

Iran's Structure, Policies, and Actions against the Spread of Infectious Diseases in the Contemporary Period

Siavash Yari*- Associate Prof. History Department, Humanities Faculty, Ilam University, Ilam, Iran.
Fariba Faraji- M.A History, History Department, Humanities Faculty, Ilam University, Ilam, Iran.

Received: 19/02/2021

Accepted: 21/04/2021

Abstract

Various infectious diseases have plagued humankind and killed millions throughout history. Crisis management by governments has been crucial in such emergencies. This study aims to examine the method of crisis management caused by epidemics, especially Corona in Iran, and seeks to discover the policies and measures which have been taken by governments to prevent the spread of diseases and treat these diseases since the Qajar period. In this research, which was carried out by historical method and with a descriptive-analytical approach, to collect data, documents related to the subject, identification, study, and required information were extracted and indexed. Findings indicate that the policy-making process has been better and more effective by passing of time. Thus, the minimum programs implemented by the government were not successful for various reasons in the Qajar period, but infectious diseases were mainly controlled due to the compulsion to implement health regulations in the Pahlavi period. Great strides have been made in preventing the spread of infectious diseases after the victory of the Islamic Revolution in Iran. Since the outbreak of corona disease, various measures have been taken to control the disease, which has helped curb public awareness and participation to a large extent, and Iran is now on the verge of producing the corona vaccine and launching it on the market.

Keywords: Infectious Diseases, Policy Making, Government, Iran, Corona.

*E-mail : s.yari@Ilam.ac.ir

1.Introduction

The history of infectious diseases shows that the international community has always struggled with the spread of epidemics, and all countries have suffered many casualties. Diseases that have caused pandemics throughout history include cholera, plague, diphtheria, measles, and influenza. Iran has faced all kinds of infectious diseases in its history like other countries in the world.

Examining the sources, we can understand the efforts of the ancient Iranians to prevent diseases. For example, in the Achaemenid era, without knowing germs or pathogens, they believed that unknown objects might cause water pollution; therefore, they boiled water or use metals such as bronze and silver, which - according to new studies - have antimicrobial chemical elements.

With the increase of population and development of human societies, the diversity of infectious diseases and their spread speed also intensified. Since providing health care and treatment is one of the responsibilities of governments, neglecting this will show the inefficiency and weakness of governments in terms of civil liability. Therefore, the harmful consequences of epidemics force governments to pass policy and plans to control them. According to past experiences, each epidemic disrupted social stability and economic activities, and only the correct and timely measures taken by the government and public awareness could manage the critical conditions of society and free them from the clutches of disease. The treatment of diseases shows an improving trend, and the society and the government are on the path of progress during the contemporary period of Iran.

2.Statement of the Problem

Health is one of the pillars of the human rights system, and enjoying physical and mental health is the apparent right of all people. Since human society is always exposed to all kinds of diseases and epidemics, it needs a competent authority to manage critical situations, and maintain the health of individuals in society. Under domestic and international law, governments are responsible for ensuring the health of their citizens. "The political history of any country and its victories and defeats are directly related to the standard of living and well-being of the people of that country," (Nategh, 1977:30) said William McNeill in a book entitled *Plagues and Peoples*. The history of infectious diseases shows that diseases such as cholera, plague,

leprosy, and other infections have caused tragic events during their pandemic in contemporary Iran. In such cases, adopting effective and efficient health policies can be inhibitory and minimize losses. Recently, corona has had a variety of consequences due to the spread of the deadly Covid-19 virus. Due to its unknown nature, its rapid spread, and its effects, the virus has been shrouded in ambiguity for the health sector, putting policy-making systems in a state of shock. This study seeks to examine the policies of Iranian governments in the contemporary period, to examine their policies concerning pandemics.

The present study tries to answer this question: To what extent has the adoption of health policies by previous governments been effective, and what has helped the current Iranian government in the policy-making process to control COVID-19?

3.Literature Review

According to the literature, various researches about this paper subject have been done, but each of them has looked at the subject from different views, and does not include the goals of this paper comprehensively. Alireza Heydari, in an article entitled "Comparison of the ability of the Iranian government and selected East Asian countries in corona policy", used various theories and approaches to assess and evaluate the policies used and the ability of the Iranian government to take preventive and curative measures compared to selected East Asian countries such as Singapore, China, and India. The results show that the Iranian government has a low level of ability than East Asian governments in terms of using policy tools and using resources in corona policy-making. Mohammad Mesgarpour, in his research entitled "Identifying and categorizing the dimensions of the reaction of the Iranian health system against Quaid-19 pandemic", has studied the policies of the health system in seven areas and has concluded that the management of the corona epidemic has been somewhat successful in attracting public participation through the screening network infrastructure, but has remained passive in providing integrated guidelines for reducing or stopping the disease chain.

