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4th Islamic Conference of Health Ministers

Resolutions

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Resolution No. 1/4-ICHM

***On the OIC Strategic Health Programme of Action 2014-2023
And Strengthening Health Cooperation***

The Fourth Session of the Islamic Conference of Health Ministers (Session of “Better Nutrition, Better Health, Better Ummah”), held in Jakarta, Republic of Indonesia, from 22 to 24 October, 2013;

Recognizing that health is central to the well-being of the people and socio-economic development of the Member States;

Acknowledging the objective of Organization of Islamic Cooperation is to enhance and consolidate solidarity between the Member States and necessity of promoting cooperation among the Member States in the field of health to attain well-being and prosperity of the Ummah;

Referring to the OIC Ten-Year Programme of Action adopted by the Third Extraordinary Islamic Summit Conference held in Makkah Al-Mukarramah in December 2005;

Recalling the resolutions and decisions adopted by the Islamic Conferences of Health Ministers and the Steering Committee on Health, including those adopted by the 3rd Islamic Conference of health Ministers (Astana, Kazakhstan, 2013) and the 6th and 7th sessions of the Steering Committee on Health (Jakarta, 23-24 April 2013 and 21 October 2013 respectively);

Taking into account Resolution No. 3/39-S&T on Health Matters adopted by the Thirty-Ninth session of the Council of Foreign Ministers held in Djibouti (15-17 November 2012);

Referring to the Final Communique adopted by the 12th session of the Islamic Summit Conference (Cairo, 6-7 February 2013), which, inter alia, endorsed the recommendations and decisions of the 3rd Islamic Conference of Health Ministers (Astana, Kazakhstan, 2011) and called for the early finalization of the OIC Strategic Health Programme of Action 2014-2023 to provide a framework for more collaborative efforts and international cooperation for addressing the various health challenges facing the OIC Member States;

Appreciating the contributions of the Member States, experts, OIC institutions and international partners towards the preparation of the OIC Strategic Health Programme of Action 2014-2023 and its Implementation Plan;

Appreciating further the efforts of SESRIC to prepare and finalize the OIC Strategic Health Programme of Action 2014 – 2023 and its Implementation Plan; the financial support by IDB and the leading role of the Lead Country Coordinators for the respective thematic areas;

Thanking the Government of Indonesia for hosting a meeting to finalize Implementation Plan for the OIC Strategic Health Programme of Action on 18 – 19 June 2013 in Bandung;

Welcoming the finalization of draft OIC Strategic Health Programme of Action 2014-2023 and its Implementation Plan by the Steering Committee on Health;

Mindful of the activities of the OIC General Secretariat, IDB, COMSTECH, SESRIC, ISESCO, ICDT, ICCI and other relevant OIC institutions in the field of health;

Takes note with appreciation of the technical background reports submitted and presented by the SESRIC on various health issues of concern to the Member States, namely the OIC Health Report 2013, and Vaccines Need Assessment in OIC Member Countries.

Taking note of the Panel of Discussion on OIC Contributions to post 2015 MDG;

Reaffirming the resolve of the OIC Member States to accord high priority to the health sector and take further steps for attaining the health related Millennium Development goals;

Acknowledging the need for clearly articulated and measurable health targets having synergistic relationship with other goals in the post-2015 development agenda;

Having considered the report of the Secretary General on Health (OIC/4-ICHM/2013/SG-REP);

1. **Adopts** the OIC Strategic Health Programme Action 2014 – 2023 along with its Implementation Plan;
2. **Requests the** OIC Member States to attach high priority to health issues in order to effectively and comprehensively address them by strengthening their national public health systems, policies, programmes and interventions;
3. **Decides** to expand the membership of the Steering Committee on Health to include the Six Lead Country Coordinators for the Thematic Areas of the OIC Strategic Health Programme of Action;
4. **Further requests** the Member States to cooperate with the designated ~~six~~ Lead Country Coordinators for each thematic area and strengthen cooperation, sharing of experience, expertise, best practices and technology in respect of the actions and activities identified in the Implementation Plan relating to the different thematic areas of the OIC Strategic Health Programme of Action;
5. **Requests** the Member States to extend their assistance to the General Secretariat for the immediate operationalization of the Health Implementation Unit (HIU) to facilitate the functions of the Steering Committee, monitor implementations of the decisions of the Health Ministers Conferences, coordinate actions pursuant to the Implementation Plan of the SHPA and promote cooperation among the Member States;
6. **Further requests** the Member States to appoint National Focal Points for coordinating actions pursuant to the SHPA and its Implementation Plan in collaboration with the OIC General Secretariat and its Health Implementation Unit; and the Lead Country Coordinators;
7. **Encourages** the Member States to promote networking of medical universities, health education and medical research institutions, exchange of faculty members and joint training programmes and exchange of best practices in management of health institutions;

