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# The Covid-19 Pandemic in Iran: Health and Policy Implications

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On February 12, 2020, Iran marked the forty-first anniversary of the 1978 - 79 revolution and the establishment of the Islamic Republic. This anniversary of the revolution was then followed by elections to the eleventh parliament, the Majles, on February 21, and a month later by the start of a new year in the Persian calendar and the accompanying Nowruz celebrations. For the Islamic Republic, the revolution's anniversary and elections have long had great ideological and political significance, presenting state leaders with opportunities to showcase the revolution's accomplishments, maintain the ideological profile of the system and articulate new policies and priorities, and to ensure its long-term maintenance and health by recruiting new cadres into both rank-and-file and leadership positions.

The 2020 Majles elections and Nowruz celebrations were overshadowed by the ominous appearance of a previously unknown virus that had first appeared in Wuhan, China, a few weeks earlier. In Iran, the first case of what came to be called Covid-19 was officially reported in the city of Qom on February 18, 2020. The virus soon spread like wildfire to other cities, and soon beyond Iran, with Qom itself becoming the epicenter of the country's infections and Iran the epicenter of the rest of the Middle East. Infections, at first reported in the tens, soon amounted to hundreds, and then thousands. The death toll mounted, quickly making Iran one of the most deeply affected countries in the world. At least as far as official numbers are concerned, countries such as the United States, Italy, Spain, and China have suffered more infections and mortalities from the Covid-19 pandemic. But Iran's official numbers can be assumed to be underreported, with actual cases much higher. There are also certain to be cases that are undetected or are unreported to medical professionals.

The impact of the pandemic has not spared any segments of society or even the highest echelons of the state. As of this writing, at least 23 parliamentarians, including the influential Speaker of the Majles Ali Larijani, have been infected, as have many high ranking members of the executive branch, such as and Vice President Masoumeh Ebtekar. As of early April 2020, at least 12 serving or former government officials had lost their lives to the pandemic.<sup>(1)</sup>

This paper examines some of the main underlying causes for the rapid spread in Iran of the pandemic caused by Covid-19, also commonly referred to as the coronavirus. The spread of Covid-19 in Iran, the paper argues, is the result of several interwoven, reinforcing factors. First, while the country's primary healthcare system has witnessed significant improvements since the 1978 - 79 revolution, for several reasons its quality of care at the secondary and tertiary levels has been wanting. Once the initial infections hit, the country's medical system was unprepared to deal with the deluge of infected patients. Second, the country's policymakers were slow to recognize the magnitude of the crisis facing them, and their haphazard and at times dismissive response to the pandemic in the crucial early days only hastened its spread. Some of the initial responses to the pandemic, most notably by the Supreme Leader Ali Khamenei, were political and ideological. For his part, President Rouhani also sought to reassure the public early on that the situation would quickly return to normal and that Iranians can soon resume their regular routine.

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1 "Iran parliament speaker tests positive for COVID-19," *France 24*, 02/04/20, <https://www.france24.com/en/20200402-iran-parliament-speaker-tests-positive-for-covid-19>.



This second factor reinforced a third cause for the virus's rapid spread, namely a confluence of events on the calendar that made social distancing – one of the most effective means of curtailing the virus – all the more difficult, if not impossible. These included the celebrations marking the revolution's anniversary, parliamentary elections, and then Nowruz and New Year celebrations. Prevalent social and cultural norms already make social distancing difficult in Iran, as do economic conditions and constraints of life in rural and lower income urban areas. This confluence in the early days and weeks of the outbreak further facilitated the spread of the virus.

