



OIC/ICHM-6/2017/RES. Final

*Resolutions of the
6th Session of the Islamic Conference of Health Ministers*

Jeddah, Kingdom of Saudi Arabia

5 - 7 December 2017

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Resolution No. 1/6-ICHM

On the OIC Strategic Health Programme of Action 2014-2023

And Strengthening Health Cooperation

The Sixth Session of the Islamic Conference of Health Ministers (Session of “Health in all policies”), held in Jeddah, Kingdom of Saudi Arabia, from 05-07 December 2017;

Recognizing that a healthy population is vital for sustainable social and economic development of the Member States,

Referring to the OIC 2025: Programme of Action adopted by the Thirteenth Islamic Summit Conference held in April, 2016 in Istanbul which lists health as one of the important goals of the Programme,

Recalling the resolutions and decisions adopted by the successive sessions of the Islamic Conferences of Health Ministers (ICHM) including those adopted by the 5th ICHM (Istanbul, Turkey, 2015),

Bearing in mind Resolution No. 3/44-S&T on Health Matters adopted by the Forty-Fourth session of the Council of Foreign Ministers held in Abidjan , Republic of Côte d'Ivoire(10-11 July 2017),

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 (IDB) by extending financial assistance to the Member States in their efforts towards health systems strengthening,

Taking note with appreciation of the reports submitted and presented by the Statistical, Economic and Social Research and Training Centre for Islamic Countries (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), UNICEF, UNFPA, IAEA and the GAVI,

Taking note of the OIC Coordination Meeting held on the margins of the 70th session of the World Health Assembly on 22nd May 2017 to discuss the global health agenda from the OIC perspective and to form common positions on issues of interest to the Member States,

Welcoming the adoption of the OIC STI Agenda 2026 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,

Having considered the report of the Secretary General on Health (OIC/6-ICHM/2017/SG-REP);

1. Reaffirms its strong commitment to the full implementation of the OIC Strategic Health Programme of Action 2014-2023 (OIC-SHPA) adopted at the Fourth session of the ICHM in 2013 in Jakarta, Indonesia;
2. **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;
3. **Emphasize** the importance of designating National Focal Point (NFP) on Health by the Member States to facilitate coordination with the General Secretariat and other Member States on health issues including implementation of SHPA **and reiterates its request** to the Member States that have not yet done so to designate NFPs;
4. **Welcomes** the launching of the OIC Health Portal and requests Member States to utilize the Portal to further enhance cooperation for sharing of experience, expertise, best practices and transfer of technology in respect of the actions and activities identified in the SHPA;
5. **Approves** the new Terms of Reference for the Lead Country Coordinators Group (LCCG) and **Decides** on its composition for the period of 2017-2019 as follows: Turkey, Bahrain, Saudi Arabia, Malaysia, Indonesia, Sudan, and Morocco, OIC General Secretariat, COMSTECH, SESRIC, IDB and ISESCO;
6. **Approves** the updated Terms of Reference of the Steering Committee on Health (SCH) and **Decides** on its composition for the period of 2017-2019 as follows: Bahrain, Indonesia, Malaysia, Mauritania, Morocco, Saudi Arabia and Turkey, Uganda, OIC General Secretariat, COMSTECH, SESRIC, IDB, 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 Ibn Haitham Educational Exchange Programme’ and also requests the IDB to pay special attention to health specialization in the context of its program for scholarships for outstanding students and Hi-Tech specializations;
8. **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 national and civil society 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 regular convening of the OIC coordination meetings on health related issues at the margins of international fora , particularly the World Health Assembly, with the purpose of developing and sharing OIC unified positions on issues of common interest;
11. **Welcomes** the launching of the OIC Medical Corps **and mandates** the OIC General Secretariat to coordinate with interested Member States, relevant OIC institutions and other international stakeholders for its early operationalization;
12. **Mandates** the OIC Secretary to consult with Member States with a view to finding a host for the 7th session ICHM scheduled to be held in 2019;
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. 2/6-ICHM

