

# The Success of the Republic of Turkey in Preventing COVID-19 Pandemic within the First 45 Days

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## ABSTRACT

The new coronavirus emerged in Wuhan, China in December 2019. The first case in Turkey was recorded on March 11, 2020. As of April 25, 2020, approximately 3 million people were infected, and more than 200,000 people around the world were killed. The number of cases in Turkey has started to reach a plateau earlier than other countries such as the United States of America, China, Italy, France, the United Kingdom and Germany. According to the statement presented by Ministry of Health in the Republic of Turkey, the daily number of recovered patients has surpassed the number of newly diagnosed patients 45 days after the beginning of the epidemic.

This study aims to review the actions and measures taken by the Republic of Turkey between March 11, 2020, the date of the first COVID-19 case emerged and April 25, 2020, 45 days after the beginning of the outbreak. Besides, the current study evaluates the health policies and the consequences based on the literature on health care policy.

**Keywords:** Health Policies, Policy-Making, Covid-19, Health Management

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## INTRODUCTION

On December 31, 2019, 27 cases of pneumonia of unknown etiology were detected in Wuhan City, Hubei Province, China (Cheng and Shan, 2020). Wuhan is the most crowded city in the center of China, with a population of more than 11 million people. These cases mostly were applied to health institutions with clinical symptoms such as dry cough, shortness of breath, fever and bilateral pulmonary infiltrates as shown by chest radiographies. All of the cases had a history of visiting Wuhan's Huanan Seafood Wholesale Market, a fish market that also consists of a variety of living animal species such as snakes, bats, marmots and poultry (Cheng and Shan, 2020). On January 7, 2020, after collecting throat swab specimens from clinically suspicious patients, China Center of Disease Control Center (CCDC) identified the causative agent as Severe Acute Respiratory Syndrome-Corona virus 2-SARS-CoV-2). World Health Organization (WHO) named the disease as COVID-19.

On January 12, 2020, 70 more samples were collected for testing from wildlife stores in the seafood market. By using Polymerase Chain Reaction (PCR) method, 33 of 585 samples were detected as 2019-nCoV positive, and the virus was isolated from positive samples. This data suggested that the origin of the virus was from wild animals. However, as the first reported case occurred on December 1, 2019, it has been suggested that the first human infection may have occurred in November 2019 and the source of novel COVID-19 could be another place than Wuhan (Lucey, 2020, Pascarella et al., 2020).

On January 30, 2020, WHO declared the COVID-19 epidemic as a public health emergency of international concern (PHEIC) for countries with high risk and inadequate health system. The emergency committee stated that early detection, isolation and non-contact might be effective against the spread of COVID-19. The primary purpose was to minimize the economic impact of the virus and not cause false information on a global scale (Jee, 2020, WHO, 2020b).

On January 31, 2020, Chinese National Health Commission announced that there were 15,238 suspected cases, 9,692 confirmed cases, 213 people were dead, and 171 patients were treated and recovered (Cheng and Shan, 2020). As of April 24, 2020, 82,804 people were detected with coronavirus in China, 77,257 people have recovered, and 4,632 people have died due to complications related to coronavirus (Worldometers, 2020). Only a few new cases have

been detected in the country since then, and it was reported that the number of coronavirus-related deaths is reduced.

As of April 24, 2020, the virus was seen in more than 180 countries including a cruise ship located in Japan (Diamond Princess) and the total number of cases was more than 2.8 million when 195,812 people died (Russell et al., 2020, Worldometers, 2020). Up to date, most patients infected with SARS-CoV-2 have developed mild symptoms such as fever, sore throat and dry cough. However, some patients have developed some fatal complications such as Acute Respiratory Distress Syndrome (ARDS), septic shock, organ failure, pulmonary edema and severe pneumonia (Del Rio and Preeti, 2020). Approximately half of the cases infected with SARS-CoV-2 is older than 56 years of age. In particular, older patients with multiple comorbidities (accompanying diseases) such as cerebrovascular, cardiovascular, respiratory, endocrine, and digestive system diseases need more intensive care support (Fei et al., 2020). Mortality rates in people older than 60 years and above are 8.8% higher than patients under 60 years of age. The countries where the epidemic increased in terms of the number of cases include the world's largest economies such as the USA, Italy, Spain, Germany, and France. As of April 2020, countries with the highest mortality rate have been recorded as the USA, the UK, Italy, Spain, France and Brazil. Turkey was ranked as number 13 (Worldometers, 2020).

