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Iran's Measures to Counter COVID-19 and Support the Right to Health

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The COVID-19 pandemic posed a serious challenge to health systems and crisis management worldwide, particularly in Iran. This study examines Iran's measures to combat COVID-19 and to support the right to health, which represents an essential dimension of solidarity rights at the global level. The main research question is: What actions has Iran undertaken to counter COVID-19 and support the right to health? The findings indicate that, in the absence of a specific public health emergency law, the Iranian government relied on existing legal frameworks and created special management structures to curb the spread of the virus while safeguarding access to scientific and public information. The establishment of specialized task forces for information management, combating misinformation, and coordinating among various institutions was among the most significant actions. Additionally, allocating special budgets, providing free medical services to COVID-19 patients, and implementing community-based care systems with the participation of local organizations played an effective role in promoting public health. Welfare policies such as tax exemptions and reduced energy costs were also introduced to mitigate the economic burden on citizens. However, legal gaps, limitations in the diversity and timeliness of information dissemination, and the need for stronger inter-agency coordination remain key challenges. These experiences highlight the necessity of drafting more comprehensive legislation and strengthening health and communication infrastructures to ensure better preparedness for future crises. The present article uses a descriptive–analytical approach, and data collection was conducted through documentary and library-based methods.

Keywords: *COVID-19, Coronavirus, Health System, Right to Health, Solidarity Rights*

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1. Introduction

Health, as one of the fundamental human rights, is defined not merely as the absence of disease but as access to the highest attainable standard of physical, mental, and social well-being (World Health Organization, 1946). The right to health, especially in international instruments such as the *International Covenant on Economic, Social and Cultural Rights*, has received particular attention as one of the so-called "third-generation" human rights that emphasize international cooperation and solidarity (Razaghi & Shayegan, 2020; United Nations, 1966). This binding right obligates governments to ensure equity and non-discrimination in providing comprehensive and equal access to health facilities, services, and resources (United Nations, 1948). In times of health crises and pandemics, the importance of this right and the obligations it entails is amplified because public health and collective security are under serious threat and require rapid and effective governmental responses (Bahmaei & Shahbazian, 2020).

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The outbreak of the COVID-19 virus, which began in late 2019, quickly spread across the globe and created an unprecedented crisis in modern history, posing numerous challenges in health, economics, law, and politics (Randolph & Barreiro, 2020). This pandemic underscored the urgent need for open and transparent access to scientific information, the adoption of appropriate support and policy measures, and the strengthening of health system infrastructures (Masafa & Kiani, 2024). Various countries, with diverse approaches and capacities, attempted to manage the crisis while preserving and guaranteeing citizens' rights, especially the right to health (Ansarian, 2023). Iran, as one of the countries severely affected by the COVID-19 pandemic, faced multiple challenges alongside the medical and clinical dimensions of the virus, including providing free medical services, managing transparent public communication, economically supporting vulnerable populations, and safeguarding citizens' rights (Hosseini & Samaneh, 2023). The Iranian legal framework, public health policies, and executive actions in response to this crisis represent a significant area for rigorous scientific analysis (Bahmaei & Shahbazian, 2020). Accordingly, the aim of this article is to analyze and evaluate Iran's measures in combating the COVID-19 pandemic and supporting the right to health. Furthermore, it seeks to diagnose legal and operational barriers and propose solutions to strengthen the health system and citizens' rights in future crises. This analysis may contribute to understanding existing capacities and challenges and pave the way for more effective policymaking. Thus, this study addresses the actions of the Islamic Republic of Iran regarding COVID-19 from two perspectives: first, assessing measures and strategic orientations in combating COVID-19, and second, providing a critical evaluation to identify existing gaps and shortcomings (Emraei & Faraji Khiyavi, 2020).

