



OIC/ICHM-5/2015/RES. FINAL

5th Islamic Conference of Health Ministers

Resolutions

***Istanbul, Turkey
17-19 November 2015
(5-7 Safar 1437H)***

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Resolution No. 1/5-ICHM

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

The Fifth Session of the Islamic Conference of Health Ministers (Session of “Building Bridges for Healthier Ummah”), held in Istanbul, Republic of Turkey, from 17 to 19 November, 2015;

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

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; which lists health as one of the important sectors for joint Islamic action;

Recalling the resolutions and decisions adopted by the Islamic Conferences of Health Ministers (ICHM) and the Steering Committee on Health (SCH), including those adopted by the 4th Islamic Conference of Health Ministers (Jakarta, Indonesia, 2013);

Taking into account Resolution No. 3/42-S&T on Health Matters adopted by the Forty-Second session of the Council of Foreign Ministers held in Kuwait City, State of Kuwait (27-28 May 2015);

Appreciating the contributions of the Member States, OIC institutions and international partners towards the implementation of the OIC Strategic Health Programme of Action 2014-2023 (SHPA);

Taking note with appreciation of the technical background reports submitted and presented by the SESRIC on various health issues of concern to the Member States,

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

Taking Note of the Panel Discussion on ‘NGO Involvement in the Improvement of Health Services in the OIC Member States’, as well as the Workshop on the ‘Role of NGOs in the Implementation of OIC Strategic Health Programme of Action 2014-2023 (SHPA)’ organized by the OIC General Secretariat, SESRIC and IDB, on 7-8 April 2014 in Ankara, Republic of Turkey;

Taking into account the adoption of Sustainable Development Goals (SDGs) by the UN Sustainable Development Summit (post-2015), in particular Goal No. 3 : ‘*Ensure Healthy Lives and Promote Well-being for All at All Ages*’ and its related targets;;

Having considered the report of the Secretary General on Health (OIC/5-ICHM/2015/SG-REP);

1. **Reaffirms** the resolve of the OIC Member States to accord high priority to health sector and take necessary steps towards ensuring healthy lives and promoting well-being for all at all ages and attaining health related targets in the SDGs and the SHPA;
2. **Requests the** Member States to take steps towards achieving universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all;
3. **Further requests** all Member States to designate their National Focal Point on Health; to facilitate coordination with the General Secretariat and other Member States on health issues including implementation of SHPA;
4. **Underscores** the need for increasing health financing, the recruitment, development, training and retention of health workforce and strengthening national and regional capacities for early warning, risk reduction and management of national and global health risks;
5. **Takes Note** of the Concept Paper on Mobilization of Resources for the Implementation of activities of the SHPA and in this regard decides to establish a Working Group comprising interested member states and institutions to report to the SCH on ways and means to ensure adequate funding for SHPA activities. Requests IDB to prepare a financial plan for implementation of SHPA to be considered by the Working Group;
6. **Takes Note** of the Communication and Publicizing Strategy prepared by SESRIC to publicize and raise awareness about SHPA and mobilize support of the governments and other stakeholders for OIC health activities and requests SESRIC to take steps for its implementation in coordination with the General Secretariat, Member States and relevant partners;
7. **Requests** the Lead Country Coordinators (LCCs) to present a revised document for consideration of the SCH on Short and Medium Term Implementation Plan for SHPA in light of the restructuring and rebranding exercise for SHPA proposed in the Communication and Publicizing Strategy;
8. **Calls upon** the Member States to further enhance cooperation in terms of sharing of experience, expertise, best practices and technology in respect of the actions and activities identified in the SHPA;
9. **Looks forward** to the implementation of the recommendations of LCCs, attached with the report of the SCH regarding improvements in the work of the LCCs and implementation of SHPA;