The article "Cholera and the actions of the Pahlavi government to deal with its prevalence", written by Seyyed Mohammad Hossein Manzoor Al-Ajdad, examines the causes of cholera spread in Iran, and the way the Pahlavi government dealt with epidemics during the Reza Khan period. The findings

show that the measures have been effective in reducing the prevalence and mortality and have led to the overall growth of the government's ability to deal with the epidemic. Also, Cyril Elgood, in chapters nineteen and twenty of his book, *History of Iranian Medicine*, discusses and analyzes causes and factors of occurrence and prevalence of infectious diseases during the Qajar period, and Elgood investigates the few measures taken by the government to combat the pandemic. The results show that these measures such as forming a parliament, quarantine, forming a health commission have not been successful due to lack of budget, and health facilities, and lack of social awareness in this regard. Mohammad Bakhtiari, in a study entitled "Review of the actions of the first Pahlavi government to counter with the problems of smallpox (Isfahan Case Study)", studies the government legislation and programs to deal with the contagious disease of smallpox, as well as the problems that have hindered the implementation of programs. The results show that, although government measures have reduced the incidence of smallpox in Isfahan, problems such as lack of funding and adequate health facilities have prevented its eradication.

4.Theoretical Foundation

Infectious diseases are diseases caused by a specific infectious agent or its toxic product that results from the direct or indirect transmission of that agent or its products through an animal or plant vector or in an inanimate environment from an infected person or animal or reservoir. It is transmitted to the sensitive host, which is both direct and indirect. Direct transmission happens by the immediate arrival of an infectious agent in the body leading to infection, such as touching, biting, kissing, having sex, or throwing small droplets directly while sneezing, coughing, reading, or talking (within one meter). It occurs in the conjunctiva of the eye or inside the nose and mouth. However, in indirect transmission, contaminated materials and objects transmit the infectious agent to the susceptible host, such as toys, napkins, contaminated clothing, contaminated soil, various utensils, or biological products such as blood, serum, plasma, tissue, or transplanted organs. (Foladband,2012:9-8)

An epidemic is the occurrence of an illness especially a health-related behavior or another health-related event in a community or region, which is more than expected (Naseri,1988:1012). A pandemic occurs in a large area of the world, crosses international borders, and typically affects many

people. (Naseri,1988:1051)

Crisis management is the system governing strategies, approaches, programs, and actions that aim to predict, prevent, and reduce risk, preparedness, effective response, rehabilitation, and reconstruction after accidents, which are cyclical. (Crisis Management Law, 2009: No. 90). We can mention cholera, plague, tuberculosis, smallpox, and various types of flu, and corona among the diseases that have appeared epidemically and pandemically in Iran and the world.

Epidemics have existed since the beginning of human creation, and humankind has repeatedly taken action to deal with them. Advances in various fields of medical science have made it possible to manage many of them. The performance of contemporary Iranian governments towards infectious diseases is examined considering the duty of governments to ensure the health of the people.

4-1. Policies of Qajar Government Against Contagious Diseases

4-1-1. The State of Public Health in the Qajar Period

Lack of health, structural form in the background of the spread of diseases, lack of understanding of the relationship between the existence of disease, and almost complete lack of individual and social health were very influential in spreading diseases.

According to Maurice Leith, who was the only source of modern medicine in close contact with the rural population, people were utterly ignorant of the principles of hygiene, and almost all of them spent their entire lives in indescribable filth. The spread of disease during the Qajar period was facilitated by the abundance of vector insects and unsanitary food and drinking water. Flies, fleas, mosquitoes, and lice were effective in transmitting diseases. Often the water used for drinking, cooking, and washing was full of insects and pollution (Flora,2008:75). People's drinking water was generally supplied from aqueducts transported to the city through canals and could easily be contaminated. (Elgood,1973:737).

The streets were stinking, and their atmosphere was full of the smell of decomposing animals and waste due to the lack of a sewage system. There was no catchment area in most regions, so waste and contaminants came in contact with drinking water and washing water, and acted as carriers of infectious diseases. People's misconceptions about health and disease were

difficult to change, and any attempt to improve their condition would be difficult according to Maurice Leith (a physician who had been in close contact with the public for many years) (Flora,2008:74-75).

