

OIC/2-ICHM/2009/RES-FINAL

**RESOLUTIONS
ADOPTED BY THE
SECOND ISLAMIC CONFERENCE OF
HEALTH MINISTERS**

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

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Resolution No.1/2-ICHM
On
Health Equity in the Islamic Ummah

The Second Session of the Islamic Conference of Health Ministers (Session of the Health Equity in Islamic Ummah), held in Tehran, Islamic Republic of Iran, 3-6 Rabiul-Awal, 1430H (1-4 March 2009),

MINDFUL as emphasize by the Holy Quran on justice and equity as the very core, essence and ultimate goal of Islam and noting that Islam provides solutions to all problems that are faced by humanity;

ACKNOWLEDGING the objective of the OIC, to enhance and consolidate the bonds of fraternity and solidarity among the Member States and the necessity of promoting cooperation among the Islamic States in the field of health in general;

GUIDED by the OIC Charter that encourages Member States to consolidate cooperation in economic, social, cultural, scientific and other fields;

RECALLING Resolution No.4/10-S&T (IS) of the 10th Summit which decides that the mandate of the ICHM also covers the establishment of Inter-Islamic cooperation in the field of health in general, including pharmaceuticals; and mindful of the particular importance of medicines and supplies;

RECALLING ALSO Resolution KLOICHMC-1/2007/2.5 on Women and Child Health;

RECALLING the global strategy of Health For All flagged by the 1978 Primary Health Care Conference in Alma Ata and reaffirmed by the International Conference on Primary Health Care at Alma-Ata in 2008;

NOTING the global consensus on the United Nations Millennium Declaration to achieve the Millennium Development Goals by 2015 and other actions and recommendations set out in the series of international health promotion conferences;

TAKING NOTE of the recommendations of WHO Commission on Social Determinants of Health on health and socio-economic inequalities at the global, regional and country levels;

MINDFUL of the WHO World Health Report 2008 on Primary Health Care focusing on ways and means of improving health equity by reforming health and other societal systems;

CONSIDERING that socio-economic status of people and poor quality of life significantly affects their health status and that shared responsibilities to achieve health equity are of high importance;

RECOGNIZING that globally, millions of children are not reaching their full potential and that investing in Early Child Development is a fundamental step in achieving health equity across the lifespan;

RECOGNIZING ALSO the significance of maternal health and the role of women in influencing family health and access to health care delivery;

1. **URGES** OIC Member States to develop effective programs addressing health inequities which emanate among others from structural problems and weak multi sectoral approaches in the Islamic Ummah through improvements in social determinants of health.
2. **CALLS UPON** OIC Member States to initiate and promote multi-disciplinary research on health inequalities and advocacy activities regarding ethical, legal and social spheres of health inequities.
3. **ENCOURAGES** OIC Member States to address Early Child Development as one of the most crucial determinants of health and to develop effective strategies, policies and programs;
4. **INVITES** OIC Member States to prioritize provision of resources, financial or otherwise, from all sources, to tackle health inequities, with a special focus on vulnerable people;
5. **ENCOURAGES** OIC Member States to involve religious leaders in the advocacy activities to promote health equity;
6. **ENCOURAGES** OIC member states to cooperate with each other to address and overcome health inequities at international level and call upon WHO and other relevant international organizations to support this initiative;
7. **CALLS ON** WHO and other relevant international organizations to support and cooperate with the OIC Member States in fulfilling capacity building requirements to address health inequities for mutual benefits;
8. **EMPHASIZES** that universal and unimpeded access to health technologies, pharmaceuticals, vaccines and health knowledge at the international level is an integral part of the health equity and urges OIC Member States to express a unified position in international fora against discriminatory access;

9. **REQUESTS** OIC institutions and in particular IDB, ISESCO, SESRIC and COMSTECH to support initiatives aiming at developing an Islamic common approach and actions towards health equity;

10. **INVITES** OIC Member States to cooperate with SESRIC to strengthen their national database to consolidate disaggregated data related to health inequalities and their related social determinants;

