Policy styles and pandemic management: The case of Turkey

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Abstract
Using the concept of a policy style developed by Howlett and Tosun, this article explores the linkages between Turkey's policy style and its pandemic management. Turkey took both preemptive and restrictive measures with respect to the COVID-19 pandemic. Before the virus hit the country, flights to and from various countries including China were suspended, the Scientific Advisory Board (SAB) was established, and a COVID-19 disease guide was prepared. After the virus entered the country, immediate restrictive measures, such as national lockdowns and international and intercity travel restrictions were put in place. Turkey adopted a centralized response to the pandemic with the President, the Ministry of Interior, the Ministry of Health, and the SAB acting as central players. From the perspective of policy style, this article shows how Turkey's general characteristics of policy-making processes have been reflected in its pandemic management policies.

KEYWORDS
centralized response, COVID-19, pandemic management, policy styles, Turkey

1 INTRODUCTION

Turkey's pandemic management can be broken down into several stages. Between January and March 2020, preemptive measures were adopted to prevent the entrance of the virus into the country. Following the announcement of the first COVID-19 case on March 11th, lockdowns
were imposed, international and intercity travel was restricted, and schools, businesses, and other public places were closed. From June 2020 onwards, restrictions were gradually loosened. However, intermittent lockdowns continued from October 2020 until May 2021. A full lockdown was implemented from the end of April until mid-May 2021. From May 17th onwards, a gradual normalization process started. Turkey entered the full normalization stage with the start of face-to-face education in schools and universities in September 2021.

Against the backdrop of the COVID-19 pandemic, there has been a growing body of literature that examines Turkey's COVID-19 policies. For example, Zahariadis et al. (2020) compared Greek and Turkish responses to the COVID-19 pandemic from the prisms of credit-claiming and blame avoidance strategies and showed how Greek and Turkish political actors acted similarly in terms of boasting about their performance in the fight against the virus and avoiding blame when policy failures occurred (Zahariadis et al., 2020). Aydın-Düzgit and Keyman (2020) underlined the effects of the Turkish government's polarizing strategy along ideological lines on the growing distrust in the government regarding its COVID-19-related measures. In another study, Aydın-Düzgit et al. (2021) examined capacity-related problems in Turkey's handling of the pandemic by focusing on the government's conflict with local governments.

This study examines Turkey's COVID-19 pandemic management from January 2020 (following the announcement of the pneumonia-like cases in Wuhan by the World Health Organization) until November 2021. It is built upon the recent literature that identifies the interlinkages between policy styles and policy responses (Bakır, 2020; Ertugal, 2021; Zahariadis et al., 2021). It is premised on the assumption that policy-making processes are influenced by institutional arrangements and political culture (Clemens & Cook, 1999; Howlett & Tosun, 2019). The objective of this study is to shed light on the broader political context in which the COVID crisis was unfolded in Turkey and its implications on COVID-19-related policies. To this end, this article utilizes the method of process tracing. Process tracing refers to “the analysis of evidence on processes, sequences, and conjunctures of events” in a way that unpacks causal processes (Bennet & Checkel, 2015, p. 7). The main idea of process tracing is concatenation, which “is the state of being linked together, as in a chain or linked series” (Waldner, 2012, p. 68). The empirical analysis relies on the documents published by the Presidency of the Republic of Turkey, the Ministry of Health, the Ministry of Interior, Our World in Data, newspapers, and academic articles.

While Turkey has always adopted a top-down approach to policy problems, during the period of the Justice and Development Party (JDP), the institutional context of policy-making was redesigned and the authoritarian features of the policy style were consolidated (Ertugal, 2021). Building on the concept of policy style developed by Howlett and Tosun (2019, 2021) and the method of process tracing, this article shows how Turkey's low level of inclusion in policy-making processes has been reflected in its pandemic management in the form of a top-down, centralized response. Differing from Bakır (2020) who argues that Turkey's pandemic management deviated from its exclusionary policymaking style with the adoption of an inclusive approach toward policy design and implementation, this article argues that Turkey's exclusionary and hierarchical policymaking style governing style has been reflected in the pandemic management albeit in a different form.

Even though a team of health experts, instituted by the government, guided Turkey's pandemic policies, it was not a step toward pluralism, but rather a governmental strategy to increase public compliance to COVID-19-related measures given the very high level of trust in doctors in the society (the Trustworthiness Index, 2019; see also Zahariadis et al., 2020). Indeed, the exclusion of the major health associations that stand in the opposition from the
policymaking process substantiates this point. Overall, Turkey’s policy-making during the pandemic took place through the systemic exclusion of major health associations, opposition municipalities, universities, and labor unions. The pandemic was managed hierarchically through the instructions of COVID-19-related rules given by President Erdogan.

