

POLITICS OF PANDEMIC MANAGEMENT IN TURKEY

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September 2021

CITY UNIVERSITY OF LONDON, GCRF Institutional Block Grant (48312AY):

“Politics of COVID-19 Pandemic: Explaining Diverging State Responses in the Global South Project”



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Politics of Pandemic Management in Turkey*

Executive Summary

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

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* This policy brief is produced as part of "Politics of COVID-19 Pandemic: Explaining Diverging State Responses in the Global South" project supported by The Global Challenges Research Fund (GCRF) Institutional Block Grant (48312AY), City, University of London. For details, see <https://politicsofpandemic.com>.

A brief assessment of Covid-19 in Turkey

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

Turkey also experienced delays in vaccine rollout. The Turkish government reached an agreement with China to receive 50 million doses of Sinovac vaccine — with the first shipment received in December 2020.⁵ The government launched a massive vaccination campaign in January 2021, initially covering healthcare workers, older citizens, and people in nursing homes. It is interesting to note that Turkish government did not get the Pfizer-BioNTech vaccine for quite a long time to supplement the Sinovac vaccine. An agreement with BioNTech company was only reached on 20 May 2021.⁶ Once an adequate number of vaccines were secured, rapid vaccination started, and more than one million doses were administered each day. By the end of August 2021, 56 percent of the population was at least partially vaccinated. According to *Our World in Data*, 43 percent

¹ Data from World Health Organization, 3 September 2021. However, the official figures are estimated to be well below the actual cases and deaths. The population of Turkey was more than 84 million in 2020. According to official figures, the country hosts more than 3.7 million registered Syrian refugees and around 182,000 registered Afghan refugees.

² For an example, see Orla Guerin, "[Coronavirus: How Turkey took control of Covid-19 emergency](#)," BBC News, 29 May 2020.

³ Michael Daventry, "[Turkey not counting positive COVID-19 cases unless there are symptoms, health minister admits](#)," Euronews, 1 October 2020.

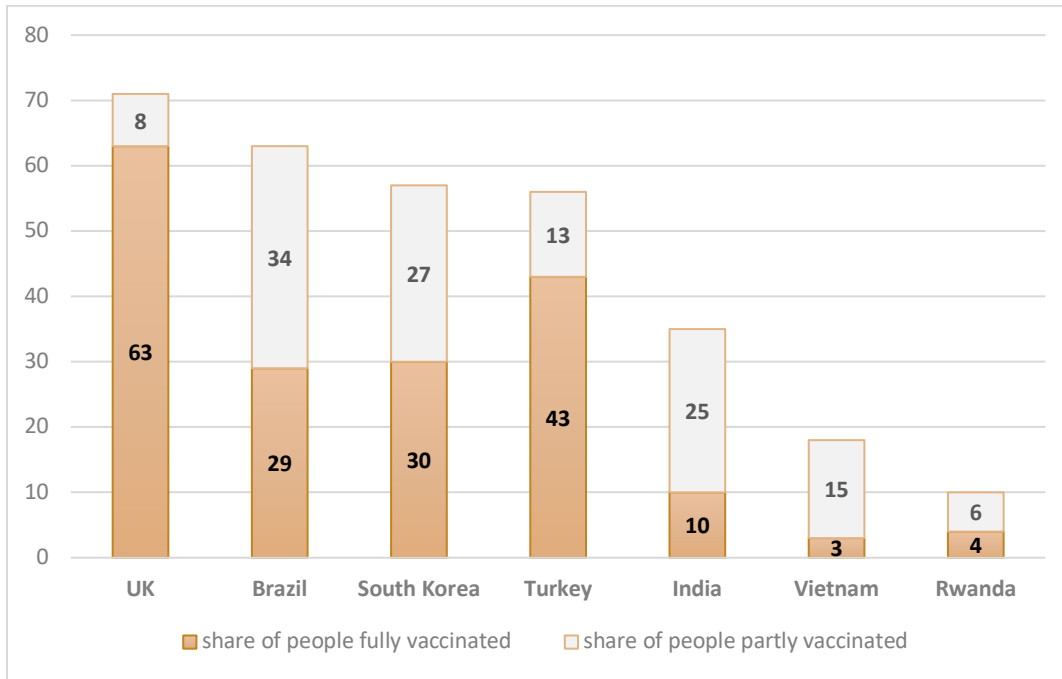
⁴ According to *Our World in Data*, <https://ourworldindata.org/coronavirus/country/turkey>

⁵ "[Covid-19 aşısı Türkiye'ye ne zaman gelecek?](#)" BBC Türkçe, 26 November 2020.

