

DALIZ HEALTH

STRATEGIC DOCUMENT

Strategic Horizon 1405–1410

Connecting Generations; Building the Future

Daliz Health; The Path to Health

REFERENCE VERSION

Revised edition based on the ecosystem architecture, Brand Book, Charter of Values and partnership-development documents.

Document Identification and Control

Document Title	Daliz Health Strategic Document
Strategic Period	1405–1410
Document Status	Organisational identity and high-level governance document
Scope	Daliz Health brand and ecosystem, including the joint activities of the two supporting legal entities
Supporting Legal Entities	Hazrat Ghaem Benevolent Loan Fund; Hazrat Ghaem Servants Charity Institute
Review Cycle	Annual review, with a comprehensive review at the end of the strategic period
Status	Reference version for approval and implementation

Governing Principle

This document represents the new strategic framework for Daliz Health. It has been developed on the basis of the latest decisions concerning organisational identity, ecosystem architecture, partnership models, the Brand Book, Charter of Values and development priorities. Every specialist document and operational programme should be aligned with this strategy.

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Executive Summary

Daliz Health is the shared brand and identity umbrella of an organisation whose roots lie in community activity, charitable work, financial support and healthcare services.

The word Daliz means a way, route or pathway. Within the brand identity, Daliz Health therefore means “The Path to Health.” This meaning defines the organisation’s strategic evolution from simply providing treatment services towards creating a human-centred health ecosystem.

For the 1405–1410 strategic horizon, the strategy is built around eight principal areas:

- Quality, safety and dignity in service
- Prevention and wellbeing
- Development of services and infrastructure
- Digital health
- Financial access to healthcare
- Research, development and innovation
- Social capital and partnerships
- Organisational sustainability and resilience

These areas are interconnected through the Daliz Health ecosystem architecture and its performance measurement system. The strategy deliberately avoids numerical targets where reliable baseline data does not yet exist.

Measurement methodology and desired direction are established first; quantitative targets will be approved by the Strategic Council after baseline measurement.

1. Identity, Roots and Purpose

1.1 Why “Daliz”?

Daliz is derived from the Persian word meaning a way, pathway, corridor or passage. Although it has a phonetic similarity to “dialysis,” that similarity is purely linguistic and has no conceptual relationship with dialysis treatment.

Daliz Health means “The Path to Health.”

**Awareness → Prevention → Treatment → Rehabilitation → Lifestyle → Quality of Life
→ Hope**

1.2 Legal and Social Roots

Hazrat Ghaem Benevolent Loan Fund — Established 1375; Registration 84/89. Its role includes financial cooperation and assistance, community support and experience in improving financial access.

Hazrat Ghaem Servants Charity Institute — Established 1378; Registration 1107. Its contribution includes supporting patients, charitable activities and developing social capital.

Daliz Health is the shared umbrella brand; the legal entities provide the legal and operational foundation.

1.3 Brand Message, Slogan and Signature

Brand Message	Through connecting generations, social participation and creating hope, we build a healthier future.
Brand Slogan	Connecting Generations; Building the Future
Brand Signature	Daliz Health; The Path to Health
Inspirational Statement	Every person is an opportunity to build the future.
Ethical Service Statement	Service with dignity; treatment with empathy; management with wisdom; development with social responsibility.

2. Strategic Direction

2.1 Vision

By 1410, Daliz Health will be a trusted, human-centred and innovative health ecosystem. By connecting physical and digital services, prevention and treatment, financial access and social capital, it will create a scalable model for generating health value that extends beyond the organisation itself.

2.2 Mission

To make the path to health easier for people through the provision and development of high-quality, respectful services; strengthening prevention and wellbeing; harnessing knowledge and technology; reducing financial barriers; developing partnerships and social capital; and creating infrastructure that provides an integrated and sustainable health experience.

2.3 Core Values

- Human dignity
- Empathy
- Trust
- Honesty and transparency
- Quality and safety
- Innovation and learning
- Participation and cooperation
- Social responsibility
- Sustainability and future thinking
- Accountability

2.4 Decision-Making Principles

- Consider impact on human dignity and the individual's experience.
- Consider prevention and health promotion alongside treatment.
- Innovation must solve a real problem and create measurable value.
- Base decisions on data and evidence, rather than intuition alone.
- As far as reasonably possible, financial limitations should not become a barrier to healthcare.
- Assess every development for financial, operational, human and technological sustainability.
- Build transparency and accountability into every programme.