2. Theoretical Foundations: COVID-19 Crisis and the Right to Health

The COVID-19 virus was first identified in early December 2019 in Wuhan, Hubei Province, China, and was reported with some delay. It subsequently spread worldwide at unprecedented speed. COVID-19 damages various parts of the human respiratory system, which contributed to its wide transmission and high mortality rate (Randolph & Barreiro, 2020). This new pandemic generated diverse levels of anxiety, fear, distrust, and the spread of rumors among populations across the globe (Karami Qahhi et al., 2021).

Given the fundamental transformations in global trade relations and mutual interdependence among states, it became clear that no single government could act alone with sufficient speed and effectiveness against contagious diseases. In the era of globalization, cooperation among state and non-state actors has become indispensable; combating COVID-19 requires leveraging all available means and mechanisms (Ramazani Ghavamabadi, 2020). Rapid, up-to-date dissemination of scientific information has proven effective in reducing public fear and anxiety about this epidemic and its dangerous variants (Marvati et al., 2023). The emergence of COVID-19 in late 2019 left unprecedented and widespread impacts, not only in the medical field but also across political, social, economic, cultural, and environmental domains (Sheikhzadeh, 2019).

In this context, the principle of solidarity emerged as a key concept shaping states' and international organizations' responses to COVID-19 (Razaghi & Shayegan, 2020). The review of new legal frameworks demonstrates that the principle of solidarity, of which the right to health is a significant component, is influencing the limitation of absolute state sovereignty in favor of the interests of the global community (Masafa & Kiani, 2024). This transformation can restructure international law in a way that prioritizes global values and collective interests, turning them into tangible legal obligations (Razaghi & Shayegan, 2020). During the COVID-19 pandemic, global solidarity has reshaped international law and decision-making processes, forming a set of emerging global norms aimed at addressing shared human challenges (Masafa & Kiani, 2024). The principle of solidarity has extended collective concerns beyond the purely domestic jurisdiction of states and has limited their discretion in accepting or rejecting international obligations (Khwaja et al., 2023). It has also caused quantitative and qualitative shifts in the normative structures of international law, steering it away from privatized frameworks toward a public law paradigm and advancing the development of a universal legal order (Razaghi & Shayegan, 2020). The coronavirus crisis has thus revealed deep social and political tensions

embedded within human societies (Bahmaei & Shahbazian, 2020).

From a historical perspective, the Charter of the United Nations, in Articles 13, 53, 55, and 62, defines international cooperation in health matters as a core duty of its organs to protect human rights and dignity (United Nations, 1948). To this end, the United Nations has created institutions and adopted binding international instruments to guarantee the fundamental right to health (United Nations, 1966). However, the spread of COVID-19 compelled states to implement restrictions that, although necessary for public health, must be applied within the limits of legal and human rights frameworks (Ansarian, 2023). Such restrictions may at times conflict with other human rights — for example, social distancing and home quarantine altered people's lifestyles and increased the use of digital platforms (Shirazi Khah & Bahram Puri, 2020). In the sphere of public culture, two contrasting trends have been observed: on the one hand, an increase in collectivism, cooperation, and volunteerism; on the other hand, a rise in individualism and self-interest (Karami Qahhi et al., 2021). Restrictive measures such as quarantine, business closures, and movement limitations may challenge human rights law; however, paragraph 3 of Article 12 of the *International Covenant on Civil and Political Rights* allows certain rights to be temporarily limited during emergencies, provided the measures are proportionate, necessary, and non-discriminatory (United Nations, 1966).