⁶ "[Pfizer/BioNTech, Türkiye ile 90 milyon doz aşı sağlama konusunda anlaştı](#)", NTV, 20 May 2021.

was fully vaccinated, putting Turkey ahead some other key emerging powers, such as Brazil and India (see below).

Figure. Share of people vaccinated in selected countries



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

Throughout the pandemic, the Turkish government pursued proactive policies to improve Turkey’s global image by providing Covid-19 related assistance outside its borders. According to a recent study, Turkey provided medical support — such as masks and other types of personal protective equipment — to over “more than 70 countries during the first months of the COVID-19 pandemic.”⁷ This could be seen as an extension of Turkey’s ambitious foreign aid policy over the last decade to position itself as a “humanitarian actor” in global governance.⁸ At the same time, the government’s supply of extensive foreign Covid-19 related aid attracted criticism from the opposition parties at home. For instance, Turkey delivered 150 thousand doses of vaccine to

⁷ Buğra Güngör, “Foreign Aid during the COVID-19 Pandemic: Evidence from Turkey,” *Southeast European and Black Sea Studies*, Early View: <https://www.tandfonline.com/doi/full/10.1080/14683857.2021.1900668>

⁸ Reşat Bayer and E. Fuat Keyman. 2012. “Turkey: An Emerging Hub of Globalization and Internationalist Humanitarian Actor?” *Globalizations* 9(1): 73–90

Libya's Government of National Unity on 14 April 2021, a time when Turkish citizens were having difficulty booking a vaccination.⁹

How political elites framed Covid-19 pandemic

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

When infection and mortality rates started to rise in May 2020, the government’s success story was temporarily put on the backburner, and the focus shifted to the importance of taking precautionary measures such as mask wearing and social distancing. In doing so, the government placed the responsibility for the rising number of cases and deaths on citizens, not itself.

⁹ Ahmet Gencturk and Gozde Bayar, “[Turkey sends COVID-19 vaccine donation to Libya](#),” Anadolu Agency, 14 April, 2021.

¹⁰ “[Sağlık Bakanı Koca'dan son dakika koronavirüs açıklaması!](#)” Sabah Gazetesi, 11 March 2020.

¹¹ “[Sağlık Bakanı Koca: Mayıs boyunca tedbirler devam edecek](#)”, NTV, 29 April 2020

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

Hence, it can be argued that throughout the pandemic, there was a considerable dissonance between the facts on the ground and the government’s portrayal of crisis management in its discourse. Moreover, as the pandemic began to take its toll in the early summer of 2020 amidst the economic recession, Erdoğan felt compelled to prioritize economic concerns at the expense of health considerations (see section 3 below), as witnessed in the early opening and relaxation of rules in June 2020, despite scientific advice to the contrary.

Throughout the pandemic, the government provided a daily toll of those who were infected and those who lost their lives. Yet the numbers were heavily contested by both the public and the opposition parties who claimed they were much higher than the official figures. The government finally had to admit that the daily count of infections did not include asymptomatic cases, generating further distrust in the government. The government’s narrative was also dismissive of the efforts of the opposition, especially the mayors from opposition parties, in combating the pandemic. For example, when the opposition mayors launched fund-raising campaigns early on in the pandemic, this was defined by Erdoğan as an attempt “to become a state within the state” and, as such, could not be tolerated by the government.¹⁴ Erdoğan also employed a strongly polarizing discourse, referring to opponents in the media and politics who were critical of the government’s

¹²“[Sağlık Bakanı Fahrettin Koca Erzurum’da...](#)”, 16 October 2020.

¹³ “[Cumhurbaşkanı Erdoğan açıkladı: Pazartesi günü kontrollü normalleşme başlıyor](#)”, CNN Türkçe, 14 May 2021.