8. **Invites** the Member States to extend scholarships in the medical fields to students from the OIC countries and also **requests** the IDB to pay special attention to health specialization in the context of its program for scholarships for outstanding students and Hi-Tech specializations;
9. **Commends** the COMSTECH-WHO (EMRO) Research Grants Programme as well as efforts and initiatives of the SESRIC, within the framework of the OIC Vocational Education and Training (OIC-VET) Programme for innovative capacity building and training programmes in the domain of health, namely IbnSina Health Capacity Building (IbnSina-HCaB) Programme, Tobacco Control Training Programme, and the Occupational Safety and Health Capacity Building Programme (OSH-CaB);
10. **Calls upon** the Member States and relevant national and OIC institutions and civil society organizations to actively cooperate with and participate in the capacity building activities and programmes of SESRIC in the domain of health.
11. **Welcomes** the assistance being provided by the University of Lahore (UOL) Pakistan to the Islamic University in Uganda (IUIU) for the establishment of the Faculty of Health Sciences - including assistance in the form of donation of equipment and books, designing of curricula and scholarships for IUIU staff - which can serve as a model for intra-OIC collaboration in education and training in the area of health.
12. **Calls upon** the OIC General Secretariat to consider ways and means of addressing the shortage of qualified nursing staff in the OIC Member States thorough quality oriented training programmes for nurses conducted under collaborative arrangements between the relevant public and private sector institutions in the OIC Member States
13. **Invites** the OIC Member States to consider, in coordination with the UNFPA, SESRIC, IDB and other OIC institutions, an OIC network of experts and institutions to conduct research, establish knowledge assets and share experiences and good practices in the area of health including reproductive health, maternal, newborn and child health. Such a network will serve as repository of innovative ideas, problem solving and best practices and a platform for diffusing knowledge to OIC countries.
14. **Decides** the composition of the Steering Committee on Health for the period of 2013-2015 as follows: Indonesia, Kazakhstan, Turkey, Saudi Arabia, Egypt, Djibouti, Republic of Guinea, Malaysia, Oman, Sudan, COMSTECH, SESRIC, IDB, ISESCO, WHO, UNICEF, UNFPA and Global Fund to Fight HIV/AIDs, Tuberculosis and Malaria;
15. **Reiterates** the need for strengthening OIC coordination meetings on health related issues at international fora, with the purpose of developing and sharing OIC unified positions on issues of common interest, including the finalization of the health related goals of the post-2015 development agenda;
16. **Underscores** the need for articulating clear, concrete and measurable health related targets in the post-2015 development agenda and synergizing these targets with the other goals of the development agenda;

17. **Further underscores** the need for integrating the health related targets of the post-2015 development agenda with the overarching objective of equity;
18. **Encourages** the OIC institutions, international financial institutions including the Islamic Development Bank (IDB), and other international partners to coordinate their efforts for assisting the OIC Member States to pursue the implementation of the OIC Strategic Health Programme of Action and the health-related targets of the post-2015 development agenda in a synergistic manner;
19. **Welcomes** the initiative of the Kingdom of Saudi Arabia to establish a plasma fractionation plant and **encourages** the Member States to benefit from the facility in relation to their needs;
20. **Calls upon** the Member States, OIC institutions and international organizations to provide assistance to the government of Somalia for strengthening the Somali health system, improving the quality of health services and developing human resources in the domain of health;
21. **Further** calls upon the Member States, OIC Institutions and International Organizations to pay particular attention to health situation in Muslim communities in non-OIC Member States.
22. **Decides** to hold the 5th session of the Islamic Conference of Health Ministers in 2015 in the Republic of Turkey and the 6th session of the Islamic Conference of Health Ministers in 2017 in the Kingdom of Saudi Arabia;
23. **Requests** the Secretary General to take appropriate steps for the implementation of these recommendations and submit a report thereon to the next Session of the Islamic Conference of Health Ministers.

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Resolution No. 2/4-ICHM

***On Healthy Life Style and Prevention and Control of
Communicable and Non-Communicable Diseases***

The Fourth Session of the Islamic Conference of Health Ministers (Session of Better Nutrition, Better Health, Better Ummah), held in Jakarta, Republic of Indonesia, from 22 to 24 October, 2013;

Referring to the OIC Ten-Year Programme of Action adopted by the Third Extraordinary Islamic Summit Conference held in Makkah Al-Mukarramah in December 2005;

Recalling the resolutions and decisions adopted by the Islamic Conferences of Health Ministers and the Steering Committee on Health and the, including those adopted by the 3rd Islamic Conference of health Ministers (Astana, Kazakhstan, 2013) and the 6th and 7th sessions of the Steering Committee on Health (Jakarta, 23-24 April 2013 and 21 October 2013 respectively);

Referring in particular to Resolutions 2/3-ICHM and 4/3-ICHM adopted by the 3rd Islamic Conference of health Ministers (Astana, Kazakhstan, 2013) on combating and preventing diseases;

Taking into account Resolution No. 3/39-S&T on Health Matters adopted by the Thirty-Ninth session of the Council of Foreign Ministers held in Djibouti (15-17 November 2012);

