



OIC/4-ICHM/2013/SG REPORT/DRAFT

FOURTH ISLAMIC CONFERENCE OF HEALTH MINISTERS

REPORT OF THE SECRETARY GENERAL

JAKARTA, REPUBLIC OF INDONESIA

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I- INTRODUCTION

1. The Member States of the OIC have identified health as one of the important sectors amongst the various areas for joint Islamic action given its centrality to overall human development and poverty alleviation.

2. The Third Extraordinary Islamic Summit held in Makkah Al-Mukarramah in 2005 adopted the OIC Ten-Year Programme of Action (TYPOA). The TYPOA places special emphasis on mother and child health care and the fight against diseases and pandemics.

- “Mandate the Islamic Development Bank to coordinate with the OIC General Secretariat in order to make the necessary contacts with the World Health Organization and other relevant institutions to draw up a programme for combating diseases and epidemics, to be financed through the special fund that will be created within the IDB”
- “Strengthen laws aimed at preserving the rights of children, enjoying the highest possible health levels, taking effective measures in order to eradicate poliomyelitis and protect them from all forms of violence and exploitation.”

3. Subsequent Islamic Conferences of Health Ministers (ICHMs), Islamic Summit Conferences and meetings of the Council of Foreign Ministers called for preparation of Strategic Health Programme of Action and adopted several decisions related to measures in prevention and combating diseases, reduction of mortality of mother and child, self-reliance in vaccines, strengthening health cooperation among OIC Member States and health equity in the Islamic Ummah.

4. The 1st Islamic Conference of Health Ministers (Kuala Lumpur, 12-15 June 2011) under the theme “*health the impetus towards Islamic Solidarity*” urged the OIC Member States to assess their existing public health systems and to strengthen global partnerships and undertake joint actions to ensure solidarity, through transparency and optimal synergy and impact. The ten resolutions adopted by the 1st ICHM related to self-reliance in vaccine production, global polio eradication programme, combating malaria in the OIC region, tobacco control, women and child health, human influenza pandemic preparedness and avian influenza control, financing health programmes, health programmes for pilgrims, bio-security issues and health support for Palestinians.

5. The 2nd Islamic Conference of Health Ministers (Tehran, 1-4 March 2009) under the theme “*Health Equity in Islamic Ummah*” issued Declaration that encouraged the international organizations to assist the OIC Member States to expand national immunization programmes to reach all unvaccinated children. It requested the OIC, WHO and other relevant international organizations to cooperate to foster capacity building programmes in the OIC Member States to promote health equity. The Declaration urged all the 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 in general and Gaza in particular, Syrian Occupied Golan and other conflict affected areas. The six resolutions

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adopted by the 2nd ICHM pertained to health equity in Muslim Ummah, strengthening health cooperation among OIC Member States, combating communicable and non-communicable diseases, emergency preparedness and response and 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.

6. The 3rd Islamic Conference of Health Ministers (Astana, 29 September – 1 October 2011) under the theme “*Health, Wellbeing and Equality*” decided to establish a special Health Implementation Unit (HIU) at the OIC Headquarters in Jeddah to serve as the permanent secretariat of the Steering Committee on Health and to facilitate effective monitoring and implementation of the resolutions and declarations emanating from the OIC Health Ministerial Conferences and to promote health cooperation and coordination among the OIC Member States. The Conference issued Declaration that called upon the OIC Member States to promote collective self-reliance in vaccine production and supply through strengthening National Regulatory Authorities and improving capacity for vaccine production and distribution in the OIC Member States, decided to establish a technical committee on the development and harmonization of standards on pharmaceuticals and vaccines, urged the Member States to intensify their cooperation with the World Health Organization and other international organizations to combat global health concerns including Polio, HIV/AIDS, Tuberculosis, Malaria as well as non-communicable diseases and mother and child health care.

7. The 11th Islamic Summit Conference, held in Dakar in 2008 called upon the OIC General Secretariat and the IDB to step up their activities, with the involvement of relevant international organizations, such as the WHO, in the area of combating diseases and epidemics. It also appreciated the establishment of contacts between the OIC and the US Department of Health and Human Services and their agreement to formalize their relations. Subsequently, the OIC and the US Government signed a Cooperation Framework on “Reaching Every Mother and Baby in the OIC Emergency Care” on 1st December 2008.

8. The 12th Islamic Summit Conference, held in Cairo in February 2013 resolved to accord high priority to the health sector and take steps for the mainstreaming of health issues in national planning, reaffirmed that preserving the wellbeing and physical health of children is the duty of every parent and society as prescribed by Islam therefore appealed to the religious scholars and leaders to support the polio eradication campaign; called for the early finalization of the OIC Strategic Health Programme of Action 2013-2022 which will provide a framework for more collaborative efforts and international cooperation for addressing the various health challenges facing the OIC Member States and urged the OIC General Secretariat to further strengthen its cooperation with the WHO, Global polio Eradication Initiative (GPEI), Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, UNICEF, UNFPA and other international partners.

