

Public Policies against the Covid-19 Pandemic: The United Nations, The European Union and Türkiye

Covid-19 Pandemisine Karşı Kamu Politikaları: Birleşmiş Milletler, Avrupa Birliği ve Türkiye

Abstract

This study delves into the public policies implemented by the United Nations (UN), the European Union (EU), and Türkiye in their endeavors to combat the Covid-19 pandemic, which was initially reported to have emerged from the city of Wuhan in the Hubei province of the People's Republic of China in late 2019. Specifically, the study aims to examine and analyze the effectiveness of these actors in managing the Covid-19 and its impact on public health, the economy, and social well-being. Through a comparative lens, the study seeks to shed light on the national and global efforts undertaken by these actors to protect public health and mitigate the socio-economic consequences of the pandemic. To achieve its objectives, the study begins with providing a comprehensive understanding of the concept of public policy and its relevance in the context of managing public health crises. Furthermore, by providing a historical analysis of past pandemics, it engages in discussions on drawing lessons from previous experiences for the current pandemic's management and policymaking. Subsequently, the strategies that pursued by UN, the EU and Türkiye in tackling the Covid-19 outbreak are critically examined and evaluated. In order to make a comparison between different political organizational levels (international organization, regional cooperation, and nation-state) in combating the pandemic, these actors have been selected. The study assesses the efficacy, effectiveness, adaptability, problem-solving capacity, and establishment of global solidarity through an evaluation framework, which encompasses various criteria by using qualitative analysis methods. Subsequently, the study seeks to offer nuanced insights into the strengths, limitations, and lessons learned from the public policies formulated and implemented by these actors during the Covid-19 pandemic. By undertaking this academic inquiry, the study would contribute to the scholarly surrounding pandemic management and public policy formulation. It also contributes to the understanding of the effectiveness and impact of public policies in the context of a global health crisis and provides a background for public health policy makers and stakeholders. The analyzed public policies show that the actors basically pursue similar policies, but there are differences in terms of timing.

Keywords: Politics, Covid-19, Public Policy, United Nations, European Union, Türkiye.

Öz

Bu çalışma, Birleşmiş Milletler (BM), Avrupa Birliği (AB) ve Türkiye'nin Koronavirüs Hastalığı 2019 (Kovid-19) salgınına yanıt olarak izlediği kamu politikalarına odaklanmaktadır. Bu politikaları Covid-19 krizini yönetme bağlamında inceleyerek etkinlik ve verimlilik açısından analiz etmektedir. Karşılaştırmalı bir bakış açısıyla bu aktörler tarafından ulusal ve küresel düzeyde oluşturulan politikalara ışık tutmayı; halk sağlığını korumak ve salgının sosyo-ekonomik sonuçlarını hafifletmek için alınan önlemleri değerlendirmeyi amaçlamaktadır. Amaçlarına ulaşmak için öncelikle kamu politikası kavramının kapsamlı bir tanımını sunarak kamu sağlığı krizlerini yönetme bağlamında önemini açıklamaktadır. Ayrıca geçmişteki salgınlara ilişkin tarihsel bir anlatı sunarak mevcut salgınla mücadele politikalarına önceki deneyimlerden çıkarımlar yapmaktadır. Sonrasında BM, AB ve Türkiye'nin Covid-19 salgınıyla mücadelede izlediği stratejiler eleştirel biçimde incelenmekte ve değerlendirilmektedir. Salgınla mücadelede farklı siyasal organizasyon düzeyleri (*uluslararası örgüt, bölgesel birlik ve ulus-devlet*) arasında bir karşılaştırma yapmak amacıyla bu aktörler seçilmiştir. Nitel analiz yöntemleri ile hazırlanan çalışma; etkinlik, etkinlik, uyum sağlama yeteneği, sorunları çözme kapasitesi ve küresel dayanışmanın kurulması gibi kriterleri içeren bir betimsel bir değerlendirme çerçevesi ile konuya eğilmektedir. Bu yönlerin titizlikle incelenmesiyle Covid-19 salgınına yanıt olarak aktörler tarafından formüle edilen ve uygulanan kamu politikalarının güçlü yanlarını, sınırlarını ve çıkarılması gereken dersleri analiz etmektedir. Böylelikle pandemi yönetimi ve kamu politikalarının oluşturulmasına ilişkin akademik literatüre katkıda bulunmaktadır. Ayrıca küresel bir sağlık krizi bağlamında kamu politikalarının etkinliği ve etkisinin anlaşılmasına da katkıda bulunarak kamu sağlığına ilişkin politika yapıcılar ve paydaşlar için bir bilgi birikimi sunmaktadır. İncelenen kamu politikaları bakımından aktörlerin temel olarak benzer politikalar izlediği fakat zamanlama noktasında farklılıkların söz konusu olduğu anlaşılmaktadır.

Anahtar Kelimeler: Siyaset, Covid-19, Kamu Politikası, Birleşmiş Milletler, Avrupa Birliği, Türkiye.

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Introduction

The history of humanity is replete with a litany of diseases, both infectious and non-infectious, that have profoundly impacted human life. This includes devastating ailments such as the plague, measles, chickenpox, Ebola, cholera, malaria, polio, HIV/AIDS, Hepatitis, and yellow fever. As a result, the struggle against epidemic diseases has been a crucial aspect of human endeavor throughout history. This battle has been waged at every level of human organization - from the Ancient Greek city-states to vast empires, from feudal states to modern nation-states, and more recently, by international organizations. Epidemics have consistently presented a significant threat to both societies and individuals alike. The onset of the 21st century witnessed one of the most daunting challenges in this ongoing battle: the Covid-19 pandemic. This crisis commenced with the detection of the first case in the China region towards the end of 2019 and rapidly escalated into a worldwide pandemic. It not only affected individuals but also prompted a concerted response from governments, states, regional coalitions, and international organizations, facing them with a multifaceted crisis.

These political organizations, confronted with a sudden crisis, have been subject to various aspects of criticism, both within academic and non-academic discussions, particularly regarding allegations of inadequate crisis management. For instance, scholarly studies have pointed out that the liberal international order has faced significant crises in tandem with the pandemic, resulting in transformative effects on the dynamics and structure of the international system (Kahl and Wright, 2021; Debre and Dijkstra, 2021). Other studies argued that international organizations have been insufficient in developing effective policies for combating the pandemic (Benvenisti, 2020) and have called for substantial reforms to enhance global coordination among international organizations (Gostin, Moon, and Meyer, 2020). Moreover, comprehensive analysis examined the roles of international organizations in global pandemic response, their performance in managing the crisis, the public policies they have formulated, and the practices they have implemented (Patrick, 2020; Fukuyama, 2020; Kenwick and Simmons, 2020; Ladi and Tsarouhas, 2020; Alvarez, 2020; Altınkaya, 2020; Arslan and Karagül, 2020; Yıldız and Uzun, 2020). Studies analyzing the efforts of Türkiye and the European Union in combating the pandemic have also been conducted. These investigations analyzed the measures taken in reaction to the epidemic, the state of readiness for pandemics, and the entities and actors engaged in the endeavor (Demirhan and Korkutan, 2022; Bozaslan, 2020; Koçak and Sarı, 2021; Turan and Hamza Çelikyay, 2020).

