

# POLITICS OF PANDEMIC MANAGEMENT IN TURKEY

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## Executive Summary

Turkey has been hit hard by the COVID-19 pandemic. In the initial phases, the country showed an unexpected degree of resilience. In later phases, however, significant administrative issues and capacity-related challenges surfaced. The Turkish case offers three key lessons: (1) an exclusive form of governance hinders the successful management of a crisis on the scale of the COVID-19 pandemic; (2) a polarizing governmental discourse that demonizes its opponents weakens public trust in the government during a pandemic; (3) even in cases when anti-science denialism is not present (as in Turkey), an insufficient regard for scientific expertise when scientific recommendations do not suit the government's political and ideological priorities can lead to coordination and compliance failures.

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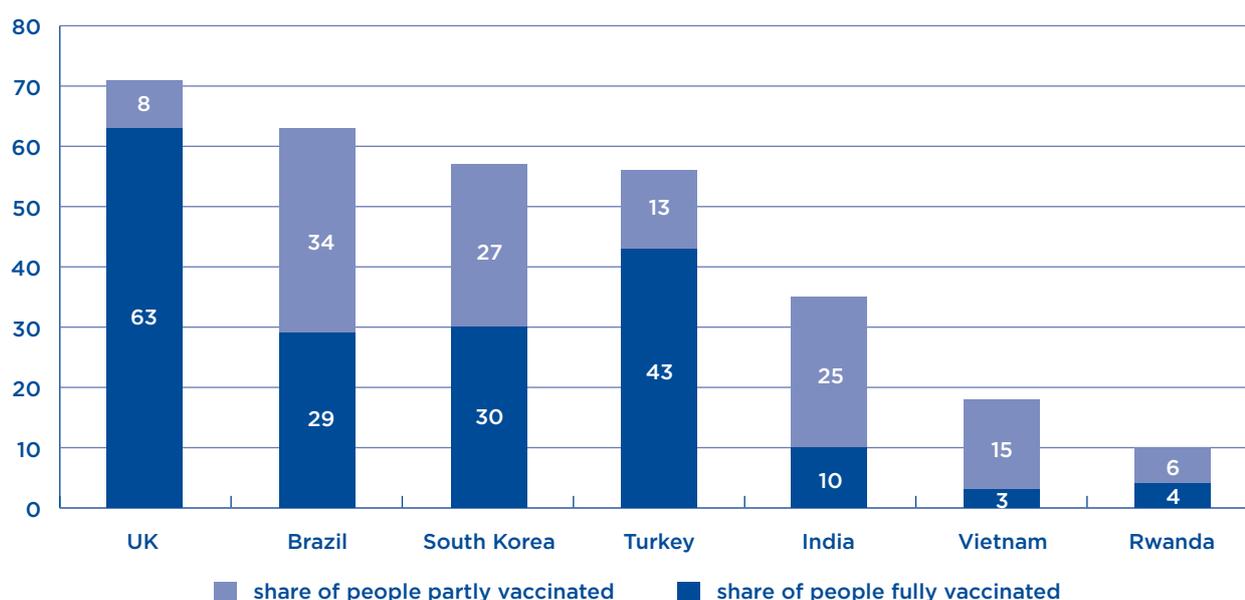
## A Brief Assessment of COVID-19 in Turkey

Turkey has been hit hard by the COVID-19 pandemic. The first COVID-19 case was reported on March 11, 2020. Turkey's performance has varied throughout the pandemic; as of September 1, 2021, the official number of confirmed cases was reported as 6,435,773, with 57,283 deaths.<sup>1</sup> In the initial phases, Turkey was thought to have dealt relatively well with the pandemic,<sup>2</sup> given the low number of confirmed cases, timely isolation and tracing measures, and relatively strong healthcare system (e.g., infrastructure in hospitals, especially in terms of number of ICU beds). In later stages, however, certain administrative issues, questions about official data, and capacity-related problems emerged. For instance, the Minister of Health admitted on September 30, 2020 that asymptomatic positive cases were not reported as part of the daily test results. Instead, "all official figures released since July 29 referred only to 'patients' — meaning those exhibiting coronavirus symptoms."<sup>3</sup> By the end of August 2021, in terms of the cumulative number of positive cases (per million people), Turkey had significantly higher numbers than many other countries, including India, Rwanda, South Korea, and Vietnam, yet lower than the UK and Brazil.<sup>4</sup>

