

Statement of I.R. Iran on

“Health workforce in the Eastern Mediterranean Region: From COVID-19 lessons to action”

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

We extend our deep appreciation to our esteemed WHO colleagues for their remarkable efforts in developing this pivotal technical paper. In order to address urgent challenges of human resources for health (HRH) in the EMR.

As we stand in the 3rd decade of the 21st century, our region faces a multitude of complicated challenges in the realm of healthcare, many of which have been exacerbated by the ongoing COVID-19 pandemic. One of the main challenges is persistent shortages of HRH, the unequal distribution of these crucial resources, governance issues plaguing the sector, and a chronic underinvestment that has hindered progress.

In the area of HRH training in the I.R. Iran, has made significant efforts to increase the quantity and quality of those, and as stated in this document, the country provides a distinct governance model bringing together health services provision and health professional education under the Ministry of Health and Medical Education, with an attempt to ensure linkage and coordination between the two sectors.

As reflected in the document, female health care workers play a significant role in this sector indicating gender equity principle in this sector

Additionally, we take note the diaspora's capacity and stand ready to use the experiences of brother countries such as Pakistan, Somalia, and Sudan to harness this capacity due to significant numbers of Iranian HRH working in the health sector of other countries.

Finally, we would suggest the following strategies to improve the current situation of HRH in the region:

- 1. Education and Training Investment:** It is necessary to create a blended educational system based on digital and face-to-face modalities as many practical skills cannot be developed just by virtual methods.
- 2. Equitable Distribution:** to ensure that no community is left behind, we must consider incentives to promote the balanced distribution of HRH, especially in underserved and remote areas.
- 3. Primary Care Focus:** Empowering HRH to perform essential public health functions, particularly during emergencies, will enhance our region's resilience.
- 4. Inter-country Cooperation on HRH:** Sharing knowledge and resources will strengthen our collective capabilities.

5. Resource Mobilization: to bridge the investment gaps in our healthcare system, we must actively raise funds from both domestic and international sources.
6. The last but not the least is developing a surge capacity mechanism i.e., having sufficient number of competent health workforce to be benefited in case of necessity to respond to HEs

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

**Deputy for Public Health
Ministry of Health & Medical Education
The Islamic Republic of Iran**