During the COVID-19 pandemic, many states declared a state of emergency and temporarily suspended some human rights (Ansarian, 2023). The World Health Organization (WHO), established in 1946, recognizes the right to health as a fundamental human right and mandates the promotion of global health, protection of vulnerable populations, and international cooperation (World Health Organization, 1946). WHO has played a central role in combating infectious diseases and developing vaccines and medicines (Emraei & Faraji Khiyavi, 2020). Additionally, the *Universal Declaration of Human Rights* of 1948, which holds the status of customary international law, explicitly affirms in Article 25 the right to health and states' obligations to guarantee it (United Nations, 1948). The *International Covenant on Economic, Social and Cultural Rights* in Article 12 also obliges states to prevent disease and treat patients, ensuring this right without discrimination (United Nations, 1966). Accordingly, addressing the challenges posed by the coronavirus is an essential aspect of the right to health and is situated within the broader framework of solidarity rights (Razaghi & Shayegan, 2020). The Islamic Republic of Iran, within this framework, adopted various strategies and measures to combat COVID-19 and safeguard the right to health; these initiatives will be examined and critically assessed in this article.

3. Iran's Strategies in Combating the COVID-19 Virus

From the earliest days of the outbreak, Iran established the National Headquarters for Combating Coronavirus under the direct supervision of the President, implementing countermeasures to manage the pandemic (Zeyrani, 2023). The rapid spread and high infection rate of COVID-19 placed tremendous pressure on Iran's health system and society. To prevent an economic crisis, ensure continuity of healthcare services, and mitigate psychological and social consequences, the government and the Ministry of Health adopted various strategies, including increasing public awareness through media, closing schools and universities, reducing working hours for government offices, disinfecting crowded public places, and screening suspected cases at city entry and exit points (Hosseini & Samaneh, 2023). Despite these positive measures, the expected outcomes were not fully achieved, demonstrating the necessity of evidence-based policy design, implementation, and evaluation when confronting epidemics (Ansarian, 2023).

Analyzing the adopted policies can significantly improve future decision-making processes. Moreover, sharing information and fostering international cooperation remain essential for addressing global challenges (Marvati et al., 2023). Since a wide range of COVID-19 control strategies have been employed both globally and within Iran — and because the disease has not only physiological but also serious psychological and financial impacts — analyzing these policies demands greater attention (Bahmaei & Shahbazian, 2020). Although extensive efforts were devoted to vaccine development, the lengthy process of production (12 to 18 months) and the possibility of reinfection indicated that antigen-based immunity alone might not be sufficient (Randolph

& Barreiro, 2020). Therefore, alongside vaccine development, additional evidence-based strategies had to be maintained and applied to control the disease (Emraei & Faraji Khiyavi, 2020). Iran's actions during this period can be categorized and critically assessed as follows.

– Social Distancing and Urban Quarantine

Although Iran had previously experienced outbreaks of contagious diseases, no crisis in the past century matched the scale and severity of COVID-19. In the early phase of the pandemic, one of the models proposed in epidemiology was the concept of "herd immunity," suggesting that if approximately 70% of the population were infected, society would eventually become resistant (Randolph & Barreiro, 2020). However, the virus's unknown nature and high mortality rate soon invalidated this assumption. Consequently, many health systems faced overwhelming patient surges beyond their capacity, prompting countries to adopt lockdowns and restrictions on gatherings (Razaghi & Shayegan, 2020). Iran also moved toward implementing social distancing measures to protect public health and the right to health, including limiting citizens' mobility, enforcing physical spacing in public service areas, and regulating seating arrangements in offices and public spaces (Shirazi Khah & Bahram Puri, 2020).

– Home Quarantine to Prevent Widespread Transmission

Home quarantine during the pandemic caused significant disruptions to everyday life, reshaping individual and social experiences (Karami Qahhi et al., 2021). Measures such as remote working, closure of recreational venues like gyms, cinemas, theaters, parks, and museums, restrictions on travel, and suspension of in-person education profoundly altered family dynamics and lived experiences. These changes required the health system to provide special attention to vulnerable groups and those infected with COVID-19 (Hosseini & Ghorosi, 2020). Yet, quarantine also transformed personal life patterns, confining physical space to the household and merging professional, educational, and recreational roles into one setting (Karami Qahhi et al., 2021). While these restrictions aimed to reduce infection, they also caused feelings of abandonment and mistrust toward state institutions when public support mechanisms were perceived as insufficient (Ansarian, 2023).