4-1-2. Status of the health system

Adams Olivier reports that Iranian physicians are generally traveling, moving from village to village, and announcing their profession upon arrival. They had a small bag with a limited number of medicines and some tools, and prescribed potions and decoctions, as well as heating, phlebotomy, and cupping. Most of the physicians were urban, although some also went to small towns and large villages in the urban area where they lived (Flor,1988:139). In terms of access to a doctor, most people could consult a doctor when their illness became severe (Flora,2008:139-143).

4-1-3. Policies and Actions

A study of the history of infectious diseases shows the incompetence of the rulers of the time, the procrastination of their subordinates, and general ignorance that led to widespread killings (Mirsalehian and Dalvand,2018:232). Measures taken by the central government in the health sector were mostly limited to Tehran and certainly ineffective. The first steps were taken by Amir Kabir. In 1851, he commissioned pamphlets to raise awareness about infectious diseases, and to suggest ways to prevent them. However, these plans were stopped by the assassination of Amir Kabir. The second time the Qajar government took measures to maintain health and prevent infectious diseases was when Nasser al-Din Shah returned from his first trip to Europe in 1873. He ordered to keep pavements clean, allocated 100 donkeys for the transportation of waste, the removal of hazardous and toxic substances from reservoirs around Tehran, and instructed the people to respect the environment's cleanliness. Nevertheless, after a while, the situation returned to the same unsanitary condition (Flora,2009:296-297).

A quarantine rule was set at the borders to protect the country from pollution, during the presidency of Amir Kabir in 1851, and travelers were kept in quarantine for several days (Adamiyat,1984:344). Articles about removing garbage and fighting infectious diseases such as cholera and plague have been published in newspapers since Mirza Taghikhan Amirkabir period. A pamphlet on cholera treatment rules was published on how to prevent the spread of the disease, and was distributed among clerics

and dignitaries in the city's neighborhoods to inform the public, and a quarantine rule was established to protect guarded domains of Iran from contamination at the borders. (Nategh,1980:46).

The "House of Health", which was responsible for public health, held a meeting at the Dar al-Fonun, and all doctors from foreign delegations were members of the parliament. In addition to the House of Health, Dr. Toulouzan founded the Quarantine Organization, and revived the general vaccination previously initiated by Dr. Kalokeh. He sent the doctors who had studied at the Dar al-Fonun to the cities and provided them with the necessary equipment as much as possible, and wrote several books on cholera and plague. Dr. Kokoil, the physician of the England political delegation, recommended taking common measures to control the health of the Persian Gulf region by Iran, India, Egypt, and Turkey. The commission was set up, and the commission asked Dr. Toulouzan to write a pamphlet on cholera and plague to be distributed to educated people in the infected areas and to establish a quarantine to prevent infected people from entering Iran from Iraq. However, the Iranian government informed the British viceroy in India that the Iranian government's ability to fight was very limited, and that it was not possible to establish cooperation (Elgood,1973:741-4).

The authoritarian Qajar government would not have cared so much about the people's illness under its rule if it had not been under pressure from its neighbors. A report from Etemad-al-Saltanah (1892) shows this issue. He writes: "Today, I heard that cholera kills seventy or eighty people a day in the city. They might have left the quarantine for a small amount of money, so that the disease might spread elsewhere, but someone would rule, and someone would hear. "To Allah We belong, and to Him is our return" (Etemad-ol-Saltaneh,1971:814).

During epidemics, court heralds warned people to burn the dead's clothes, to lime wells as much as possible so that they would not pollute the drinking water, but people did not heed the advice and even buried corpses in coastal cities in the sea. These acts caused the spread of epidemics, and raised casualties and, caused the government's inability to deal with epidemy (Zahed,2012:73).

A severe epidemic of plague appeared in the eastern regions in 1897, and to prevent its spread to other places, a sanitary tape known as Torbat Heydariyeh sanitary tape was drawn. The results were satisfactory, and

caused the disease not to spread to other places (Elgood,1973:760). Also, with the outbreak of leprosy in Tabriz, Nasser al-Din Shah ordered that a fence be built around the royal hunting ground, which was located 10 km from Tabriz, and the lepers settled there (Mirsalehian,2017:233).

The year 1911 is one of the most critical years in the House of Health; because it found its own budget for the first time. General vaccination activities started once again, and even an attempt was made to obtain the required smallpox vaccine in Iran (Elgood,1973:762-3).