¹⁴Yasemin Guneri, “[Danıştay noktayı koydu... Belediyeler yardım toplayamayacak](#),” Haberturk, 13 March 2021.

measures as “akin to the coronavirus,” while the state’s media watchdog levied stiff fines on opposition news channels for their critical pandemic-related coverage.¹⁵

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

Policies implemented to tackle Covid-19

The Turkish government implemented a series of measures to slow down the spread of the virus and mitigate its impact. On the political-social side, a scientific committee was established in January, three months before the first case was reported in the country. Minister of Health Koca was head of scientific committee; he played a leading role in pandemic management, as he regularly updated journalists and informed the public on his social media accounts and other platforms (see section 2 for details). On 16 March 2020, cafes and restaurants were closed temporarily. A week later, people over 65, representing nine percent of the overall population, were asked to stay at home until further notice. The scope of the lockdown was extended in April to include those under 20. The lockdown measures were altered several times throughout the pandemic until they were removed for all age groups in July 2021 (see “Appendix: Timeline” for details).

The Turkish government did not opt for a “full lockdown” as in several other European countries. Production was not suspended, and no quarantine was imposed on workforce. Hence, the measures

¹⁵ Daniel Bellut, “[Turkey’s Erdoğan Clamps down Further on Media Amid Coronavirus Crisis](#),” *Deutsche Welle*, 21 April 2020.

taken in Turkey can be considered “an enhanced partial lockdown.”¹⁶ Arguably, the primary reason for refraining from a full lockdown was the difficult economic circumstances in the wake of Covid-19. In fact, the Turkish economy was wobbling well before the pandemic: inflation was on the rise; annual growth figures were sluggish; GDP per capita (in current prices) was in constant decline; unemployment was recalcitrantly high; and external borrowing was a growing concern. As the Turkish economy is heavily dependent on foreign capital inflows, the reduced foreign direct investments in the 2010s amplified the economic fragilities (see the table below).¹⁷

Table. Turkish economy selected indicators

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

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

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

¹⁶ Selva Demiralp, “[How has Turkey done in its fight against COVID-19? The jury is still out](#),” LSE Blogs, 4 June 2020. See the same source for a review of lockdown measures in the early phase of Covid-19 in Turkey and results of an econometric analysis.

¹⁷ For an in-depth analysis of political economy of Turkey in 2010s, see Ziya Öniş and Mustafa Kutlay, “The anatomy of Turkey’s new heterodox crisis: the interplay of domestic politics and global dynamics,” *Turkish Studies*, 22(4), 2021: 499-529.

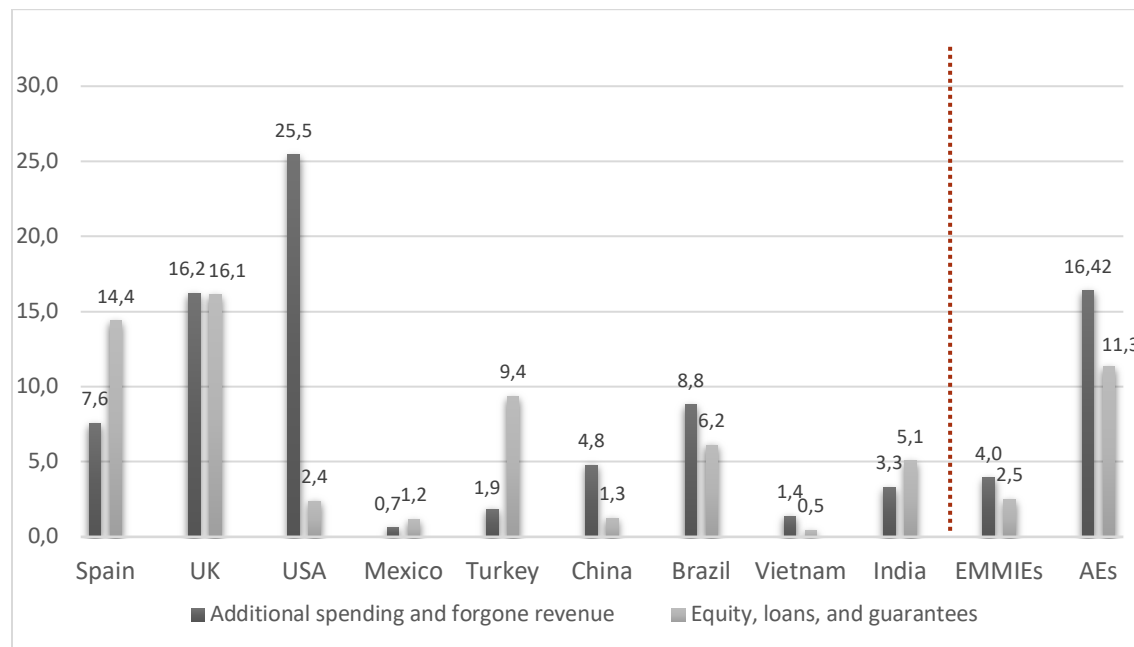
¹⁸ For an extensive analysis, see Cem Çakmaklı, Selva Demiralp, Sevcan Yeşiltaş, Muhammed A. Yıldırım, “[An Evaluation of the Turkish Economy during COVID-19](#)” Centre for Applied Turkey Studies, Working Paper, no. 01, January 2021.