– Citywide Quarantine Policies

Initially, Iran refrained from imposing complete city lockdowns, considering such measures outdated and ineffective (Tabnak, 2025). Instead, the government canceled cultural, religious, and sporting events and closed schools and universities in various cities while urging citizens to remain voluntarily at home. Unlike usual pre–New Year travel patterns, officials requested people to avoid Nowruz journeys. However, these recommendations proved less effective; official reports indicated heavy road traffic during the holiday period (Zeyrani, 2023). Disagreements between health authorities and other governmental bodies — especially the Ministry of Industry, Mine, and Trade — regarding business closures and restrictions weakened policy coherence, reduced public trust, and undermined social cooperation (Bahmaei & Shahbazian, 2020).

Further complications arose from inconsistent and sometimes contradictory data released by medical universities, hospitals, and provincial authorities, revealing deficiencies in the government's data management and transparent information dissemination (Ansarian, 2023). The delayed and reactive nature of Iran's preventive policies amplified economic and human losses (Hosseini & Samaneh, 2023). Assigning leadership of the National Headquarters for Combating Coronavirus solely to the Ministry of Health — which lacked broad executive coordination with other sectors — disrupted crisis management (Emraei & Faraji Khiyavi, 2020). Conflicting and sometimes impractical directives also contributed to economic and occupational harm, particularly for industrial and factory workers (Sheikhzadeh, 2019).

Extended quarantine without clear public explanation can lead to fear, boredom, depression, stress, confusion, and loss of motivation (Shirazi Khah & Bahram Puri, 2020). For such measures to be effective, governments must communicate their rationale clearly, implement them promptly, and maintain strict oversight and structured planning. In Iran, insufficiently timely and effective quarantine enforcement — both at the initial outbreak and during later waves — facilitated widespread social interaction and intercity travel, accelerating the nationwide spread of the virus.

4. Access to Transparent Information during the COVID-19 Crisis

Confronted with the global COVID-19 crisis, the international community moved toward expanding open access to scientific and research findings related to the disease. The urgent need to present therapeutic, preventive, and managerial solutions—together with a marked increase in scientific investigations—reshaped scholarly communication and research dissemination systems (Ansarian, 2023). In response, numerous statements, actions, and policies were formulated and implemented by reputable international bodies, institutions, and publishers to facilitate universal access to scientific information. These efforts reflect growing attention to the importance of open access to knowledge and scientific information. The global approach to COVID-19 appears capable of serving as an effective model for better preparedness in future crises, provided that open access is consolidated as a global value within scientific publishing and supported by the scholarly community and policy-making institutions (Marvati et al., 2023). Moreover, governments—pursuant to their legal obligations—are required to provide accurate and comprehensible information to the public. Ensuring access to reliable and complete data facilitates the evaluation of state institutions and enables accountability. Instruments that realize transparency include the free flow of information, the use of modern information and communication technologies, and the establishment of e-government frameworks (Hosseini & Ghorosi, 2020).

In Iran, although information was practically disseminated through multiple channels, including members of the National Headquarters for Combating Coronavirus, the formal and written measures that can be referenced under the heading "transparency and access to information" appeared in specific resolutions. While Iran's legal system has not yet enacted an independent law precisely defining the public's right of access to information in emergencies—particularly in public-health crises—the *Publication and Free Access to Information Act* provides a statutory basis compelling disclosure of health-crisis information. Under this law, information that involves public rights and obligations must be disseminated through mass media. Among mass media, only the Islamic Republic of Iran Broadcasting (IRIB) bears, under the Constitution and other laws, direct responsibility for public information, which makes the national broadcaster pivotal for realizing the right of public access to information (Hosseini & Ghorosi, 2020). Additionally, to reduce social harms, counter rumors, control the spread of misinformation online, and promptly remedy deficiencies in public communication, a taskforce was established under the Committee for Information and Psychological Space Management of the National Headquarters. Members included plenipotentiary representatives of the Secretary of the Supreme National Security Council, the Attorney General, the Secretary of the National Security Council, the head of IRIB, the Ministers of Culture and Islamic Guidance, Health, Intelligence, and Information and Communications Technology, the General Staff of the Armed Forces, and—under the responsibility of the Secretary of the Supreme Council of Cyberspace—the National Center for Cyberspace. The taskforce's initial duty was to review and adopt guidelines to counter fake news and harmful online content; its scope of authority was to be presented at the next meeting on March 21, 2020 by the head of the National Center for Cyberspace (Ansarian, 2023).