Covid-19 undeniably marked one of the significant crises of the 21st century, severely impacting countries and international organizations on social, economic, psychological, and political fronts. However, the World Health Organization (WHO) has declared an end to the global health emergency status of Covid-19 in 5 May, 2023. China, the USA, several European countries, and Türkiye have lifted a significant portion of their COVID-19-related measures. For instance, in January 2023, the first flight to China departed from Istanbul. In March, the Netherlands lifted all restrictions, and in June 2023, Spain abolished the mandatory mask-wearing requirement in public spaces.

This study conducts a comprehensive examination of both the immediate and enduring ramifications of public policies implemented by the United Nations, the European Union, and Türkiye in the post-pandemic period. The primary objective is to compare the pandemic response strategies of these three distinct political actors. The United Nations and the European Union are considered super-decision-making bodies, transcending the level of individual member countries. This perspective is adopted due to the overlapping membership of countries in both the UN and the EU. Türkiye, as a member of the UN, is also included for a broader comparative analysis. The study focuses on the central decision-making processes of the UN and the EU, treating them as overarching entities. It aims to assess the effectiveness of the public policies formulated by these actors in the context of combating the pandemic. To lay the groundwork, the study begins with an explanation of the concept of public policy. It then moves on to discuss historical pandemics, with a particular emphasis on the significance of the Covid-19 outbreak. The core of the study involves a detailed analysis of the public policies implemented by the United Nations, the European Union, and Türkiye. It examines the strategies these entities employed in their fight against Covid-19. The study culminates in a comparative discussion, evaluating the effects and effectiveness of these public policies during the pandemic response. This comparative analysis aims to provide insights into the varied approaches of global and regional organizations, as well as individual nation-states, in managing unprecedented global health crises.

Public Policy

Public policy has many meanings. For example, one definition associates it with what governments do, why they do it, and the resulting changes in society. It is also acknowledged that governments can also shape public policy by choosing not to act. Thomas R. Dye (2017: 1) defines public policy in a narrow sense as everything governments choose to do or not to do. J. E. Anderson (2010: 6) similarly views public policy as the activities of official bodies. Public policies are also defined as the process of decision-making and implementation of decisions by political actors that will affect the lives of citizens (Levander, 2009: 67; Jenkins, 1978: 35). Actions, methods, strategies, and procedures taken by the authorized organs of the state - the government and public institutions - and individuals, utilizing their authority derived from laws, are also included within the scope of public policy (Çevik and Demirci, 2012: 5). Another definition characterizes public policy as the entirety of processes and actions aimed at the public interest, taking place within a domain of public activity, where specific intentions are disclosed, proposals and suggestions are evaluated, governments or authorized individuals develop programs through laws or decrees regarding public issues, allocate resources, and provide financial support (Hogwood and Gunn, 1984: 13-19).

Accordingly, it appears that public policy entails two dimensions: its relationship to public issues and its formation by official bodies. However, in recent times, public policies are also used to refer to a multi-actor consensus process established to meet the demands of citizens. This reflects a multi-stakeholder approach (Yıldız and Sobacı, 2013: 17). Hence, it can be acknowledged that public policies are a process based on the interaction of multiple actors. Aydın Usta (2013: 81-82) highlights the pluralistic nature of public policy processes, explaining these elements as follows: actors with the authority to make decisions, develop strategies, and utilize resources, consisting of individuals or groups; discourses that involve normative and cognitive assessments influencing activities, conditions, and feedback; institutions that

coordinate activities through procedures, rules, and norms; processes that regulate mutual impact-reaction dynamics in public policy and explain the actions of actors if they change; outcomes that represent the effects or outputs of public policy. Based on this, the main characteristics of public policies can be listed as followings (Akdoğan, 2011: 76-77):

- Public policies are not created randomly; they have specific objectives.
- While the processes of public policies may vary from country to country, they typically go through similar stages due to the continuity of states.
- Public policies encompass not only individual actions or activities but also encompass the entirety of decision-making and implementation directed towards a goal.
- There is no requirement for public policies to be either positive or negative; policymakers can create public policy by choosing not to take action.
- Public policies are often shaped in response to demands that arise from the grassroots, particularly in democratic regimes.
- Public policies are generally binding, and the involvement or non-involvement of actors does not change their binding nature.

Ultimately, public policy may be elucidated as a multifaceted framework encompassing a myriad of actions and endeavors entailing the meticulous analysis and resolution of pressing societal matters, problems, or needs that directly or indirectly affect the public agenda, with the aim of identifying the best possible solutions. Public policy entails a process of analysis that includes the participation of both official and unofficial actors, where proposals, recommendations, plans, and programs are evaluated in response to identified problems. It encompasses the implementation or non-implementation of solution proposals and the assessment of the policies that are ultimately decided upon. In essence, public policy involves a range of actions and activities that evaluate and address public problems, taking into consideration the contributions of various actors, both formal and informal.

Beyond its conceptual definition, public policy is also considered as a discipline in its own right. For instance, within the framework of public policy analysis, data collection, analysis, interpretation, and explanation methods are employed in academic research. These methods involve establishing cause-and-effect relationships regarding the societal problems and needs addressed by public policies, presenting different alternative solutions to these problems, and assessing the changes resulting from the implementation of these policies (Kraft and Furlong, 2013: 95). In other words, public policy analysis involves the examination of the rationale, implementation, and outcomes of government policies, whether proposed or implemented (Erat, 2014: 94). Public policy analyses are detailed investigations that take into account society's values and current social conditions, providing policymakers with recommendations and suggestions (Weimer and Vining, 1998: 27). With the emergence of public affairs, the foundation for studying public policy-making and processes was established, leading to the development of public policy as a distinct discipline. Over time, the field of public policy has evolved around three main axes. Firstly, the classical period, which encompasses studies focused on decision-making and rationality. Secondly, the synthetic or integrative approaches period, which represents the merging of decision-making theories with agenda-setting methods. Lastly, the period of comparative political economy applied methodological and

modeling approaches from international relations and comparative politics pertaining to the domain of public policy (John, 2015).

The History of Epidemic Diseases and the Covid-19

Epidemic disease, synonymous with *epidemi*, is defined as the rapid transmission of a disease or condition to a large portion of humans, animals, or plants in the surrounding area, resulting in its widespread dissemination and affecting many individuals simultaneously (Turkish Language Association, 2022). On the other hand, *endemic* refers to the continuous presence of a disease in a specific region or community (Euronews, 2020a). Pandemic, an etymological amalgamation of the Greek terms *pan* denoting *all* and *demos* signifying *people* designates the global dissemination of a disease. (Parıldar, 2020: 19).

The advent of epidemic diseases, presenting peril to human health, has been intertwined with the presence of humankind throughout the course of history. From ancient times to today, epidemic diseases have been an inevitable part of human life. It is noted that the transition to settled life and the increased contact between humans and microbes in nature have played a significant role in the emergence of epidemic diseases caused by viruses. In other words, it can be said that epidemic diseases originate from the forced entry of microorganisms, whose natural habitat has been destroyed by humans, into human living spaces and from the domestication of animals such as dogs, horses, and cows (Nikiforuk, 2001: 26-39).

