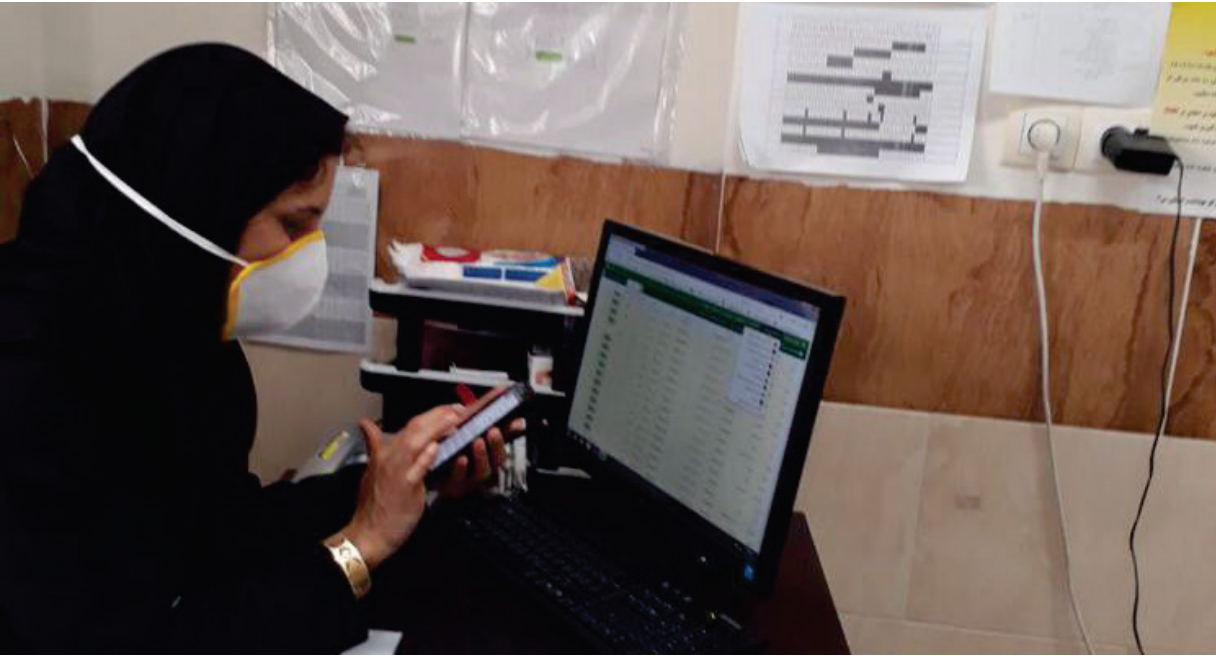


# Experiences of IRAN to respond to COVID-19

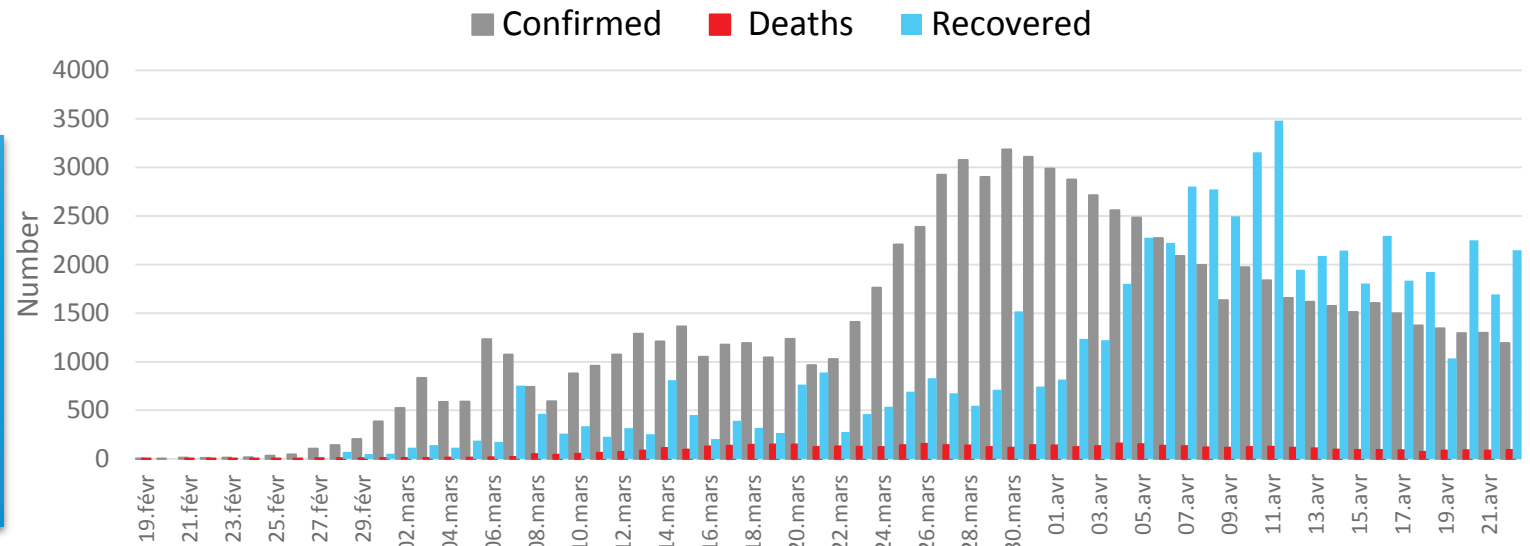


**Dr. Saeed Namaki**

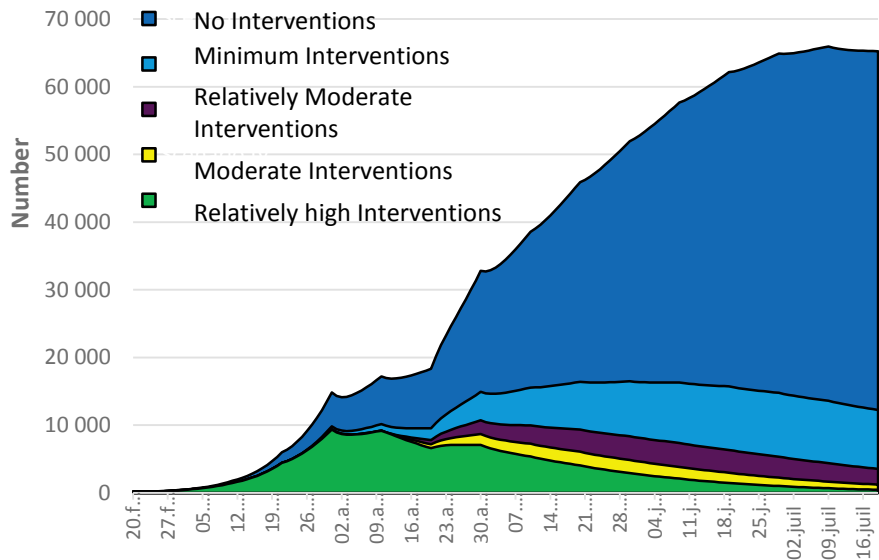
**MINISTER OF HEALTH & MEDICAL EDUCATION, IRAN**  