~~12.~~ 11. **RECOMMENDS** to the OIC Member States to revitalize Primary Health Care Systems as a priority in all health policies, values and programmes in order to deliver evident based comprehensive health services to all members of the community and calls upon them, where deemed necessary, to review their Primary Health Care Systems in light of the provisions of the Social Determinants of Health;

Resolution No.2/2-ICHM
On
Islamic Solidarity with Palestinians in the Occupied Palestinian territories in the aftermath of the Israeli Regime atrocities in the Gaza Strip and Syrian Arab inhabitants of the Occupied Syrian Golan: Health aspects.

The Second Session of the Islamic Conference of Health Ministers (Session of the Health Equity in Islamic Ummah), held in Tehran, Islamic Republic of Iran, 3-6 Rabiul-Awal, 1430H (1-4 March 2009),

ACKNOWLEDGING the objective of the OIC, to enhance and consolidate the bonds of fraternity and solidarity among the Member States and the necessity of promoting cooperation among the Islamic States in the field of health in general;

RECALLING Resolution No.4/10-S&T(IS) of the 10th OIC Summit which decides that the mandate of the ICHM also covers the establishment of Inter-Islamic cooperation in the field of health in general, including pharmaceuticals;

STRONGLY CONDEMNS the recent acts of genocide perpetrated by the Israeli regime against the defenseless Palestinian People, particularly in Gaza;

DEEPLY CONCERNED about the long term health effects of repeated brutal aggressions of the Israeli regime against the Palestinian People including the use of prohibited weapons such as the white Phosphorous;

PROFOUNDLY CONCERNED about the destruction of livelihood of the Palestinian population after the widespread destruction of their houses, workplaces, farms, hospitals, schools and civil infrastructures by the Israeli regime and its long term effects on the health status and condition of the Palestinian people in general and particularly in Gaza and the Syrian Arabs residents in the Occupied Syrian Golan as well;

EXTREMELY CONCERNED about the Palestinian venerable groups in general and particularly children's mental status due to continued loss of family members and gruesome images as a result of indiscriminate military offensive of the Israeli army;

REAFFIRMING inalienable rights of all peoples of access to the highest possible of health;

REAFFIRMING the objective of the OIC in supporting the struggle of the Palestinian people, who are presently under foreign occupation, and to empower them to attain their inalienable rights, including the right to self-determination, and to establish

their sovereign state with Al-Quds Al-Sharif as its capital, while safeguarding its historic and Islamic character, and the holy places therein;

Hereby:

1. **APPLAUDS**, the Palestinians for their resistance against the forces of aggression and occupation of the Israeli regime, in particular in Gaza;
2. **CONDEMNS** in strongest terms, the acts of genocide, ethnic cleansing and massacre of innocent men, women, children and the elderly by the Israeli regime in Palestinian Occupied Territories and in particular in Gaza;
3. **CALLS UPON** the United Nations to condemn such acts of utter destruction and massacre and support the Palestinians, especially the affected people in Gaza in any way possible, including facilitating the work of UNRWA, ICRC and other international humanitarian and relief agencies and ensure the free movement of their staff and aid provisions;
4. **URGES** all the OIC Member States to spare no effort at their disposal, whether collectively or individually, to help and support the Palestinian People, in particular in Gaza in order to help them overcome the horrendous hardships suffered as a result of the Israeli aggressions;
5. **CALLS UPON** the WHO, other health related international institutions and relief agencies, in accordance with their respective mandates, to scale up their operations in Gaza including Syrian Arab residents in the Syrian Occupied Golan and plan for tailor-made projects to specifically deal with the health status and conditions of the population therein in the aftermath of the Israeli deadly operations, including efforts to provide support and build capacity to the Gaza's health care services;
6. **ALSO CALLS UPON** the Israeli regime, the occupying power, to cease forthwith its siege, imprisonment, and collective punishment of the Palestinian people in the Gaza Strip by lifting the siege and opening all of Gaza's border crossings in order to allow the movement of persons and goods into and out of the Gaza Strip, including unfettered access to humanitarian aid and personnel and movement of ill persons requiring medical treatment outside of Gaza. **Further calls** for compelling the Occupying Forces to respect its obligations under international law, especially international humanitarian law in regard to health teams and facilitating their missions, removing check points in the West Bank and stopping construction of apartheid separation wall, as they prevent accessibility of essential health services to Palestinians, and bringing all culprits of war crimes by the Israeli enemy in Gaza to justice.

