

Policy and Society

ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/rpas20

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To cite this article: Caner Bakir (2020) The Turkish state's responses to existential COVID-19 crisis, Policy and Society, 39:3, 424-441, DOI: 10.1080/14494035.2020.1783786

To link to this article: https://doi.org/10.1080/14494035.2020.1783786

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Published online: 23 Jun 2020.

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POLICY AND SOCIETY
2020, VOL. 39, NO. 3, 424–441
https://doi.org/10.1080/14494035.2020.1783786

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The Turkish state's responses to existential COVID-19 crisis

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ABSTRACT

This article focuses on how the Turkish state has been responding to limit the public health effects of COVID-19 pandemic to date. It aims to explain and understand the introduction, implementation and effect of health policy instrument mixes. It argues that although 'presidentialisation' of executive, and 'presidential bureaucracy' under presidential system of government are critical to introduce policies and implement their instrument mixes without delay or being vetoed or watered down which would otherwise occur in the parliamentary system of government, these features of impositional and exclusive policy style pose risks of policy design and implementation failures when the policy problems are poorly diagnosed, their policy solutions are wrong and/or complementary policy instrument mixes implemented ineffectively. However, a temporal, albeit temporary divergence from a dominant administrative tradition and policy style is most likely when a policy issue is esoteric (i.e. technical, scientific and expert-led) and framed as an existential crisis under high uncertainty that require scientific, expert-led, inclusive, early, quick and decisive responses to pressing policy problems.

KEYWORDS

Presidential system; policy style; public administration; Turkey; COVID-19

Introduction

Comparative public policy scholars have explored the effects of 'policy styles', the 'standard operating procedures' of the state apparatus, in choosing policy instruments to implement public policies aimed at achieving desired policy goals (Richardson, Gustafsson, & Jordan, 1982, p. 2). Here, the emphasis has been on whether a government's actions to problem solving is anticipatory or reactive, and whether the relationship between the government and other members of the policy network is consensual or impositional. Unsurprisingly, the effect of structural explanatory factors such as type of democracy, administrative traditions and policy styles on policy design including instrument selection and implementation in democratic systems occupy a prominent place in comparative public policy, political economy and politics literatures (Capano & Lippi, 2017; Freeman, 1985; Haelg, Sewerin, & Schmidt, 2019; Hall & Soskice, 2001; Howlett, 1991, 2004, 2019; Howlett & Lindquist, 2004; Linder & Peters, 1989; Katzeinstein, 1975, 1977; Richardson, 2018; Richardson et al., 1982). This literature

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shows that different policy networks and policy styles prevail within and across countries, *different policy sectors* and/or different levels of government. This scholarship depicts state's policy responses as a *deterministic* interaction between public sector and societal actors. This is a weakness, ignoring a dynamic interaction among these actors, the significance of a temporal context (i.e. extraordinary crisis period with high uncertainty vs ordinary period with relative certainty), and the dimension of a policy issue (i.e. esoteric vs exoteric) that create temporary variation in a state's response and dominant policy style in *the same policy sector*. This article seeks to fill that gap. *It argues that a temporal divergence from a dominant administrative tradition, the type of policy network and policy style is most likely when a policy issue is esoteric and framed as an existential crisis under high uncertainty that require scientific, expert-led, inclusive, early, quick and decisive response to policy problems.*

Drawing on the Turkish experience in COVID-19 pandemic, this article shows that presidential system of government is coupled with *strong leader tradition*, impositional and proactive policy style, and extensive use of institutional resources as tools such as presidential decrees with the effect of law in the appointment, dismissal, transfer and promotion of politicians, judges and senior bureaucrats. This resulted in what I call the *presidentialisation* of the executive branch and *presidential* bureaucracy. While presidentialisation of the executive branch and presidential bureaucracy offer more insights into quick and decisive policy responses than a parliamentary system of government, they are more likely to produce policy design and implementation failures (for various forms of policy failures, see Howlett, 2012; Howlett, Ramesh, & Wu, 2015; McConnel, 2015). The quick and decisive policy responses are due to strong political and bureaucratic *loyalty, obedience* and *commitment* to implement the directions of the president and/or the presidential office without delays, vetoes or being watered down, which would otherwise occur in a parliamentary system of government. However, there are *risks* of policy design and implementation failures when policy problems are wrongly diagnosed, their policy solutions mistaken and/or complementary policy instrument mixes poorly implemented. This is because (1) there is both a limited delegation of discretionary authority and autonomy to executive branch and bureaucracy and a limited incentive for public sector actors to take discretionary actions; and (2) there is limited inclusiveness, and social diversity in relation to the definition of problems, and articulation and deliberation of policy solutions outside the 'inner-cycle' in the policy design process. Thus, there is a limited space for a genuine policy feedback and instrument calibration, and potential for failures in policy design and implementation process. For example, there were such failures in the implementation of a nation-wide weekend curfew and hierarchically centralised distribution of free face masks to the public at the outset in Turkey. However, they were reversed in the early stages of policy and decision-making to achieve preferred policy outcomes. This was because of the esoteric, being technical, scientific and expert-led, nature of policy issue in an extraordinary time (e.g. the existential crisis environment) that opened *a temporal*, but a temporary, space for the Minister of Health, the Coronavirus Scientific Advisory Board (SAB), and healthcare bureaucracy to had discretionary autonomy and authority, and adopted an inclusive and diverse approach in effective policy design and implementation which would otherwise had not occurred under president-led policy network in ordinary times. Indeed, the evidence-informed policy design and implementation is advanced in the healthcare policy sector (Lemay & Sá, 2014). Esoteric nature of the healthcare

crisis enabled and reinforced expert-led and evidence-informed policy analysis, and advice to elite decision-makers for policy design and implementation.