**23 APRIL 2020**

# NATIONAL STRATEGIES

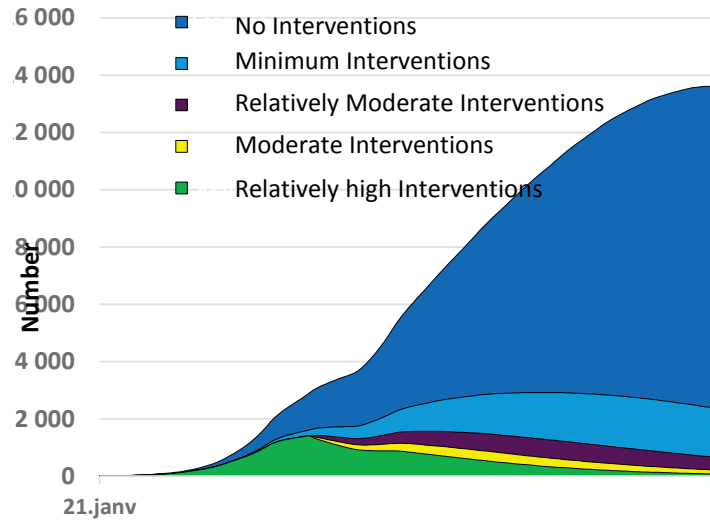
- Whole Government, Whole Society
- Community Engagement
- Intersectoral collaboration
- Equity: Health for ALL by ALL, appropriate technology