Resolution No.3/2-ICHM
On
Ways and Means of Strengthening Health Cooperation
among the OIC Member States.

The Second Session of the Islamic Conference of Health Ministers (Session of the Health Equity in Islamic Ummah), held in Tehran Islamic Republic of Iran, 3-6 Rabiul-Alwal, 1430 (1-4 March 2009),

ACKNOWLEDGING the objective of the OIC, to enhance and consolidate the bonds of the Islamic State and the necessity of promoting cooperation among the Islamic State in the field of health general;

RECALLING Resolution NO.4/10-S&T (IS) of the 10th OIC Summit which decides that the mandate of the ICHM also covers the establishment of the Inter-Islamic cooperation in the field of health in general, including pharmaceuticals;

RECOGNIZING the noble objective of health for all, attainment of the highest possible level of health and the benefits of health-related knowledge by all the people;

RECALLING the objective of the OIC, to exert efforts to achieve sustainable and comprehensive human development in Member States and the OIC Ten Year Program of Action (TYPOA) that urges Member States to assimilate highly-qualified Muslims within the Muslim World, develop a comprehensive strategy in order to utilize their expertise and prevent brain migration phenomenon;

NOTING Resolution – POA (IS) of the 11th OIC Summit that urges Member States and relevant specialized institutions in the OIC to prepare programs and projects aiming at sharing knowledge and establishment of partnership in order to enhance scientific research and develop technology in the Islamic countries;

MINDFUL of the IDB vision 1440 on “A vision for human dignity” on promotion of Health as stipulated in its third strategic thrust;

HAVING CONSIDERED with appreciation the report of the OIC Secretary General on the status of implementation of Kuala Lumpur Declaration and resolutions of the First Islamic Conference of Health Ministers; the report of the Chairman of the Steering Committee; the report of the First Meeting of the Steering Committee and their respective recommendations to the ministerial conference;

Hereby:

1. **EXPRESSES** its appreciation to the Government of the Islamic Republic of Iran for hosting the Second Session of the Islamic Conference of Health Ministers and for taking the initiative of organizing the Session around Panels of high technical and scientific value;
2. **URGES** OIC Member states to implement the outcomes documents adopted by the First and Second Sessions of the ICHM and periodically report on the actions taken;
3. **ENDORSES** the Terms of Reference of the Steering Committee and requests the Steering Committee to continue monitoring implementation of the decisions and recommendations of the ICHM. The Committee proposes establishing an Interim Operating Secretariat to facilitate its work, preferably in the location of the OIC General Secretariat (Jeddah). Decides to refer the proposed matter to the next ministerial meeting for further study. During the period until the next ICHM, the OIC General Secretariat makes necessary follow-up arrangements. The Meeting also takes note of the offer by the Islamic Republic of Iran to host the Operating Secretariat subject to the outcome of the next ministerial meeting.
4. **INVITES** the OIC Member states and relevant OIC institutions to intensify their partnership efforts in the area of health research.
5. **WELCOMES** with appreciation initiation, by COMSTECH, of projects in the field of Tropical Diseases including Neglected Tropical Diseases and other health related areas in collaboration with WHO in a fair, equitable and transparent manner, and invites OIC Member States to support COMSTECH in coordinating health related research in their scientific communities;
6. **APPRECIATES** the IDB endeavour for establishment of the Malaria Control Programme, The Special Programme for the Development of Africa and the Islamic Solidarity Fund for Development all of which, strongly address priority health needs of the Member States;
7. **INVITES** the IDB to build upon its vision 1440 on “A Vision for Human Dignity” on Promotion of health as stipulated in its Third Strategic Thrust and to consider financing health projects of the OIC Member States;
8. **REQUESTS** the IDB to consider health related features in further enhancing its program of scholarships for outstanding students and Hi-Tech specializations aimed at developing the scientific, technical, and research capabilities of scientists and researchers in the Member States;