Three public hospitals operated as reception centers for patients with infectious diseases in Tehran until 1924. Hospitals were gradually built in the cities of Kermanshah, Kerman, Tabriz, Hamedan, and Mashhad. However, each of them was left alone for a long time, and until the peak of the epidemics (Flora, 2008: 258,256). One of the valuable measures taken at the end of the Qajar period and gradually played a significant role in controlling common infectious diseases in Iran was the establishment of the Pasteur Institute of Iran in 1921 (Azizi,2011:19).

4-2. Policies of the Pahlavi government against pandemics and epidemics

4-2-1. Personal and social health conditions

The general health situation was critical and unhealthy in Iran during the Pahlavi period according to some approximate statistics. Iran was even lower than the rest of the Middle East by the middle of the twentieth century. Some benefactors and philanthropists took action during these years. However, because these measures were mostly carried out in the cities and were not very widespread, they could not bring about a tangible change in the situation of the villages. The government also considered the lack of budget, and the priority of other tasks as the main reasons for not implementing health affairs, so that in the budget of 1947, only four percent of the total budget belonged to health (Sahami,2016:111-112).

The health situation was dire in most areas. Infectious diseases easily spread due to lack of health, low literacy and social awareness, and insufficient access to health facilities (Khodami,2018:24). The sanitary condition of baths was unsuitable in different Iran cities at the beginning of the Reza Shah's period. According to the Akhgar newspaper, "Isfahan's baths are extremely dirty and spread germs of various diseases" (Torabi Farsani,

2014: 86).

4-2-2. The Situation of the Health System in the Pahlavi Period

The lack of specialist doctors was one of the factors that seriously endangered people's health in the Pahlavi period. "Out of 11,000 doctors, at least half worked in Tehran because they could fill their pockets through private work," writes Anthony Parsons, the former British ambassador to Iran. This lack of physicians has led many people to turn to hairdressers traditionally to treat their ailments and to perfumers for medicine. Kayhan newspaper, in a report related to 1961, referring to health problems in Iran, wrote that "in this ruined village, all diseases of headache, back pain, vision, and even wounds on the hands and feet are treated by barbershops" (Islamic Revolution Document Center, <https://www.ird/fa/news/6175>). Facilities related to health care, such as health supplies, medicine, pharmacies, health centers, hospitals, and trained Iranian physicians, were sparsely populated and operated mainly in cities.

4-3. Policies and Actions

We are facing a large-scale government effort to fight the spread of infectious diseases, especially cholera, in border areas and throughout the country during the reign of Reza Shah. The clashes indicate a change in governments' health policies. It seems that the growing international relations of Iranian physicians, and the increase in the number of modern medicine graduates, and participation in international agreements and conferences were among the practical factors in changing the government's health policy, and this policy change led to the creation of new health institutions such as Pasteur Institute, the establishment of quarantines, and increase of the construction of hospitals (Manzoor al-Ajaddad,2010: 4,173). The government's health policies were aimed at raising public awareness about the dangers that threatened them, and in this way, various sources of information were used. Motivating and strengthening the health tendencies of the people was also considered because people did not have the necessary knowledge in this field (Torabi Farsani,2014: 85).

Among the laws enacted during the reign of Reza Shah was the Law on Combating Infectious Diseases. The law was approved by the parliament in June 1941. According to it, cholera, plague, typhoid, smallpox, rubella, diphtheria, and meningitis were among the infectious diseases that midwives, doctors, heads of families, hotel owners, and godfathers were

responsible for identifying suspicious cases. Each of these people observed diseases in any place they were obliged to inform the local health department and were punished in case of violation (Manzoor al-Ajaddad 2010:183).

The national Health office was renamed to the General Directorate of Health, and gradually health units were established in the cities from 1932. The operators of these units did work in drinking water, baths, restaurants, and inspection of businesses (Khodami,2018:25).

Since the lack of hygiene, mostly water and food hygiene, and lack of hygiene in the streets and baths were among the causes of the spread of infectious diseases in Iran, it seemed necessary to take sanitary measures. Laundry and littering in rivers were prevented. They repaired the baths and dug the toilet well, and whitewashed them; they covered the streets with black oil and also surrounded the homes of the sick and disinfected houses with sulfur. Cities far from contaminated areas were on alert. In some cities, such as Shahroud, the Nazmieh Department also formed a commission in the presence of the head of the municipality and warned the guilds of grocers, vegetable sellers, fruit sellers about the necessary health instructions (Manzoor al-Ajaddad,2010:178-79).

