

OIC/2-ICHM/2009/TEH-DEC-Final

**TEHRAN DECLARATION**

**SECOND ISLAMIC CONFERENCE  
OF THE MINISTERS OF HEALTH**

**TEHRAN – ISLAMIC REPUBLIC OF IRAN**  
**1-4 MARCH 2009**  
**( 3 – 6 RABI AL-AWAL 1430 H)**

*In the Name of Allah, the Most Compassionate, the Most Merciful*

## **TEHRAN DECLARATION**

*We, the Health Ministers and representatives of the Member States of the Organization of the Islamic Conference (OIC), participating in the Second Session of the Islamic Conference of Health Ministers (ICHM) in Tehran, the Islamic Republic of Iran, from 3 to 6 Rabi-ul-Awwal, 1430. corresponding to 1 to 4 March, 2009,*

**Having examined different aspects of the health status in our countries, including our health developments and situations, concerns, requirements, and priorities, hereby declare the followings:**

- 1.** Human beings are at the centre of concerns for sustainable development and are entitled to a healthy and productive life in harmony with nature. Accordingly, addressing the underlying determinants of health is a key element to ensuring ecologically sustainable development and sustained health improvements;
- 2.** The enjoyment of the highest attainable standard of health is a fundamental right of every human being without distinction of any kind, and the extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health;
- 3.** Islam attaches great importance to all aspects of life of human being, including his health. Islamic teachings encompass numerous health- related principles, guidelines and recommendations, the observance of which can greatly contribute to promotion of the health. Enjoining Muslims for being committed to the central character of the family in Islam as the natural building block of society and as a decisive factor in preventing sexually-transmitted diseases is only one example;
- 4.** The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. The improvement in health requires a secure foundation in these basic prerequisites. At the same time, the promotion and protection of the health of the people is essential to sustained economic and social development;
- 5.** The health of all people is a fundamental factor in the maintenance of international peace and security. Likewise, health improvement is dependent, to a large extent, upon: A) sound and comprehensive policies of the States, as they have the responsibility for the health of their citizens, and B) the cooperation of States and international organizations;
- 6.** International cooperation in health is not an option, but a must since in our increasingly interconnected world, communicable diseases can spread much faster than the past and the threat of newly emerging diseases is growing;
- 7.** Equity in health which is built upon people having access to the resources, capacities and capabilities they need to act upon the circumstances of their lives that determine their health is a cornerstone of individual, community, societal and international well-being. Likewise, observance of principles of integrity, transparency, accountability and inclusion is of significant importance in realization of health equity;

**8.** The conditions that drive health inequities are neither natural nor unavoidable. Appropriate strategic approaches, policies, plans and measures shall be taken to eradicate health inequities, since they harm the entire society and waste human potential and financial resources. Accordingly, all decisions pertaining to human health and wellbeing including structural problems must be determined based upon the principles of equity and social justice;

**9.** There is a dire need for adequate investments and incentives in research and development to produce new and effective medicines, diagnostic tools, vector control tools and vaccines, and to promote research in alternative/traditional medicine and strengthen health systems, taking into account the ethical, legal, socio-cultural and environmental situation of people;

**10.** Trade barriers to economic growth and domestic enterprise, economic sanction, international trade practices and agreements on intellectual property rights preventing access to necessary pharmaceutical products and technologies are among major sources of concern in the protection and promotion of health. Accordingly, there is need to review current international trade agreements to remove trade practices that are harmful to health, particularly those that prevent access to necessary pharmaceuticals and technologies. Likewise, future trade agreements should be subject to health impact assessments;

**11.** Unimpeded access to health technologies, vaccines, materials and knowledge at the international level is an integral part of the health equity. The public and individual health should not be secondary outcomes to economic and trade growth or the protection of trade patents and intellectual property. There is a need to ensure that the right to health takes precedence over trade obligations. Consequently, the OIC Member States are encouraged to develop their common positions, where possible, on issues of mutual interest to the Islamic Ummah in international fora, in particular in securing equity and universal access of all nations to health knowledge, information, services, technologies and resources and empowering the least advantaged societies;