Steering Committee on Health

9. The 1st Islamic Conference of Ministers of Health held in Kuala Lumpur on 12 – 15 June 2007 adopted a declaration that welcomed “the generous offer of Malaysia to facilitate and monitor the implementation of the resolutions and declarations of this health ministerial conference and decided to form an interim steering committee to assist the Government of Malaysia in accomplishing this task”. The declaration of the 1st ICMH further requested “the OIC General Secretariat to present a comprehensive proposal regarding a permanent mechanism for monitoring the implementation of the resolutions and declarations emanating from the OIC Health Ministerial Conferences”.

10. The 2nd Islamic Conference of Ministers of Health held in Tehran on 1 – 4 April 2009 approved establishment of a Steering Committee on Health to monitor the implementation of the decisions of the Health Ministers Conferences. The Steering Committee functions under the authority of and is guided by the Islamic Conference of the Ministers of Health.

11. The 3rd Islamic Conference of Ministers of Health held in Astana on 29 September – 1 October 2011 decided to establish a Health Implementation Unit (HIU) at the OIC Headquarters in Jeddah to serve as the permanent secretariat of the Steering Committee on Health. The HIU will facilitate monitoring of implementation of the resolutions and declarations emanating from the OIC Health Ministerial Conferences and promoting health cooperation and coordination among Member States, OIC institutions and relevant international organizations. The Conference agreed and welcomed assistance of the Member States in this regard including the recruitment of two health professionals and support staff of two. The Government of Kazakhstan and Indonesia offered to place one health expert each in the HIU. The General Secretariat has been in contact with Kazakhstan and Indonesia in this regard.

12. The Steering Committee on Health (SCH) comprises 15 member states representing the three OIC regions, the OIC General Secretariat, the OIC Institutions such as IDB, ISESCO, COMSTECH, SECRI and Intergovernmental Organizations such as World Health Organization (WHO). The composition of the Steering on Health for the period of 2011-2013 as follows: Kazakhstan, Iran, Indonesia, Saudi Arabia, Senegal, Tajikistan, Djibouti, COMSTECH, SESRIC, IDB, ISESCO, WHO, UNICEF, UNFPA, Global Fund to Fight HIV/AIDs, Tuberculosis and Malaria. It is proposed that the membership of the Steering Committee on Health may be expanded to include six Lead Country Coordinators for Thematic Areas of the OIC Strategic Health Programme of Action, 2013 – 2022.

13. The SCH held four meetings during the period of 2011- 2013.

14. The Islamic Republic of Iran handed over the Chair of the SCH to Kazakhstan during Part 2 of the 4th Meeting of SCH held in Astana on 1 October 2011.

15. The SCH held its 5th meeting at the OIC Headquarters in Jeddah from 31 January to 01 February, 2012. The meeting reviewed status of implementation of the

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recommendations and decisions of the Conferences of Health Ministers and preparation of Strategic Health Programme of Action of the OIC Member States for 2012-2022. The meeting accepted the offer by SESRIC to lead the preparation of the draft OIC Strategic Health Programme of Action 2013-2022 in close collaboration with the OIC General Secretariat, members of the Steering Committee of Health and relevant international agencies and organizations.

16. The 6th Meeting of SCH was hosted by Indonesia in Jakarta on 23 – 24 April 2013. The meeting reviewed status of implementation of recommendations and decisions of the Conferences of Health Ministers focusing on the issue of health within the development of the wellbeing of the people in the OIC Member States, giving importance of enhanced cooperation among the OIC Member States in areas such as prevention and control of communicable and non-communicable diseases, production of medicines and vaccines, mother and child health.

17. The SESRIC briefed the 6th Meeting of SCH on the progress of preparation of the OIC-SHPA which was funded by the IDB. The 6th Meeting of SCH endorsed the draft OIC-SHPA 2013 – 2022 and requested the OIC General Secretariat to submit the OIC-SHPA to 4th ICHM for approval.

18. The 6th Meeting of SCH also approved the recommendation by an Expert Advisory Group Meeting (EAGM) to prepare an Implementation Plan for the OIC-SHPA categorizing activities into short, medium and long term. The OIC General Secretariat was requested to submit the draft Implementation Plan document to the Seventh meeting of the SCH and the 4th ICHM for endorsement and approval respectively.

OIC Strategic Health Programme of Action 2013 – 2022

19. The 2nd Islamic Conference of Health Ministers, held in Tehran, Islamic Republic of Iran, on 1st – 4th March 2009 mandated the Steering Committee, in collaboration with Member States, to develop a draft of the OIC Strategic Health Programme of Action: 2012 - 2022 for its submission and adoption at the Third Session of the ICHM.

20. The 3rd meeting of the Steering Committee on Health held at the OIC Headquarters in Jeddah on 22nd -23rd January, 2011 formulated Terms of Reference for the preparation of the OIC Strategic Health Programme of Action, 2013-2022. It was decided that the initial draft could be prepared by a group of consultants, to be hired by the General Secretariat, and submitted to the Steering Committee.

21. The 3rd Session of the Islamic Conference of Health Ministers held in Astana, Republic of Kazakhstan from 29th September to 1st October, 2011 requested the Steering Committee to expedite the preparation and finalization of the OIC Strategic Health Programme of Action, 2013-2022.

