

The Secret of Iran's Success in Overcoming the COVID-19 Challenge

Mohammad Bakhtiari ¹, Reza Sadeghi ²

¹ Department of Anesthesiology, Samen Alhojaj Hospital, School of Medicine, Sirjan University of Medical Sciences, Sirjan, Iran, ² Department of Public Health, School of Medicine, Sirjan University of Medical Sciences, Sirjan, Iran

Correspondence to: Sadeghi R

Address: Department of Public Health, School of Medicine, Sirjan University of Medical Sciences, Sirjan, Iran

Email address: reza.sadeghi351@yahoo.com

Dear Editor

Coronavirus disease 2019 (COVID-19) has spread rapidly worldwide since its emergence in December 2019. During the pandemic of an emerging infectious disease, it is very important to prevent and control outbreaks (1).

The public health response to the onset of the COVID-19 pandemic required minimizing the baleful spread of the disease and changing the health education approach from traditional to new combinatorial approaches (2).

During the waves of the coronavirus, with its various strains, timely actions by health authorities significantly reduced both the incidence and mortality of COVID-19 (3).

The control of the COVID-19 pandemic in the world depends on several factors, and these factors can be explained in the form of the Swiss cheese model. The measures will be effective if all aspects related to prevention are taken into account. Of course, these factors should be sought in health promotion strategies (1).

The key to Iran's success in the waves was related to three health promotion strategies: health education, social marketing, and legal obligation (legal-regulatory measures).

Regarding health education, the strategy of the health campaign and extensive information were on the agenda of the Ministry of Health and the country's media, such as television, radio, newspapers, the internet, Instagram, Telegram, WhatsApp, and virtual education. In campaigns, multiple targeted messages were sent to the specific population in a certain period, in line with the objectives of the health campaign program (4). Health campaigns invite the target group, participants, and key people to pay attention to the common good, and campaigns have the highest penetration rate among all intervention strategies (5).

Social marketing is one of the behavioral patterns that is designed based on the view of the audience, which is proposed along with two approaches of education and coercion to change the behavior of society. The foundation of social marketing involves creating a product or intervention tailored to the audience's needs and desires. It considers the material and immaterial costs of the target behavior and is placed in suitable locations to provide the product or intervention. The goal is to generate awareness of the product and encourage its continued use within the target group. The above four components, which include product, price, place, and promotion, are the basis for designing interventions based on the needs of the community (6).

In relation to social marketing, one effective strategy was to ensure that protective equipment, such as masks and shields, was made accessible to the public at reasonable prices, and in some cases, provided for free. Installing hand sanitizers in offices, banks, and other public places also contributed to this effort. Additionally, extending operating hours helped to reduce crowding during peak times. By focusing on providing the right products at the right price, in the right places, and with appropriate promotional strategies, based on the 4P marketing framework, we were able to make significant progress in controlling the spread of COVID-19 (7).

Coercion is an important strategy in promoting public health, particularly when social acceptance is low or the health issue is highly sensitive (8). COVID-19 is one of the diseases that requires coercion and regulation to control it (9).

The subsequent strategy, involving legal coercion and surveillance, appears to have been a key factor in controlling the third wave of COVID-19. In this strategy, several legal measures were implemented, including the targeted closure of businesses based on the necessity and needs of the people at four levels. One of these levels was the level of essential businesses, which effectively met the needs of the people by maintaining intelligent service protocols. Other businesses were shut down or restricted in accordance with the development protocol.

Another solution was to ban traffic from 9 pm to 4 am, to prevent periods or family parties. Violators were also fined in this regard. Surveillance was also intensified, and individuals were not allowed to enter places and offices without masks. Religious places and mosques were closed, and any gatherings were prevented. The remarkable point in this part was the seriousness and decisive treatment of the violators. In any case, it is necessary to observe the protocol, its executive and legal guarantee.

In general, these three strategies were essential in managing the third wave of COVID-19 and must be consistently implemented and monitored to control the disease. One of the concerns for both the public and those responsible for addressing economic and livelihood issues among the poor is the allocation of livelihood and support packages. These resources can help mitigate the challenges faced by impoverished individuals and families.

To effectively control the coronavirus pandemic, it is essential to adhere to all aspects of health education, social marketing, and legal measures. We must continue these efforts until herd immunity is reached and vaccination coverage is fully achieved (10). The principle of precedence is to keep in mind that prevention precedes treatment.

Acknowledgments

The authors would like to thank the Sirjan School of Medical Sciences.

Competing interests

None

REFERENCES

1. Noh JY, Song JY, Yoon JG, Seong H, Cheong HJ, Kim WJ. Safe hospital preparedness in the era of COVID-19: The Swiss cheese model. *Int J Infect Dis* 2020;98:294-6.
2. Lucey CR, Johnston SC. The Transformational Effects of COVID-19 on Medical Education. *JAMA* 2020;324(11):1033-4.
3. Jafari H, Heidari M, Sadeghi R, Heidari-Jamebozorgi M. Factors affecting the resilience of hospital medical staff during the COVID-19 pandemic. *Family Medicine & Primary Care Review* 2023;25(1):50-4.
4. Sadeghi R, Mazloomi Mahmoodabad SS, Fallahzadeh H, Rezaeian M, Bidaki R, et al. Hookah is the enemy of health campaign: a campaign for prevention of hookah smoking among youth. *Health Promot Int* 2020;35(5):1125-36.

5. Yousuf H, Corbin J, Sweep G, Hofstra M, Scherder E, van Gorp E, et al. Association of a Public Health Campaign About Coronavirus Disease 2019 Promoted by News Media and a Social Influencer With Self-reported Personal Hygiene and Physical Distancing in the Netherlands. *JAMA Netw Open* 2020;3(7):e2014323.
6. Hine DW, Sharp T, Driver AB. Using audience segmentation and targeted social marketing to improve landholder management of invasive animals. *Community-Based Control. of Invasive Species*; Martin, P., Ed. 2019:183-209.
7. Odigbo B, Eze F, Odigbo R. COVID-19 lockdown controls and human rights abuses: the social marketing implications [version 1; peer review: awaiting peer review]. *Emerald Open Research* 2020; 45:1-13
8. Gostin LO, Hodge JG Jr. US Emergency Legal Responses to Novel Coronavirus: Balancing Public Health and Civil Liberties. *JAMA* 2020;323(12):1131-2.
9. Sadeghi R, Khanjani N, Masoudi MR. Investigating the predictive factors of protective behaviors against COVID-19 among bank employees. *Iran Occupational Health* 2020;17(1):90-100.
10. Sadeghi R, Masoudi MR, Khanjani N. The commitment for fair distribution of COVID-19 vaccine among all countries of the world. *Res Nurs Health* 2021;44(2):266-267.