Referring to the Final Communique adopted by the 12th session of the Islamic Summit Conference (Cairo, 6-7 February 2013);

Taking note with appreciation of the national plans and steps taken by Member States to strengthen their national public health systems including measures for preventing and combating diseases;

Recognizing that scientific advances, technical innovations and improved epidemiological knowledge provides effective methods to prevent, diagnose and treat communicable diseases;

Appreciating the ongoing cooperation between the OIC and international partners, such as the World Health Organization, the Global Fund to fight against HIV/AIDS, Tuberculosis and Malaria, Global Polio Eradication Initiative (GPEI), Stop TB partnership, Roll Back Malaria, UNICEF, UNFPA and the GAVI Alliance;

Taking note with appreciation of the deliberations of the Panel Discussions on Global Eradication of Polio, Fight against Tuberculosis, Eradication of Malaria and Healthy Life Style and Non-Communicable Diseases;

Recognizing the progress made in successfully stopping all the polio outbreaks caused by poliovirus importations between 2009 – 2012 in OIC Member States in West and Central Africa, and in Central Asia;

Noting the significant reduction in polio cases in the 3 remaining polio-endemic countries in 2013: in Afghanistan by 75%, in Nigeria by 45%, in Pakistan by 6%; and in the reporting of 0 cases of wild type 3 poliovirus in the world since November 2012 - one of the remaining two types of wild poliovirus;

Noting with concern, polio outbreak in the Horn of Africa, including in Somalia, that has resulted in more than 200 children paralyzed by polio; the detection of wild poliovirus from environmental samples in Egypt, and Palestine; and the continued risks posed to children worldwide by international spread of wild poliovirus from the polio-endemic countries;

Acknowledging the new *Polio Eradication and Endgame Strategic Plan for 2013-2018* launched by the Global Polio Eradication Initiative and the Sixty-sixth World Health Assembly that will impact all OIC Member States, and whose full and effective implementation is essential to deliver a polio-free world;

Having considered risks posed by spread of HIV/AIDS, tuberculosis and malaria, which may have devastating social and economic impacts for the OIC Member States;

Appreciating actions taken by the World Community to fight HIV/AIDS, lower morbidity and mortality rates of tuberculosis and eliminate malaria;

Reaffirming the continuing validity of the Millennium Development Goal No. 6, in particular the target to halt and begin to reverse the spread of HIV/AIDS and tuberculosis and to ensure implementation of measures to eliminate malaria;

Mindful of the rising prevalence of Non-communicable diseases globally and in the OIC Member States which have become the leading causes of deaths globally killing 36 million people (63% of the total 57 million deaths);

Also bearing in mind the need for the Member States to enhance their national capacities to map the emerging NCD epidemics and analyze their social, economic, and cultural determinants and enact or strengthen interventions to reduce their risk factors;

Underscoring the importance of integrating health awareness as a part of educational curricula to promote healthy lifestyles and disease prevention and control as well as to train representatives of media for better dissemination of health information to the public;

Taking note with appreciation of the progress of the OIC-IDB-IAEA Cooperation project on Support to African Countries' Efforts to tackle Cancer;

Welcoming the finalization of draft OIC Strategic Health Programme of Action 2014-2023 and its Implementation Plan which place special emphasis on measures for addressing the challenges posed to the OIC Member States by communicable and non-communicable diseases;

Having considered the report of the Secretary General on Health (OIC/4-ICHM/2013/SG-REP);

Hereby:

1. **Underscores** the need for continuing and further strengthening national efforts for preventing and combating diseases, enhancing community awareness and support, strengthening surveillance, procuring high quality safe vaccines, securing necessary financing, and enhancing routine immunization systems;
2. **Reaffirms** support for strong international partnerships to ensure sufficient resources to provide countries with access to science and technology to be able to design and implement appropriate interventions to prevent, control and eradicate diseases;
3. **Encourages** the OIC Member States to further cooperate in making available adequate supply of vaccines, diagnostics and medicine through joint research and production to support immunization programs in the spirit of Islamic solidarity and dignity to achieve self-sufficiency among Member States;

Communicable diseases

4. **Reaffirms** the support of all OIC Member States for the goal of global polio eradication and the full implementation of the Polio Eradication and Endgame Strategic Plan 2013-18 to protect all children from life-long polio paralysis;
5. **Calls** for sustained high-level political commitment in the polio-affected Member States, including active oversight by the Head of State, the urgent appointment of national polio focal points, and mobilization of all levels of the Government to ensure that every child is reached and immunized during every vaccination campaign, and wild poliovirus transmission is stopped by end 2014;
6. **Calls** on polio-affected Member States that have uncontrolled poliovirus transmission, where significant numbers of children have not been accessed for immunization, for various reasons, for more than 12 months, to urgently leverage the strengths of all Ministries and all sectors of society to negotiate and secure access to children, and to provide security for frontline health workers;
7. **Calls** upon all concerned to provide access to children for immunization against polio and other deadly diseases, as prescribed by international humanitarian principles and supported by Islamic law; and calls for all health initiatives to maintain strict neutrality;
8. **Welcomes** the issuance of the Second Declaration by the Islamic Fiqh Academy (IIFA) concerning the Obligatory Nature of Polio Vaccination as well as the consensus reached at the meeting of the Islamic Scholars on polio eradication organized by EMRO in Cairo on 6-7 March 2013 that polio vaccine is safe and does not contain any haram or harmful substance and does not cause infertility;
9. **Calls** on the International Islamic Fiqh Academy and Islamic religious leaders to continue to work closely with the Global Polio Eradication Initiative and polio-affected Members States to help address challenges regarding community perceptions on vaccinations, on the safety and acceptance of vaccines, and to help secure access to all children for immunization;