In order to elaborate on the underlying mechanism of COVID-19, the European Union (EU) has mobilized approximately € 500 million to contribute to the development of treatment methods, vaccines, medical test systems and diagnostic tests (European Response, 2020).

Some companies established in the USA, such as Co-Diagnostics and Novacyt's molecular diagnostic division have started delivering the first batches of COVID-19 tests (Novacyt, 2020). In addition, the UK government invested £ 20 million in the process of developing the COVID-19 vaccine and first human trials of COVID-19 vaccine have been conducted in Oxford with the contributions of Elisa Granato who is the first patient accepting to be injected (Sharpe et al., 2020, Walsh, 2020).

## **Comparison of Countries Affected by The Pandemic in The World and Practices of The Countries The United States of America**

In the USA, one of the most immense economic powers and most populated countries in the world, the first case of coronavirus was detected on January 20, 2020, in a 35-year-old woman who returned from Wuhan. However, it was possible that the disease had already entered the US borders but could not be detected before this person. According to the NY Times, a total of 380,000 people from China and 4,000 from Wuhan had entered the USA in January (Eder, 2020). Today, it is known that there are active coronavirus cases in all 50 US states (including Virgin Islands, Puerto Rico, Northern Mariana Islands, Guam) except American Samoa (CDC, 2020). As of April 24, 2020, more than 5 million tests were performed in the USA, and 925,758 cases were identified. 110,432 of them have recovered, and the total number of deaths is 52,217.

After the first case detected in the USA, the White House Coronavirus Task Force was created on January 29, 2020, as one of the first measures taken in the USA. Two days later, the Trump administration declared an emergency and banned passengers from China from entering the country (Aubrey, 2020, Morris, 2020). In the USA, the initial response to pandemic was slow, the situation was not taken very seriously, and it was explained that the situation was under control. However, as of March, the US administration and Food and Drug Administration (FDA) allowed companies to produce independent test kits, allowing for more intensive testing. While only 10,000 people were tested in the US at the beginning of March, now the figure is more than 5 million (BBC, 2020; Morris, 2020).

On March 19, 2020, all the US citizens were banned from traveling (Travel state, 2020), bars, restaurants, shops were closed, sports activities were postponed indefinitely, schools and educational institutions were closed (Deb, 2020). People who had been to 28 different European countries in the past 14 days from 20 March had been banned from entering the country, and only the US citizens living abroad were allowed to enter the country. Due to the fact that the incident was not taken too seriously after the initial detection of the virus and the increase in the speed of its spread, a severe shortage of personal hygiene equipment and medical equipment appeared (Akpan, 2020). As the warnings about the social distancing were not taken into consideration, the

increase rate had rocketed. According to the news of the NY Times, it was calculated that the number of deaths would have been 90% less if social distancing had been applied two weeks earlier (Jewell, 2020). The economic burden caused by the pandemic has also been calculated to be enormous. With the losses in the stock market and the decrease in the workload, the epidemic was estimated to cost about 250 billion dollars to the USA (Abelson, 2020). As of the end of August, it is estimated that approximately 60,000 people in the USA will die due to coronavirus and associated complications (COVID 19, 2020). Although it is stated that the measures can be relaxed and daily life can return to normal, this period can be extended since the pace of the epidemic is still not under control.

### **Italy**

As of April 24, 2020, the number of cases is 189,973, and the number of deaths is 25,549 (WHO, 2020a). Apparently, more people have died in Italy than in China. The average age of those who died in Italy is 81 years. About 70% of these patients were smokers and had other comorbidities such as diabetes, cancer, cardiovascular diseases and ARDS. Among the patients who died, more than 80% were older than 60 years of age, showing that this disease affected elderly people mostly.