Turkey also experienced delays in vaccine rollout. The Turkish government reached an agreement with China to receive 50 million doses of Sinovac vaccine—with the first shipment received in December 2020.<sup>5</sup> The government launched a massive vaccination campaign in January 2021, initially covering healthcare workers, older citizens, and people in nursing homes. The Turkish government did not initially receive any supply of the Pfizer-BioNTech vaccine to supplement the Sinovac vaccine. An agreement with BioNTech company was not reached until May 20, 2021.<sup>6</sup> Once an adequate number of vaccines was secured, rapid vaccination started, and more than one million doses were administered each day. According to *Our World in Data*, by the end of August 2021, 56 percent of the population was at least partially vaccinated, and 43 percent of the population was fully vaccinated, putting Turkey ahead of some other key emerging powers, such as Brazil and India (see below).

Throughout the pandemic the Turkish government pursued proactive policies to improve Turkey's global image by providing COVID-19-related assistance outside its borders. According to a recent study, Turkey provided medical support—such as masks and other types of personal protective equipment—to "more than 70 countries during the first months of the COVID-19 pandemic."<sup>7</sup> This can

**Figure 1. Share of people vaccinated in selected countries (August 2021)**



Source: Data from *Our World in Data* (<https://ourworldindata.org/covid-vaccinations>). Authors' own compilation. Figures were rounded to the nearest whole number.

be seen as an extension of Turkey's ambitious foreign aid policy over the last decade to position itself as a "humanitarian actor" in global governance.<sup>8</sup> At the same time, the government's extensive COVID-19-related foreign aid attracted criticism from the opposition parties at home. For instance, Turkey delivered 150,000 doses of vaccines to Libya's Government of National Unity on April 14, 2021, a time when Turkish citizens were having difficulty booking vaccination appointments.<sup>9</sup>

## How Political Elites Framed the COVID-19 Pandemic

Throughout the pandemic the Turkish political elite, across both the government and the opposition, framed COVID-19 as a global public health crisis. The government did not adopt an explicitly anti-science stance, as seen in Brazil, for example. In fact, it consistently underlined the importance of health precautions and later of vaccinations in combating the virus. Although Turkish President Recep Tayyip Erdoğan has increasingly consolidated a form of one-man rule in recent years, he chose not to present himself as the face of the government's policy response. Instead, he empowered his Minister of Health, Fahrettin Koca, a doctor and technocrat who has gained considerable trust from citizens across party lines. Nonetheless, the government made a conscious effort to present its handling of the crisis as a "success story" to the public in terms of the overall performance of the health sector as well as economic and other related measures, particularly comparing Turkey to relatively "unsuccessful" country cases where the official rates of infection and mortality were higher. For instance, during the early months of the pandemic, Health Minister Koca repeatedly stressed that unlike neighboring states and EU countries, "Turkey's resilience in its strategy and disciplined action plan in the face of the pandemic has never waned but increased by far."<sup>10</sup> In April 2020, when infection and mortality rates in certain European countries were on the rise, Koca took pride in the fact that "Turkey had the lowest mortality rate in Europe, despite having a relatively low doctors per person ratio."<sup>11</sup>

When infection and mortality rates started to rise in May 2020, the government's success story was

temporarily put on the back burner, and the focus shifted to the importance of taking precautionary measures such as wearing masks and social distancing. In doing so, the government placed the responsibility for the rising number of cases and deaths on citizens, not itself.

The success narrative once again became paramount by the end of the summer as numbers began to decline. In an October 2020 public speech, Health Minister Koca proudly stated, "We retained our resilience against this disaster thanks to our strong infrastructure in health, our qualified and devoted health workers and our strong public resources [while] witnessing that even in most developed countries, the capacities of the health sector and production proved inadequate."<sup>12</sup> President Erdoğan stressed the economic dimension of the success by repeatedly asserting that Turkey had managed to "couple its success in the health sector with the necessary social and economic support measures."<sup>13</sup>

Hence, it can be argued that throughout the pandemic, there was a considerable dissonance between the facts on the ground and the government's portrayal of crisis management in its discourse. Moreover, as the pandemic began to take its toll early in the summer of 2020 amidst economic recession, Erdoğan felt compelled to prioritize economic concerns at the expense of health considerations, as witnessed in the early opening and relaxation of rules in June 2020, despite scientific advice to the contrary.