Epidemic diseases have reoccurred at various periods since the 2nd century AD, resulting in the deaths of numerous individuals. For instance, the Antonine Plague, believed to be caused by the measles and smallpox viruses, caused the loss of nearly 5 million lives, deeply affecting the socio-economic conditions of the Roman Empire and exerting a notable influence on its abatement (Akpınar, 2012: 97). By the 14th century, approximately 25 million out of a European population of around 100 million, and a total of 200 million people worldwide, succumbed to the Bubonic or Plague, also known as the Black Death, which had a profound impact. In 1665, the plague outbreak in London, England, resulted in the death of approximately 68,000 people. In contrast, the smallpox virus caused the death of 56 million individuals between the 16th and 18th centuries (Anderson and May, 1991: 1-2).

The cholera epidemic caused by the cholera bacterium, first observed in India in 1817, emerged in various regions of the world at certain periods until the 20th century, resulting in the loss of approximately 1 million lives. Presently, cases caused by the cholera bacterium are still observed in Africa (Waldman and Claeson, 2019). In the 19th century, the bubonic plague, starting in the Far East, spread to other continents and caused the death of approximately 12 to 15 million people until the mid-20th century (Frith, 2012: 15). Additionally, during this period, the outbreaks of Influenza A-B and H1N1, known as the Russian and Spanish Flu, resulted in the death of more than 50 million people (Gregg et al., 1978: 2261).

In the 21st century, outbreaks caused by the coronavirus family, closely related to our present time, began to occur. The first case of Severe Acute Respiratory Syndrome (SARS) was reported in Asia in February 2003. This airborne-transmitted outbreak spread to North and South America and Europe as well. In 2009, the H1N1 Influenza Virus, also known as Swine Flu, emerged in the United States and upon examination of the virus's structure, it was found to have been transmitted from pigs. On July 11, 2009, the

WHO officially declared the outbreak as a pandemic (Centers for Disease Control and Prevention, 2010; 2017). Middle East Respiratory Syndrome (MERS), starting in Jordan in 2012, spread to the Arabian Peninsula and later to the Republic of Korea (Parıldar, 2020: 20). In 2019, another global outbreak emerged, known as Covid-19. Coronaviruses (CoV), a wide family of viruses that can cause serious respiratory diseases ranging from common colds to MERS and SARS, affected humans and animals. SARS Coronavirus 2 (SARS-CoV-2) caused the Covid-19 pandemic, which, according to WHO data, infected approximately 800 million people and resulted in the loss of nearly 7 million lives by the middle of 2023 (WHO, 2023.)

Covid-19 began with the reporting of pneumonia cases of unknown origin in the city of Wuhan, Hubei province, People's Republic of China, at the end of 2019. In January 2020, the WHO China Country Office announced that the source of the pneumonia cases was a novel coronavirus (nCoV-2019) detected for the first time in humans, and it was designated as the Coronavirus Disease 2019 (T.C. Sağlık Bakanlığı, 2020: 5). Initially, Chinese state and health authorities emphasized the possibility of the virus being transmitted from animals to humans, but used the term *unknown pneumonia* (Huang, 2020). On January 11, 2020, Chinese officials announced the death of a 61-year-old patient due to pneumonia in the city of Wuhan (Al Jazeera, 2020a). The outbreak, which rapidly spread from China to the rest of the world, was first observed outside of China in Thailand on January 13 and reported in Europe with positive cases in France on January 24, 2020. Positive cases were also reported on the same day from South Asia and the United States (Al Jazeera, 2020b). On January 30, the WHO Director-General called for a meeting of the International Health Regulations (2005) Emergency Committee and classified Covid-19 as a public health emergency of international concern. On March 11, 2020, in the wake of the widespread dissemination of the disease, the WHO pronounced Covid-19 as a pandemic (WHO, 2020b)

Subsequent to the proclamation of the pandemic, governments swiftly implemented a range of restrictive measures, while a state of global alarm ensued. In light of the escalating crisis, international organizations and nation-states alike promptly embarked upon concerted efforts to address the outbreak, initiating the formulation of comprehensive plans, programs, and policies aimed at mitigating its impact.

Public Policies versus the Covid-19

In this section, the public policies of the UN, the EU, and Türkiye are comparatively examined, focusing on both their preparedness policies for the pandemic crisis and the public policies implemented during the outbreak period.

The United Nations

International organizations are non-profit political entities established among states to achieve specific interests and operate in accordance with international law. The emergence of international organizations stems from the realization that common problems affecting multiple states cannot be effectively resolved within a nation-state-based system. These organizations undertake various functions such as seeking solutions to common problems, harmonizing states' policies, supporting welfare and economic development, fostering cooperation among states, establishing an environment of international peace and security, and ensuring the protection and sustainability of human health and social security

(Baharçipek, 2011: 231-239). In line with these responsibilities, many international organizations have implemented public policies immediately after the outbreak of Covid-19 to combat the pandemic and minimize its adverse effects worldwide. These organizations have undertaken activities such as informing individuals and states about the diagnosis, diagnosis, and treatment processes of Covid-19, explaining the measures to be taken to reduce the spread of the pandemic, providing healthcare personnel and equipment support to countries in need in the fight against the pandemic, conducting activities covering ways to overcome the pandemic, such as vaccine development, and formulating plans for the return to the pre-pandemic situation. These efforts by international organizations serve as examples of global policies in combating pandemics (United Nations, 2020; IMF, 2021; World Bank, 2022; United Nations, 2022). The UN has played a prominent role as one of the key actors in the international system in this fight. In fact, one of the founding purposes of the organization at the San Francisco Conference held in the aftermath of World War II was to address global crises (Ateş, 2012: 154).

Within this responsibility, the UN defines itself on its website as the global guardian of public health and states that it has contributed to the improvement and preservation of global health since its establishment. The UN, as part of its pursuits in the domain of global health, is actively engaged in vital endeavors, such as the implementation and promotion of the Sustainable Development Goals, which are underpinned by the discourse of health and well-being. In this context, the UN, in line with its health and well-being program, primarily adopts the following goals (UN Department of Economic and Social Affairs, 2021):

- Reducing maternal mortality
- Putting an end to avoidable fatalities among children under the age of 5
- Combating infectious diseases
- Reducing deaths from non-communicable diseases and promoting mental health
- Treatment and prevention of substance abuse
- Reducing injuries and deaths from road accidents
- Achieving global accessibility to sexual and reproductive health, family planning, and education
- Achieving universal health coverage
- Mitigating fatalities and illnesses caused by hazardous chemicals and pollution
- Enforcing the WHO Framework Convention on Tobacco Control
- Supporting research and development for affordable vaccines and medicines and ensuring universal access to them
- Increasing health financing and supporting the healthcare workforce in developing countries
- Improving early warning systems for global health risks.

In line with these goals, the UN swiftly mobilized global assistance, primarily from member countries, in defining, diagnosing, and treating the pandemic during the global outbreak in 2019. Member countries were brought to the table to address the global crisis, and experts in the field of health were called upon. The UN implemented numerous policies to minimize the adverse effects of the outbreak, maintain the stability of the international order, protect public health, and restore the pre-pandemic order.

