

The Response of Malaysia and Turkey on COVID-19 Pandemic: A Comparative Analysis

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Abstract

Malaysia and Turkey are progressive, modern Muslim-majority countries. Both have shown strong resolve and capabilities in dealing with issues and challenges both at home and international level. In dealing with COVID-19 pandemic, both countries have adopted various measures and strategies to contain the virus outbreak. Yet, the biggest challenge in executing those is balancing the need to protect the public and maintain economic growth. Hence, this study compares and contrasts the measures and strategies taken by both countries in containing the COVID-19 outbreak as well as ensuring the continuity of economic growth. The time period of this study was from March 2020 until early February 2021 as most of the countries, including Malaysia and Turkey, by then had introduced new COVID-19-related health policies and economic stimulus packages. The finding compares and contrasts the effectiveness of those measures and strategies so that both countries can share and learn from this pandemic.

Keywords: Malaysia, Turkey, COVID-19, Health Measures, Economic Packages.

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1. Introduction

The world population is facing an unprecedented challenge brought about by the outbreak of a virus called ‘Coronavirus’, otherwise known as COVID-19. It is believed to have first emerged in Wuhan City, Hubei Province, China on January 12, 2020 before spreading to all over the world. Having recognized the global threat of the virulent virus, the World Health Organization (WHO) officially declared it as a pandemic on March 11, 2020 (Md Shah, et al, 2020; Cennimo, 2021; Walsh, 2020; WHO, 2020). To date, the total of the world’s COVID-19 is about 107 million cases. While more than half a million have recovered, there have been 2.3 million death cases reported (John Hopkins Coronavirus Resource Centre, 2021).

The COVID-19 is a contagious disease caused by novel coronavirus called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; formerly named 2019-nCoV). Those infected will usually experience mild to moderate respiratory illness. In many cases, they can recover without requiring special treatment. However, older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop more serious illnesses, which in most cases are more likely to be fatal. The common symptoms of the COVID-19 are fever, dry cough, tiredness, sore throat, loss of taste or smell, difficulty of breathing, chest pain and loss of speech or movement. The virus spreads mainly through droplets of saliva or discharge from the infected person’s nose when he or she coughs or sneezes (WHO, 2021).

WHO strongly advises all countries to take preventive measures and comprehensive policies to combat the COVID-19 outbreak. Apart from washing hands with soap, wearing masks, applying hand sanitizers that contain at least 60% alcohol, social distancing, no handshaking and social gatherings as well as stopping unnecessary travel to affected areas, all countries must also strike a fine balance approach in protecting public health as well as avoiding economic disruption (Centers for Disease Control and Prevention, 2020; Asita, 2020). Since December 2020, several COVID-19 vaccines have been introduced such as Pfizer-BioNtech, Moderna, Sputnik V, Sinovac and Sinopharm. However, while waiting to achieve a herd immunity which represents at least 70 percent (as commonly argued) of the entire country’s population, international community must still adhere to the rules and standard operating procedures (SOP) outlined by WHO and respective state governments (Gallagher, 2021; Aschwanden, 2020). In

other words, every country has to formulate comprehensive and effective policies that simultaneously protect public health and stimulate economic performance. The question is, while executing mass testing, with most people are put under lockdown and quarantine orders, how can a country keep the economic activities running? Such is the dilemma that put many countries in a conundrum. Yet, as impossible as it may seem, countries have to take actions notwithstanding. Hence, the main objective of this paper is to make a comparative analysis of the state capability of Malaysia and Turkey in striking a balance between the need to protect public health and to ensure economic growth.

2. Malaysia Approach in Dealing with COVID-19 Pandemic

Up until the writing of this paper, COVID-19 have affected 219 countries and territories. The United States (US), India and Brazil top the world ranking with 27,799,946, 10,858,300, and 9,602,034 cases respectively. Malaysia ranks at 49 with 248,316 cases. Out of these, 196,566 had recovered and 909 had died (MOH, 2020; Worldometer, 2021). Nevertheless, as at March 1, 2021, Malaysia had recorded 304,125 cases, 278,431 recoveries and 1,141 deaths (Free Malaysia Today, 2021).

Nonetheless, before the 16th Sabah State Election, which was held in 26 September 2020, the COVID-19 outbreak in Malaysia appeared to be well under control as cases recorded were less than 3 digits i.e. 1-100 cases. But, after the state election, it suddenly soared to 4 digits' cases i.e. between 1000 and 5000 cases in a single day. Free-mingling of politicians and voters during the state election campaign was blamed as the main cause for the surge of infections (Geraldine, 2020; The Straits Times, 2020). In dealing with the impact of the COVID-19 outbreak, since the first case emerged in January 12, 2020 and later evolved into various clusters including the cluster of Tabligh Sri Petaling, Malaysia had accordingly implemented various measures and strategies in order to ensure the safety of the public health and the survival of the economy.

3. Public Health Approach

In essence, to safeguard the public health, Malaysia had taken a combined method by implementing a targeted testing approach (as opposed to mass testing), and enforcing four types of lockdown. As for the targeted testing approach, Malaysia's Director General of Health, Tan Sri Hisham Noor, argued that not only was it more effective, the cost was also reasonable because the approach only focused on particular infected groups and areas

(Zainul, 2020a). In addition to that, Malaysia had also improved and strengthened its medical health facilities such as by upgrading 50 hospitals to specifically treat COVID-19 patients. In addition to that, Malaysia opened more COVID-19 Quarantine and Low-Risk Treatment Centres (PKRC) and increased the numbers of beds and ventilators for Intensive Care Units (KKM, 2020; Malay Mail, 2021; DG of Health, 2020).

As at January 2021, Malaysia had about 68 laboratories that conducted 70,000 Reverse Transcription Polymerase Chain Reaction (Rt-PCR) tests per day. This capacity would gradually increase to cover 100,000-150,000 tests per day by using another test kit i.e. Antigen Rapid Test Kit or RTK-Ag (Malay Mail, 2021). Malaysia had also hospitalised all the diagnosed patients, either symptomatic or asymptomatic, and adapted from the experiences of other countries, especially China in identifying the do's and don'ts in responding to the threat of COVID-19. Malaysia had as well agreed to allow China's vaccine, developed by the Institute of Medical Biology Chinese Academy of Medical Science, to be put in trial for 3,000 Malaysian volunteers since January 21, 2021 (DG of Health, 2020, Elengoe, 2020; Chung, 2021).