The government implemented a set of expansionary economic policies to counter the adverse impact of the pandemic. However, the monetary and fiscal measures were not optimal for two main reasons. First, the government's stance on monetary policy was unpredictable. After the start of the pandemic, believing the Central Bank should cut interest rates to stimulate domestic demand, the President ousted two Central Bank governors.¹⁹ Frequent political interventions into the monetary policy authority led to predictability and credibility issues, causing concern among market actors and international investors.²⁰ Second, Turkey could not implement effective direct cash support schemes to those adversely affected by the pandemic. According to *IMF Fiscal Monitor*, Turkey's additional spending (e.g., cash aid, short-time work allowances, or unemployment benefits) or foregone revenue (e.g., reduction in VAT rates) was less than 2 percent of its gross domestic product in 2020, compared to 16.5 percent in the UK, 25 percent in the US and 8.8 percent in Brazil (see figure below). The average additional spending and foregone revenue as percent of GDP were higher in emerging market and middle-income economies (4 percent) and advanced economies (16.62 percent) than in Turkey. In other words, the difficult economic situation already present before the pandemic limited the state's fiscal capacity to adequately support Turkish taxpayers under these exceptional circumstances.

¹⁹ Ayla Jean Yackley, "Erdogan ousts Turkey central bank governor days after rate hike," *Financial Times*, 20 March 2021.

²⁰ Treasury and Finance Minister Berat Albayrak, President Erdogan's son-in-law, resigned in early November 2020, sparking further confusion about economic policymaking in Turkey.

Figure. Fiscal measures in response to Covid-19 (percent of GDP)



Source: IMF Fiscal Monitor, [April 2021](#). Data from 17 March 2021 for selected countries. According to the [IMF database on fiscal policy responses to Covid-19](#), “percent of GDP are based on April 2021 World Economic Outlook Update.” EMMIEs: emerging market and middle-income economies; AEs: advanced economies. Definitions of different types of fiscal measures can be found in IMF Fiscal Monitor, [April 2020](#), p. 22.

A case of success or failure

Aydın-Düzgüt and Keyman pointed out in an earlier paper that state capacity and “good/inclusive governance may be a better fit in explaining the lower number of deaths in countries than other variables.”²¹ Other studies have similarly highlighted the importance of state capacity in dealing with the Covid-19 pandemic and governing under uncertainty.²² One of the challenges of the Covid-19 pandemic is that it began in the midst of major power shifts in international order and a concomitant rise in authoritarian populist movements in both the global North and South. Authoritarian populist leaders “justify the use of ‘strong leadership,’ their low regard for checks and balances, and the exclusion of ‘intermediary powers’ between the ‘people’ and the ‘leader’ ...

²¹ Senem Aydın-Düzgüt and E. Fuat Keyman, “Governance, State and Democracy in a Post-Corona World,” IPC Policy Brief, April 2020, p. 3.