## An Overview of Iran's Healthcare System

Since its establishment, the Islamic Republic has made a concerted and largely successful effort to improve the public health of average Iranians in rural as well as urban areas. By all accounts, improvements have been noteworthy. Nevertheless, the country's healthcare system continues to suffer from structural deficiencies that make it ill-suited to deal with major health crises, especially a pandemic of the magnitude brought about by Covid-19. Shortcomings stem mostly from overall nature of the healthcare system, focused on primary care as opposed to the more advanced secondary and tertiary care that such a pandemic demands. The complex nature of the healthcare bureaucracy, and the comprehensive international sanctions imposed on Iran before 2015 and again after 2018, further hamstrung the system's response to the pandemic.

Since the 1978 - 79 revolution, Iran made significant strides in the availability and delivery of healthcare services across the country. The Islamic Republic first established a comprehensive healthcare network in 1984, expanded in 2005 to include family physicians. The primary objectives were to enhance healthcare services delivery, increase public access to and the productivity of the healthcare system, and decrease inequities in healthcare quality and access in rural and less privileged areas.<sup>(2)</sup> As a result, in each of the country's more than 63,000 villages at least one health facility has been established, called a Health House, and is staffed by trained healthcare workers (called a *Behvarz*). Each Health House is meant to serve 1,200 residents. In larger villages, Health Houses are headed by a family physician and have a staff of at least ten healthcare workers who are meant to serve 7,000 residents.<sup>(3)</sup> In the cities, a number of new hospitals were built, and the capacity of existing ones was expanded. The number of new hospital beds increased from 72,321 in 1986 to 113,244 in 2005.<sup>(4)</sup>

Improvements in primary healthcare have been especially evident in the cities. The state's expansion of medical education has resulted in a proliferation of physicians and other medical professionals throughout the country. State-provided health insurance for most Iranians has further facilitated

2 Reza Dehnavieh, Sajad Khosravi, Mohammad Hossein Mehroliassani, Ali Akbar Haghdoost, and Saeed Amini, "Future Trends of the Primary Healthcare System in Iran: A Qualitative Study," *International Journal of Preventative Medicine*, (2019), Vol. 10, p. 158.

3 Ibid.

4 The World Bank, *Islamic Republic of Iran Health Sector Review*, (Washington, DC: The World Bank, 2008), p. 92.



access to primary health services. According to the World Bank, “Iranians seek ambulatory and outpatient services, both primary and specialist care together, more than twice per capita than in other countries in the MENA region,” and the frequency of their visits to primary care physicians per capita is higher than in many EU and high-income OECD countries.<sup>(5)</sup> Not surprisingly, as the data in table 1 indicates, the country’s overall health profile and many of its basic health indicators have greatly improved in recent decades. There have, for example, been significant increases in the life expectancy of Iranians (76.7 years in 2018, up from 64 in 1990), in the number of physicians per 1,000 people (1.1 in 2015, up from 0.318 in 1993), and in the country’s human development index (0.759 in 2018, up from 0.577 in 1990).

**Table 1. Overall Health Indicators in Iran**

<b>HDI</b>	0.577 (1990)	0.798 (2017)
<b>Number of hospital beds (per 1,000 people)</b>	1.43 (1990)	1.5 (2014)
<b>Number of physicians (per 1,000 people)</b>	0.318 (1993)	1.1 (2015)
<b>Infant mortality rates (per 1,000 live births)</b>	56 (1990)	14 (2018)
<b>Life expectancy at Birth</b>	64 (1990)	76 (2018)

Source: Data collected from the World Bank

These significant improvements notwithstanding, Iran’s healthcare system continues to suffer from a number of important deficiencies. Most significantly, by focusing on primary healthcare, the health system has neglected gradual changes in the patterns of many diseases, in community needs, and the epidemiological factors that necessitate modifications in the public healthcare system.<sup>(6)</sup> In 2014, the state launched an additional program meant to further improve healthcare in the country. But the emphasis continued to remain on treatment rather than on preventive health and hygiene.<sup>(7)</sup>

<sup>5</sup> Ibid, p. 106.

<sup>6</sup> Dehnavieh, Khosravi, Mehrolhassani, Haghdoost, and Amini, “Future Trends of the Primary Healthcare System in Iran,” p. 159.