10. **Urges** all OIC Member States to strengthen their routine immunization coverage to reduce the risk of new polio outbreaks, plan for the introduction of a dose of Injectable Polio Vaccine (IPV) in their routine immunization schedule by 2015, and maintain a sensitive AFP surveillance system to be able to detect and respond to poliovirus importations;
11. **Urges** all vaccine manufacturers, including those from OIC Member States, to ensure that sufficient quantities of WHO pre-qualified, affordable bi-valent Oral Polio Vaccine (bOPV), and Injectable Polio Vaccine (IPV) are made available to all OIC Member States to help implement the 2013-2018 Polio Eradication and Endgame Strategic Plan;
12. **Welcomes** all OIC donor Member States, the Islamic Development Bank, HRH the Crown Prince of Abu Dhabi, other public and private sector donors, and philanthropists for their financial pledges during the Global Vaccine Summit held in Abu Dhabi in April 2013, and urges them to honour their commitments to help conduct critical vaccination campaigns in OIC Member States.
13. **Urges** the OIC Member States to strive for the prevention of HIV/AIDS, tuberculosis and elimination of malaria through implementations of programs to fight the three diseases using prevention methods, in collaboration with UNAIDS, WHO, the Global Fund, Stop TB partnership, Roll Back Malaria Partnership and other relevant international organizations.
14. **Invites** the OIC Member States to share best practices in surveillance, prevention and control measures in order to strengthen case detection and lowering morbidity and mortality rates due to HIV/AIDS, Tuberculosis and Malaria;
15. **Encourages** Member States to develop collaborative research programmes to strengthen common surveillance, preventive and control measures especially with participation of neighbouring countries with a high burden of HIV/AIDS, Tuberculosis and Malaria and countries with good surveillance and control programmes and requests the OIC financial institutions, the Global Fund and WHO to lend respectively their financial and technical support for such programmes;
16. **Reaffirms** the significance of intersectoral approach for the prevention, control and care of HIV/AIDS, lowering morbidity and mortality rates of tuberculosis and elimination of malaria;
17. **Encourages** the OIC Member States to facilitate partnerships and involvement of religious leaders, civil society, NGOs and private sector in raising awareness and education about HIV/AIDS, Tuberculosis and Malaria;
18. **Recognizes** the threat posed by tuberculosis, an airborne disease which is developing drug-resistant strains, in an increasingly interconnected world and the estimates that the OIC countries accounted for half a million deaths out of the total 1.4 million who died of the disease in 2011;

19. **Further** recognizes the need of OIC's support for countries hosting refugees and facing the challenges of fighting the spread of Tuberculosis, Polio and Malaria among the refugee and local population.
20. **Calls** upon the OIC General Secretariat to work with international partners, including the WHO and Stop TB Partnership, to benefit from the new tools and tests being developed for the prevention, diagnosis and treatment of TB including development of new drugs and vaccine;
21. **Urges** the General Secretariat to work with Roll Back Malaria (RBM) to make available effective and affordable medicine/vaccine to the OIC Member States and exploring possibility of linking the OIC vaccine manufactures group with the international groups developing malaria vaccine.
22. **Further** urges the General Secretariat to collaborate with the RBM for developing and preparing advocacy material and information for distribution at/during OIC Conferences of Foreign Ministers, Health Ministers Conferences and other OIC meetings.
23. **Welcomes** the contributions of the OIC Member States and other international partners which have extended financial support to the Global Fund, and appeals to the Member States in a position to do so to lend their financial support to the Global Fund in order to ensure its sustainability and funding of HIV, TB and Malaria programmes in the OIC countries.
24. **Encourages** Member States to increase their domestic resources in the fight against the three diseases as a way of demonstrating country ownership as well as shared responsibility in this endeavour;
25. **Emphasizes** the need for multisectoral collaboration at the national, regional and international level;

