



*OIC/ICHM-7/2019/RES. /FINAL*

***Resolutions***

***Adopted by the***

***7<sup>th</sup> Session of the Islamic Conference of Health Ministers  
Session of “Quality of life”***

***Abu Dhabi, State of United Arab Emirates  
15 - 17 December 2019***

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**Resolution No. 1/7-ICHM**

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

***And Strengthening Health Cooperation***

*The Seventh Session of the Islamic Conference of Health Ministers (Session of “Quality of life”), held in Abu Dhabi, State of United Arab Emirates, on 15-17 December 2019 (18-20 Rab al Thani 1441H);*

**Recognizing** the crucial role of health in overall human development and socio-economic development and the need for cooperation among all the stakeholders in order to improve health and wellbeing of the people in the Organisation of Islamic Cooperation (OIC) Member States,

**Referring** to the UN Sustainable Development Goals (SDGs) particularly goal No. 3 regarding ensuring healthy lives and promoting well-being for all at all ages and the OIC 2025: Programme of Action which lists health as one of the priority areas of the Programme,

**Referring also** to the OIC STI Agenda 2026 adopted by the First OIC Summit on Science & Technology (Astana, Kazakhstan 10-11 September, 2017) in particular Priority No. 4; ‘Ensuring healthy lives for all citizens’ and its related recommendations and targets’,

**Recalling** the resolutions and decisions adopted by the successive sessions of the Islamic Conference of Health Ministers (ICHM) including those adopted by the 6<sup>th</sup> session (Jeddah, Saudi Arabia, 2017),

**Recalling further** the resolutions and decisions adopted by the successive sessions of the Council of Foreign Ministers including resolution No. 3/46-S&T on Health Matters adopted by the Forty-Sixth Session of the Council of Foreign Ministers held on 1-2 March 2019 in Abu Dhabi, State of United Arab Emirates,

**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);

**Recognizing** the important role played by the Islamic Development Bank Group (IsDB) by extending financial assistance to the Member States in their efforts towards health systems strengthening,

**Taking note**, with appreciation, of the activities of the Statistical, Economic and Social Research and Training Centre for Islamic Countries (SESRIC) in the health domain including publication and presentation of reports on various health issues of concern to the Member States,

**Commending** 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), United Nations Children’s Fund (UNICEF), United Nations Population Fund (UNFPA), International Atomic energy agency (IAEA) and the GAVI, the vaccine Alliance,

**Commending further** the role of the members of the OIC Steering Committee on Health (SCH) and the Lead Country Coordinator's Group (LCCG) in the implementation of the OIC-SHPA 2014-2023,

**Taking note** of the reports of the 13<sup>th</sup> Meeting of SCH and 6<sup>th</sup> meeting of LCCG held on 07 and 08 October respectively in Abu Dhabi, UAE,

**Taking note also** of holding of the brainstorming workshop on the operationalization of the OIC Medical Corps on 17-18 July 2019 at SESRIC in Ankara, Turkey; and the progress report submitted thereon by the OIC General Secretariat,

**Appreciating** the efforts being made by the OIC General Secretariat and SESRIC to ensure effective functioning of the OIC Health Portal,

**Having considered** the report of the Secretary General on Health (OIC/7-ICHM/2019/SG-REP);

1. **Reaffirms** its commitment to the implementation of the OIC Strategic Health Programme of Action 2014-2023 (OIC-SHPA) in a proper and timely manner;
2. **Underscores** the need for close cooperation among all actors including Member States, OIC Institutions and International Partners to accelerate progress towards achieving the targets set in the SDGs 2030, OIC-2025: Programme of Action and OIC STI Agenda 2026; and to address new health challenges facing the Member States;
3. **Calls upon** the OIC General Secretariat to coordinate with interested Member State, relevant OIC institutions and other stakeholders to hold a second brainstorming session with a view to expediting the operationalization of the OIC Medical Corps;
4. **Appreciates** the efforts being made to ensure effective functioning of the OIC Health Portal; **and calls** upon OIC General Secretariat in coordination with SESRIC to organize the periodic training sessions for the focal points from Member States and OIC institutions to ensure that the Portal is fully operational at the earliest;
5. **Endorses** the report of the 6<sup>th</sup> Meeting of LCCG and **decides** on its composition for the period of 2019-2021 as follows: Turkey, Egypt, Malaysia, Indonesia and Sudan, also OIC General Secretariat, COMSTECH, SESRIC, IDB and ISESCO;
6. **Endorses** the report of the 13<sup>th</sup> meeting of the SCH and **decides** on its composition for the period of 2019-2021 as follows: Saudi Arabia, UAE, Maldives, Pakistan, Mauritania, Chad, Turkey, Egypt, Malaysia, Indonesia and Sudan – OIC General Secretariat, COMSTECH, SESRIC, IsDB, ISESCO, WHO, UNICEF, UNFPA, GF and GAVI;
7. **Reiterates** its call to 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' and also requests the IsDB to pay special attention to health specialization in the context of its program for scholarships for outstanding students and Hi-Tech specializations;