**12.** Cooperation based on mutual benefit among the OIC Member States, in particular their academics institutions and research centers, private sectors and civil society institutions, as well as the institutions of the OIC system is inevitable to face the health challenges of the Islamic States;

**13.** The ICHM, the mandate of which, according to Resolution No.4/10-S&T (IS) of the 10th Session of the Islamic Summit Conference also covers the establishment of Inter-Islamic cooperation in the field of health in general, including pharmaceuticals products, shall be considered as the main specialized mechanism for regular consultation and coordination on health related issues among the OIC Member States. Therefore, we decide to hold regular Sessions of the ICHM biennially, in the OIC Member States to examine keys health-related issues of concern to the OIC Member States and coordinate our policies and adopt appropriate strategic directions, decisions and resolutions;

**14.** The effectiveness of the activities of the OIC and its relevant institutions, a strategic mechanism in the key health-related issues, hinges largely upon a comprehensive, professional and forward-looking plan of action. To this end we mandate the Steering Committee, in collaboration with Member States, to develop a

draft of a Strategic and Health Programme of Action of the OIC Member States for 2012 - 2022 for its submission and adoption at the Third Session of the ICHM;

**15.** Expeditious implementation of health-related part of the OIC 10-Year Program of Action (TYPOA) to draw up a program for combating diseases and epidemics to be financed by the Islamic Solidarity Fund for Development (ISFD) within the Islamic Development Bank (IDB) and promoting self-reliance in vaccine production in the OIC Member States is essential;

**16.** Parliaments and Shoura Councils of the OIC Member States are requested to take into account the health issues in legislation and adopt supportive laws in all health related issues, in particular for improving mother and child health and supporting cost-effective health programs;

**17.** The efforts of international organizations such as the WHO and UNICEF in assisting the OIC Member States to expand national immunization programmes to reach all unvaccinated children is commendable.

**18.** Urge the OIC Member States to consider being self reliant and self sufficient in their immunization programs, inter alia, by ensuring the production of good quality, safe, effective and affordable vaccines and investment in advanced bio-technology to develop good quality and effective vaccines;

**19.** The OIC, WHO and other relevant international organizations are requested to cooperate to foster health capacity building programmes in the OIC Member States to promote health equity;

**20.** The role of media, educational centers, religious leaders and institutions and civil society institutions in raising awareness about different aspects of health shall be taken into consideration and encouraged. Similarly, the role of ethically, legally, socio-culturally-based models of health and wellness in the areas of illness, treatment, care, support, and health promotion is of significant importance;

**21.** Deteriorating health and environmental degradation due to the Israeli occupation of the Palestinian territory and the Syrian Occupied Golan is a source of great concern and we express deep concern over the deteriorating health situations in Palestine, in particular in the Gaza Strip. Referring to the Fourth Geneva Convention of 1949, we condemn strongly the Occupying Forces for the grave violations of Palestinians rights to health, particularly, their arrests, collective punishments, blockade and access to clean water, electricity, medication, food and vaccines delivery to cities, towns and refugee camps, the obstruction and prevention of movement of health staff and ambulances from transporting the injured to hospitals and the inability of patients specially pregnant women to access health centers and facilities;

**22.** All the OIC Member States and international organizations including WHO are urged to provide and mobilize adequate resources and support to protect public health and strengthen the healthcare delivery system in Palestine in general and Gaza in particular, Syrian Occupied Golan and other conflict affected areas;

**23.** We express our sincere thanks to Honorable Minister of Health and Medical Education of the Islamic Republic of Iran and request him, as the Chairman of the Second Session of the ICHM, with the assistance of the ICHM Steering Committee, to

monitor the implementation of our decisions and resolutions and submit a report on the progresses made to the Third Session of the ICHM.



2-ICHLM-TEH-DECLARATION-FINAL