Non-communicable diseases

26. **Expresses** concern at the rising prevalence of non-communicable diseases, mainly cardiovascular diseases, diabetes, cancer and chronic lung disease, and their risk factors, social and economic impact for the Member States;
27. **Invites** Member States to enhance their national capacities to map the emerging NCD epidemics and analyze their social, economic, and cultural determinants and enact or strengthen interventions to reduce their risk factors by facilitating networking among government agencies, experts, non-governmental and civil society organizations in the Member States;
28. **Urges** the Member States to develop and strengthen policies and programmes on healthy lifestyles, prevention and control of non-communicable diseases;
29. **Stresses** the need for addressing behavioral risk factors, such as tobacco use, unhealthy diet, physical inactivity and use of alcohol, that cause or increase the risk of

non-communicable diseases through, inter-alia, public private partnership and community empowerment;

30. **Encourages** the Member States to perform extensive studies to determine Diabetes prevalence and analyze the factors which influence the prevalence of relevant diseases;
31. **Urges** the OIC Member States to take steps on speedy ratification of WHO Framework Convention on Tobacco Control (FCTC), if not done so, and improve the implementation of all MPOWER measures;
32. **Invites** the Member States to sign and ratify the WHO Protocol to Eliminate Illicit Trade in Tobacco Products and better coordinate their efforts in fighting illicit trade in tobacco products and also encourage Member States not to host tobacco trade fairs;
33. **Calls** upon the OIC Member States and relevant national and OIC institutions and civil society organisations to actively cooperate with and participate in the capacity building activities and programmes of SESRIC Tobacco Free OIC initiative.
34. **Encourages** Member States to increase mental health promotion and mental illness prevention with an emphasis on community-based mental health approaches;
35. **Invites** the Member States to develop and enhance their Cancer Registry and facilitate cancer prevention, early detection, treatment and palliative care;
36. **Takes** note of the recommendations of the two-day High Level Seminar held on 2-3 September 2012 at the IDB Headquarters in Jeddah on OIC-IDB-IAEA Cooperation in Support of African Countries' Efforts to tackle Cancer; and invites the relevant Member States to expedite necessary follow-up actions;
37. **Welcomes** the offers by the Republic of Turkey and the Islamic Republic of Pakistan and the expression of interest by Malaysia to participate in the projects to assist African Members States in their cancer control efforts;
38. **Calls** upon the OIC Member States to launch mass media awareness campaigns to promote healthy lifestyles and disease prevention and control by using innovative evidence based tools and by implementing evidence based approaches (health promotion, social marketing, behavioral economics etc.);
39. **Invites** ISESCO and other relevant OIC institutions to promote the integration of health awareness as a part of educational curricula to promote healthy lifestyles and disease prevention and control and training programmes for representatives of the media for better dissemination of health information to the public;
40. **Requests** the Secretary General to take appropriate steps for the implementation of these recommendations and submit a report thereon to the next Session of the Islamic Conference of Health Ministers.

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Resolution No. 3/4-ICHM

On Maternal and Child Health and Nutrition

The Fourth Session of the Islamic Conference of Health Ministers (Session of “Better Nutrition, Better Health, Better Ummah”), held in Jakarta, Republic of Indonesia, from 22 to 24 October, 2013;

Referring to the OIC Ten-Year Programme of Action adopted by the Third Extraordinary Islamic Summit Conference held in Makkah Al-Mukarramah in December 2005;

Recalling the resolutions and decisions adopted by the Islamic Conferences of Health Ministers and the Steering Committee on Health and the, including those adopted by the 3rd Islamic Conference of Health Ministers (Astana, Kazakhstan, 2013) and the 6th and 7th sessions of the Steering Committee on Health (Jakarta, 23-24 April 2013 and 21 October 2013 respectively);

Recalling in particular Resolution No. 5/3-ICHM on Maternal and Child Health Care adopted by the 3rd session of the Islamic Conference of Health Ministers (Astana, Kazakhstan, 2013);

Taking into account Resolution No. 3/39-S&T on Health Matters adopted by the Thirty-Ninth session of the Council of Foreign Ministers held in Djibouti (15-17 November 2012);

Noting the commitments made by Member States to achieve the Millennium Development Goals: Goal No 4 on reducing under-five mortality and Goal No 5 on reducing maternal mortality; and the renewed call to address maternal and child mortality in the post-2015 development goals;

Appreciating that while significant reductions in maternal, newborn and child mortality has been achieved by many Member States since 1990, the progress is not yet sufficient to achieve Member States’ commitments;

Considering the main causes of maternal mortality are complications during and following pregnancy and childbirth, including obstetrical hemorrhage, eclampsia, unsafe abortion, sepsis, and indirect causes like infectious diseases and noncommunicable diseases; and the leading causes of death among children under five years of age are pneumonia, preterm birth complications, birth asphyxia, diarrhea and malaria; and 45% of all child deaths are linked to undernutrition;

Recognizing that scaling-up evidence-based practices and high quality services for maternal, newborn and child health, as well as effective monitoring and evaluation of these activities, will significantly reduce maternal, newborn and child mortality and morbidity;

Appreciating that accelerating the reduction in maternal, newborn and child mortality by 2015 and beyond will only be achieved by addressing the needs of the poorest and most vulnerable women, children and families;

Understanding that functional health systems, including an adequate and skilled health workforce, a dependable and appropriate supply of commodities, equitable financing, and good governance, are fundamental to increasing access to essential care for all women and children.