On Healthy Life Style, Prevention and Control of

Communicable and Non-Communicable Diseases, and Health Emergencies and Disaster

The Sixth Session of the Islamic Conference of Health Ministers (Session of “Health in all Policies”), held in Jeddah, Kingdom of Saudi Arabia 05-07 December 2017;

Recalling the resolutions and decisions of the successive sessions of the Islamic Conferences of Health Ministers (ICHM), in particular Resolutions 2/5-ICHM adopted by the 5th Islamic Conference of Health Ministers (Istanbul, Turkey, 2015) on ‘Healthy Life Style and Prevention and Control of Communicable and Non-Communicable Diseases and Health Emergencies and Disasters’,

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); Global Polio Eradication Initiative (GPEI), UNICEF, UNFPA, the Global Fund to fight against HIV/AIDS, Tuberculosis and Malaria (GF), and the GAVI,

Having considered WHO key messages regarding HiAP "Health in All Policies", never been more timely or relevant, and SDGs "Sustainable Development Goals" challenge us to move towards whole-of-government and whole-of-society approaches that leave no one behind, HiAP is core to this agenda. Achieving Health in the SDGs, so that no one is left behind, requires new ways of working bringing together various sectors, government, civil society, academia and community,

Welcoming the convening of fourth annual Islamic Advisory Group (IAG) meeting in Cairo on 22nd November, 2017 during which progress on the IAG’s 2016-17 Work Plan was reviewed and Work Plan for 2018-19 was approved,

Noting with grave concern the rising prevalence of Non-Communicable Diseases globally and in the OIC Member States in particular,

Welcoming the Istanbul Declaration issued by the Special Session on First Ladies' Leadership on Cancer Control held on the sidelines of the 13th Islamic Summit Conference in Istanbul, Turkey on 14 April, 2016,

Welcoming further the outcome of the meeting to review funding gaps and mobilize resources for the implementation of priority interventions in National Cancer Control Programmes of the OIC-IDB-IAEA Common Member States held on 20-22 March 2017 in Khartoum, Sudan,

Taking note of the outcome of the two seminars on ‘The Role of the Social Media in Influencing the Youth and Adolescents Health’ and ‘Improving Lives and Wellness in

OIC Countries: Prevention, Early Detection & Treatment of Cancer’ organised by the IDB on the side-lines of the 42nd IDB Annual Board Meeting on 14th and 16th May 2017 respectively,

Further taking note with appreciation of the offer by Health Institutes of Turkey (TUSEB) and the Turkish Cancer Institute to collaborate with Member States in cancer research through the two Genetic Cancer laboratories in Istanbul,

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

Stressing the importance of further enhancing capacities of the 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/6-ICHM/2017/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;
3. **Encourages** Member States to actively consider HiAP in line with the key messages already identified by WHO.
4. **Requests** the Secretary General to take appropriate steps for consideration of HiAP in member States if needed.

Communicable diseases

5. **Reaffirms** the support for the goal of global polio eradication and full implementation of the Polio Eradication and Endgame Strategic Plan 2013-18 to protect all children from life-long polio paralysis;
6. **Commends** the 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; to adopt a “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 about the compliance of vaccines to Islamic Shariah, address concerns, and facilitate access to vaccinate all children;

7. **Welcomes** the decision taken by the Third Meeting of IAG held in Jeddah in July 2016 to expand its mandate to support other maternal, newborn and child health initiatives including routine immunizations beyond polio, breastfeeding, birth spacing, hygiene and sanitation and care-seeking behavior for pregnant mothers;
8. **Calls on** OIC member states to support remaining polio endemic countries in their effort to stop polio transmission and on the IAG to continue to work closely with the GPEI, Member 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 especially those who have consistently been missed;
9. **Acknowledges** the financial contribution made by the Bill & Melinda Gates Foundation (BMGF), Rotary International and the IDB Group towards the support of IAG activities; and **Calls upon** all Member States, international development funds and philanthropic organizations to provide necessary financial support to the IAG to continue its critical role in eradicating polio from the remaining OIC Member States and strengthen routine immunization and maternal and child health;
10. **Calls upon** the Member States to work towards achieving SDG 3 that inter-alia set the 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;
11. **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;
12. **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;
13. **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