3. Stakeholders and Ecosystem Architecture

3.1 Key Stakeholders

People and families	Access, quality, respect, transparency	Integrated health pathway and human-centred experience
Patients and carers	Safe treatment, follow-up and support	Coordinated care and financial access
Doctors and healthcare professionals	Infrastructure, professional credibility, data	Professional network, digital tools and service environment
Donors and supporters	Impact, transparency, trust	Clear participation pathways and impact reporting
Business owners	Cooperation, investment, CSR	Partnership models and creation of social value
Universities and researchers	Research, data and implementation of ideas	RDI platform and scientific collaboration
Banks, insurers and FinTech companies	Health financing models	Financial-access-to-health ecosystem
Start-ups and technology companies	Market access, data and validation	HealthTech integration platform
Governmental and professional bodies	Compliance, quality and accountability	Governance, reporting and risk management

3.2 Daliz Health Ecosystem Architecture

The ecosystem is built around a core of healthcare services. At the centre of future development is RDI — Research, Development and Innovation, the engine of future development, encompassing three specialist units:

- 1. Health Services and Infrastructure Development**
- 2. Digital Health — HealthTech**
- 3. Financial Access to Health — Health FinTech**

Surrounding and connecting these areas are Social Capital + Partnerships + Trust + Accountability.

4. Research, Development and Innovation — RDI

RDI identifies future needs, evaluates opportunities, designs solutions and guides projects from idea to results evaluation. Daliz Health will move from fragmented project-based innovation to a strategically managed innovation portfolio.

4.1 Health Services and Infrastructure Development

- Health Court / Health Campus Gateway — integrated, respectful access to healthcare services.
- Prevention and Health Promotion Centre — screening, risk assessment, education and early diagnosis.
- Health, Lifestyle and Wellbeing — nutrition, fitness, mental wellbeing, counselling and self-care.
- Home Care — care, treatment, rehabilitation and monitoring at home.
- Specialist clinics developed around community need and specialist capacity.
- Pharmaceutical services.
- Energy infrastructure and service sustainability.
- Technical and welfare infrastructure.

4.2 Digital Health — HealthTech

- Health Super App — comprehensive gateway for the public, doctors and centres.
- Smart Health Record — continuity of information and data-driven decisions.
- Digital health solutions — appointments, consultations, monitoring, education and engagement.
- Artificial intelligence — analysis, risk prediction, decision support and personalisation.
- Ecosystem connectivity across doctors, hospitals, clinics, laboratories, pharmacies and technology partners.

4.3 Financial Access to Health — Health FinTech

- Health Credit — credit and staged-payment models.
- Health Wallet — management of credit, payments, insurance, support and financial resources.
- Health financial solutions — flexible payments, subscriptions and family/corporate packages.
- Investment and partnership — investors, donors and CSR programmes.
- Financial ecosystem — banks, insurers, FinTech companies, funds and payment companies.

5. Strategic Environment Analysis

5.1 PESTEL Analysis

Political / Governance	Multi-layered regulation of healthcare and technology	Strengthen compliance, institutional engagement and phased project design
Economic	Rising costs and constraints on household purchasing power	Develop financial access; improve cost control and efficiency
Social	Higher expectations for experience, prevention and quality of life	Develop Health Court, lifestyle services and participation
Technological	Growth of digital health, data and AI	Invest in infrastructure, security and data governance
Environmental	Importance of energy, waste and infrastructure resilience	Environmental and energy management; continuity of service
Legal / Compliance	Sensitivity of health data and professional responsibility	Legal governance, consent, confidentiality and risk management

6. SWOT Matrix

Strengths

- Several decades of trust-building and community service.
- Two established legal entities with charitable and financial-assistance experience.
- Meaningful, human-centred brand.
- RDI and three complementary development arms.
- Strong social capital and supporter-network potential.
- Integration of treatment, prevention, digital services and financial access.

Weaknesses

- Need to integrate processes and data.
- Development areas depend on investment and new resources.
- Uneven maturity in process management, KPIs and documentation.
- Risk of fragmented projects without portfolio management.
- Need stronger data governance, security and technology architecture.
- Need a formal patient-experience and clinical-quality system.