22. The 5th meeting of the SCH (Jeddah, January 2012) deliberated the preparation of the OIC-SHPA and accepted the offer by SESRIC to lead the preparation of the draft OIC Strategic Health Programme of Action 2013-2022. It directed SESRIC to coordinate with

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IDB in line with the approved Terms of Reference for the preparation of the document. In this regard the meeting also underlined the need for close collaboration with the OIC General Secretariat, members of the Steering Committee on Health and relevant international agencies and organizations. The OIC General Secretariat coordinated with the IDB and SESRIC for the preparation of the document.

23. A Brain Storming Session among members of the SCH was convened by SESRIC in June 2012 and agreed on format and structure of OIC-SHPA. On the basis of the agreed format and structure, SESRIC drafted OIC-SHPA. The draft OIC-SHPA was circulated to all OIC Member States and international organizations members of Steering Committee on Health. The Program of Action of the OIC-SHPA contains six Thematic Areas:

- Thematic area 1: Health System Strengthening;
- Thematic area 2: Disease prevention and control;
- Thematic area 3: Maternal, New-born and Child Health and Nutrition;
- Thematic area 4: Medicines, Vaccines and Medical Technologies;
- Thematic area 5: Emergency Health Response and Intervention;
- Thematic area 6: Information, Research Education and Advocacy.

24. An Expert Advisory Group Meeting (EAGM) convened on 17 – 18 February 2013 at the SESRIC Headquarters in Ankara reviewed the draft document and requested SESRIC to finalize the document based on the feedbacks received during the EAGM.

25. The EAGM recommended preparation of an Implementation Plan for the OIC-SHPA. The EAGM established six working groups corresponding to the thematic areas of the OIC-SHPA. Each working group being lead by a member country:

Working Group	Lead Country Coordinator	Thematic Area
1	Kazakhstan	Health System Strengthening
2	Turkey	Disease Prevention and Control
3	Indonesia	Maternal, New-born and Child Health
4	Malaysia	Medicine and Vaccine
5	Sudan	Emergency Health Response and Intervention.
6	Egypt/Oman	Information, Education and Advocacy

26. The 6th Meeting of SCH endorsed the draft OIC-SHPA 2013 – 2022 and requested the OIC General Secretariat to submit the document for adoption by the Fourth

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ICHM. It also approved recommendation of the EAGM to prepare an Implementation Plan for the OIC-SHPA categorizing activities into short, medium and long term plan.

27. A meeting to finalize the draft Implementation Plan was hosted by Indonesia in Bandung on 18-19 June 2013. The OIC General Secretariat was requested to submit the draft Implementation Plan to the Seventh meeting of the SCH on 21 October 2013 for endorsement and subsequently present to the Fourth ICHM with the OIC-SHPA document for adoption.

Promoting Self Reliance in Production of Medicines and Vaccines

28. The 1st Islamic Conference of Health Ministers (Kuala Lumpur, June 2007) adopted Resolution No.KLOICHMC-1/2007/2.1 which urged the OIC Member States to consider being self reliant and self sufficient in their immunization programmes by ensuring the reliable supply of good quality, safe, effective and affordable vaccines by strengthening National Regulatory Authorities.

29. The 2nd Islamic Conference of Health Ministers (Tehran, 1 – 4 March 2009) encouraged 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.

30. The 3rd Islamic Conference of Health Ministers (Astana, 29 September – 1 October 2011) underscored the need for promoting collective self-reliance in production and supply of medicines and vaccines and in this regard collaboration between Member States for improving their capacities for drugs and vaccine production and distribution in the OIC Member States. The Conference invited Member States to cooperate in development and harmonization of standards on pharmaceuticals and vaccines and urged further development of public-private partnerships among the OIC Member States in production of medicines and vaccines to enhance their collective capacity. The Conference decided to establish a technical committee on the development and harmonization of standards on pharmaceuticals and vaccines and welcomed the hosting by Malaysia of the 1st Technical Committee Meeting.

31. Consistent with the strong emphasis placed by the 3rd ICHM on the need for the promotion of self-reliance in vaccine and drugs, OIC Member States have indicated their plans to organize relevant activities in the area. Indonesia hosted a workshop on public-private partnership in vaccine production pre-qualification on 5th – 7th June 2012 in collaboration with the WHO and USAID. Indonesia has offered to share expertise with other OIC Member States in the production of medicines.

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32. Two parallel tracks are being followed in the efforts to promote Self Reliance in Production of Medicine and Vaccines:

- a. *Development and Harmonization of Standards on Pharmaceuticals and Vaccines.*
- b. *Cooperation between medicine and vaccine manufacturers in the OIC Member States*

Development and Harmonization of Standards on Pharmaceuticals and Vaccines.

33. A technical meeting on the subject was hosted by Malaysia in Kuala Lumpur on 1-2 October 2012. The meeting reviewed the regulatory control of pharmaceuticals and vaccines in the OIC Member States, discussed challenges to produce pharmaceuticals and vaccines in the OIC region; and deliberated on the structure of the Technical Committee for the Development and Harmonization of Standards on Pharmaceuticals and Vaccines (OIC-DHSPV).