This paper is organized as follows. The first section sheds light on the theoretical literature on policy styles by paying specific attention to the concept of policy style developed by Howlett and Tosun (2019, 2021). The second section identifies the general characteristics of Turkey’s national policy style by examining its evolution under the JDP. The third section sheds light on Turkey’s policies regarding pandemic management from January 2020 to November 2021. The final section explains the linkages between Turkey’s policy style and its pandemic management, discusses the study’s implications, limitation, and gives direction for future research.

2 | THE CONCEPTUAL FRAMEWORK

Policy styles are standard operating procedures for designing and executing policies (Howlett & Tosun, 2019; Richardson et al., 1982). National policy styles are “a set of political and administrative routines and behaviors heavily influenced by the rules and structures of the civil service and political system in which it is located” (Howlett & Tosun, 2021, p. 20). The concept of policy style identifies the main characteristics of policy processes and sheds light on important aspects of policy dynamics from the perspective of institutional arrangements and politico-administrative culture (Howlett & Tosun, 2021). It is closely related to concepts of administrative traditions (e.g., Biesbroek et al., 2018; Knill, 1998) and national regulatory styles (Van Waarden, 1995).

The literature on policy styles is based on the assumption that policymakers eventually develop standard procedures or ways of doing things when dealing with political issues and that it is possible to map out the general characteristics of making and implementing policies in each society (Richardson et al., 1982). It is built on the neo-institutionalist approach that postulates that political institutions, rules, and norms institutions shape political actors’ interpretations of situations and possible courses of action (Howlett & Tosun, 2019, 2021). This genre of literature builds on March and Olsen’s logic of appropriateness (1989) and Lijphar (2012) governance types (Howlett & Tosun, 2019, 2021).

According to the logic of appropriateness, political institutions (that include not only formal organizations, but also codes, rules, and routines) play important roles when political actors choose their appropriate courses of action (March & Olsen, 1989). Institutions “constitute and legitimize individual and collective political actors and provide them with consistent behavioral rules, conceptions of reality, standards of assessment, affective ties, and endowments and thereby with a capacity for purposeful action” (March & Olsen, 1996, p. 249). In simple terms, in the political arena, institutionalized rules, duties, and roles mark the distinction between appropriate and inappropriate courses of action (March & Olsen, 1996).

Lijphar (2012) sheds light on how differences in forms of government affect policy-making processes. He maps out the differences between majoritarian and consensus models. In the majoritarian model, political power is concentrated in the hands of a majority through single-party majority cabinets. Therefore, policy-making is competitive and adversarial. In sharp contrast, in the consensus model, political power is dispersed and limited. Differing from the majoritarian model where the executive is dominant, there is a balance between the executive and the legislative. Overall, decision-making in consensus models is characterized by consensus and the inclusion of minority groups in policy-making processes (Lijphar, 2012).
Richardson et al. (1982) describe policy styles within the frameworks of the government’s approach to problem-solving (reactive vs. anticipatory) and the nature of the relationship between the government and societal actors (impositional vs. consensual). In impositional policy style, the government adopts a top-down approach in designing and implementing policies and societal groups are excluded from policy-making processes. Policies are implemented even when there is opposition. Consensual policy style, on the other hand, is characterized by power-sharing between governments and societal groups (Richardson et al., 1982).

Richardson et al. (1982) analyzed common patterns of policy styles in the Western European context. Howlett and Tosun (2019, 2021) expanded the concept of policy style to render it analytically relevant for the analysis of policy styles of countries that show variation in terms of geography and political regime type. The authors explain policy styles from behavioral and structural perspectives. In this context, a policy style is directly related to the actions of policymakers, it is also embedded in institutional arrangements. It refers to “a set of political and administrative routines and behaviors heavily influenced by the rules and structures of the civil service and political system in which it is located” (Howlett & Tosun, 2019, p. 10). In Howlett and Tosun's (2019, 2021) model, the government’s approach to problem-solving (reactive vs. anticipatory) is replaced by key actors involved in policy-making (politicians, bureaucrats, etc.). Impositional versus consensual policy styles are replaced by state-society relationships. According to this model, representative and participatory democracies are characterized by a high level of inclusion in policy-making processes.