²² For instance, see Mariana Mazzucato, Rainer Kattel, “COVID-19 and public-sector capacity,” *Oxford Review of Economic Policy* 36 (Issue Supplement_1), 2020: S256–S269; also see, Yexin Mao, “Political institutions, state capacity, and crisis management: A comparison of China and South Korea,” *International Political Science Review* 42(3), 2021: 316-332

on the basis of delivering fast and effective responses to these risks and crises.”²³ Otherwise stated, populist leaders undermine state capacity and fail to utilize existing resources and networks at the state-society nexus.

Mazzucato and Kattel point out that governments must develop certain “dynamic capabilities” to tackle 21st-century governance challenges, and they list these capacities as: “capacity to adapt and learn; capacity to align public services and citizen needs; capacity to govern resilient production systems; and capacity to govern data and digital platforms.”²⁴ As stated in section 2, unlike the Bolsonaro leadership in Brazil, the Turkish ruling elite framed Covid-19 as a global health issue from the start. It is also true that Turkey fared relatively well in the initial phases of the pandemic compared to several other European countries thanks to high numbers of intensive care unit (ICU) beds, favorable demographics, and better health infrastructure.²⁵ However, the political context was severely polarized, and Turkey demonstrated a sub-optimal performance that could have been stronger and more effective if inclusive governance policies were adopted. The evidence so far suggests Turkey struggled during the pandemic in terms of the state’s *extractive, coordination, and compliance* capabilities.²⁶ The argument has two strands.

First, state capacity is a polymorphous concept that should not be studied in the abstract. A state’s capacity is likely to diverge across sectors and policy areas.²⁷ In Turkey, a relatively strong healthcare system and experienced human capital helped the country weather the storm — particularly in the initial months. However, the story is different with respect to the state’s extractive and distributive capacity. As explained in the previous section, poor economic performance and sub-optimal allocation of economic resources tied the hands of policymakers in the midst of the pandemic. Due to the limited fiscal capacity of the state, the government could not

²³ Senem Aydın-Düzgıt and E. Fuat Keyman, “Governance, State and Democracy in a Post-Corona World,” IPC Policy Brief, April 2020, p. 3.

²⁴ Mariana Mazzucato, Rainer Kattel, “COVID-19 and public-sector capacity,” *Oxford Review of Economic Policy* 36 (Issue Supplement_1), 2020: S257.

²⁵ For an in-depth analysis of these factors, see Evren Balta and Soli Özel, “[The Battle Over the Numbers: Turkey’s Low Case Fatality Rate](#),” Institut Montaigne, 4 May 2020.

²⁶ The analytical framework on state’s “extractive”, “coordination”, and “compliance” capacity is developed by Elissa Berwick and Fotini Christia. For an extensive discussion these three aspects of state capacity, see Elissa Berwick and Fotini Christia, “State Capacity Redux: Integrating Classical and Experimental Contributions to an Enduring Debate,” *Annual Review of Political Science* 21:71-91, 2018.

²⁷ Linda Weiss, *The Myth of the Powerless State*, Cornell University Press, 1998.

provide adequate cash support for Turkish taxpayers and did not offer a furlough scheme. As a result, the working class shouldered the burden of the pandemic.

Second, available resources could have been utilized more effectively in coordination with municipalities and civil society actors. As the literature highlights, state capacity refers to ruling *through* society, not *over* it.²⁸ Major municipalities such as Istanbul, Ankara and Izmir launched fund-raising campaigns to provide additional social assistance in the midst of the pandemic. This could have helped to mitigate the capacity problems of the central government. The Ministry of Interior Affairs, however, banned the opposition municipalities from raising funds and limited most of their activities to providing additional social assistance. The government's antagonistic relationship with the opposition municipalities and civil society actors at the local level enfeebled the capacity of the state to deal with an unprecedented pandemic.

Lessons learned

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

First, it shows that an exclusive form of governance hinders the successful management of a crisis on the scale of Covid-19. The exclusion of local governments controlled by the opposition parties from pandemic management weakened the coordination capacity of the state in the delivery of resources and the implementation of centrally designed policies. In Turkey, conflict with the local levels even weakened the extraction capacity of the state, as the resource-generating capacity at the local level was obstructed. Exclusive governance even extended to civil society organisations, which, in turn, led to implementation failures. The most visible example was the delivery of free surgical face masks to citizens in the early months of the pandemic – a gesture intended to show the government's commitment to its citizens. The government suffered multiple implementation failures, however, and was ultimately forced to drop the policy, precisely because it chose to

