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RESOLUTIONS

Adopted By

**Third Islamic Conference of
Health Ministers**

**Astana, Republic of Kazakhstan
29th September – 1st October, 2011
(01-03 Dhulqaidah, 1432H)**

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**RESOLUTION NO. 1/3-ICHM
ON
STRENGTHENING HEALTH COOPERATION**

The Third Session of the Islamic Conference of Health Ministers (Session of Health, Wellbeing and Equality), held in Astana, Republic of Kazakhstan, from 29 September to 01 October, 2011 (01-03 Dhulqaidah, 1432H);

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;

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

Reaffirming that highest possible level of health is the right of every human being without distinction;

Acknowledging the objective of Organization of Islamic Cooperation is to enhance and consolidate solidarity between the Islamic States and necessity of promoting cooperation among the Islamic States in the field of health to face global challenges;

Recalling Resolutions No.4/10-S&T (IS) of the 10th OIC Summit, which decides that the mandate of the ICHM also covers the establishment of the Inter-Islamic cooperation in the field of Health in general, including global challenges;

Bearing in mind the Declarations and the Resolutions adopted by the First and Second Islamic Conferences of Health Ministers held on 12-15 June 2007 in Kuala Lumpur and on 1-4 March, 2009 in Tehran respectively, and the need for their effective implementation at the national levels as well as collaboration among OIC Member States, relevant OIC institutions and international partners;

Taking into account Resolution No. 3/38-S&T on Health Matters adopted by the Thirty-Eighth session of the Council of Foreign Ministers held in Astana on 28-30 June, 2011;

Recalling Resolution No. 5/11-S&T (IS) adopted by the 11th Session of the Islamic Summit Conference which calls upon the OIC-IDB-WHO to work out a coordination mechanism based on their current bilateral MoUs as a basis for regular meetings to discuss, coordinate, collaborate and formulate relevant and feasible programs and projects for combating pandemic diseases in order to assist Member States to mutually benefit from each other;

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;

Having considered the report of the Secretary General on Health (OIC/3-ICHM/2011/SG-REP), the Draft Proposal to establish an institutional mechanism for following up and monitoring the implementation of the declarations and resolutions adopted by the Islamic Conferences of Health Ministers as well as reports on specific health issues prepared by SESRIC;

Hereby:

1. **Requests** OIC Member States to attach high priority to health issues, strengthen their national public health systems, policies, programmes and interventions in the field of health in order to effectively and comprehensively address health related issues;
2. **Further requests** the Member States to foster mutually beneficial health cooperation with each other which can significantly contribute towards addressing the priority public health issues and strengthen global partnerships, undertake joint actions for optimal synergy and impact, ensure access to, and distribution of, affordable health care, diagnostics and treatments, medicines and vaccines;
3. **Invites** all OIC Member States and the Islamic Development Bank to provide adequate resources for priority public health issues in the Member States, support ongoing activities of the OIC General Secretariat as well as relevant OIC institutions in the domain of health including preventing and combating diseases and endemics, maternal and child health as well as health capacity-building;
4. **Underscores** the need for promoting collective self-reliance in production and supply of medicines and vaccines and in this regard collaboration between Member States for improving their capacities for drugs and vaccine production and distribution in the OIC Member States and strengthening their national regulatory authorities; **Invites** Member States to promote exchange of best practices and experience in the attestation of drugs;
5. **Calls upon** Member States to strengthen cooperation, sharing of experience, expertise, best practices and technology in disaster preparedness and response activities which include the establishment of special bodies or units for health care services in disasters; **Invites** Member States to consider developing an OIC protocol to facilitate and ease the response activities among the OIC countries;
6. **Encourages** 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;

