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Turkey and COVID-19: Balancing Health and Economic Priorities

Turkey's response to COVID-19 has been effective, employing travel restrictions, selective lockdowns and widespread testing. A young population and a good public healthcare system have been critical to its success. As a global travel hub and the world's largest migrant host nation, Turkey's strategy has been important in stopping the spread of the coronavirus. However, lack of transparency and freedom of expression under the Justice and Development Party government (AKP) raises uncertainty regarding official statistics, and there are regional challenges to the government's national policies. As Turkey's economy hangs in the balance, the AKP has to weigh up economic needs versus public health, as the re-opening of society may undermine the progress made on containing the pandemic.

Brief Points

- A developed healthcare system and a relatively youthful population have been critical in containing the disease.
- The Turkish government's reaction to COVID-19 strikes a balance between safeguarding public health and limiting economic repercussions.
- The reported numbers of COVID-19 cases are unreliable due to poor freedom of expression.

Country Overview

Turkey is a bridge between Europe and Asia, a popular tourist destination and a global travel hub. Istanbul hosts one of the largest, most highly trafficked airports in the world, with 90 million passengers passing through yearly. Turkey borders Iran, which experienced the first and most sustained outbreak of COVID-19 in the Middle East. Furthermore, Turkey's border with Syria – along with migration transit routes through the Mediterranean – has made Turkey the country that hosts the largest number of migrants in the world. This is a fragile population presently numbering five million lives under precarious conditions with only partial access to healthcare. Taken together, these are factors that illustrate Turkey's geographic susceptibility to COVID-19, and the potential global importance of the government's strategy for containing the pandemic.

Turkey's population is 84 million, of which 75.7% lives in urban areas. The epicenter of the COVID-19 spread is in Istanbul, with over half the cases, followed by Izmir and Ankara.¹ Turkey's population density is 108 people per km² while the median age is relatively low at 31.5 years.² Turkey has seen an improvement in economic and social development since 2000, with increased employment and rising incomes making it an upper-middle-income country according to the World Bank. Poverty figures have halved in the period 2002–15, with a current GDP per capita of 9,140 USD (2019 figures).³ However, recent political developments – both internal and external – including rising authoritarianism and regional geopolitical tensions have resulted in macroeconomic uncertainty, thereby diminishing foreign investment and raising both inflation and unemployment (the latter was 13.6% in February 2020). At the time of the COVID-19 outbreak in Turkey, the economy was on the road to recovery from the 2018 economic downturn, although there were concerns over central bank independence and high debt levels.⁴

The Justice and Development Party (AKP) has been in power since 2002 when it won the elections on a reform platform. The economic growth experienced in the first decade of AKP rule allowed for investments in public services, including the health care system.⁵ In 2003, Turkey undertook the Health Transition Program, a qualitative and quantitative health care reform

that has made efficient high-quality health care available to the population through universal health insurance.⁶ It increased the ratio of private to public healthcare, ordinarily a poor investment for a country with a young population. This has placed Turkey in a better position to confront the pandemic, largely because healthcare services are better in metropolises (epicenters for COVID-19) and the number of intensive care unit beds per person is higher than in many European countries, as well as in the US and China.⁷

The government strategy for addressing the pandemic is set against a background of intense political polarization. The last decade of AKP rule has been marked by increasing authoritarianism and Turkey is now defined as an illiberal democracy under the populist leadership of President Tayyip Erdoğan.⁸ Elections are held at regular intervals (upcoming in 2023), but Turkey is going through a period of severe democratic backsliding, with checks and balances being undermined, civil liberties constrained, and freedom of expression limited. Consequently, the government controls public information, resulting in uncertainty regarding the magnitude of the COVID-19 outbreak. Not least, purges after the attempted coup of July 2016 have removed 15,000 health care workers critical to addressing the pandemic. Finally, the Kurdish population in the southeast of Turkey are a particularly vulnerable group due to the combination of weak institutions and political restrictions (imprisonment of elected officials and closures of civil society organizations) as well as poor healthcare infrastructure.⁹

Severity of COVID-19 Outbreak

Discussions on the severity of the COVID-19 outbreak in Turkey, based on government figures, have been contentious. The government first announced the outbreak on 11 March, later than most countries, and the virus spread quickly, reaching all 81 provinces of Turkey by April. In early April, the spread of infections was doubling every two days, and by 18 April the number of reported cases in Turkey surpassed that of neighboring Iran, the worst affected regional country. However, the number of reported cases is also a reflection of Turkey's greater testing capacity. By 29 April, Turkey had conducted 408 tests per million, where Iran, for example, had tested only 129 per million.¹⁰

Nonetheless, the speed at which the virus was spreading raised fears that Turkey would face mortality rates equal to those in Italy. Although the total confirmed number of cases stood at 173,036 by 10 June, there were 146,839 recoveries and only 4,746 deaths.¹¹ The mortality numbers are close to those of Sweden (4,795) despite Turkey's larger population (which is eight times greater). Doctors have attributed this to testing, tracing, isolation and movement restrictions.