Closed-centralist systems and competitive electoral regimes, on the other hand, are associated with a low level of inclusion in policy-making processes (Howlett & Tosun, 2019). While in representative democracies and closed-centralist systems, bureaucrats and experts play key roles in decision-making, they tend to have less important roles in decision-making in participatory democracies and competitive electoral regimes (Howlett & Tosun, 2021). The following section identifies Turkey's national policy style in light of Howlett and Tosun’s model of policy style.

3  |  TURKEY'S POLICY STYLE

Turkey's state tradition is heavily influenced by the Ottoman legacy. Modern Turkey continued the Ottoman tradition of a centralist state (Ahmad, 1993) and maintained suspicion toward the general populace (Koker, 1995). Through the top-down modernization project, state-society relations were organized hierarchically with little room given to participatory pluralism (Cinar, 2006; Keyder, 1997). Despite Turkish elites’ long-running efforts to achieve social and cultural homogeneity, the Turkish society has been divided by sharp cleavages in terms of ethnicity (Turks-Kurds), religion (Sunnis-Alevis), ideology/politics (secularists-conservatives), and culture (urbanized modernist Turks-rural traditionalist Turks) (Ozbudun, 2014).

Turkey’s administrative system belongs to the Napoleonic tradition which is characterized by centralization and limited role ascribed to local actors (Peters, 2008; Üstüner & Yavuz, 2017). Turkey’s central administration is governed by central administrative institutions (ministries and governmental agencies) and provincial administration (Üstüner & Yavuz, 2017). Local administration (municipal, village, and special provincial administration) operates under the administrative authority of the central government (Üstüner & Yavuz, 2017). Turkey’s form of government falls into the majoritarian model developed by Lijphar (2012). As a result of the 10% electoral threshold adopted after the 1980 coup, small parties have been underrepresented and large parties have been overrepresented in the parliament (Tosun, 2015).
Under the ruling JDP, new institutional and administrative arrangements were introduced (Ertugal, 2021). The 2017 constitutional amendments, which replaced the parliamentary system with the presidential system, resulted in enhanced majoritarianism (Bolukbasi & Ertugal, 2019). The presidential system has witnessed an increase in the president’s powers and further centralization of the bureaucracy (Üstüner & Yavuz, 2017). Under the new system, the position of prime minister was abolished. Ministers, high-level civil servants, four members of the Board of Judges and Prosecutors are appointed directly by the president. The president selects more than half of the judges of the Constitutional Court. He has the right to bypass legislation, send laws back to the parliament and dissolve the parliament (Yılmaz, 2020). Presidential decrees and bylaws dominate policy-making processes (Ertugal, 2021). Differing from the previous system in which governors were tied to the Ministry of Interior, in the new system, they are directly tied to the Presidency. Turkey’s new system has been described as “the presidentialisation of the executive branch” and “presidential bureaucracy” (Bakir, 2020).

Against the backdrop of a strong leadership tradition in Turkey, bureaucrats and experts have never been key actors who shaped Turkey’s policy-making processes. Bureaucratic institutions have been undermined by coups since 1960 (Ozen, 2013). Rather than expertise, patronage networks are decisive in bureaucratic recruitment and promotion (Ahmad, 1993). Operating within a culture of subservience and loyalty, bureaucratic actors are unenthusiastic to take initiative (Ertugal, 2021). The agency of the bureaucracy has further been undermined under the JDP rule (Üstüner & Yavuz, 2017), especially after Turkey’s shift to the presidential system. In Bakir’s words (2020, p. 429), “the normative values of the presidential executive and presidential bureaucracy include ‘loyalty’, ‘obedience’ and ‘commitment’ rather than professional norms such as a merit system, career civil service, and autonomous will, preference and action in public policymaking and bureaucratic processes.” Turkey’s administrative policy capacity and style are shown in various indexes. For example, the Government Effectiveness Index (World Bank, 2018) ranks Turkey 86th out of 193 countries. The sharpest decreases in the country’s scores took place between 2012 and 2016. The Rule of Law Index ranks Turkey 107th out of 128 countries (World Justice Project, 2020).

According to the model developed by Howlett and Tosun (2019, 2021), Turkey’s policy style is characterized by the low inclusiveness of bureaucrats and social actors in policy-making processes. The Turkish constitutional system maintains and perpetuates the traditional hierarchical state-society relationship by prioritizing the protection of the state against individuals (Ozbudun, 2011). In theory, professional organizations such as bar associations, engineers and architects, associations, and medical associations are autonomous. But in practice, they are under the strict control of political authority (Ozbudun, 2011). The government does not cooperate with professional organizations in policy-making processes (Ertugal, 2021). For example, the government did not engage in negotiations with medical associations during the health reforms in the 2000s (Agartan, 2012). By the same token, social security reforms were realized despite the fierce objection of labor unions and women’s organizations (Akkan, 2018).