8. **Commends** the 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);
9. **Calls upon** the Member States, OIC institutions and relevant organizations to actively cooperate with and participate in the capacity building activities and programmes of SESRIC in the domain of health.
10. **Reiterates** the need for convening of the OIC coordination meetings on health related issues at the margins of international fora, particularly the World Health Assembly, with the objective of developing and sharing OIC unified positions on issues of common interest;
11. **Takes note** of the recommendations by the Panel Discussion on Universal Health Coverage (UHC) **and invites** Member States, OIC General Secretariat and OIC relevant institution to ensure expeditious implementation of these recommendations;
12. **Welcomes** the offer by the Republic of Maldives to host the Eighth session of the Islamic Conference of Health Ministers in 2021;
13. **Requests** the Secretary General to follow up 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. 2/7-ICHM**

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

*The Seventh Session of the Islamic Conference of Health Ministers (Session of “Quality of life”), held in Abu Dhabi, State of United Arab Emirates, on 15-17 December 2019 (18-20 Rab al Thani 1441H);*

**Recalling** the resolutions and decisions of the successive sessions of the Islamic Conference of Health Ministers (ICHM), including resolution no. 2/6-ICHM adopted by the 6<sup>th</sup> Islamic Conference of Health Ministers (Jeddah, Saudi Arabia, 2017) on ‘Healthy Life Style and Prevention and Control of Communicable and Non-Communicable Diseases and Health Emergencies and Disasters’,

**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,

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

**Recognizing** that the problem of infectious diseases contributes to a vicious cycle of suffering and poverty which undermines social and economic development,

**Welcoming** the convening of the Fifth and Sixth annual meetings of the Islamic Advisory Group for Polio Eradication (IAG) in Jeddah and Cairo respectively on 14 November 2018 and on 04 September 2019,

**Taking note** of the resolutions of the 4<sup>th</sup> International Muslim Leaders’ Consultation on HIV/AIDS (IMLC) held from 21<sup>st</sup>- 28<sup>th</sup> July 2019. in Kampala, Uganda with the participation of 16 OIC Member States under the theme “Enhancing interreligious cooperation to increase quality religiosity and its effective use by individuals, families and communities to fast-track the response for Prevention, Treatment, Care, Support and Control of HIV/AIDS and HIV-risk addictions”,

**Recognizing** the enormous human suffering caused by non-communicable diseases, such as cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, and the threat they pose to the economies of many Member States,

**Welcoming** the Ouagadougou Declaration issued by the First ladies participating in the High level Regional Seminar on promoting Cancer Awareness and Advocacy Programmes in the OIC Member from the African Group held on 01-02 August 2018 in Ouagadougou, Burkina Faso under the patronage of Her Excellency Madam Sika Kabore, the First Lady of Burkina Faso,

**Taking note**, with appreciation, of the extension of the Practical Arrangements Agreement signed between OIC-IDB-IAEA in the area of comprehensive cancer control in common Member States for another three years until 05 April 2022,

**Welcoming also** the commitment of IsDB to contribute US\$ 10 million to the IAEA initiative of improving Diagnosis and Treatment of Women’s Cancers in Low- and Middle-Income Countries including 17 OIC Member States,

**Regretting** the tragic and enormous loss of lives, injuries and disabilities resulting from emergencies, disasters and crises of all descriptions,

**Taking note** of the resolutions and recommendations of the International Conference for Disaster Medicine, which was organized by the Saudi Ministry of Health under the theme «Towards all Hazards Approach Emergency Preparedness and Response», held from 13-14 October 2019 Riyadh, Saudi Arabia with the participation of over 20 OIC Member States,