COVID-19 pandemic caused a global public health crisis. As of 30th May, there were over 6 million cases, 366 thousand deaths, and 2.6 million people recovered worldwide (Worldometer, 2020). 'A once in a century pandemic' (Gates, 2020, p. 1677) has been highly 'esoteric' issue coupled with high uncertainty (*Nature* 9 April 2020) (for comparison with the 'exoteric' politics – public, open and political – discussion, see Moran, 1984; Bakir, 2005). States' responses to this common external shock offer a unique opportunity to expose some of the principal explanatory structural (macro), institutional (meso) and agential (micro) factors that inform national policy design and implementation (for a theoretical SIA framework, see Bakir, 2013, 2017).

Turkey had the higher number of confirmed COVID-19 cases than 'China, Italy or Spain reported at the same stage of their outbreaks: 13 days since the 100th case' (*Financial Times*, 31 March 2020). However, Turkey has performed strikingly better in limiting the effect of COVID-19 pandemic than most of the countries in the world. Indeed, Turkey has reported 156,827 COVID-19 cases and 4461 deaths, with over 1,650,135 tests completed and ranked 9th in total cases per one million and ranked 60th in total tests per 1 million population in the world (Worldometer, 30 May 2020). It is interesting to note that Turkey performs strikingly better than most of the developed countries in Europe with a fatality rate of 2.8%, recovery rate of 77.3%, and critical cases treated under Intensive Care Units (ICU) is just 0.4% of all cases (Coronatracker, 30 May 2020). How did Turkey, as one of the world's fastest-growing outbreaks which 'could soon become like Italy, or worse' (Candar, 26 March 2020), 'clearly averted a much bigger disaster [and] fits in the category of several countries that responded fairly quickly with testing, tracing, isolation and movement restrictions … that have been quite effective in reducing the viral spread'? (a British academic in Virology cited in BBC, 29 May 2020).

In the healthcare policy sector, the Turkish state has acted early, quickly and swiftly and implemented instrument mixes effectively. Specifically, it adopted multiple substantive authoritative policy tools, including curfews, travel restrictions or bans, quarantines, closures of school and business venues, along with information-based tools including factual information campaigns and 'moral suasion' to promote 'stay at home', 'social distancing' and personal protection. More significantly, a communicative discursive strategy as a policy tool was introduced to influence thinking, decisions and actions of the public by framing COVID-19 pandemic as an existential 'threat' and 'enemy' to 'fight against' with 'solidarity'. In doing so, the effectiveness of substantive policy instrument mixes increased.

Data for this research come from multiple resources. OECD Country Policy Tracker Database (OECD, 2020) is the principle source for policy responses. Our World in Data (2020), an online research publication based at the University of Oxford, Worldometers and Coronatracker are the key data sources for cross-national data on COVID-19 pandemic. To improve data validity these sources are cross-checked. The current findings and discussion use such available information by 31st May, 2020. The EMIS (Emerging Markets Information Sources) Professional Database enabled a search of secondary sources, such as news and reports published in English and Turkish between 1 January and 30 May 2020. The search selected Turkey as a country and used the broad keyword 'COVID-19′. The article also utilised other written materials outside this database for complementary information. Other textual

sources included reports and press releases of international, intergovernmental, public and private organisations.

This article is organised as follows. First, it offers a critical review of the relevant literature on administrative tradition and policy styles. Second, it analyses national healthcare policy goals, objectives and instrument mixes that have been adopted by the Turkish state to contain the effect of COVID-19 pandemic. Third, it concludes with special reference to limitations and areas for further research.