<sup>7</sup> Behzad Damari, “Naghshe-ye Rah-e Howzeh-e Behdasht dar Nezam-e Salamat-e Iran,” (Roadmap of Iran’s Health System), *Social Welfare Quarterly*, Vol 18, No. 70, (Fall 2018), p. 24.



The system's shortcomings are often magnified by social and cultural change, the availability or access to new and emerging technologies, budgetary and economic considerations and resource management issues, environmental factors, political developments, and bureaucratic and administrative issues endogenous to the healthcare system itself, such as the position of the private sector, and medical education.<sup>(8)</sup> A 2019 study by a group of Iranian healthcare specialists concluded that "the current structure of Iran's PHC (primary healthcare) system needs to be reviewed and reformed."<sup>(9)</sup>

Similarly, access to secondary and tertiary care, which require increasingly higher levels of specialization and more advanced treatments and medical equipment, has not kept up with the changing needs of Iranian society.<sup>(10)</sup> The increase in the number of hospital beds has not kept pace with the growth in the population in general and the elderly in particular. While the number of hospitals in the country has grown, many of these hospitals have a low number of beds. Moreover, while public coverage includes primary healthcare, most of the more expensive secondary and tertiary treatments in hospitals are not covered.<sup>(11)</sup> Importantly, access has not been entirely balanced. In the last several decades, the state's efforts have focused on providing primary healthcare to rural areas and in the cities. Since the revolution, rural-urban migration has substantially increased, and healthcare access in the densely populated, informal areas on city outskirts has been at best scarce.<sup>(12)</sup>

There are also complicating institutional factors that undermine the healthcare system's adaptability and ability to effectively perform essential functions. The very factor underpinning the relative success of primary healthcare in Iran, namely a centralized government policy that places the burden of public health on the state, now impedes improvements in access to and the availability of secondary and tertiary care.<sup>(13)</sup> The Health Ministry's complex and cumbersome bureaucracy has also greatly reduced its productivity.

Other structural problems in the healthcare system include the multiplicity of state bodies and organizations responsible for – and interfering in – public health issues; institutional deficiencies and difficulties within the Ministry of Health; lack of transparency in functions and unwillingness to accept responsibility; inattention to holistic factors effecting public health; absence of evidence-based policies; and lack of follow-through to ensure implementation of the policies devised.<sup>(14)</sup> Institutional inertia has had disastrous consequences in light of the Covid-19 pandemic.

8 Dehnavieh, Khosravi, Mehroliassani, Haghdoost, and Amini, "Future Trends of the Primary Healthcare System in Iran," p. 162.

9 Ibid, p. 164.

10 Hassan Almaspoor Khangah, Ali Jannati, Ali Imani, Shiva Salimlar, Naser Derakhshani, and Behnaz Raef, "Comparing the Health Care System of Iran with Various Countries," *Health Scope*, (February 2017), p. 2.

11 Ibid, p. 3.

12 Behzad Damari, "Naghshe-ye Rah-e Howzeh-e Behdasht dar Nezam-e Salamat-e Iran," (Roadmap of Iran's Health System), *Social Welfare Quarterly*, Vol 18, No. 70, (Fall 2018), p. 10.

13 Almaspoor Khangah, Jannati, Imani, Salimlar, Derakhshani, and Raef, "Comparing the Health Care System of Iran with Various Countries," p. 5.

14 Ali Muhammad Mosadeghrad and Parisa Rahimitabar, "Olgo-ye Hakemiyat-e Nezam-e Salamat-e Iran: Yek Motale'eh Tatbighi," (Health System Governance in Iran: A Comparative Study), *Razi Journal of Medical Science*, (2019), Vol. 26, No. 9, pp. 14, 24.