**Taking note also** of the efforts made by Sudan in cooperation with Turkey, SESRIC and the Turkish Cooperation and Coordination Agency (TIKA) to implement a project entitled “Strengthening Coordination and Capacity Building on Preparedness and Response for Health Emergencies in OIC Member States,

**Having considered** the report of the Secretary General on Health (OIC/7-ICHM/2019/SG-REP),

*Hereby:*

1. **Underscores** the need for 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 forging international partnerships to strengthen scientific and technological capabilities of the Member States enabling them to design and implement appropriate interventions to prevent, control and eradicate diseases in line with the priority No:4 of OIC STI agenda 2026;

### **Communicable diseases**

3. **Commends** the ongoing efforts made by polio affected Member States to ensure that all children are consistently reached and vaccinated; through regular oversight by Government leaders of polio vaccination campaigns and routine immunization; to adopt a “whole of Government” “one-health” approach; and the role of the Islamic Advisory Group (IAG) and its national affiliates with the support of religious scholars to raise community awareness on the importance of vaccination and assuring communities that all vaccines used are not only acceptable but also desirable from the perspective of Shariah;
4. **Welcomes** the decision taken by the Fifth Meeting of IAG held on 14 November 2018 in Jeddah to align its activities with the OIC-SHPA 2014-2023 into its mid-tem plan of 2019-2023 including activities related to Mother and Child Health in accordance with the

decision of IAG in its 3rd Meeting held in Jeddah, Kingdom of Saudi Arabia to expand its mandate; and mandates the OIC General Secretariat to work closely with the IAG in the implementation of this decision;

5. **Acknowledges** the financial contribution made by the IsDB Group, the Bill & Melinda Gates Foundation (BMGF) and Rotary International towards the support of GPEI and IAG activities; and **calls upon** all Member States, international development funds and philanthropic organizations to provide necessary financial support to GPEI and **urges** the IAG to continue its critical role in contributing to eradicating polio from the remaining OIC Member States and strengthen routine immunization and maternal and child health;
6. **Commends** the ongoing cooperation between OIC and the Global Fund; and **calls upon** the Member States to work towards achieving SDG (target 3.3) of ending by 2030, the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases;
7. **Encourages** Member States with good surveillance and control programmes to share their best practices and develop collaborative research programmes with the neighboring countries which have a high burden of HIV/AIDs, Tuberculosis and Malaria with an aim to strengthen common surveillance, preventive and control measures and Requests the OIC financial institutions, the GF and WHO to provide necessary financial and technical support for such programmes;
8. **Commends** OIC Member States which have extended financial support to the GF, GAVI and other international partners, and **appeals** to the Member States in a position to do so to lend their financial support to these partners;
9. **Encourages** Member States to actively participate in Global Health Security Agenda (GHSA) in line with the priorities already identified in OIC-SHPA;

#### **Non-communicable diseases**

10. **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;
11. **Acknowledges** the 2018 Political Declaration of the Third High-level Meeting on Non-communicable Diseases which noted that progress and investment on non-communicable diseases have been insufficient to meet the health-related targets of the sustainable development goals; Reiterates its call to Member States to work towards achieving SDG (target 3.4) of reducing, by 2030, premature mortality from non-communicable diseases through prevention and treatment and promoting mental health and well-being by one third;
12. **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 in the Member States;

13. **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.);
14. **Invites** OIC General Secretariat 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;
15. **Stresses** the need for addressing behavioral risk factors, such as tobacco use, unhealthy diet and physical inactivity, that cause or increase the risk of non-communicable diseases through, inter-alia, public private partnership and community empowerment;
16. **Calls upon** the OIC Member States and relevant national and OIC institutions 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;
17. **Underscores** the fact 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 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;
18. **Calls upon** the Member States, relevant OIC institutions and international partners to implement the recommendations of the Ouagadougou Declaration issued by the First ladies participating in the High level Regional Seminar on promoting cancer awareness and advocacy programmes in the OIC African Member States held on 01-02 August 2018 in Ouagadougou, Burkina Faso; and **mandates** the OIC General Secretariat to coordinate with interested Member States, relevant OIC institutions and international partners to organize a similar event for the OIC Member States of the Arab Group;
19. **Welcomes** the launch of Women's Cancers Partnership Initiative between IsDB Group and IAEA aimed at increasing Access to Diagnostics and Treatment of Women's Cancers in Low- and Middle-income OIC Member States; and **calls on** interested Member States, relevant OIC institutions including COMSTECH to contribute, to the extent possible, towards the realization of the initiative's objectives by participating in the provision of training to radiation oncologists, radiation therapy technologists (RTTs) and medical physicists in Low and Middle Income Countries (LMICs);