Policy design and implementation under presidentialization of executive branch and presidential bureaucracy

Interactions among multiple structures (i.e. broader temporal, material and cultural contexts within which actors and institutions are embedded), institutions (i.e. formal and informal rules that inform actors' actions through logic of appropriateness and instrumentality) and actors (i.e. individuals, organisations and collective entities) condition agential actions that create socio-economic and political outcomes (see Bakir, 2013, 2017, forthcoming; Bakir & Jarvis, 2017). For example, 'national governance traditions or cultures' (Howlett & Lindquist, 2004, p. 230), as cultural context, the national political regime and macroeconomic factors, as material structural contexts, influence how public policy is made and implemented through shaping interactions within and across public sector and societal actors. As such, widely accepted feature of public policymaking processes in liberal democracies in developed countries are being 'inclusive', with active participation by all members of the policy network, rather than being 'exclusive' to an 'inner-cycle' and embrace social 'diversity' 'in values, religious beliefs, life circumstances, lifestyles and other aspects of the human condition' (Boston & Callister, 2005, p. 1) rather than embracing 'uniformity'. Thus, divergent individual, organisational and/or collective actors with diverse intentions and preferences interact and participate in various stages of public policymaking. Public policy outcomes are the result of conflicts, bargaining, contestations and compromises of these *divergent* actors over problem definition, instrument selection and implementation in *inclusive* public policy and decision-making processes (Lindblom, 1979; Majone, 1989). Unsurprisingly, there is a high public trust in institutions and actions of public sector actors in most of the liberal democracies in developed countries.

Peters (2008) offers six key dimensions of Napoleonic administration, including an organic conception of state where societal actors are weak and subjugated to the dominant state, the centrality of law over management in public affairs, politicisation of bureaucracy, career civil service, uniform treatment of citizens, pre-eminence of law and centrality of judiciary in delivering public accountability. Based on an analysis informed by these dimensions, conventional wisdom holds that Turkey has most of the features of a Continental European Napoleonic administration, with additional features found within the Southern European sub-group 'whose administrative practice is shaped by exceptionally strong politicization, clientelistic relations and political party patronage with regard to recruitment to the civil service' (Bouckaert & Kuhlmann, 2016, p. 11–12). It is argued that 'Turkey is the most conservative and centralized Napoleonic country' in

this sub-group (Turc, Guenoun, Demirkaya, Rodrigues, & Dupuis, 2016: 122; see also Bolukbasi & Ertugal, 2019).

This view, however, needs to be revisited and revised incorporating the tectonic political regime change from a parliamentary democracy to a presidential one. Turkey has a unitary state with a presential system of government following the June 2018 presidential election which was part of general and parliamentary elections. The ruling party of the president regained its absolute majority in the parliament with 317 of 550 seats.[1] In the previous parliamentary system of government, the executive was checked and balanced by the parliament and independent judiciary in Turkey. In the presidential system of government, the office of prime minister was abolished and replaced with the office of president (see The Presidency of The Republic of Turkey, 2020); the officeholder also became the head of the state, government and ruling party. The Constitution of the Republic of Turkey, laws and presidential decrees are the principal institutional resources that enable the agency of the president.

> In the new system, for five years, *the president will directly or indirectly, determine and execute all public policies that are of concern to society*, from security to foreign policy, education and health, and will follow their implementations. *The president is expected to find solutions to chronic societal problems within the scope of these policies*; to ensure effective and productive procurement of public services; and to meet social demands and needs. (Sobaci, Mis, & Kosegolu, 2018: 1, my emphases)

Unsurprisingly, as Sobaci et al. (2018, p. 2) nicely put it, 'the president … becomes the leading actor in matters related to the executive power such as formation and conduct of basic public policies, providing public services, and the fulfilment of social needs. In this direction, the president will ensure coordination among ministries, control the administrative body, and appoint or dismiss high ranking public personnel'. As such, Turkey has moved from Napoleonic administration to what I call 'presidential administration'. Surprisingly, this change did not receive much attention in public policy research in Turkey (see Bakir & Ertan, 2018).

In the *presidential administration*, the president presides over centralised hierarchical system of government. And, his decisions and actions shape how other principal political and bureaucratic actors respond to policy problems. The context within which public policy decisions are made reflects the new version of hierarchical centralisation in public policymaking and politicisation of public service (for older versions, see Rouban, 2005). Turkey maintains what I call a 'strong leader tradition', which encompasses the 'presidentialisation' of the executive and 'presidential' administration, referring to the greater use of the president's unilateral power over the government, judiciary and bureaucracy in setting respective agendas and steering their implementation through the institutions and actors of the presidential system of government. The 'presidentialisation' of the executive branch and a 'presidential' administration increasingly direct public policymaking and administration, respectively (for an introduction and discussion of the 'presidential administration' concept which refers to the president's 'primacy in setting the direction and influencing the outcome of administrative process' in the US context, see Kagan, 2001, p. 2245; and Bulman-Pozen, 2019). These interrelated concepts in the

[1]Following his election by popular vote in August 2014 in the parliamentary regime, the president was re-elected in the presidential elections.

Turkish context broadly refer to the fundamental features of individual agency decisions and actions that are embraced rather than contested or reversed through external checks and balances by executive, legislative, judicial and/or bureaucratic actors. Normative values serve as cultural aspects of the structural context. Here, 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.