At the advent of the pandemic, the UN pursued a tripartite approach, characterized by a triad of crucial measures. Initially, a holistic health intervention blueprint was meticulously crafted, spearheaded by the WHO and the *Strategic Preparedness and Response Plan*. This strategic phase underscored the foremost

importance of commencing vaccine research and development endeavors, while simultaneously augmenting universal vaccine availability, amplifying disease surveillance initiatives, and optimizing therapeutic modalities. During the subsequent phase of this response strategy, due attention was given to tackling the socio-economic, humanitarian, and human rights dimensions of the pandemic. The UN took measures to prevent deaths, ensure the continuous availability of vital institutions, and maintain the continuity of international supply chains and public services. In the third and final step, efforts were made to outline the roadmap for the recovery process from the pandemic, aiming to restore normalcy and overcome its impacts (United Nations, 2020: 2-4).

Furthermore, during the ongoing pandemic, the UN also implemented short-term policies and measures. It utilized its authority to bring member states together and made efforts to ensure the coherent progression of countries' policies in combating the pandemic. For example, in 2020, the UN organized meetings with the participation of states, bringing together country leaders and experts to propose solutions in tackling the pandemic. The UN dispatched healthcare personnel and equipment to many countries during the diagnosis, treatment, and containment process of the pandemic, allocating significant resources to vaccine development efforts. In fact, the UN called for approximately \$10 billion in aid for underdeveloped countries in their fight against Covid-19, implementing various policies to deliver necessary resources and supplies to these countries. Additionally, the UN conducted activities to inform people globally about the pandemic, prepared reports on the pandemic, and monitored its global spread.

In the implementation of these policies, the UN garnered support from several of its subsidiary organizations. Chief among these organizations, the WHO played a central role. An in-depth exploration of the initiatives carried out by its subsidiary bodies is indispensable to obtain a thorough understanding of the UN's efforts in combatting the pandemic.

The UN did not merely categorize Covid-19 as a health crisis. Instead, it was perceived as a multifaceted crisis, encompassing social, economic, political, cultural, and psychological dimensions (United Nations, 2022: 7). Consequently, the UN's specialized agencies diligently devoted their efforts to combatting the pandemic in these domains. One such prominent entity was the WHO.

The World Health Organization (WHO) is primarily committed to improving global health, ensuring a safer world, and aiding vulnerable, helpless, or unprotected populations. Globally, the WHO is actively involved in research, development, and coordination, particularly in response to extraordinary health challenges. These initiatives include identifying, mitigating, and managing potential health risks; preventing emergencies; developing key tools and resources for pandemic response; rapidly detecting and responding to outbreaks; and bolstering healthcare services in fragile contexts (WHO, 2020e).

With its vested authority and responsibility, the World Health Organization (WHO) swiftly responded to the emerging Covid-19 crisis as a potential global health threat. The Emergency Committee convened in Switzerland on January 30, 2020, under the framework of the International Health Regulations (2005), and based on the Committee's recommendations, the 2019-nCoV outbreak was recognized as an international public health concern. It was further emphasized that member states are obliged to share

information with the WHO regarding cases, as mandated by law. The importance of international solidarity and cooperation within the global community was underscored. Additionally, measures related to international travel restrictions, envisaged to be implemented in states as part of the Regulations, were required to be reported to the WHO in advance, and their implementation was subject to approval by the WHO, if deemed appropriate (WHO, 2020c).

At the onset of the pandemic, precisely on February 3, 2020, the WHO expeditiously unveiled the *Strategic Preparedness and Response Plan*, with the paramount objective of safeguarding worldwide public health and staunchly countering the Covid-19 menace. This meticulously devised plan was intricately crafted to curtail the dissemination of the outbreak across the globe and assuage its multifaceted repercussions on nations. At this juncture, the WHO primarily focused on three key aspects: expeditious establishment of international coordination, assessment of countries' preparedness and response capacities, and acceleration/support of research and development endeavors (WHO, 2020d: 21).

In the beginning of July 2020, the WHO published its public policies jointly carried out with member countries in the fight against Covid-19, aimed at achieving specific objectives (United Nations, 2022: 6-7):

- 134 countries coordinated with WHO in synchronized efforts to combat the pandemic.
- WHO assisted 108 countries in developing national health plans and identifying needs.
- 36 countries signed protocols with WHO to facilitate information exchange, leading to a certain degree of standardization.
- 20 countries implemented WHO's proposed sentinel surveillance program.
- Nearly 100 health teams from WHO provided support to national intervention plans.
- Around 60 experts in various fields within WHO offered assistance to national pandemic response policies.
- Over 3 million individuals participated in WHO's online Covid-19 awareness training.
- WHO dispatched approximately 250 million pieces of personal protective equipment to various locations worldwide.
- WHO provided online and remote education to approximately 155 million children.
- Approximately 45 million parents and children sought assistance from WHO regarding mental and psychological health.
- WHO allocated around 1.7 billion funds worldwide for the purpose of combating the pandemic.

The UN fought against the pandemic for approximately 3 years, implementing the policies mentioned above. Additionally, during this period, it provided significant resources and efforts for the academic analysis of the pandemic and vaccine research. It continued to send medical aid to vulnerable countries.

In this period of reduced impact of the pandemic, the WHO initiated a new endeavor aimed at assisting countries in better preparing for future pandemics, focusing on integrated planning for combating respiratory diseases such as influenza or coronaviruses in April, 2023. This initiative seeks to provide guidance on comprehensive planning to effectively address the challenges posed by such respiratory illnesses. The Initiative for Preparedness and Resilience for Emerging Threats Initiative (PRET) represents a comprehensive policy framework encompassing cutting-edge tools and methodologies tailored for collaborative learning and collective action in response to the Covid-19 pandemic and other contemporary

public health emergencies. As a result, it is envisaged that the PRET will foster enhanced readiness to confront and mitigate the impact of prospective outbreaks in the future (UN News, 2023).

In this context, to summarize, we can refer to the policies recommended by the UN to countries for being prepared for future pandemics. These prominent policies include preserving and enhancing national health capacities, continuous integration of Covid-19 vaccines into vaccination programs, increasing knowledge on respiratory diseases, implementing national regulations to achieve long-term outcomes in pandemic management, gradually lifting Covid-19 restrictions, and continuing research and development efforts related to pandemic response.¹

The European Union

The EU throughout its history from its establishment to the present day, has increasingly demonstrated itself as a supranational organization where the concept of unity becomes more prominent in various aspects of human life. In this context, it is possible to define the EU as an alliance that goes beyond the mere economic and political cooperation of states, evidenced by its efforts to formulate policies of convergence concerning justice, citizenship, nutrition, and health in member countries. Placing public health policies at the forefront, the protection and enhancement of human and public health would be appropriate in the EU's leading public policy endeavors. Indeed, the EU has implemented various legal regulations aimed at improving member countries' health services and harmonizing health policies, thereby establishing certain health standards (European Union, 2022).