In the same vein, another working group—comprising the Government Spokesperson, the Minister of Culture and Islamic Guidance, the Secretary of the Supreme Council of Cyberspace, a representative of IRIB, and a representative of the Judiciary—was mandated to convene daily to monitor content across all print, digital, and online media, identify potential violations, and respond swiftly and decisively in proportion to their severity (Eighth Headquarters Meeting dated March 14, 2020) (Ansarian, 2023). During the implementation of social-distancing measures, it was emphasized that public communication and persuasion should maximize voluntary cooperation and minimize the need for penalties (Clause 3, Twelfth Meeting dated March 28, 2020). It was further decided to strengthen informational and persuasive activities in close cooperation with the Ministry of Health (Clause 4, same meeting) and to heighten sensitivity toward misinformation (Clause 5, same meeting). Subsequently, the Committee for Information and Publicity was required to draft an educational, persuasive, and psychological annex for the *Smart Distancing Plan* and to implement it via IRIB, public media, and cyberspace. This annex included: encouraging the public to stay home;

informing the public about the latest epidemiological status, viral characteristics, and the importance of isolating confirmed and suspected cases (Clause 2, Thirteenth Meeting dated March 31, 2020) (Hosseini & Ghorosi, 2020). In addition, the Twenty-Second Meeting (May 30, 2020) emphasized that the Ministry of Health and IRIB must reinforce public education on symptoms, social distancing, and adherence to health protocols (Hosseini & Ghorosi, 2020).

At the Twenty-Fourth Meeting (June 13, 2020), it was approved that the Information Committee—coordinating with relevant bodies, especially IRIB—prepare a comprehensive public education and information program to prevent normalization of the disease situation and sustain public vigilance (Clause 9). To ensure coherence in information dissemination, the following measures were reaffirmed at the Twenty-Ninth Meeting (July 18, 2020):

• Statistics on cases, deaths, treatment status, and occupational and health restrictions may be released only through official sources and in coordination with the Information Committee.

• The Ministry of Health is the principal authority for health and medical information.

• The Social, Security, and Law-Enforcement Committee is responsible for information on national restrictions or business closures.

• Provincial Governorates are the official sources for provincial information. (Ansarian, 2023).

Finally, the Thirty-Ninth Meeting (**October 3, 2020**) mandated the Information Committee to develop and present an operational program—including content, structure, and mechanisms for public communication and persuasion—aimed at securing public buy-in for protocol compliance and institutionalizing a new lifestyle (Clause 3) (Ansarian, 2023).

5. Practical Measures, Legal Barriers, and Strategies for the Right to Health in Iranian Law

The right to health is a vital human right situated within the third generation of human rights and becomes even more crucial amid crises and communicable diseases. During the COVID-19 pandemic, states responded differently, largely based on the structure of their health systems and the availability of human, financial, and therapeutic resources. Evidence indicates that most countries concentrated their efforts on healthcare systems and hospitals. Governments undertook multiple measures for treating COVID-19 patients, including serving uninsured patients, supplying medicines, and supervising hospital performance—actions reflected in a set of supportive regulations that directly or indirectly influenced treatment trajectories (Bahmaei & Shahbazian, 2020).