34. The meeting identified two specific areas of collaboration i.e. a) national regulatory bodies and department of standards; and b) cooperation with private sector involved in production of vaccine and drug in the OIC Member States.

35. The draft Terms of Reference of Technical Committee on Development and Harmonization on Pharmaceuticals and Vaccines were finalized through circulation to all Member States.

36. The Terms of Reference of the Technical Committee on Development and Harmonization of Standards of Pharmaceuticals and Vaccines and the Two-Year Action plan of the Technical Committee were approved by the 6th Meeting SCH (Jakarta, 23 to 24 April, 2013).

37. Malaysia will host the 2nd meeting of the Technical Committee on 25 – 26 November 2013.

Cooperation between medicine and vaccine manufacturers in the OIC Member States

38. The first meeting of medicine and vaccines manufacturers from OIC countries was organized by the OIC General Secretariat in cooperation with the Science, Technology and Innovation Organization (STIO) and hosted by the Government of UAE in Dubai on 27 – 28 February 2013.

39. The meeting reviewed status of medicine and vaccines production in the OIC countries, discussed major challenges to self-reliance, identified possible avenues for collaboration and the OIC role in facilitating cooperation and joint action.

40. The participants agreed to work together for promoting self-reliance and emphasized that the objective could be achieved through joint action in a phased manner.

41. The meeting recommended several short, medium and long term measures towards self reliance of vaccines production that includes.

- strengthening industry-academia linkages,
- harmonization of standards,
- creation of pooled procurement facility for vaccines and related supplies through public-private partnership,
- establishment of a strategic stock of medicines and vaccines for emergency, and
- securing WHO pre-qualified status.

42. The Pasteur Institute, Razi Vaccine & Serum Research Institute of Islamic Republic of Iran and MACTER Int'l Pvt of Republic of Pakistan offered to fund R&D activities for human and veterinary vaccines for OIC countries; training courses and workshops on Quality Management System (QMS); Validation, Clinical Trials and CGMP.

43. In line with request of the meeting, the OIC General Secretariat contacted the WHO for comprehensive information on WHO prequalification programme, its procedure, criteria and mechanism. The WHO prequalification has been distributed to all the participants of the 1st Meeting of Manufacturers.

44. The meeting agreed to prepare a document containing short, medium and long term actions towards self reliance. SESRIC was requested to conduct technical assessment studies and prepare a report thereon.

45. The second meeting of medicine and vaccine manufacturers was hosted by Bio-Farma of Indonesia in Bandung on 16 June 2013. The meeting discussed elements for the short term (downstream process), medium term (joint development of APIs) and long term (research and development) plans. The draft document of Short, Medium and Long Term Actions towards Self Reliance of Vaccines was finalized by circulation and will be presented to the 4th Islamic Conference of Health Ministers for consideration.

46. The 2nd Meeting of the Medicine and Vaccine Manufacturers made the following recommendations:

- Encourage all OIC Member States to provide information and data on their vaccine needs, and manufacturers to provide information on their capability and capacity to produce vaccines and research to SESRIC;
- Establish a vaccine manufacturers group from the OIC countries to coordinate and follow up on implementation of the short term, medium term and long term plan of actions.
- Establish Pooling Mechanism for the OIC Member States to collectively procure pharmaceuticals and vaccines.

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47. Following the recommendations by the 2nd Meeting of Medicine and Vaccines Manufacturers, OIC General Secretariat and SESRIC prepared the the following documents for consideration by the 4th ICHM:

- Need Assesment Report (SESRIC);
- Concept Paper on establishment of Vaccine Manufacturers Group (OIC); and
- Concept Paper on Pooling Mechanism within the OIC for pharmaceuticals and vaccine procurement (OIC).

OIC-IDB-IAEA partnership for the establishment and strengthening of cancer radiotherapy infrastructure in Member States in Africa

48. The OIC General Secretariat, the Islamic Development Bank (IDB) and the International Atomic Energy Agency (IAEA) jointly organized a two-day High Level Seminar on OIC-IDB-IAEA Cooperation in Support of African Countries' Efforts to tackle Cancer on 2-3 September 2012 at the IDB Headquarters in Jeddah. The meeting was attended by representatives from Burkina Faso, Cameroon, Cote d'Ivoire, Mauritania, Mali, Mozambique, Niger, Senegal, Sudan, Turkey and Uzbekistan. Potential donors and partners such as the Republic of Turkey and the Islamic Republic of Pakistan expressed their readiness to assist African Members States in their cancer control efforts. Malaysia communicated its willingness to participate in the project.

49. The objective of the Seminar was to provide a forum for the countries to present their national plans and programmes and for the IDB, IAEA, and OIC to consider requests for funding and technical support for the project.

50. The Meeting defined for each African country what could be promoted further through IDB-IAEA-OIC synergistic support to establish/strengthen cancer control programmes and radiotherapy facilities. Elements of regional cooperation, particularly for education and training of the required human resources for radiation oncologists, medical physicists, radiographers, nurses etc. were also addressed.

