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The COVID-19 pandemic in Iran: Managing pandemic threat under political and economic sanctions¹

Introduction

The appearance of the COVID-19 virus came as a surprise to the international community, even though it was not the first and certainly not the last time such a virus appeared. Initially, no country in the world was prepared to limit its spread and the number of infected patients. It was not clear how is the virus transmitted, what is the incubation time, on which materials it can survive shorter and longer. Thus, it was not clear for a long time what measures should be implemented in order to deal effectively with the new threat. This concerned both material measures and measures to limit social contacts. The World Health Organization (WHO) has amended its recommendations to member states several times. The Islamic Republic of Iran necessarily was in the same situation as it tried to adjust its health care system and the activities of other state services to the current WHO guidelines.

The purpose of this chapter is to analyze the course of the epidemic and the measures introduced by the Iranian authorities to limit it under the conditions of political and economic sanctions imposed on the country. The main research questions are as follows:

- What social measures were applied to counteract the epidemic threat?
- What economic measures were applied to counteract the epidemic threat?
- Were the introduced restrictions and recommendations consistent with the recommendations of the World Health Organization?
- Have the political and economic sanctions imposed on Iran impeded the fight against the epidemic threat? If yes, to what extent?

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The main research technique is qualitative content analysis. The types of political and economic measures applied to counteract the epidemic threat are the main research tool. As for the structure and division of the chapter content, the first part is dedicated to a detailed analysis of the course of the pandemic in Iran. Social and economic measures applied to counteract the epidemic threat in Iran are presented in the second part. The last part attempts to identify the relationship between the restrictions introduced and the methods of counteracting the spread of the epidemic in Iran and the sanctions, especially economic ones, imposed on this country.

The course of the pandemic in Iran

The first confirmed cases of COVID-19 infections in Iran were reported on 19 February 2020 (Abdi, 2020: 1) in the city of Qom, which is an important center of religious education and a place of pilgrimage. In the days that followed the virus spread rapidly both in and around Qom Province, especially in the capital city of Tehran.

The pace at which the virus spread to Iran was significantly influenced by missed or too late decisions. In the early stages of the epidemic, a significant mistake was made with the announcement of a few days off to prevent the spread of the pandemic. Many Iranians used their days off as usual and massively went on trips or vacation stays. An additional factor was a very bad information policy, especially the comparison of the COVID-19 virus with the common flu virus, which was spread in the public media (Arab-Zozani, Ghoddoosi-Nejad, 2020: 2). All these factors, which occurred at the same time, translated into an exceptionally rapid increase in the number of cases and a serious crisis in the Iranian health care system. At that time, there were no clear indications for all possible routes of transmission of the infection and the most effective methods of preventing infection. WHO has modified its positions several times.

As of 8 March 2021, there were 1,689,692 reported cases of COVID-19 infection in Iran, 1,442,198 people recovered and 60,687 people died. The mortality rate in the group of so-called closed cases was 4 percent (*Iran coronavirus*, 2021). After nearly a year, the pandemic situation has become stable. Nevertheless, for the first few months of the threat, Iran was among the world's leading countries with the highest rates of morbidity and mortality. What factors led to this situation?

Measures applied to counteract the epidemic threat

The scale of the threat and the speed with which the virus spread in Iran and other countries in the region forced the executive authorities to take swift institutional and organizational measures. At the institutional level, the most important activity was the creation of the National Committee on Combating Coronavirus. According to the official information provided to the U.S. National Library of Medicine by the Iranian Ministry of Health and Medical Education, “this Committee is official source of gathering, analyzing, and reporting the COVID-19 data in Iran. The data of all sources in the country including, medical care monitoring center (MCMC), Hospitals’ Information Systems (HIS), Laboratory portal, the data of the center for communicable disease control (MOH), as well as the data from community health centers are integrated and used in this regards” (*Daily situation report*, 2020).

Shortly after the sudden increase in the number of cases in early March 2020, the Iranian Ministry of Health and Medical Education applied the following measures to stop the spread of the virus:

- raising public awareness of the epidemic threat and recommendations proposed by the World Health Organization to stop COVID-19 infection, including: promoting frequent hand washing and the use of alcohol-containing virucides, keeping a minimum distance of one meter in relation to people who cough or have a cold, avoiding touching faces, eyes and mouth with contaminated hands, obligatory covering of mouth and nose by sick people in public places and seeking medical help in case of breathing problems, high fever or persistent cough;
- limiting the movement and flow of people in places with particularly high traffic, such as pilgrimage centers, tourist attractions and bazaars
- closing of kindergartens, schools and universities;
- limiting the number of working hours;
- cancellation of the congregational prayer and Jumu’ah prayer, namely the Friday prayer;
- cancellation of all team sport matches like football and volleyball;
- regular disinfection of public utility places and means of public transport;
- introduction of entry restrictions to detect people who may be infected at the entrances and exits of a number of cities;
- creation of groups and teams to diagnose the disease through district health centers located in different areas of the affected cities (Abdi, 2020: 1).