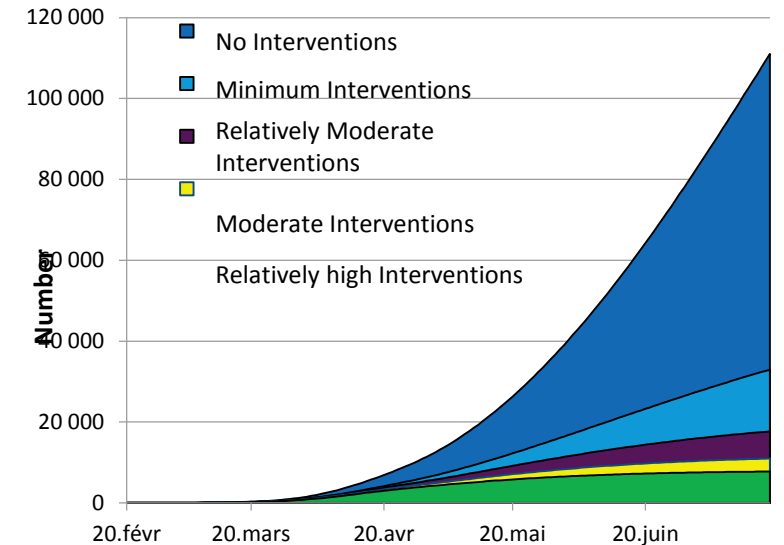
## Daily New Infections



## Daily Hospitalized Cases

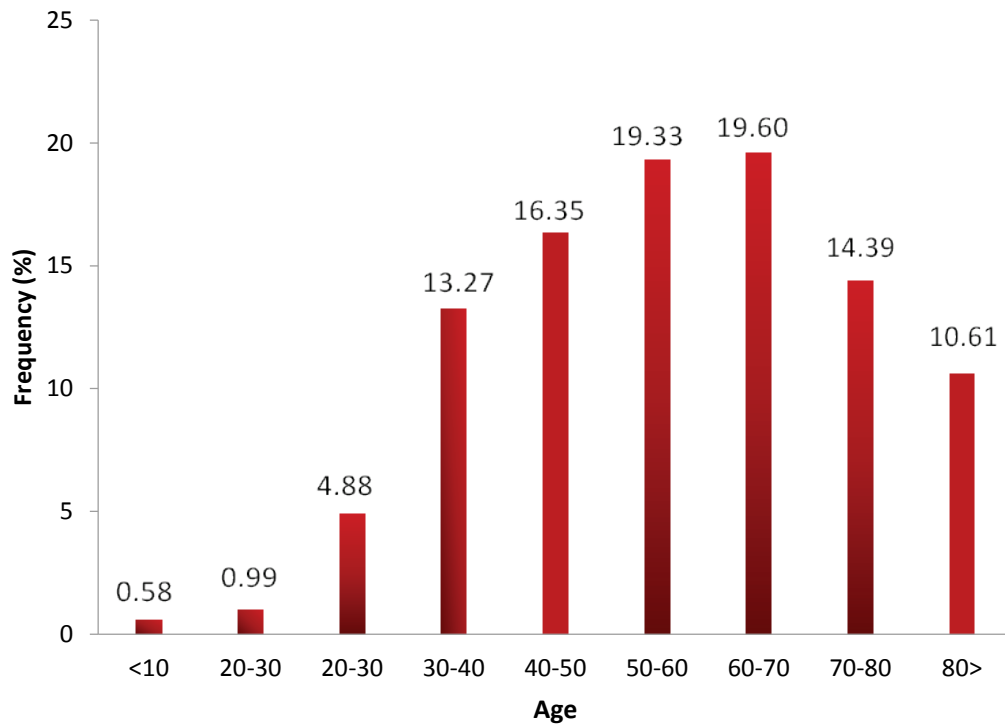