In addition to the presidential administration and its norms as structural factors, institutional (e.g. presidential degrees and practices that inform politics, policy and polity), and agential (e.g. the resources and capabilities of the president, the primacy of presidential decisions and actions that guide principal issues in public policymaking and administrative processes) factors inform the policymaking and implementation style (i.e. policy style) in Turkey. The normative values of presidential executive and bureaucracy are also reinforced by the formal institutions of the presidency, such as presidential decrees with the effect of law in the appointment, dismissal, transfer and promotion of politicians, judgesa nd senior bureaucrats. In doing so, such formal institutional resources are translated into presidential steering resources, producing strong incentives for the strategic alignment of political executives', legislatures', judges' and bureaucrats' decisions and actions with that of the president and the president's executive office. Here, the elite decision-maker in principal issues, including national, industrial or sectoral policy design and implementation, is the president, and politicians and bureaucrats carry out those decisions. Thus, policy design and implementation are centralised and cabinet members and bureaucratic actors have little discretion over policy design and implementation. This 'presidential governance' implies a hierarchical tendency in steering and managing public sector actors, policy programmes and outcomes, with centralisation, coherence and direct control. The logic of appropriateness, as an informal institutional product of this strong leader tradition, rests on the idea that the presidential will and choices are arguably assumed to reflect the national will and voters' choices. This is also reflected in the Constitution that the president represents 'the Republic of Turkey and the unity of the Turkish Nation' (The Presidency of The Republic of Turkey, 2020; for a detailed discussion on various aspects of political culture, regime and leadership in Turkey, see; Bora, 2017; Lancaster, 2014; Mis & Duran, 2018; Turan, 2015; Turk, 2014, 2018). Unsurprisingly, politicians and bureaucrats have a strong will to implement presidential decisions, and act quickly and decisively when needed. This view offers a new insight into the existing conceptualisation of the impositional style that mainly focuses on the relations between government and societal actors, ignoring the president's relations with government and society.

The 'exclusiveness' of the state rather than its 'inclusiveness' is one of the principal features of presidential governance in public policy and administration. It refers to an 'inner-cycle' policy design that takes place through 'backyard' presidential executive 'offices' (see Sobaci et al., 2018, p. 2–3), and embedded civil society organisations involving an exclusive group of individuals with mostly uniform rather than diverse educational backgrounds and worldviews (see Aras & Yorulmazlar, 2018; Lancaster, 2014). Policymaking consultation essentially takes place through councils embedded in the organisational structure of the presidency (Sobaci et al., 2018, pp. 2–3). Thus, inclusive consultation and compromise as well as the negotiation and bargaining with non-embedded interest groups and civil society organisations are not

central features of the current Turkish political system. The concentration of fundamental powers and resources results in a tendency to 'loyalty, obedience and commitment' in response to 'direction' rather than to an autonomous executive and bureaucratic will and actions in response to inclusive interactions with principal stakeholders as a political norm.

Regarding policy styles, Richardson et al. (1982) offer a widely recognised typology which has a significant heuristic value. They define a policy style as '*the interaction between* (a) *the government's approach to problem-solving and* (b) *the relationship between government and other actors in the policy process*' (Richardson et al., 1982, p. 13, emphases original). In this perspective, the central characteristics of a government's policy style relate to (1) whether 'governments [are] taking either *anticipatory/active* attitude toward societal problems, or taking an essentially reactive approach to problem solving … ' and (2) whether 'a government [is] very accommodating and concerned to reach a *consensus* with organised groups, or is it more inclined towards *imposing* decision notwithstanding opposition from groups' (Richardson et al., 1982, pp. 12–13, emphases original).

Where does Turkish national policy style fit in this typology? To date, it is widely accepted that 'The majoritarian system of government combined with a Napoleonic administrative tradition has produced a predominantly statist policy style in Turkey' (Bolukbasi & Ertugal, 2019, p. 352). However, in this view government rather than the president is the principal actor that seems less relevant in accurately describing the current Turkish administrative tradition and policy style; Turkey has a presidential system of government with a strong leader tradition. Its central features include presidentialisation of the executive and the presidential administration which marked significant departure from the six key dimensions of the Napoelonic administration (more below). Furthermore, the current the emphasis of Richarson's followers in the public policy and administration, and political science literatures on the state's relationship with societal actors is limited. This is because it assumes state as a monolithic entity. The impositional policy style may also contain an additional feature; the imposition of a decision from a president to a government, parliament, judiciary and/or public administration. Furthermore, 'anticipatory policy-making is not solely about dealing with problems that are not yet evident, but is concerned with problems about which we are very well informed right now and which, if not addressed now are going to get a whole lot worse … ' (Richardson, 2018, p. 9). It is the type of sectoral policy network that determine the state strength and approach to industry policymaking (for a theoretical framework, see Atkinson & Coleman, 1989; Coleman, 1996; for the Turkish context, see Bakir, 2015). Turkey has a *president-directed* national policy network.

This article offers contributions and insights for the conceptual and empirical research into the relationship between administrative traditions, policy styles, policy networks, and policy design and implementation. This body of literature has mainly focused on policy style variations within and across countries, different levels of government and different policy sectors (Freeman, 1985; Howlett & Ramesh, 2003; Richardson, 2018; Richardson et al., 1982). However, *this article highlights a variation within dominant policy style in the same policy sector* (more below). It argues that a temporal divergence from the dominant administrative and policy style is most likely when the issue is esoteric in an existential crisis with high uncertainty that require technical, scientific and specialist-led early, quick and decisive response to policy problems.

