

**Statement of I.R. Iran on:
"Global strategy on infection prevention and control"**

We express our gratitude to WHO for the progress achieved on IPC, including development of Global Strategies, Action Plan and M&E Framework and running the global survey on IPC. The publication of valuable report of Global IPC situation in 2024, revealed that only 6% of countries have met all IPC minimum requirements. Accordingly, we would like to emphasize on the following areas:

1. Policy:

- Consider IPC in all health policies, high-level documents and financing,
- Define a clear IPC governance structure at national and subnational levels,
- Integrate IPC in all health plans including quality of care, patient safety, crisis management and antimicrobial resistance.

2. Infrastructure:

- Ensure access to required infrastructures and secure a sustainable supply of IPC minimum commodities especially in health and care facilities in conflict affected areas

3. Human Resources:

- Train and employ expert IPC personnel with defined job positions.
- Incorporate IPC training into the curricula of health sciences students.

4. Monitoring:

- Develop an integrated national system for hospital infection surveillance and antimicrobial resistance, capable of data analysis and corrective actions.

5. Awareness raising:

- Provide information, education and communication programs on IPC and the role of individuals in preventing infections.

Given the multiplicity of stakeholders involved in national IPC programs and the need for cross-sectoral advocacy, we request WHO to organize regional meetings by stakeholders from relevant stakeholders of each country to establish mechanisms for engagement and commitment to national IPC programs. Such regional gatherings would also help enhance regional solidarity in preparedness and response to emerging and re-emerging diseases.

Considering the importance of strengthening laboratory capacity for better and faster organism identification — i.e. one of the key challenges in IPC — we request WHO's support in providing laboratory equipment, particularly given the access limitations caused by sanctions.

We strongly believe that the implementation of comprehensive, evidence-based, and context-specific IPC programs, with the active participation of executive, educational, and clinical institutions, will not only reduce healthcare-associated infections and antimicrobial resistance but also significantly improve public trust and the efficiency of the health system.

Thank you for this opportunity and for your attention Madam/Mr. chairperson,

**Secretariat of National AMR Committee, Center for Communicable Diseases Control,
Deputy for Public Health
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