- 9. STRONGLY SUPPORTS** Resolution No.5/11-S&T (IS) of the 11th Session of the Islamic Summit Conference which calls upon the OIC-IDB-WHO to work out a coordination mechanism based on their current bilateral MOU as a basis for regular meetings to discuss, coordinate, collaborate and formulate relevant and feasible programmes and projects for combating pandemic diseases that plague the Ummah in order to assist Member States to mutually benefit from each others strength;
- 10. INVITES** SESRIC to collaborate and coordinate with WHO and participate in WSIS follow-up activities in the area of ICT applications, to conduct e-health assessments in the OIC Member States, to share best practices in this areas;
- 11. URGES** strengthening OIC coordination meetings on health related processes in international fora, with the purpose of developing and sharing OIC unified positions on issues of common interest to the Islamic Ummah, in particular in promoting universal and non-discriminatory access of the Islamic Ummah to health knowledge, information, services, technologies and resources, including vaccines;
- 12. INSTRUCTS** the Steering Committee to establish an OIC ICHM information sharing mechanism (ISM);
- 13. ENCOURAGES** the OIC Member States to, through bilateral and multilateral agreements, initiate arrangements for utilizing medical capacities available in the OIC countries, in order to provide health services for those requiring them from other States on a demand-driven basis;
- 14. ENCOURAGES** the OIC Member States to strive, with the cooperation of the relevant OIC institutions, to work towards harmonizing the relevant standards and regulations to facilitate registration, manufacturing and marketing of drugs, vaccines and radiopharmaceutical among the OIC Member States;
- 15. WELCOMES** the recent initiative of the SESRIC on Health Capacity Building Programme which aims at matching the needs and capacities of the Health Authorities in the OIC Member States; and **ENCOURAGES** SESRIC with collaboration of IDB to conduct full-pledged surveys and organize short-training programme.

Resolution No. 4/2-ICHM
On
Combating communicable Diseases

The Second Session of the Islamic Conference of Health Ministers (Session of Health Equity in Islamic Ummah), held in Tehran, Islamic Republic of Iran, 3-6 Rabiul-Awal, 1430 (1-4 March 2009,

ACKNOWLEDGING the objective of the OIC, to enhance and consolidate the bonds of fraternity and solidarity among the Member States and the necessity of promoting cooperation among the Islamic States in the field of health in general;

RECALLING Resolution No. 4/10-S&T (IS) of the 10th OIC Summit which decides that the mandate of the ICHM also covers the establishment of Inter-Islamic cooperation in the field of health in general, including pharmaceuticals;

RECALLING FURTHER Resolution No. 4/11-S&T (IS) on “the Global Cooperation in the Programme for Combating Diseases and Epidemics” of the 11th OIC Summit Conference, Dakar, Republic of Senegal, 13-14 March 2008;

MINDFUL of Resolutions KLOICHMC-1/2007/2.1, KLOICHMC-1/2007/2.2, KLOICHMC-1/2007/2.3, KLOICHMC-1/2007/2.7, KLOICHMC-1/2007/2.8 and KLOICHMC-1/2007/2.10 of the First Session of the ICHM in Kuala Lumpur, Malaysia, 12-15 June 2007;

HAVING DELIBERATED risks posed by communicable diseases, in particular, those of particular concern to the populations of the OIC Member States;

NOTING with concern the challenges the OIC Member States face in coping with communicable diseases including zoonotic infections;

RECOGNIZING the threat posed by emerging and re-emerging communicable diseases in particular those of epidemic and pandemic nature to the Islamic Countries;