Various forms of substantive and procedural policy instruments in response to COVID-19 pandemic

Elite decision-makers in the state apparatus make choices from a wide variety of instruments to implement a policy and reach policy goals. Linder and Peters (1989, p. 37) note that 'instruments are designed to meet the requirements of problem situations rather than vice versa'. As Howlett (1991, p. 16) notes, policy styles refer to the 'observed preference of national governments for certain types of instruments given the nature of state-society relations existing in each nation'. Linder and Peters (1989, p. 49), 'expect national styles to be responsible for a fair amount of variation in instrument choice'. The main types of policy tools come in substantive and procedural forms (Howlett, 2019, p. 133–254, 2004). Governments use substantive instrument that refers to government's direct or indirect provision of goods and services to the target audience, whilst the procedural tool 'entails all the processes and activities necessary to coordinate the activities of policy actors in charge of formulating [policy], making decisions, and administering the alternatives' (Capano & Howlett, 2020, p. 9). These types of policy instruments and their various forms will inform the analysis in this section.

Public health policy and its instruments to implement containment of COVID-19 pandemic

The more centralized a state in a policy sector, the stronger it is *vis a vis* organized societal interests; and the stronger the state, the more it can intervene in a nation's policy sectors in an anticipatory fashion. The Turkish state is a hierarchically centralised unitary state with a president-directed policy network. The president and presidential office are at the centre of this network whilst the Ministry of Health (MoH) is the significant actor in implementing health policy. In response to COVID-19 pandemic, the worldwide common goal of health policy is to protect public health with the objective of containing the spread of the pandemic. The presidential system of government with strong leader tradition enabled the Turkish state to deliver early, quick and swift response in a proactive fashion. In this regard, Turkey introduced multiple preventive measures in airports, boarders and coasts through coordination and cooperation of the Turkish Ministry of Health, the Turkish General Directorate of Health Services for Borders and Coasts and İGA Airport Operation in mid-January 2020 (Istanbul Airport, 2020). The Health Minister, in his speech at World Health Assembly, the highest decision-making body of the World Health Organisation (WHO), noted that 'Turkey succeeded to delay spread of the virus through borders for three months and during this period the health system was prepared for the pandemic' (NTV, 18 May 2020). In this regard, the Turkish state was among the first in the world in its early response that suspended flights to China on 3rd February, and closed its border with Iran and halted flights from Iran on 23rd February as the first portfolio of measures to contain the spread of COVID-19 pandemic.

Furthermore, within four days following the first confirmed case of COVID-19 on 11th March, *substantive authoritative policy instruments* were introduced *proactively*. As a response to the president's directions, the Turkish state reacted quickly and decisively to limit the effects of COVID-19 pandemic including travel bans (12th March), quarantines for returning nationals (13th March) and the closures of schools/universities (12th March),

stores and entertainment venues (15th March) (for authoritative policy tools, see Howlett, 2019, ch., p. 9). In contrast to Turkey, the implementation of such measures took from 30 to 42 days following the first diagnosis in major countries, including Italy, Spain, the United Kingdom, Germany, France and the USA (see Brookings, 2 April 2020). As COVID-19 was unfolding, additional substantive authoritative instruments were introduced. They came in many different forms, including command and control regulation such as all entry into and exit from 31 of Turkey's provinces was banned, weekend curfews were imposed in these provinces, a nation-wide curfew was imposed on those under 20 (provided that they do not work) or over 65, and protective face mask wearing was made compulsory in all public areas.

The unfolding of the impact of COVID-19 outbreak exposed the linkages between a risk of implementation failures, and Turkey's presidential system, its tradition and policy style. The implementation of mandatory face mask usage and curfew measures are two notable examples. The first main episode of policy design and implementation failure in the procedure of the health policy came in the form of picking the wrong bureaucratic actor to implement the substantive policy tool of distributing face masks to the public. A chronological listing of face mask decisions and implementations between 3 April and 6 May shows nine different government directives and is sufficient to illustrate the sequence of implementation failures from the Turkish Postal Service's (PTT) failure to distribute the masks to the crash of its website (see Dokuz8 Haber, 6 May 2020). The distribution of protective masks to the public was one of the products of the quick and swift policy measures that came with a series of implementation failures over one month. This was due to the 'exclusive' rather than 'inclusive' and 'uniform' rather than 'diverse' features of the policy design and implementation context. The inclusion of diverse stakeholders such as municipalities and pharmacists' associations in policymaking could have prevented such a vicious cycle of implementation failures. For example, on 6 April, the senior representatives of the Media, Communication and Postal Employees Union (Haber Sen) had already noted that the PTT would not be able to deliver face masks to 25 million households with its 14,000 delivery workers (DuvaR English, 7 April 2020). Arguably, given the fair assumption that senior managers know the resources and capabilities of their organisations, the senior bureaucrats of the PTT had already known that they would not be able to perform the task with their limited human resources. However, in line with the presidential bureaucracy, they positioned themselves as loyal, obedient and committed actors whose primary role was to implement presidential decisions.