Compounding the structural limitations of Iran's healthcare system have been comprehensive international sanctions the country has faced since 2018. These sanctions, also in effect before 2015, include every possible form of trade or transaction with Iran, and their impact on the healthcare system has been particularly devastating. Foreign and Iranian companies providing healthcare services have "encountered massive difficulties at every level," from importing some of the ingredients or specialized packaging needed for domestically produced drugs to getting international banks, insurance firms, and financial institutions to underwrite medical imports, even though they are technically exempt from the sanctions regime.<sup>(15)</sup> Although Iran produces many drugs domestically, in many cases it still has to import some of the compounds necessary to manufacture the drugs, or the specialized packaging that some drugs require, none of which can be acquired from abroad. Although pharma and medical equipment are technically exempt from the sanctions regime, suppliers are often reluctant to deal with Iranian vendors for fear of running afoul of the United States, and international banks and insurers are also unwilling to get involved for similar reasons. What drugs are available inside the country are therefore often of inferior quality, and usually at highly inflated prices.

Some of Iran's medical professionals, meanwhile, have decided to take matters into their own hands and to launch an online petition to UN Secretary General Antonio Guterres to press for the removal of US sanctions. Within a month of the Covid-19 outbreak, they claim, the sanctions directly contributed to the deaths of 80 healthcare workers caring for coronavirus patients.<sup>(16)</sup>

Shortages of drugs and other medical supplies exacerbate structural problems in the system. As with any massive bureaucracy, Iran's healthcare system is not immune to corruption, nepotism, inefficiency, and at times seemingly insurmountable red tape. According to a medical professional in Tehran, "scarcity has opened the door to hoarding and profiteering, often with the collusion of officials and regulators who are hard pressed like everyone else. We are witnessing the delegitimization of the entire system as ordinary people face medicine shortages and exorbitant prices."<sup>(17)</sup>

Sanctions, drug shortages, and institutional factors thus combine to significantly hamper the system's response to the Covid-19 pandemic. According to a group of Iranian medical professionals, some of the main obstacles they face in dealing with the pandemic include limitations and lack of access resulting from international sanctions; lack of familiarity with the virus and the disease it causes; the authorities' refusal to use available information technology to inform public opinion; and insufficient attention to public health issues in general.<sup>(18)</sup>

15 Kaveh Ehsani, "Voices from the Middle East: US Sanctions on Iran Devastate the Health Sector," *Middle East Report Online*, 31/03/20.

16 "Iranian officials send mixed signals on coronavirus fight," *Al-Monitor*, 01/04/20, [www.al-monitor.com/pulse/originals/2020/04/iran-officials-mixed-messages-coronavirus-fight.html](http://www.al-monitor.com/pulse/originals/2020/04/iran-officials-mixed-messages-coronavirus-fight.html).

17 Ehsani, "Voices from the Middle East: US Sanctions on Iran Devastate the Health Sector," *Middle East Report Online*.

18 Leila Doshmangir, Alireza Mahboob Ahari, Kamal Gholipour, Saber Azami Aghdash, Leila Kalankash, Parinaz Doshmangir, Khorshid Mobseri, and Rahim Khodayari Zarnagh, "Rahbord-haye Keshvar-haye Sharq-e Asia dar Movajehe-ye Mo'aser ba COVID-19: Dars-e Amookhteh-hai Baraye Iran," (*Strategies of East Asian Countries in Dealing Effectively with COVID-19: Lessons for Iran*), *Rahbord-haye Salamat dar Nezam-e Salamat*, Vol. 4, No. 4, (Winter 2020), p. 371.





## The Policy Dimension

Problems inherent to the healthcare system may make it inert and slow to respond to the pandemic. To begin with, however, it is up to political leaders and policymakers to respond to emerging public health crises and emergencies. For several days after the crisis first erupted, the government and the various state agencies refused to acknowledge the breadth and the magnitude of the pandemic and did nothing in a timely fashion to prevent the spread of the virus. In fact, some of the government's policy choices, such as proceeding with Majles elections as planned, directly contributed to the virus's growth among the population.