On March 8, 2020, the Italian Government restricted the movement of people to minimize the contact possibility of non-infected and infected people. However, these decisions were not enough to prevent the spread of the virus. It has been reported that the Italian national health system does not have the capacity of responding effectively to the people who need to be admitted to the intensive care unit due to the SARS-CoV-2 pandemic (Remuzzi and Remuzzi, 2020).

In Italy, the number of beds in intensive care units is approximately 5200. As of March 11, about 20% of them were allocated to patients with SARS-CoV-2 infections, and this number was planned to increase gradually in the near future. Given that the mortality of patients with critical disease with SARS-CoV-2 pneumonia was high and the survival time was 1-2 weeks, the number of infected people in Italy was likely to be a considerable burden. It was determined that there were not enough resources in the hospitals to deal with that emergency, and there was a shortage of health specialists. However, as of February

20, approximately 20% of the health personnel working day and night became infected, and some died (Remuzzi and Remuzzi, 2020).

It has been reported that 10,779 of 97,689 people affected by the Covid-19 pandemic have lost their lives in Italy. On the other hand, 13,030 people recovered and managed to survive the disease (Worldometers, 2020).

While the epidemic was spreading rapidly in the country, Italy's call for masks and medical kit help through the EU Emergency Fighting Coordination Center was left unrequited by other EU countries. Italian Prime Minister Giuseppe Conte stated that the EU should allocate a 500 billion-euro aid package for the member states. Especially the closure of Germany and France to the member countries, stopping the export of masks and medical supplies attracted all criticisms. On March 12, 2020, medical teams from China responded to the urgent needs of Italy with 31 tons of health supplies, respirators, face masks and medicines. It was stated that Germany lifted the ban on exports in the first stage and sent 1 million masks and health supplies to Italy. In addition, on March 22, 2020, Russia sent 100 infection specialists to Italy as well as health supplies. On April 1, Turkey sent medical aid to Italy (NATO, 2020).

Italian Institute of Health (Istituto Superiore di Sanita) revealed that 99.2% of those who lost their lives in the country had other diseases. Accordingly, the most common disease was hypertension with 76.1%, diabetes was ranked second with 35.5%.

## **Spain**

Spain, which is the member country with the highest number of cases in all of Europe, feels the pressure of the health system and economy as the spread could not be controlled. According to data from April 24, 2020, 22,524 patients died in the country where 219,764 people were infected. An uneasy political climate prevails among the ministers in Spain, where 92,355 people survived the infection, and representatives from the Parliament were infected.

Spain, which requested masks and various health materials from the EU on March 16, 2020, stated that 450 thousand respirators, 500 thousand test kits, and 1.5 million surgical masks were needed. On March 24, 500,000 masks and many health supplies were sent from China to the country, which also requested assistance from NATO, on March 17. As part of NATO, 10,000 protective

medical clothing and 90 respirators donated by the Czech Republic on March 29 arrived in Spain. In addition, Turkey helped Spain with 450,000 masks, disinfectants and personal protection equipment (Dominguez-Gil et al., 2020, NATO, 2020).

### **The United Kingdom (UK)**

The UK National Health Service (NHS) encouraged public and health personnel to use personal protective equipment and aimed to get a comprehensive travel history as isolating suspicious cases would reduce the infection promptly.

As of March 24, 19,522 people were infected with coronavirus in the UK, while 135 people were recovered, and 1,228 people were dead. Although the target was set to perform 100,000 tests per day, currently 15,000 to 16,000 people were tested (Armstrong, 2020). As of April 21, 2020, a total of 397,670 people was tested in the UK, and 18,738 people were reported dead (WHO, 2020a). However, as only hospitalized patients were routinely tested, people showing symptoms were not detected whether they were infected with coronavirus unless they were hospitalized, and that was valid even for health care personnel. The UK government, which previously followed the strategy of spreading the virus in a controlled manner to gain social immunity, had to change its policy after criticism and evaluations that the total number of dead could reach 277,000 people.