REAFFIRMING that notwithstanding the devastating impact of epidemic and pandemic diseases on the socio-economic life of the affected peoples, these diseases are largely preventable and that their eradication must receive full and urgent attention by all Islamic Countries;

NOTING with concern that in some countries polio vaccination coverage is less than 90% due to poor quality programme, resulting in polio virus spreading to a number

of other Member Countries and significant increase in number of cases in polio-endemic countries;

DEEPLY CONCERN that out of four countries in the world still struggling with Polio three are from the OIC Member States with threat of cross-border importation in polio free countries;

NOTING with deep concern that HIV/AIDS is a crisis with disastrous consequences for the social and economic progress of all nations, including Muslim countries;

ACKNOWLEDGING that conflicts may lead to outbreaks of CDs and hinder safe access to preventive vaccination campaign and programmes and leave millions at risk of polio and other vaccine preventable and serious communicable diseases;

REAFFIRMING the Final Communiqué of the 11th OIC Summit Conference on the importance of observing noble Islamic teachings and values, in particular the central character of the family in Islam as the building block of society and as a decisive and crucial factor in preventing and combating sexually-transmitted diseases;

RECOGNIZING that adherence to Islamic values and ensuing ethical and philosophical convictions of Muslims, contributes significantly to lowering the rate of HIV/AIDS pandemic;

APPRECIATING the IDB's programme on Self-Reliance in Vaccine Productions and the partnerships for mutual benefits and on a demand-driven basis with WHO in collaboration with the OIC General Secretariat to support the OIC Member States in capacity and capability building for vaccine production;

Hereby:

1. **INVITES** the OIC Member States and the OIC institutions to explore ways and means of promoting their cooperation towards combating communicable diseases including through implementation of International Health Regulations (IHR 2005);
2. **REQUESTS** the OIC to build and utilize partnerships in a mutually beneficial manner on demand-driven basis with WHO and other UN and international organizations in combating communicable diseases in fair, equitable and transparent manner;
3. **REAFFIRMS** the significance of involvement of religious leaders in advocacy activities towards global fight against communicable diseases and invites the OIC Member States to share best practices in this regard. The involvement of religious leaders may cover issues of ethical, legal and social spheres;

4. **ENCOURAGES** the OIC Member States to share their experience and to cooperate in the health and medical preparations of the pilgrims prior to departure so as to ensure optimum health conditions of the pilgrims during the Hajj and Umrah;
5. **INVITES** the OIC Member States to improve the level of their preparedness to counter Tuberculosis while seeking the assistance of WHO and the Global Fund;
6. **URGES** initiation of an OIC Polio Eradication Program, with the OIC Secretary General to take the lead, in collaboration with the Global Polio Eradication Initiative to assist in the process of eradication of Polio from the remaining OIC Member States including its detection, and furthermore urges a joint OIC Secretariat/IDB mission to the three OIC Member States endemic with polio to explore ways of direct assistance for polio eradication in the three OIC Member States;
7. **INVITES** those OIC Member States with epidemiological expertise and capacities to cooperate in Malaria elimination programs with other OIC members and encourages mobilizing assistance from WHO and the Global Fund;
8. **URGES** the OIC Member States to foster HIV/AIDS preventive programs, in particular, positive prevention techniques in cooperation, among others, with UNAIDS, WHO and the Global Fund. Such programs shall be formulated and implemented with full respect for Islamic, Cultural, Ethical and Social values of the OIC Member States;
9. **INVITES** the OIC Member States and the OIC General Secretariat, to contribute to the global fight against HIV/AIDS, in the context of international cooperation and partnership, through sharing and disseminating actively the Islamic common vision and approach;
10. **URGES** initiation of public-private partnerships to form a vaccine production consortium among OIC Member States to enhance their collective capacity for large scale vaccines production to respond to vaccine-preventable diseases including vaccine needed for Hajj and Umrah and invites WHO and the IDB to support the initiative;
11. **ALSO URGES** the Member States of the Organisation of the Islamic Conference to promote the programmes aimed at preventing Hepatitis Type B and C and HIV/AIDS.
12. **ENCOURAGES** the OIC Member States to cooperate in making available adequate supply of vaccines, diagnostics and medicine through joint research and production to support immunization programmes in the spirit of Islamic Ummah solidarity and dignity to achieve self-sufficiency among Member States.