From a historical point of view, the most crucial point was the lack of structure for health policy-making in Iran until 1881. Mohammad Azizi (2005), in his research, has emphasized that there was only one non-permanent structure called the Assembly of Health and the Council of Health until 1881. The only authority of public health in Iran was the Ministry of Interior until 1920, and there was no structure for public health in Iran between 1921 and 1941 until the Ministry of Health was finally established in 1941 (Safar Ahang,2020:207).

Construction of clinics, free treatment of the poor, efforts to use Iranian forces, training of doctors, new nurses, expansion of health centers and hospitals in all the country's cities were among the measures taken at this time (Torabi Farsani,2014:84). From this period, the need to build a quarantine in a new and equipped style was considered, and new style permanent quarantine centers were built in the eastern and western borders and ports in the north and south (Manzoor al-Ajaddad,2010:176).

According to preventive regulations, inter-provincial traffic IDs were also revoked in case of illness, thus preventing pilgrims from traveling to Atabat.

In such cases, the Ministry of Interior notified all governors to prevent the issuance of ID cards for traveling abroad (Kathiri and Dehghanejad,2012: 56).

4-4. Iran's Policies and Actions against Post-Revolutionary Infectious Diseases

4-4-1. The Health Situation of the Iranian People after the Victory of the Islamic Revolution of Iran

Many advances were made in the field of health after the victory of the Islamic Revolution in Iran, according to statistics. Improving the general health of citizens, increasing medical products in different parts of the country to increase life expectancy and reduce mortality are among the things that show growth and progress in the field of health. The World Bank report shows that the life expectancy of the Iranian people has increased for 22 years since the beginning of the revolution, and with the advancement of medicine and the health system, deaths due to infectious diseases in Iran have decreased. The expansion of the health network has led to a significant reduction in the deaths of children under the age of 5, which has grown significantly compared to the pre-revolutionary period (Islamic Revolutionary Documentation Center, 6175 <https://www.ird/fa/news/>). The head of the vaccine-preventable diseases department of the Ministry of Health says about the measures taken to prevent the disease: The immunization expansion program in the country was started in 1984 with the aim of fully covering children against vaccine-preventable diseases such as measles. Moreover, now all children are vaccinated against infectious diseases such as diphtheria, measles, tuberculosis, pertussis, polio, measles, mumps, and influenza (Prevention Office, 2017: 2).

After the Bam earthquake in January 2003, following the developments in crisis management, Ayatollah Khamenei sent instructions to the Expediency Council and the leaders of the three branches in the field of crisis prevention and reduction. In the third paragraph, the crisis management table was given to the president. In this regard, the parliament approved the law on the Crisis Management Headquarters in 2010 (Mehmet Koch, iramcenter.org).

Today, a healthy human being is mentioned as the axis of sustainable development, and for this reason, one of the sovereign duties of countries is to ensure the maintenance and fair promotion of public health. The health status of the country is a crucial indicator of optimal governance (Marandi,

2012: 226).

4-4-2. The Beginning of a Pandemic Crisis

Quaid-19 was diagnosed in December 2019 in Wuhan, Ho Chi Minh Province, China. However, its pandemic nature put political systems around the world to the test shortly after its emergence. Its control as the most immediate policy priority was at the top of the preferences of governments (Heidari,2020:49). Corona is a contagious respiratory disease that kills more than 5% of patients, and is known by the scientific name of Covid-19 (Azizi et al.,2016:32). In this regard, each government formulates and implements possible policies by its capabilities, resources, and shortcomings, and limitations, in which the efforts of some were successful, and others had fewer achievements (Azizi et al.,2016:32).

Pandemic conditions caused by the coronavirus have spread rapidly on the one hand, and on the other hand is a global emergency due to the lack of cure and an increasing number of deaths due to it (Mozaffari, Mirzaei-Moghaddam,2020:393). Following the global spread of Covid-19 and the suspicious death on 19th February 2019, Iranian authorities announced the outbreak of Covid-19 in Iran (Raofi,2020:221). The spread of the coronavirus was in the country's central area; then it spread rapidly, which led to a shortage of beds in Iranian hospitals (Rassouli,2020:2). The time interval between the prevalence of corona in China and its prevalence in Iran could provide a good opportunity for health policymakers in Iran to control COVID-19 (Raofi, 2020:228).

During the coronavirus outbreak in Wuhan in China, Deputy of Health Minister Alireza Raisi stated that "Iran has a special capability in this regard, given its history of controlling infectious diseases." This claim indicates compliance with the guidelines of the World Health Organization in Iran. These guidelines were communicated on May 8th 2020 from the University of Medical Sciences to various organizations such as Social Security, Armed Forces, Red Crescent, airports, and other organizations and institutions (Ebrahimi,2020:430).