Although most of the aforementioned measures to counter the spread of the COVID-19 virus were in line with WHO recommendations and the practice of many countries, their

implementation in Iran faced a number of obstacles, mainly of an organizational and financial nature. Among the main problems faced by the Iranian administration were: lack of specialized medical equipment and modern hospital infrastructure with a sufficient number of beds, difficulties importing essential equipment and medicines, unsuccessful attempts to quarantine individual cities due to the already very large number of cases recorded throughout the country, and increased risk of virus transmission caused by increased travel due to the New Year holiday – Nowruz – around 19 March 2020 (Abdi, 2020: 1-2).

The problems in fighting the epidemic were not only financial shortages and poor organization of the public health service. In the opinion of Morteza Arab-Zozani and Djavad Ghoddoosi-Nejad, “concurrent with questionable actions of the public authorities, some opportunistic jobbers who claimed traditional medicine, they called it Islamic medicine, prescribed various alternative solutions that were in contrast with the practice of modern scientific medicine. This, alongside a bewilderment of public authorities, resulted in a confused population, which added to the ill handling of controlling the pandemic” (Arab-Zozani, Ghoddoosi-Nejad, 2020: 2). Thus, the Iranian society has convinced itself of the importance of access to proven and credible expert knowledge. The lack of proper information by the executive authorities has led to misunderstandings and misinterpretation of the recommendations. The trust of some citizens in traditional medicine also played a negative role.

As in many other developing countries, one of the greatest social challenges has been to ensure universal access to education in the new context of compulsory distance learning. All schools and universities were already closed in the first phase of the pandemic in early March. This decision was fully justified and was in line with similar decisions in other countries affected by a sudden spike in the number of cases. In practice, however, it was associated with the actual deprivation of access to education for many children and students, especially in smaller urban centers and in the countryside. In poverty areas, there is not only a lack of access to computer equipment and the Internet, but even to television. The situation worsened further with the compulsory use of the official SHAD education platform for all teachers and students in Iran. The use of foreign applications such as Telegram and WhatsApp, commonly used by Iranian teachers until that time, was prohibited. Perhaps it would not be anything special, especially taking into account the specific approach of the Iranian authorities to the issue of security, were it not for the fact that the SHAD application only worked properly on phones with the latest version of Android installed. In addition, many users reported problems logging in to the website, numerous errors and a very slow data transfer. In the opinion of Alijani Ershad, “poverty is the principal problem for distance learning in the country. According to

Iran's parliamentary research centre, between 40 and 55% of Iranians live under the poverty line. About 80% of Iranian internet users live in cities and around 20% in rural areas (Ershad, 2020).

After a few months, the negative effects of the first wave were brought under control. As in many European and Middle Eastern countries, the Iranian authorities began lifting the restrictions introduced in March. Such actions turned out to be premature and wrong. According to Amir Abdoli, "removing the restrictions in early May 2020 led to the beginning second wave of the disease with an increase number of cases in early June 2020 and a surge in the number of deaths on 15 June 2020. According to the last reports from the WHO, the third wave of the disease in Iran began in the early September 2020" (Abdoli, 2020). Thus, the third wave of the pandemic occurred faster in Iran than in Europe. This time the Iranian authorities were better prepared for the threat, but the shortages of medical equipment and personal protective equipment were still very noticeable.

Some analysts have pointed to a link between Iran's inadequate response to the first and second waves of the pandemic and the extended political and economic sanctions imposed on Iran by the United States after the Americans withdrew from the nuclear deal in 2018. Others have argued that the organization of public health services and the situation in Iran is bad even without considering the possible impact of the sanctions. Elham Ahmadnezdah and members of his research team were among them. In their opinion, "even before COVID-19, Iran's health system was feeling the effect of the sanctions. Their impact is now severe because they restrict the government's ability to raise funds or to import essential goods. Of the ten countries with the highest number of recorded cases of COVID-19 to date, Iran is the poorest" (Ahmadnezdah et al., 2020). Is it really possible to see a correlation between the sanctions in force and the course of the pandemic in Iran? Or maybe other researchers and analysts are right in their opinion that the sanctions are treated by the Iranian authorities as an instrumental explanation of their own wrong decisions?

Have the political and economic sanctions imposed on Iran impeded the fight against the epidemic threat?

Iran's political position in the international arena is different from that of many other developing countries. In terms of social development and stable economic growth, the biggest problem is connected with the extended sanctions imposed on Iran by the United States in 2018,

after the U.S. administration withdrew from the Joint Comprehensive Plan of Action (JCPOA). In practice, these sanctions apply to all economic entities cooperating with Iranian partners under the threat of cutting off access to the American market. Any European or Asian concern, while continuing to cooperate with the Iranians, must take into account serious problems and restrictions from the United States. Serious restrictions in the sale of crude oil and natural gas, as well as a reduction in the inflow of foreign investments, significantly reduced budget revenues. Consequently, the possibilities for financing public health care have decreased, which has become particularly visible during the ongoing pandemic. However, opinions on this issue are divided. Some point to the negative impact of the sanctions, while others see the sources of high mortality and inefficiency in the Iranian health service in mismanagement and communication chaos. So which side is right? What arguments are being invoked in support of the thesis that the sanctions have a significant impact on the efficiency of the Iranian health service, and what are the opinions about its bad organization?