Realizing that leadership, commitment and accountability are vital to end preventable maternal and child deaths and everyone has a role to play.

Mindful of the need for investing in nutrition as a key way to advancing a child's chances of survival, growth and development;

Bearing in mind the crucial importance of nutrition during critical 100-day period covering pregnancy and the first two years of life, and of the fact that stunting reflects deficiencies during this period;

Noting with concern that eighty per cent of the world's 165 million stunted children live in just 14 countries, half of which are OIC Member States accounting for around 41 million stunted children;

Also noting that six of the ten countries with the highest prevalence of acute malnutrition are OIC Member States;

Appreciating the ongoing cooperation between the OIC and international partners, including the WHO, UNICEF, UNFPA and USAID, in the area of mother and child health care;

Taking note with appreciation of the deliberations of the Panel Discussions on 'Ending Preventable Maternal and Child Death – Accelerating Progress for 2015 and Beyond' and 'Nutrition and Stunting';

Having considered the report of the Secretary General on Health (OIC/4-ICHM/2013/SG-REP);

Hereby:

1. **Reaffirms** the commitment of the OIC Member States to accord high priority to maternal, newborn and child health in their national agendas and strengthen their efforts for ending preventable maternal and child death through optimal prevention, treatment and care based on WHO guidelines and standards on antenatal, delivery, postpartum, newborn and child care;
2. **Requests** the Member States to integrate programs aimed at maternal, newborn child and adolescent health based on evidence-base and high impact strategies of ensuring safe pregnancy and delivery, promoting breast feeding, prevention and management of childhood illnesses, vaccination against vaccine-preventable diseases of public health importance, promoting reproductive health programmes, introduction of youth-friendly clinics and school programs of health promotion, and the healthy timing and spacing of pregnancies, in their national plans and policies;

3. **Further request** the Member States to work collectively in improving maternal, newborn, and child health and in this regard fully participate and cooperate in activities pursuant to the Implementation Plan of the OIC Strategic Health Programme of Action 2014-2023, which includes mother and child health as one of its six key themes;
4. **Encourages** the promotion of Islamic guidance in the fight against female genital mutilation, prevention of sexually transmitted infections, HIV/AIDS and reducing unintended pregnancies;
5. **Underscores** the important role of religious and community leaders and Islamic scholars in promoting appropriate health seeking behavior and enhance access to high quality and respectful health services for all women, children and families;
6. **Requests** the OIC General Secretariat and IDB to continue their coordination with USAID for the implementation of activities under the joint projects on Mother and Child Health Care in Bangladesh and Mali; and **encourages** initiation of similar mother and child health projects in collaboration with international partners in other OIC Member States which have requested assistance in this regard;
7. **Stresses** the significance of mother and child nutrition as one of the core health issues in the OIC region in the area of health;
8. **Expresses support** for the new target agreed to by the World Health Assembly of reducing the number of stunted children by 40 per cent by 2025;
9. **Calls upon** Member States to strengthen direct nutrition specific interventions including maternal nutrition and prevention of low birth weight, infant and young child feeding (breast and complementary feeding), prevention and treatment of micronutrient deficiencies, prevention and treatment of severe acute malnutrition;
10. **Underscores** the importance of multi-sectoral approaches to nutrition sensitive interventions involving agriculture, social protection, water, sanitation and hygiene, health care, education and women's empowerment;
11. **Calls upon** the Member states to coordinate their actions for sharing of experiences and best practices in the areas of mother and child health and nutrition with other OIC states pursuant to the SHPA and its Implementation Plan in collaboration with the OIC General Secretariat and its Health Implementation Unit; and the Lead Country Coordinators;
12. **Requests** the Secretary General to take appropriate steps for the implementation of these recommendations and submit a report thereon to the next Session of the Islamic Conference of Health Ministers.

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Resolution No. 4/4-ICHM

***On Self Reliance in Supply and Production
of Pharmaceuticals Including Vaccines***

The Fourth Session of the Islamic Conference of Health Ministers (Session of “Better Nutrition, Better Health, Better Ummah”), held in Jakarta, Republic of Indonesia, from 22 to 24 October, 2013;

Referring to the OIC Ten-Year Programme of Action adopted by the Third Extraordinary Islamic Summit Conference held in Makkah Al-Mukarramah in December 2005;

Recalling the resolutions and decisions adopted by the Islamic Conferences of Health Ministers and the Steering Committee on Health and the, including those adopted by the 3rd Islamic Conference of Health Ministers (Astana, Kazakhstan, 2013) and the 6th and 7th sessions of the Steering Committee on Health (Jakarta, 23-24 April 2013 and 21 October 2013 respectively);

Recalling in particular Resolution No. 3/3-ICHM on ‘Self-Reliance in Production of Medicines and Vaccines’ which, *inter alia*, underscored the need for promoting collective self-reliance in production and supply of medicines and vaccines and in this regard encouraged cooperation among Member States for the development and harmonization of standards on pharmaceuticals and vaccines;