As for the four types of lockdown imposed by Malaysia. They are as follow:

1. 'Perintah Kawalan Pergerakan or PKP' (Movement Control Order or MCO). It covers the entire country. The first MCO was imposed from March 18 until May 4, 2020. Malaysia has re-imposed it again from January 13, 2021 until present. During MCO, interstate travel is banned, and the international border remains closed. Besides, only two people are allowed to go out to get or buy daily needs. Almost all socio-economic sectors cease to operate including religious activities, schools and universities except for a few services classified as essential such as electricity, energy, telecommunications, post, transportation, irrigation, oil, gas, fuel and lubricants, broadcasting, finances, banking, health, pharmacies, fire and rescue, prisons, ports, airports, security, defence, public cleansing, retail, food supply, public market, convenience shops and supermarkets (New Straits Times, 2020a; Babulai, Veena et al, 2021).
2. 'Perintah Kawalan Pergerakan Diperketatkan or PKPD' (Enhanced Movement Control Order or EMCO). This is a small-scale, targeted and strictest lockdown. During EMCO, all the residents of the subjected area are put under close monitoring for at least 14 days of seclusion or more depending on the spread rate. Each resident will undergo COVID-19 test. With all roads access closed, the residents are prohibited from going

out or receiving visitors. All essential necessities such as food, medical treatments and others are provided by the authority. The implementation of EMCO, however, is not based on a fixed time duration. Its main goal is to limit and curb the spread of the COVID-19 within the affected areas where a large cluster is detected regardless of the duration. EMCO can also be imposed in parallel with other lockdowns. The first area to be put under EMCO was Simpang Renggam, which is a district in Johor (not the whole area of Johor) from March 27 until April 27, 2020. It was later imposed in other areas with larger clusters (Saiful Sham, 2020, Hammim, 2020).

3. 'Perintah Kawalan Pergerakan Bersyarat or PKPB' (Conditional Movement Control Order or CMCO). It was first put into place from May 4 until June 7, 2020. During CMCO, more economic sectors, and social activities are allowed to operate but interstate travel and international border remain closed. If the number of cases drop during CMCO, the fourth type of lockdown i.e. recovery will follow suit. However, after the number of daily new cases kept on increasing from May to June 2020, Malaysia had to re-imposed CMCO from November 9 until December 6, 2020 with an exception of Kelantan, Perlis and Pahang. Malaysia had earlier reinforced CMCO in Sabah, Selangor and Kuala Lumpur on October 14 2020 following the surge of cases caused by Sabah State Election in September (Bernama.com, 2020; New Strait Times, 2020b).
4. 'Perintah Kawalan Pergerakan Pemulihan or PKPP' (Recovery Control Movement Order or RMCO). Malaysia first imposed RMCO nationwide from June 10 until December 30, 2020. Less strict compared to the other three lockdowns, RMCO permits business, social activities, religious events and domestic tourism. Inter-state travel is allowed except for areas put under EMCO (Interstate travel among activities, 2020; Malaysiakini, 2020; Abd. Mutalib, 2020; Fong, 2020).

4.Economic Stimulus Package

The World Bank, in its June Global Economic Prospect, estimated that the global economy would shrink by 5.2% in 2020 but would slowly recover by 2021. This gloomy economic downturn would also affect the East Asia and Pacific region. Malaysia's economy in particular was expected to contract around -3.1%. The most affected sector was the tourism industry with an estimated loss of more than RM3 billion (The World Bank, 2020a; The World Bank, 2020b; Md. Shah et al., 2020; Ministry of Finance, 2020; Astro Awani, 2020; Bantuan Prihatin Nasional (BPN), 2020).

Following this, on March 23, 2020, the Malaysian government, led by Prime Minister Tan Sri Muhyiddin had introduced stimulus economic packages and initiatives. Among others, the government allocated RM600 million to the Ministry of Health to help it cope with the outbreak. The healthcare employees' monthly allowance of RM400 was increased to RM600 per month starting from April 1, 2020 until the end of the pandemic. Furthermore, on March 27, 2020, the government had also injected RM250 billion under the *Prihatin Rakyat Economic Stimulus Package* (PRIHATIN) to ease the burden of the people and the business community, plus an additional budget of RM1 billion for medical needs. Under PRIHATIN, RM128 billion was channelled to protect the welfare of the people. Another RM102 billion was allocated to strengthen the economy as well as to support businesses especially Small and Medium Enterprises (SMEs). The remaining RM20 billion was announced beforehand by the previous government led by Tun Dr Mahathir Mohamad. Details of some of the stimulus economic package and initiatives under PRIHATIN are as below (Table 1):

Table (1): Prihatin Rakyat Economic Stimulus Package (PRIHATIN) & Initiatives*

No	PRIHATIN Packages
1.	A one-off cash assistance, <i>Bantuan Prihatin Nasional</i> (BPN) with an allocation of RM10 billion to the B40 (lower income group) and M40 group including employees in the private sector, FELDA settlers, farmers, fishermen and small trader
2.	Cash assistance under the <i>Bantuan Sara Hidup</i> (BSH) programme totalling RM3.2 billion for the B40 group
3.	Special allowance for healthcare personnel from RM400 to RM600 per month effective 1 April 2020 until the COVID-19 outbreak ends
4.	Special monthly allowance of RM200 to military, police, customs, immigration, firefighters, Civil Defence Forces and RELA members directly from 1 April 2020 until the COVID-19 outbreak ends
5.	One-off cash assistance of RM200 for each student at institutions of higher learning
6.	Food assistance, healthcare and shelters with a total allocation of RM25 million for vulnerable groups such as senior citizens and children in shelters, the disabled, homeless and <i>orang asal</i> (aborigines)
7.	6 months' loan payment deferment for all borrowers of the 'Perbadanan Tabung Pendidikan Tinggi Nasional (PTPTN)'. Those eligible can apply for an extension
8.	All borrowers of the Skills Development Fund Corporation (PTPK), the loan repayment is postponed from 1 April 2020 to 30 September 2020
9.	Under <i>my</i> Salam hospitalisation benefit, B40 patients infected with COVID-19, and those under investigation (PUI), are entitled for income replacement claims of