7. **Invites** 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;
8. **Decides** the composition of the Steering on Health for the period of 2011-2013 as follows: Kazakhstan, Iran, Indonesia, Saudi Arabia, Senegal, Tajikistan, Djibouti, COMSTECH, SESRIC, IDB, ISESCO, WHO, UNICEF, UNFPA, Global Fund to Fight HIV/AIDs, Tuberculosis and Malaria;
9. **Requests** the Steering Committee to expedite the preparation and finalization of the OIC Strategic Health Programme of Action 2012-2020;
10. **Reiterates** the need for strengthening OIC coordination meetings on health related issues in international fora, with the purpose of developing and sharing OIC unified positions on issues of common interest, in particular in promoting universal and non-discriminatory access to health knowledge, information services, technologies and resources, including vaccines;
11. **Decides** to establish a Health Implementation Unit (HIU) at the OIC Headquarters in Jeddah to serve as the permanent secretariat of the Steering Committee on Health; facilitate monitoring the implementation of the resolutions and declarations emanating from the OIC Health Ministerial Conferences and promoting health cooperation and coordination among Member States, OIC institutions and relevant international organizations; and agrees and welcomes assistance of the Member States in this regard including the recruitment of two health professionals and support staff of two;
12. **Welcomes** the offers by Indonesia and Turkey to host the 4th and 5th Sessions of the Islamic Conference of Health Ministers, to be held in 2013 and 2015 respectively;
13. **Calls upon** the public and private institutions in the field of health of the OIC Member States to actively participate in the 1st OIC HEALTH EXPO including Health Tourism, to be held on 1st-4th March 2012 in Tunis-Republic of Tunisia in cooperation with the ICDDT;
14. **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.

**RESOLUTON No 2/3-ICHM
ON
GLOBAL POLIO ERADICATION**

The Third Session of the Islamic Conference of Health Ministers (Session of Health, Wellbeing and Equality), held in Astana, Republic of Kazakhstan, from 29 September to 01 October, 2011 (01-03 Dhulqaidah, 1432H);

Recalling Resolution No 4/TEH/2-ICHM on Combating Communicable Diseases of the 2nd Session of the Islamic Conference of Health Ministers (*Session of Health Equity in Islamic Ummah*), held in Tehran, Islamic Republic of Iran, 3-6 Rabiul-Awal, 1430 (1-4 March, 2009);

Mindful of the relevant Resolutions adopted by the 1st session of the Islamic Conference of Health Ministers held in Kuala Lumpur, Malaysia, 12-15 June, 2007;

Acknowledging the objective of the Global Polio Eradication Initiative Strategic Plan for 2010-2012 on polio eradication and interruption of importations as in case of 2009 by the mid 2010; interruption of all reemerging poliovirus transmission by the end of 2010 and interruption of poliovirus transmission in all endemic countries by the end of 2012;

Having considered risks posed by the spread of wild poliovirus globally, in particular, those of particular concern to the populations of the OIC Member States;

Noting with concern the challenges the OIC Member States face in coping with wild poliovirus transmission;

Recognizing the risk of new polio cases, in particular outbreaks in Islamic countries;

Taking note with appreciation of the deliberations of the Panel Discussion on Global Polio Eradication held during the session;

Acknowledging the strong progress made in stopping all the polio outbreaks in OIC Member States that originated in 2009, in stopping all the polio outbreaks in OIC Member States in Central Asia in 2010, in reducing by 95% the number of polio cases in Nigeria in 2010, and in reducing by more than 90% in 2010 the number of cases of wild type 3 poliovirus – one of the remaining two types of wild poliovirus in the world;

Noting that in some countries polio vaccination coverage is less than 90% resulting in spread of poliovirus in the number of other Member Countries and continuing poliovirus transmission in polio-endemic countries;

Acknowledging that conflicts may lead to outbreaks and hinder safe access to preventive activities including vaccination campaigns and leave millions at risk of vaccine preventable communicable diseases including polio;

Appreciating actions taken to stop wild poliovirus transmission and provide vaccination, including the provision of vaccines and support by WHO and UNICEF in collaboration with OIC General Secretariat in support of the OIC Member States;

