

Iran and beyond: perilous threats to population health

A rapidly evolving and uncertain situation has unfolded in the WHO Eastern Mediterranean region following Israel's cross-border military strikes on Iran on June 13, 2025, and Iran's retaliatory strikes.¹ On June 22, the US Administration opted to join the conflict just days after announcing a two-week window for diplomacy.² Following US strikes on key nuclear-related sites in Iran and Iran's subsequent retaliatory attack on a US military base in the region, an unsteady ceasefire is now in effect after the mediation by the Qatari Government and the US President.³ The underlying causes and political rationale behind these developments are beyond the scope of this Correspondence. Here, we focus on the implications of the current crisis from a health perspective.

Robust data show sharp increases in the burden of diseases and injuries in Iraq following the US invasion in 2003, in Libya after the international intervention and the fall of Muammar Gaddafi in 2011, and in Syria amid the prolonged conflict that followed the 2011 unrest.^{4–6} These increases are not limited to the direct effects of war, such as injuries, but also reflect the broader consequences of conflict on the economy, health-system infrastructure, employment, and service delivery. The figure illustrates the trends in disability-adjusted life-years from all causes before and after the starting point of these wars or internal conflicts. The health effects of such crises are long-lasting—even after countries begin to stabilise, they often remain behind previously expected trajectories of health improvement. Vulnerable populations, including children, pregnant women, older adults, and other marginalised groups bear the greatest burden, further exacerbating health disparities.

For more than four decades, Iran has endured a revolution (1979), an 8-year war (1980–88), and extensive multilateral and unilateral sanctions.⁷ These factors, along with institutional inefficiencies, as reflected in the World Bank's Worldwide Governance Indicators,^{8,9} have had a devastating effect on the country's economy and development.^{10,11} Iran has undertaken several health-system reforms to improve performance and equity.^{12–14} Previous Global Burden of Disease analyses did not capture substantial improvements in population health following the major reforms of 2004 (introduction of rural health insurance) and 2014 (implementation of Health Transformation Plan); instead, international sanctions—another structural determinant—were linked to higher mortality rates from non-communicable diseases.¹⁵ Now, the looming threat of war has further heightened the risks to the population's health, elevating them to an even more perilous level.

In recent years, global efforts to de-escalate tensions and reduce fatalities, hunger, and human suffering among civilian populations in the Eastern Mediterranean region have been insufficient and largely ineffective. Several powerful nations

have either directly fuelled the conflict or passively enabled it by failing to condemn or prevent acts of aggression. With a population of approximately 90 million—larger than the combined populations of Iraq, Libya, and Syria—Iran's richly diverse society faces unprecedented health-system risks. A scenario involving internal conflict, like what has previously emerged in these countries during and after foreign interventions, poses a severe threat to individuals' health not only within Iran, but across the entire region. Iran also hosts millions of Afghan immigrants,¹⁶ either documented or undocumented, who have been affected by the recent military strikes. As one of the first developments after the Twelve-Day War, a substantial number of Afghan immigrants in Iran are now either being pressured or opting to leave the country. This trend is driven by a combination of insecurity, the escalation of forced deportations (which had already been intensifying over the past year), and worsening economic conditions in Iran. These developments are compounding Afghanistan's already fragile humanitarian situation, particularly for women and children. Forced returns on this scale risk



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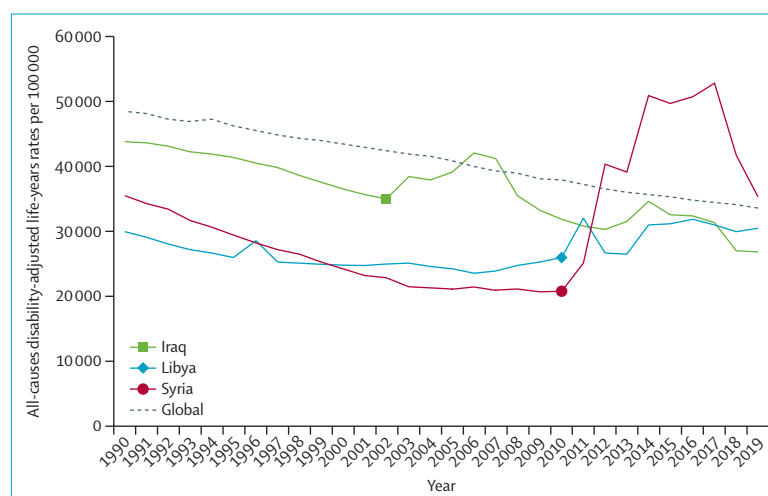


Figure: Trends of all-causes disability-adjusted life-years per 100 000 individuals in Iraq, Libya, and Syria compared with global levels

Data taken from Global Burden of Diseases 2021. The markers show the starting point of the war or internal conflicts.

For more on the 2021 GBD data see <https://ihmeuw.org/73a7>



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For more on the history of the World Medical Association see <https://www.wma.net/who-we-are/history/>

further destabilising Afghanistan and increasing displacement pressures across the region.^{17,18}

The potential consequences for regional and global security, economic stability, and social cohesion are profound and unpredictable. Although recent diplomatic gestures could offer a path towards de-escalation, the overall situation remains fragile. Ensuring the health, dignity, and wellbeing of Iran's population demands not only an end to violence but a lasting investment in peaceful solutions and resilience against future conflict.