	RM50 per day for a maximum of 14 days
10.	The Government allows pre-retirement withdrawals from Account B of The Private Retirement Scheme (PRS) up to RM1,500 per member without any tax penalties between April and December 2020
11.	A six-month rental exemption for the 'Projek Perumahan Rakyat' (PPR) and Public Housing PPR, especially for the urban B40 group
12.	Free 1GB internet services daily to all customers of telecommunication companies during the Movement Control Order (MC) period starting 1 April 2020 until COVID-19 outbreak ends
13.	A one-off cash assistance of RM500 to more than 1.5 million civil servants of grade 56 and below, and RM500 to the government pensioners
14.	RM1 billion for Food Security Fund and RM100 million for the development of infrastructure for food storage and distribution as well as crop integration programme
15.	Wage Subsidy Programme to avoid job retrenchment by providing a salary of RM600 per month to every employee (those earning less than RM4,000 and 50% salary cut) for three months
16.	Prime Minister, and Cabinet Ministers agree to a two-month salary deduction which will be channelled to the COVID-19 Fund

*For further details, see Ministry of Finance, <http://mra.com.my/wp-content/uploads/2020/06/3.-BOOKLET-PRIHATIN-ENGLISH-27-MAC-2020.pdf> (accessed on Jan 17, 2021).

5.The Effectiveness of Malaysia's Measures and Strategies

As aforementioned, Malaysia had implemented targeted testing approach and lockdown as one of the measures to contain the COVID-19 outbreak. Hitherto, this combined approach had produced mixed results. During the first phase of MCO from March 18 until May 4, 2020, it could be considered a success as Malaysia was able to flatten the outbreak curve with only single or double digits of new cases reported daily. Although the total case stood at 6,353 since the first four cases reported on January 12, 2020, but the recovery rate was also high, i.e. 4,484 cases, while the total death was only 105 cases. This encouraging scenario continued until early September 2020 (with the parallel execution of lockdowns of CMCO, EMCO and RMCO) where Malaysia registered less than three to zero cases daily. Accordingly, Malaysia gradually opened its economy to ease the pressure off the people who had been put under MCO lockdown for months (MOH,2021, Pfordten, & Ahmad,2021). As the result of this, WHO recognized and praised Malaysia for its effective preventive measures (PMO,2020). The International Rotary Club even conferred the Director

General of Health Ministry, Tan Sri Noor Hisham with the “Paul Harris Fellow” award (Malay Mail, 2020).

Nevertheless, during the implementation of RMCO - targeted until the end of 2020 - the rate of cases suddenly spiked. Beginning with a report of three digits' cases on October 1, the highest number of new cases was reported on January 30, 2021 i.e. 5,728 new cases. Since then, Malaysia has continuously registered between 4,000-5,000 new daily cases until today (Pfordten, & Ahmad, 2021). By now, the public was critical against the the government's approaches, especially the opposition parties as well as some health experts. Among others, they demanded that the government begin mass testing and stop targeted testing approach as the former had been proven to be more effective in China and a few other countries. The government, however, stood firm with the former approach. It kept notifying the public the reason why daily cases increased and citing the number of intensified testing done. On a related note, Malaysia had so far opened 68 laboratories that were capable of testing 70,000 people per day. Apart from that, the government had also undertaken mass COVID-19 testing on foreign workers who had largely contributed to the spike of daily cases (Demand for COVID-19 testing, 2021; Remar, 2021). In order to further facilitate the accomplishment of all government measures and strategies, Prime Minister Muhyiddin had declared the state of “Emergency”, allowing the government full executive control to legislate any laws under the Prevention and Control of Infectious Diseases Act 1988 to prevent and curb the spread of COVID-19 (PMO, 2021).

Among reasons for current spike of cases during MCO was the lax behaviour of some of the people who no longer observed the new norms, especially when it came to wearing mask and social distancing. On top of it, the less strict implementation of MCO itself – despite its default objective to allow the economic sectors to operate – had instead accelerated the spread of COVID-19 (Bernama, 2021). As it is, as far as the effectiveness of the measures and strategies initiated by the government to revive the economy is concerned, it appears that Malaysia still has a long way to go. It is true that COVID-19 outbreak has adverse impacts on all countries' economies. Even the country with the largest economy i.e. the United States of America had shrunk by 3.5 per cent in 2020 - the worst year after Second World War (The Guardian, 2021). For Malaysia, since March 2020, due to its steady financial standing, the government was able to put in place immediate economic stimulus packages with a total value of RM260 billion

(USD 60 billion) i.e. 17% of the country's GDP. One of the main objectives of this package was to ease the burden of the lower- and middle-income groups as well as small and medium enterprises which contributed 66 per cent of employment and 38 per cent of Malaysia's GDP. The package came in various forms such as loan deferments, loan guarantees, one-off cash assistance, credit facilities, credit rebates and a direct fiscal injection of RM35 billion (USD 8 billion) (Aziz et al, 2020). Until February 2, 2021, the stimulus packages had assisted 20 million individuals and 2.4 million businesses, with more than 50% of the initiatives successfully delivered (Govt's financial standing, 2021).

Despite the lacklustre performance of Malaysia's economy towards the end of the year 2020, which had been already predicted to contract its annual 2020 GDP between -3.5 per cent and -5.5 per cent with a possible recovery to register 2021 GDP growth rate of 5.5 per cent to 8.0 per cent, to some extent, Malaysia had recorded some positive notes. Among others, Malaysia had successfully reduced GDP's decline from -17.1 per cent in the second quarter of 2020 to only -2.7 per cent in the third quarter. The main contributor for this encouraging growth were the manufacturing sectors in electrical, electronic and optical, vegetable oils, animal oils and fats, and also food processing products. These sectors had grown 3.3 per cent from contracting a decline of 18.3 per cent before (Malaysia economic performance 2020; Wong, 2020; Lim 2020).