– Budget Allocation for Treatment

Governments must prioritize health policies, development programs for healthcare services, and public-health regulations—especially regarding budget allocation. To concretely realize welfare rights in health, national budget laws should include a clear, independent line item dedicated to this purpose; otherwise, recognition of the right remains ineffective if implementation lacks earmarked funding. Following recognition in domestic instruments, the most important step is execution; without a dedicated budget line, implementation stalls. During the COVID-19 outbreak, even the UN General Assembly called on member states to allocate sufficient budgets to counter the disease (Masafa & Kiani, 2024).

A review of Iran's budget acts across years shows that a specific line for this purpose has consistently been anticipated and addressed by the Government (as the budget bill drafter) and the Parliament (as the approving authority). Most budget statutes also include lines for unforeseen disasters, allocating a percentage of total funds to this area. The *National Disaster Management Act* is notable for its emphasis on forecasting, prevention, and preparedness, with separate appropriations for these functions. The Plan and Budget Organization is obligated to disburse the necessary credits—upon the approval of the National Disaster Management Organization—to relevant agencies and organizations and to report annually to the President and the Islamic Consultative Assembly on spending practices, thereby reinforcing oversight (Hosseini & Samaneh, 2023).

Moreover, it was established that **30%** of the appropriations under Paragraph "M" of Article 28 of the *Act on Adding Certain Articles to the Law on Regulating Part of the Government's Financial Regulations* be transferred at the beginning of each year by the Plan and Budget Organization to the National Disaster Management Organization for countermeasures, with any unspent balance returned to the Treasury at year's end. Given the prolonged restrictions that COVID-19

imposed on businesses and transportation—and the importance of economic and social support to secure public compliance at lower cost—drawing on arrangements adopted in other countries is advisable (Hosseini & Samaneh, 2023). In future analogous situations, ordinary statutes and binding instruments grounded in welfare policies and programs should consistently earmark dedicated budget lines so that, in public-health emergencies, necessary actions can proceed through these channels and on the strength of such appropriations.

- Provision of Free Medical Services

Given that the consequences of the coronavirus created multiple problems for infected individuals, their living environments, and others, addressing issues caused by this virus constitutes part of governments' obligations to realize the right to health (Bahmaei & Shahbazian, 2020). In this regard, Iranian authorities, in combating and preventing the spread of COVID-19, implemented the social distancing plan under which all nonessential businesses were temporarily closed. This measure led many businesses to shut down and caused widespread loss of income. Under such conditions, treatment expenses for patients affected by the virus could impose a heavy financial burden, even for those not directly covered by the social distancing plan, as the disease not only brought physical pain but also substantial costs that many could not afford. Therefore, fulfilling the government's essential duty to provide free healthcare can serve as a form of financial compensation to patients (Mehrah, 2020).

Moreover, Iran's health surveillance system was organized on a community-based model emphasizing early detection and localized response. Health houses, comprehensive rural health centers, urban health posts, and urban comprehensive health centers were the territorial basis for intervention. They enabled the early identification of individuals in close contact with COVID-19 cases, those suspected or probable, and confirmed patients.

To implement these interventions, four categories of operational teams were formed:

1. Tracing Teams
2. Home Care Teams
3. Monitoring Teams
4. Support Teams

These teams operated through a neighborhood-based approach with active cooperation from the *Basij Mostazafan*, the Iranian Red Crescent Society, non-governmental organizations, and other civic bodies to execute defined tasks (Ansarian, 2023). These measures aimed both to provide care for infected individuals and to prevent widespread transmission within the population.

– Exemptions from Government Fees and Provision of Free Public Services

Economic justification is a key factor in public policy, especially regarding risk mitigation for projects affected by pandemics. When the return on investments is delayed due to a prolonged epidemic, especially in small-scale economic initiatives, economic viability may collapse, potentially causing project shutdowns. While governments cannot fully offset all losses, they can reduce business risks by easing financial burdens such as government-imposed fees or fixed energy costs. Possible actions include tax exemptions, lowering household energy tariffs, granting tax payment deferrals, providing employer insurance, and reducing energy expenses. Such measures can alleviate economic harm and improve compliance with health directives (Mehrah, 2020).