²⁸ For an extensive discussion on state capacity, see Linda Weiss, *The Myth of the Powerless State*, Cornell University Press, 1998.

exclude such actors as municipalities and pharmacists' associations when their inclusion could have ensured effective delivery.²⁹

Second, and in a related sense, the Turkish case shows us that a polarizing governmental discourse which demonizes its opponents during a pandemic weakens public trust in the government and its measures across certain parts of the population, and thus leads to noncompliance with health care, social distancing, and related sanitary rules designed to prevent the transmission of the virus. It also demonstrates how the suppression of social actors, including medical organisations and the scientific community, can obstruct the flow of credible information, leading to a further loss of public trust and reduced compliance with the measures suggested by the government. Public opinion polls show the percentage of the Turkish public who did not trust government declarations and official figures on Covid-19 increased from 30 percent in April 2020 to 58.9 percent in August 2020.³⁰ Following the last-minute lockdown announcement in April 2020, many citizens did not trust the government's claim that the lockdown would be limited to 48 hours; consequently, tens of thousands rushed out to stock up on supplies, risking further infections.

Third, even in cases when anti-science denialism is not present (as in Turkey), an insufficient regard for scientific expertise when scientific recommendations do not suit the government's political and ideological priorities can lead to both coordination and compliance failures. For instance, the ill-timed and sudden opening on 1 June 2020 was a decision based on economic concerns (see sections 2 and 3 above). It went against the recommendations of the Turkish Medical Association, certain members of the scientific advisory board, and even economic experts who all suggested a more gradual normalization. This decision substantially lowered compliance with the social distancing measures, ultimately leading to a higher number of official cases and deaths during the summer than in most European states.³¹

²⁹ Caner Bakır, "The Turkish State's Responses to Existential COVID-19 Crisis." *Policy and Society*, 39, no. 3 (2020), 424–41, at 432.

³⁰ Euronews, "[Araştırma: Sağlık Bakanlığı'nın COVID-19 Verilerine Güvenenlerin Oranı Yüzde 36'ya Düştü](#)", 7 September, 2020.

³¹ Turkish Medical Association, "COVID-19 Sixth Evaluation Report"; Ebru Kayaalp and Ibrahim Burhan Işık, "[COVID-19 and Healthcare Infrastructure in Turkey](#)," *Medical Anthropology Quarterly*, 30 August 2020.

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

Appendix: Timeline of Covid-19 pandemic in Turkey

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

11 March 2020 – Case Numbers – The first coronavirus case was detected in Turkey.

13 March 2020 – Municipality – The Council of State decided that municipalities collect donations.

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

18 March 2020 – Death Numbers – The first death from coronavirus occurred in Turkey.

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

22 March 2020 – Lockdown – A lockdown imposed on citizens aged 65 and over and those with chronic illnesses for the first time.

27 March 2020 – Case Numbers – The number of cases exceeded 1000 (1196) for the first time.

31 March 2020 – Foreign Aid – Health equipment sent to Italy and Spain by military plane.

3 April 2020 – Lockdown – The lockdown extended to include those aged 20 and under.

10 April 2020 – Lockdown – The lockdown two hours before the start of the lockdown of the markets.

10 April 2020 – Foreign Aid – Health equipment sent to the UK.

12 April 2020 – Soylu’s Resignation – The Minister of Internal Affairs Süleyman Soylu took responsibility for the late announcement of the lockdown and resigned. President Erdoğan did not accept.

12 April 2020 – Case Numbers – The total number of cases reached its peak (5138).

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

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

18 April 2020 – Foreign Aid – Foreign Minister Mevlüt Çavuşoğlu: “Turkey provided aid to 44 of the 116 requesting countries.”