However, different levels of testing capacity as well as dissimilar practices in reporting COVID-19 cases and mortality rates make comparison across countries problematic.¹² Turkey only counts those cases who have tested positive for the virus, and not deaths with an unconfirmed – but suspected – connection with the disease.¹³ One study using official figures found that there was a significant rise in deaths of people over 64 compared to previous years; from 1 March to 27 March, there were 234 more deaths in Istanbul in a period during which the corona death toll overall in Turkey was at 92.¹⁴ “Excess mortality” rates are a useful comparative figure that illustrates the number of deaths over and above the historical average to determine whether COVID-19 mortality figures are higher than reported. In Istanbul alone, the epicenter of the pandemic, there are 4,300 such “excess deaths”, which comprises a 30% increase.¹⁵ There are also challenges related to regional reporting since there is a prohibition on local governments releasing infection numbers in their jurisdictions.¹⁶

Finally, the figures for COVID-19 among the large migrant population are uncertain. Only 2% of this community live in temporary accommodation centers, with the rest dispersed in cities close to the Syrian border (Gaziantep, Hatay, Şanlıurfa together host over 70%) and a smaller percentage in Istanbul (3.2%).¹⁷ Basic health services are available to registered refugees, while irregular migrants remain vulnerable as fears of detention may prevent them from seeking health services.¹⁸ A rapid needs assessment survey conducted by Relief International of a limited number of respondents across various cities from 9 to 17 April noted that 2% reported confirmed COVID-19 cases. However, a secondary impact of the pandemic for this community is the loss of access to essentials such as food, hygiene articles and water due to lockdown restrictions as well as a general lack of services and loss of livelihoods (with 81% reporting this).

Policies to Deal with the COVID-19 Crisis

Turkey's early reaction to the crisis was fragmented and poorly organized. Although the AKP set up a Coronavirus Scientific Advisory Board consisting of medical experts as early as 10 January – which was two months prior to the first reported Turkish case – actions focused on preventing contagion caused by travel to and from, at first, China, and later, Iran, Italy, South Korea and Iraq. Despite stopping flights to Iran by 23 February, Turkish pilgrims, many over 65, were allowed to travel to Saudi Arabia until 27 February on an umrah visit coordinated through the Religious Affairs Directorate (Diyanet). Returning groups were haphazardly quarantined with many importing the coronavirus to their home provinces, causing an ensuing wave of COVID-19 cases.¹⁹ The government's handling of this caused an outcry on social media. However, by mid-March, the AKP had imposed travel restrictions, closing down Istanbul's new airport to all commercial travel indefinitely.

One of the first restrictions the AKP announced on the 12 of March was the shutdown of schools and universities. Thereafter came a series of closures including of public venues (bars, night clubs), and on 16 March, the Diyanet prohibited prayer gatherings in mosques (allowing them again on 29 May). Unlike other countries in the region (notably Jordan), Turkey's lockdown practices have been geographically limited and time specific. They have been restricted to large cities, including an entry ban for 15 days to 30 metropolitan municipalities beginning on 3 April; for limited time periods only (during weekends and holidays); and applying only to segments of the population (including people over 65, the chronically ill, and those under 20). A nationwide lockdown was issued for four days from the 23rd of May during the Eid al-Fitr religious holiday marking the end of Ramadan to prevent Turks from travelling to meet family and friends, thus averting the risk that the virus could spread across the country.²⁰

Among Turkey's large refugee and migrant population, raising awareness was key to preventing the spread of disease. This group is particularly vulnerable due to crowded living conditions, often unregulated working situations, and varying access to health care. However, information on COVID-19 was successfully disseminated

according to a survey conducted by Relief International, which noted that 84% of respondents reported receiving information (through various channels, primarily social media).²¹ While healthcare is available to registered refugees, 81% reported that their access to basic goods (including food, hygiene materials and water) has been severed since the start of the pandemic. However, information to Kurdish populations in the south-east has been poor, with public billboards that describe preventive measures written in Turkish in districts where the majority population speaks Kurdish.²² Furthermore, the public information regarding COVID-19 available on the Turkish Ministry of Health website is available in Turkish, Arabic and English but not Kurdish.²³