10. **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 SCH to monitor implementations of the decisions of the ICHMs, coordinate actions pursuant to the Implementation Plan of the SHPA and promote cooperation among the Member States;
11. **Urges** the Member States to strengthen cooperation in the area of health training and education including offers of scholarships in the field of health education under the ‘OIC Educational Exchange Programme: Promoting Solidarity through Academia’ 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;
12. **Commends** the COMSTECH-WHO/EMRO’s 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, in particular, Tobacco Control Training Programme, and the Occupational Safety and Health Capacity Building Programme (OSH-CaB);
13. **Urges** SESRIC to align its health capacity-building programmes with the needs and priorities of Member States;
14. **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.
15. **Calls upon** the OIC General Secretariat to consider ways and means of addressing the shortage of medical staff including qualified nursing staff and mid wives in the OIC Member States thorough quality oriented training programmes for such staff conducted under collaborative arrangements between the relevant public and private sector institutions in the OIC Member States
16. **Decides** the composition of the Steering Committee on Health for the period of 2015-2017 as follows: Turkey, Indonesia, Saudi Arabia, Egypt, Kuwait, Uzbekistan, Kazakhstan, Malaysia, Oman, Sudan, OIC General Secretariat, COMSTECH, SESRIC, IDB, ISESCO, WHO, UNICEF, UNFPA, GF and GAVI;
17. **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,
18. **Welcomes** the outcome of the Panel Discussion on the ‘NGO Involvement in the Improvement of Health Services in OIC Member States’, and **Calls upon** the OIC General Secretariat to coordinate with Member States and relevant OIC institutions to further develop recommendations on feasible and implementable ways and means for utilizing the services of NGOs in the implementation of SHPA;

- 19. **Welcomes** the establishment of OIC Ibn Sina Alliance of Health NGOs by SESRIC, in coordination with the OIC General Secretariat and IDB, and **encourages** these institutions to utilize the platform for exchanging and sharing knowledge, experiences and best practices in the delivery of health care services through an integrated network of primary health care and referral facilities, centers of excellence, community health workers, NGOs, volunteers or a combination of all these;

- 20. **Encourages** the OIC institutions, international financial institutions including the IDB and other international partners to coordinate their efforts for assisting the OIC Member States to pursue the implementation of the SHPA and the health-related SDGs targets;

- 21. **Decides** to hold the 6th session of the Islamic Conference of Health Ministers (ICHM) in 2017 in the Kingdom of Saudi Arabia; and welcomes the offer by the Islamic Republic of Iran to host the 7th session of ICHM in 2019;

- 22. **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. 2/5-ICHM

***On Healthy Life Style, Prevention and Control of
Communicable and Non-Communicable Diseases,
and Health Emergencies and Disasters***

The Fifth Session of the Islamic Conference of Health Ministers (Session of “Building Bridges for Healthier Ummah”), held in Istanbul, Republic of Turkey, from 17 to 19 November, 2015;

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; which lists health as one of the important sectors for joint Islamic action;

Recalling the resolutions and decisions adopted by the Islamic Conferences of Health Ministers (ICHM), in particular Resolutions 2/4-ICHM adopted by the 4th Islamic Conference of Health Ministers (Jakarta, Indonesia, 2013) on ‘Healthy Life Style and Prevention and Control of Communicable and Non-Communicable Diseases;

Taking into account Resolution No. 3/42-S&T on Health Matters adopted by the Forty-Second session of the Council of Foreign Ministers (CFM) held in Kuwait City, State of Kuwait (27-28 May 2015);

Noting the adoption of Sustainable Development Goals (SDGs) by the UN Sustainable Development Summit (post-2015), in particular Goal No. 3: ‘*Ensure Healthy Lives and Promote Well-being for All at All Ages*’;

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

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

Taking note with appreciation of the deliberations of the Panel Discussions on Tackling Cancer, Preparedness and Response in Health Emergencies and Understanding the Nature of Technology Addiction;