The government's handling of the pandemic in general, and President Rouhani's performance in particular, have been greatly criticized on grounds of initially being highly nontransparent and indecisive. Throughout the crisis, Rouhani has shown himself always unwilling to deliver difficult, negative news even when death tolls and infection rates were continuing to rise, trying instead to put the most positive spin on things. The president has claimed that the government's containment measures have been more effective than those in place in Europe and China, and that the infection rate in "all provinces, without an exception, has witnessed a downward trend." Despite continued upward climbs and disturbing daily numbers of new infections and fatalities, in early April 2020 Rouhani confidently declared that Iran is "on the right track."<sup>(19)</sup> The country's professional healthcare workers, meanwhile, had starkly different assessments. At the same exact time as Rouhani's upbeat statements, a Health Ministry official made the following sobering assessment: "given the fatigue inflicted upon the medical workers, the looming peak could be of more harmful consequences than before."<sup>(20)</sup>

Personal indecision and idiosyncrasies aside, there are a number of factors within the political system that render difficult decisions untenable or at least hard to reach. Structurally, the Iranian system cannot devise a comprehensive, implementable set of policies that can effectively deal with the pandemic. This is because the state confronts insufficient and inadequate material and financial resources to execute many of its own policies. For its part, there is little willingness on the part of the public to abide by the government's directives, and even less desire to lend it material and financial support.

There are also deep internal divisions within the system.<sup>(21)</sup> Since organized political parties remain in the shadows, the political system is rife with factionalism, and the different factions frequently use institutional and policy tool to undermine their opponents. One of the glaring side effects of

<sup>19</sup> "Iranian officials send mixed signals on coronavirus fight," Al-Monitor, 01/04/20, [www.al-monitor.com/pulse/originals/2020/04/iran-officials-mixedmessages-coronavirus-fight.html](http://www.al-monitor.com/pulse/originals/2020/04/iran-officials-mixedmessages-coronavirus-fight.html).

<sup>20</sup> Quoted in, "Iranian officials send mixed signals on coronavirus fight," Al-Monitor.

<sup>21</sup> "Abbas Abdi: Rouhani Bekhater-e Barjam va Hall-e Masa'el-e Tahrim-ha Mokhalef-e Gharntineh Ast," (Abbas Abdi: Rouhani Opposes Quarantine Because of JCPOA and Solving the Issue of Sanctions).



factionalism has been policy paralysis and political dysfunction.<sup>(22)</sup> The approach to the coronavirus pandemic has been no exception. Along with Foreign Minister Javad Zarif, President Rouhani sees the crisis as an opportunity to have the US sanctions lifted or at least reduced, and possibly even to initiate talks with the United States. Supreme Leader Khamenei, on the other hand, has publicly blamed tCovid-19 outbreak on the US and accused it of waging biological warfare against Iran.<sup>(23)</sup>

After some delay and foot-dragging, the Iranian government put together a National Committee for Combatting the Coronavirus, which is made-up of the relevant organs of the state, including the Islamic Revolutionary Guards Corp (IRGC). The committee operates under the auspices of the Ministry of Interior and oversees devising and implementing the government's containment measures. Some of the most important of these policies are outlined in table 2.