The first period of the JDP (2002–2007) presented optimism regarding changes in state-society relations towards the high inclusiveness of social actors in decision-making processes. This period was characterized by a commitment to the EU process, liberal reforms, economic growth, and high levels of foreign investment (Tezcur, 2010). It is in this context that a large segment of the population with different political affiliations (liberals, conservatives, and nationalists) supported the JDP and its reforms. During this period, several public sector reforms were actualized to increase accountability and citizen participation in public administration. For instance, the 2004 law on the right to information allowed individuals...
and legal persons to seek information from public authorities (Üstüner & Yavuz, 2017). With the 2005 law of municipalities, city councils were established that brought together residents, civil society organizations, and representatives of the municipalities (Yalcın-Riollet, 2019).

Yet, these reforms proved futile and the democratization process went into a downward spiral from 2007 onwards. The role of city councils did not lead to greater citizen participation at the local level. The 2014 Internet law increased governmental surveillance over the internet. The party’s control over the media has gradually increased (Kirisci & Sloat, 2019; Üstüner & Yavuz, 2017). Gezi Park protests in 2013 and the coup attempt in 2016 led to greater political and social polarization. The state of emergency declared following the failed coup disrupted legislative and judiciary processes (Yilmaz, 2020).

Various democracy and freedom rankings shed light on the state-society relationship in Turkey. While between 2002 and 2017, Turkey was evaluated as partially free by the Freedom House Index (2020), its status descended to nonfree in 2018. Regarding press freedom, Turkey ranks 154th out of 180 countries (Reporters without Borders, 2020b). With respect to transparency and citizen participation in public policy deliberations, Turkey ranks 97th out of 128 countries (World Justice Project, 2020).

Overall, the JDP has maintained and reinforced the hierarchical nature of state-society relations. Following the abolishment of the position of prime minister, the president has become the key actor in designing policies. No room is left for bureaucrats’ participation and feedback. Policies outlined by the president are hierarchically implemented by relevant ministries. Policy-making is not characterized by consensus-building. Experts, professional organizations, NGOs, and opposition parties are excluded from policy-making processes (Ertugal, 2021). Legal actions, taken by professional organizations for the reversal of the government’s decisions in urban, energy, and climate policies, did not succeed due to the politicization of the judiciary (Eraydin & Tasan-Kok, 2014; Esen & Gumuscu, 2017). In most cases, protests also failed to be effective (Ertugal, 2021). In Ertugal’s words (2021, p. 17) Turkey’s current policy style “undermines policy expertise, reduces the possibility for the emergence of bureaucratic policy entrepreneurs, discourages initiative-taking, and encourages passivity and loyalty.” The next section sheds light on how Turkey’s policy style, its way of designing and implementing policies, has been reflected in its pandemic management.

4 | TURKEY’S PANDEMIC MANAGEMENT

Turkey responded to the COVID-19 pandemic by adopting a myriad of preemptive and restrictive measures. After the World Health Organization (WHO) announced pneumonia-like cases in Wuhan on January 9th, 2020, Emergency Operations Centre in Ankara started to observe virus-related developments in the world, and the Scientific Advisory Board (SAB) was established. The SAB is headed by Health Minister Fahrettin Koca and consists of university professors and medical experts specialized in pulmonology, virology, infectious diseases, clinical diseases, and a legal advisor. Since its creation, the SAB has gathered at least two times a week and outlined recommendations regarding pandemic management.

In January 2020, the SAB prepared a COVID disease guide that includes information about the virus, infection control/isolation, treatment, and so on. In line with the recommendations of the SAB, flights to and from China, Italy, Iraq, Iran, and South Korea were suspended. Following the spread of the virus in Iran in February, the Ministry of Interior sent circulars to 81 provinces about COVID-19-related measures to be taken at border gates. After Turkey’s first
COVID-19 case was announced on March 11th, restrictive measures were immediately implemented in accordance with the SAB’s recommendations. People who came from abroad were placed in quarantine for 2 weeks. Civil servants were banned from traveling abroad. Cafes, restaurants, theaters, shopping malls, and gyms were shut down. Hospital visits were restricted. Court hearings, cultural, and sports activities were postponed. Flexible working hours were adopted for civil servants. Civil servants with chronic diseases were permitted to take administrative leave. All international and intercity travels were suspended. Intercity travel was only allowed with special permission from the governor’s office. Schools and universities switched to online education (TRT Haber, 2021). First, a curfew was imposed on people who were above 65 and who had chronic diseases, later it was extended to those under 20 years old (Karaaslan, 2021a).