1. **Encourages** sustained high-level political commitment of the OIC Member States and mobilization of all levels of the Government so that effective vaccination campaigns are planned, conducted, and monitored, and wild poliovirus is stopped by end 2012;
2. **Requests** the OIC to build and utilize partnerships in a mutually beneficial manner on demand-driven basis with WHO and other UN and international organizations in combating polio in fair, equitable and transparent manner;
3. **Reaffirms** the significance of involvement of religious leaders in advocacy activities towards global fight against polio and invites the OIC Member States to share best practices in the area of global polio eradication. The involvement of religious leaders may cover issues of ethical, legal and social aspects of immunization;
4. **Urges** the OIC to continue its Polio Eradication Program and an initiative to provide mutual assistance in the process of polio eradication by the OIC Member States, including the provision of human and financial resources, high-level AFP surveillance and supplementary surveillance, appropriate responses to importation of wild poliovirus;
5. **Encourages** the OIC Member States to take additional measures to reduce risk of new polio outbreaks due to global spread of wild polioviruses by strengthening routine immunization;
6. **Urges** further development of public-private partnerships among the OIC Member States in vaccines production to enhance their collective capacity for large scale polio vaccine production including vaccines needed for Hajj and Umrah;
7. **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 Ummah solidarity and dignity to achieve self-sufficiency among Member States;

8. **Appeals** to all OIC donor Member States, OIC financial institutions, the G-8 countries, the G-20 countries, and global philanthropic organizations, to urgently consider providing additional financial contributions to the Global Polio Eradication Initiative to close the current funding gap for 2011-2012 and ensure that all planned polio vaccination campaigns targeting more than 140 million children in the polio-affected OIC Member States can be successfully implemented.

RESOLUTION NO. 3/3-ICHM
ON
SELF-RELIANCE IN PRODUCTION OF MEDICINES AND VACCINES

The Third Session of the Islamic Conference of Health Ministers (Session of Health, Wellbeing and Equality), held in Astana, Republic of Kazakhstan, from 29 September to 01 October, 2011 (01-03 Dhulqaidah, 1432H);

Recognizing the importance of pharmaceuticals supply as an integral and basic part of human right to health, and that Governments and International Community in general are responsible for ensuring it;

Underscoring the importance of legislative measures to ensure the right to essential medicines;

Considering that self-reliance in medicines and vaccines is a major prerequisite to sovereignty of independent states as well as joining efforts to provide population and health organizations with medicines;

Noting that achievement of self-reliance in the provision of medicines and vaccines requires development of National Pharmaceutical industry and relevant regulatory authorities;

Mindful of interests and needs of consumers in all countries, especially in the developing countries, and that consumers often face imbalances in economic terms and purchasing power;

Taking note with appreciation of the deliberations during the Panel Discussion on Self Reliance in Supply and Production of drugs including vaccines held during the current session;

Noting further the activities of the IDB and ICDT for the promotion of self-reliance in the production and supply of medicines and vaccines;

Affirming the necessity to assist countries in establishing and maintaining protection of their populations from hazards to their health and safety posed by unscrupulous manufacturers of pharmaceuticals;

Hereby:

1. **Urges** further development of public-private partnerships among the OIC Member States in production of medicines and vaccines to enhance their collective capacity;

2. **Invites** the OIC Member States to take additional measures to develop national pharmaceutical industries to ensure adequate supply of essential medicines and vaccines and in this regard encourages Member States to benefit from the Self Reliance in Vaccine Production (SRVP) programme of the IDB;
3. **Requests** the WHO and other concerned agencies to intensify and scale up their technical support for the prospective producers in the OIC Member States to qualify for the production of vaccines;
4. **Encourages** the OIC Member States to further collaborate to ensure self-reliance in the provision of essential medicines and scaling up production of pharmaceuticals including vaccines;
5. **Invites** Member States to cooperate in development and harmonization of standards on pharmaceuticals and vaccines and to consider the establishment of a technical committee for this purpose;
6. **Welcomes** the hosting by Malaysia of the 1st Technical Meeting on the development and harmonization of standards on pharmaceuticals and vaccines;
7. **Requests** the General Secretariat to coordinate with major producers and countries to ensure concessional terms to benefit from the latest developments in Research and Development in the production of medicines and vaccines.