The second main episode of implementation failure in the procedure of the health policy came not in the form of picking the wrong bureaucratic actor to implement the substantive authoritative policy tool of the weekend curfew but in the form of poor implementation by the right bureaucratic actor. The Interior Minister announced a weekend curfew in 31 provinces on Friday, 10 April at about 10pm, two hours before the curfew went into effect at midnight, which prompted tens of thousands to rush to the streets for shopping without face masks and social distancing in these provinces. This decision undermined the substantive and information-based health policy instruments. The Minister of Health, in his regular daily press conferences broadcasted live on various television channels, was promoting credibility and trust in policy measures through data transparency which gradually improved in content over time. He, however, had not referred to the curfew decision in the press conference broadcasted on TV on the Friday

night. The Interior Minister noted in his public announcement of the weekend curfew that he responded to 'the order of the president' (cited in NTV, 11 April 2020). Following this fiasco, in his resignation message on 12 April, he asked ' ... Mr. President, whom I will be loyal to the end of my life, forgive me' (cited in *Milliyet*, 12 April 2020). These actions of the Interior Minister mirrored the prevailing normative value of the 'presidentialisation' of the executive, and impositional policy style.[2]

The weekend curfew decision showed the public that it was not the public health leadership through the Minister of Health and the members of the SAB to lead the Turkish response to COVID-19 outbreak but the political leadership of the president and presidential executive. Thus, the impositional policy style in health sector in the crisis environment did not only inform the introduction of this authoritative policy instrument, but it also resulted in its counterproductive effects which would otherwise not had occurred. However, this implementation failure emphasised the 'esoteric' nature of the policy issue to the presidential executive and bureaucracy which opened a temporal space for the evidence-informed and expert-led health policy design and implementation (more below).

Turkey has one of the lowest COVID-19 death rates (52 per million population) than most of the European countries (Worldometers, 30 May 2020). Furthermore, it has a low fatality rate of 2.8%, high recovery rate of 72.6% and critical cases treated under Intensive Care Units (ICU) are just 0.4% of all cases (Coronatracker, 30 May 2020). Unsurprisingly, the bed occupancy rate reduced from 70% to 30% and the ICU bed occupancy rate reduced from 80% to 60% during the period between March and April 2020 (Saglik Bakanligi, 24 April 2020). There were multiple complementarities reinforcing similar incentives and enabling conditions arising from interactions among structural, institutional and agential factors that informed effective policy responses and these results.

The Minister of Health, like other members of the Council of Ministers, is an unelected politician chosen and appointed by the president following the 2018 general elections. At individual agency level, he is an expert as a medical doctor with knowledge and expertise in the health sector. He set up the SAB to develop policy to contain the effects of COVID-19 pandemic on 10 January 2020. The SAB is the only *procedurally oriented implementation tool* composed of medical scientists. Several countries had already been adversely affected by COVID-19, and their respective states introduced various policy measures, whilst the WHO had advised on the health responses. The Minister and the SAB monitoring these cross-national policy responses, and developments in policy implementations, and treatments and vaccines related to COVID-19. Thus, there was an 'epistemic learning' at agency level where high 'uncertainty' was 'coupled with the existence of an authoritative body of knowledge and experts who are willing and able to interact with policy-makers and take a proper role in the policy process' (Dunlop & Radaelli, 2018, p. 259). The spread and effects of COVID-19 pandemic, and the policy responses in other countries certainly informed what policy goal, objectives and instruments are conducive to limit its effects. Thus, at the agency level, the Turkish public sector actors' policy responses, in part, were informed by the concrete experiences of other states.[3]

[2]The Minister's resignation decision was subsequently reversed by the president.

Substantive information-based tools which were 'involved in communicating "knowledge" or "information" to target groups in the expectation that this will alter their behaviour' (Howlett, 2019, p. 225) were also introduced in tandem with the authoritative tools. The Health Minister had daily public appearances broadcasted on national television channels and used digital platforms to effectively communicate information to the Turkish public. In addition to factual information campaigns, the Health Minister also integrated 'moral suasion' to his messages to persuade the public through rhetorical appeals such as 'life at home'. Mass media campaigns also came in the form of public service announcements with public education and rhetorical appeals. These policy tools aimed at reinforcing voluntary compliance (e.g. 'stay at home', self-quarantine and social distancing).