On March 19th, President Erdogan announced the Economic Stability Shield Program that included tax, credit, and labor-related measures, such as credit support for companies and citizens, an increase in the minimum pension payouts, and financial support for needy families (Presidency of the Republic of Turkey Investment Office, 2020). A COVID-19 helpline was established to inform the public about the disease. The number of health personnel and diagnosis laboratories was increased. COVID-19 test kits were sent across the country. Health teams and family practitioners started to conduct contact tracing. Pandemic boards were gathered in all provinces (Hurriyet, 2020a). All private hospitals were declared pandemic hospitals to treat COVID-19 patients as well as administer COVID-19 tests. At the beginning of April, masks became mandatory in all public places. Masks were distributed by the Ministry of Health free of charge.

A national “stay home campaign” was launched. State authorities repeatedly urged citizens to adhere to public health hygiene rules. A presidential decree, issued on April 13th, stipulated that those infected with COVID-19 would have free access to personal protective equipment, diagnostic testing, and medical treatment irrespective of their health coverage. In April, the Ministry of Health introduced the Hayat Eve Sigar (HES) (Life fits into home) mobile app that provides a risk map of COVID-affected areas (Kahraman, 2021). April 11th, 2020 witnessed the first peak of the first wave of the pandemic with 5,138 cases (Our World in Data, 2021). A month later, HES code (that provides information about citizens’ risk status) was introduced and became mandatory for intercity travel.

The first general (2-day) lockdown was imposed on April 11th. Two-day and 4-day lockdowns were intermittently imposed until June 1st (Daily Sabah, 2020). On May, 10th, the period “controlled social life” started and from then on restrictions were gradually eased. People who were under 20 years old, over 65, or with chronic diseases were permitted to leave their homes within certain hours. Shopping centers, markets, restaurants, and cafes reopened under certain conditions and with limited working hours (Karaaslan, 2021a).

From June 1st onwards, a period called “new normalization” started. Intercity travel restrictions were lifted and restaurants, cafes, and gyms were reopened. International flight restrictions gradually eased. Yet, some additional measures were put in place. For example, mask-wearing outdoors became compulsory in three major cities in Turkey: Istanbul, Ankara, and Bursa. The Social Sciences Board was established within the Ministry of Health (that consists of academics specialized in sociology, psychology, communication, etc.) to investigate the social and psychological impacts of the pandemic (The Ministry of Health, 2020). In July, cinemas and theaters were reopened, and working hour limitations for shopping centers, restaurants, and so on were lifted (Karaaslan, 2021a).

However, with the rise in cases, more precautionary measures were taken. The mask-wearing became compulsory throughout Turkey in September. After the cabinet meeting that took place
on November 17th, 2020, President Erdogan announced new restrictions that included the closure of businesses and public places; partial weekend curfews; limited-hour curfews for people who were under 20 years old and over 65. The Ministry of Education announced the continuation of online education for schools and universities (BBC Turkce, 2020). On November 25th, Health Minister Mr. Koca announced that an agreement was reached with China-based Sinovac for the COVID-19 vaccine. Initially, 10 million doses would be procured (Sozcu, 2020a). On December 25th, the Ministry of Health signed a contract with a Germany-based BioNTech company for the procurement of additional vaccine doses (Hurriyet, 2020b).

Partial curfews imposed in November 2020 continued intermittently until June 2021. In March 2021, the Ministry of Health published a risk map that displayed the risk status of provinces in terms of low, middle, high, and very high risk. In March, the period of controlled normalization started. Restaurants and cafes were allowed to open under certain conditions. Depending on their risk status, certain provinces were allowed to start face-to-face education. Lockdowns were imposed during certain hours on weekdays and full lockdowns were implemented on weekends. Intercity restrictions were partially imposed. Yet, within each province, additional measures were taken depending on its risk status.

The highest number of COVID-19 cases over the total course of the pandemic was observed on April 16th with 63,082 cases (Our World in Data, 2021). After the cabinet meeting on April 29th, President Erdogan announced full lockdown measures. He justified the strict measures by referring to the objective of decreasing daily COVID-19 cases to 5000 (DW Turkiye). The period between April 29th and May 17th is marked by a full lockdown. All businesses were shut down. Public transportation would operate at 50% capacity. Curfews and intercity travel restrictions were imposed. On May 16th, the Ministry of Interior published a circular titled “gradual normalization measures.” From May 17th until June 1st, curfews took place during certain hours. Curfews were lifted from people under 18 over 65 who received two doses of the vaccine. Intercity travel was allowed except during curfew hours. Civil servants were allowed to work with a flexible schedule. Nurseries and kindergartens were opened (The Ministry of Interior, 2021a).