Throughout the pandemic, the government provided a daily toll of those who were infected and those who lost their lives. Yet, the numbers were heavily contested by both the public and the opposition parties, who claimed these numbers were much higher than the official figures. The government finally admitted that the daily count of infections did not include asymptomatic cases, generating further distrust in the government. The government's narrative was also dismissive of the efforts of the opposition, especially the mayors from opposition parties, in combating the pandemic. For example, when the opposition mayors launched fundraising campaigns early on in the pandemic, Erdoğan defined this as an attempt "to become a

state within the state” and, as such, could not be tolerated by the government.<sup>14</sup> Erdoğan also employed a strongly polarizing discourse, referring to opponents in the media and politicians who were critical of the government’s measures as “akin to the coronavirus,” while the state’s media watchdog levied stiff fines on opposition news channels for their critical pandemic-related coverage.<sup>15</sup>

The opposition parties did not challenge the government’s framing of the pandemic as a global health crisis. In fact, in the early days of the crisis, Turkey even enjoyed a brief period when its deeply polarized political elite—riven by a clash between President Erdoğan and his opponents—seemed to be uniting around the national response effort. However, this proved short-lived, and the government’s “success story” began to unravel under the heavy criticism of opposition parties and their leaders. Criticisms mainly centered on the inadequacy of economic support, delivery of foreign assistance despite domestic difficulties, misguided measures (i.e., last-minute decisions to implement lockdowns, easing precautions while infections were at a peak), and distrust in official figures.

## Policies Implemented to Tackle COVID-19

The Turkish government implemented a series of measures to slow down the spread of the virus and mitigate its impact. On the political-social side, a scientific committee was established in January 2020, three months before the first case was re-

ported in the country. Minister of Health Koca was head of the scientific committee; he played a leading role in pandemic management as he regularly updated journalists and informed the public on his social media accounts and other platforms. On March 16, 2020, cafes and restaurants were closed temporarily. A week later, people over 65 years of age, representing nine percent of the overall population, were ordered to stay at home until further notice. The scope of the lockdown was extended in April, and those under 20 years of age were also ordered to stay at home. The lockdown measures were altered several times throughout the pandemic until they were removed for all age groups in July 2021 (see “Appendix: Timeline” for details).

The Turkish government did not opt for a “full lockdown” as in several other European countries. Production was not suspended, and no quarantine was imposed on the workforce. Hence, the measures taken in Turkey can be considered “an enhanced partial lockdown.”<sup>16</sup> Arguably, the primary reason for refraining from a full lockdown was the difficult economic circumstances in the wake of COVID-19. The Turkish economy was wobbling well before the pandemic: inflation was on the rise, annual growth figures were sluggish, GDP per capita (in current prices) was in constant decline, unemployment was high, and external borrowing was a growing concern. As the Turkish economy is heavily dependent on foreign capital inflows, reduced foreign direct investments in the 2010s amplified the economic fragilities (see Table 1 below).<sup>17</sup>

**Table 1. Turkish economy, selected indicators**

	2010	2012	2014	2016	2017	2018	2019
GDP growth (%)	8.5	4.8	5.2	3.2	7.5	2.8	0.9
GDP per capita (\$)	10,506	11,588	12,112	10,883	10,616	9,693	9,127
External debt (% GDP)	37.7	39.3	43.6	47.4	53.3	56.2	58
Inflation (annual %)	6.4	6.2	8.2	8.5	11.9	20.3	11.8
FDI (billion, \$)	9.1	13.7	13.3	13.9	11.1	13	8.6
Unemployment	11.1	8.4	9.9	10.9	10.9	11	13.7