Communicative discursive strategies as policy tools have not received much needed attention in policy design literature (for an example, see Howlett, 2019). These strategies, however, are critical in policy effectiveness because they shape public perceptions of policy issues and influence decisions and actions of the target audience through sense and meaning making. Thus, in addition to substantive information-based tools, the Health Minister used effective communicative discursive strategy that take place among political actors and public 'about the necessity and appropriateness of such policies' (for communicative discourse, see Schmidt, 2008, p. 310). The aim of this strategy is to influence thinking, decisions and actions of the public through sensemaking processes. The Minister defined COVID-19 pandemic as a 'public health threat' and 'enemy' to 'fight against' with the effective use of 'social distancing', 'quarantine' and 'isolation weapons' with 'solidarity':

> Since its first announcement to international community on 31 December 2019, our country treats this threat as a health issue which is left to science and scientists. Trust our strategy which separates this public health threat from [political] issues. This is a war, public health war. Our aim is to [win the war] with minimum casualties [and] contain the virus as soon as possible … Now solidarity comes with isolation … (*Hurriyet*, 3 April 2020; *Milliyet*, 10 April; 2020)

This discursive policy tool was reinforced through daily, consistent and transparent communication strategies which informed the public perception of a serious public health problem as a national existential threat and enemy. In doing so, it legitimised the introduction and implementation of authoritative substantive policy instruments and generated public trust in these instruments reinforcing their effectiveness.

In addition to their advisory role, some of the members of the SAB also played a crucial role in making sense of COVID-19 and moral suasion. They used substantive information-based tools and actively used various information dissemination tools such as broadcasts, newspapers and social media. In doing so, they actively reinforced the decisions and actions of the Minister of Health. The substantive and procedural tools in the instrument mix can be considered consistent and complementary as they reinforced the same policy objective of containing the spread of COVID-19. The healthcare crisis as a temporal context, the perception of COVID-19 as an existential threat at discursive level, and esoteric nature of policy issue created conducive environments for the

[3]It should be noted that, despite its effectiveness in treatment of COVID-19, Turkey uses controversial 'the anti-malarial drug, hydroxychloroquine, as standard … [that] has been roundly rejected by the latest international research' (BBC, 28 May 2020).

introduction of the health policy goal and objectives, and the implementation of instrument mixes that mostly reflected the preferences of the Minister and the SAB.

Organisational policy capacity matters in state responses to policy issues (Bakir & Coban, 2019; Wu, Ramesh, & Howlett, 2015). At organisational level, the MoH has organisational resources and skills (i.e. analytical policy capacity) which are aligned with effective policy implementation (i.e. operational policy capacity). These resources and skills were informed by Turkey's long historical experience in handling diverse health crises (Cengiz, 2020; Ozkaya, 2016). For example, following the Marmara earthquake in 1999 which claimed the lives of about 17,000 people, Turkey has been upgrading its infrastructure in the healthcare sector. These efforts were accelerated with the World Bank-supported the Health Transition Project between 2003 and 2013, which expanded the capacity of MoH and the Social Security Institute to formulate and implement health policy (see World Bank, 2018). In the words of the World Bank country director for Turkey, 'And then some of these hospitals that we had strengthened, contributed to Turkey's capacity in the fight against the virus' (cited in *Daily Sabah*, 2020). The Social Security and Universal Health Insurance Law of 2008 which resulted in universal health coverage was informed by the technical assistance of the World Bank. This law was one of the key institutional sources for the MoH's operational capacity. It ensured citizens to receive Coronavirus treatment and medicine in public hospitals without causing financial hardships, made the difference to Turkey's response to COVID-19 (for the significance of universal healthcare in times of COVID 19, see Kickbusch & Gitahi, 2020). The ICU bed capacity for adults is another critical agency-level factor informing state's capacity in responding to COVID-19. Turkey had the fourth highest intensive care capacity in Europe with 20.1 beds per capita in 2012 where the European average was 11.5 (EuroNews, 24 March 2020). The ICU capacity ramped up to 29.4, or 46%, in 2018 in Turkey. At institutional level, the privatisation of healthcare system contributed to this result through investments in health-care infrastructure. Thus, the state was relatively prepared and had a strong organisational capacity in responding to COVID-19 pandemic.

The authoritative substantive policy tool of a nation-wide curfew was imposed on those under 20 (provided that they do not work) or over 65 proved highly effective as it was operating in appropriate demographic and cultural structural context that informed and enabled effective agential action. Turkey has a younger population with the estimated median age of 31.4 than most of the European countries. Indeed, a recent cross-country research has shown that there is a powerful interaction of demography and current age-specific mortality for COVID-19. It suggests that 'social distancing and other policies to slow transmission should consider the age composition of local and national contexts as well as intergenerational interactions' (Dowd et al., 2020, p. 9696). The age structure also informs the selection of instruments and their effectiveness. One of the most significant authoritative policy tools was the nation-wide curfew covering those under 20 or over 65 which targeted 25.5 million and 7.5 million citizens, respectively (TUIK, 2019). Thus, the sum of the target audience was 33 million, or about 40% of total population. Cultural tradition regarding family in the Turkish society is also a structural complementarity reinforcing conducive demographic age structure. This involves 'interdependence' where kinship ties, and the family ties enjoy significance for an individual (Vergin, 1985). As such, families are the principal sources of material and psychological welfare for both

(adult) children and elderly (Kağıtçıbaşı & Ataca, 2005; Kalaycıoğlu & Rittersbergertılıcx, 2000). In this cultural context, adult children take care of the elderly parents who traditionally assume lifelong parental role. Unsurprisingly, less than 0.05% of those over 65 were care home residents in Turkey (Karakus, 2018, p. 32) which contributed limiting COVID-19 deaths in care homes. This offered a conducive cultural structural context for the introduction and effective implementation of the nation-wide curfew for these target groups.