4-4-3. Upcoming Challenges

The governance structure has shifted health policy towards a socialist focus and reading of just governance after the Islamic Revolution in Iran. Thus, despite the efforts of executive policymakers to control the corona, US economic sanctions against Iran after the withdrawal from the Joint

Comprehensive Plan of Action, which intensified in 2018 and led to a sharp decline in oil sales and restrictions on trade with other countries, have significant impact on policy decisions to control corona disease in Iran (Safar Ahang,2020:212). The coincidence of Covid-19 outbreak with the sanctions imposed on Iran created difficult conditions in the country, and placed many obstacles in the country's health system, which was one of the most efficient and resilient parts of the country (Raofi, 2020:221).

On the other hand, the implementation of health policies is an interactive process, and depends on various dimensions. Conditions such as high workload, a sudden increase in patients due to the epidemic, intense and stressful shifts, limited equipment and protective resources, and conflict between personal interests of health workers and altruism and their professional commitment have not been ineffective in the optimal implementation of health policies. (Raofi,2020: 220)

The sudden increase in the number of cases of Covid-19, which initially led to a shortage of beds in Iranian hospitals, led to the early discharge of patients from the hospital or their outpatient treatment (Rassouli,2020:2). In this case, the risk of the prevalence and epidemic increased by a large percentage. Unfortunately, such problems made Iran the second center of virus transmission after China in the beginning. This situation caused neighboring countries to close their borders to Iran or apply restrictions and deterrent measures (Heidari,2020:67).

4-4-4. Policies and Actions

The government and the Ministry of Health were the first to carry out measures against corona in Iran, but after the pandemic continue and the increase in consequences, the Supreme National Security Council set up a staff called the "National Corona Headquarters". Now, all matters related to preventive and necessary measures are within the authority of this headquarter (Mozaffari and Mirzaei-Moghaddam,2020:387).

Following the coronavirus outbreak, prevention instructions were prepared by the Deputy Minister of Health of the Ministry of Health and sent to all health centers and health networks. Various specialized groups and committees in the Ministry of Health and universities of medical sciences have developed protocols and instructions to comply with these points. These guidelines include nutrition management and hygiene, management

of the use of personal protective equipment for medical staff, infection control, disinfection, environmental disinfection, corpse and waste management, health monitoring in public places and vehicles, staff self-care, including therapeutic and non-therapeutic staff and complete self-care in different places and guidance in preparing disinfectant solution (Mesgarpour et al.,2020:112).

Control and management of COVID-19 have become a top priority for the Ministry of Health and Medical Education. Some of the measures taken to prevent the spread of the coronavirus are:

1. Establishment of the National Headquarters for Combating Corona
2. Informing about the virus and measures to protect the people through the media
3. Restrictions on commuting in public places such as religious places and shops
4. Closing educational institutions
5. Reducing working hours in offices and organizations
6. Closing sports clubs
7. Disinfecting busy areas such as bus and subway stations
8. Control of passengers suspected of being COVID-19 positive at the entrances and exits of cities
9. Creating social distancing

Iranian authorities obliged all organizations to cooperate with the Ministry of Health and Medical Education (Tabari,2020:160). The involvement of the public in implementing health measures can be a practical step in controlling the disease in pandemic conditions. Making the public aware by the media and advertising through corona disease infographics, daily morbidity and mortality statistics, immunity methods, and screening coverage are some of the measures taken by the Iranian government which have been effective in raising public awareness, and have controlled the disease to some extent.

Because travel prevention and traffic restrictions generally play an important role in controlling the spread of corona disease, The National Anti-Corona Headquarters has made some decisions in this regard and has tried to prevent travel by launching various campaigns such as the "Stay Home" campaign. Because the prevalence of corona is not limited to a specific time, planning alternative methods seems necessary, because people

cannot always suppress these basic needs (Azizi et al., 2020:36).

After the late approval of the restrictions, some officials of religious places in Qom did not take the approvals of legal authorities seriously (Heidari, 2020:59). However, as the outbreak of corona disease intensified, experts concluded that religious sites and shrines needed to be closed or restricted, and that some religious traditions and rituals that required social activities and mass groups should be temporarily suspended. Supporting social distancing is another vital way to control the spread of corona, which has been addressed by the National Corona Headquarters in various fields. One of the decisions approved by the "National Headquarters for Combating Corona" is to adopt the necessary measures for distance education, which is carried out using the capacities of radio and television and other media with quality and strength (Azizi et al.,2020:37-39).