Noting with appreciation, the historic progress made in polio eradication by the OIC Member States; in particular the entire African continent, which has not reported any wild poliovirus case for over a year, and congratulating Nigeria for polio is no longer endemic in the country, which is very close to stopping endemic poliovirus transmission;

Appreciating the sustained financial support provided by the Islamic Development Bank (IDB) and other international partners, especially through innovative financial mechanisms, to ensure that children are vaccinated against polio in the most vulnerable countries;

Taking note with appreciation of the efforts of the Islamic Advisory Group (IAG) on polio eradication and its Work Plan for 2015-2016;

Acknowledging infectious disease epidemics pose not only a local health threat but also an international health security threat as reflected by the recent Ebola outbreak and appreciating that Global Health Security Agenda (GHSA) is a multilateral effort to strengthen global capacities to prevent, detect and respond rapidly to infectious disease outbreaks;

Appreciating the joint efforts of OIC and IDB in contributing towards the international response to the outbreak of Ebola Virus Disease in West Africa in 2014, which included IDB contribution of 10 million US\$ as seed money for a special fund for assisting states to fight Ebola Virus Disease; and **appreciating further** the generous contribution of 35 million US\$ by the Kingdom of Saudi Arabia towards this fund;

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;

Mindful of the rising prevalence of Non-Communicable Diseases globally and in the OIC Member States;

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

Mindful of the need for more concrete information and scientific studies on the impacts of Technology Addiction, including preoccupation with the Internet and digital media, which may have adverse effects in terms of mental health, social life and productivity;

Stressing the importance of further enhancing capacities inside OIC Member States to deal with health related threats arising from disasters and to mitigate from, prepare for, respond to and recover from these risks at the local, regional, national and international levels in line with Sendai Framework for Disaster Risk Reduction (SFDRR);

Having considered the report of the Secretary General on Health (OIC/5-ICHM/2015/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;

Communicable diseases

3. **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;
4. **Calls** upon the polio affected countries to fully implement their National Emergency Action Plans for polio eradication and ensure that all children are consistently reached and vaccinated; effective implementation of vaccination campaigns will require regular oversight of polio eradication efforts by Government leaders, and a “whole of Government” approach to raise community awareness, address concerns, and successfully and safely access and vaccinate all children;
5. **Reiterates** its support for the religious injunctions (Fatwas) of the International Islamic Fiqh Academy (IIFA) regarding the safety and acceptability in Islam of polio vaccination and declaring it a duty of all parents and communities to protect children and to allow health workers to carry out their duty in safety;
6. **Calls** on the IIFA and the IAG on polio eradication to continue to work closely with the GPEI, polio-affected Members States and religious and community leaders 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;
7. **Calls upon** all Member States and international development partners, including the IDB, the Saudi Fund for Development, and philanthropic organizations, in particular those in the Islamic World, to provide the necessary financial support to eradicate polio from the remaining OIC Member States and to help strengthen routine immunization efforts;
8. **Further calls upon** the Member States to work towards the SDGs target of ending, by 2030, the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases;
9. **Encourages** Member States to share best practices and 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 GF and WHO to lend respectively their financial and technical support for such programmes;
10. **Welcomes** the contributions of the OIC Member States which have extended financial support to the GF and other international partners, and appeals to the Member States in a position to do so to lend their financial support to these partners;
11. **Encourages** Member States to participate actively in GHSA in line with the priorities already identified in SHPA.

