Iran's Response to COVID-19 Crisis: What We Have Done and What Needs to Be Done

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Almost two weeks after the first official announcement of deaths from COVID-19 on Feb 19, 2020(1), Iran used all its public healthcare facilities as well as its entire military, security, economic, and social capabilities to fight the pandemic.

Considering the economic challenges (2) and lack of consensus among national authorities in Iran, cities with large infection clusters were not isolated. However, the National Committee for Fighting COVID-19 (NCFC) was established. Under the recommendations of this committee, some interventions were conducted as follows: nationwide closing of kindergartens, schools, universities, and dormitories; temporarily freeing some prisoners; suspending the activity of public transportation services and shopping malls; shutting down sports and scientific events; canceling congregational prayers; and closing holy shrines for the first time in Iran's history. National universities were also asked to provide critical advices on strategies for tackling COVID-19.

To communicate the risk of the virus to the general public and inform and persuade them to stay home, the country has turned to reliable channels such as Short Message Service (SMS) as well as mass media like the state TV and radio stations, while providing dedicated websites and portals. Some data analytics tools have also been provided to announce regions and urban areas with the highest risk of virus. At entry points of cities, passengers were scanned with a thermal scanner

(3,4).These restrictive measures appeared to flatten the curve of cases to some extent.

In response to COVID 19, Iran's Ministry of Health and Medical Education(MoHME) also conducted special activities, including running over 10,000 hotlines and helplines, launching 1000 selected comprehensive health centers functioning 16 and 24 hours each day, 7 days every week, screening households by phone, self-assessment, and self-report through answering the questions in the website "salamat.gov.ir", and providing free health services for COVID patients in hospitals or in their homes .At the first stage, about 75 million people were screened through self-assessment(5).

By May 7, 2020 more than 25 million people were screened in the second phase (6).

On April 20, the government set to ease the lockdown restrictions gradually.The government defined and introduced specific health protocols and procedures for different businesses and professions.

It should be noted that defining the protocols does not mean they will be utilized properly. Implementation of some protocols needs some infrastructure changes. However in the case of some other protocols, the control mechanisms should be in place to make protocols work.

In addition to the above-mentioned measures, the authorities are recommended to design an interconnected chain of corona control packages from prevention to diagnosis, treatment, medication, and rehabilitation. Moreover, closer attention must be paid to residents of the suburbs due to their high population density and low financial capacity. Moreover, patients with non-communicable diseases such as diabetes, hypertension, and cancers should be monitored and trained more specifically.

In Iran, the community engagement in complying with home quarantine and following the recommendation provided by the NCFC have not been completely successful, which could be attributed to the authorities' unwillingness to follow the forced strategies. The economic problems due to the sanction hasalready put Iranians in hardship and home quarantine worsened it. Under the quarantine, some people may have financial problems.

Therefore, the recommendation for home quarantine does not work at the first place for the whole population.

The following measures can also be taken to deal with this crisis more effectively: organizing political support, creating a strong alliance among the government agencies, using the guidelines provided by MoHME in the private sector,using people's representatives to lead the crisis properly, invoking and reinforcing people's social responsibility, utilizing the past and current national and international experiences, and organizing the service delivery system based on the active care system using the capacity of Iran's national health network.

Key words

Conflict of interests

The authors declared no conflict of interests.

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