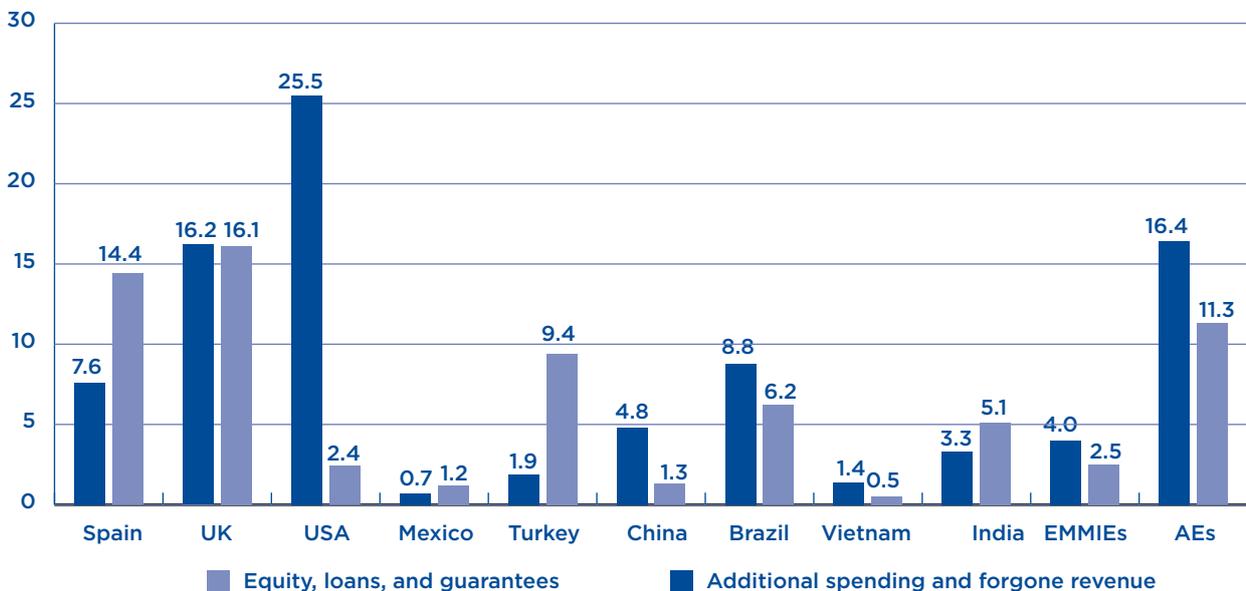
Source: Republic of Turkey, Ministry of Finance and Treasury. GDP per capita – in current prices (US\$). External debt calculated as percentage of GDP. FDI: annual inflow of foreign direct investment in US\$.

The COVID-19 crisis magnified the existing economic problems in Turkey.<sup>18</sup> For example, in the summer months, the decreased revenues from tourism put severe pressure on several sectors. Moreover, COVID-19 accelerated the deglobalization trend in the international economy that was already underway. The EU constitutes the largest trading partner for Turkish firms, accounting for almost 40 percent of Turkey’s total trade. Thus, with the COVID-19 pandemic, the Turkish economy felt the knock-on effect of economic contraction in European markets because of closed borders and reduced production. Supply chain problems in Europe and reduced economic production capacity due to extensive quarantines in several EU member states led to a collapse in Turkey’s export figures.

The government implemented a set of expansionary economic policies to counter the adverse impacts of the pandemic. However, the monetary and fiscal measures were not optimal for two main reasons. First, the government’s stance on monetary policy was unpredictable. After the start of the pandemic, believing the Central Bank should

cut interest rates to stimulate domestic demand, the president ousted two Central Bank governors.<sup>19</sup> Frequent political interventions into the monetary policy authority led to predictability and credibility issues, causing concern among market actors and international investors.<sup>20</sup> Second, Turkey could not implement effective direct cash support schemes to those adversely affected by the pandemic. According to *IMF Fiscal Monitor*, Turkey’s additional spending (e.g., cash aid, short-time work allowances, or unemployment benefits) or foregone revenue (e.g., reduction in VAT rates) was less than 2 percent of its gross domestic product in 2020, compared to 16.5 percent in the UK, 25 percent in the United States, and 8.8 percent in Brazil (see figure below). The average additional spending and foregone revenue as a percent of GDP were higher in emerging markets and middle-income economies (4 percent) and advanced economies (16.62 percent) than in Turkey. In other words, the difficult economic situation already present before the pandemic limited the state’s fiscal capacity to adequately support Turkish taxpayers under these exceptional circumstances.