Opportunities

- Demand for prevention, lifestyle and integrated services.
- Expansion of digital health and remote care.
- Collaboration with universities, businesses and start-ups.
- CSR and social investment.
- Demand for health credit and flexible payment.
- National healthcare-partner network.

Threats

- Inflation and rising equipment, technology and workforce costs.
- Regulatory restrictions affecting health data and technology.
- Shortage and migration of specialists.
- Cybersecurity and trust risks.
- Competition from digital platforms and established centres.
- Energy, supply-chain and operational disruption.

7. TOWS Matrix and Strategic Choices

SO — Using Strengths to Exploit Opportunities

- Develop the Health Campus / Health Court as an integrated healthcare experience.
- Expand a national network of healthcare partners.
- Convert social capital into structured partnerships.

WO — Using Opportunities to Address Weaknesses

Use university and technology partnerships to improve data maturity, security, KPIs and process management; attract investment and CSR resources for infrastructure.

ST — Using Strengths to Reduce Threats

Use trust + transparency + diversity of services to strengthen resilience against competition and economic pressure. Develop Home Care and digital services to reduce dependence on physical facilities.

WT — Reducing Weaknesses and Avoiding Threats

Before rapid expansion, establish risk governance, information security, business continuity, project portfolio management and financial controls.

8. Strategic Priorities 1405–1410

1. Quality, Safety and Human Experience

Integrated clinical and non-clinical quality, patient experience, complaints management and outcomes.

2. Prevention, Wellbeing and Health Campus

Prevention → Lifestyle → Treatment → Follow-up.

3. Digital Transformation and Data Ecosystem

Scalable, secure and interconnected digital infrastructure.

4. Financial Access to Health

Health credit, health wallets, partnerships and responsible financial products.

5. Systematic RDI Innovation

Innovation portfolio → Value assessment → Controlled testing → Services/products.

6. Social Capital, Cooperation and Trust

Supporters, donors, business owners and partners, backed by transparency and impact reporting.

7. Sustainability and Infrastructure Resilience

Service continuity, energy resilience, safety, environmental management, maintenance and crisis preparedness.

8. Governance, Human Capital and Organisational Excellence

Clear roles, stronger competencies, risk management, data and performance-based decisions.

9. Strategy Map and Balanced Scorecard

Daliz Health will use a Balanced Scorecard adapted to healthcare and social responsibility.



People & Learning	Competency, quality culture, innovation	Training hours; engagement; improvement-project completion
Processes & Quality	Safety, standardisation, speed, coordination	Waiting time; incidents; compliance; cycle time
Patients & Health	Satisfaction, trust, continuity, prevention	Satisfaction; resolved complaints; NPS/follow-up; screening
Social & Participation	Social impact, cooperation, transparency	Partnerships; CSR contribution; Trust Report; impact
Financial & Sustainability	Efficiency, diversification, financial access	Unit cost; sustainable revenue; health credit; liquidity

10. Key Performance Indicator (KPI) System

Quantitative targets will be established after baseline measurement and approval by the Strategic Council. Each KPI must have an owner, data source, reporting frequency, reporting mechanism and alert threshold.

Quality	Patient/client satisfaction	Average service-experience score	Increase
Quality	Complaints closed within SLA	Closed within deadline ÷ total	Increase
Safety	Analysed safety incidents	Reported incidents with RCA	Increase
Prevention	Programme coverage	Completers ÷ eligible population	Increase
Digital	User activation rate	Active ÷ registered users	Increase
Digital	System availability	Available time ÷ total time	Increase
Security	High-impact incidents	Number of high-impact incidents	Decrease
Financial	Health-credit utilisation	Credit users ÷ eligible population	Controlled increase
RDI	Idea-to-pilot conversion	Pilots ÷ ideas screened	Increase
Partnership	Active partnerships	Partners with joint programmes	Increase
Sustainability	Service-continuity index	Critical services with tested BCP ÷ total	Increase
Human Capital	Training completion	Completers ÷ employees required	Increase

11. Organisational Sustainability, Stability and Resilience

Stability does not mean remaining static. It means the ability to:

maintain critical services → absorb shocks → recover rapidly → continue developing under uncertainty

Financial

Strategic question: Can the organisation continue during a revenue or cost shock?