20. **Commends** the efforts of the State of the United Arab Emirates in combating poverty through the activities of the humanitarian and charity establishment of Mohammed Bin Rashid Al-Maktoum, Vice President and Prime Minister of the United Arab Emirates (UAE), and Ruler of the Emirate of Dubai, which focused on the prevention and treatment of blindness and benefitted 23 million people, including the provision of 81 million vaccines and drugs during the last eight years. It also focused on protecting 3.6 million children from intestinal worms disease, which threatens the future of children. On combating poverty, the establishment provided support and relief to over 15 million beneficiaries in 40 countries;
21. **Encourages** Member States to increase mental health promotion and mental illness prevention with an emphasis on community-based mental health approaches;

### **Health Emergencies and Disasters**

22. **Invites** Member States to strengthen cooperation in mitigation from preparedness for response to and recover from health emergencies and disasters;
23. **Calls upon** Member States, OIC relevant institutions and international partners to establish, promote and foster regional and sub-regional collaboration, as well as inter-regional cooperation within WHO, including sharing of experience and expertise for capacity development, in risk-reduction, response and recovery;
24. **Invites** Member States, OIC General Secretariat and OIC relevant institutions to render support for the implementation of the resolutions and recommendations of the International Conference for Disaster Medicine, which was organized by the Saudi Ministry of Health under the theme «Towards all Hazards Approach Emergency Preparedness and Response, held from 13-14 October 2019 Riyadh, Saudi Arabia with the participation of over 20 OIC Member States;
25. **Underscores** the importance of assisting the conflict-affected Member States in establishing new health facilities and strengthening the existing ones such as field hospitals and centers for artificial limbs; and arranging necessary training workshops for the health workers of those Member States, enabling them to provide necessary medical facilities to the injured;
26. **Calls on** Member States, OIC General Secretariat and OIC relevant institutions to give necessary support for the implementation of the project on “strengthening coordination and Capacity Building on Preparedness and Response for Health Emergencies in OIC Member States” initiated being undertaken by Sudan in cooperation with Turkey, SESRIC and the Turkish Cooperation and Coordination Agency (TIKA);
27. **Requests** the Secretary General to follow up 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. 3/7-ICHM**

***On Maternal and Child Health and Nutrition***

*The Seventh Session of the Islamic Conference of Health Ministers (Session of “Quality of life”), held in Abu Dhabi, State of United Arab Emirates, on 15-17 December 2019 (18-20 Rab al Thani 1441H);*

**Referring** to 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 6<sup>th</sup> session of ICHM (Saudi Arabia, 2017), in particular resolution No. 3/4-ICHM on Maternal and Child Health Care,

**Recalling** the commitments made by Member States to implement the Sustainable Development Goals (SDGs); in particular Goal SDG (targets 3.1 and 3.2) on reducing, by 2030, the global maternal mortality ratio to less than 70 per 100 000 live births; and ending preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births,

**Considering** that the 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,

**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 accelerated reduction in maternal, newborn and child mortality within the framework of thematic area three of the OIC-Strategic Health Programme of Action 2014-2023 (SHPA) , SDGs and priority No:4 of OIC STI Agenda 2026 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,

**Acknowledging** the need for investing in nutrition as a key element to advancing a child’s chances of survival, growth and development,

**Acknowledging also** the crucial importance of nutrition during the 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** the activities carried out by Indonesia under Thematic Area three on Maternal, Child Health and Nutrition for 2017/2019 which included, inter alia, conducting MCH Handbook Training in conjunction with Japanese International Cooperation Agency (JICA) in which a number of OIC Member States participated,

**Appreciating further** IsDB five-year programme (2018-2022) codenamed “Coalition to stop obstetric fistula.” which focuses on improving maternal health condition and stopping obstetric fistula in several OIC Member States,

