

**Statement of I.R. Iran on:
“Draft Global Action Plan for Infection and Prevention of Control at
the National Level and Primary, Secondary and Tertiary Levels”**

We appreciate the executive board for preparing the document EB154/8 and the secretariat to include this important topic in the consolidated report of DG i.e. A77/4 document. We have taken note of the draft global action plan and its monitoring framework on infection prevention and control, 2024–2030 in which WHO has published the minimum requirements of IPC program at the global, national and facility levels in order to reduce nosocomial infections, antimicrobial resistance and empower the HCFs.

One of the strengths of this document is the explanation of the integrated and unified action plan at the national level and predicting the minimum implementation requirements of the program at the primary, secondary and tertiary levels of service provision in the form of targets. However, we would suggest simplification and better explanation of targets. In this document to all aspects of the implementation of the program have received special attention, including its structure, program, human resources, clinical guidelines, continuous training and the integrated surveillance system for nosocomial infection at the national and facility levels, with emphasis to the structure and mandatory features of the program implementation at the HCFs.

Considering the extent and scope of the IPC program and the effect of many variables on its success, we believe some important implementation challenges should receive more attention in the draft program, because issues such as the lack of technical and engineering controllers, including the non-standard ventilation and layout of hospitals are still obvious.

On the other hand, considering the fulfillment of minimum requirements of the WASH program in most developing countries as well as the COVID-19 experience,

the I.R. Iran proposes to incorporate air quality/or presence of healthy air through circulation and air pressure standardization in hospitals. Obviously, Iranian IPC experts welcome to collaborate with the international consultants and WHO experts on this part through missions to the country.

In addition, AMR is one of the components of IPC, which in turn, is rightly included in the broader context of IHR program. Such a brainwave approach reiterates that inclusion of IPC and AMR within the context of all hazards programs would invigorate both by avoiding leaving those initiatives in silos.

One of the cultural etiquettes of Islamic countries is the requirement to have washing facilities/or faucets at a suitable distance from toilets. Such a consideration help remove organic matters from the body as well as hands so sanitizers can better clean/or neutralize microorganisms. Such facilities help improve personal hygiene and IPC, accordingly we recommend it as one indicator at HCF level.

Thank you for your attention.

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