Besides, private hospitals across the UK have joined the NHS, with 8,000 extra hospital beds, about 1,200 respirators and 20,000 fully qualified health-care professionals. After the agreement, almost all of the hospital capacity in the private sector was allocated to the NHS. According to the news published by the BBC, the NHS were regulated in the capital London to provide access to more than two thousand extra hospital beds and more than 250 operating rooms and intensive care beds (Carroll et al., 2020).

### **Germany**

According to research conducted by the Robert Koch Institute, it was announced that 154,159 people were infected in Germany, and the first case of Covid-19 was detected in February. 106,800 people recovered, while 5,653 people succumbed to the virus. In Europe, Germany ranks 4th after Spain, Ita-

ly and France in Europe according to the number of cases detected (Worldometers, 2020). On March 17, the Robert Koch Institute changed the virus threat from “medium level” to “high level”. In connection with this, while 12,000 tests were carried out at the beginning of March, that figure was increased to 25,000 a day starting from the middle of the month, and that number increased every day. According to Robert Koch Institute’s data, 56% of virus-positive people were male, and 44% were female, and the median age was 47. 54% of the most common symptoms in patients were severe cough and 40% were high fever (Gerke et al., 2020; RKI, 2020).

### **The Major Success of Turkey against the Pandemic and Prerequisites and Policy Making Models that Determine the Efficacy of Health Policies**

The efficacy of a country’s health policies depends on some prerequisites. These prerequisites are as follows (Mckee et al., 2000).

- Visibility: The nature, importance and magnitude of the health problem to be addressed should be visible. These data are critical for policymakers to handle the problem effectively.

- Capacity: The country’s capacity, resources, human resources, material and infrastructure should be sufficient to cope with the problem.

- Embracing: As the public embraces the problems, execution of the decisions will be quicker, and results can be obtained more rapidly. Therefore, it is significant to inform the people correctly, transparently and in all aspects.

- Cross-sectoral collaboration: Solving a health problem requires cross-sectoral collaboration. Failure to realize this object may result in the failure of the policies.

- Effective state: The state has the most crucial role in determining and implementing health policies. A disoriented process will result in unfavorable outcomes.

The process of establishing a health policy requires determination, implementation and monitoring of the policies. The stages in Easton’s policymaking process are defined as follows: The inputs of the policymaking process are “Demand”, “Support” and “Resources” (Barker, 1996). The state transforms these inputs into outputs, that is, goods and services, after going through a process called black boxes. If the State has enough resources (human resources, con-



sumables, device, medicine, building, equipment, infrastructure), the stronger the demand and support from the society for the policies formed by the model, the more efficient the policies will be.

Starting from this health policymaking model, the great challenge of the Republic of Turkey and the causes of the successful results obtained in a relatively short time during the pandemics will be evaluated based on the framework mentioned above.

**Step 1, Visibility:** The visibility, nature and importance of the problem has been revealed with precision in the early period of the pandemics. While the outbreak was not evaluated as COVID-19 pandemic yet, a Scientific Advisory Board was established on January 10, 2020, by the Ministry of Health. Initially, 26 academics from different branches such as infectious diseases, microbiology, virology, internal diseases, intensive care and chest diseases were recruited. Board decisions were advisory decisions, and the implementation belonged to the Ministry of Health. After the board was established, it was convened every day in Ankara campus of the Ministry of Health, and the decisions and recommendations were shared with the public. Awareness and consciousness in the society were raised early in the society through social media, television and newspapers. While the epidemic was limited to China, following the recommendations of the Scientific Board, Ministry of Health started transporting Turkish citizens in China to Turkey. Flights from China and the Far East were banned, the borders of certain countries were closed, trips abroad were cancelled, and the citizens coming from abroad were kept in quarantine for 14 days. In addition, the schools, restaurants, gyms, cinemas, cafes and dormitories were closed, which were all precise measures taken in the early period thanks to the correct determination of the visibility of the problem. After January 9, 2020, the first death in Wuhan, Turkish Scientific Advisory Board published the 2019-nCoV Disease Guide on January 14, 2020. As a result of new developments and information, the guide was updated on January 28, 2020.

At the stage of defining the visibility of the problem, the very first step in determining the effective health policy, the Republic of Turkey pushed the right buttons at the right time and delayed the start of pandemic in Turkey until March 11, 2020.

