

COVID-19 and Iran: swimming with hands tied!

Gharebaghi Reza^a, Heidary Fatemeh^b

^a Kish International Campus, University of Tehran, Iran

^b Taleghani Hospital, Ahvaz Jundishapur University of Medical Sciences, Iran

Iran reported its first confirmed cases of the coronavirus, or COVID-19, on 19 February 2020 [1]. Since the final days of January 2020, upon the outbreak in China, Iran exercised preventive measures, such as testing individuals' body temperature at the borders and putting Iranians who had returned from China into quarantine.

When the epidemic appeared in the city of Qom, with the first patients, the matter became more serious. Provincial high-level committees were established, chaired by the governors and the chancellor of the University of Medical Sciences, and an attempt was made to facilitate inter-sector collaboration by establishing various committees [2]. The health minister was assigned the task of directing the National Taskforce of COVID-19.

Primary healthcare in Iran played a major role in the reaction to previous outbreaks, on the one hand [3], and the country possesses one of the most resilient regional healthcare systems on the other hand [4]; nonetheless, the emergence of this new and complicated virus made the task difficult for planners and executive managers.

At the command of the supreme leader, military forces came to aid healthcare officials, and the problem was approached as a biological defence exercise. The engagement of armed forces provided medical networks with more medical facilities, such as field hospitals and recovery nursing centres [5].

As the disease shifted outward, the first reported death among medical staff was broadcast only 1 week after the official announcement of the disease epidemic. The victim was a young nurse who died after a vigorous fight with the disease. Immediately, other reports announced the deaths of healthcare workers, totalling 43 victims among healthcare workers to date. Each member of the medical workforce who died from the disease was named a martyr and a national hero; this emphasised the spiritual aspect of the subject, and contributed to improving attitudes to fighting the disease and garnering public support for healthcare workers.

A number of political and religious figures also caught the disease, and some of them died. Among the most significant cases was the vice chancellor of the minister of health [6], who, only a few days after the first news conference, tested positive and was put in quarantine. A short time later, the chief of emergency of the country contracted the disease and was put in an intensive care unit.

The army adopted a wartime attitude. All religious ceremonies, including Friday prayers and religious congregations and masses, were closed; schools and universities closed down as well. Efforts were directed toward continuing educational courses online. All entertainment centres, cinemas, theatres, and sports events and gymnasiums were closed; car and real estate transactions decreased; hotels and accommodation centres received almost zero guests. Recently, health authorities announced that there is no place that is free from COVID-19, and more than half of the total population have been screened.

The health minister, as he is also considered the chief of the crisis response, urged people to self-isolate at home and follow social distancing measures. As the number of patients increased on a daily basis, the health minister officially criticised the process of handling stockpiling of personal protection equipment masks and the slow pace of mask production, and in a letter, he requested a EUR 250 million credit while the country was still under sanctions.

Although sanctions against Iran have been in place for the past 40 years since the Islamic revolution and have covered almost all sectors, such as banks, insurance, trade, energy and transportation [7], the new round of sanctions over the past 2 years has been much stricter [8]. There has always been extensive criticism of the reasons why Iran should be put under sanctions regarding scientific issues [9], medicine and medical equipment. This criticism has become so extensive that some believe that continuing these sanctions in the difficult pandemic conditions of COVID-19 is equivalent to a war crime, and they are seeking accountability for those who impose them [8]. The current situation seems to be "swimming with hands tied!"

Of course, the COVID-19 pandemic in Iran led to good events as well, one of which was more solidarity among the people. There has been not one report of invasion or looting of stores in Iran. People disinfected passages and ATMs. Some landlords forgave rental payment, and household workshops that produce masks were opened. At the same time, people developed an emotional tie with the healthcare providers, and some stores even gave discounts to healthcare workers. Threats changed into opportunities. Pollution decreased in some cities, and the IRIB encouraged people to read books and watch movies. The release of a number of prisoners was good news. Meanwhile, the authorities faced a deep challenge: people's travel.

Correspondence:

Fatemeh Heidary, MD, MPH, PhD, FAAO, FICO, Head of Ophthalmology Division, Taleghani Hospital, Ahvaz Jundishapur University of Medical Sciences, Islamic Republic of Iran, [drfatemehheidari\[at\]yahoo.com](mailto:drfatemehheidari[at]yahoo.com)

There is an ancient tradition in Iran. Iranians celebrate the coming of spring at the end of March and go on trips and pay visits to older people and relatives. During this period, visiting friends and relatives and shopping increase drastically. Although many people observed the social distancing and self-isolation measures during this period, there have been reports that some people prepared themselves to travel. Their destinations were mostly the north of the country, which was an epicentre of the disease.

The health sector faced another deep challenge. Due to misinformation on social media about the effects of drinking alcohol in preventing the disease – and as alcoholic beverages are illegal in Iran – there have been reports of death and poisoning from methanol in various cities, especially in south Iran [10]. When hospitals were facing a shortage of ICU beds for COVID-19 patients, alcohol poisoning doubled the problems of the healthcare and medical systems.

Based on data released at 10:00 CET on 26 March 2020, through the World Health Organization, as reported by Iranian national authorities, the total confirmed cases, total confirmed new cases, and total death rates are 27,017, 2206 and 2077, respectively. Iran has been considered to have the highest rate of total confirmed cases and total deaths in the Eastern Mediterranean Region [11].