Iran is one of the countries that has launched a website and monitoring system for screening and identifying citizens suspected of having corona disease (Tabari et al.,2020:163), and laboratory centers have tested suspicious cases using high-sensitivity test kits (Rassouli et al,2020: 2).

The quarantine has been used in various historical times as the most accessible tool for preventing and combating infectious diseases. The quarantine can be effective if it is implemented correctly. Nevertheless, it has always been somewhat ineffective in terms of creating feelings of limitation, pressure, and non-compliance. These days, the debate over this historical method has once again risen in scientific and political circles. Some consider it unscientific and useless, and some consider it the only possible way of salvation at the moment.

At first, Harirchi, the Deputy Minister of Health, said about the possibility of quarantining cities, especially Qom, the center of corona outbreaks in Iran on March 26th 2017, we do not agree with quarantine at all, quarantine's time refers to the period before World War I and it was used against cholera and plague. A few days later, Dr. Namaki, Minister of Health, confirmed this issue and called quarantine an unscientific method (Heidari,2020:59). In any case, the stances and policies of governments can organize the unwanted situation in critical situations. Government-oriented policies include spending, enforcing proactive and preventive laws, mobilizing the public, and seeking effective treatment or vaccination, which have been somewhat evident in the corona pandemic in Iranian society.

Various academic research teams conducted research needs in this field. Epidemiological research and future research leadership were developed by medical sciences universities and the Corona Epidemiological Committee at the Ministry of Health, and the necessary analytical information was provided in various reports. Currently, several clinical trials are being conducted to find the necessary drugs and vaccines (Mesgarpour et al., 2020:113). Iran has taken adequate steps to develop the corona vaccine, which has led to the preparation of the vaccine and its human testing phase, according to the Minister of Health, Dr. Namaki.

5. Conclusion

Due to the successive prevalence of infectious diseases, few government measures and policies have much success for reasons such as lack of necessary knowledge, poor public health, and weak health system infrastructure in the Qajar period. The ground was prepared for controlling epidemics by policies with the aim of raising awareness and attracting public participation through the use of mandatory policy tools, along with the formation of the basic structures of the health system and health measures in the Pahlavi period. After the victory of the Islamic Revolution in Iran in 1978, with a fresh look at the public health as one of the most critical indicators of human development and effective in optimal governance and efficient health infrastructure, public health was at the forefront of managerial decisions. Examining the performance of the Iranian government in the era of the Corona pandemic, it can be easily understood that although Corona disease entered the world at high speed and surprised the crisis management systems, and in Iran at first, the weakness of policies was evident, but after a short time with the use of policy tools and the involvement of the public and the provision of health awareness, Iran was able to reduce the number of patients and improve health capacity to deal with Covid _19. Iran has provided the ground for the production of corona vaccine, which is in the experimental stage and is about to be introduced to the consumer market. Thus, the study of policies and actions of governments shows that the process of health, education, and treatment in various fields, including infectious diseases, has been improving and reforming in the contemporary period, and the situation in Iran in this field is comparable to the developed countries of the world.

References

1. Adamiyat, F (1983). Amirkabir and Iran, seventh edition, Kharazmi Publishing.
2. Azizi, M, et al. (2016). Application of Panda Decision Making Strategy in Crisis Conditions Focusing on Corona Crisis in Iran, *Journal of Management Research in Iran*, Volume 24, Number 3, pp. 27-49.
3. Azizi, M.H; (2010). Historical background of the fight against tuberculosis in the world and Iran, *Quarterly Journal of Medical History*, the second year of the third issue, pp. 11-36.
4. Ebrahimi, M (2020). COVID-19: Threat and Response in Iran, *Iran and the Caucasus* 24, pp. 423-443.
5. Elgood, C (1973). *Medical History of Iran*, translated by Mohsen Javidan, Publisher: Iqbal and Partners Co.
6. Flora, W (2008). *People's Health in Qajar Iran*, translated by Dr. Iraj Nabipour, Bushehr University of Medical Sciences.
7. Fooladband, F; et al. (2012). Infectious diseases from the collection of health education textbooks, Shiraz University of Medical Sciences, pp. 8 and 9.
8. Heidari, A (2020). Comparison of the ability of the Iranian government and selected East Asian countries in QUID-19 policy-making, *Research Journal of Political Science*, Year 15, Number 2, pp. 72-47.
9. Islamic Revolution Documentation Center website: <https://www.ird/fa/news/6175>.
10. Kathiri, M; Dehghannejad, M (2011). Iran's quarantines in the late Qajar and early Pahlavi periods, *Journal of Historical Medical Ethics*, Volume 4, Number 6, pp. 50-62.
11. Khodami, M; Nouraei, M; Foroughi Abri, A (2017). Analytical study of the performance of institutions in charge of health in Fars during the first Pahlavi period, (1925-1945), *Journal of Medical History*, Volume 9, Number 33, pp. 19-31.
12. Law on Crisis Management (2019). Special Issue No. 1195, Year 75, and No. 21687, Email: <https://www.rrk.ir/kaws/showlaw.aspx?Code=18237>
13. Manzoor Al-Ajdad; Hossein, M; Ghasemi, R (2009) Cholera and the actions of the first Pahlavi government to deal with its method (1925-1951), *Quarterly Journal of Medical History*, first year, first issue, pp. 172-188
14. Marandi, S.A; et al. (2012). 30 Years of Experience of the Islamic Republic of Iran in the Social Components of Health and Justice in Health: Future Maps and Orientations of the Islamic Consultative Assembly, *Scientific Journal of the Medical Organization of the Islamic Republic of Iran*, Volume 30, Number 3, Page 236 -225.