**Table 2. Specific Policies in Combatting COVID-19**

<b>Establishments closed</b>	All public sites including shops, streets, schools and religious sites, sport facilities and cinemas; businesses divided into those whose continued activity is deemed essential, those that may close, and those allowed to operate to satisfy local needs; all state bodies excluding health facilities can only have a maximum one-third of their staff onsite at any one point
<b>Limitations on public gatherings</b>	All public facilities where groups can gather are closed
<b>Limitations of travel within the country, within cities, into and out of the country</b>	Flights to Iran restricted and plan to create checkpoints to restrict domestic travel announced; Travelers exiting Iran face mandatory quarantine for up to 14 days in most countries and face flight restrictions as airlines stop their inbound and outbound Iran flights; internal travel highly restricted, with everyone having to return to their place of residence; planes, trains, and buses face "maximum limitations" in inter-city travel, and private cars on road share allowed only to take passengers back to their place of residence
<b>Mandatory quarantine</b>	Discussed but not implemented
<b>Lockdown of cities</b>	Pilgrims from Bahrain and India stranded in pilgrim city of Qom due to limited travel between major cities while entire nation is under complete lockdown

22 Mehran Kamrava, "National Security Debates in Iran: Factionalism and Lost Opportunities," *Middle East Policy*, Vol. 24, No. 2, (Summer 2007), pp. 84 - 100.

23 Khamenei first alluded to the issue during his New Year's speech on 22/03/20, an English text of which is available at <http://english.khamenei.ir/news/7451/US-officials-are-charlatans-and-terrorists>.

<b>Construction of field hospitals</b>	85,000 prisoners released on furlough; 1,000 mobile detection clinics established, 2,000-bed field hospital made by IRGC in Tehran in 24 hours; and military hospitals made available to manage the pandemic
<b>Production of masks and other hygiene products</b>	Army facilities increase production for face masks and gloves

Source: Ministry of Interior, Directives 1, 2, and 3 of National Committee for Combating Corona, March 26-30, 2020, <https://www.moi.ir/پاڤاڤا?id=134985>, <https://www.moi.ir/پاڤاڤا?id=135112>, and <https://www.moi.ir/پاڤاڤا?id=135157>

After initial hesitation, the government belatedly banned intercity travel (until April 8, 2020), and closed four of Shi'ism's most important shrines in the country, including the shrines of Imam Reza in Mashhad and Hazrat Masoumeh in Qom, where Iran's first infections were reported, shrines that have assumed great ideological, symbolic, economic, and political significance for the state. Temporarily, schools and universities have been shut, weekly Friday prayers cancelled, and the parliament closed. The government has cracked down on hoarders stockpiling face masks and disinfectant. The Ministry of Health has also mandated all government agencies – including the civil service, all the ministries, and public universities – to observe social distancing by having only one-third of their workforce on site at any given time.<sup>(24)</sup>

Over the course of the past decade or so, especially since the disputed presidential elections of 2009 and the controversial second term of President Ahmadinejad, Ayatollah Khamenei has forged a very close political and ideological alliance with the IRGC and its key commanders. Not surprisingly, as the pandemic reached alarming proportions, Khamenei tapped the IRGC's Maj. Gen. Mohammad Bagheri, who is the head of the country's General Staff of the Armed Forces, to lead a military response in parallel with the government's own campaign. The IRGC's response was been rapid and decisive. Shortly after assuming his new responsibilities, Gen. Bagheri announced the establishment of a 2,000-bed field hospital in Tehran. Additionally, one of the military hospitals in the capital was said to be treating 1,000 Covid-19 patients, and the IRGC mobilized hundreds of thousands of Basiji militias to disinfect city streets across the country. The Revolutionary Guards also constructed a mobile coronavirus test lab, and also started using the Defense Ministry's production facilities to mass produce test kits and personal protective equipment.<sup>(25)</sup>

Both civilian officials and military commanders realized very early that quarantining entire cities in Iran or even neighborhoods within cities was impractical and unfeasible. The imposition of quarantine as imposed in parts of Europe and in China requires strong management of a country's affairs in areas such as decision-making and implementation, provision of needed goods and services, and

<sup>24</sup> This measure was reversed after having been in effect for two weeks, from March 26 to April 11, 2020.