14. **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;

15. **Reiterates its call** to Member States to work towards achieving SDG 3 that inter-alia set the target of reducing , by 2030 , premature mortality from non-communicable diseases through prevention and treatment and promoting mental health and well-being by one third;
16. **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;
17. **Urges** the Member States to develop and strengthen policies and programmes on healthy lifestyles, prevention and control of NCDs;
18. **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.);
19. **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;
20. **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;
21. **Invites** all Member States to do further research and interventional studies exploring strategies to determine and reduce NCDs prevalence and the risk factors;
22. **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;
23. **Encourages** Member States to increase mental health promotion and mental illness prevention with an emphasis on community-based mental health approaches;
24. **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,

25. **Welcomes** the signing of the Practical Arrangements Agreement between OIC, IDB and IAEA and encourages the Member States to participate and contribute to the OIC-IDB-IAEA joint project on Support to Member States to Fight Cancer;
26. **Looks forward** to the implementation of the recommendations of the meeting to review funding gaps and mobilize resources for the implementation of priority interventions in National Cancer Control Programmes of the OIC - IDB - IAEA Common Member States held from 20-22 March 2017, in Khartoum, Sudan by all the stakeholders;
27. **Welcomes** Istanbul declaration issued by the Special Session on First Ladies' Leadership on Cancer Control in Member States on the margin of 13th Islamic Summit Conference held in Istanbul, Turkey on 14th April 2016; and **calls upon** Member States, OIC General Secretariat and relevant OIC institutions to ensure full implementation of the recommendations made in the Declaration;
28. **Encourages** interested Member States to collaborate with the Turkish Cancer Institute in carrying out joint cancer research;

Health Emergencies and Disasters

29. **Invites** Member States to strengthen cooperation in mitigation from preparedness for response to and recover from health emergencies and disasters;
30. **Calls upon** Member States, OIC relevant institutions and international partners to establish, promote and foster regional and sub-regional collaboration, as well as interregional cooperation within WHO, including sharing of experience and expertise for capacity development, in risk-reduction, response and recovery;
31. **Welcomes** the launching of the OIC Medical Corps and **mandates** the OIC General Secretariat to coordinate with interested Member States, relevant OIC institutions and other international stakeholders for its early operationalization;
32. **Welcomes** the project on “strengthening coordination and Capacity Building on Preparedness and Response for Health Emergencies in OIC Member States” initiated by Turkey and Sudan in collaboration with SESRIC.
33. **Welcomes** the outcome of the panel discussion on the ‘Health care services of refugees and Internally Displaced Persons in the OIC Member States’ and urges Member States, OIC General Secretariat and relevant institutions to ensure, to the extent possible, timely implementation of the recommendations of the panel discussion;

34. **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. 3/6-ICHM

On Maternal and Child Health and Nutrition

The Sixth Session of the Islamic Conference of Health Ministers (Session of “Health in all Policies”), held in Jeddah, Kingdom of Saudi Arabia, 05-07 December 2017;

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 5th session of Islamic Conference of Health Ministers (Istanbul, Turkey, 2015),

Recalling in particular Resolution No. 3/4-ICHM on Maternal and Child Health Care adopted by the 5th session of the Islamic Conference of Health Ministers (Istanbul, Turkey, 2015),

Taking into account Resolution No. 3/44-S&T on Health Matters adopted by the Forty- Fourth session of the Council of Foreign Ministers (CFM) held in Côte d'Ivoire(10-11 August 2017),

Bearing in mind the commitments made by Member States to implement 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,

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) , Goal No. 3 of the 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,

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

Bearing in mind 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,

Having considered the report of the Secretary General on Health (OIC/6-ICHM/2017/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 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 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 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;
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. **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;
10. **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;
11. **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. 4/6-ICHM

