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The Fight Against Covid-19 in Slovakia and Austria: Lessons for and from Türkiye ^{1*}

Slovakya ve Avusturya’da Covid-19 ile Mücadele: Türkiye için ve Türkiye’den Dersler

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Abstract

The COVID-19 Pandemic, which has necessitated a global struggle, started a period of uncertainty in countries. The current uncertain situation has precipitated discussions on which policies should be implemented in combating the Pandemic. Different policies have been implemented in different countries to slow and prevent the COVID-19 epidemic. While evaluating the effectiveness of national policies, drawing lessons from successful examples, and adopting them have become critical. On the other hand, policies can also be reviewed through policy failures. Within this study’s scope, a case study was conducted on Austria and Slovakia, which have both been successful in Central Europe in combating the Pandemic. Some of the lessons from these examples will contribute to Türkiye’s fight against the Pandemic. Thus, policy recommendations that can be adopted in Türkiye have been scrutinized. In this context, Austria’s, Slovakia’s, and Türkiye’s policies against COVID-19 were evaluated within the framework of different policy areas, and policy proposals were sought to be developed on Türkiye’s behalf. Firstly, the theoretical framework was discussed in this study through policy transfer and lesson-drawing. Then, Austria’s and Slovakia’s anti-COVID-19 policies were examined, and some recommendations were developed for Türkiye. This study reveals that lesson-drawing in the Pandemic process will provide countries with efficient and functional. In this way, policy practices were examined, try to provide policy recommendations for and from Türkiye. The schools selected within the scope of the study were not evaluated in a wide range of areas from health investments, transportation, socio-cultural activities to economy, education to security.

Keywords: Policy Transfer, Comparative Public Policy, COVID-19, Pandemic, Lesson-Drawing.

JEL Codes: I18, R50, I30

INTRODUCTION

Throughout human history, different infectious diseases have become a public health problem in different times. Many of these have also affected people in different countries. The COVID-19 virus, which emerged in China at the end of 2019, spread worldwide in a short time. Due to the severe increase in the number of Covid-19 cases and deaths, the World Health Organization has declared a global pandemic. Many states have taken various measures to contain and mitigate the spread of the Pandemic.

The COVID-19 crisis caused 133,820,210 cases and 2,903,997 deaths worldwide by 8 April 2021 (WHO, 2021). The COVID-19 virus, which causes mass deaths worldwide, has profoundly affected social and economic life. Because of the virus, daily life has changed worldwide; the mask, social distance, and hygiene have made it the main motto of people's daily lives. As part of the fight against the virus, people were closed to their homes with partial or complete restriction, and economic activity was significantly restricted. For this reason, many people have been unemployed, or their income has decreased.

Governments had to develop new policies as part of the fight against COVID-19. In this context, governments have also taken different measures to combat the COVID-19 virus within the country's borders (Fouda et al., 2020: 510). In this context, new policies have been implemented in education, trade, economy, social life, health, and security. Educational processes have been transformed into distance education, and efforts have been made to conduct education through established TV channels, websites, and mobile applications. LMSs were quickly established in higher education, or their capacities increased, and infrastructures were renewed by reaching agreements with international companies. While digitalization of public services accelerated, innovative applications such as data visualizations and interactive maps tried to provide disease tracking, transmission rate reduction, isolation control, and control of public spaces. Social policies have also been implemented in cooperation with the central government, local governments, and voluntary organizations (Babaoğlu and Erdoğan, 2021; Karasoy and Babaoğlu, 2020; Babaoğlu and Kulaç, 2020; Ozer, 2020: 1126-1128). In the study, Slovakia, Austria and Türkiye's fight against coronavirus is discussed in a comparative way.

1. THE METHODOLOGY OF THE STUDY

The Pandemic is undoubtedly a health problem. On the other hand, it is necessary to talk about issues related to the health system and many commercial, political, and economic dimensions from a policy point of view. Therefore, it is not possible to explain the Pandemic only by the number of cases or vaccination rates, but instead, the measures taken by countries, their success and the relationship of this success with domestic factors should be questioned. (Capano et al., 2020: 287). Türkiye is a unique model in this respect. Türkiye has a population as large as Germany, but on the other hand, it has a larger GDP than Austria and Slovakia (WorldBank, 2021). Capano et al. (2020) stated that economically less developed countries have low success rates in fighting the Pandemic, while developed countries can quickly extinguish the Pandemic. Nevertheless, looking at the level of development and the sub-policy headings and the capacity to implement these policies are effective. For example, although Türkiye had problems in the supply of vaccines at the first stage, it successfully implemented vaccines after delivery and quickly became one of the most vaccinated countries (OWD, 2021).

In this study, the coronavirus policies of Slovakia and Austria, two Central European countries, were discussed. Among the most important factors underlying the fact that the Pandemic is observed differently in various countries, undoubtedly, parameters such as countries' health systems, the budget allocated to health, and the rate of public use of health opportunities can be considered. In this context, Slovakia was one of the countries with the lowest case numbers of the virus in the first periods in the European Union countries when the study began. However, the Slovak government has implemented the first practice worldwide, putting all citizens in antigen testing together. However, Slovak GNP contracted by 3.9% annually in 2020, making it one of the most significant declines in Europe.

Throughout the Pandemic, Austria has established policies like Türkiye's through its pandemic science board and social policy studies conducted by voluntary organizations. However, as the first European country to lift restrictions, it also experienced a rapid disease spread. Although it has experienced many cases and high death rates, Austria has not experienced a significant health crisis, such as Italy, Spain, or the United Kingdom. Thanks to early intervention strategies, Austria has managed to keep the mortality rate from Covid-19 low compared to other European countries (Simon et al., 2021: 2). For these reasons, Austria has also emerged as an example that should be examined compared to Türkiye.