<sup>25</sup> Sune Engel Rasmussen, "Iran's Hard-Liners Clash with Government in Struggle to Contain Coronavirus," *Wall Street Journal*, 31/03/20.



ensuring acceptance on the part of the people. None of these necessary elements exist in Iran, so the state was in no position to propose or implement quarantines in one or more parts of the country.<sup>(26)</sup> The government was also unwilling to further restrict economic activities in ways that will further harm the country's already-fragile economy.

For the most part, tensions between the Rouhani administration and the IRGC over the handling of the pandemic were not based on substantive policy differences, with most revolving around practical, mundane issues. For example, when throngs of people threw themselves at the coffin of IRGC commander Hussein Asadollahi, who had passed away on March 21, 2020, the Ministry of Health issued an oblique criticism of the organizers, meaning the IRGC, via Twitter. This was in turn rebuffed by the Guards.<sup>(27)</sup> Similarly, rejecting US President Donald Trump's offer of sending medical professionals to Iran to help with the pandemic, the IRGC's Maj. Gen. Hossein Salami dismissed the offer as "deception and lies," instead offering to send medical supplies and assistance to the American people.<sup>(28)</sup> Although a collection of medical supplies to be sent to the US indeed took place in Tehran, a Health Ministry spokesman quickly dismissed the gesture as unwise. "We are absolutely not in a position," he said, "to send medical equipment and supplies to any other country."<sup>(29)</sup>

There was also contradictory information about quarantine or restrictions on movements in hard-hit areas. Moreover, different government agencies, and different individuals within the state apparatus, at times disagreed over which arm of the state is responsible for coordinating policies designed to combat the pandemic. In Gilan province, for example, which was one of the hardest hit areas of the country, the representative of the Health Ministry pointed to the National Command for Combatting Corona as the main body responsible for quarantining the cities. At precisely the same time, Amihussein Ghazizadeh Hashemi, a deputy in the Majlis, member of its leadership cadre, and member of the National Command for Combatting Corona, claimed that the responsibility to implement any possible quarantines rests with the IRGC only.<sup>(30)</sup>

## Conclusion

After initially wavering on the handling of the crisis and seeming to simply wish it away, the Iranian government took decisive steps toward the virus's containment and eradication. The establishment

26 "Abbas Abdi: Rouhani Bekhater-e Barjam va Hall-e Masa'el-e Tahrir-ha Mokhalef-e Gharntineh Ast," (Abbas Abdi: Rouhani Opposes Quarantine Because of JCPOA and Solving the Issue of Sanctions), Aftab News, <https://aftabnews.ir/fa/print/643610>.

27 "Vakonesh-e Sepah-e Muhammad Rasollullah be Hashiye-ha va Enteghadat Nesbat beh Bargozari-ye Marasem-e Tashii'eh Peykar-e Sardar Asadollahi, "Reaction of the Prophet Muhammad Battalion to Stories and Criticism Concerning the Funeral of General Assadolohi," Khabar Online, 23/03/20, <https://khabaronline.ir/news/1368266>.

28 Rasmussen, "Iran's Hard-Liners Clash with Government in Struggle to Contain Coronavirus," Wall Street Journal.

29 Ibid.

30 "Setad-e Melli-ye Moghabeleh ba Corona Mas'oul-e Gharantineh Ast Ya Sepah-e Pasdaran?" (Is the National Command for Combatting Corona Responsible for Quarantine or the Revolutionary Guards?) Etemad Online, 11/03/20, <https://etemadonline.com/content/393317/-ستاد-ملى-مقابله-با-كرونا-مسئول-قرنطينه-است-يا-سپاه-پاسداران-عضو-هيأت-رئيسه-مجلس-ستاد-ملى-مبارزه-يا-ك>

of the National Committee for Combating Corona, under the supervision of the Ministry of Interior significantly helped streamline and coordinate decision-making among the various state agencies. Nevertheless, the lines of authority between the Rouhani administration and the IRGC on the anti-virus campaign were not always fully clear.