As for foreign direct investment, Malaysia had also seen some notable developments. In 2020, Malaysia had accumulated net foreign inflows of RM18.3 billion in Malaysia's bond market, which indirectly signalled a significant confidence in the investment sector. The total amount of foreign inflows was to undertake 2,900 projects which would simultaneously create about 65,000 jobs (Govt's financial standing, 2021). Along with that, the Malaysian Investment Development Authority (MIDA) had identified 240 high-profile foreign investment projects from various sectors such as electrical and electronics, machinery and metal, chemical and advanced materials, transportation technology, and food technology and resource-based industries with a potential value of RM82 billion (Foreign inflows, 2021). Besides, the unemployment rate had dropped to 4.7 per cent in the third quarter compared to 5.1 per cent in the second quarter. Nonetheless, due to the pandemic, from March 18 until Nov 27, 2020, there were about 99,696 Malaysian workers had lost their jobs (Surendran, 2021; Palansamy, 2021). However, there could be more. According to Senior Minister,

Security Cluster, Datuk Seri Ismail Sabri Yaakob, at least, 2.5 million faced the risk of losing jobs (Surendran, 2021; Palansamy, 2021). The worst hit sectors had been those in the service industries, particularly tourism, hospitality and aviation sectors. Even some renown hotels had to shut down their business operations, for example, Ramada Plaza Melaka Hotel, Emperor Hotel in Melaka, Tower Regency Hotel in Ipoh, Perak, G City Hotel in Kuala Lumpur, Mercure Beach and the Gurney Resort Hotel and Residences in Penang. Likewise, many employees in the aviation sectors were retrenched by Malaysia-based airlines, namely AirAsia Group Bhd., AirAsia X Bhd and Malindo Airways Sdn Bhd (Surendran, 2021). Taking into account the gloomy scenario of Malaysia's economy, despite some positive developments, the country had a challenging task ahead.

6. Turkish Approach in Dealing with COVID-19 Pandemic

Turkey reported the first case of COVID-19 on 11 March 2020. It had since soared in the following weeks. In the first wave of the virus, the soaring cases started to stabilize and then gradually decreased in late April. Towards the end of May, there were nearly 164,000 cases with 4,500 deaths. During the summer, with no lockdowns imposed, the number of COVID-19 cases were beginning to stabilize with an average of 1000 daily cases. This, to some extent, was particularly noteworthy when compared to the European countries such as Italy and Spain, which recorded much higher cases despite having imposed total lockdowns (Guerin, 2020). However, at the end of the summer season, the second wave arrived and cases began to surge again starting from November 2020 with an average daily number of cases around 5000. By the end of January 2021, the number of cases reached 2.5 million with 25,000 deaths for the same period (T.C. Sağlık Bakanlığı, 2021). During this second wave, Turkey's efforts in containing the spread of virus were less successful as opposed to that during the first wave. This can be attributed to several reasons. But two of them stand out. Firstly, the healthcare system was under serious stress this time. Secondly, while Turkey concentrated on the fight against the COVID-19 challenge in the first wave, the second wave was mostly characterized by the controlled social life in an attempt to return to normalization (Koca, 2020).

As was the case with other countries, state capacity with regard to providing security, welfare and health services to people has been the key in dealing with the COVID-19 pandemic in Turkey. In the light of the ineffectiveness of the international organizations such as the WHO, the United Nations

(UN) and the European Union (EU), the role of nation states has become even more prominent as the main providers of these vital services. Taking this into account, since the beginning of the pandemic, one can safely argue that Turkey has made notable improvements of its state capacity. As World Bank Group reports, “Despite an initial surge in COVID-19 cases, cross country data suggests that Turkey contained relatively quickly the spread and worst health effects of the virus” (World Bank Group, 2020, 9),

The fact is, dealing with the outbreak of COVID-19 poses an unprecedented challenge for countries around the world. As of January 2021, the total number of cases worldwide reached nearly 100 million as the death toll around the world amounted up to approximately two million. During the first months of the COVID-19 pandemic, when the confirmed cases increased rapidly, Turkey needed to impose gradual but hard measures. They included self-isolation, shutdowns, travel bans and flight restrictions (Demiralp, 2020). As one study notes, “Although these measures limit the normal flow of life in social stratum, they have been implemented without compromising economic and social rights” (TÜBA, 2020, 43). Turkey, for its part, pursued what it considered as the middle path, that is by not adopting either a full lockdown or risky strategies such as herd immunity.

With the arrival of first case, Turkey set up a Scientific Council and outlined a Guide for COVID-19 in line with its containment strategy. Targeted mobility measures were quite common in Turkish pandemic response: All schools and universities were closed down. Distance learning and online class were put in place while all conferences and meetings either were cancelled or postponed (Oruç, 2020; TÜBA, 2020, 45). International flights from countries such as China and Iran, both of which were badly hit by COVID-19 were also postponed. Turkish citizens abroad were brought back to country via special flights and put under a 14-day mandatory quarantine, mostly in student dormitories and guest houses. All restaurants, cafes, theatres, sport halls, museums and libraries were also shut down in accordance with the new social distancing rules. Praying by congregations in places of worship was redirected to homes and only single praying was allowed in mosques (Oruç, 2020). Football games and other sports were played without spectators. The mobility of people aged 65 years old or older was strictly restricted. This restriction was later extended to those below 20 years old. The government encouraged “Stay Home” to limit the mobility of the general population. As the Minister of Health Koca (2020) puts it, “In order to make more use of artificial intelligence and digital applications in

the management of the outbreak, an application called ‘Life Fits Home’ was launched with the cooperation of the Turkish Presidency Office of Digital Transformation and the Ministry of Health. Downloaded more than 10 million times since the beginning of June, the application allows person-based tracing in the prevention of the pandemic” (Hayat Eve Sığar, HES). The public authorities frequently and strongly advised the public to continue wearing facemasks and maintaining personal hygiene as well as social distancing. Restrictions and conditions such as the pre-approval by local authorities were imposed on travel by car, bus or train between major cities. Banking hours were reduced while the trials of state courts were postponed. Teleworking was advised for both public and private sectors. Government agencies such as the Ministry of Foreign Affairs, Ministry of Defense and the Ministry of Youth and Sport played an important part in coordinating these efforts. It was also mandatory to wear face masks in some public places such as supermarkets and restaurants. In order to ensure sufficient supply of domestic face masks, the export of face masks was halted. Nevertheless, the government struggled and was unable to supply these face masks for most of the population despite its commitment to deliver them freely in a short time period (Dölen, 2020). On another note, in humanitarian terms, Turkey also lent its hand to both stranded Turks living abroad and foreign nationals living in Turkey during the pandemic. Turkish government brought home nearly 90,000 Turkish citizens from 130 countries while over 1,000 third country nationals living abroad were also helped to reach their own countries. In addition, Turkish government also helped 36,000 foreign nationals staying or living in Turkey to return to their homelands. Turkey even flew home sick Turkish nationals from abroad (Kıran, 2020, 14).