## Cumulative Number of Deaths



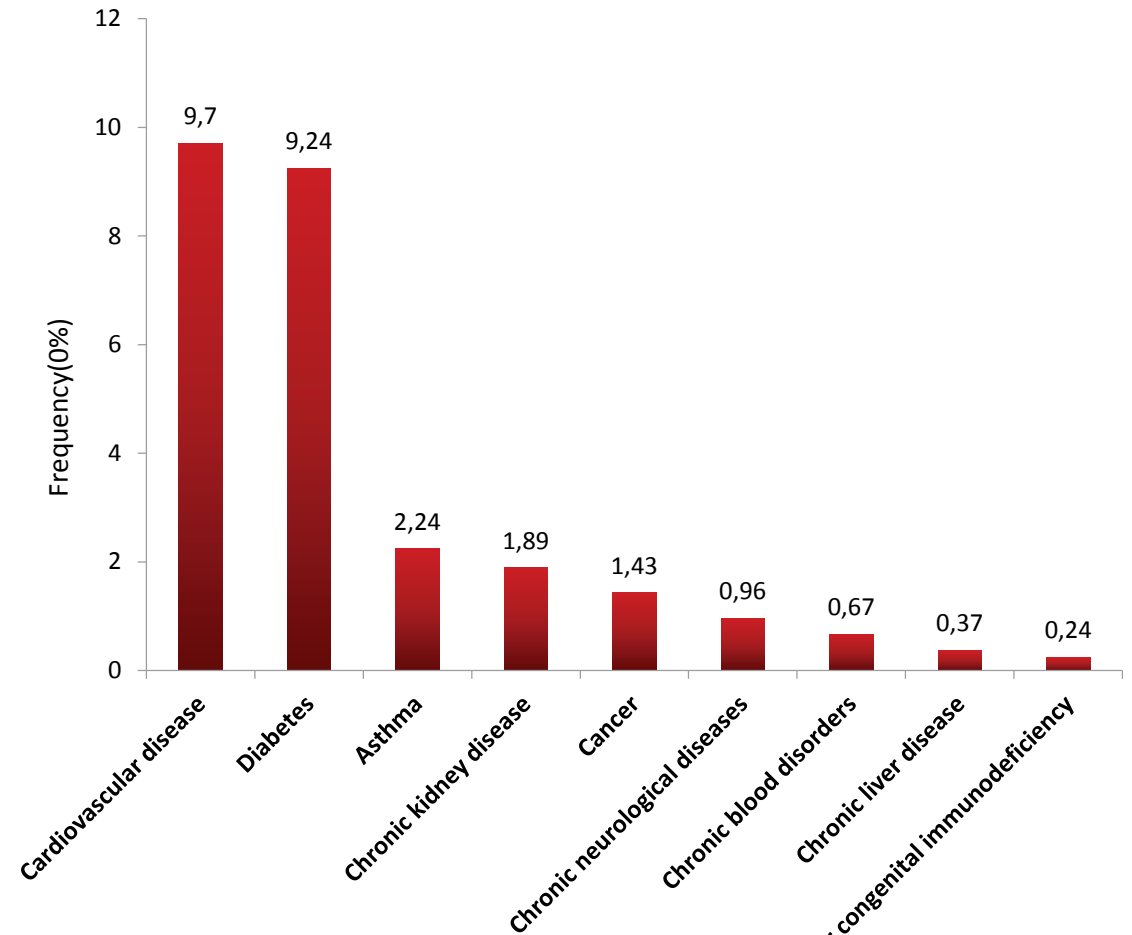
# AGE AND UNDERLYING DISEASES OF THE CASES

✓ 53.54% of the confirmed cases are male and 46.46% are female.