A major concern for the government is the impact of the pandemic on its electorate, assuming that renewed support is contingent on economic recovery. In June 2019, the AKP was challenged in its almost 20-year political dominance when the party lost key cities of Istanbul and Ankara to the opposition Republican People's Party (CHP) in municipal elections. This was seen in large part as a response to the 2018 economic downturn and Erdoğan's increasingly authoritarian rule. Seeking to alleviate some of the impact of the pandemic on the economy, the government postponed debt payments and reduced taxes for 11 of Turkey's most important sectors. It has also introduced a 21-point stimulus package (Economic Stability Shield) worth USD 15.4 billion and cut interest rates to make borrowing cheaper for consumers. In addition, the AKP has pledged measures to defer, and in some cases withhold, tax payments, VAT returns and social security premiums along with credit guarantees and delays in loan repayments. These fiscal policies are intended to stabilize the economy.²⁴

Finally, the AKP has sought to centralize control over the measures to counter the disease. This has made the collaboration between the central and the local governments difficult. As an example, municipalities run by the main opposition party, CHP, were first to launch campaigns to distribute aid to those most affected by the coronavirus, however the central government was quick to ban their donation campaigns.²⁵

Civil Society and Media

Even before the onset of the pandemic, civil society organizations had difficulty operating in

the political climate following the failed coup of 2016. COVID-19 restrictions on public gatherings and travel between major cities have added logistical challenges to the political pressures these organizations already face. One of the key issues of concern for civil society organizations during the pandemic has been the risk posed by COVID-19 to Turkey's 300,000 prison population, which has grown to the second largest in Europe. Turkey's official prison capacity by 2019 was already at 130.6%, resulting in overcrowded prisons, which is conducive to the spread of disease.²⁶ On 7 April, the government passed a law on the temporary release of around 45,000 prisoners from Turkey's prisons.²⁷ However, the law does not include political prisoners including politicians, journalists, academics, and those accused, however tenuously, of being linked to the Gülen movement, held responsible for the failed coup. Human rights organizations have called for prison releases to include political prisoners – a request that has been backed by the Parliamentary Assembly of the Council of Europe (PACE).²⁸ At a very minimum, they have advocated for informing the families and lawyers of prisoners on measures taken to prevent the spread of the virus within the prisons and on the health status of prisoners.²⁹

Freedom of expression is an ongoing challenge in Turkey. The country is presently ranked at 154 out of 180 countries, a marginal improvement from last year's 157th place. Reporters without Borders notes that "Turkey is the biggest jailer of journalists", compromising the ability of journalists to report without (self-) censorship.³⁰ During the COVID-19 pandemic, local journalists have been targeted, in particular for reporting on cases without the official approval of local authorities. Only statistics provided by the public health ministry can be used for reporting purposes – both in print and social media.³¹

Conclusion

The strict restrictions enacted by the ruling Justice and Development party in mid-March before Turkey became a COVID-19 hotspot has meant that the country has had a relatively low number of deaths, despite having a high number of reported cases. Measures have included a curfew for segments of the population, travel restrictions, home schooling and "pandemic trackers" to ensure quarantine compliance for

COVID-19 patients. Meanwhile, several factors have contributed to the successful containment of the pandemic, including demographic composition (Turkey has a relatively young population) and investments in public health care since the early 2000s. It is important to note, however, that the validity of the COVID-19 figures is difficult to assess due to governmental control over public information. Fragile populations in Turkey continue to be at risk and there are also regional differences in the government's COVID-19 strategy. The Kurdish majority in the southeast is impacted by poorer health services, repressive measures, and meager transparency on epidemiological data, making it difficult to measure success. As reported cases decline nationally, AKP concerns over the economy – which was only very slowly recovering after a period of recession – has led to a policy of “accelerated normalization”. Thus far in the trajectory of the pandemic, Turkey is viewed as a success, but much will depend on whether the following months of normalization result in new rounds of contagion. ■

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THE AUTHOR

Pinar Tank is a Senior Researcher at PRIO. Her research focuses on Turkish foreign and domestic policy as well as the Kurdish issue in the Middle East.

THE CENTRE

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