



5th Islamic Conference of Health Ministers

Resolution

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

Draft Resolution No. 2/5-ICHM

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

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

Referring to the OIC Ten-Year Programme of Action adopted by the Third Extraordinary Islamic Summit Conference held in Makkah Al-Mukarramah in December 2005; which lists health as one of the important sectors for joint Islamic action;

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

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

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

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

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

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

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

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

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

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

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

Having considered risks posed by spread of HIV/AIDS, tuberculosis and malaria, which may have devastating social and economic impacts for the OIC Member States;

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

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

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

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

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

Hereby:

1. **Underscores** the need for continuing and further strengthening national efforts for preventing and combating diseases, enhancing community awareness and support, strengthening surveillance, procuring high quality safe vaccines, securing necessary financing, and enhancing routine immunization systems;
2. **Reaffirms** support for strong international partnerships to ensure sufficient resources to provide countries with access to science and technology to be able to design and implement appropriate interventions to prevent, control and eradicate diseases;

Communicable diseases

3. **Reaffirms** the support of all OIC Member States for the goal of global polio eradication and the full implementation of the Polio Eradication and Endgame Strategic Plan 2013-18 to protect all children from life-long polio paralysis;
4. **Calls** upon the polio affected countries to fully implement their National Emergency Action Plans for polio eradication and ensure that all children are consistently reached and vaccinated; effective implementation of vaccination campaigns will require regular oversight of polio eradication efforts by Government leaders, and a “whole of Government” approach to raise community awareness, address concerns, and successfully and safely access and vaccinate all children;
5. **Reiterates** its support for the religious injunctions (Fatwas) of the International Islamic Fiqh Academy regarding the safety and acceptability in Islam of polio vaccination and declaring it a duty of all parents and communities to protect children and to allow health workers to carry out their duty in safety;
6. **Calls** on the International Islamic Fiqh Academy and the Islamic Advisory Group (IAG) on polio eradication to continue to work closely with the Global Polio Eradication Initiative, polio-affected Members States and religious and community leaders to help address challenges regarding community perceptions on vaccinations, on the safety and acceptance of vaccines, and to help secure access to all children for immunization;
7. **Calls upon** all Member States and international development partners, including the Islamic Development Bank (IDB), the Saudi Fund for Development, and philanthropic organizations, in particular those in the Islamic world, to provide the necessary financial support to eradicate polio from the remaining OIC Member States and to help strengthen routine immunization efforts;
8. **Further calls upon** the Member States to work towards the SDG target of ending, by 2030, the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases;
9. **Encourages** Member States to share best practices and develop collaborative research programmes to strengthen common surveillance, preventive and control measures especially with participation of neighbouring countries with a high burden of HIV/AIDs, Tuberculosis and Malaria and countries with good surveillance and control programmes and requests the OIC financial institutions, the Global Fund and WHO to lend respectively their financial and technical support for such programmes;
10. **Welcomes** the contributions of the OIC Member States which have extended financial support to the Global Fund and other international partners, and appeals to the Member States in a position to do so to lend their financial support to these partners;
11. **Encourages** Member States to participate actively in GHSA in line with the priorities already identified in SHPA.

Non-communicable diseases

12. **Expresses** concern at the rising prevalence of non-communicable diseases, mainly cardiovascular diseases, diabetes, cancer and chronic lung disease, and their risk factors, social and economic impact for the Member States;
13. **Calls upon** Member States to work towards the SDG target of reducing by one third premature mortality from non-communicable diseases through prevention and treatment and promoting mental health and well-being;
14. **Invites** Member States to enhance their national capacities to map the emerging NCD epidemics and analyze their social, economic, and cultural determinants and enact or strengthen interventions to reduce their risk factors including by prediction of risks in health facilities based on WHO recommendations and also by facilitating networking among government agencies, experts, non-governmental and civil society organizations in the Member States;
15. **Urges** the Member States to develop and strengthen policies and programmes on healthy lifestyles, prevention and control of non-communicable diseases;
16. **Calls** upon the OIC Member States to launch mass media awareness campaigns to promote healthy lifestyles and disease prevention and control by using innovative evidence based tools and by implementing evidence based approaches (health promotion, social marketing, behavioral economics etc.);
17. **Invites** ISESCO and other relevant OIC institutions to promote the integration of health awareness as a part of educational curricula to promote healthy lifestyles and disease prevention and control and training programmes for representatives of the media for better dissemination of health information to the public;
18. **Stresses** the need for addressing behavioral risk factors, such as tobacco use, unhealthy diet, physical inactivity and use of alcohol, that cause or increase the risk of non-communicable diseases through, inter-alia, public private partnership and community empowerment;
19. **Invites** all Member States to do further research and interventional studies exploring strategies to determine and reduce NCD prevalence and the risk factors;
20. **Urges** the OIC Member States to take steps on speedy ratification of WHO Framework Convention on Tobacco Control (FCTC), if not done so; **Calls** upon the OIC Member States and relevant national and OIC institutions and civil society organisations to actively cooperate with and participate in the capacity building activities and programmes of SESRIC Tobacco Free OIC initiative and Tobacco Questions for Surveys.(TQS) project to harmonize and standardize the monitoring of key tobacco control indicators in OIC countries;

21. **Encourages** Member States to increase mental health promotion and mental illness prevention with an emphasis on community-based mental health approaches;
22. **Underscores** that a comprehensive cancer control approach is essential to fight cancer effectively. This involves specific and coordinated activities focused around prevention, early detection, diagnosis, treatment and palliative care. Improving access, affordability, quality and delivery of cancer services to cancer patients requires a multidisciplinary set of expertise that can only be made available by different stakeholders engaged in the global fight against cancer, including the donor community;
23. **Welcomes** the efforts towards the finalization of the Practical Arrangements document between OIC, IDB and IAEA and encourages the Member States to participate and contribute to the OIC-IDB-IAEA joint project on Support to African Countries to Fight Cancer;
24. **Welcomes** the proposal to organize Special Session on First Ladies' Leadership on Cancer Control in Member States in the margin of 13th OIC Summit in Republic of Turkey in April 2016;

Health Emergencies and Disasters

25. **Invites** Member States to strengthen cooperation in mitigation from preparedness for response to and recover from health emergencies and disasters;
26. **Underscores** the significance of implementation of International Health Regulations (IHR) to institute minimum core capacities in Member States for prevention and management of public health emergencies;
27. **Calls** upon the OIC member states to work towards achieving the SFDRR goals and targets;
28. **Urges** Member States to support scientific studies for more information on the impacts of Technology Addiction, including preoccupation with the Internet and digital media and strengthen programmes for community awareness and preventive strategies to deal with such behavioral addiction;
29. **Requests** the Secretary General to take appropriate steps for the implementation of these recommendations and submit a report thereon to the next Session of the Islamic Conference of Health Ministers.