The mortality and financial losses caused by government-ordered shutdowns inherently impose direct responsibility on the state. However, the enforceability of these obligations may depend on whether closures were formally mandated or merely recommended to reduce interactions, and on the state's fiscal capacity to fulfill its legal duties (Khwaja et al., 2023).

One major impact of contagious diseases on the legal system is their direct economic effect on society and individuals. Legal scholars emphasize that states' duty to protect the right to health must be interpreted under both "normal" and "extraordinary" circumstances. In extraordinary situations, such as pandemics, governments must take additional and proactive measures to ensure broad, accessible, and suitable health services (Khwaja et al., 2023). While in normal conditions individuals bear primary responsibility for safeguarding their own health, during public-health emergencies they require immediate and direct access to facilities and services; mere availability is insufficient.

The right to health, therefore, guarantees access to essential facilities, goods, services, and conditions

necessary to attain the highest possible standard of health. Recognition and codification of this right within domestic legal systems are crucial to fulfilling governments' obligations toward citizens (Al-Kajbaf & Ansarian, 2014). Article 2(2) of the *International Covenant on Economic, Social and Cultural Rights* also underscores that these services must be provided with fairness and without discrimination (United Nations, 1966). Ensuring unhindered access to essential services and maintaining them free of charge during crises preserves equitable utilization and protects human capital. In this context, Iran's policy of providing free COVID-19 treatment to all citizens, including foreign nationals such as Afghan migrants, stands out as a notable success (Bahmaei & Shahbazian, 2020). Additionally, financial assistance, livelihood support packages, and healthcare services provided by responsible governmental agencies represented other effective measures taken in Iran to uphold the right to health during the pandemic.

6. Conclusion

The COVID-19 crisis posed an unprecedented challenge to health systems, public information, and crisis management worldwide, particularly in Iran. Despite the absence of an independent and comprehensive legal framework for public health emergencies, the Iranian government utilized existing regulations, such as the *Publication and Free Access to Information Act*, to safeguard public access to information and maintain transparency during the crisis. Specialized taskforces were established under the National Headquarters for Combating Coronavirus to counter misinformation, manage the psychological climate, and coordinate across governmental agencies, while official and centralized communication through the national broadcaster helped reduce rumors and social harm and played a crucial role in sustaining public trust.

In the health domain, government actions included allocating dedicated budget lines for crisis management, providing free medical services, and implementing a community-based health surveillance system. The formation of operational teams for contact tracing, home care, monitoring, and support — with active participation from civic and volunteer organizations — exemplified extensive local-level coordination to control and prevent viral spread. Additionally, welfare measures such as tax exemptions, reduced energy costs, and deferred government charges helped alleviate the economic burden on vulnerable populations.

Nevertheless, several weaknesses were evident in both implementation and the legal framework. The absence of a comprehensive public health emergency law resulted in many policies being temporary and advisory in nature, while legal ambiguities sometimes emerged regarding government liability and compensation for economic damages caused by mandated closures. Furthermore, reliance on a single official broadcaster for public communication, though vital for consistency, occasionally limited the diversity and speed of information dissemination — an area that could be improved through more effective use of digital technologies and online platforms.

Another key issue was the need for stronger inter-agency coherence and enhanced oversight structures in public communication to maintain transparency while curbing misinformation. More stable and targeted policies are required to ensure citizens' access to clear, complete, and comprehensible information, and to provide reliable protection for economically and socially vulnerable groups. Ultimately, Iran's experience in managing the COVID-19 crisis highlights the importance of developing more comprehensive legislation, strengthening public health and information infrastructures, and improving coordination among institutions. These lessons should serve as a foundation for better national preparedness in future crises and for safeguarding fundamental rights, including the right to health and access to information.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

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