Within this scope of authority and responsibility, the EU also devised various public policies concerning the Covid-19. The main objectives of these policies were to minimize the adverse effects of the pandemic on the European continent, ensure a swift transition to the pre-pandemic period, and enhance preparedness for future outbreaks. However, it is crucial to emphasize that the EU did not possess a common health policy. Rather than pursuing integration and harmonization at the union level in health-related matters, regulatory tasks were delegated to the member states for coordination. As a result, while health services were predominantly managed by national governments, the EU focused primarily on supporting and coordinating member countries in terms of aid and collaboration. However, this does not imply that the EU lacked preparation in terms of health policy. The EU had been taking significant strides in the field of health for a considerable period and had made advancements in its legislation concerning this matter. Furthermore, it had undertaken a series of activities aimed at improving the health sector in member states.

The EU's health policy primarily focuses on safeguarding and enhancing public health in member states. Within this context, the two main objectives of the EU's public health policy are disease prevention and the establishment of disease management plans. However, the EU does not possess centralized authority or functions to create, execute, or provide healthcare services. Instead, the EU complements and coordinates the health policies of member states, making them responsible and competent in matters of public health.

¹ For detailed information : [https://www.who.int/news/item/05-05-2023-statement-on-the-fifteenth-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-coronavirus-disease-\(covid-19\)-pandemic](https://www.who.int/news/item/05-05-2023-statement-on-the-fifteenth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic)

Thus, EU's member states retain its status as an autonomous actor in the conception and execution of its health policies. The EU has outlined the fundamental framework of its health policy and has articulated its objectives as follows (European Commission, 2020a):

- Safeguarding and enhancing the health of EU citizens.
- Modernizing and supporting health infrastructure.
- Improving the efficiency of healthcare systems and services in Europe.

The fundamental framework has been outlined as above, but the EU does have specific health policies in place. These policies can be elucidated with reference to legal provisions and institutional activities related to health policy. Firstly, from a legal standpoint, the EU's health policy operates under the provisions of Article 168 of the Treaty on the Functioning of the European Union, which came into effect on January 1, 1958. In essence, it highlights that the EU can only play a complementary and supportive role in matters of public health that concern the Union as a whole or member states. Consequently, it can be asserted that the EU predominantly entrusts the responsibility for public health policies in Europe to its individual member states.

The Directorate-General for Health and Consumers within the European Commission was responsible for EU's public health-related policies from the late 1990s until 2014. However, after 2014, the Directorate-General for Health and Food Safety and the Directorate-General for Health and Digital Executive Agency, under the European Commission, were empowered to formulate and implement public health policies throughout Europe (Ekmekçi, 2010: 19). Notably, the European Centre for Disease Prevention and Control and the European Medicines Agency stand out as independent scientific bodies engaged in health-related matters within the EU, while the European Monitoring Platform has been working towards safeguarding and enhancing public health for EU citizens since 1995.

From the perspective of health governance outlined above, examining how the EU managed the pandemic crisis, which public policies it resorted to, and what measures it implemented becomes pertinent. As Covid-19 cases started to escalate in Europe shortly after its emergence in China, the EU swiftly mobilized all its institutions to prevent the impending threat, ensure the coordination of pandemic responses among member states, safeguard public health, and devise a comprehensive program to combat the virus.

In Europe, the first Covid-19 case was reported in France on January 24, 2020. Immediately thereafter, on January 28, 2020, the European Council activated the Integrated Political Crisis Response (IPCR) mechanism, which serves the function of coordinating responses to high-risk crises affecting the whole Union, and initiated the process of information sharing among member countries regarding the pandemic (European Council, 2020a). The European Commission also announced allocating a budget of 10 million EUR within the research and development program Horizon 2020 to combat the Covid-19 disease. Additionally, the Commission accepted a support program aiming to provide 232 million EUR in financial assistance for the development of global preparedness, prevention, and containment mechanisms in response to the global pandemic (European Commission, 2020b). On January 31, 2020, Italian Prime Minister Giuseppe Conte, accompanied by the Minister of Health, declared the first confirmed case of coronavirus in

Italy and announced the cancellation of all flights from China to Italy (Anadolu Agency, 2020). Following these developments, the Extraordinary Health Council issued a statement outlining the roadmap for combating Covid-19. The statement underscored the imperative for member nations to harmonize their actions with the European Commission and implement the prescribed measures in accordance with the WHO's guidelines. (Extraordinary Health Council, 2020: 5-6):

- Member countries should implement necessary and appropriate measures to protect public health.
- Member countries should engage in close and extended collaboration to ensure the effectiveness and efficiency of these measures.
- Member countries should continuously share information about the development of the virus within their borders and raise public awareness.
- All methodologies devised for virus diagnosis and treatment within member nations ought to be shared with the global community.
- Academic and industrial sectors should work together in harmony to find a Covid-19 vaccine.

The Extraordinary Health Council's statement underscores the significance of cooperation and coordination among member countries, as well as the importance of transparently sharing vital information and research to effectively combat the pandemic.

During this period, the European Council convened again on March 2nd as Covid-19 cases continued to rise. In response to the escalating dangers posed by the pandemic, the Council decided to enhance awareness, particularly among elderly citizens, and to allow member countries the discretion to implement travel restriction measures if deemed necessary (EURO2020HR, 2020). Two weeks later, the EU also decided to implement a temporary restriction on entry and exit from the Union for non-essential travel from countries outside its borders, with exceptions for emergencies, for a duration of 30 days. Notwithstanding these precautionary measures, the WHO declared Europe as the new epicenter of the pandemic on March 13, 2020.

Conversely, the EU unveiled substantial financial support packages to alleviate the socio-economic repercussions of Covid-19 and tackle potential adversities across diverse sectors. One of these measures was the *Corona Response Investment Initiative*, aimed at redirecting untapped financial resources from the cohesion policy to bolster the economy during the pandemic. This funding also extended to provide financial assistance for Covid-19 vaccine research and development activities. For instance, a substantial cash aid of nearly 80 million EUR was granted to the Germany-based pharmaceutical company CureVac for its vaccine research endeavors. Furthermore, it was announced that a support package of 2.7 billion EUR would be allocated to member countries to aid them in their efforts to combat Covid-19 (European Commission, 2020b). From the inception of the pandemic until September 2020, the budget that the EU committed to member countries for Covid-19 response reached an impressive 2.3 billion EUR. Moreover, for its recovery plan and the budget spanning the years 2021 to 2027, the EU earmarked an approximate sum of 2 billion EUR. Out of this budget, around 1 billion EUR would be allocated to the 7-year EU budget, while the remaining 750 million EUR would be channeled through the Next Generation EU initiative (European Council, 2020b).

In 2022, the European Commission announced that it allocated an additional budget of 9 billion EUR to support the Member States and emphasized that this support would be used to ameliorate the deleterious consequences of Covid-19 and facilitate the process of recuperation. Amidst the same year it was emphasized that the Member States must promptly commence preparations to be prepared for the next pandemic, and the Commission issued a call in this regard. As of the end of March 2023, the Recovery and Resilience Facility (RRF) have disbursed approximately 150 billion EUR to Member States.²

Finally, the EU announced that it allocated over 2 trillion EUR to facilitate the Union's recovery following the pandemic crisis. It was stated that this funding would address the adverse impacts caused by the pandemic on almost every aspect of human life. It is worth noting that the EU allocated a substantial budget for pandemic response. However, the policies pursued during the pandemic were still subject to criticism.