Taking note of the efforts of the Member States, the OIC General Secretariat and OIC institutions and their collaboration with relevant international partners for promoting self-reliance in supply and production of pharmaceuticals including vaccines;

Welcoming the hosting by Malaysia of the technical meeting on Development and Harmonization of Standards on Pharmaceuticals and Vaccines in Kuala Lumpur (1-2 October 2012) which reviewed the regulatory control of pharmaceuticals and vaccines in the OIC Member States, discussed challenges to produce pharmaceuticals and vaccines in the OIC region; and deliberated on the structure of the Technical Committee for the Development and Harmonization of Standards on Pharmaceuticals and Vaccines (OIC-DHSPV);

Taking note of Malaysia’s plan to host the 2nd technical meeting on Development and Harmonization of Standards on Pharmaceuticals and Vaccines in Kuala Lumpur on 25-26 November 2013;

Welcoming the hosting by the United Arab Emirates (UAE) of the first meeting of vaccine manufacturers from OIC countries in Dubai on 27-28 February 2013 and the second meeting by Bio-Farma of Indonesia in Bandung on 16 June 2013;

Taking into account the deliberations of the Panel Discussion on ‘Self-Reliance in Supply and Production of Pharmaceuticals including Vaccines’;

Reaffirming the importance of ensuring reliable supply of good quality, safe, effective and affordable vaccines by strengthening national regulatory authorities and improving capacity for vaccine production and distribution in the OIC Member States;

Having considered the report of the Secretary General on Health (OIC/4-ICHM/2013/SG-REP);

Hereby:

1. **Invites** the OIC Member States to take additional measures to develop national pharmaceutical industries to ensure adequate supply of essential medicines and vaccines and further develop public-private partnerships in the production of pharmaceuticals including vaccines to enhance their collective capacity;

2. **Endorses** the Terms of Reference of the Technical Committee on the Development and Harmonization of Standards of Pharmaceuticals and Vaccines and the Two-Year Action Plan of the Technical Committee as approved by the 6th meeting of the Steering Committee on Health (Jakarta, 23-24 April 2013);
3. **Invites** Member States to actively participate in the work of the Technical Committee;
4. **Welcomes** the readiness of the vaccine manufacturers from the OIC countries to work together for the promotion of self-reliance in supply and production of affordable vaccines and endorses the Terms of Reference of the OIC Vaccine Manufactures Group and the Short, Medium and Long Term Plan of Action Towards Self Reliance of Vaccines in the OIC Region;
5. **Further welcomes** in this regard the proposal made by Indonesia for establishment of the OIC Research Center (Center of Excellence) involving relevant entities among OIC Member States with requisite capacities as recognized by WHO;
6. **Acknowledges** the significance of creating mechanism(s) for pooled procurements among the OIC Member States and in this regard exploring the various options presented in the Concept on Pooling of Procurement of Pharmaceuticals and Vaccines including the option of Group Contracting and individual purchasing among interested OIC Member States;
7. **Invites** the participation of all interested public and private sector entities in the OIC Member States to actively participate in the work of the OIC Vaccine Manufactures Group in accordance with the Terms of Reference of the Vaccine Manufactures Group;
8. **Requests** the OIC Member States to devise a system of information sharing and collating data on pricing and utilization of medicines, vaccines and medical technologies;
9. **Recommends** all OIC Member States to implement the plan of action outlines in the Strategic Health Programme of Action (SHPA 2014-2023) in the relevant thematic areas regarding medicines, vaccines, and medical technologies;
10. **Urges** the Islamic Development Bank to continue to support the Self-Reliance in Vaccine Production Programme in collaboration with WHO and relevant vaccine producers and assist the vaccine manufacturers in the OIC Member States in need of assistance in this regard;
11. **Requests** relevant organizations such as the IDB, COMSTECH, ISESCO, SESRIC, WHO, UNICEF, and GAVI to assist Member States to implement the plan of actions of the SHPA in the relevant thematic areas;
12. **Encourages** Member States to regularly update SESRIC with data and information on their vaccine needs, and manufacturers to provide information on their capabilities and capacities to produce vaccines;
13. **Requests** the Secretary General to take appropriate steps for the implementation of these recommendations and submit a report thereon to the next Session of the Islamic Conference of Health Ministers.