**Figure 2. Fiscal measures in response to COVID-19 (percent of GDP)**



Source: IMF Fiscal Monitor, April 2021. Data from March 17, 2021 for selected countries. According to the IMF database on fiscal policy responses to COVID-19, “percent of GDP are based on April 2021 World Economic Outlook Update.” EMMIEs: emerging market and middle-income economies; AEs: advanced economies. Definitions of different types of fiscal measures can be found in IMF Fiscal Monitor, April 2020.<sup>21</sup>

## A Case of Success or Failure?

Aydın-Düzgüt and Keyman point out in an earlier paper that state capacity and “good/inclusive governance may be a better fit in explaining the lower number of deaths in countries than other variables.”<sup>22</sup> Other studies have similarly highlighted the importance of state capacity in dealing with the COVID-19 pandemic and governing under uncertainty.<sup>23</sup> One of the challenges of the COVID-19 pandemic is that it began in the midst of major power shifts in the international order and a concomitant rise in authoritarian populist movements in both the Global North and South. Authoritarian populist leaders “justify the use of ‘strong leadership,’ their low regard for checks and balances, and the exclusion of ‘intermediary powers’ between the ‘people’ and the ‘leader’ ... on the basis of delivering fast and effective responses to these risks and crises.”<sup>24</sup> Otherwise stated, populist leaders undermine state capacity and fail to utilize existing resources and networks at the state-society nexus.

Mazzucato and Kattel point out that governments must develop certain “dynamic capabilities” to tackle 21<sup>st</sup>-century governance challenges. They identify these capacities as the “capacity to adapt and learn; capacity to align public services and citizen needs; capacity to govern resilient production systems; and capacity to govern data and digital platforms.”<sup>25</sup> As aforementioned, unlike Jair Bolsonaro’s leadership in Brazil, the Turkish ruling elite framed COVID-19 as a global health issue from the start. It is also true that Turkey fared relatively well in the initial phases of the pandemic compared to several other European countries thanks to its high number of intensive care unit (ICU) beds, favorable demographics, and better health infrastructure.<sup>26</sup> However, the political context was severely polarized, and Turkey demonstrated a sub-optimal performance that could have been stronger and more effective if inclusive governance policies were adopted. The evidence so far suggests Turkey struggled during the pandemic in terms of the state’s *extractive, coordination, and compliance* capabilities.<sup>27</sup> This argument has two strands.

First, state capacity is a polymorphous concept that should not be studied in the abstract. A state’s capacity is likely to diverge across sectors and pol-

icy areas.<sup>28</sup> In Turkey, a relatively strong healthcare system and experienced human capital helped the country weather the storm—particularly in the initial months of the pandemic. However, the story is different with respect to the state’s extractive and distributive capacity. As explained in the previous section, poor economic performance and sub-optimal allocation of economic resources tied the hands of policymakers in the midst of the pandemic. Due to the limited fiscal capacity of the state, the government could not provide adequate cash support for Turkish taxpayers and did not offer a furlough scheme. As a result, the working class shouldered the burden of the pandemic.

Second, available resources could have been utilized more effectively in coordination with municipalities and civil society actors. As the literature highlights, state capacity refers to ruling *through* society, not *over* it.<sup>29</sup> Major municipalities such as Istanbul, Ankara, and Izmir launched fundraising campaigns to provide additional social assistance in the midst of the pandemic. This could have helped to mitigate the capacity problems of the central government. The Ministry of Interior Affairs, however, banned the opposition municipalities from raising funds and limited most of their activities to providing additional social assistance. The government’s antagonistic relationship with the opposition municipalities and civil society actors at the local level enfeebled the capacity of the state to deal with an unprecedented pandemic.

## Lessons Learned

The Turkish case provides three key lessons in crisis management for the countries of the Global South and beyond.

First, it shows that an exclusive form of governance hinders the successful management of a crisis on the scale of COVID-19. The exclusion of local governments controlled by the opposition parties from pandemic management weakened the coordination capacity of the state in the delivery of resources and the implementation of centrally designed policies. In Turkey, conflict with local governments even weakened the extraction capacity of the state, as the resource-generating capacity at the local level was obstructed. Exclusive gov-

ernance even extended to civil society organizations, which, in turn, led to implementation failures. The most visible example was the delivery of free surgical face masks to citizens in the early months of the pandemic—a gesture intended to show the government’s commitment to its citizens. The government suffered multiple implementation failures, however, and was ultimately forced to drop the policy, precisely because it chose to exclude actors such as municipalities and pharmacists’ associations when their inclusion could have ensured effective delivery.<sup>30</sup>

Second, and in a related sense, the Turkish case shows us that a polarizing governmental discourse that demonizes its opponents weakens public trust in the government and its measures across certain parts of the population during a pandemic, and thus leads to noncompliance with healthcare, social distancing, and related sanitary rules designed to prevent the transmission of the virus. It also demonstrates how the suppression of social actors, including medical organizations and the scientific community, can obstruct the flow of credible information, leading to the further loss of public trust and reduced compliance with the measures suggested by the government. Public opinion polls show the percentage of the Turkish public who did not trust government declarations and official figures on COVID-19 increased from 30 percent in April 2020 to 58.9 percent in August 2020.<sup>31</sup> Following a last-minute lockdown announcement in April 2020, many citizens did not trust the government’s claim that the lockdown would be limited to 48 hours; consequently, tens of thousands rushed out to stock up on supplies, risking further infections.