7. The Effectiveness of Measures and Strategies

As was the case with Turkey, national health systems had to withstand a considerable pressure while the national economies were seriously damaged with dire implications for social life in the face of forced lockdowns. Worse, “The global COVID challenge came at a time when Turkey’s GDP per capita has been already on a falling track in USD terms since 2013” (Tur et al, 2020, p. 3). Turkish GDP per capita was in sharp decline from USD12.395 in 2013 to USD9.127 in 2019 following the mid-2018 economic turbulence that hit the Turkish economy. “In August 2018, the price of Turkey’s credit default swaps (CDS), which insure against a default on

Turkish sovereign debt, rose to its highest level since 2009” (Erdemir and Lechner, 2020). Besides, Turkey’s unemployment rate was on the rise in recent years, reaching 13.1 per cent at the end of 2019 (Tur et al, 2020, p. 3) In short, prior to the pandemic, Turkey’s economy was already not doing well

During the COVID-19 pandemic, the sharp drop in domestic and foreign demands had severely affected Turkish manufacturing. Due to lockdown and closures, it had also badly affected the services sector, which has traditionally been more resilient in crisis times. Current account deficit also grew because of the rapidly declining trade and tourism revenues. The effect of the pandemic on the Turkish labor market was also detrimental in the sense that employment and labor market participation fell significantly. About 1.5 million workers lost their jobs in the services sector from February to April. This represents the largest drop in the last two decades (World Bank Group, 2020).

In the wake of these economic hardships, the Turkish government had taken monetary and fiscal precautions. In this regard, among the first steps to tackle the financial damage, the Central Bank cut the interest rates by 100 points. It also provided of the banks with more liquidity with the aim of securing credit flow into the corporate sector, especially the exporting firms in need of urgent cash (Dölen, 2020; Tur et al, 2020, 7). Additionally, the introduction of a fiscal stimulus package (Economic Stability Shield) that supplemented the Central Bank’s Quantitative Easing Program was also noteworthy despite the fact that “Ankara’s package amounts to 1.5 percent of GDP, dwarfed by the ratio of other packages to the respective GDPs of issuing states, including the United States (11 percent), Germany (4.9 percent), and Brazil (3.5 percent)” (Erdemir and Lechner, 2020).

Turkey’s USD15.4 billion (100 billion Turkish Liras - TL) worth stimulus package included the deferral of loan payments by affected businesses and companies, the postponement of accommodation tax and income tax filing and payments, the deferral of social security premiums in some sectors such as retail, automotive, entertainment and textiles, the assistance to importers affected adversely by the global pandemic, the postponement of repay instalments and interests on loans as well as credit debts and capital payments to state-run Halkbank for three months. The increase in the credit guarantee fund limits helped small and medium scale businesses in need of liquidity. Meanwhile, the stimulus package also included simplified and accelerated short-term working allowance, increased lowest pension to 1500

TL, 3 billion TL worth allowance to municipalities, 7 billion TL worth minimum wage support, the recruitment of more than 30,000 healthcare personnel, 1,000 TL aid to more than 2 million citizens and the additional performance salaries paid to healthcare workers (Dölen, 2020; Oruç, 2020; TÜBA, 2020, 47). Apart from these measures, Turkish President Erdoğan also launched a donation campaign and encouraged people to donate in an effort to save the national economy (Erdemir and Lechner, 2020). Lastly, the government had also implemented some customs measures like import controls of foodstuff with minimum contact and the condition of preapproval by the Medicines and Medical Devices Agency on the export of ventilators, the intubation tube, intensive care monitors and the removal of additional customs duty for medical masks, ozone therapy, oxygen therapy, aero-therapy, artificial respiration or other respiratory devices.

With the introduction and implementation of these measures and packages, Turkey mostly managed to revive its economy. As some analysts put it, “Turkey’s immediate response helped contain some of the more negative effects of COVID-19 though emerging economic imbalances have required policy tightening. Early social distancing, mobility restrictions, testing, and health capacity enhancements helped contain the spread of the virus and the number of fatalities. The economy came to a near sudden halt during the second quarter of 2020. Fiscal, monetary, and financial measures however extended support to some of the most affected parts of the economy” (Kouamé and Rab, 2020). In the second half of the year 2020, President Erdoğan appointed first a new Governor of Central Bank and then a new Minister of Treasury and Finance in the aftermath of the unexpected resignation of Berat Albayrak from this post. While Albayrak’s interventionist and unorthodox policies championed the stimulation of short-term economic growth, which resulted in a considerable decline in foreign exchange reserves, new appointments meant the return of market orthodoxy (Koc and Karakaya, 2020). In other words, the new economic administration and the emerging market-friendly climate was supposed to focus on longer term economic and financial goals such as macroeconomic stability and investor confidence which every country would need to achieve in order to shield the economy from the Covid shock (Kouamé and Rab, 2020).

Besides, in the post-pandemic era, there are high expectations towards the Turkish economy. For instance, one study argues that “With flexible production capacity and proximity to major markets, Turkey is in a position

closer than ever to becoming a production base for the neighboring countries. Cheap labor and high human capital make Turkey one of the most convenient options for production on a smaller scale” (TÜBA, 2020, 112). However, this will depend on to what extent trade will be diverted from China to other productive centers and on how successful Turkey will be in driving its already-indebted private sector to open to new markets, strengthen their sales networks and benefit from this window of opportunity. On the other hand, Turkey also may be an attractive venue for the Chinese corporations who were willing to outsource their productions in order to “act as a manufacturer from Turkey rather than appearing as a Chinese company after the Corona crisis” (TÜBA, 2020, 113). Lastly, Turkey’s effective state capacity in healthcare can also make it a convenient destination for various sorts of health tourism such as medical tourism, thermal tourism and elderly care tourism (TÜBA, 2020, 118).