Principal actions: Diversify funding; liquidity reserves; cost control; scenario planning.

Operational

Strategic question: Can critical services continue during disruption?

Principal actions: BCP; emergency power; maintenance; supply-chain resilience; crisis exercises.

Human

Strategic question: Are knowledge and capability overly dependent on individuals?

Principal actions: Succession; documentation; training; talent retention.

Technology

Strategic question: Are data and systems resilient against failure or attack?

Principal actions: Security; disaster recovery; backups; scalable architecture; recovery testing.

Social

Strategic question: Are public trust and supporter networks sustainable?

Principal actions: Transparency; Trust Reporting; stakeholder management; long-term partnerships.

Resilience Maturity Model — Levels 1 to 5

1	Reactive	Individual dependence; no formal plan; action only after crisis.
2	Basic	Some procedures and roles, not regularly tested.
3	Systematic	Risks, BCP, KPIs and ownership defined and monitored.
4	Integrated	Scenarios, data, suppliers and units in joint exercises.
5	Adaptive	Learns, anticipates and redesigns rapidly.

12. Strategic Risk Management

Insufficient development resources	High	High	Phased investment, partnerships, CSR and portfolio prioritisation
Health-data security and confidentiality	Medium–High	Very High	ISMS, privacy management, access controls, response and audit
Fragmented RDI projects	Medium	High	Portfolio/PMO, Stage-Gate and value/risk criteria
Specialist shortages	High	High	Networked collaboration, training, retention and succession
Energy/infrastructure disruption	Medium	High	BCP, emergency power, preventive maintenance and exercises
Reputation and trust	Medium	Very High	Transparency, rapid response, Trust Report and complaints system
Digital product adoption failure	Medium	Medium	Human-centred design, pilots, education and UX measurement
Regulatory change	Medium	High	Legal monitoring, modular design and institutional engagement

13. Strategic Governance and Operating Model

13.1 Governance Bodies

- Strategic Council — priorities, major investments and annual strategic reviews.
- Quality and Safety Committee — quality, patient experience and improvement.
- Innovation Portfolio — screening, piloting, evaluation and stop/scale decisions.
- Data, Security and Privacy Committee — data governance and cybersecurity risk.
- Finance and Health Access Committee — credit models and financial risk.
- Social Capital and Trust Committee — partnerships, CSR, donors and Trust Reporting.
- PMO / Performance Management Office — objectives, KPIs, projects and progress reporting.

13.2 Performance Management Cycle

- Establish annual objectives and baselines.
- Report operational KPIs monthly.
- Review strategy and portfolio quarterly.
- Review risks and resources every six months.
- Issue annual performance, social impact and Trust Reports.
- Review the strategy annually and redesign comprehensively at the end of 1410.

14. Implementation Roadmap — 1405 to 1410

1405 — Foundation & Stabilisation	Governance, baselines, standardisation, prioritisation	Process maps; PMO; risk framework; KPI system; digital architecture; Health Court design; financial model
1406 — Piloting & Integration	Selected pilots and unit integration	Super App / Smart Health Record pilot; prevention and lifestyle; health credit; BCP; dashboard
1407 — Network Development	Services and external partners	Partner network and centres; university/business collaboration; Home Care; financial ecosystem
Through 1410 — Scale & Excellence	Scalability, impact and maturity	Data-driven improvement; wider expansion; mature standards; impact evaluation; strategic review

15. Strategic Programme Portfolio

Integrated quality and patient-experience system	Quality Management	Standards, measurable experience and improvement
Phased Health Campus	Service Development	Integrated prevention, treatment and wellbeing
Prevention and wellbeing	Health Services	Greater contribution from prevention and lifestyle
Digital architecture and Super App	HealthTech	Secure, scalable digital infrastructure
Smart Health Record and data governance	HealthTech / Data	Information continuity and intelligent analysis
Health Credit and Health Wallet	Health FinTech	Reduced barriers and integrated payment
RDI innovation-management system	RDI	Prioritised, measurable innovation portfolio
Supporter and ecosystem-partner network	Social Capital	Structured donor, business and partner participation
Trust Report and impact measurement	Governance / Social Capital	Transparency, accountability and trust
Infrastructure resilience and continuity	Technical & Support	Reduced disruption and improved preparedness

16. Standards and Compliance Framework

These are reference standards for designing the management system. Inclusion does not claim certification. Claims should follow implementation, gap assessment and independent audit.