Türkiye

The battle against Covid-19 took center stage in Türkiye's agenda during the early years of 2020s. The country promptly made a series of decisions and swiftly put them into action to mitigate the impacts of the pandemic and strive for a speedy recovery. Undoubtedly, the Ministry of Health emerged as the primary actor in this process. The first Covid-19 positive case in Türkiye was announced on March 20, 2020. However, the Ministry of Health had initiated Covid-19 response efforts as early as January 10 and had convened the Scientific Advisory Board, established to combat the pandemic, on January 22. Within this framework, the Ministry had already prepared several fundamental strategies at the onset of the outbreak. These stratagems concentrated on delineating public health measures to mitigate the impact of the pandemic, attenuating the propagation of the virus, and bracing for potential healthcare service surges (T.C. Sağlık Bakanlığı, 2020: 5-6).

The Ministry of Health had published the *Pandemic Influenza National Preparedness Plan* in 2019, just before the outbreak. The primary objective was to equip all constituents of our nation—individuals, institutions, and organizations—with the cognition and blueprint requisite to discern an influenza pandemic, to optimally prepare for its advent, to fulfill their roles and obligations, and to enable harmonized efforts in response to a pandemic scenario. Moreover, this blueprint furnished an exhaustive elucidation of the conceivable trajectories and methodologies to be pursued in the eventuality of a pandemic occurrence. The policies to be implemented during the pandemic were outlined in a gradual manner based on the national alert levels defined by the WHO. In fact, it delineated specific measures to be undertaken at the national level in the event of an infectious situation (T.C. Sağlık Bakanlığı, 2019: 4, 27-40).

Following the detection of the first case, international flights were suspended, primarily to and from China, Italy, and South Korea. Pre-school education was halted for one week, while higher education institutions suspended classes for three weeks and subsequently shifted to distance education. Returning

² For detailed information: <https://www.consilium.europa.eu/en/policies/coronavirus/covid-19-economy/> ; https://commission.europa.eu/strategy-and-policy/coronavirus-response/overview-commissions-response_en

citizens from abroad were subject to mandatory quarantine measures. As part of the containment measures to mitigate the spread of the virus, a ban on all mass gatherings was imposed, and the closure of various establishments, including restaurants, cafes, wedding halls, and nightclubs, was mandated. National football leagues were also suspended. As the rate of transmission remained high, age-specific curfews were imposed, restricting particular age groups from going out, and mask-wearing became mandatory for those allowed to venture outdoors. The Ministry of Health developed a mobile application called *Life Fits Home*, which facilitated the dissemination of information about the pandemic to citizens. For instance, the application included a density map of Covid-19 cases.

Before the outbreak, necessary precautions were initiated in hospitals across the country, and pandemic hospitals were promptly established. Additionally, a Contact Tracing and Isolation Tracking Unit was established to monitor the spread of the pandemic and take necessary measures accordingly. This unit meticulously examined the progression of cases on a daily basis and provided relevant reports. The Ministry also established a support unit to address the potential psychological impacts of Covid-19 on individuals.

The Ministry of Health established Covid-19 Tracking Centers in December 2020 to monitor Covid-19 cases. Towards the end of 2020, the first vaccines reached the Ministry's depots. In January 2021, the Health Minister received the first dose of the vaccine. As the vaccination rate increased, the Ministry of Internal Affairs mandated that unvaccinated individuals must undergo Polymerase Chain Reaction (PCR) testing for travel in public areas. In June, restrictions were eased, and the concept of a controlled social life became the fundamental motto for the subsequent period.

At the outset of the pandemic, numerous protection and support packages related to the economic sphere were announced under the title of *Economic Stability Shield*. Aid packages exceeding a total of 200 billion Turkish Liras were put into effect. For instance, within this framework, medical products such as surgical masks and disinfectants were distributed to all citizens to aid in protection against the pandemic. It is crucial to highlight that Türkiye not only enforced a multitude of public health policies but also instituted a diverse array of socio-economic measures. The following examples can be cited as illustrations of these efforts. (Türkiye Odalar ve Borsalar Birliği, 2020):

- A flexible and remote work procedure was implemented,
- Personal and commercial credits were facilitated, and interest-free credit support was provided,
- In-kind and cash assistance were provided to families in need,
- Measures such as short-time work allowance were employed to prevent a decrease in employment,
- Budgets of social assistance and solidarity foundations were increased,
- Exporters were offered stock financing support,
- Credit repayment periods of Agricultural Credit Cooperatives were extended,
- Support packages for farmers, including seed and credit support, were announced.

The Central Bank of the Republic of Türkiye issued numerous support policies aimed at serving the following four main purposes with the aim of alleviating the adverse effects of the pandemic (2020):

- Providing flexibility and enhancing predictability in the money liquidity for banks,
- Sustaining credit accessibility for the real sector and bolstering export-oriented industries,

- Ensuring cash flow to exporters through rediscount arrangements,
- Supporting market liquidity through Government Debt Securities.

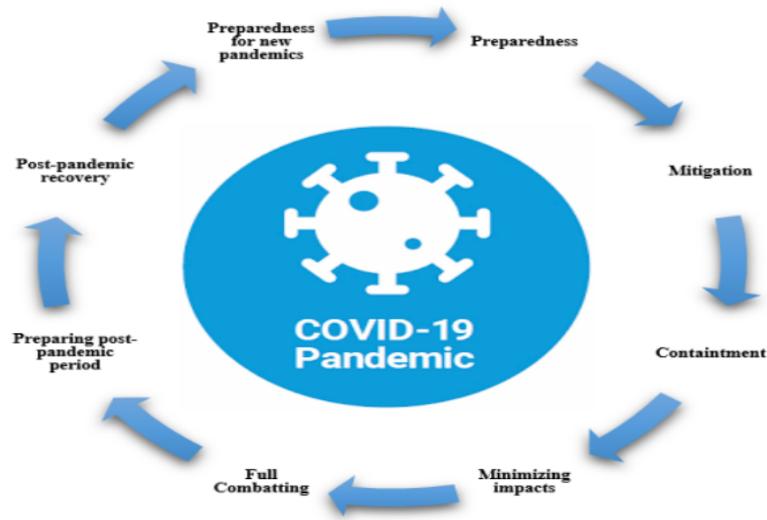
Beyond the aforesaid public policies, Türkiye has achieved the remarkable feat of joining the ranks of countries capable of domestically manufacturing vaccines against the pandemic. In late 2021, the domestically developed vaccine, *Turkovac*, received approval for usage. With this significant milestone, the fight against the pandemic has been observed to become more effective and efficient. It is evident that Türkiye has successfully conducted the fight against the pandemic due to the resources available in its healthcare system. Comparatively better in terms of hospital capacity, bed availability, and medical equipment, the country has been in a more advantageous position than many others. The ability to swiftly channel these capacities into the pandemic response and the implementation of new measures have emerged as influential factors contributing to the efficacy of this struggle.

