

**Statement of I.R. Iran on
"Progress report on health issues facing populations affected by disasters and
emergencies, including the International Health Regulations (2005)"**

**Mr./Madam Chairperson,
Excellences, ladies and gentlemen**

We appreciate the secretariat for preparing this document and reflecting the regional challenges and developments, although it is necessary for WHO to pay attention to the following points:

1. In paragraphs 10 through 58, numerous, diverse and valuable operational measures have been reviewed about strengthening regional states capacities for prevention, preparedness, response and recovery of health emergencies. It appears that the I.R.Iran has not got engaged in many of them. While in order to be better prepared against future health emergencies and pandemics, the country would like to request the names of the invitees /or participants from Iran to be announced through the WHO country office in order to explore and address the possible obstacles to participation
2. For example, in paragraphs 25 and 27 of this document and progress report No. EM/RC70/INF.DOC.12, there is no mentioning about experience of the I.R. Iran on Triple-S, which was evaluated by a WHO team in 2017 That Integrated Disease Surveillance System (IDS) was launched in 2016 after the implementation of a 5-year workplan and study with the support of WHO. Despite its name, the syndromic surveillance system (Triple S or SSS) is actually an extensive system composed of four packages including early warning, case-based epidemiological surveillance, laboratory surveillance and automated reports modules. In a pilot study. The SSS was found to have issued alert signals for acute maculopapular rash one-half day earlier than the traditional instant telephonic reporting of suspected measles cases¹. Up to the time of its evolution, this system was able to integrate about 40 acute respiratory infectious diseases water- and food-borne ones, yet in case of full evolution, it can integrate about 170 epidemic-prone diseases. The addition of COVID-19 under acute respiratory syndromes alongside previous acute respiratory diseases such as influenza was an example of the flexibility of a health information system in response to a pandemic as an epidemiological transition, this experience was published in 2023 in a prestigious² public health journal and then an e-book³ was published and shared with the international community, so we would like to propose that WHO/EMRO and its TWG on IDS⁴ take Triple-S example further into consideration as one of the potential regional solutions for

1 - Developing and pilot testing an early warning system for epidemic-prone events based on syndromic surveillance system (SSS) in Iran: initial results. In: Program and Abstracts Book. International Conference on Emerging Infectious Diseases (Atlanta, GA; 2018: USCDC), p. 93–4. Available online at: <https://www.cdc.gov/iceid/2018/index.html> (accessed September 19, 2023).

2 - Front. Public Health 11:1073259. Doi: 10.3389/fpubh.2023.1073259

3 - Health systems recovery in the context of COVID-19 and protracted conflict; ISBN 978-2-8325-2818-1; DOI 10.3389/978-2-8325-2818-1.

4 - That TWG is mentioned in the progress report No. EM/RC70/INF.DOC.12

some of the key challenges such as the limited technical and operational capacities for the integration of public health, hospital and laboratory data, as well as disease-specific vertical programs.

3. In line with paragraphs 26 and 28 about EIOS, it seems that despite the WHO efforts to establish an epidemic intelligence hub with a huge investment of nearly 100 million euros, GOARN and the Hub should have tried to encourage a few developed countries to adopt a more equitable and fairer approach regardless political considerations between countries and to offer scientific support to eligible GOARN partner institutions in the region. A better approach is commensurate with the recommendations of the "Review Committee on the functioning of IHR during COVID-19 response"⁵ and in line with the proposed IHR2005 amendments for knowledge transfer and sharing experiences. Otherwise some countries in the region will not be better prepared to deal with future health emergencies/pandemics and overcome the challenges of integrating IBS-oriented early warning systems such as SSS and EBS-based ones such as EIOS, which requires global unity, to facilitate knowledge exchange then speed up sharing outbreak information.

Madam/Mr. chair, thank you for the floor.

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5 - *"We must realize that, unless this report leads to change and greater international collaboration, we shall be no better protected from the next pandemic than we were from this one".*