As a whole, Turkish healthcare system had performed well in responding to the COVID-19 pandemic. Under President Erdoğan’s 18-year rule, successive Turkish governments had invested hugely in healthcare system and these government-led efforts help strengthen the effectiveness of the system. Currently, within Turkey’s healthcare system there are more than 160,000 active medical practitioners, approximately 200,000 nurses and thousands of midwives and other healthcare workers as well as over 150,000 total registered hospital bed capacity (TÜBA, 2020). Taking these into account, Turkish healthcare system was well prepared before the outbreak of the pandemic, or any other health emergency for that matter (Oruç, 2020). Even the most vocal critics of Erdoğan credited him in this respect: “Thanks to reforms completed under Erdogan’s watch, Turkey provides universal health coverage through an integrated family medicine model that offers significantly better access for patients than the U.S. system, in which 45 percent of adults are uninsured or underinsured” (Erdemir and Lechner, 2020). Arguably, Turkey’s public investments in healthcare were much more efficient and fruitful when compared to the Western models, which were based on private sector. As a matter of fact, the healthcare systems of many Western countries including the US struggled to cope with the pandemic (Oruç, 2020). As one of the continuing efforts to ease the pressure on the national health system, Turkey had increased the number of diagnostic laboratories and COVID-19 tests across the country. Initially Turkey pursued a targeted testing methodology before switching to mass testing in the second wave for some groups of the population. Some

hospitals specializing on infectious diseases were declared as the pandemic hospitals that treated COVID-19 patients free of charge. Thousands of additional healthcare workers were recruited throughout the pandemic and new pandemic hospitals were even built in Istanbul. As a result, Turkey was in a better position in comparison to some advanced nations in terms of detecting new cases, keeping the fatality rate below the global average, treating critical patients and hence containing the transmission and the harmful effects of the COVID-19 challenge (World Bank Group, 2020). Furthermore, under the supervision of the Scientific and Technological Research Council of Turkey (TÜBİTAK), Turkish universities and research institutions had formed a COVID-19 platform and have launched medicine and vaccine development schemes that remained unfinished at the time of writing. As the Minister of Industry and Technology Mustafa Varank said, “Researchers pooled their knowledge, resources and labor and brought together different disciplines against one common threat. The platform is exemplary in the world. Currently, they are working on nine projects to develop drugs for treatment and immunity and eight projects on vaccines” (Daily Sabah, 2020). Three of the prospective Turkish vaccines had passed animal trials while the Erciyes University’s vaccine (ERUCOV-VAC) even completed the first phase of clinical tests in November 2020 and were near to initiate the second phase in February or March 2021. With 17 vaccine and medicine schemes carried out by 436 researchers altogether, Turkey is third among the world nations that seek to develop COVID-19 vaccine projects, coming behind only China and the U.S. (Güler, 2021). Until the arrival of Turkish vaccines, Turkey has been procuring various vaccines produced by different companies around the world, including Sputnik-V, Pfizer-Biontech, Oxford-Astra Zeneca and Sinovac. With the arrival of Sinovac vaccine, Turkish health authorities started the mass vaccination of the population in mid-January 2021, with the healthcare workers accorded the priority. Until the end of January, nearly two million people have been inoculated successfully (Aydın, 2021). However, Turkey’s decision to order Sinovac’s inactive COVID-19 vaccine (Coronovac) from China was questioned on the basis of the low rate of effectiveness and the duration of protection. Other countries like Malaysia decided to demand more data from Sinovac in both terms. The underlying factor behind Turkey’s move was that Sinovac vaccines were more readily available and easily storable compared to those of Pfizer-Biontech and Moderna. Besides, the Sinovac vaccines had already been approved for emergency use in Brazil. More

importantly, the Chinese firm insisted that its Sinovac was safe and efficient in the wake of phase three clinical results (CNN, 2021).

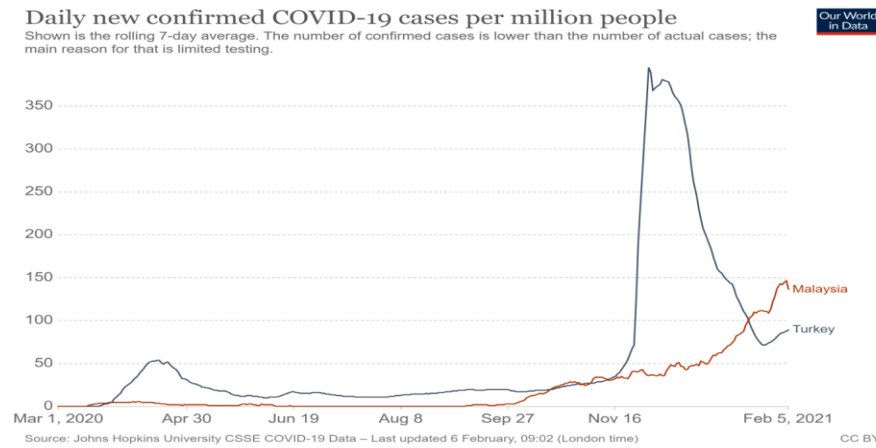
In all likelihood, Turkey's anxiousness to get the economy back on track and revive businesses might be one of the main reasons to rush the mass vaccination. Indeed, a serious delay in inoculations in the face of new variants that had emerged in the UK and Brazil would most likely pose a significant threat to any economic recovery effort. Essentially, the debate surrounding the Chinese vaccine revolves around the remarkably different efficacy rates reported by countries. While Turkey's efficacy rate of the Sinovac vaccine was 91.25%, Indonesia's was 65.3% with Brazil recording the lowest i.e. only 50.38% in cases with mild symptoms. In response to this controversy, Sinovac claimed that, "Despite the difference in efficacy rate, they all point to the vaccine's ability for protection, especially against mid- and severe disease" (Bloomberg, 2021). The vast disparities in efficacy results, consequently, may lead to confusion among the people and to eventually lose confidence in vaccination process itself, thereby undermining their willingness to receive the vaccines (CNN, 2021).