Discussion on Public Policies: Comparative Analysis and Critics

The battle against Covid-19 has emerged as one of the most pivotal imperatives, commanding utmost attention at both national and global spheres in recent years. As detailed above, nation-states, supranational institutions, and international organizations implemented significant reforms across all aspects of human life to cope with the pandemic. Consequently, from individual lives to the international order, a wide range of transformations and changes took place. One of the key driving forces behind this transformation was the implementation of public policies by political authorities. Hence, public policies played a crucial role not only in combating the pandemic but also in shaping the emerging new order. In the following paragraphs, the public policies of the examined actors during and after the pandemic are analyzed. This will facilitate a comparative assessment of the efficacy and efficiency of public policies, while also allowing an in-depth scrutiny of their contributions to the establishment of the new paradigm.

In this context, it can be understood that both international organizations and nation-states have followed general lines of public policies and strategies as follows: preparedness, mitigation, containment, minimizing spread and negative impacts, combating the effects of the pandemic, preparing for the post-pandemic period, and post-pandemic recovery. For instance, in the case of nation-states, Türkiye's policy, from the outset of the pandemic, entailed implementing necessary measures in health, economy, social, and political spheres. The subsequent stage focused on seeking ways to slow and limit the spread within the borders, and following the identification of the first case, efforts were made to decelerate the progression of the pandemic. Policies were then pursued to mitigate the effects of the increasing cases, and after the reduction of the pandemic's impact, the recovery phase was initiated. A similar pattern was observed for supranational and international organizations as well. In Figure 1, the overall outlook of the Covid-19 response is presented. This figure actually depicts the cyclical nature of the Covid-19 response, suggesting that the fight against the pandemic can only be considered meaningful when it is sustainable.

Figure 1: The Covid-19 Combatting Cycle



Source: The figure in the middle has been created by the researcher based on the literature studies. The image in the middle is cited from the United Nations website.

Delving into the public policies pursued pre-pandemic, during the outbreak, and in the post-pandemic phase, it becomes evident that the UN, the EU, and Türkiye have broadly adhered to this cyclical course of action. Nonetheless, it is pertinent to underscore the discernible disparities among these actors concerning the timing of transitions between stages. This variation, to a large extent, aligns with the criticisms directed at the actors in the context of their efforts to combat Covid-19. For instance, the UN's criticisms primarily revolve around issues of delayed recognition and diagnosis of the pandemic, inadequacy in containing its spread, lack of transparency in pandemic data, and contradictory policies (Oğurlu, 2020; 297; Davies and Wenham, 2020).

The WHO faced numerous criticisms in its efforts to combat Covid-19 (Hernandez, 2020; Fidler, 2020; Kaya, 2020). For instance, various statements were made highlighting the delayed declaration of the pandemic as a global health issue by the WHO. Former US President Donald Trump characterized the WHO as a puppet of the Chinese government and claimed that the organization's delayed announcement of the outbreak left countries unprepared (The Economic Times, 2021). This situation has been frequently articulated in the academic sources mentioned earlier as well.

Conversely, critiques surfaced regarding the human rights ramifications of the stringent measures proposed by the WHO in its pandemic response. These critiques emphasized a parallel between the WHO's intervention plan and the policies of the Chinese government. It was asserted that the WHO prepared its intervention plan based not on international health priorities but on the priorities of the Chinese administration (Fidler, 2020). Member countries of the United Nations, notably the United States, demanded the cessation of funding to the WHO. Furthermore, the imperative for structural reforms within the WHO was underscored. (Ravelo, 2020).

The European Union's pandemic response policies are also in a contentious situation. At this critical juncture, a discerning focus is placed on certain deficiencies apparent in the EU's sophisticatedly crafted public policies aimed at combatting the pandemic. Particularly, the lack of coordination among member states and the failure to organize effective response plans are among the primary criticisms (Bozaslan, 2020: 249; Valiyeva, 2020: 397; Ađır, 2021: 892).

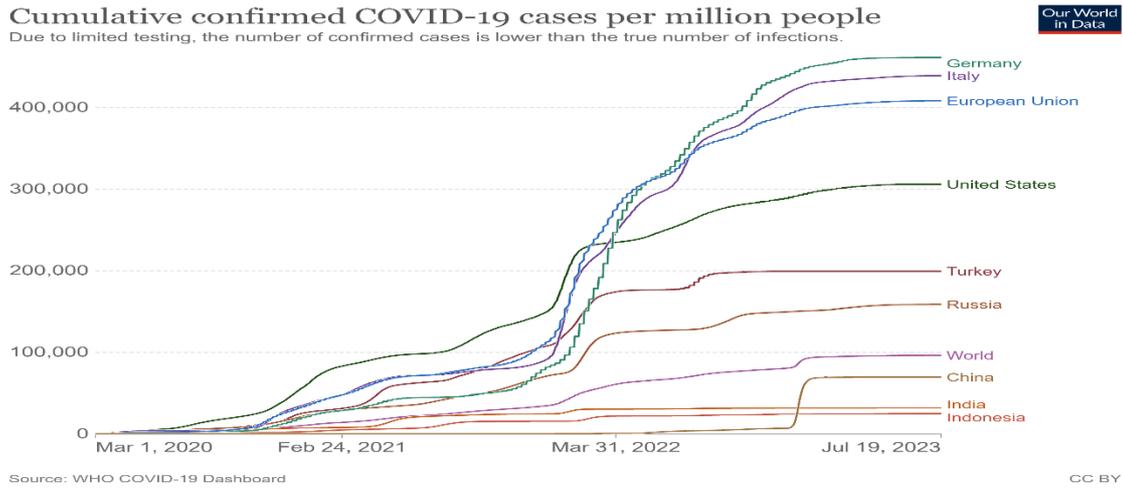
The EU is a political entity encompassing structures and processes, founded on the ideals of regional integration and unity. However, in recent years, this notion of cohesion has been significantly challenged. Especially evident in the concrete process of the UK's exit from the EU, this situation indicates a sovereignty crisis. This matter has re-emerged in the context of pandemic response, unveiling that the EU's unity rhetoric did not seamlessly materialize into a harmonized collective public health endeavor. Each member state of the EU was compelled to devise its individual response policies, culminating in disjointed intervention plans that detrimentally affected the efficacy of the pandemic battle. During this period, the presidents of Italy and Spain also criticized the EU for its lack of effective collective response, solidarity, and assistance in combating the pandemic. Likewise, Austrian Prime Minister Sebastian Kurz did not shy away from sternly criticizing the EU, using phrases like "*Europe left us alone*" and "*We witnessed a lack of solidarity in Europe in serious situations*" emphasizing the EU's failure (Aydınlık, 2020). Additionally, academic studies have subjected the EU to substantial criticism regarding its pandemic response policies. These criticisms highlighted inadequate hospital, bed, and doctor numbers in the EU, the failure of an institutionalized healthcare system, and the inability to achieve coordination among member states (Bozaslan, 2020: 246).

An analogous circumstance transpired during the 1918 Spanish Flu pandemic. The actors of the international system, being not yet fully institutionalized, were unable to establish an effective combat program. With over 50 million lives lost in this pandemic, states individually implemented intervention policies within their borders, and global-level strategies for pandemic containment could not be developed (Patrick, 2020: 40-42).