✓ 25.96% of patients have at least one underlying disease.

✓ 59.04% of patients are over 60 years of age.



# DIAGNOSTIC NETWORK & CASE MANAGEMENT

## Laboratory Testing

- Expanding the network in all provinces of the country
- Training of network laboratories by Pasteur Institute of Iran
- Priority of diagnosis to hospitalized patients and health care staff
- Designing a diagnostic algorithm appropriate to the country's conditions
- Response time of the laboratory results

## IPC Measures

- Developing guidelines under National Response Committee (NRC) including IPC measures
- Designation of capable hospitals in public and private sectors for inpatient care and strengthening IPC measures
- Providing necessary protective measures including Guidelines, PPEs, and disinfectants
- Triage at entry point in hospitals

## Diagnostic Algorithm

- *PRIORITY 1*: Ensures optimal care options for all hospitalized patients, and lessen the risk of healthcare-associated infections
- *PRIORITY 2*: Ensures those at highest risk of complication of infection are rapidly identified and appropriately triaged
- *PRIORITY 3*: Ensures to rapidly identify the cases with mild symptoms and close contacts of the confirmed cases
- *NON-PRIORITY*: Individuals without symptoms

# NATIONAL CAMPAIGN AGAINST COVID-19

- Different hotline established with over 10,000 lines to provide advice
- National Campaign:
  - Registration On-line and phone
  - Recruiting 170k Health Workers
  - 1000 selected comprehensive health centers: 16/24 h, to provide active case finding by phone. Resulted in 71 Million people in 5 days.
  - The website [www.salamt.gov.ir](http://www.salamt.gov.ir) established for self-screening
  - Launching quarantine units to provide pre/post hospital COVID-19 care services

National Campaign teams

Care teams

Environmental sanitation team

Militia (Basij) team

City entrance checkpoint team



# SMART PHYSICAL DISTANCING

- Launching 500 COVID-19 test units in the selected PHC centers for early diagnosis (contact tracing, high risk, probable or suspected cases)
- 2.3 M small businesses, shops and industrial units registered through [www.salamat.gov.ir](http://www.salamat.gov.ir)
- Monitoring by volunteers, health workers and the public
- “Mask application” for physical distancing and smart distancing
- Continue physical distancing & reopening of economical centers step by step as advised by WHO



# HEALTH AND BIOMEDICAL RESEARCH GOVERNANCE

1. Priority setting for research on COVID19 based on GLOPID-R (Global Research Collaboration for Infections Disease Preparedness)
2. Joining the SOLIDARITY Mega-Trial with 30 university hospitals in 16 cities
3. Conducting around 1000 research projects in medical universities and research centers
4. Design and conduct more than 140 Clinical Trials in medical universities
5. Indexing all research projects at the local portal of National Committee for Ethics in Biomedical Research (<http://etics.research.ac.ir>) Ethical evaluation of all research projects
6. Publishing more than 250 articles about COVID-19 in the scientific journals by Iranian researchers (about 80% in the local journals)

## Potentials to Increase Production:

- I. Diagnostics Kits
- II. Masks, Disinfectants, Medical Gloves
- III. CT Scanners, Ventilator, Oxygenator
- IV. Artificial Intelligence Systems for Diagnosis and Registration

## Future Plans for Production

1. Vaccines production
2. Continue early detection at community level
3. Pharmaceuticals local production
4. Expansion of Waste Disposal Systems
5. Cell Therapy

# CHALLENGES AND THE WAY FORWARD

1. Sanction that has affected our response
2. Sustainable change in health and social public behavior
3. Health and social development reform post Corona towards resilient health system
4. Put Emergency Preparedness and Response Management through Intersectoral action and community ownership at the top of Government agenda
5. Post COVID-19 economic, social, political, cultural, technological implications
6. Rich countries: Macro-economy the Micro-economy (households) while in poor countries: Micro-economy (households) then Macro-economy
7. International Economic Agencies should plan the poor countries



# COVID-19 is a Global Threat; We Can Defeat it Together



23.04.2020