As seen in Figure 1, the period from late April until June is characterized by an exponential drop in COVID-19 cases despite some fluctuations (Our World in Data, 2021). The second stage

![Daily new COVID-19 cases in Turkey](https://ourworldindata.org/images/covid19_cases_over_time_turkey.png)
of the gradual normalization started with the circular of the Ministry of Interior on June 1st. Slight changes were made to the curfew hours. Restaurants and cafes were allowed to open every day except Sunday, under certain conditions such as the implementation of social distancing measures. Cinemas were opened with limited capacity. Intercity travel restrictions in curfew hours and flexible working hours for civil servants continued (The Ministry of Interior, 2021c). The normalization process gained pace from July 1st onwards. Curfews and intercity restrictions were lifted. Capacity limitations for public transportation were lifted. Normal working hours were restored for civil servants (The Ministry of Interior, 2021b). In September, schools and universities switched to face-to-face education.

5 | THE NUMBER OF DAILY COVID-19 CASES IN TURKEY

The first COVID-19 vaccines (China-produced Sinovac) arrived in Turkey in December 2020. After the Turkish Medicine and Medical Equipment Institution (within the Ministry of Health) gave an emergency usage approval, the vaccines started to be administered from January 13th, 2021 onwards. The vaccines have been administered in two doses within 28 days. Priority was given to health workers, the elderly, security forces, and teachers. In a digital application, called E-NABIZ, citizens were informed of their position in the vaccination queue (Karaaslan, 2021a). As of April 2nd, the Pfizer-BioNTech vaccine started to roll out. Since Turkey was included in the EU Digital COVID-19 Certificate System, Turkish citizens with a valid vaccine certificate have been allowed to enter the EU countries.

In September 2021, workers who were not vaccinated were required to submit a negative PCR test once per week (The Ministry of Labor and Social Security, 2021). People who were not vaccinated or who did not submit a negative PCR test were not allowed to attend concerts, cinemas, theaters or make intercity travel through airlines, buses, or trains (The Ministry of Interior, 2021d). On September 7th, the Mu variant was detected in two individuals. Mr. Koca noted that no additional measures would be implemented with respect to this variant. Specifying that more than 90% of the COVID-19 cases in Turkey were Delta or Delta plus variants, he stated that there was a high probability that the number of cases would go down after two shots of the COVID-19 vaccine, and the threshold of the herd immunity would eventually be at 85% (Euronews, 2021). A few days later, Mr. Koca announced that Turkey’s locally developed COVID-19 vaccine prepared in coordination with the Ministry of Health, Erciyes University, and several health institutes, (Turcovac) would soon be submitted for emergency approval (Kendrick, 2021) and called on citizens between 18 and 59 years old who already received two doses of the COVID-19 vaccine to volunteer (T24, 2021). On November 25th, Turcovac was submitted to the Turkish Medicines and Medical Devices Agency for emergency approval. In addition to vaccines, on Turkey’s COVID-19 Platform, 10 different projects on treatment-oriented drug development are ongoing (Garcia, 2021). At the time of writing, Turkey administers only Sinovac and Pfizer-BioNTech vaccines. As of November 30th, Turkey administered 120,261,629 doses of vaccines to more than 50 million people. Currently, 60.36% of the people are vaccinated (John Hopkins Coronavirus Resource Center, 2021a). Turkey’s case-fatality ratio is 0.8% well below Mexico (7.6%), Bulgaria (4.1%), and Hungary (3.2%) (John Hopkins Coronavirus Resource Center, 2021b). On November 26th, Turkey suspended flights from and to South Africa and four African countries due to the Omicron variant.
Overall, Turkey adopted a proactive response to the pandemic by taking measures before the virus entered the country. World Health Organization Regional Office for Europe (2020) described Turkey's initial response to the pandemic as successful and effective. Dr. Jeremy Rossman, a Virology specialist from the University of Kent, told BBC that “Turkey fits in the category of several countries that responded fairly quickly with testing, tracing, isolation, and movement restrictions” (quoted in Guerin, 2020). Against the backdrop of high economic growth and increased health spending during the first period of the JDP rule, the number of private hospitals, medical personnel, hospital beds, and intensive care unit beds was increased (Burki, 2017; Okem & Cakar, 2015; Tatar et al., 2011). The digitalization of health services, which began in the 1990s, gained momentum throughout the 2000s (Şahiner & Ozer, 2020).