Healthcare Quality	ISO 7101:2023	Person-centred quality governance, safety and improvement
General Quality	ISO 9001:2015; readiness for 2026 transition	Processes, patients, risk and improvement
Risk	ISO 31000:2018	Risk identification, analysis, response and monitoring
Information Security	ISO/IEC 27001:2022	Confidentiality, integrity, availability and cyber risk
Privacy	ISO/IEC 27701:2025	Personal-information management and accountability
Innovation	ISO 56001:2024	Innovation structure, idea portfolio and value creation
Occupational H&S;	ISO 45001:2018	Employee safety, hazards, participation and incidents
Environment	ISO 14001:2026	Energy, waste, impacts and improvement
Business Continuity	ISO 22301:2019	Impact analysis, BCP, preparedness and recovery
Complaints & Experience	ISO 10002	Structured complaint handling and learning

Operational programmes must also monitor Ministry of Health requirements, national professional and legal regulations, data-protection and confidentiality requirements, healthcare-facility accreditation, and service-specific requirements.

17. Sustainability and Social Responsibility

17.1 Three Dimensions of Sustainability

Social	Fairer access + dignity + support for people in need + prevention + social capital
Economic	Sustainable resources + efficiency + cost control + diverse financial models
Environmental	Energy management + waste + resource consumption + infrastructure resilience

17.2 Trust Report

The annual Daliz Health Trust Report is the official mechanism for transparency, accountability and social impact. It should report sources and uses of funds, outcomes of support programmes, impact indicators and the status of social commitments.

18. Strategic Prioritisation Matrix

These scores are an initial strategic judgement to be validated by the Strategic Council using real data. Scale: 1–5, where 5 is highest.

Quality and patient experience	5	5	4	Very High
Data governance and security	5	5	3	Very High
Infrastructure and energy sustainability	5	4	4	Very High
Health Court and prevention	5	4	3	High
Super App and Smart Health Record	5	4	3	High
Financial access to health	5	4	3	High
Supporter and partner network	4	4	4	High
RDI maturity and portfolio management	4	3	4	High

19. Board / Strategic Council Dashboard

The quarterly dashboard should present all eight strategic priorities on no more than one management page, using a Green — Yellow — Red status system. Each area should show its principal KPIs, key projects, open risks and required decisions.

Quality & Human Experience	G / Y / R	Satisfaction; SLA complaints; safety	Integrated quality system	Quality capacity / escalation
Prevention & Health Campus	G / Y / R	Coverage; follow-up	Health Campus programme	Phasing / investment
Digital & Data	G / Y / R	Activation; availability; incidents	Super App; Smart Record	Security / adoption
Financial Access	G / Y / R	Credit utilisation; coverage	Health Credit; Wallet	Credit risk / partners
RDI Innovation	G / Y / R	Idea-to-pilot; value realised	Innovation portfolio	Fragmentation / stop-scale
Social Capital & Trust	G / Y / R	Active partners; CSR; reporting	Trust Report; network	Reputation / transparency
Resilience & Sustainability	G / Y / R	BCP coverage; continuity	Energy and continuity	Supply / infrastructure
Governance & People	G / Y / R	Training; engagement; delivery	PMO and governance	Capability / accountability

Dashboard discipline

- Use an agreed data cut-off and named KPI owners.
- Show trend and variance against approved target or baseline.
- Escalate red items with a clear decision request, owner and deadline.
- Keep supporting detail in appendices; protect the one-page management view.

20. Final Strategic Statement

Daliz Health's future will not be built through isolated projects. It will be built by connecting generations, capabilities, knowledge, technology, financial access and social trust into one coherent path to health.

The 1405–1410 strategy therefore calls for disciplined progress: stabilise the foundations, protect quality and dignity, learn through controlled pilots, scale what creates measurable value, and remain accountable to people and society.

By aligning its legal roots, human-centred brand, healthcare services, RDI engine and partnership ecosystem, Daliz Health can move from a collection of valuable activities to a resilient, integrated and trusted health ecosystem.

Connecting Generations; Building the Future

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END OF REFERENCE DOCUMENT