51. The Meeting adopted a set of recommendations urging, inter alia, to ensure that cancer control is identified as a priority in the relevant strategic documents (Country Programme Framework for IAEA, Country Cooperation Strategy for WHO and Member Country Partnership Strategy (MCPS) for IDB); to develop a National Cancer Control Programme and the relevant policies/strategy with a functional NCCP Committee; for those Member States who have not yet done so, to ensure the Ministry of Health officially requests the IAEA for facilitation of an IMPACT mission; to establish/strengthen national radiation safety infrastructure for the use of Radiation medicine.

52. The Ministry of Health (including its Cancer Centre/Institute) in coordination with the National Liaison Office (NLO) for IAEA and the Ministry of Finance/IDB's Governor of the participating countries is expected to approach the IDB for the development of bankable projects.

International Cooperation:

Polio Eradication

53. The OIC General Secretariat has continued to work closely with international partners in the global polio eradication efforts. In this regard, the OIC Secretary General also continues to maintain his contacts with the leadership of the OIC Member States, non-OIC Member States and philanthropic organizations such as Bill Gates Foundation.

54. The OIC General Secretariat participated in the meeting of religious scholars and leaders from OIC Member States which was organized by the WHO Eastern Mediterranean Regional Office (EMRO) in Cairo in March 2013 to mobilize support for polio eradication and immunization in the OIC Member States. The OIC appealed to the religious scholars and leaders to support the polio eradication campaign and encourage the people to respond positively to it.

55. Subsequently, the OIC General Secretariat secured a new religious injunction from the International Islamic Fiqh Academy (IIFA) which issued the Second Declaration of the Obligatory Nature of Polio Vaccination.

56. Permanent Observer Mission of the OIC to the UN Office in Geneva attended the special meeting of the Global Polio Partners Group (PPG) with Mr. Bill Gates, Co-Chair, Bill & Melinda Gates Foundation on 24 January 2013 in Geneva. The meeting covered the history and current progress on polio eradication; the importance of the new Polio Eradication and Endgame Strategic Plan; the need for financing pledges now to support the plan; and the importance of the actions for a wide variety of stakeholders to the success of the initiative.

57. The OIC General Secretariat participated in a Consultation with Islamic scholars on polio eradication organized by EMRO in Cairo on 6 – 7 March 2013. The meeting made several conclusions inter alia:

- There is consensus that the Muslim *ummah* faces a serious problem of persistent polio that threatens all Muslim children and children throughout the world.
- The scholars expressed a strong commitment to achieve a polio-free Islamic world by end 2014.
- Protection of children against polio is a collective responsibility of Islamic societies and their religious, health and political leaders.
- Vaccination of children to protect them from polio is a religious obligation of all Muslim parents.
- The scholars agreed that Islamic religious leadership and institutions have a crucial responsibility to support eradication of polio.
- There is consensus among scholars that the polio vaccine is safe and does not contain any *haram* or harmful substance and does not cause infertility.

Malaria

58. Executive Director of Roll Back Malaria (RBM) Secretariat Dr. Fatoumata Nafo-Traore visited the OIC Headquarters in Jeddah on 12 February 2013. The OIC General Secretariat and RBM Secretariat discussed ways to boost cooperation, including:

- Involvement of the RBM in drafting the OIC-SHPA 2012-2022 and its Implementation Plan as well as possible RBM activities to implement the OIC-SHPA;
- Participation of RBM in the Fourth session of Islamic Conference of Health including the Panel discussion at the Fourth session of ICHM on Eradication of Malaria;
- Making available effective and affordable medicine/vaccine to OIC Member States and exploring possibility of linking the OIC vaccine manufactures group with the international groups developing malaria vaccine.
- Innovative funding.
- Preparation of joint OIC-RBM cooperation action plan.
- Development and preparation of advocacy material and information distributed at/during OIC Conference of Foreign Ministers, Health Ministers Conferences and other OIC meetings.

Tuberculosis

59. The OIC countries accounted for half a million deaths out of the total 1.4 million who died of the disease in 2011. In this regard, the OIC and Stop TB Partnership have developed joint programme of work to strengthen their cooperation to eliminate Tuberculosis from the OIC region.

60. On the occasion of the World TB Day, the Organization of Islamic Cooperation (OIC) and the Stop TB Partnership reaffirmed their commitment to take effective action to overcome the deadly disease of Tuberculosis and to work together in this regard. They recognized the threat posed by TB, an airborne disease which is developing drug-resistant strains, in an increasingly interconnected world.

61. TB prevention and treatment will be one of the issues discussed during the 4th Islamic Conference of Health Ministers held in Jakarta, Indonesia, in October 2013. The OIC looks forward to working with international partners, including the WHO and Stop TB Partnership, to benefit from the new tools and tests being developed for the prevention diagnosis and treatment of TB including development of new drugs and vaccines.

HIV/AIDs, Tuberculosis and Malaria

62. Within the framework of the Memorandum of Understanding signed between the OIC and the Global Fund to fight HIV/AIDs, Tuberculosis and Malaria in May 2009, the

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OIC continues its advocacy to all Member States to render their support to the Global Fund.