Resolution No. 5/2-ICHM
On
Combating Non-Communicable Diseases

The Second Session of the Islamic Conference of Health Ministers (Session of Health Equity in Islamic Ummah), held in Tehran, Islamic Republic of Iran, 3-6 Rabiul-Awal, 1430 (1-4 March 2009),

ACKNOWLEDGING the objective of the OIC, to enhance and consolidate the bonds of fraternity and solidarity among the Member States and the necessity of promoting cooperation among the Islamic States in the field of health in general;

RECALLING Resolution No. 4/10-S&T(IS) of the 10th OIC Summit which decides that the mandate of the ICHM also covers the establishment of Inter-Islamic cooperation in the field of health in general, including pharmaceuticals;

RECALLING FURTHER Resolution No. 4/11-S&T(IS) on “the Global Cooperation in the Programme for Combating Diseases and Epidemics” of the 11th OIC Summit Conference, Dakar, Republic of Senegal, 13-14 March 2008;

HAVING DELIBERATED risks posed by Non-communicable diseases (NCDs), in particular, those of special concern to the populations of the OIC Member States;

MINDFUL that NCDs such as Cardiovascular Diseases, Cancers, Chronic Respiratory Diseases, Diabetes, disorders related to Mental Health as well as addiction and physical disabilities are but some of the consequences of the change in lifestyles, urbanism, air pollution, sedentary life and constitute a growing menace to wellbeing of people in the Islamic countries;

NOTING with grave concern that the risk factors attributed to the NCDs are interconnected, cumulative and intergenerational and have huge impacts in lowering the capacities for full participation of people in their social and economic activities, general productivity and etc;

ACKNOWLEDGING that controlling NCDs will result in ameliorating mortality and morbidity rates, improve human workforce capacities and productivities, improve the quality of life of the OIC Member States populations and flourish their economies;

REAFFIRMING the important role that cooperation between the OIC, WHO and the relevant OIC institutions play in addressing effectively the menace of NCDs;

1. **INVITES** OIC Member States to set up their NCDs-risk factor surveillance system;
2. **ENCOURAGES** the OIC Member States to foster programs to reduce adverse impacts of drug use;
3. **ENCOURAGES FURTHER** the OIC Member States to address drug and substance abuse;
4. **CALLS UPON** the OIC Member States to share their experiences and best practices with other OIC Member States through the ICHM-ISM in the areas of diet, nutrition (e.g. food fortification) and physical activity (e.g. through promoting public sports);
5. **INVITES** the Member States to develop and enhance their Cancer Registry and perform interventions, prevention control and treatment;
6. **ENCOURAGES** the OIC Member States to perform extensive studies to determine Diabetes prevalence and analyze the factors which influence the prevalence of relevant diseases in the OIC Member States;
7. **URGES** the OIC Member States to take steps on ratification process, if not done so, and implement the provisions of the WHO Framework Convention on Tobacco Control (FCTC), adopt relevant national legislation, programs and advocacy activities for that purpose and participate actively in the deliberations of the Intergovernmental Negotiating Body (INB) on the FCTC Protocol on Illicit Trade as well as FCTC's Conferences of Parties;
8. **INVITES** the OIC Member States to integrate Road Safety measures in their development policies and plans with the support of WHO and other relevant international institutions;
9. **REQUESTS** the OIC Member States to consider and integrate healthy environments including on the issues of air and water pollution and other man-made and natural disasters in their national plans and policies;
10. **URGES** the OIC Member States to decrease the impact of Genetic disorders via screening and conducting research on and control of root causes of such disorders including through premarital consultation;
11. **INVITES** the OIC Member States to work collectively in the area of Organ transplant in order to mitigate NCDs resulting from organ failure;