**RESOLUTION NO. 4/3-ICHM
ON
HIV/AIDS, TUBERCULOSIS AND MALARIA**

The Third Session of the Islamic Conference of Health Ministers (Session of Health, Wellbeing and Equality), held in Astana, Republic of Kazakhstan, from 29 September to 01 October, 2011 (01-03 Dhulqaidah, 1432H);

Recognizing 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;

Recalling Resolution № 4/TEH/2-ICHM “On combating communicable diseases” of the 2nd Session of the Islamic Conference of Health Ministers (Session of Health Equity in Islamic Ummah), held in Tehran, Islamic Republic of Iran, 3-6 Rabiul-Awal, 1430 (1- 4 March, 2009);

Mindful of the relevant Resolutions adopted by the 1st session of the Islamic Conference of Health Ministers held in Kuala Lumpur, Malaysia, 12-15 June, 2007;

Having considered risks posed by spread of HIV/AIDS, tuberculosis and malaria, which may have devastating impact on economic development and hamper achievement of Millennium Development Goals;

Noting with deep concern that HIV/AIDS, tuberculosis and malaria are a crisis with disastrous consequences for the social and economic progress of all nations, including Muslim countries;

Recognizing that global spread of HIV/AIDS, tuberculosis and malaria goes beyond aggregated global effort towards controlling them;

Taking note with appreciation of the deliberations of the Panel Discussions on Fight against HIV/AIDS, Tuberculosis and Malaria held during the current session;

Expressing support for the regional and international collaborative efforts to fight HIV/AIDS, Tuberculosis and Malaria;

Reaffirming that notwithstanding the devastating impact of HIV/AIDS, tuberculosis and malaria on the socio-economic life of the affected people, programs on reversing their spread have received full attention by all Islamic countries;

Recognizing that adherence to Islamic values and ensuing ethical and philosophical convictions of Muslims, contributes significantly to lowering the rate of HIV/AIDS and tuberculosis endemics and elimination of malaria;

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

Hereby:

1. **Invites** the OIC Member States and the OIC General Secretariat to contribute to the global fight against HIV/AIDS, tuberculosis and malaria through international cooperation and partnerships;
2. **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;
3. **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 and the Global Fund. Such programs should be designed and implemented on the basis of full respect to Islamic cultural, ethical and social values of the OIC countries;
4. **Encourages** the OIC Member States to facilitate partnership and involvement of religious leaders, civil society, NGOs and private sector in raising awareness and education about HIV/AIDS, Tuberculosis and Malaria;
5. **Requests** the OIC General Secretariat to explore enhanced cooperation with Stop TB Partnership to address the high burden of TB among OIC countries and explore high level global advocacy opportunities for the OIC and its Member States to raise awareness about TB;
6. **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/IDs, Tuberculosis and Malaria;
7. **Encourages** Member States to develop and implement risk communication plans for effective advocacy especially with the aid of religious leaders;
8. **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 their financial and technical support for such programmes;
9. **Acknowledges** the contributions of the OIC Member States which have extended financial support to the Global Fund, as well as the pledge by the IDB, and appeals to the Member States in a position to do so to consider lending financial support to the Fund in order to ensure its sustainability and supporting its activities in OIC countries.

**RESOLUTION NO. 5/3-ICHM
ON
MATERNAL AND CHILD HEALTH CARE**

The Third Session of the Islamic Conference of Health Ministers (Session of Health, Wellbeing and Equality), held in Astana, Republic of Kazakhstan, from 29 September to 01 October, 2011 (01-03 Dhulqaidah, 1432H);

Guided by the OIC Charter that encourages Member States to consolidate cooperation in economic, social, cultural, scientific and other fields;

Acknowledging the objective of the OIC, to enhance and consolidate the bonds of fraternity and solidarity among the Member States and the necessity of promoting cooperation among the Islamic States in the field of health in general;