8.Comparative Analysis of Both Countries' Approaches

To a certain extent, both Malaysia and Turkey seem to manage the COVID-19 pandemic challenge quite well in most terms, while being late or failing in a few other areas. Both were able to contain the spread of virus in the early stages of pandemic by applying staggered lockdowns, closures and quarantines. Both did not impose full lockdowns at all. In fact, Turkey was among the top ten countries with the most numbers of infection in the first wave of the pandemic (Worldometers, 2021). Turkey was later removed from the top ten list when the number of its COVID-19 cases decreased and then stabilized during the summer. However, it was short-lived as Turkey was back into the list when the number of cases and deaths rose sharply in the late 2020. In comparison to Turkey, Malaysia has so far never appeared in the top ten list due to its comparatively moderate number of cases and deaths. On the February 6, 2021, Turkey was in the 9th place in the world with over 2.5 million of COVID-19 cases. Malaysia, on the other hand, was in the 49th place with over 238,000 cases. However, it needs to be highlighted that Turkey has two and a half times more population than Malaysia's. Accordingly, Turkey appears to have nearly eleven times more total cases than Malaysia. In terms of total deaths, as at 6 February 2021, Malaysia recorded 857 deaths while Turkey recorded 26,577 deaths. In this

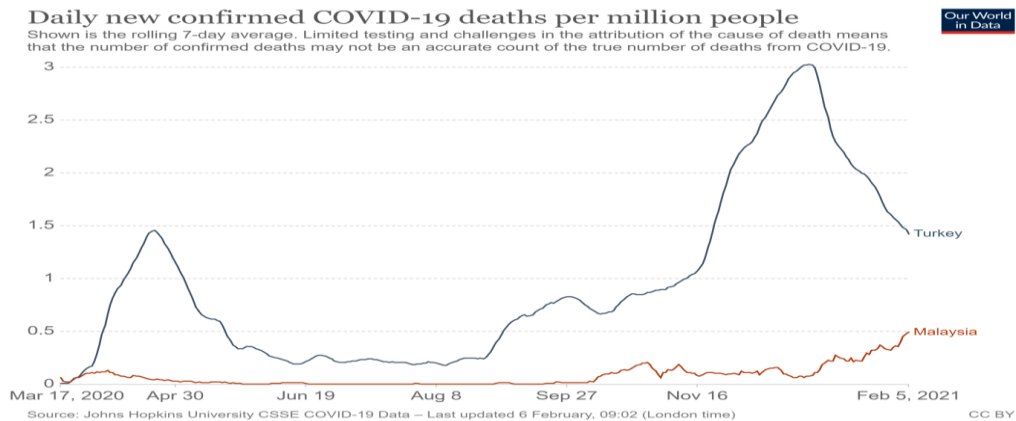
regard, with an average of 313 deaths per million, Turkey is in a much better shape than many European countries. Malaysia, on the other hand, has a much better record with an average of 26 deaths per million than Turkey (Worldometers, 2021).

Table (2)



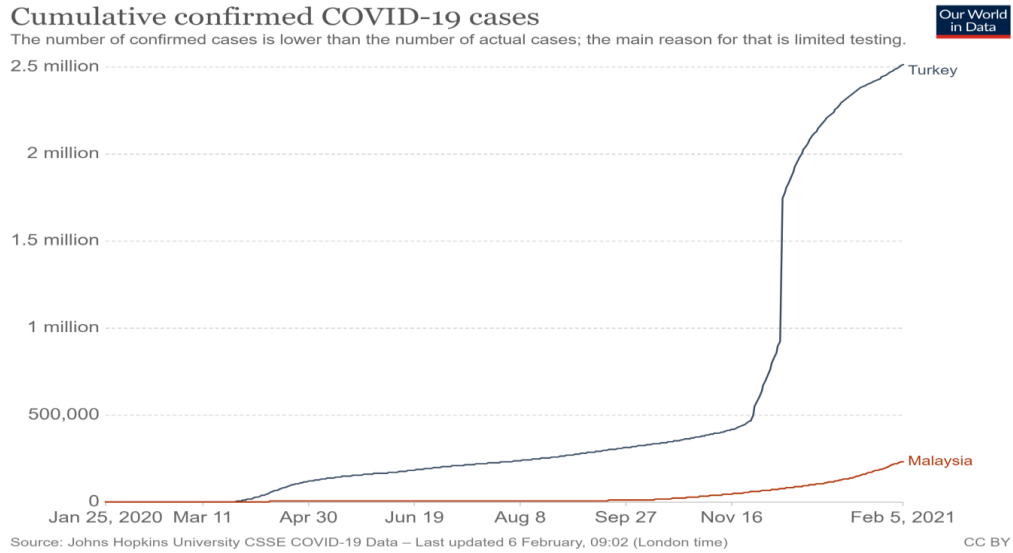
<https://ourworldindata.org/covidcases?country=IND~USA~GBR~CAN~DEU~FRA#global-comparison-where-are-confirmed-cases-increasing-most-rapidly?country=~TUR>

Table (3)



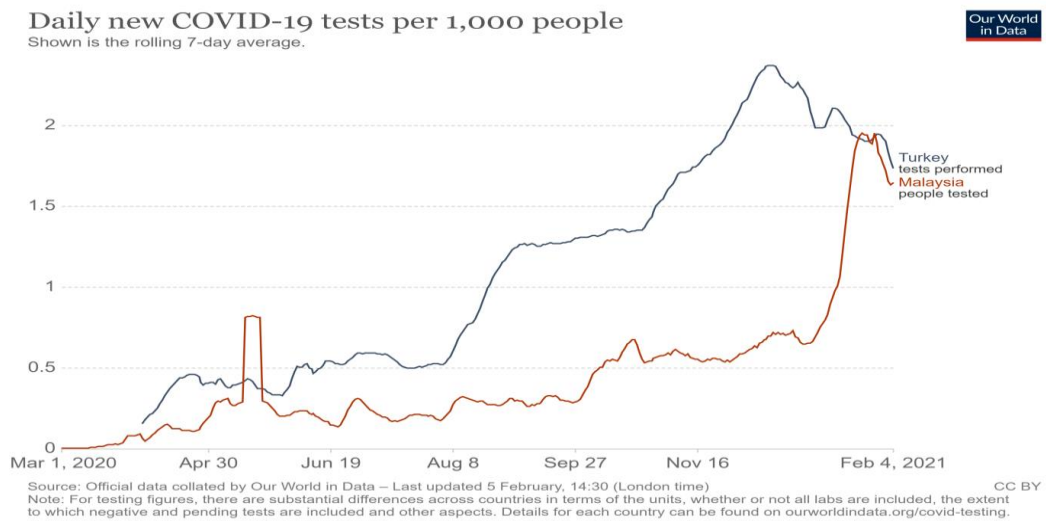
<https://ourworldindata.org/covidcases?country=IND~USA~GBR~CAN~DEU~FRA#global-comparison-where-are-confirmed-cases-increasing-most-rapidly?country=~TUR>