12. **ENCOURAGES** further studies on Islamic life styles, the importance of fasting, on the prevention of NCDs among OIC Member States;
13. **CALLS UPON** the OIC Member States to share their experiences and best practices in the areas covered in this resolution, with other OIC Member States through an ICHM Information Sharing Mechanism;

Resolution No. 6/2-ICHM

On

Emergency Preparedness and Response: Common Islamic Approach

The Second Session of the Islamic Conference of Health Ministers (Session of Health Equity in Islamic Ummah), held in Tehran, Islamic Republic of Iran, 3-6 Rabiul-Awal, 1430 (1-4 March 2009),

ACKNOWLEDGING the objective of the OIC, to enhance and consolidate the bonds of fraternity and solidarity among the Member States and the necessity of promoting cooperation among the Islamic States in the field of health in general and also being cognizant of the relevant comprehensive Islamic ethical values;

RECALLING Resolution No. 4/10-S&T (IS) of the 10th OIC Summit which decides that the mandate of the ICHM also covers the establishment of Inter-Islamic cooperation in the field of health in general, including pharmaceuticals;

RECALLING FURTHER the objective of the OIC which aims at cooperation and coordination in humanitarian emergencies such as natural disaster;

RECALLING ALSO the OIC Ten-Year Programme of Action acknowledgement that Islam advocates solidarity with, and assistance to, all the needy without discrimination, which requires the Islamic States to develop and adopt a clear strategy on Islamic relief action and support the trend towards cooperation and coordination among individual relief efforts of the Islamic States and the Islamic civil society institutions on the one hand, and international civil society institutions and organizations on the other hand;

NOTING the OIC Ten-Year Programme of Action that urges helping countries affected by disasters to rebuild their buffer stocks;

RECALLING the Declaration of the 11th OIC Summit Conference that reaffirms Member States political will to take or support any initiative designed, among others, to mitigate the adverse impacts of natural disasters;

RECOGNIZING that humanitarian emergencies, of natural or man-made origins, undermine development achievements and impoverish people and nations;

EMPHASIZING the importance of disaster risk reduction strategies intertwined with effective preparedness and response measures in particular in the area of health which, through minimizing losses, become an investment for countries in their stride towards sustainable development;

RECOGNIZING that preparedness, mitigation and response planning to emergencies relies upon availability of resources, financial or otherwise;
Hereby:

1. **ENCOURAGES** the OIC Member States to develop and integrate disaster risk reduction planning as well as emergency preparedness, risk response and early warning measures, into their development strategies and national health plans that may include:
 - Conducting baseline assessments;
 - Integrating early warning measures in primary health care network;
 - Strengthening building safety and protection of critical health infrastructures;
 - Engaging actively relevant international and regional initiatives;
2. **ENCOURAGES FURTHER** the OIC Member States to design and implement mutually beneficial emergency health related activities and to explore the possibility setting up sub-regional or inter-country arrangements to respond to disasters and emergencies, with the involvement of the relevant OIC institutions such as IDB, ISESCO, SESRIC and other stakeholders including communities, volunteers, media and scientific community, as well as building public-private partnership to increase opportunities to combine resources and expertise;
3. **INVITES** Member States, in case of natural and man-made disasters, to develop a culture of safety and resilience at all levels, including programs to raise public awareness and improve knowledge, skill and advocacy for disaster risk reduction in health sector, as well as introducing disaster risk reduction and risk response in education and research systems;
4. **CALLS UPON** the OIC Member States to give high priority to the establishment of their Emergency Management Centre (EMC), as an essential tool to significantly reduce health impacts of disasters and to mobilize and integrate national efforts in the event of a disaster;
5. **INVITES** the OIC General Secretariat, other OIC institutions to support OIC humanitarian emergency coordination and networking activities including capacity building and training in collaboration of IDB.