15. Mehmet Koç, Ankara Center for Iranian Studies: [https://iramcenter.org/fa/crisis-management.In-iran-casestudy: coronavirus](https://iramcenter.org/fa/crisis-management.In-iran-casestudy:coronavirus)
16. Mesgarpour, A; Shams, M, Shams, L; Nasiri, T (2020). Identifying and categorizing the dimensions of the reaction of the Iranian health system against the pawn of Quid - 19, *Journal of Military Medicine*, Volume 2, Number 22, pp. 114-107.
17. Mirsalehian, A; Dalvand, M (2018). History of Common Bacterial Infectious Diseases in Iran, *Iranian Journal of Medical Microbiology*, Volume 12, Number 4, pp. 230-238.
18. Mozaffari, M; Mirzaei Moghaddam, M (2020). Legal Review of the Government's Performance and Responsibility in Compensating for the Damage Caused by the Quid-19 Crisis, *Quarterly Journal of Legal Research, Special Issue of Law and Corona*, pp. 385-410.
19. Naseri, F; Sabbaghian, H (1988). *Comprehensive Public Health*, Volume 2, University of Tehran Press.
20. Nategh, H (1977). The social and economic impact of cholera in the Qajar period, Source: *History (Supplement to the Journal of the Faculty of Literature and Humanities)* Volume 1, Number 2, pp. 62-30.
21. National Strategic Plan for Immunization in the Islamic Republic of Iran (1300-1400) Department of Preventable Diseases, Publisher: Ministry of Health and Medical Education, Deputy Minister of Health, Center for Infectious Diseases Management.
22. Raofi, A; et al. (2020). COVID-19 Pandemic and Comparative Health Policy Learning in Iran, *Arch Iran Med*, 23(4):220-234.
23. Rassouli, M; et al. (2020). COVID-19 Management in Iran as One of the Most Affected Countries in the World: Advantages and Weaknesses, *The journal Frontiers in Public Health*.
24. Safar Ahang, R (2020). A trans theoretical critique of the ontological foundations of state governance in health policy-making to control the Quid- 19 epidemic (Iranian case study) *Journal of Political Science*, Fifteenth Year, No. 2, pp. 224-183.
25. Sahami, F; Karmian Beldaji, S (2016). Health Sepah and Health Development in Iran Case Study (1965-1970), *Jorfa Pajooch Quarterly*, Third Year, Second and Third Books, pp. 133-107.
26. Sania Al-Dawlah (Etemad-ol-Saltaneh) (1965). Mohammad Hassan Khan, *Daily Memoirs of Etemad-ol-Saltaneh*, by Iraj Afshar.
27. Tabari, P; et al (2020). International Public Health Responses to COVID-19 Outbreak: A Rapid Review, *Clinical Education Research Center*, Shiraz University of Medical Sciences, Shiraz, Iran, *IJMS*, Vole. 45, No 3.

28. Torabi Farsani, S; Ebrahimi, M (2014). Municipality and Public Health in the First Pahlavi Period, *Scientific-Research Quarterly of Islamic and Iranian History*, Al-Zahra University, Volume 24, Year 114, pp. 96-79.
29. Zahed, F; Mousavi, H (2011). The Impact of Cholera on Iran's Economy in the Nasserite Era, *Muskavieh Quarterly*, Volume 7, Number 23, pp. 59-83.