**Having considered** the report of the Secretary General on Health (OIC/7-ICHM/2019/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. **Calls upon** 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. **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 Maternal and Child Health and Nutrition 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 enhancing access to high quality and respectful health services for all women, children and families and **invites** the interested Member States to work with the Islamic Advisory Group (IAG) in line with IAG’s expanded mandate;
5. **Stresses** the significance of maternal 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;
6. **Reiterates** its support for the target agreed to by the World Health Assembly of reducing the number of stunted children by 40 per cent by 2025;

7. **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;
8. **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;
9. **Encourages** Member States, OIC General Secretariat and relevant OIC institutions to support Indonesia to increase the number of Member States participating in MCH Handbook Training;
10. **Commends** IsDB’s programme titled “Coalition to stop obstetric fistula”; and **calls upon** Member States, IDB and other stakeholders to allocate adequate resources and strengthen cooperation in providing maternal, newborn and child health care to vulnerable women and children, especially refugees and displaced populations;
11. **Mandates** OIC General Secretariat to coordinate with interested Member States, and OIC relevant institutions and international partners to hold a training workshop on Mother and Child care Health (MCH) for medical and community health workers, from the Sub-Saharan Africa;
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 follow up 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. 4/7-ICHM**

**On**

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

*The Seventh Session of the Islamic Conference of Health Ministers (Session of “Quality of life”), held in Abu Dhabi, State of United Arab Emirates, on 15-17 December 2019 (18-20 Rab al Thani 1441H);*

**Recalling** the resolutions and decisions adopted by the successive sessions of the Islamic Conference of Health Ministers (ICHM) and the Meetings of the Steering Committee on Health (SCH), including those adopted by the 6<sup>th</sup> session of Islamic Conference of Health Ministers (Jeddah, Saudi Arabia, 2019),

**Recalling also** the resolution of successive sessions of the Council of Foreign Ministers including resolution No. 3/46- S&T on Health Matters,

**Underlining** the importance of addressing the global shortage of medicines and vaccines and noting that 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,

**Referring to** WHA resolution 67.22, which, inter alia, urged WHO Member States to recognize the importance of effective medicine policies, and the implementation under good governance, in order to ensure quality of access to affordable, safe, effective, and quality-assured essential medicines and their rational use in practice,

**Recognizing** 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 production and supply of pharmaceuticals including vaccines,

**Referring to** the resolution No.3/46-S&T on Health Matters, adopted by the 46<sup>th</sup> session of the Council of Foreign Ministers held in Abu Dhabi, UAE on 1-2 March 2019 that welcomes the Jakarta Declaration and OIC Action Plan on the strengthening collaboration amongst the OIC NMRAs towards self-reliance of medicines and vaccines which was adopted by the First Meeting of Heads of Medicine Regulatory Authorities (NMRAs) of the OIC Member States hosted by the National Agency of Drug and Food Control of Republic of Indonesia (BADAN POM) on 21-22 November 2018 in Jakarta, Indonesia under the theme “Strengthening collaboration amongst the OIC NMRAs towards self-reliance of Medicines and Vaccines”,

**Appreciating** Indonesia for organizing capacity building programmes in 2018 for the Kingdom of Morocco and the Republic of Tunisia under the reverse linkage programme, as well as for the State of Palestine under South-South Cooperation scheme and also for hosting a Workshop on Cold Chain Management held in Bandung, Indonesia on 1-2 October 2019 with the participation of 16 Member States,

**Commending** Malaysia for hosting a training program in Vaccines Lot Release on 21-23 October 2019 in Selangor, Malaysia with the participation of 24 participants from over 20 Member States,

**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 4<sup>th</sup> 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,

**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/7-ICHM/2019/SG-REP),

**Hereby:**

1. **Invites** 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. **Encourages** further collaboration and cooperation among Member States and relevant partners in all aspects of the promotion of self-reliance in production and supply of affordable, safe, effective and quality-assured pharmaceuticals including vaccines;
3. **Endorses** and advocates the implementation of the OIC Action Plan to promote collaboration among NMRAs of OIC Member States for self-reliance in medicines and vaccines 2019-2021 adopted by the First Meeting of Heads of Medicine Regulatory Authorities (NMRAs) of the OIC Member States;
4. **Calls** for strengthening of cooperation and networking among the NMRAs in OIC Member States; and **encourages** regular interaction between the NMRAs including holding of their meeting at least once every two years intermittently with ICHM in accordance with OIC Plan of Action to promote collaboration among NMRAs;
5. **Takes note** of the progress report on the establishment of the Centre of Excellence on Vaccine and Biotechnology Products (COE); and **invites** Member States, OIC institutions and international partners to support the CoE in achieving its objectives;
6. **Requests** the OIC General Secretariat to coordinate with interested Member States, relevant OIC institutions and international partners to organize capacity building programmes in the field pharmaceuticals including training programmes in Post Marketing Surveillance; pharmacovigilance system; Good Manufacturing Practice (GMP) and formulation technology;
7. **Appreciates** Malaysia and Indonesia's efforts in organizing training programs in various aspects of production and supply of medicines and vaccines; and **invites** Member States to