Now it seems that several other countries are entering into this cycle [12], and it is wise to use the experiences of other countries. However, the important issue is lifting sanctions against Iran, at least in the area of lifesaving medical supplies, which could decrease the extent of the tragedy and help prevent a second wave of the disease.

Iran shares borders with several countries, and some of those countries have poor healthcare systems [13]. The second wave of the disease might threaten global health; thus, it is necessary for other countries, at least for the sake of their own health, to reach a consensus and, in this critical moment, to neutralise the sanctions.

Robust collaboration is required at different levels and across countries to augment public availability of consistent real-time data [14]. However, other aspects, such as the existence of single and effective leadership in the crisis and close collaboration of all sectors of the cabinet members, thus presenting necessary stimuli for self-isolation, enforcing social distancing, supporting vulnerable groups and giving heavy punishments to those who break the law, could be effective during the expansion of the pandemic.

Some official bureaucracy and formalities must be put aside in times of crisis. Governance acts must be enforced by authorities. Sticking to advice and guidance is not sufficient. All governmental sectors must be mobilised and motivated, including lawmakers. Special laws must be proposed and passed to enforce this.

Statistics should be categorised and given in detail. There should be serious support for healthcare workers, in both the private and public sectors. Universities are closed, but research in some areas must not be shut down.

As centres of handling the issue, think tanks should be formed to study the different social and economic aspects of this crisis. Abandoning responsibilities, sticking to wrong decisions (whether by people or managers), and disregarding the traditional culture and organisational behaviour of the countries will deepen the crisis and its expansion. Viruses are not inactive, nor should humankind be.

Disclosure statement

No financial support and no other potential conflict of interest relevant to this article was reported.

References

- Iranian Ministry of Health and Medical Education. COVID-19 daily epidemiology journal. <http://corona.behdasht.gov.ir/files/site1/files/Fact-sheet-12.23-En.pdf> Date: 13 March 2020. (Accessed 2020 March 24; in Persian).
- Iranian Ministry of Health and Medical Education. COVID-19 daily epidemiology journal. http://corona.behdasht.gov.ir/files/site1/files/1584533009223_Major_interventions_to_control_COVID-19_from.pdf Date: 17 March 2020. (Accessed 2020 March 24; in English).
- Lankarani KB, Alavian SM, Peymani P. Health in the Islamic Republic of Iran, challenges and progresses. *Med J Islam Repub Iran.* 2013;27(1):42–9. [PubMed](#).
- Doshmangir L, Bazayr M, Majdzadeh R, Takian A. So Near, so far: four decades of health policy reforms in Iran, achievements and challenges. *Arch Iran Med.* 2019;22(10):592–605. [PubMed](#).
- Supreme Leader Official Website IRAN. <http://english.khamenei.ir/news/7423/The-command-to-the-Armed-Forces-to-establish-a-Medical-Base-to> Date: 13 March 2020. (Accessed 2020 March 24; in English).
- Day M. Covid-19: Italy confirms 11 deaths as cases spread from north. *BMJ.* 2020;368:m757. doi: <http://dx.doi.org/10.1136/bmj.m757>. [PubMed](#).
- Gorji A. Sanctions against Iran: The Impact on Health Services. *Iran J Public Health.* 2014;43(3):381–2. [PubMed](#).
- Takian A, Raoofi A, Kazempour-Ardebili S. COVID-19 battle during the toughest sanctions against Iran. *Lancet.* 2020;395(10229):1035–6. doi: [http://dx.doi.org/10.1016/S0140-6736\(20\)30668-1](http://dx.doi.org/10.1016/S0140-6736(20)30668-1). [PubMed](#).
- Saeidnia S, Abdollahi M. Consequences of international sanctions on Iranian scientists and the basis of science. *Hepat Mon.* 2013;13(9):. doi: <http://dx.doi.org/10.5812/hepatmon.14843>. [PubMed](#).
- Bloomberg. Alcohol Poisoning Kills 100 Iranians Seeking Virus Protection. <https://www.bloomberg.com/news/articles/2020-03-18/alcohol-poisoning-kills-100-iranians-seeking-virus-protection> Date: 18 March 2020. (Accessed 2020 March 24; in English).
- WHO. Coronavirus disease 2019 (COVID-19) Situation Report-64. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200326-sitrep-66-covid-19.pdf?sfvrsn=81b94e61_2 Date: 26 March 2020. (Accessed 2020 March 27; in English).
- Flahault A. COVID-19 cacophony: is there any orchestra conductor? *Lancet.* 2020;395(10229):1037. doi: [http://dx.doi.org/10.1016/S0140-6736\(20\)30491-8](http://dx.doi.org/10.1016/S0140-6736(20)30491-8). [PubMed](#).
- MacKenzie D. Covid-19 goes global. *New Sci.* 2020;245(3271):7. doi: [http://dx.doi.org/10.1016/S0262-4079\(20\)30424-3](http://dx.doi.org/10.1016/S0262-4079(20)30424-3).
- Lazzerini M, Putoto G. COVID-19 in Italy: momentous decisions and many uncertainties. *Lancet Glob Health.* 2020:;. doi: [http://dx.doi.org/10.1016/S2214-109X\(20\)30110-8](http://dx.doi.org/10.1016/S2214-109X(20)30110-8). [PubMed](#).