Some analysts on the Iranian political scene have harshly criticized the actions taken by the Iranian executive to counter the spread of the virus in the first weeks of the pandemic in February and March 2020. While pointing to the negative impact of economic sanctions on the effectiveness of the measures taken, they also emphasized that they were not the main cause of failure and the high number of fatalities in that period. In the opinion of Anicée Van Engeland, “Iran's lack of a coordinated response to the COVID-19 crisis combined with a slow decision-making process has had terrible consequences on society. While US sanctions are certainly an issue in terms of access to medical materials and medicine, the way the authorities have tackled the crisis raises questions. Preparing the country, including its medics, for a possible military conflict, including preparations for ground and air attacks across society, has consumed efforts” (Van Engeland, 2020).

On the other hand, there are scholars and analysts who disagree and see the significant impact of the political and economic sanctions on the effectiveness of the actions taken by the Iranian authorities to combat the epidemic threat and provide medical assistance to infected citizens. One of them is Amir Abdoli. In his opinion, “providing health services is one of the problems of Iran’s health system during the COVID-19 crisis. The US sanctions against Iran compromised Iran’s health system. Although the short time effects of sanctions may be negligible, the chronic and long-term effects of sanctions may be more tangible than their acute impact. Hence, beyond the harsh effects of political and economic sanctions against Iran, the country’s health system is more jeopardized and need to be free from sanctions for battling against this crisis” (Abdoli, 2020: 4). Djavad Salehi-Isfahani is of a similar opinion. According

to him, the pandemic “caught Iran at its weakest economic state since the end of the war with Iraq three decades ago. Since U.S.’s withdrawal from JCPOA in 2018, Iran’s GDP has declined by 11 percent and average living standards (measured by real household per capita expenditure) have declined by 13 percent” (Salehi-Isfahani, 2020).

It is worth noting, however, that not all members of the Western world have left the Iranian authorities without aid. Despite the applicable US sanctions and restrictions, the European Union offered immediate aid to Iran. On 11 April 2020, Josep Borrell announced a new Team Europe project, aimed at helping the EU’s partner countries in their fight against the effects of the COVID-19 pandemic. The amount initially declared was EUR 20 billion (Borrell, 2020). According to a fact sheet from the EU, 12.3 billion euro will be spent on mitigating the economic and social impact, 2.8 billion euro will go toward strengthening research and health systems, and 502 million euro will be dedicated to the short-term emergency response, to be directed to vulnerable communities in Africa, the Middle East, parts of Asia, Latin America, the Caribbean, and elsewhere (*EU global response*, 2020). The European External Action Service declared on its website: “The coronavirus has not only Europe but the entire global community in its grip and is the world’s common enemy. An enemy we can only defeat with a global approach and cross-border coordination. And while we have to mobilize all our resources to fight the virus at home, now is also the time to look beyond our borders” (Team Europe, 2020). Among the beneficiaries in the MENA region, Jordan and Lebanon are to receive 240 million euro to support their citizens and Syrian refugees. Iran will get 20 million euro in emergency support. Refugees in Turkey will be provided with small-scale health infrastructure and equipment worth 90 million euro.

Conclusion

In 2020, Iran was one of the countries most affected by the COVID-19 pandemic, especially in terms of the number of cases and deaths. Counteracting the spread of the virus throughout the country overlapped with Iran's previous serious problems, both political and economic. In this case international politics has a significant influence on the resources and possibilities at the disposal of the Iranian authorities.

The political and economic sanctions imposed on Iran, especially in the period after the withdrawal of the United States from the nuclear deal with Iran in 2018, significantly impeded counteracting the epidemic threat in that country. As a consequence of the introduction of the so-called extended sanctions by the American administration, the possibility of sending the

necessary drugs, medical equipment and medical supplies to the country was limited. Iran received aid from the European Union, but it was well below real needs.

Yet sanctions cannot be identified as the main cause of the failure and difficulties of the Iranian authorities in fighting the pandemic, especially during the first wave of the epidemic in spring 2020. The pandemic has demonstrated the need for urgent systemic reform of the Iranian health service and information policy of public administration bodies.

There is no doubt, however, that the sanctions have made it difficult for Iran to deal with the epidemic threat. To best prepare for possible future COVID-19 virus outbreaks or similar threats in the future, both sides should be prepared to make some concessions on issues that may affect first aid and life-saving opportunities. The international community, with particular emphasis on the United States, should modify the sanctions system in such a way that it will not hinder the transfer or sale of medical equipment, personal protective equipment and medicines to Iranian entities. Iranian authorities should be more open to the possibility of using experience, hardware and software (remote education) developed by companies from Western countries.

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