**Step 2, Capacity:** No matter how well a health policy is planned in theory, if one does not have adequate health resources, human resources and infrastructure that can solve the problem, the policies will be quite far behind being effective and achieving the desired outcomes. Therefore, the most essential factors for achieving good results in a short time compared to the European countries and the United States are the strong health system and infrastructure of the Republic of Turkey. According to 2018 data, there were 38,098 intensive care beds, 1,016,401 healthcare personnel, 231,193 qualified bed capacity, adequate hospital equipment, sufficient number of MR and CT devices, increasing number of city hospitals, domestic production ventilators, protective equipment, and so forth. This data showed that previous plans and strategies did not remain as plans, but were successfully implemented.

**Step 3, Embracing:** One of the most essential prerequisites for health policies to be effective is that the health policies should be adopted by a large part of society. The Ministry of Health of Turkey has dealt with the issue transparently since the very beginning, and especially Minister of Health earned the trust of a huge part of the society. Therefore, all recommendations given by the Ministry of Health were adopted and implemented effectively. In addition, thanks to the correct communication strategies, the process was embraced not only by the society, but also the healthcare professionals who continued the process with great effort and devotion which increased the efficacy and the yield. Since the beginning of the pandemic, almost all public and private hospitals including health institutions have contributed to the fight against COVID-19. Up to 40,000 daily tests were performed using either PCR tests or rapid tests, and the detected positive cases were isolated and put in quarantine to prevent the spread of the virus. Masks and disinfectants were delivered to the houses or through pharmacies without any charge. Advertisement and billboard were used to warn the public against the virus.

**Step 4, Cross-sectoral collaboration:** After the decisions and restrictions, support packages concerning many sectors were announced by President Recep Tayyip Erdogan. Thus, in order to protect public health, significant support will be provided for the fight against the pandemic. These measures are:

### **1. National economic measures**

Economic measures taken by the Presidency of the Republic of Turkey were announced on March 18, 2020, after the Coronavirus Evaluation Meeting and an economic measure package under the name of “Economic Stability Shield” was unveiled covering 100 billion Turkish Liras (approx. USD 15 billion). The measures are as follows:

The tax statements and declarations, VAT discounts, Supplemental Security Income (SSI) premiums between April and June were postponed six months, including food and beverage, cinema-theatre, events-organizations, accommodation, textile-garment, iron-steel and metal industry, automotive, logistics-transportation sectors.

Accommodation tax will not be applied until November 2020.

The easement rights and revenue share payments related to hotel rentals were postponed for 6 months for April, May and June 2020.

In domestic airline transportation, the VAT rate has been lowered to 1% from 18% for 3 months.

The companies whose cash flows are disrupted due to pandemic will be deferred for banks for a minimum of 3 months, and additional financial support will be provided.

Inventory financing support will be provided to the exporters to maintain capacity utilization rates during the temporary deceleration in exports.

For those who declare that their work is negatively affected by the coronavirus, credit debts will be postponed for 3 months with no interest.

The Credit Guarantee Fund limit will be raised from TRY 25 billion (approx. USD 3.5 billion) to TRY 50 billion (approx. USD 7 billion). It will be given to small and medium-sized enterprises (SMEs) and companies with liquidity needs and collateral deficit, as the priority of loans is negatively affected by the developments.

In houses under 500 thousand liras, the loanable amount was increased from 80% to 90%, and the minimum down payment was reduced to 10%.

The companies in default had the opportunity to drop a “force majeure” grade in the credit registry in April, May and June 2020.

Studies are carried out for more flexible and effective remote working models.

The period of the declarations, which include the payments of the deductions at source such as withholding, has been delayed for 3 months.

Short-term employment allowance processes will be facilitated and accelerated. This is an application that provides income support for employees who cannot work for a maximum of three months due to general economic, sectoral, regional crisis or compelling reasons. With this practice, temporary income support will be provided to the workers in the workplaces that interrupt their activities, while employers will reduce their costs.

The lowest pension has been raised to 1,500 Turkish Liras.

The holiday bonus of retirees will be paid in early April 2020.