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Resolution No. 5/4-ICHM

***On Health Conditions in the Occupied Palestinian Territory,
Including East Jerusalem, and in the Occupied Syrian Golan***

The Fourth Session of the Islamic Conference of Health Ministers (Session of “Better Nutrition, Better Health, Better Ummah”), held in Jakarta, Republic of Indonesia, from 22 to 24 October, 2013;

Referring to the OIC Ten-Year Programme of Action adopted by the Third Extraordinary Islamic Summit Conference held in Makkah Al-Mukarramah in December 2005;

Recalling the resolutions and decisions adopted by the Islamic Conferences of Health Ministers and the Steering Committee on Health and the, including those adopted by the 3rd Islamic Conference of Health Ministers (Astana, Kazakhstan, 2013) and the 6th and 7th sessions of the Steering Committee on Health (Jakarta, 23-24 April 2013 and 21 October 2013 respectively);

Recalling in particular Resolution No. 6/3-ICHM on Health Support for the Palestinians in Occupied Palestine and the Syrian Arab Inhabitants of the Occupied Syrian Golan adopted by the 3rd session of the Islamic Conference of Health Ministers (Astana, Kazakhstan, 2013);

Taking note of the resolution on Health conditions in the occupied Palestinian territory, including East Jerusalem, and in the occupied Syrian Golan, adopted by the 66th World Health Assembly;

Noting with deep concern the deteriorating health situation and the grave violations of human rights and international law, particularly, arrests, collective punishments, and blockade of Palestinian areas by Israel and actions by the Israeli military against the Palestinian people;

Noting further the attendant prevention of water, electricity, medication, vaccination, food and vaccines delivery to cities, towns and refugee camps, the obstruction and prevention of movement of ambulances from transporting the injured to hospitals and the inability of patients specially pregnant women to access health centres and facilities, including the occupied Al Quds and Israeli settlement policies in the Occupied Palestinian Territory, including Al Quds Al Shareef, and about other violations of international law, the 1949 Fourth Geneva Convention, the resolutions of the United Nations and the decisions of the International Court of Justice on the grave implications of constructing the racial segregation wall for the availability and quality of medical services received by Palestinians inhabitants of the Occupied Palestinian Territory including Al Quds Al Shareef;

Affirms that the Israeli occupation of Arab territories poses major health difficulties for the Palestinian people and the Syrian Arab residents in the occupied Syrian Golan because of the dangers it causes to the health and life of citizens;

Hereby:

1. **Condemns** the blockade of Palestinian areas by Israel preventing water, electricity, medication, food and vaccines delivery to cities, towns and refugee camps, the

obstruction and prevention of movement of ambulances from transporting the injured to hospitals and the inability of patients to access health centres and facilities;

2. **Strongly denounces** the practices of the Israeli occupation army against hospitals, patients and using Palestinians as human shields to gain access to Palestinian areas;
3. **Affirms** the Right of the Palestinian people and medical staff to access the health facilities;
4. **Reiterates** support for the Palestinian Ministry of Health to enable it monitor the implementation of preventive and curative programmes and to cope with the burdens of receiving thousands of the wounded and the future burdens of dealing with thousands of cases of physical and psychological handicap;
5. **Affirms** the need to protect the Palestinian people and provide health assistance to Arab inhabitants of occupied territories, including the occupied Syrian Golan, and to support environmental health programmes;
6. **Reiterates** the inalienable right of the Palestinian people to self- determination, including their right to establish their sovereign independent state, and its capital Al Quds Al Shareef while the preserving the Arab, Islamic and civilizational character of the City;
7. **Demands** Israel to obey and assure the implementation of all previous WHO Resolutions and amelioration of health conditions in the occupied Arab territories.

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Resolution No. 6/4-ICHM

On Health Programmes for Hajj and Umrah Pilgrims

The Fourth Session of the Islamic Conference of Health Ministers (Session of “Better Nutrition, Better Health, Better Ummah”), held in Jakarta, Republic of Indonesia, from 22 to 24 October, 2013;

Recognizing the importance of Hajj as one of the five basic pillars of Islam and one of the largest mass gatherings in the world;

Taking into account the extensive preparations entailed by the mass gathering of the scale of Hajj at all levels in particular the health measures required to prevent and control diseases and other health emergencies;

Appreciating the Kingdom of Saudi Arabia for the health measures put in place during the Hajj and Umrah seasons every year including the health directives relating to vaccination requirements;

Taking note of the presentation by the Minister of Health of the Kingdom of Saudi Arabia about the health measures put in place by the Kingdom in relation to Hajj and Umrah;

Hereby:

1. **Acknowledges** the importance of observing the International Health Regulations (2005) and the leading role of Saudi Arabia in management of mass gathering medicine as recognized by WHO;
2. **Expresses** support for the health measures taken by the Saudi authorities in relation to Hajj and **requests** all Member States to continue cooperation with the Kingdom in that regard including efforts to ensure compliance with vaccination and other requirements;
3. **Encourages** the Member States to take additional steps to raise the awareness of pilgrims regarding the Hajj and Umrah health requirements and to ensure that medical missions escorting pilgrims to holy places in Saudi Arabia include specialists in public health with a view to facilitating early detection and timely notification of diseases to Saudi health authorities;
4. **Invites** Member States to develop, in collaboration with Saudi health authorities, health education programmes and messages in their respective languages to ensure adherence to healthy practices by pilgrims during performance of Hajj and Umrah rituals to prevent spread of epidemic-prone and other communicable diseases.

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