Third, even in cases when anti-science denialism is not present (as in Turkey), insufficient regard for scientific expertise when scientific recommendations do not suit the government’s political and ideological priorities can lead to both coordination and compliance failures. For instance, the ill-timed and sudden opening on June 1, 2020 was a decision based on economic concerns. It went against the recommendations of the Turkish Medical Association, certain members of the scientific advisory board, and even economic experts who all suggested a more gradual normalization. This

decision substantially lowered compliance with social distancing measures, ultimately leading to a higher number of official cases and deaths during the summer than in most European states.<sup>32</sup>

It goes without saying that COVID-19 posed unprecedented challenges to states and societies across the world, and it has taught us a lesson. The widespread uncertainty, economic pressures, and anxiety brought on by the pandemic suggest the need for an overhauled institutional architecture. States need to be adaptive, resilient, agile, and more responsive to citizens’ demands when dealing with these new types of risks. As we discuss in this policy brief, the Turkish case demonstrates how crucial it is to invest in state capacity, inclusive governance, and conciliatory political leadership in times of severe crisis and post-crisis governance.

## Appendix: Timeline of the COVID-19 Pandemic in Turkey

**Note:** Please click on the links to access news sources for further information. We would like to extend our special thanks to Ali Baydarol for his excellent research assistance and for preparing the timeline.

**March 11, 2020 - Case Numbers-** The first coronavirus case was detected in Turkey.

**March 13, 2020 - Municipality** - The Council of State decided that municipalities should collect donations.

**March 16, 2020 - Lockdown** - The entertainment sector, cafes, and restaurants were temporarily closed.

**March 18, 2020 - Death Numbers-** The first death from coronavirus was recorded in Turkey.

**March 20, 2020 - Case Numbers** - The number of cases exceeded 100 (168) for the first time.

**March 22, 2020 - Lockdown** - A lockdown imposed on citizens aged 65 and over and those with chronic illnesses was implemented for the first time.

**March 27, 2020 - Case Numbers** - The number of cases exceeded 1,000 (1,196) for the first time.

**March 31, 2020 - Foreign Aid** - Health equipment from Turkey was sent to Italy and Spain by military plane.

**April 3, 2020 - Lockdown** - The lockdown extended to include those aged 20 and under.

**April 10, 2020 - Lockdown** - The first weekend lockdown was announced Friday night, two hours before the start of the lockdown and markets closing.

**April 10, 2020 - Foreign Aid** - Health equipment was sent to the UK.

**April 12, 2020 - Soyly's Resignation** - The Minister of Interior, Süleyman Soyly, took responsibility for the late announcement of the lockdown and

announced his resignation. President Erdoğan did not accept his resignation.

**April 12, 2020 - Case Numbers** - The total number of cases reached its peak (5,138).

**April 14, 2020 - Foreign Aid** - Thousands of masks were donated to Italy, Spain, Serbia, China, Iran, Kosovo, and Iraq.

**April 15, 2020 - Death Numbers** - The number of daily deaths from coronavirus exceeded 100 (107).

**April 18, 2020 - Foreign Aid** - Foreign Minister Mevlüt Çavuşoğlu states that "Turkey provided aid to 44 of the 116 requesting countries."

**April 24, 2020 - Foreign Aid-** Turkey provided aid to Lebanon, Afghanistan, and Kyrgyzstan.

**April 28, 2020 - Foreign Aid-** Turkey provided aid to the United States.

**April 28, 2020 - Foreign Aid** - Turkey sent aid to Bosnia and Herzegovina, Sudan, Palestine, Georgia, Colombia, Yemen, Azerbaijan, Kyrgyzstan, Pakistan, Tunisia, and Somalia.