According to the criteria set by the Ministry of Family, Labor and Social Policies, an additional TRY 2 billion will be allocated in cash to families in need.

Alternative channels will be developed in line with the priorities determined in both production and retail lines against the possibility of disruption in global supply chains.

Periodic follow-up program consisting of social and home care services has been established for the elderly people aged 80 years and over who live alone.

The open rediscount loan principal and interest payments with a maturity of April, May and June 2020 were delayed to October, November and December 2020, and the maximum maturity was extended by 1 year.

The commitment closing period of rediscount credits, which expired in April, May and June 2020, was also extended by 1 year.

Within the scope “do not leave your home”, the shopping malls were closed. However, it was stated that the necessary facilities would be provided to the shopping mall tenants regarding the “Economic Stability Shield” package announced.

## **2. Legal measures**

### ***Suspension of execution and bankruptcy proceedings:***

The decision on the Suspension of Execution and Bankruptcy Proceedings (2279) was published in the Official Gazette dated March 22, 2020, and numbered 31076 within the scope of the measures taken to prevent the spread of COVID-19 epidemic disease in our country. The decision entered into force on the date of its publication.

Within the scope of the said decision; in order to facilitate the applicability of the measures taken to prevent the spread of the coronavirus pandemic, all execution and bankruptcy proceedings were suspended throughout the country, except for execution proceedings, from March 22, 2020, until April 30, 2020. In that context, no execution proceedings were conducted. It was decided not to proceed and not to enforce and precautionary distraint decisions.

### ***Short term working grant***

In the statement made by the Minister of Family, Labor and Social Services on March 22, 2020, it was announced that applications for Short Work Allowance could be made electronically as of March 23, 2020.

### ***Tax office transactions:***

As of March 19, 2020, the measures taken to prevent the spread of coronavirus disease were published by the Revenue Administration. In that context;

1- All petitions that needed to be submitted to the tax office until April 10, 2020, had been submitted electronically via the Interactive Tax Office application or sent by post.

2- Declarations would be made only on the Ready Declaration System until April 10, 2020.

3- Payments related to taxes, fees and administrative fines and valuable paper prices could be paid by credit card through the Interactive Tax Office or contracted banks.

4- Tax payments of corporate taxpayers would be made by using alternative payment channels (the Interactive Tax Office, contracted banks and PTT) instead of tax offices.

5- Those who were not citizens of Republic of Turkey would demand their tax identification number on the Interactive Tax Office website.

In addition to those measures, some others were taken such as suspending notification procedures, making deed transactions online (applications could be made from the internet without going to the Land Registry Office), postponing hearings and discoveries (except emergencies), conducting mediation meetings by teleconference.

### **3. Pandemic prevention measures**

#### ***Working hours of banks:***

On March 22, 2020, the Banks Association of Turkey (BAT) recommended the working hours of banks to be between 12:00-17:00. However, it was stated that the branches and service units of banks could flexibly determine their working and customer acceptance hours. The banks were also responsible for taking necessary measures for preventing close contact with customers and branches at high-risk and crowded areas could be kept out-of-service, and they could provide alternative service channels such as digital banking.

#### ***Flight bans:***

On March 21, 2020, Ministry of Transport and Infrastructure announced that the flights to 49 countries were stopped in addition to the previously stopped flights to 22 countries. Flights to a total of 71 countries included but not limited to Germany, Austria, Belgium, the UK, the USA, Russia, Finland, France, Italy and others had been temporarily stopped until further notice.

#### ***Restrictions on restaurants, bars and cafes:***

On March 21, 2020, Ministry of Internal Affairs announced that all restaurants, cafes, bars, patisseries and similar establishments could serve only delivery service and dine-in was banned. Therefore, all sitting areas were closed.

#### ***Restriction of the activities of the barbers, hairdressers, beauty centers:***

With the Circular issued by the Ministry of Interior, it was decided to temporarily cease the activities of barbers, hairdressers and beauty centers as of March 21, 2020.