On 15 April 2020, the Health Minister introduced and implemented an aggressive Contact Tracing Program with success to trace the contacts of every new case of coronavirus, and then isolate them to stop the disease from spreading. This social network targeting approach was informed by another cultural feature, strong social networks in Turkey. On 18 April 2020, the minister also introduced Pandemic Isolation Tracking Project which aimed to track whether positive COVID-19 cases comply with the isolation measures. This operational capacity was the collective product of multiple and distinct public and private sector actors including MoH, Information and Communication Technologies Authority, and GSM operators that worked in coordination and collaboration. The contact tracing policy program was effective as it was operating in appropriate cultural context of strong social networks. Accordingly, desired/preferred policy outcomes are most likely when multiple complementarities and enabling conditions arising from interactions among structural, institutional and agential factors reinforce intentional agential actions and override that of contradictory ones (Bakir, 2013, 2017).

In the public health crisis environment, the Turkish state also adopted a selective and pragmatic strategy in addressing technological and technical healthcare issues in a proactive and inclusive way by exercising discretion and blending various resources and capabilities of divergent and multiple actors. For example, the Ministry of Industry and Technology and the MoH initiated a coordination and collaboration with three leading technology firms (Arcelik, Aselsan and Baykar Savunma) and a start-up company (Biosys). State-owned Aselsan and privately owned Baykar Savunma actively involve in the Turkish defence industry, whilst Arcelik is the leading white goods producer in Turkey. These firms design and test the first prototype of the mechanical ventilator which started its operations on 22nd March. Team of 124 engineers from the four technology firms worked 7/24 in Arcelik Garage, one of the largest rapid prototyping centres in the world, for the development, testing and mass production of mechanical ventilators that will be used for respiratory support to patients in intensive care (Arcelik, 2020; *Anatolian Agency*, 23 March 2020a). The mass production started in late April aiming to deliver 5000 ventilators by the end of May (*Anatolian Agency*, 26 April 2020b).

Conclusion

Drawing on the Turkish state's policy responses to limit the effects of COVID-19 pandemic between January and May 2020, this article has argued that esoteric nature of global health crisis (i.e. technical, scientific and expert-led) and its discursive framing as an existential pandemic threat under high uncertainty in an extraordinary time opened a space for presidential executive and presidential bureaucracy to exercise discretionary autonomy and authority in authoritative actions, and to adopt inclusive and diverse

approach towards effective policy design and implementation. These features of the public policy and decision-making diverge from the dominant impositional and exclusive approach informed by president-led policy network.

This insight makes a novel contribution to the past literature. In contrast to the conventional perspectives on administrative, political, and policy traditions, policy styles and networks that depict state's policy responses as a one-shot fixed interaction between the organisation of state and society, this article highlights the significance of the temporal context (i.e. crisis vs non-crisis environment), dimension of policy issue (i.e. esoteric vs exoteric) and its framing (i.e. existential vs non-existential) and non-temporal structural, institutional, and agential explanatory factors that inform a dynamic interaction between state and society in public policy and decision-making. This perspective thus advances our understanding of when and how a divergence from the principal features of administrative tradition and policy style and network takes place in political science and public policy literature.

Specifically, this article shows that although 'presidentialisation' of executive, and 'presidential bureaucracy' under presidential system of government are critical to introduce policies and implement their instrument mixes without delay or being vetoed or watered down which would otherwise occur in the parliamentary system of government, they pose risks of policy design and implementation failures when the policy problems are poorly diagnosed, their policy solutions are wrong, and/or complementary policy instrument mixes implemented ineffectively. However, if the policy issue is 'esoteric' in an existential crisis environment, a *temporal, albeit a temporary space* for principal executive and bureaucratic agents are opened to exercise discretionary autonomy and authority in authoritative actions, and to adopt inclusive and diverse approach to effective policy design and implementation.

It should be noted that the findings and conclusions in this article are limited as the health crisis is still unfolding and we need further data and comparative analyses. Given the common external shock of COVID-19 pandemic, it will be intriguing questions to investigate when, how and why countries with similar political institutions, administrative traditions, types of policy networks and policy styles adopt divergent policy instruments and have divergent policy outcomes; or why there are divergences in the instrument effectiveness and policy outcomes across countries when they adopt almost identical policy instruments. A detailed cross-national, industrial and sectoral research on the role of interactions among multiple structural, institutional and agential explanatory factors in explaining policy design and outcomes through reinforcing similar incentives and enabling agential action worth future consideration.

Acknowledgments

Author is thanks editors, reviewers and Sinan Akgunay for the constructive comments and suggestions. The earlier version of this article was presented in a webinar organized by Jae Moon at the Yonsei University on May 21, 2020.

Disclosure statement

No potential conflict of interest was reported by the author.

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