**April 29, 2020 - Foreign Aid-** Turkey provided aid to South Africa.

**May 4, 2020 - Foreign Aid** - Turkey provided aid to Romania and the Kingdom of Lesotho.

**May 5, 2020 - Foreign Aid** - Turkey provided aid to Pakistan.

**May 7, 2020 - Foreign Aid-** Turkey provided aid to Georgia and Mozambique.

**May 11, 2020 - Foreign Aid-** Turkey provided aid to Cameroon.

**May 14, 2020 - Foreign Aid-** Turkey provided aid to Bangladesh.

**May 18, 2020 - Foreign Aid-** Turkey provided aid to Mongolia.

**May 16-19, 2020 - Lockdown** - Lockdown was declared in 15 provinces.

**May 22-26, 2020 - Lockdown** - Lockdown was declared in every province.

**June 9, 2020 - Foreign Aid**- Turkey provided aid to Kyrgyzstan.

**June 19, 2020 - Foreign Aid**- Turkey provided aid to South Sudan.

**June 26, 2020 - Foreign Aid**- Turkey provided aid to Bosnia and Herzegovina and the Kingdom of Eswatini.

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**July, August, September, and October (2020) -** No lockdown was imposed in these months. Lockdown measures restarted in **November 2020**.

**July 10, 2020 - Foreign Aid** - Turkey provided aid to South Sudan.

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**September 30, 2020 - Unreliable Data** - Health Minister Fahrettin Koca admitted that asymptomatic positive cases were not included in the daily number of new cases announced. Turkey reassessed the total number of cases on November 25, 2020.

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**October 21, 2020 - Foreign Aid**- Turkey provided aid to Tunisia and Mozambique.

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**November 12, 2020 - Foreign Aid**- Turkey provided aid to the Republic of Djibouti.

**November 12, 2020 - Lockdown**- Lockdown imposed every day in certain provinces (except between 10:00 and 16:00) for people aged 65 and over.

**November 13, 2020 - Lockdown** - The previously implemented lockdown measures were reimposed for people aged 65 and over in all provinces.

**November 21, 2020 - Lockdown** - Weekend lockdowns (from Saturday at 20:00 to Monday at 5:00) were implemented.

**November 25, 2020 - Unreliable Data and Case Numbers** - Asymptomatic cases were added to the daily coronavirus case count.

**November 30, 2020 - Lockdown** -Weeknight curfews (from 21:00 to 5:00) were implemented and continued until July 1, 2021.

**December 4, 2020 - December 7, 2020 - Lockdown** - The scope of the lockdown measures was extended from Friday at 21:00 to Monday 5:00. These full weekend lockdown measures continued until June 5.

**December 26, 2020 - Vaccination**- Turkey made a deal with China to receive 50 million doses of Sinovac vaccine.

**December 30, 2020 - Vaccination** - Three million doses of the Sinovac vaccine arrived in Turkey.

**December 31, 2020 - Lockdown** - A four-day lockdown was implemented on New Year's Eve and continued until January 4, 2021.

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**January 13, 2021 - Vaccination** - The first coronavirus vaccine (Sinovac) was given to Health Minister Koca.

**January 14, 2021 - Vaccination** - Vaccination started for healthcare professionals.

**January 19, 2021 - Vaccination** - Vaccination started for citizens aged 90 and over, those in nursing homes, and those who care for them.

**January 20, 2021 - Vaccination** - The number of people who had the coronavirus (Sinovac) vaccine exceeded one million.

**January 21, 2021 - Vaccination** - Vaccination started for those aged 85 and over.

**January 25, 2021 - Vaccination** - Vaccination started for those aged 80 and over.

**January 27, 2021 - Vaccination** - Vaccination started for those aged 75 and over.

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**February 11, 2021 - Vaccination** - Vaccination started for those aged 70 and over.

**February 12, 2021 - Vaccination** - Vaccination started for those aged 65 and over.

**February 14, 2021 - Foreign Aid**- Turkey provided aid to Palestine.

**February 22, 2021 - Foreign Aid** - Turkey provided aid to Mongolia.

**March 22, 2021 - Foreign Aid** - Turkey provided aid to Northern Syria.

**March 23, 2021 - Foreign Aid** - BioNTech vaccines arrived in Turkey for the first time (1.4 million doses).

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**April 6, 2021 - Relations with China and Vaccination** - The Chinese Embassy responded to Iyi Party leader Meral Akşener's statement about the independence of East Turkestan, saying "The Chinese side reserves its right to give a just response." The number of doses of Sinovac delivered to Turkey, which was expected to be 50 million, has since remained at 26 million.