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- 1 Lam L, Santos SF, Lukiv J, Williams N. Israel-Iran: How did latest conflict start and where could it lead? June 19, 2025. <https://www.bbc.com/news/articles/cdj9vj8gglg2o> (accessed Aug 8, 2025).
- 2 Kingston S K. Prospects for diplomacy dim after Trump rejects Europe's efforts on Iran: analysis. June 20, 2025. <https://abcnews.go.com/Politics/prospects-diplomacy-dim-after-trump-rejects-europes-efforts/story?id=123047091> (accessed Aug 8, 2025).
- 3 Madhani A, Boak J. A whirlwind 48 hours: how Trump's Israel-Iran ceasefire agreement came together. June 25, 2025. <https://apnews.com/article/trump-iran-israel-ceasefire-agreement-terms-b5fc5cc8a8c32b4899646130b496798a> (accessed Aug 8, 2025).

- 4 Rojas-Rueda D, Lamsal S, Kak M, El-Saharty S, Herbst CH. Public health impacts of ambient particulate matter pollution in Libya from 1990 to 2019: an analysis of the 2019 Global Burden of Disease (GBD) Study. *Int J Environ Res Public Health* 2024; **21**: 667.
- 5 Jensen GW, Lafta R, Burnham G, Hagopian A, Simon N, Flaxman AD. Conflict-related intentional injuries in Baghdad, Iraq, 2003–2014: a modelling study and proposed method for calculating burden of injury in conflict. *PLoS Med* 2021; **18**: e1003673.
- 6 Ferrari AJ, Santomauro DF, Aali A, et al. Global incidence, prevalence, years lived with disability (YLDs), disability-adjusted life-years (DALYs), and healthy life expectancy (HALE) for 371 diseases and injuries in 204 countries and territories and 811 subnational locations, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021. *Lancet* 2024; **403**: 2133–61.
- 7 Danaei G, Farzadfar F, Kelishadi R, et al. Iran in transition. *Lancet* 2019; **393**: 1984–2005.
- 8 Kaufmann D, Kraay A. The Worldwide Governance Indicators: methodology and 2024 update. Nov 7, 2024. <https://doi.org/10.1596/1813-9450-10952> (accessed Aug 8, 2025).
- 9 World Bank Group. Worldwide Governance Indicators. <https://databank.worldbank.org/id/d73269b2> (accessed June 30, 2025).
- 10 Farzanegan MR. Years of life lost to revolution and war in Iran. *Rev Dev Econ* 2023; **27**: 2061–103.
- 11 Sajadi HS, Majdzadeh R. Health system to response to economic sanctions: global evidence and lesson learned from Iran. *Global Health* 2022; **18**: 107.
- 12 Sajadi HS, Nazari M, Bahmanziari N, Majdzadeh R. Progress toward the implementation of general health policies in Iran. *Arch Iran Med* 2024; **27**: 646–53.
- 13 Moradi-Lakeh M, Vosoogh-Moghaddam A. Health sector evolution plan in Iran: equity and sustainability concerns. *Int J Health Policy Manag* 2015; **4**: 637–40.
- 14 Ghasemyani S, Raoofi S, Hamidi H, Khodayari-Zarnaq R. Iran's health transformation plan: main issues and opportunities for improvement: a systematic review. *Iran J Public Health* 2022; **51**: 1977–89.
- 15 Farzadfar F, Naghavi M, Sepanlou SG, et al. Health system performance in Iran: a systematic analysis for the Global Burden of Disease Study 2019. *Lancet* 2022; **399**: 1625–45.
- 16 UNHCR Iran. Iran becomes the second largest refugee hosting country as forced displacement hits new record high globally. June 14, 2023. <https://www.unhcr.org/ir/news/iran-becomes-second-largest-refugee-hosting-country-forced-displacement-hits-new-record-high> (accessed Aug 8, 2025).
- 17 KabulNow. Nearly 10,000 Afghans flee Iran daily amid escalating Israeli airstrikes. June 22, 2025. <https://kabulnow.com/2025/06/nearly-10000-afghans-flee-iran-daily-amid-escalating-israeli-airstrikes/> (accessed June 30, 2025).
- 18 Norwegian Refugee Council. Millions of Afghans face expulsion under desperate conditions. Jan 22, 2025. <https://www.nrc.no/news/2025/january/millions-of-afghans-face-expulsion-under-desperate-conditions> (accessed June 30, 2025).

World Medical Association complicity: selective ethics and the destruction of Gaza's health system

The World Medical Association (WMA) was founded after World War 2 to protect the right to health and ensure physicians are never again complicit in state violence. Its current posture towards Gaza betrays that legacy. The WMA is widely recognised as the global authority on medical ethics; however, it has not publicly held the Israeli state accountable for gross violations of humanitarian law, including breaches of medical neutrality, which all parties to a conflict must respect. The WMA has also not publicly denounced the Israeli Medical Association for its failure to speak out against the Israeli state's actions.

Since October, 2023, the Israeli state has launched more than 1650 attacks on health facilities in Gaza and the West Bank,¹ killing more than 1580 health-care workers, as of May 25, 2025,² and damaging or destroying at least 94% of Gazan hospitals.³ Palestinians in Gaza, of whom 1.9 million have been displaced since October, 2023, face what the International Court of Justice is now investigating as genocide.^{4,5} The scale and systematic nature of the Israeli state's assault on medical neutrality is unprecedented.¹

Despite this, the Israeli Medical Association has neither condemned the Israeli state's actions nor adequately addressed Israeli physicians' violations of medical ethics, particularly in the treatment of Palestinians held in arbitrary detention, and their commitments as codified in the WMA's Declaration of Geneva.⁶

Moreover, the WMA's statements have been inadequate.⁷ It has repeatedly either ignored or failed to condemn the Israeli state's repeated attacks on Gaza's health system,