Non-communicable diseases

12. **Expresses** concern at the rising prevalence of non-communicable diseases (NCDs), mainly cardiovascular diseases, diabetes, cancer and chronic lung disease, and their risk factors, social and economic impact for the Member States;
13. **Calls upon** Member States to work towards the SDGs target of reducing by one third premature mortality from non-communicable diseases through prevention and treatment and promoting mental health and well-being;
14. **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 including by prediction of risks in health facilities based on WHO recommendations and also by facilitating networking among government agencies, experts, non-governmental and civil society organizations in the Member States;
15. **Urges** the Member States to develop and strengthen policies and programmes on healthy lifestyles, prevention and control of NCDs;
16. **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.);
17. **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;
18. **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;
19. **Invites** all Member States to do further research and interventional studies exploring strategies to determine and reduce NCDs prevalence and the risk factors;
20. **Urges** the OIC Member States to take steps on speedy ratification of WHO Framework Convention on Tobacco Control (FCTC), if not done so, and **Calls** upon the OIC 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 Tobacco Free OIC initiative and Tobacco Questions for Surveys.(TQS) project to harmonize and standardize the monitoring of key tobacco control indicators in OIC countries;
21. **Encourages** Member States to increase mental health promotion and mental illness prevention with an emphasis on community-based mental health approaches;

22. **Underscores** that a comprehensive cancer control approach is essential to fight cancer effectively. This involves specific and coordinated activities focused around prevention, early detection, diagnosis, treatment and palliative care. Improving access, affordability, quality and delivery of cancer services to cancer patients requires a multidisciplinary set of expertise that can only be made available by different stakeholders engaged in the global fight against cancer, including the donor community;
23. **Welcomes** the efforts towards the finalization of the Practical Arrangements document between OIC, IDB and IAEA and encourages the Member States to participate and contribute to the OIC-IDB-IAEA joint project on Support to African Countries to Fight Cancer;
24. **Urges** Member States to support scientific studies for more information on the impacts of Technology Addiction, including preoccupation with the Internet and digital media and strengthen programmes for community awareness and preventive strategies to deal with such behavioral addiction;
25. **Welcomes** the proposal to organize Special Session on First Ladies' Leadership on Cancer Control in Member States in the margin of 13th OIC Summit in Republic of Turkey in April 2016;

Health Emergencies and Disasters

26. **Invites** Member States to strengthen cooperation in mitigation from preparedness for response to and recover from health emergencies and disasters;
27. **Underscores** the significance of implementation of International Health Regulations (IHR) to institute minimum core capacities in Member States for prevention and management of public health emergencies;
28. **Calls** upon the OIC member states to work towards achieving the SFDRR goals and targets;
29. **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.

Resolution No. 3/5-ICHM

On Maternal and Child Health and Nutrition

The Fifth Session of the Islamic Conference of Health Ministers (Session of “Building Bridges for Healthier Ummah”), held in Istanbul, Republic of Turkey, from 17 to 19 November, 2015;

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 (ICHMs) and the Steering Committee on Health (SCH), including those adopted by the 4th session of Islamic Conference of Health Ministers (Jakarta, Indonesia, 2013) and the 8th and 9th sessions of the Steering Committee on Health (Jakarta, 25-26 March 2014 and Istanbul, 25-26 February 2015 respectively);

Recalling in particular Resolution No. 3/4-ICHM on Maternal and Child Health Care adopted by the 4th session of the Islamic Conference of Health Ministers (Jakarta, Indonesia, 2013);

Taking into account Resolution No. 3/42-S&T on Health Matters adopted by the Forty-Second session of the Council of Foreign Ministers (CFM) held in Kuwait (27-28 May 2015);

Bearing in mind the commitments made by Member States to continue implementing MDG’s unfinished agenda (goals No 1, 4 and No 5) and the Sustainable Development Goals (SDGs); in particular Goal 3 –*Ensure Healthy Lives and Promote Well-being for All at All Ages*;

Considering that main causes of maternal mortality are complications during and following pregnancy, childbirth, and postpartum period, such as obstetrical hemorrhage, eclampsia, unsafe abortion, sepsis, and indirect causes like infectious diseases and non-communicable diseases; and the leading causes of death among children under five years of age such as, preterm birth complications, low birth weight, birth asphyxia, sepsis, pneumonia, diarrhea and malaria; and nearly half of all child deaths are linked to under nutrition;