63. The OIC and the Global Fund briefed the Permanent Representatives of the OIC Member States to UN in New York on the cooperation between the two organizations to fight HIV/AIDs, Tuberculosis and Malaria prior to the UN General Assembly in 2012. The meeting welcomed and appreciated the information provided and expressed full support for the efforts.

64. The OIC Permanent Observer Office in Brussels participated in a Preparatory Meeting on the Fourth Replenishment (2014-2016) of the Global Fund held in Brussels on 9 – 10 April 2013. The meeting highlighted the role of strong partnerships and international solidarity to ensure sufficient resources to provide countries with access to science and technology to be able to design and implement appropriate interventions to fight against HIV/AIDs, Tuberculosis and Malaria.

Mother and Child Health Care

65. Mother and child health is among the priority areas in the OIC Health agenda. The OIC and the US Government signed a Cooperation Framework in 2009 to implement projects on Mother and Child Health. Currently Mother and Child health projects are being implemented in Bangladesh and Mali based on collaboration between OIC, USAID, other international partners and the governments of the two countries.

66. The OIC General Secretariat is collaborating with the UNFPA office in Ankara and SESRIC to engage religious and cultural leaders to assist and facilitate implementation of the joint project on Mother and Child Health (MCH). The UNFPA Office in Ankara and SESRIC are considering possibility of organizing training courses for the trainers on the subject.

67. In addition, upon the request by the OIC General Secretariat, SESRIC is developing a business case for investment in maternal and newborn health in OIC countries. This will include the economic return for investing in mothers and young children and need among OIC countries.

68. The issue of MCH was selected as theme for one of the sessions of the Panel Discussion at the Fourth Islamic Conference of Health Ministers.

Cooperation with GAVI Alliance

69. The GAVI Alliance delegation led by its Chief Executive Officer Dr. Seth Berkley paid visit to the OIC Headquarters in Jeddah on 11 March 2013. The delegation briefed the OIC on the GAVI Alliance unique public-private global health partnership committed to saving children's lives and protecting people's health by increasing access to immunization in developing countries including OIC Member Countries.

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70. The two sides explored possible ways of strengthening cooperation in particular to ensure every child in the OIC Member States will be immunized and for the OIC countries achieving self reliance on production of vaccines.

71. It was decided to involve the GAVI Alliance in drafting the OIC-SHPA 2012-2022 and its Implementation Plan as well as possible GAVI activities to implement the OIC-SHPA;

72. It was agreed that GAVI would be invited to participate in the Fourth session of Islamic Conference of Health.

II- ACTIVITIES REPORTED BY THE MEMBER STATES AND OIC INSTITUTIONS

Activities of the Standing Committee on Scientific and Technological Cooperation (COMSTECH) in the domain of Health

COMSTECH-WHO (EMRO) Research Grants Programme

73. The Eastern Mediterranean Regional Office of the World Health Organization (EMRO/WHO) and COMSTECH established a joint grant in 2004 to support research in EMR countries (all of which are members of OIC) in applied Biotechnology and Genomics. The overall aim of the grant is to promote research, encourage networking, generate new knowledge and stimulate the application of biotechnology and genomic driven interventions in health care.

74. Under COMSTECH-EMRO/WHO joint program Fifty-nine research projects in eleven Member States of OIC including Bahrain, Egypt, Iran, Jordan, Lebanon, Morocco, Oman, Pakistan, Palestine, Syria and Tunisia have so far received US\$769,900.

Activities of the Statistical, Economic, Social-research and Training Center for Islamic Countries (SESRIC) in the domain of Health

75. SESRIC has lead the preparations of the Draft OIC Strategic Health Programme of Action 2013-2022 (OIC-SHPA). It has also facilitated the preparation of the Implementation Plans for the six thematic areas of cooperation of the OIC-SHPA. SESRIC is a member in all six working groups of the OIC-SHPA. SESRIC has established six group emails to facilitate the communication and exchange of information within and among the working groups.

76. SESRIC has given special importance to training and capacity building in the domain of health. Under the umbrella of its Vocational Education and Training Programme for OIC Member Countries (OIC-VET), four health capacity building programmes have been initiated and designed by SESRIC with the aim of enhancing the capacities of human resources in health sector in the member countries. These programmes are: Ibn Sina Health Capacity Building Programme (IbnSina-HCaB),

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Tobacco Control Training Programme, Occupational Safety and Health Capacity Building Program (OSHCaB) and OIC Network for Occupational Safety and Health (OIC-OSHNET).

77. Under the Ibn Sina Health Capacity Building Programme (IbnSina-HCaB), the Centre has organized five training courses in Egypt, Somalia, Turkey and Yemen during September 2012 to April 2013. In addition, the Centre has recently signed Memorandum of Understanding with Aegean International Health Federation (ESAFED) and International Anatolian Health Federation (USAF) to develop cooperation with these institutions to further increase the quantity, quality and scope of the health trainings implemented under the framework of Ibni Sina Health Capacity Building Programme.

