## EM/RC70/INF.DOC.12

### Statement of I.R. Iran on

### "Progress report on implementing the regional strategy for integrated disease surveillance: Overcoming data fragmentation in the Eastern Mediterranean Region"

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

We appreciate the secretariat for organizing this document and reflecting the challenges and recommended solutions to achieve integrated disease surveillance systems in the region.

We believe the regional strategy to overcome data fragmentation is a valuable effort to address this dilemma, however the magnitude of challenges reiterates that WHO and member states in the EM region and beyond need to do more work together in this area and to have more solidarity.

For example, in para 6 of the document, there is no mentioning of the I.R. Iran's experience on Triple-S surveillance platform, which was evaluated by a WHO/EMRO mission in 2016.That integrated disease surveillance system (IDS) was launched in 2016 after implementation of a 5-year workplan and study with WHO support. Although called a "syndromic surveillance system" (Triple S or SSS) with its original early warning (EWAR) component based on a syndromic approach, Triple S is a broad-based four-module system including modules on early warning, case-based epidemiological surveillance, lab-based surveillance, and automated reports. Since 2 years ago, a variety of IT solutions are offered to incorporate SSS in the EHR system as a built-in module, which is an effort to integrate SSS with evolving EHR platforms, however it appears more technical and operational capacity is needed to that end. The country's EWAR mechanism for health emergencies is established on the SSS early warning component, i.e. 17 syndromes and their minimum datasets. During the pilot study. It turned out that SSS had enabled issuing alert signals for acute maculopapular rash one-and-half days sooner than traditional instant telephonic reporting of suspected cases of Measles. Currently, the system has integrated ~40 communicable diseases of acute respiratory and food-and-water-borne nature, however in case of full implementation, it can integrate about 170 epidemic-prone diseases. The SSS platform was adapted to the pandemic situation by adding COVID-19 under respiratory syndromes in addition to the previously incorporated differentials of acute respiratory syndromes such as Influenza types and its subtypes.

It is an example in building a more resilient health information system in response to epidemiologic transition, which is mentioned among other good practices recently published and shared with international community through a recognized public health journal in Feb. 2023 and an e-book in July 2023. We believe that Triple-S should have been benefited as one of the potential regional solutions by WHO/EMRO and its TWG to address some key challenges mentioned in the document such as limited technical and operational capacities to integrate surveillance data from public health, hospital and lab sectors, as well as integration between different vertical disease-specific programs.

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

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