#### ***Restriction of entertainment, art, culture and social activities:***

As of March 17, 2020, all cinemas, theaters, concert halls, show centers, engagement/wedding halls, coffee shops, gardens, cafés, casinos, pubs, taverns, hookah lounges, internet cafes, all kinds of indoor children's playgrounds (including shopping malls and restaurants), all kinds of game rooms, tea gardens, amusement parks, swimming pools, Turkish baths, saunas, spas, massage parlors, gyms, and sports centers activities were temporarily suspended.

***Education and training:***

As of March 16, 2020, all primary, secondary and high schools and universities were closed. In that context, as of March 23, 2020, necessary infrastructure preparations were completed in order to continue education on internet and television channels via distance education method.

In addition, the dates of academic exams for higher education were postponed to an unspecified later date.

***Limitations to public institutions:***

Pregnant women working in public institutions and organizations, those who are 60 years of age or older, except those who use breastfeeding leave, disabled people, and those in executive positions were considered administrative leave for 12 days beginning from March 16, 2020. Women officers who have children at preschool term and primary education were granted annual leave. In addition, the departure of public officials abroad was made subject to special permission.

***R&D and design activities:***

On March 15, 2020, the Ministry of Industry and Technology announced that the technopark companies and R&D and Design Centers could continue to benefit from the exemption and incentives until the end of April 2020 by informing the Ministry of Industry and Technology monthly.

**Step 5, Effective State:** In order for all these steps to be succeeded, the determination and priorities of the state are one of the most important factors determining the effectiveness. From the very first moment of the onset of the pandemic, the Republic of Turkey has attached great importance to the problems and has managed to take this grueling process under control by maintaining public order, supporting the economy, keeping the wheels turning and taking one step at a time against the pandemic. In the coming days, it will be of great importance to be on the safe side for a possible second wave of the outbreak with gradual normalization.

## CONCLUSIONS AND LIFE AFTER CORONAVIRUS

Due to the difficulties caused by coronavirus, hard times have been experienced in the economy. According to FlightRadar24, a site where flights can be tracked worldwide, the number of passengers decreased to 70,000 on April 24, 2020, from 200,000 on February 21, 2020 (Flight Radar, 2020). Economies have come to a halt in the world due to curfews and isolations. Due to the demand for the hospitals, the health system suffered from a lack of personnel and equipment. Due to the interruption of education in schools and universities, the necessary infrastructure was established for distance education. Economies have shrunk significantly due to restrictions in banking and trade. After the coronavirus pandemic decreases or ends, intensive studies will be carried out to eliminate all these failures. People will start taking new health measures, and there will be new preferences in transportation. This is expected to increase costs. According to the plans made for gradual normalization, countries have announced their plans. Germany and Austria are planning to open schools on May 4, 2020. Even though the small shops up to 800 square meters are opened, social distancing will be the primary concern and festival areas, concerts, open-air activities are banned till the end of August.

In the Czech Republic, citizens are allowed to run without a mask and ride a bicycle. Those with reasonable reason were allowed to travel overseas but were required to stay in quarantine for 2 weeks upon return. The Czech government plans to bring the country back to everyday life with a 5-digit plan. As of May 25, bars, cafes and restaurants have been opened, but it is forbidden to sit indoors, only sitting in open spaces is allowed. As of June 8, it has been planned to open big stores, shopping centers, hotels, zoos. Book shops, laundries, stationeries have been opened in Italy, which are the countries most affected sectors by the epidemic. Restrictions in Italy are expected to be completed on May 4.

Some factories and construction workers started working in Spain, but most of the stores were closed. Although the restrictions were planned to be ended on April 27, this date would likely to be delayed. In Denmark, as the number of cases encountered was high (about 7,000 cases), schools were opened on the week of April 18, but restaurants and stores remained closed until May 10 (Doherty, 2020).



In Turkey, it was planned to ease the restrictions as of the beginning of June, and make compensation education in schools during the summer period. It was planned to gradually return to the everyday life in places such as restaurants, bars, mosques, places of worship, sports fields, cinemas, and sports halls from the beginning of June. The success of the Republic of Turkey against the pandemic may be attributed to the well-developed health system, actions taken in a short time, informing the public effectively and transparently. It is believed that Turkey will and can struggle intensely against the present pandemic and a possible second wave.

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