Accepting that Non-Communicable Diseases (NCDs) are on the increase trend and the needs for a life course interventions or promotional approach starting from preconception through pregnancy, the child and adolescence period is critical in the management of quality life for healthy infant and mother;

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 within the framework thematic area three of the OIC-Strategic Health Programme of Action 2014-2023 (SHPA) and Goal No. 3 of the SDGs 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;

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 1000-day period, covering pregnancy and the first two years of life, and of the fact that stunting reflects deficiencies during this period;

Appreciating SESRIC for organizing an Inaugural Meeting for Maternal and Child Survival Project (Ankara, 19 – 21 January 2015) with participation of seven OIC Member States (Afghanistan, Cameroon, Chad, Guinea, Mauritania, Nigeria and Somalia) and collaborative partners IDB, WHO, UNFPA and USAID;

Taking note, with appreciation, the ongoing OIC collaborative Project on Maternal and Child Survival Programme in seven selected OIC Member States in conjunction with SESRIC, IDB, WHO, UNFPA and USAID; and welcoming the establishment of OIC Network on Reproductive, Maternal, Newborn and Child Health (RMNCH) by the OIC General Secretariat, SESRIC and UNFPA;

Further appreciating the Republic of Indonesia, in its capacity as Lead Country Coordinator for thematic area three for having organized a training Workshop of Mother Children Handbook (Jakarta, 30 August-05 September 2015) and a Workshop for policy makers on Scaling Up Nutrition (Solo, 03-05 November 2015) as part of the priority activities for 2015/2016 agreed upon during the 9th Meeting of SCH;

Having considered the report of the Secretary General on Health (OIC/5-ICHM/2015/SG-REP);

Hereby:

1. **Reaffirms** the commitment of the OIC Member States to continue according high priority to maternal, newborn, child and adolescent 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 and nutritional intervention 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 requests** 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 SHPA, which includes mother and child health as one of its six thematic areas;

4. **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;
5. **Further** underscore the important role of academia and health professionals in supporting policy development, standardization of services and capacity building;
6. **Requests** the OIC General Secretariat, to continue its coordination with SESRIC, IDB, WHO, UNFPA, UNICEF and USAID; for a speedy and effective implementation of activities under the OIC collaborative Project on Maternal and Child Survival Programme and the RMNCH;
7. **Stresses** the significance of mother and child nutrition as one of the core health issues in the OIC region and invites Member States to join the global Scaling Up Nutrition (SUN) Movement;
8. **Reiterates support** for the 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. **Emphasizes** 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** Member States, IDB and other stakeholders to allocate adequate resources and strengthen cooperation to provide maternal, newborn and child health care to vulnerable women and children, especially refugees and displaced populations;
12. **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 Member States pursuant to the SHPA and its Implementation Plan in collaboration with the OIC General Secretariat, the Lead Country Coordinators and relevant OIC institutions;
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. 4/5-ICHM

Self-Reliance in Supply and Production of Medicines, Vaccines and Medical Technologies

The Fifth Session of the Islamic Conference of Health Ministers (Session of “Building Bridges for Healthier Ummah”), held in Istanbul, Republic of Turkey from 17-19 November 2015

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; which lists health as one of the important sectors for joint Islamic action;

Recalling the resolutions and decisions adopted by the Islamic Conferences of Health Ministers (ICHMs) and the Steering Committee on Health (SCH), including those adopted by the 4th session of Islamic Conference of Health Ministers (Jakarta, Indonesia, 2013) and the 8th and 9th sessions of the Steering Committee on Health (Jakarta, 25-26 March 2014 and Istanbul, 25-26 February 2015 respectively);

Recognizing the fact that OIC Member States lag far behind in the domain of vaccine production and yet the region is beset with constant outbreaks and a high prevalence of various diseases that have been eradicated elsewhere;

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;

Taking into account the ongoing talks between the General Secretariat and the Kingdom of Saudi Arabia in its capacity as the designated Chair of the Working Group on pooling aimed at exploring the possibility of pooling mechanism of vaccines and pharmaceutical products among the OIC Member States as approved by the 4th session of ICHM;