24 April 2020 – Foreign Aid – Turkey provided aid to Lebanon, Afghanistan, and Kyrgyzstan

28 April 2020 – Foreign Aid – Turkey provided aid to the US.

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

29 April 2020 – Foreign Aid – Turkey provided aid to South Africa.

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

5 May 2020 – Foreign Aid – Turkey provided aid to Pakistan.

7 May 2020 – Foreign Aid – Turkey provided aid to Georgia and Mozambique.

11 May 2020 – Foreign Aid – Turkey provided aid to Cameroon.

14 May 2020 – Foreign Aid – Turkey provided aid to Bangladesh.

18 May 2020 – Foreign Aid – Turkey provided aid to Mongolia.

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

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

9 June 2020 – Foreign Aid – Turkey provided aid to Kyrgyzstan.

19 June 2020 – Foreign Aid – Turkey provided aid to South Sudan.

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

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

10 July 2020 – Foreign Aid – Turkey provided aid to South Sudan.

30 September 2020 – Unreliable Data – Health Minister Fahrettin Koca announced (confessed) that asymptomatic positive cases not included in the daily-announced number of patients. Turkey the total number of cases on 25 November 2020.

21 October 2020 – Foreign Aid – Turkey provided aid to Tunisia and Mozambique.

12 November 2020 – Foreign Aid – Turkey provided aid to the Republic of Djibouti.

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

13 November 2020 – Lockdown – The previous lockdown measures for people aged 65 and over all provinces.

21 November 2020 - Lockdown – Weekend lockdowns began: 21 November (Saturday) 20:00 to 22 November (Sunday) 10:00 22 November (Sunday) 20:00 to 23 November (Monday) 05:00

25 November 2020 – Unreliable Data and Case Numbers – Positive cases without symptoms the daily coronavirus table.

28 November 2020 – Lockdown – Weekend lockdowns continued as the previous weekend 28 November (Saturday) 20:00 to 29 November (Sunday) 10:00 29 November 20:00 to 30 November (Monday) 05:00

30 November 2020 – Lockdown – Lockdowns the weekdays. Every weekday, lockdown started from 21:00 and continued until 05:00 the next day. The weekday lockdowns continued until 1 July 2021.

4 December (Friday) 2020 – 7 December (Monday) 2020 – Lockdown – The scope of the lockdown measures was extended Friday 21:00 to Monday 05:00. These (Friday-Monday) lockdown measures continued until 5 June. Then, 5 June 2021, weekend lockdowns were imposed between Saturday 22:00 and Monday 05:00.

26 December 2020 – Vaccination – A deal made with China for 50 million doses of Sinovac vaccine.

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

31 December 2020 – Lockdown – The lockdown started. It continued until 4 January 2021.

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

14 January 2021 – Vaccination – Vaccination started for healthcare professionals.

19 January 2021 – Vaccination – Vaccination started for citizens aged 90 and over, e in nursing homes, and those care of them.

20 January 2021 – Vaccination – The number of people who had the coronavirus (Sinovac) vaccine exceeded 1 million.

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

25 January 2021 – Vaccination – Vaccination started for those aged 80 and over.

27 January 2021 – Vaccination – Vaccination started for those aged 75 and over.

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

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

14 February 2021 – Foreign Aid – Turkey provided aid to Palestine.

22 February 2021 – Foreign Aid – Turkey provided aid to Mongolia.

22 March 2021 – Foreign Aid – Turkey provided aid to Northern Syria.

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

6 April 2021 – Relations with China and Vaccination – The Chinese Embassy to Meral Akşener's statement about East Turkestan's independence: “The Chinese side reserves its right to give a just response.” The Chinese vaccine, which was expected 50 million, remained at 26 million.

14 April 2021 – Foreign Aid – Turkey sent 150 thousand vaccines to Libya.

17 April 2021 – Case Numbers – The total number of cases reached its peak (63082).

29 April 2021 – Lockdown – Full lockdown was imposed until 17 May 2021.

1 May 2021 – Death Numbers – The total death number reached its peak (394), the highest number in Turkey.

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

5-6 June 2021 - Lockdown – The weekend lockdown measures reported under “4 December (Friday) 2020 – 7 December (Monday) 2020” started to be imposed only on Sundays.

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

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

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

22 June 2021 – Vaccination – Vaccination started for those aged 25 and over.

25 June 2021 – Foreign Aid – Turkey provided aid to the Eswatini Kingdom.

1 July 2021 – Lockdown – Both weekend and weekday lockdown measures lifted.

1 July 2021 – Music Ban – The music ban started. Music stops in venues after 24:00.

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

28 July 2021 – Foreign Aid – Turkey provided aid to Afghanistan.