organize study visits for health care providers to gain new ideas and best practices;	2014 – 2023 (long-term)	c. Number of study visits organised	Ministry of Health, WHO, UNFPA, UNICEF, SESRIC
8. Establish & maintain a well-functioning health information and education system for health care providers to encourage on job learning via short courses, workshops, online training, etc.;	2014 – 2023 (long-term)	a. Health information & education system established b. Number of job learning programs c. Number of staff engaged in these programs	Ministry of Health, WHO
9. Educate and train health care providers on rational use of medicines and provide them with updated information on latest medicines and diagnostic techniques.	2014 – 2023 (long-term)	a. Number of trained health care providers on rational use of medicines b. Rate of faulty diagnosis c. Rate of wrong prescriptions	
OIC and International Cooperation Level			
1. Facilitate intra-OIC transfer of knowledge & expertise by extending the coverage and implementation of SESRIC's Health capacity building programs;	2014 – 2023 (long-term)	a. Number of countries participated in these programs	OIC-GS, SESRIC, IDB
2. Enhance cooperation in the field of health education to train more nurses and other medical/health specialists;	2014 – 2016 (short-term)	a. Number of trained nurses and other medical/health specialists	OIC-GS, SESRIC, IDB
3. Link health professionals OIC wide through virtual communities of practice so they can inform effective policies and promote successful practices;	2014 – 2023 (long-term)	a. Number of virtual communities linked to OIC professional	OIC-GS, WHO
4. Organize OIC health educators & providers forums to determines innovative health information & education approaches/strategies;	2014 – 2023 (long-term)	a. Number of forums organised b. Number of countries participated c. Number of participants attended	OIC-GS, SESRIC, IDB
5. Establish a network of OIC health centres of excellence to promote harmonization of health care education and practices across OIC member countries;	2014 – 2023 (long-term)	a. Number of excellence health centres established	OIC-GS, SESRIC, WHO
6. Advocate the implementation of WHO's recommended key interventions to promote rational use of medicines in member countries.	2014 – 2023 (long-term)	a. Number of member countries adopted these recommendations	OIC-GS, WHO