Table (4)



<https://ourworldindata.org/covid-cases?country=TUR~MYS#global-comparison-where-are-confirmed-cases-increasing-most-rapidly?country=~TUR>

Table (5)



<https://ourworldindata.org/covidcases?country=IND~USA~GBR~CAN~DEU~FRA#global>

-comparison-where-are-confirmed-cases-increasing-most-rapidly?country=~TUR

As for the health measures taken against the coronavirus, Malaysia and Turkey pursued similar strategies i.e. a balanced, middle path between full closure and indifference. Both had shut down some economic sectors, facilities and restricted movements in order to contain the spread of the coronavirus. In doing so, as the developing middle-income economies, both sought to ensure the safety of the public health and the economic endurance and well-being simultaneously. While Malaysia focused more on imposing restrictions on infected areas on a local or regional basis, Turkey's lockdowns were age-specific i.e. children, teens and the elderly over 65 as well as sporadic local or regional lockdowns. Face masks, hygiene and social distancing were common preventive measures in both countries. In both countries, infected areas were isolated from the rest of the neighboring communities with the public authorities providing the necessities needed by the affected population.

Both Malaysia and Turkey eased the restrictions in stages by allowing the daily economic and social activities to operate when the number of cases dropped and were mostly stable during the summer season. For Turkey, the need for such a balanced approach was essential in the sense that it was already experiencing hard times in its economy prior to the COVID-19 pandemic. For all intents and purposes, Turkey would not be able to cope with the devastating economic consequences of a full lockdown. But, for Malaysia, such an approach was a necessity for protecting the shrinking economy from getting worse, more so since its economy was less adversely affected by the COVID-19 pandemic in comparison to Turkey. Divergent reasons notwithstanding, both countries did not prefer to impose full lockdowns or closures unlike the advanced economies that were hit hard by the COVID-19 pandemic but still managed to cushion the cost of such strict and costly measures well.

Still, as far as the healthcare capacity is concerned, both Malaysia and Turkey needed to strengthen their healthcare infrastructure and facilities further by providing more medical equipment such as ventilators and Intensive Care Units (ICU) beds for COVID-19 patients. Turkey has already started its mass vaccination with the Chinese firm Sinovac's vaccine since mid-January 2021. Malaysia, nevertheless, seems to be more cautious about the effectiveness of Sinovac vaccine, especially in the absence of third phase clinical tests results. Despite the stringent scrutiny, recently, a Malaysian company had announced that it would co-develop the vaccine with China

for use in Malaysia (Zainul, 2020b). On one hand, Turkey displayed a more proactive though less prudent approach. Malaysia's response, on the other was more cautious but less proactive. Pursuant to that, however, Malaysia had already started its mass vaccination until the end of February 2021. On another aspect, while Turkey intended to develop its own vaccine schemes, Malaysia continued to rely on foreign ones. Turkey plans to begin using its own local vaccines at the beginning of summer 2021.

In terms of economic measures, both countries set comprehensive rescue and stimulus plans but a comparison presents a better picture about the details of them. In pre-COVID-19 period, Malaysia had no serious economic trouble and its economic figures were not so alarming whereas Turkey's case was starkly different in the sense that its economy was struggling to grow in the aftermath of the mid-2018 economic shock. In relation to this, Malaysia's USD60 billion worth package representing some 17% of the country's GDP was almost four times larger and generous than Turkey's USD15.4 billion worth of package representing only 1.5 per cent of the Turkish GDP. Looking at 2019 figures, the differences were even more glaring in the sense that Malaysian annual GDP of USD364 billion was roughly half of that of Turkey's annual GDP i.e. USD760 billion (Statisticstimes, 2020).

When it comes to the scope of the packages, both were comprehensive enough, encompassing all sectors and industries and businesses as well as lower and middle-income groups in need of urgent cash or credit. Both countries' growth figures during the COVID-19 pandemic also make an interesting comparison. Malaysian economy's -17.1 and -2.7 per cent contraction in the second and third quarters of 2020 respectively shows the adverse effect of the COVID-19 pandemic, which will usually lead to an annual contraction. In this sense, Turkey's growth figures look better than Malaysia's as it managed to grow by 6.7 per cent in the third quarter although it shrank 9.9 per cent in the second quarter. In contrast to Malaysia, Turkish annual GDP also was expected to grow by around 0.3 per cent in 2020 (Sahin, 2020). Nevertheless, in terms of unemployment, Malaysia's rate which was around 5 per cent was comparatively much better than Turkey's, which still remained over 12 per cent. Moreover, in both countries, services sector, especially the tourism and leisure, were devastated by the COVID-19 pandemic which led to the significant rise of unemployment. Hence, in order to attract foreign investors and restore confidence in the market, Turkey, unlike Malaysia who has already had a

new government in office, welcomed a novel economic management with new appointments to the Chairmanship of Turkish Central Bank and the Ministry of Treasury and Finance.

9. Conclusion

In the first wave, Turkey took the pandemic under control but then failed to do the same in the second wave until late 2020. Turkey had to impose a new lockdown and partial closures which helped to stabilize the surge in cases by early 2021. Malaysia was also successful in the first wave as the number of cases was moderate, However, it struggled to gain control of the COVID-19 pandemic cases in the second wave despite imposing new phases of lockdowns. In comparison, both countries' strategies seemed to work in the first wave but both had mixed results in the second wave. Despite of that, although Turkey's economy is twice the size of Malaysia's, it was not so generous in supporting the sectors hit hard by the COVID-19 pandemic. This was largely due to the prolonged economic hardships that Turkey had been suffering from since the mid-2018. In contrast, though Malaysia's GDP was only half of Turkey's, it was able to back up and stimulate the economy more generously. However, the scopes of the packages of both countries were mostly similar as they focused on rescuing and relieving key sectors as well as the most affected segments of the general population. In healthcare, both countries took measures in order to boost their medical capabilities and facilities, allowing their healthcare systems to remain reliable and intact. Their mass vaccination strategies also differed in the sense that Turkey was quicker and proactive whereas Malaysia was more cautious. Also, with Turkey in the middle of developing own vaccines, Malaysia had no plan of such except for the recent collaboration of a Malaysian firm with a Chinese company in order to develop a vaccine.

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