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

The Sixth Session of the Islamic Conference of Health Ministers (Session of “Health in all policies”), held in Jeddah, Kingdom of Saudi Arabia from 05-07 December 2017

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 5th session of Islamic Conference of Health Ministers (Istanbul, Turkey, 2015),

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,

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,

Appreciating the hosting of a training program on Pharmaceutical Regulatory System on 25-29 September 2017 by the National Pharmaceutical Regulatory Agency, Ministry of Health Malaysia,

Appreciating further the hosting of the Third Meeting of the OIC Vaccine Manufacturers Group in Bandung, Indonesia on 14-15 November, 2016 by Biofarma, Indonesia,

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 noting with appreciation, the holding of a Training Workshop on Vaccine Management by BioFarma on 16-18 November 2016 in Bandung, Indonesia,

Bearing in mind the outcome of the Panel Discussion on promoting access to vaccines by OIC 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/6-ICHM/2017/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. **Urges** the participation of all interested public and private sector entities in the OIC Member States in the work of the Vaccine Manufactures Group (VMG) in accordance with its Terms of Reference;
3. **Takes note of** the Short, Medium and Long Term Implementation Plan of VMG as updated by the Third Meeting of OIC VMG (Bandung, 14-15 November 2016);
4. **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;
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. **Approves** the Terms of Reference for the designation of OIC Center of Excellence on Vaccine and Biotechnology Products in Indonesia to support the needs of the OIC Member States and requests Indonesia to expedite the establishment of the Centre;
7. **Takes** note of the recommendations by the Panel Discussion on promoting access of vaccines to OIC Member States and invites Member States, OIC General Secretariat and OIC relevant institution to ensure expeditious implementation of these recommendations;
8. **Urges** IDB, COMSTECH, ISESCO, SESRIC, WHO, UNICEF, GAVI and others 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;
9. **Encourages** all Member States that have not done so 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. 5/6-ICHM

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

The Sixth Session of the Islamic Conference of Health Ministers (Session of “Health in all policies”), held in Jeddah, Kingdom of Saudi Arabia, from 05-07 December 2017;

Recalling the resolutions and decisions adopted by the successive sessions of the Islamic Conference of Health Ministers (ICHM) and the Steering Committee on Health (SCH), including those adopted by the 5th Islamic Conference of Health Ministers (Istanbul, Turkey, 2015), in particular, Resolution No. 5/5-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 ever-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,

Condemning the repeated encroachments on our children and people by the Israeli occupation, through the use of internationally banned war materials, including experimental weapons, which has and will continue to have adverse effects, coupled with the huge amount of persons disabled by wars and the psychological impact this has on children and women alike,

Affirms that the Israeli occupation of Arab territories poses major health difficulties for the Palestinian people and the Syrian Arab residents in the occupied Syrian Golan because of the dangers it causes to the health and life of citizens;

Hereby:

1. **Condemns** the blockade of Palestinian areas by Israel preventing water, electricity, medication, food and vaccines delivery to cities, towns and refugee camps, the obstruction and prevention of movement of ambulances from transporting the injured to hospitals and the inability of patients to access health centres and facilities;

2. **Strongly denounces** the practices of the Israeli occupation army against hospitals, patients and using Palestinians as human shields to gain access to Palestinian areas;
3. **Affirms** the Right of the Palestinian people and medical staff to access the health facilities;
4. **Reiterates** support for the Palestinian Ministry of Health to enable it monitor the implementation of preventive and curative programmes and to cope with the burdens of receiving thousands of the wounded and the future burdens of dealing with thousands of cases of physical and psychological handicap;
5. **Affirms** the need to protect the Palestinian people and provide health assistance to Arab inhabitants of occupied territories, including the occupied Syrian Golan, and to support environmental health programmes;
6. **Reiterates** the inalienable right of the Palestinian people to self- determination, including their right to establish their sovereign independent state, and its capital Al Quds Al Shareef while the preserving the Arab, Islamic and civilizational character of the City;
7. **Demands** Israel to obey and assure the implementation of all previous WHO Resolutions and amelioration of health conditions in the occupied Arab territories.

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