**April 14, 2021 - Foreign Aid** - Turkey sent 150,000 vaccines to Libya.

**April 17, 2021 - Case Numbers** - The total number of cases reached its peak (63,082).

**April 29, 2021 - Lockdown** - Full lockdown was imposed until May 17, 2021.

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**May 1, 2021 - Death Numbers** - The total number of deaths per day reached its peak (394).

**May 20, 2021 - Vaccination** - Uğur Şahin, one of the developers of BioNTech, said that 30 million and 120 million doses of vaccines would reach Turkey at the end of June and at the end of September, respectively.

**June 5-6, 2021 - Lockdown** - The lockdown measures that had been implemented on weekends since December 4 were altered. Lockdowns were imposed only on Sundays.

**June 14, 2021 - Vaccination** - Vaccination started for those aged 40 and over.

**June 17, 2021 - Vaccination** - Vaccination started for those aged 35 and over.

**June 19, 2021 - Vaccination** - Vaccination started for those aged 30 and over.

**June 22, 2021 - Vaccination** - Vaccination started for those aged 25 and over.

**June 25, 2021 - Foreign Aid** - Turkey provided aid to the Kingdom of Eswatini.

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**July 1, 2021 - Lockdown** - Both weekend and weekday lockdown measures were lifted.

**July 1, 2021 - Music Ban** - A ban on live music after midnight was imposed.

**July 19, 2021 - Lockdown** - No lockdown was imposed during the nine-day holiday of Eid Al-Adha.

**July 28, 2021 - Foreign Aid** - Turkey provided aid to Afghanistan.

## Endnotes

- 1 | Data from the World Health Organization, September 3, 2021 (see <https://covid19.who.int/region/euro/country/tr>). However, the official figures are estimated to be well below the actual number of cases and deaths. The population of Turkey was more than 84 million in 2020. According to official figures, the country hosts more than 3.7 million registered Syrian refugees and around 182,000 registered Afghan refugees.
- 2 | For example, see Orla Guerin, “Coronavirus: How Turkey took control of Covid-19 emergency,” BBC News, May 29, 2020, <https://www.bbc.co.uk/news/world-europe-52831017>.
- 3 | Michael Daventry, “Turkey not counting positive COVID-19 cases unless there are symptoms, health minister admits,” Euronews, October 1, 2020, <https://www.euronews.com/2020/10/01/turkey-not-counting-positive-covid-19-cases-unless-there-are-symptoms-health-minister-admi>.
- 4 | According to *Our World in Data*, <https://ourworldindata.org/coronavirus/country/turkey>.
- 5 | “Covid-19 aşısı Türkiye’ye ne zaman gelecek?” BBC Türkçe, November 26, 2020, <https://www.bbc.com/turkce/haberler-turkiye-55082065>.
- 6 | “Pfizer/BioNTech, Türkiye ile 90 milyon doz aşı sağlama konusunda anlaştı,” NTV, May 20, 2021, <https://www.ntv.com.tr/turkiye/son-dakika-haberi-pfizer-biontech-turkiye-ile-60-milyon-doz-asi-saglama-konusunda-anlasti,OF192UU2ZOatGkSed-YjMQ>.
- 7 | Buğra Güngör, “Foreign Aid during the COVID-19 Pandemic: Evidence from Turkey,” *Southeast European and Black Sea Studies*, Early View: <https://www.tandfonline.com/doi/full/10.1080/14683857.2021.1900668>.
- 8 | Reşat Bayer and E. Fuat Keyman, “Turkey: An Emerging Hub of Globalization and Internationalist Humanitarian Actor?” *Globalizations* 9, no. 1 (2012): 73–90.
- 9 | Ahmet Gencturk and Gozde Bayar, “Turkey sends COVID-19 vaccine donation to Libya,” Anadolu Agency, April 14, 2021, <https://www.aa.com.tr/en/turkey/turkey-sends-covid-19-vaccine-donation-to-libya/2208746>.
- 10 | “Sağlık Bakanı Koca’dan son dakika koronavirüs açıklaması!” *Sabah Gazetesi*, March 11, 2020, <https://www.sabah.com.tr/gundem/2020/03/10/bakan-koca-aciklama-yapacak>.
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