78. Occupational safety and health is another major area of interest of SESRIC capacity building activities and so far six training courses have been organized in Brunei, Malaysia, Pakistan and Turkey under the Occupational Health and Safety Capacity Building (OHSCaB) Programme. SESRIC is also maintaining a roster of occupational safety and health experts. This initiative aims to facilitate communication between occupational safety and health experts in the OIC member countries, and hence enhance exchange of information and experiences within the Islamic World and promote technical co-operation activities among member countries.

Activities of the Islamic Development Bank (IDB) in the domain of Health

79. As a cornerstone for human development, the health sector is one of the focus areas of the Bank. IDB's support in the health sector focuses on three key thematic areas: (i) prevention and control of both communicable and non-communicable diseases; (ii) health system strengthening to improve access to and quality of healthcare services; and (iii) alternative health financing to remove financial barriers to access, generate/mobilize additional financial resources for health and make better use of available resources. The Bank's investment in the sector has increased almost tenfold over the last 21 years.

80. In the area of prevention and control of diseases, the IDB has financed various interventions including procurement of polio vaccines, community sensitization, mobilization and surveillance activities, malaria vector control in Sudan and use of Indoor Residual Spraying (IRS) in Cameroon. The IDB with other international partners has also implemented projects on river blindness and improving access to, as well as the efficiency and quality of cataract treatment in selected African Member States.

81. Financing of projects on mother and child health has been approved for Sierra Leone. The IDB has also processed a proposal for the Mulago National Referral Hospital in Uganda, supplementing the efforts of the African Development Bank. The IDB project is to establish a specialized Maternal and Neonatal (M&N) Healthcare unit with 320-beds by 2016.

82. Under its self-reliance programme on vaccine production, the IDB is promoting capacity building operations and projects in a number of Member States. With the

collaboration of WHO the IDB has developed a comprehensive training programme on pre-qualification, validation and certification procedures for OIC vaccine producers.

83. IDB, in collaboration with the Bill and Melinda Gates Foundation, supported Pakistan's Polio Eradication Program by providing financing of US\$ 227 million aims to vaccinate 34 million children under the age of five against Polio with a goal of eradicating the disease by 2016 from Pakistan. It is worth mentioning that the first disbursement (US\$ 32 million) from IDB financing was made in early August, 2013 to the World Health Organization.

84. Scholars (Ulama) Meeting on Polio Eradication Program in Pakistan was held at the IDB Headquarters on 28-29 August, 2013. At the end of their two day deliberations, the Ulama issued a joint statement in which they appreciated the Islamic Development Bank's endeavors in supporting Polio Eradication Program in Pakistan and pledged their complete commitment to ensure its success.

OIC-IDB-IAEA projects for the establishment of Cancer Radiotherapy Centers in OIC Member States in Africa

85. The OIC General Secretariat, IDB and the International Atomic Energy Agency (IAEA) have agreed to pursue joint projects for establishing and strengthening Cancer Radiotherapy facilities in OIC Member States in Africa.

Activities of the Islamic Educational, Scientific and Cultural Organization (ISESCO)

86. In the field of health a number of activities are being implemented by ISESCO to address the needs of the Member States especially in tackling, protecting, controlling and treating diseases like HIV AIDS, Malaria, Leishmaniasis, as well as controlling the diseases associated with digestion.

87. ISESCO, in coordination with WHO/EMRO, also contributed for defining strategic directions for scaling up research for health in the Eastern Mediterranean Region

Establishment of Faculty of Health Sciences in the Islamic University in Uganda (IUIU) – a model for intra-OIC cooperation in the field of education and training

88. The Islamic University in Uganda (IUIU) was established by a bilateral agreement between the Organization of Islamic Cooperation (OIC) and the Ugandan Government. The mandate of the University is to provide educational opportunities to Muslims in English-speaking African countries. The University started in 1988 with 80 students and two degree programmes. At present the IUIU has 8,553 students from 23 countries. The University offers 56 academic programmes, ranging from certificate courses to Ph.D degrees, offered in six faculties (colleges).

89. The Islamic University in Uganda (IUIU) is on course to establish a Faculty of Health Sciences (FHS) in January 2014. It is envisaged that the FHS will start with two

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degree programmes – i.e. Bachelor of Medicine and Bachelor of Surgery and Bachelor of Pharmacy. The university is to use Kibuli Muslim Hospital (KMH) in Kampala as the primary teaching hospital for the IUIU Faculty of Health Sciences.

90. Consistent with the recommendations of the OIC Ten Year Programme of Action (TYPOA) and Vision 1441H for Science and Technology, the IUIU is placing special emphasis on applied science programmes. Recently certificate and diploma in Nursing and Midwifery programmes have been established at the Main Campus in Mbale. Arrangements are underway to start the Bachelor of Nursing programme soon.