Recalling Resolution No. 4/10-S&T(IS) of the 10th OIC Summit which decides that the mandate of the ICHM also covers the establishment of Inter-Islamic cooperation in the field of health in general, including pharmaceuticals and mindful of their particular importance;

Recalling Resolution KLOICHMC-1/2007/2.5 on Women and Child Health;

Having considered the report of SESRIC on “The State of Maternal and Newborn Health in OIC Member States”;

Taking note of high rates of maternal and child mortality and morbidity in many OIC Member States;

Noting the commitments made by Member States to achieve the Millennium Development Goals: Goal No 4 on reducing under-five mortality rate and Goal No 5 on maternal health;

Considering the main causes of maternal mortality are complications during and following pregnancy and childbirth, including obstetrical hemorrhage, eclampsia, abortion, extragenital diseases; and the leading causes of death among infants including disorder related to short gestation and low birth weight, infections including acute respiratory infection and injuries;

Noting that the majority of deaths of mothers and newborns can be prevented by optimal treatment and care based on WHO guidelines on antenatal, delivery, postpartum and newborn care, shaping safe sexual behavior in population particularly in adolescents;

Recognizing that effective monitoring and evaluation of activities as well as efficient management of protection of maternal and child health based on latest research and best practices will ensure the quality of health services for mothers and children and significantly reduce maternal and infant mortality and morbidity;

Acknowledging that reducing child mortality will require universal coverage with effective and affordable interventions: perinatal care, achievement of optimal feeding practices for infants and young children; vaccines; prevention and integrated management of major children diseases such as diarrhoea, pneumonia and sepsis; HIV/AIDS, malaria and measles control. In countries with high mortality, these interventions could reduce the number of deaths by more than half;

Reaffirming the important role that cooperation between the relevant OIC institutions, UNICEF and WHO plays in addressing effectively the problems of protecting health of mothers and children;

Taking note with appreciation of the implementation of mother and child health projects in Bangladesh and Mali pursuant to the OIC-US Government Cooperation Framework of 2008;

Hereby:

1. **Invites** the OIC Member States to integrate programs aimed at maternal, child and adolescent health based on WHO strategies of ensuring safe pregnancy and delivery, introduction of youth-friendly clinics and school programs of health promotion, encouraging and promoting breast feeding, integrated management of children diseases; vaccination against cervical cancer, in their national plans and policies;
2. **Encourages** the OIC Member States to work collectively in improving maternal health, reducing unwanted pregnancies, providing optimal management of children diseases; expanding programs on immunization against infections and cervical cancer; achievement of best feeding practices for infants and young children; controlling and eliminating HIV/AIDS and Malaria and in this regard;
3. **Encourages** the OIC Member States to provide adequate funds and investments from different sources including public and private sectors;
4. **Welcomes** the implementation of mother and child health projects in Bangladesh and Mali in collaboration between the OIC General Secretariat and the US Government and requests the support of OIC Member States for the initiation of similar mother and child health projects in other OIC member States which have requested assistance in this regard;

5. **Urges** the OIC Member states to develop and enhance their joint registries and implement commitments they made in the area of maternal and child health improvement;
6. **Encourages** the promotion of Islamic guidance in the prevention of STI, HIV/AIDS and reducing unwanted pregnancies;
7. **Calls upon** the OIC Member states to share their experiences and best practices with other OIC Member States through the ICHM-ISM, specialists training and workshops on the most relevant topics in the areas indicated in this Resolution and fully benefit from the Ibn Sina Health Capacity Building Programme of SESRIC.

RESOLUTION NO. 6/3-ICHM
ON
HEALTH SUPPORT FOR THE PALESTINIANS IN OCCUPIED
PALESTINE AND THE SYRIAN ARAB INHABITANTS OF THE
OCCUPIED SYRIAN GOLAN

The Third Session of the Islamic Conference of Health Ministers (Session of Health, Wellbeing and Equality), held in Astana, Republic of Kazakhstan, from 29 September to 01 October, 2011 (01-03 Dhulqaidah, 1432H);

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.