In several ways, the approach of the Iranian government to the pandemic was not fundamentally different from that adopted in many other countries. Concerned about political legitimacy and economic performance, governments across the world initially downplayed the potentially negative ramifications of the spread of Covid-19 among their populations. Populist leaders, of whom US President Donald Trump and UK Prime Minister Boris Johnson are notable examples, were especially keen to emphasize the normalcy of circumstances even as the virus was wreaking havoc among their peoples. The Islamic Republic's leaders were no exception. When Iran's first official cases were reported in Qom, most Iranian officials claimed that the situation was under control, and President Rouhani initially insisted circumstances would soon return to normal and that the country could soon resume its regular routine. Mosques, shrines, and other religious buildings in Qom and other cities remained opened; parliamentary elections took place as scheduled; and Ayatollah Khamenei dismissed the hysteria as an American ploy and a product of biological warfare against Iran.

As in England and the United States, however, the reality of what was happening on the ground in multiple cities across Iran could not be dismissed for long. Qom was soon joined by Tehran, Rasht, the rest of Gilan province, and then the rest of the country. Before long, all of the country's thirty-one provinces reported infections and fatalities due to the virus. The ever-optimistic Rouhani suddenly began sounding decidedly somber. "Coronavirus is not something for which we can point to a certain date and say it will be completely eradicated by then," the Iranian president admitted, warning Iranians that the virus "may be with us in upcoming months, or until the end" of the current Iranian year, in March 2021.<sup>(31)</sup>

State efforts designed to combat and contain the spread of the pandemic notwithstanding, Iran's battle with Covid-19 is likely to last for some time to come. Few states in the Middle East can afford to demand the kinds of sacrifices from their populations needed to stem the growth of the virus. Iran simply does not have the infrastructure needed to allow for most of its workforce to work remotely or for its schools and universities to switch to remote instruction. Few of the country's businesses and stores, especially the countless small shops in cities, towns, and villages, could sustain prolonged periods of closure. In peripheral urban areas, where armies of recent arrivals from the countryside depend on day labor and other informal means of employment, social distancing is unrealistic and often quite impossible. And, in the wealthier urban areas, where medical treatment is more readily available, US-imposed sanctions hamper access to necessary medical equipment and much-needed drugs.

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31 Quoted in, "Iran parliament speaker tests positive for COVID-19," *France 24*, 02/04/20, <https://www.france24.com/en/20200402-iran-parliament-speaker-tests-positive-for-covid-19>.



In the past crises it has faced, such as the eight-year war with Iraq in the 1980s or its long history of tensions with the United States, the Islamic Republic has proven itself to be particularly adept at dealing with the political dimensions of crisis management. Whether the coronavirus turns out to be more pernicious and more successful than Saddam Hussein or successive American presidents is a question that only time will answer. All initial indications are, however, that the Islamic Republic will weather this crisis too. If anything, the Islamic Republic's hybrid authoritarianism is likely to continue, and perhaps even accelerate, its recent tilt toward greater authoritarian retrenchment. When confronted with crises, hybrid authoritarian states are more likely to rely on their instincts for heightened repression, and Iran is no exception.

Karim Sadjadpour has opined that instead of hastening the Islamic Republic's collapse, "the virus is more likely to accelerate its transition from clerical rule to military rule."<sup>32</sup> The IRGC's highly visible role in combatting the virus is, no doubt, partly motivated by a desire to repair its image after it accidentally shot down a Ukrainian passenger plane near Tehran in January 2020. Sadjadpour's prediction may well turn out to be correct in post-Khamenei Iran. But by itself the pandemic is unlikely to make or break the ultimate fortunes of the Islamic Republic's political factions and corporate groups. What the pandemic has done, and will no doubt continue to do for some time, is to further complicate a political scene that is already highly complicated and unpredictable.

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<sup>32</sup> Karim Sadjadpour, "Iran's Coronavirus Disaster," Carnegie Endowment for International Peace, 25/03/20.