

Pre-RC meeting 2

Statement of I.R. Iran on

"DESIGNING AND IMPLEMENTING PRIMARY HEALTH CARE-ORIENTED MODELS OF CARE IN THE EASTERN MEDITERRANEAN REGION: WHERE DO WE GO FROM HERE?"

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

First of all, we would like to thank the secretariat for holding a technical meeting on the design and implementation of primary health care models in the region. Given that one of the missions of WHO/Eastern Mediterranean region is to develop PHC-oriented models to support countries in improving access to quality health services for all, we take note the objectives of this meeting as such:

- To update Member States in this area in order to promote UHC
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- To determine the key components of a standard model of care based on PHC
- Then to take action in developing and implementing such a model, through multi-sector collaboration, and community participation.

In line with the challenges raised in the meeting document, we suggest a variety of strategic priorities for strengthening service delivery systems and the realization of UHC indicators as such:

1. In order to successful models of care, including the family physician program, it is necessary to develop medical education curriculum, which are better aligned to the new model/s of care based on prioritizing preventive services and community needs instead of those mainly focused on treatment aspects of vertically organized subjects¹.
2. To address the current issue of low community engagement in PHC- oriented care models, its consequences should not be the sole responsibility of the governments. A risk sharing approach is suggested that the consequences of non-cooperation in self-care to be partly addressed by individuals as well.
3. Using evidence-based clinical and public-health guidelines to prevent induced demand in care models
4. Strategic purchase of insurance funds based on instructions to reduce out-of-pocket payments
5. Implementation of referral system based on family health through EHR
6. Governments to consider sustainable financial resources for this purpose, for example, inclusion of care and rehabilitation services in basic insurance packages.
7. To prioritize self-care in order to improve people's health literacy
8. To benefit digital health through use of artificial intelligence technology, virtual networks, and tele-medicine
9. To take differences between rural and urban areas into account about infrastructures, SDH and health indicators so well-tailored strategies to each context can be developed

1 - What Kind of Curriculum Can Better Address Community Needs? Problems Arisen by Hypothetical-Deductive Reasoning. *J Med Syst* **31**, 173–177 (2007). <https://doi.org/10.1007/s10916-007-9052-5>

I.R. Iran has had successes in improving UHC indicators, by following a PHC-oriented care including:

- Expansion of PHC service delivery model and its referral system from rural and under-20,000 cities to larger urban areas using family health program
- Using the experience of virtual consultations during the COVID-19 pandemic, especially for pregnant mothers
- Development of Tele-health-care services
- Participation of private sector in establishing family physician teams and benefiting health care providers as the first contact points with the community
- Prioritizing self-care to increase communities' health literacy
- Applying the SDH approach in the design of the care model

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

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