While the Turkish health sector witnessed certain improvements, it was not however immune from politicization and polarization. The government closed the country's only vaccine development and production institute (the Refik Saydam Institute) in 2011, military hospitals as well as their pharmaceutical factories following the coup attempt in 2016 (Kirisci, 2020).

While the relative amelioration of Turkey's health sector lies in the background of the country's swift response to the health crisis in the initial phase of the pandemic, Turkey entered into the pandemic with the significant curtailment of its health infrastructure and scientific knowledge derived from the institute and hospital closures (Kirisci, 2020). Turkey's overall pandemic management is characterized by capacity-related problems, political polarization, and the lack of transparency (Aydın-Düzgit & Keyman, 2020; Aydin-Düzgit et al., 2021). This article argues that Turkey's pandemic policies are not isolated from the country's political dynamics, but rather embedded in its policy-making characteristics. The following section explains how Turkey's top-down, hierarchical structure has been reflected in its pandemic management.

6 | DISCUSSION AND CONCLUSION

Since the creation of modern Turkey, Turkey has adopted a top-down approach to policy problems with little or no attention given to participatory pluralism. Under the JDP rule (especially from 2007 onwards), the participation of citizens, civil society organizations, and bureaucratic actors in policy-making processes has been severely thwarted. In light of Howlett and Tosun's model (2019, 2021), Turkey's policy-making is characterized by the low inclusiveness of bureaucrats and diverse social actors. Bureaucrats and experts never played important roles in policy-making processes and the executive branch always dominated policy-making. However, with the introduction of the presidential system, the president has been the most dominant actor in developing policies, severely dwindling Turkey's chances to evolve into participatory pluralism.

Analyzing Turkey's COVID-19 pandemic management from January 2020 until November 2021 through process tracing, this article showed how Turkey's pandemic management is dovetailed with its policy style. In other words, Turkey's top-down, centralized response to the COVID-19 pandemic is inextricably linked to its top-down, hierarchical, and authoritarian approaches to policy problems and state-society relations. In presidential cabinet meetings, President Erdogan announced COVID-19-related instructions informed by the SAB's recommendations. The Ministry of Interior issued these instructions as circulars and sent them to 81 provinces. More specifically, curfews, partial curfews, the introduction, easing, and lifting of restrictions, making vaccines/PCR tests mandatory for some activities were first announced by Erdogan in presidential cabinet meetings and then transformed into circulars by
the Ministry of Interior. These circulars were implemented by governors and district governors. The Ministry of Health has worked in coordination with provincial authorities, evaluated provincial plans, training of health care workers, and informed the public (World Health Organization, 2020). It also launched media campaigns to promote isolation, mask-wearing, and hygiene rules (Kahraman, 2021).

Turkey’s pandemic management stands in stark contrast to that of Sweden. Sweden followed a different strategy by not imposing a complete lockdown but adopting instead selective measures, such as limiting visits to certain areas. Rather than adopting coercive measures, the Swedish government gave recommendations to the public about the behavioral rules to follow as part of COVID-19 mitigation strategies (Pierre, 2020). The Swedish response to the pandemic represents the continuation of the country’s normal policy-making style marked by technocratic policy-making and the accommodation of diverse views. It is in this context that the country adopted a decentralized response to the pandemic by giving municipalities autonomy in the pandemic management even though some stringent measures were adopted from time to time (Petridou, 2022).

While a top-down, centralized response dominated Turkey’s pandemic-related policies, a certain degree of discretion was allowed at the local level. Since the pandemic, provincial health directorates were allowed to take additional measures in addition to the restrictions introduced with the circulars issued by the Ministry of Interior. On January 15th, 2021 in consideration of the variation in cases and socio-cultural differences across provinces, Mr. Koca announced that provincial health directorates would have more autonomy with respect to the imposition/easing of restrictions, increase and decrease in precautionary measures (Karaaslan, 2021b). Provincial health directorates were eventually given more autonomy concerning pandemic management. Yet, command and coordination, communication and information management, and resource management of the pandemic have taken place through hierarchical policy-making processes.

On the face of it, the creation of the SAB appears to be a deviation from Turkey’s general pattern of policy style that is characterized by the exclusion of experts from policy-making processes. However, in consideration of Turkey’s policy-making processes and hierarchical bureaucratic structure, this article argues that the SAB was not created to increase participatory pluralism. Turkish Medical Association, the Association of Public Health Experts, and other major health associations were excluded from the SAB (Kisa & Kisa, 2020). In this respect, the very composition of the SAB mirrors Turkey’s policy style characterized by a low level of inclusion in decision-making.

