

# Examining the Role of Transparency and Accountability Frameworks in Reducing Conflicts of Interest in Iran's Health Sector

Alireza. Sharifi<sup>1</sup>, Hossein. Sadeghi<sup>1\*</sup>, Vali. Rostami<sup>2</sup>

<sup>1</sup> PhD Student in Public Law, Department of Law, NT.C., Islamic Azad University, Tehran, Iran

<sup>2</sup> Professor, Department of Public Law, Faculty of Law and Political Science, University of Tehran, Tehran, Iran

\* Corresponding author email address: hosadeghi@ut.ac.ir

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| <b>EDITOR:</b><br>Eman Shenouda<br>Associate Professor, Department of Psychology, Isfahan (Khorasgan) Branch, Islamic Azad University, Isfahan, Iran. Email: ens01@fayoum.edu.eg |                     |                      |                            |                           |
| <b>REVIEWER 1:</b><br>Agwu Sunday Okoro<br>Lecturer & Clinical Law Administrator at Baze University Abuja, Abuja, Nigeria<br>agwuokoro@gmail.com                                 |                     |                      |                            |                           |
| <b>REVIEWER 2:</b><br>Jeremiah Thuku Thuku<br>Department of Literary and Communication Studies, Laikipia University, Nyahururu, Kenya. Email: jerethukuthuku@gmail.com           |                     |                      |                            |                           |

## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

In Section 1-1, the sentence “Existing structural gaps in Iran’s health system constitute the principal barriers to effective conflict-of-interest management” is stronger than the evidence currently presented. The term “principal barriers” implies comparative evidence demonstrating that these structural deficiencies outweigh cultural, economic, political, professional, and organizational determinants. The authors should either moderate the claim or provide a structured justification showing why legal deficiencies, weak oversight institutions, and ineffective accountability mechanisms are considered the dominant explanatory factors.

The paragraph beginning “One of the most evident manifestations of this structural weakness is the absence of comprehensive and binding legislation...” requires greater legal precision. The article should distinguish between an absolute absence of relevant legal provisions and inadequacy, fragmentation, limited coverage, or weak enforcement of existing rules. This distinction is particularly important because later sections of the manuscript identify several Iranian statutes dealing with administrative integrity, access to information, procurement, inspection, and sanctions. The present wording creates an internal inconsistency: the manuscript simultaneously argues that binding legislation is absent and that multiple binding legal provisions already exist.

In Section 1-2, the sentence “Transparency-based strategies are among the most important instruments for preventing and reducing conflicts of interest” should be qualified by acknowledging the limitations of transparency. Disclosure alone may produce information overload, formalistic compliance, strategic under-reporting, privacy concerns, or normalization rather than elimination of conflicted relationships. The manuscript would be scientifically stronger if it distinguished transparency as an

enabling condition from transparency as a sufficient remedy and discussed the circumstances under which disclosure must be supplemented by recusal, divestment, prohibition, independent review, or sanctions.

Section 1-2-1 proposes “public systems for registering and disclosing conflicts of interest,” but the manuscript does not sufficiently address data governance and implementation design. The authors should specify who would be required to disclose, what interests would be reportable, reporting thresholds, frequency of updates, verification procedures, responsibility for auditing declarations, correction mechanisms, sanctions for false or incomplete disclosures, duration of public accessibility, and rules protecting legitimate privacy interests. These implementation details are essential because the effectiveness of a disclosure registry depends primarily on design and enforcement rather than on the mere existence of a database.

The discussion of the U.S. Sunshine Act/Open Payments model in Section 1-2-1 should be used more analytically. Physician-industry payment disclosure is not equivalent to a comprehensive public conflict-of-interest register, and the manuscript should make this distinction explicit. The authors should explain what aspects of the U.S. model are transferable to Iran, which are context-dependent, and what limitations arise when payment disclosure is used as a proxy for conflict-of-interest management. A comparative policy article should move beyond citing foreign systems as examples and assess institutional transferability.

Authors revised the manuscript and uploaded the document.

## 1.2. Reviewer 2

Reviewer:

In Section 1-1, the quoted statement that oversight institutions “frequently lack the necessary independence and sufficient authority to investigate and seriously pursue violations” should be operationalized. The authors should specify the dimensions of institutional independence being assessed—organizational, financial, appointment-related, investigative, or political—and identify which Iranian oversight bodies are deficient in which dimensions. A general assertion of insufficient independence is not enough for a governance analysis; the manuscript should explain whether the problem lies in statutory design, executive dependence, resource constraints, jurisdictional overlap, enforcement limitations, or political interference.

Section 1-1-1 states that “many hospital administrators, insurance-organization executives, and officials of other health-related institutions are not required to provide comprehensive reports concerning their assets, financial interests, and commercial relationships.” This important claim requires much greater legal specificity. The authors should identify which categories of health-sector officials are currently subject to asset-declaration requirements, which are excluded, whether declarations are confidential or publicly accessible, and whether disclosure obligations cover beneficial ownership, family interests, secondary employment, gifts, consultancy income, pharmaceutical relationships, and ownership in health-related companies. Such distinctions would significantly strengthen the legal analysis.

The paragraph in Section 1-1-2 that refers to “hospital procurement and tendering processes or pharmaceutical supply arrangements” would benefit from a clearer conflict-of-interest typology. The authors should identify concrete mechanisms through which conflicts arise, such as participation of decision-makers in tender committees while holding financial interests in suppliers, revolving-door employment, physician-industry payments, ownership relationships, preferential contracting, specification tailoring, or undisclosed familial relationships. Without such examples, the discussion remains abstract and risks conflating procedural opacity with conflict of interest itself.

In Section 1-1-3, the manuscript states that “ineffective accountability systems constitute a profound structural deficiency that not only severely undermines public trust but also creates a sense of impunity.” This paragraph should distinguish between answerability and enforceability, two analytically different components of accountability. Institutions may be required to explain decisions without facing consequences, or sanctions may exist without adequate disclosure and justification requirements. Using a recognized accountability framework would allow the authors to analyze reporting obligations, investigation, justification, correction, sanctions, and public scrutiny as separate but connected elements rather than treating accountability as a single undifferentiated concept.

The passage stating that “successful international models, such as the Ombudsman system in Scandinavian countries and anonymous reporting systems in healthcare organizations in the United States” demonstrate effectiveness is overly generalized. The authors should avoid presenting heterogeneous national arrangements as uniformly successful without specifying jurisdiction, institutional design, evaluation criteria, and evidence of impact. Comparative examples should be selected systematically and evaluated according to common dimensions such as independence, accessibility, reporting protection, enforcement authority, transparency of outcomes, and measurable effects on detection or prevention of conflicts of interest.

Authors revised the manuscript and uploaded the document.

## 2. Revised

Editor’s decision: Accepted.

Editor in Chief’s decision: Accepted.