



# ASTANA DECLARATION

## THIRD ISLAMIC CONFERENCE OF HEALTH MINISTERS

**ASTANA, REPUBLIC OF KAZAKHSTAN**  
**29 SEPTEMBER TO 01 OCTOBER, 2011**  
**(01-03 DHULQAIDAH 1432H)**

## The Third Islamic Conference of Health Ministers

### DECLARATION

We, the Ministers of Health of the Member States of the Organization of the Islamic Cooperation, participating in the Session of the Islamic Conference of Health Ministers, having met in Astana, Kazakhstan (29 September - 1 October 2011) and having reviewed the priority public health issues facing the Islamic Ummah:

**Considering** that health is central to overall human development, life quality improvement, wellbeing of the society and the reduction of poverty;

**Recognising** that health is a crucially important economic asset resulting in increased labour productivity and educational attainment;

**Acknowledging** that health interventions in conflict ridden areas can contribute to advancing peace;

**Noting with appreciation** the decision of 3<sup>rd</sup> Extraordinary Session of the Islamic Summit Conference in Makkah Al Mukarramah (December 2005) to establish a special fund within the Islamic Development Bank (IDB) in order to help address and alleviate poverty and fight diseases and epidemics in the OIC Member States;

**Noting** that communicable diseases such as Avian Influenza, Tuberculosis, Malaria and HIV can lead to significant loss of lives and have a negative impact on the economy of OIC Member States;

**Acknowledging** that in today's highly mobile, interdependent and interconnected world, communicable diseases can spread much faster than at any time in history;

**Noting** that in order to protect the world against these public health threats the International Health Regulations (2005) adopted by all 193 Member States of the World Health Organization have come into effect, on the 15<sup>th</sup> June 2007;

**Acknowledging** that the International Health Regulations (2005), pandemic preparedness programs and active international collaboration are essential components in ensuring public health in all countries, including the OIC Member States;

**Noting** that maternal mortality due to preventable complications of pregnancy and childbirth still remains unacceptably high in many OIC Member States; that the exclusive breastfeeding rate (up to 6 months) in many OIC Member States is less than 20%; and that more than a third of unvaccinated children globally reside in the OIC Member States;

**Recalling** the Polio resolutions adopted at the 10th Session of the Islamic Summit Conference held in Putrajaya, Malaysia; the 31<sup>st</sup> Session of the Islamic Conference of Foreign Ministers in Istanbul, Turkey; and the 34<sup>th</sup> Session of the Islamic Conference of Foreign Ministers in Islamabad, Pakistan;

**Acknowledging** that the Global Polio Eradication Initiative has reduced the global incidence of polio by 99% since 1988, and is working to stop polio in the last four remaining endemic countries in the world, three of whom are OIC Member States;

**Acknowledging** the efforts of Saudi Arabia in preventive practices to avoid transmission and emergence of pandemic diseases during the Hajj pilgrimage.

**Acknowledging** the efforts of some OIC Member States in reducing maternal mortality,

**Recognising** that health security, including biosafety, is integral to international security;

**Desiring** to achieve the objective of Joint Islamic Action, a new vision of the OIC to face the challenges of the Muslim Ummah in the 21<sup>st</sup> century, solidarity in action in dealing with eradication of poverty and public health issues particularly mother and child health protection, immunization against infectious diseases thus controlling epidemics, quality of pharmaceutical products and developing intersectoral collaboration in health protection, We, the Ministers of Health of the OIC Member States declare as follows:

1. **Praise** the OIC General Secretariat for taking the lead in promoting public health initiatives among the OIC Member States in collaboration with international organizations;
2. **Congratulate** Islamic Educational, Scientific and Cultural Organization (ISESCO) and OIC Ministerial Standing Committee on Science and Technology (COMSTECH) for their efforts and contribution in advocating and preparation of guidelines in bioethics and medical ethics, and Statistical, Economic and Social research and Training Centre for Islamic Countries (SESRIC) for the launching of the OIC Health report 2011 and its Capacity building programs in health ;
3. **Urge** OIC Member States to assess the existing national public health systems and develop, strengthen and maintain the core country capacities required under the International Health Regulations (2005) through the mobilization of both domestic and external resources and expertise;

4. **Emphasize** the necessity of establishing a body within the OIC responsible for monitoring programs coping with public health challenges that face the Islamic Ummah;
5. **Contribute** to and actively participate in the strengthening of the WHO regional and international alert and response systems through close international collaboration and in compliance with the rules and procedures of the International Health Regulations (2005), and ensure and actively participate in effective and transparent international mechanisms in accordance with relevant national and international laws aimed at ensuring fair and equitable sharing of benefits;
6. **Urge** Member States to strengthen global partnerships and undertake joint actions to ensure solidarity, trust, transparency and optimal synergy and impact and ensure access to, and distribution of, affordable diagnostics and treatments, including vaccines, to those in need, especially in developing countries, in a timely manner;
7. **Urge** the OIC Member States to intensify their cooperation with the World Health Organization and other international organizations to combat global health concerns including HIV/ AIDS, Tuberculosis , Malaria as well as non-communicable diseases (cardiovascular diseases, diabetes, oncological diseases, neurodegenerative processes, traumas), and to develop elements of biosafety and biosecurity;
8. **Reaffirm** our solemn commitment and support to the efforts being made by international organizations such as the World Health Organization and UNICEF in assisting the OIC Member States to expand national immunization services to reach all unvaccinated children with vaccines of assured quality that will significantly contribute towards Millennium Development Goals (Target No. 4);
9. **Emphasize** the urgency of stopping all wild poliovirus transmissions by the end of 2012 and thereby call for sustained high-level political commitment and oversight of vaccination campaigns and urge OIC countries, the G8, the G20 members to consider providing urgent funding required by the Global Polio Eradication Initiative
10. **Call upon** our Member States to promote collective self- reliance in vaccine production (SRVP) and supply through strengthening National Regulatory Authorities and improving capacity for vaccine production and distribution in the OIC Member States;
11. **Emphasize** the importance of improvement in child health as a vital element in poverty alleviation and **support** cost-effective health programs, such as immunization and infant as well as young children feeding practices;

12. **Call upon** the OIC Member States to promote and intensify research and development efforts for health systems research that can greatly enhance public health outcomes;
13. **Call upon** the OIC Member States to introduce stronger tobacco control legislation to protect present and future generations from the devastating health, social and economic consequences of tobacco consumption and exposure to tobacco smoke;
14. **Recognize** that iron deficiency anemia is an important risk factor for pregnancy and child development and that it is necessary to better evaluate the role of common nutritional factors, such as excessive consumption of tea, for more focused preventive actions
15. **Appeal** to the OIC Member States and the Islamic Development Bank, to provide adequate resources for priority public health activities and interventions in the OIC Member States;
16. **Emphasize** the importance of promotion of the Intra-OIC-Trade in the field of Health products
17. Support the efforts of OIC Member States to strengthen health systems and build capacity to enable a higher proportion of births to be attended by skilled health personnel to reduce preventable maternal and child mortality;
18. **Urge** all OIC Member States and international organizations including WHO to provide and mobilize adequate resources and support to protect public health and strengthen the healthcare delivery system in Palestine, occupied Syrian Golan Heights and other conflict affected areas;
19. **Urge** all Member States to fully comply with health regulatory hajj requirements and to take all preventive measures to prevent any outbreak of any health problems in line with International Health Regulation 2005;
20. **Welcome** 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;
21. **Express** deep gratitude to the government of the Republic of Kazakhstan for hosting the third Conference of OIC Ministers in Astana and acknowledge the importance of this event.

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