The President’s compliance with the SAB’s recommendations can be considered a strategy to increase the legitimacy of his decisions and to provide maximum compliance of the public in the face of an unprecedented pandemic. Indeed, according to the Trustworthiness Index (2019), scientists and doctors are seen as the most trustworthy profession in Turkey. Furthermore, in consideration of the potential political costs of COVID-19-related decisions which upset certain segments of the population (such as the closure of businesses), the SAB recommendations have allowed policymakers to depoliticize the issue (Zahariadis et al., 2020). In this vein, the Health Minister Mr. Koca’s frequent emphasis on his medical identity rather than his political position in his speeches to the public after the SAB meetings (Kahraman, 2021) also complements the political strategy that aims to ensure maximum public compliance with the pandemic measures in light of the high public trust to doctors.

Turkey’s exclusionary policy style has not only been limited to the composition of the SAB but also reflected in overall pandemic management. Medical associations, labor unions,
opposition parties, and universities have not been given an opportunity to the policy responses to the pandemic. The Turkish Medical Association, the Association of Public Health Specialists, Turkish Society of Clinical Microbiology and Infectious Diseases, and Turkish Society of Intensive Care were not invited to the COVID-19 coordination meeting (headed by President Erdogan in his presidential palace on March 18th, 2020) after which major decisions related to the pandemic were announced (TRT Haber, 2020).

While the presidential system offers certain advantages in the management of the pandemic through the adoption and the implementation of decisions in a swift manner without being vetoed (Bakir, 2020), an exclusionary policy style might hinder a coordinated response to the pandemic at multiple levels. For example, during the first phase of the pandemic, the major municipalities, run by opposition parties, launched donation campaigns to provide social assistance to those in need (Sayin, 2020). These campaigns could have played a role in the mitigation of the capacity-related problems. Yet, due to the government's conflictual relationship with the opposition municipalities, they were blocked by the Ministry of Interior (Aydın-Düzgit et al., 2021).

Over the course of the pandemic, the government continued its hostile attitude towards its critics and reacted harshly toward the critics of its pandemic policies. In March 2020, two journalists, who reported COVID-19 cases, were accused of creating panic in the society and were arrested (Reporters without Borders, 2020a). Journalists, who were critical of the government's pandemic policies, became targets of state-run media. In a cabinet meeting, President Erdogan likened journalists and politicians who criticized the pandemic policies to Coronavirus (Bull, 2020).

The lack of transparency that dominates Turkey's policy-making was also reflected in the pandemic management. On December 9th, 2020, Murat Emir, an MP from the Republican Peoples Party, criticized the government for not revealing contract details with the Sinovac company and information on the price of the vaccine (Sozcu, 2020b). Even though signed a deal for 50 million doses of Russia's Sputnik V COVID-19 vaccine of which 400,000 doses arrived in Turkey on June 15th, 2021, the vaccine has not been administered even though an emergency approval usage was issued. The Ministry of Health has kept its silence on the questions related to the transfer and the administration of this vaccine (Diken, 2021; Salih, 2021). Despite the repeated calls from the Turkish Medical Association since the start of the pandemic, the Ministry of Health has not yet revealed data on the COVID-19 cases in terms of sex, age, and occupation (The Turkish Medical Association, 2021).

Taken together, this article illustrated the interlinkages between Turkey's policy style and its pandemic management. It is shown that Turkey's hierarchical and exclusionary policy style was reflected in its COVID-19-related policies. Even though some delegation of authority was allowed at the local levels, the President, the Ministry of Interior, the Ministry of Health, and the SAB acted as central players over the course of the pandemic. The pandemic was managed hierarchically through the instructions outlined by President Erdogan. Major health associations, opposition municipalities, universities, and labor unions were systematically excluded from policymaking processes. Overall, Turkey's pandemic management was marked by capacity-related problems, political polarization, partisanship, and the lack of transparency.

It should be noted that the findings and conclusions in this article are limited as the scope of this article covers the period between January 2020 and November 2021. The COVID-19 crisis gave many authoritarian countries in the world, including China an opportunity to strengthen repressive measures and consolidate their rule. Future studies could analyze the long-term consequences of the COVID-19-related measures on authoritarian practices and state-society relations in Turkey.
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CONFLICT OF INTEREST
The author declares no conflict of interest.

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