actively participate in the various training workshops organized within the framework of thematic area four of OIC SHPA on Medicines, Vaccines and Medical Technologies;

8. **Commends** the ongoing collaborations between members of the Vaccine Manufactures Group (VMG) and **encourages** closer cooperation in all aspects of vaccine manufacturing for the promotion of self-reliance in supply and production of affordable vaccines;
9. **Urges** interested public and private sector entities in the OIC Member States to participate in the work of the VMG in accordance with its Terms of Reference;
10. **Mandates** the OIC General Secretariat to coordinate with interested Member States, relevant OIC institutions and international partners to convene the fourth meeting of VMG in 2020;
11. **Urges** IDB, COMSTECH, ISESCO, SESRIC, WHO, UNICEF, GAVI and other partners to continue supporting 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;
12. **Encourages** all Member States that have not provided SESRIC with data and information on their capabilities and capacities to produce vaccines; their vaccine needs to do so;
13. **Requests** the Secretary General to follow 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. 5/7-ICHM**

***On Strengthening immunization and Addressing Vaccine Hesitancy***

*The Seventh Session of the Islamic Conference of Health Ministers (Session of “Quality of life”), held in Abu Dhabi, State of United Arab Emirates, from 15-17 December 2019;*

**Recalling** the resolutions and decisions adopted by the successive sessions of the Islamic Conference of Health Ministers (ICHM) on Supply and Production of Medicines, Vaccines and Medical Technologies,

**Noting that** that Immunization is one of the most successful public health interventions the world has seen, where at least 10 million lives have been saved between 2010 and 2015, and many more protected from disease and disability,

**Taking note** that immunization is “the most effective tool to reducing the childhood morbidity and mortality occurring from vaccine preventable disease, having contributed to the elimination and control of many diseases,

**Bearing in mind** that vaccines provide social and economic returns of 44 times the cost through immunization programs, including those for childhood vaccination programs which have been studied extensively with overwhelming evidence supporting the safety of vaccines,

**Taking note** that vaccines help to prevent and treat diseases and benefits the individual as well as the community and that Immunization has curbed the spread of many contagious diseases and established immunity globally and among communities,

**Further noting** that vaccine misinformation is on the rise, aided by the growth of social media networks where false rumours about vaccination have the potential to derail vaccination programs,

**Noting** that vaccine hesitancy is an identified health threat by WHO for 2019, which has shown to reverse the gains achieved by successful immunization programs, with rise in global outbreaks of vaccine-preventable diseases such as measles,

**Recognizing** the important contribution of vaccines and immunization to improving the health of populations, achieving the ambitious Sustainable Development Goals need urgent action by countries and health systems to respond to this public health threat,

**Acknowledging** the significant progress achieved towards polio eradication and the significant contribution of the Islamic Advisory Group on Polio eradication (IAG) and the need for effective transitioning of the polio-related assets, human resources and infrastructure, to the strengthening of national immunization and health systems;

**Hereby:**

1. **Invites** the OIC Member States to identify community perspectives on vaccines and factors within their populations which contribute to reduced vaccine demand and to develop strategies and plans to increase vaccine demand, including continued

community-engagement and guidance on religious position on immunization that could serve as a special reference for the Muslim community;

2. **Urges** all OIC Member States to redouble efforts to reach all population groups with life-saving immunizations, especially marginalized populations;
3. **Underscores** the important role of religious' leaders and other community leaders in promoting appropriate health seeking behaviour and enhancing access to high quality and respectful health services for all women, children and families and invites the interested Member States to work with the Islamic Advisory Group (IAG) in line with IAG's expanded mandate;
4. **Invites** Member States to support healthcare workers by providing trainings, tools and resources, for them to provide safe vaccines, and to engage with caregivers on issues of hesitancy;
5. **Requests** the Secretary General to follow up 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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