

A summary of the main actions of the Iranian government during the Covid-19: From March 5 until December 20, 2020

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Dear Editor in Chief

During the disease epidemic in Iran, the government first considered emergency measures for the center of the disease epidemic, the Qom province, and after that by observing new cases in Tehran, Gilan, and Mazandaran provinces, which are the adjacent provinces to Qom province, the emergency measures for these three provinces were considered as well (1).

Sending medical teams, suspending transportation and banning the entry and exit (lock down), and closing the schools and universities were some of the emergency measures needed at this level. Gradually, the scope of the virus epidemic

was expanded and the virus spread to neighboring provinces. Finally, on March 5, 2020, all the 31 provinces of Iran became involved in the epidemic. Following this epidemic, the Iranian government established some specialized epidemiology committees for reporting and combating the Coronavirus at the national and provincial levels. The Provincial Committees on Combating the Coronavirus were formed under the auspices of the Ministry of Health's forces and on the advice of the professors from universities of medical sciences and trained personnel of the healthcare centers. The president provided the Ministry of Health with the necessary powers to fight the disease, and the national military forces cooperated fully with the Ministry of Health. Later, all the gatherings of people including religious sites were banned. A new Scientific and Technical Committee was established to guide the epidemiological studies, determine the type of interventions, prepare the necessary guidelines in accordance with the recommendations of World Health Organization (WHO) for people from all different walks of life (2), with various occupations, and also inform the public by mass media and social networks. The valuable experiences of other countries including China were also used. Subsequently, an online screening system was launched and the community was asked to record the required information) www.salamat.gov.ir). The case detection program was also activated through 5,000 healthcare centers and 17,000 health homes in urban and rural areas. Mobile health centers were set up to initially

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identify the infected people across the provinces in order to reduce the number of patients referring to the main hospitals dedicated to the Coronavirus disease. Equipping and preparing more hospitals, disinfecting the urban public places, closing all the centers except those providing the peoples' basic necessities, recruiting new staff in the medical staff of the Ministry of Health and calling on the retired workers to return to work, encouraging the local manufacturers to produce the masks, goggles, disinfectant liquids and gels, and medical staff uniforms, agreeing with Iran's neighbors to further control the borders, calling for cooperation with international organizations to provide laboratory kits and medical equipment, encouraging the people to be quarantined at home, establishing an extended-care facility for the 14-day rest of the recovered patients after discharge and before going home and being around the family members, and formation of a psychology task force to reduce the stress of the patients and ordinary people were among the other measures taken by the government in this regard. Despite strong international sanctions against Iran, all the activities were encouraged and approved by the WHO's expeditionary team during a visit to monitor the Iran's control activities in the fight against the Coronavirus. At the time of writing this Paper, the Iranian New Year (Nowruz) began and since this time is an opportunity for the families and friends to visit each other according to the Iranian tradition, the government banned all the trips and visits and asked the people for using digital facilities instead of direct exposure to each other (3). Also, in addition to activating the highest level of measures to combat the Coronavirus, a plan called Social Distancing was implemented for minimizing the contacts between ordinary people, the entry and exit of non-indigenous people were prevented in all the Iranian cities and villages, and heavy fines were imposed on the passengers. The government also extended the New Year holidays and all the government departments were asked to continue working with only 30% of their employees in addition to observing the healthcare instructions. The Iranian army and military forces have pledged to build a 2,000-bed hospital for the patients

infected by the Coronavirus on March 25. The government also suspended loan repayments and tax payments and promised to give cheap supportive loans to support the economy. Various epidemiological studies have been conducted on the Coronavirus using several different samples obtained from 41, 99 and 138 patients and the characteristics of individuals such as age, sex, family history of heart disease, blood pressure, and diabetes were investigated (3, 4,5).

Extensive research studies are underway worldwide to discover the treatment for the Coronavirus disease. Some studies have considered the isolation as one of the most effective ways to preserve the patients' lives and found that the discovery of a specific drug takes several years. Similar to what John Snow did for cholera in the 18th century in London, further research is needed to be done to discover the origin and complete treatment of the disease (6,7). Focusing on finding the right response to the crisis should not lead to neglect providing routine care to the people in the community so that, finally, the number of patients who have died due to lack of access to health care will exceed the number of deaths due to the Coronavirus. The incidence of the COVID-19, as the biggest crisis since World War II, gives rise to promote the environmental health, reduce the air pollution, decrease the road accident fatalities, and increase the national solidarity among different walks of life despite the problems created for the healthcare system and global economic system.

At the end of Nowruz holiday, on April 11, 2020, some COVID-19 restrictions were removed by the government and the Ministry of Health so that many guilds could continue their activities. From March 24, 2020 to May 25, 2020, simultaneously with the holy months of Sha'ban and Ramadan, livelihood and health packages were provided by donors, grassroots groups and some governmental organizations for less privileged people. In order to avoid mass gatherings, the government imposed restrictions on mosques and holy places to prevent the religious and traditional ceremonies during this period. In this regard, to comply with hygienic instructions, a number of holy shrines were shut

down. In order to provide financial assistance to some guilds and individuals which were affected by COVID-19 restrictions, some loans were provided by the government during March 2020 to June 2020. Although, appropriate and effective measures and support were taken by the government and officials during this period, after Eid al-Fitr, on June 5, 2020, the number of COVID-19 cases reached the highest possible level (3574 cases) in the Spring. Although the protection and control measures continued in summer, holding national entrance exams in August and holding Muharram mourning ceremonies created some problems. While the government tried to prevent the outbreak by writing and adopting strict health protocols and guidelines, the lack of proper infrastructure, poor facilities in holding exams, the community's lack of attention, and dissemination of non-expert comments caused the number of patients to increase again in September 2020, so that, the number of infected people reached 3712 on September 23, 2020. With the onset of autumn and cold season, as some people did not take the disease very seriously, the National Corona Headquarters, which consisted of the government and the Ministry of Health, had to make new decisions. Although the restricting rules were necessary to maintain public health, they made heavy economic pressures on society. Therefore,

the government provided new livelihood packages and more financial aid for the community and guilds.

Severe travel restrictions, preventing cars with non-native license plates from entering center of the provinces, restrictions on the reopening of guilds, passages, shopping and entertainment centers, reducing working hours of some guilds, closure of mosques and holy places, teleworking of government employees, preventing the reopening of schools and universities, strict restrictions in banks and imposing night traffic ban from 9 p.m. were effective measures of the Ministry of Health and the government.

Although the highest number of infected cases (14051 cases) during the last 9 months was on November 28, 2020, strict restrictions and extensive closures caused the number of patients to decrease and reached 6421 people on the last day of autumn.

Conflict of interest

The author had no conflict of interest.

Author contribution

R.S. and F.M. conceived of the presented idea. S.B. and, F.M. wrote the manuscript with support from R.S. All authors read the manuscript and verified it.

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