91. The arrangements for the commencement of the Faculty of Health Sciences in January 2014 are being finalized by the IUIU in collaboration with the University of Lahore, Pakistan. The University of Lahore (UoL), which has signed a Memorandum of Understanding with IUIU, has offered to donate all the equipment and books needed for the first two years and to design the curriculum for the two programmes. The University of Lahore has also offered to identify and provide the critical academic staff needed to teach in the FHS. The UoL is also assisting IUIU in the mobilization of resources and coordinating with some development partners for the IUIU medical programmes. The UoL has also offered full scholarships to qualified IUIU staff to do masters and Ph.D degrees in medical and engineering fields as a strategy for capacity building of IUIU human resources in these fields. The cooperation between IUIU and UoL sets a good example for intra-OIC collaboration in education and training in the area of health.

III- CONCLUSIONS AND RECOMMENDED ACTIONS

92. The OIC Member States and institutions have been carrying out programs and activities in the health sector which are directly related to the implementation of the decisions of the Islamic Conferences of Health Ministers and related decisions of other OIC fora.

93. While progress has been registered in several areas, challenges remain in the way of strengthening of health infrastructures and recruitment of sufficient trained manpower and medical staff. Linked to the shortage of resources are the issues of the sufficiency and capacity of the manpower employed in the health sectors as well as challenges in the area of data collection and maintenance and the non-availability of reliable and precise statistics about health.

94. Lack of coordination between primary, secondary and tertiary health care is another problem which needs to be addressed. Member States have pointed out the time lag in many instances between a change in public health issues and adaptation by the field health care workers to the new situation.

95. Other challenges include the development and maintenance of health border controls as well as the political and security challenges facing some of the Member States which hinder the effective implementation of health programs and coverage of immunization campaigns. Compounding these challenges are certain local cultural factors or misperceptions regarding the nature of vaccines or the interventions related to

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nutritional health and mother-child health programs have also been reported in certain regions.

96. The relatively modest pharmaceutical industry is insufficient to meet the domestic demands in most of the Member States resulting in the shortage of necessary vaccines and medicines.

97. Member States have also reported difficulties with regard to international restrictions on the acquisition of standard bacterial and virus strains required for diagnostic and research purposes. These restrictions are arbitrarily imposed by Western countries even in case of OIC countries fully adhering to international instruments such as the Biological Weapons Convention (BWC).

98. While certain challenges in the OIC Member States in the area of health relate to more intricate national issues of resource constraint and/or political or security situation, health cooperation among the OIC Member States can help address a wide range of challenges in the way of improving national health infrastructures and capacity issues. As such, there is a need to properly identify opportunities of health cooperation among OIC member States.

99. In order to strengthen national actions and health cooperation among the OIC Member States it is recommended that the Conference may consider the following actions:

- Adopt the OIC Strategic Health Programme of Action (SHPA) and its Implementation Plan providing guidance for national actions and identifying areas for cooperation among Member States.
- Decide to expand the membership of the Steering Committee on Health to include the Six Lead Country Coordinators for the Thematic Areas of the OIC Strategic Health Programme of Action.
- Take action for the immediate operationalization of the Health Implementation Unit (HIU) of the OIC General Secretariat to facilitate the functions of the Steering Committee, monitor implementations of the decisions of the Health Ministers Conferences, coordinate actions pursuant to the Implementation Plan of the SHPA and promote cooperation among Member States in this regard.
- Agree to appoint National Focal Points for coordinating actions pursuant to the SHPA and its Implementation Plan in collaboration with the OIC general Secretariat and its Health Implementation Unit.
- Self-reliance in vaccine production will contribute in a big way towards strengthening the capacity of OIC Member States in the prevention of diseases. OIC Member States may therefore consider joint projects in the field of vaccine production. In this regard, the Conference may consider the following actions:

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- i. endorse the Terms of Reference of the Technical Committee on Development and Harmonization of Standards of Pharmaceuticals and Vaccines;
 - ii. approve the Two-Year Action Plan of the Technical Committee on Development and Harmonization of Standards of Pharmaceuticals and Vaccines;
 - iii. endorse the Short, Medium and Long Term Actions towards Self Reliance of Vaccines;
 - iv. endorse the Concept paper on establishment of OIC Vaccine Manufacturers Group; and
 - v. approve the Concept Paper on Pooling Mechanism within the OIC for Pharmaceuticals and Vaccine Procurement.
- Cooperation among OIC Member States can contribute significantly in the area of training and capacity building of health professionals and staff. States with insufficient trained manpower can be assisted by member states with training facilities with minimum additional costs. For such training cooperation, sharing of best practices as well as research Member States may consider:
 - i. networking of medical universities, health centers of excellence, education and medical research institutions;
 - ii. extending scholarships in the medical fields to students from other OIC countries under the OIC Educational Exchange Programme; and offering opportunities for exchange of faculty members and joint training programmes.
 - iii. encouraging their public and private sector hospitals to enter into arrangements for exchange of best practices in areas such as hospital management etc.
- Reiterate their support for the existing arrangements and further strengthening of cooperation between the OIC General Secretariat and international partners, including the WHO, GPEI, Global Fund, GAVI, RBM, Stop TB Partnership, UNICEF, UNFPA and USAID in areas such as disease prevention and control and mother and child health.
- To ensure better coordination of OIC positions at different international/UN health related forums such as the World Health Assembly, Member States may consider a mechanism of regular consultations on the sidelines of such forums.