Appreciating the hosting by Malaysia of the 2nd Technical Meeting on Development and Harmonization of Standards on Pharmaceuticals and Vaccines in Kuala Lumpur on 25-26 November 2013;

Welcoming the launching of the OIC Vaccine Manufacturers Group (VMG) at the OIC Headquarters on 25th June, 2014 under the chairmanship of Arabio and the holding of its 1st and 2nd Meetings (Jeddah, 25-26 June 2014 and Tunis, 12-13 May, 2015) respectively;

Appreciating the signing of collaboration MoU between BioFarma of Indonesia and Pasteur Institute of Tunis and the ongoing negotiations between various manufacturers for collaboration in various aspects of vaccine manufacturing from data pooling and national capability building up to product research and development;

Recognizing the progress made by Indonesia, in its capacity as Chair of Working Group on Vaccine Manufacturing, to establish the Centre of Excellence on Vaccine and Biotechnology Products (COE) as approved by the 4th session of the ICHM;

Noting with satisfaction the progress made by Pasteur Institute Foundation of Senegal towards meeting the need for yellow fever vaccination for Member States;

Further taking note, with appreciation, the holding of a Training Workshop on Validation hosted by Pasteur Institute of Iran and partly funded by the IDB from 19-22 October 2015;

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/5-ICHM/2015/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. Invites** the participation of all interested public and private sector entities in the OIC Member States in the work of the VMG in accordance with the Terms of Reference of the Vaccine Manufactures Group;
- 3. Takes note of** the Short, Medium and Long Term Implementation Plan as updated by the VMG in their 1st and 2nd Meetings held in (Jeddah, 25-26 June 2014 and Tunis, 12-13 May 2015) respectively;
- 4. Invites** Member States to actively participate in the work of the Technical Committee as well as in the activities organized by the various Working Groups namely; post marketing surveillance system group (PMS), VMG, center of excellence group, pooling procurement group
- 5. Commends** the ongoing collaborations between members of the VMG and **encourages** closer cooperation in all aspects of vaccine manufacturing for the promotion of self-reliance in supply and production of affordable vaccines;
- 6. Takes note** of the establishment of the Center of Excellence on Vaccine and Biotechnology Products in Indonesia to support the need of the OIC Member States and requests Indonesia to share in the next SCH meeting, the Terms of Reference for its designation as OIC Center of Excellence;
- 7. Acknowledges** the significance of creating mechanism(s) for pooling procurements for pharmaceutical products and vaccines among the OIC Member States and **calls upon** the General Secretariat in coordination with Saudi Arabia to convene an open- ended Meeting of experts for consideration of the matter;

8. **Urges** IDB, COMSTECH, ISESCO, SESRIC, WHO, UNICEF, GAVI and others to continue to support the Self-Reliance in Vaccine Production Programme in collaboration with relevant vaccine producers and assist the vaccine manufacturers in the OIC Member States in need of assistance in this regard;
9. **Encourages** all Member States to update SESRIC with data and information on their vaccine needs, and manufacturers to provide information on their capabilities and capacities to produce vaccines;
10. **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. 5/5-ICHM

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

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The Fifth Session of the Islamic Conference of Health Ministers (Session of “Building Bridges for Healthier Ummah”), held in Istanbul, Republic of Turkey, from 17 to 19 November, 2015;

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; which lists health as one of the important sectors for joint Islamic action;

Recalling the resolutions and decisions adopted by the Islamic Conferences of Health Ministers (ICHMs) and the Steering Committee on Health (SCH), including those adopted by the 4th Islamic Conference of Health Ministers (Jakarta, Indonesia, 2013), in particular, Resolution No. 5/4-ICHM on Health Support for the Palestinians in Occupied Palestine Territory, Including East Jerusalem, and in the Occupied Syrian Golan;

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 territorie

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