Türkiye also could not escape from these criticisms. Especially, claims regarding the lack of transparency in pandemic data, human rights violations in government measures, and the absence of determinacy and continuity in policy implementation were prominent among these criticisms (Turan and Çelikyay, 2020: 16). Additionally, domestic vaccine production was criticized for being non-existent and deemed ineffective in countering the pandemic (NTV, 2020; Independent Türkçe, 2023).

The public policies implemented by the examined actors were subject to criticism from a wide spectrum. However, the success of these public policies in addressing the targeted issues can be determined through more quantifiable evidence. Therefore, below are presented the pandemic data related to the examined actors. The population affected by the pandemic is presented in the following Figure 2.

Figure 2: Covid-19 Confirmed Cases in Selected Countries, Regions and World

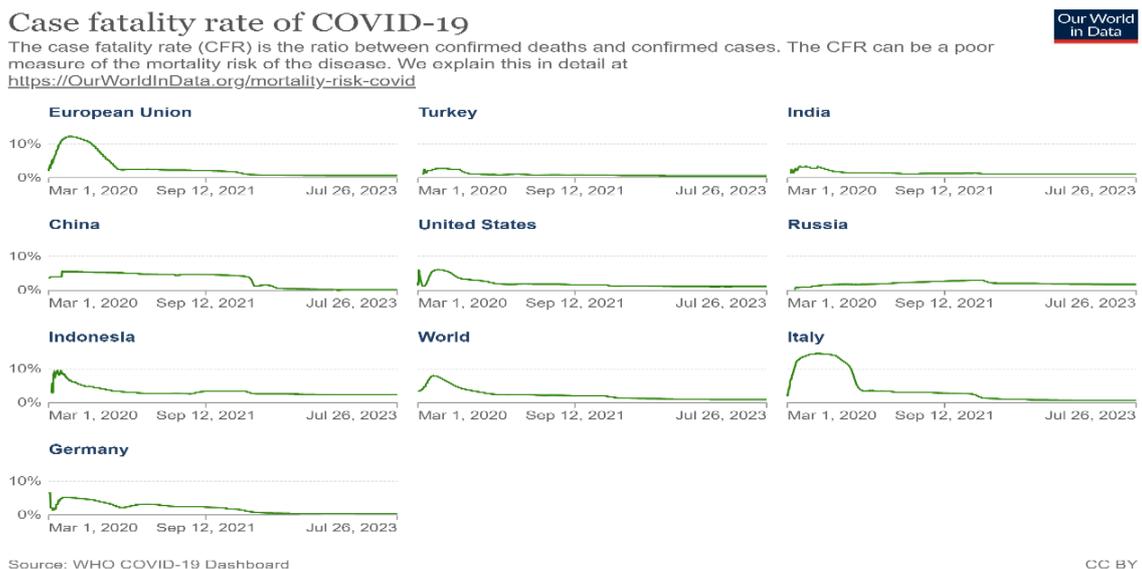


Source: *Our World in Data*, <https://ourworldindata.org/coronavirus>

When examining the Figure 2, it is evident that the European continent exhibits significantly higher Covid-19 case numbers compared to both the global average and Türkiye. Moreover, the global average surpasses that of Eastern countries. Despite being the epicenter of the pandemic, China has managed to contain the spread of cases more effectively than most other countries. Based solely on these data, one can infer, with other variables held constant, that the policies implemented by the EU and UN might have been less effective than those in Türkiye.

Another indicator is the death rate associated with the number of cases. These data are presented in the Figure 3 below. To enable comparison, the same countries and regions as mentioned above have been selected.

Figure 3: Case Fatality Rate: Selected Countries, Regions and World



Source: *Our World in Data*. <https://ourworldindata.org/coronavirus>

Considering these data, it can be argued that Türkiye has developed a more effective pandemic response policy compared to both the world average and the EU. Furthermore, while examining the EU region, a considerable mortality rate was evident in the early phase of the pandemic. As a result, it can be deduced that the EU's pandemic preparedness policies were insufficient during the initial stages of the crisis.

Furthermore, it can be asserted that the coordination problem within the EU has also contributed to these outcomes. The coordination challenge between the EU and Italy, the nation severely impacted by the pandemic, has been a subject of intense deliberation and contention within scholarly discourses. Italy even stated that the EU left them alone in the fight against the pandemic (BBC, 2020). The global epidemiological data pertaining to both infection rates and mortality statistics vividly reveal the limitations in the efficacy and proficiency of the WHO's strategies, and consequently, of the United Nations' overarching pandemic response efforts. In contrast, the data from Türkiye demonstrates a more successful profile in terms of pandemic preparedness and management. This can be attributed to the country's advanced healthcare capacities, timely and well-implemented public policies, and effective coordination and communication between the state and society. Additionally, the governance system of the country can be seen as another influential factor in this regard. Despite facing various forms of criticism from other political actors (Yıldırım, 2020), the Presidential Government System, which has been in place, received support considering its advantages in enabling swift decision-making and actions in the fight against the pandemic (İşlek et al., 2021: 57).

Conclusion

The public policy responses to the global pandemic by various actors have highlighted specific deficiencies due to the rapid spread of the outbreak, lack of pre-pandemic preparedness, and coordination challenges during the pandemic. This underscores the need for national, regional, and international entities to secure sustainable funding and prepare for potential future pandemics.

The globalization of public health issues has been accelerated by the emergence of multilateral structures like the UN and the EU. These entities have implemented numerous initiatives, investments, and regulations to promote public health and foster international cooperation. However, the Covid-19 pandemic exposed the reliance of nation-states on their own resources and strategies in times of crisis.

The strategies employed by these actors in combating the pandemic typically involved: preparing for and implementing quarantine measures in the absence of cases; imposing lockdowns and prohibiting mass gatherings upon the detection of the first case; transitioning to normalization phases during declines in case numbers; taking preventive actions against subsequent waves; and preparing for recovery and future outbreaks.

Particularly in the EU, inconsistencies in policy coordination among member states have raised questions about the union's effectiveness and unity. For Türkiye and the UN, the main concerns have been transparency and decisiveness in public policy. The WHO and the EU's pandemic management strategies have been a central topic of debate, with criticisms of their efficacy and coordination. Türkiye, in comparison, has been acknowledged for a generally successful public policy response, despite certain shortcomings. The

EU's challenges largely stem from the unclear distribution of authority in public health matters within its framework, affecting the coherence of member states' responses and the essence of European solidarity. Both the EU and the UN have been criticized for delayed responses to the pandemic, which may have reduced the effectiveness of their policies. In contrast, Türkiye's early and decisive actions as a sovereign state likely mitigated the pandemic's impact.

In conclusion, the legitimacy of supranational and international organizations, a contentious topic in recent years, will continue to be debated in the post-Covid-19 era. The need to reconfigure the international system and revamp the operational models of these entities remains critical. Nation-states are likely to emphasize their sovereignty more in the future. Additionally, the relationship between states' governing regimes and the efficacy of pandemic management deserves further exploration to understand the dynamics of pandemic response effectiveness.

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