Sharing the country's experience fighting the Pandemic is an essential contribution to learning lessons in public policy. This study aimed to draw lessons through comparisons by examining the policies of Slovakia and Austria against COVID-19 and Türkiye's policies. As part of this study, a comparison was made by evaluating the policy of Austria, Slovakia, and Türkiye against COVID-19. Furthermore, the lessons obtained from Türkiye and extracted for Türkiye were questioned between these countries. It should be noted that the analysis and assessments that will be conducted when the Pandemic is ongoing are evaluated based on policies that are valid until March 2021.

1.1. Policy transfer and Lesson-drawing

Policy transfer uses policies implemented by one government for another (Dolowitz, 2017: 35). Policy transfer refers to how actors borrow other countries' policies or institutions for policy development (Dolowitz and Marsh, 1996: 344; 357). With the concept of policy transfer, an essential tool in Comparative Public Policy, different countries' policies can be examined. A policy transfer approach is a valuable tool in its role as a facilitator in determining future policies. (Evans and Davies, 1999; Mossberger and Wolman, 2003). Dolowitz and Marsh (1996; 2000) described policy transfer as the transfer of structures or processes in a particular time and location to be used or not. Dolowitz (2003) states that policy transfer offers policymakers the opportunity to step away from the policy-making-implementation-evaluation process and transfer successful policies.

The concepts of "lesson-drawing" and "policy transfer" are different but intertwined. It is challenging to define lesson-drawing and policy transfer concepts separately from other policymaking forms (Rose, 1993: ix – x). While lesson-drawing offers the opportunity to examine how and from whom policymakers can benefit in the policymaking process, "policy transfer" explains the reasons and origins of transferred policies (James and Lodge, 2003: 179-191). Lesson-drawing refers to political actors or decision-makers in countries that adopt different policies to

their administrative level (Dolowitz and Marsh, 1996: 344). In other words, in drawing lessons, policymakers are trying to find a solution to an urgent problem in their country, and it refers to the process of countries learning lessons and seeking answers to their problems by looking at the policy practices implemented in another country (Rose, 1993: 19-20). Grin and Loeber (2007: 203) state that policymakers can initiate more successful policies and improve their practices by focusing on lesson-drawing tools.

In this context, policies and practices that can be transferred to combat COVID-19 have been examined within Austria and Slovakia as successful Central European examples.

2. COMBATING THE COVID-19 PANDEMIC IN AUSTRIA

Since the 1980s, Austria has not faced the threat of infectious disease as serious as COVID-19. During the advent of HIV in the 1980s, there was a serious problem occurred. However, during the COVID-19 crisis, everyone in the country was influenced by the epidemic (Kreidl et al., 2020: 651). The first COVID-19 case in Austria was detected on February 25, 2020. Before this date, there were reports in the media that people suspected of having COVID-19 were tested, but their results were negative. After the first case was detected, various measures were taken by the government to protect public health. The first measures Austria took against the COVID-19 outbreak are as follows (Moshammer et al., 2020: 2):

- Quarantine measures were taken.
- Legal regulations were made to restrict social life.
- Schools, restaurants, and shops were closed to restrict social mobility.
- Conferences were cancelled for a certain period.
- Information on the country's total number of cases was to be published in daily reports.

Austria's health system has the total capacity to combat a health crisis (Pellert et al., 2020: 1). At the beginning of the COVID-19 Pandemic, Austria experienced a shortage of protective equipment and supplies for healthcare professionals, particularly COVID-19 diagnostic kits, ventilators, and hygienic masks (Keskin, 2020). These problems were resolved over time. Furthermore, finally, in April 2021, it is planned to vaccinate the rest of the population. Besides, a coronavirus advisory board has been established to advise the Minister of Health (<https://www.ris.bka.gv.at/>). Austria has used the "Stopp Corona" application during the COVID-19 Pandemic. Stopp Corona has been defined as a technological and open-source person tracing mobile application that helps combat the COVID-19 Pandemic (Busvine, 2020; Khaleghi et al., 2020: 237; Mbunge, 2020: 1633).

The restrictions were lifted on April 14, 2020, when the number of cases was reduced by taking precautions and applying restrictions (Müller, 2020: 354). First, shops and restaurants were opened, and schools could open. Austria courted controversy as the first European country to lift restrictions. After these stretches, it was announced that the second wave began on September 13, 2020 (Wintle, 2020). In the same period, vaccination efforts were carried out to limit the spread of the disease. According to the Austrian government's plan, persons older than 65 years of age were to be vaccinated first. In the second phase, health care professionals and other vulnerable persons in care centres and nursing homes will be vaccinated. The "COVID-19 Civil Society Initiatives" platform, established within the Austrian Federal Ministry of Social Affairs,

connected people in need of social support with benefactors throughout the global Pandemic. With volunteers' contributions, individuals in need of assistance were determined, and their requirements were fulfilled. People in need of social and financial support, including the elderly, children, women, and people with mental health issues, had their needs met thanks to this assistance (Spear et al., 2020: 386).

As a further measure, schools and universities were closed with a preventive policy on March 16, 2020, and the distance education model was adopted (Ebner et al., 2020: 1-3). The lack of internet access for all students, digital skills, cybersecurity, and infrastructure issues is among education topics. While the average of OECD countries benefiting from information and communication technologies in education is 53%, this rate is 33% in Austria (OECD, 2020). In Austria, the government has implemented various policies to support students and teachers. A needs assessment for distance education was conducted, and students who did not have access in May 2020 were given computers and tablets on loan until the end of the year. Distance education guidance principles have also been established to provide orientation support for school administrators and teachers (Tengler, Schrammel and Brandhofer, 2020: 7608). On April 14, 2020, measures began to be relaxed, allowing small grocery stores and garden supply shops to open. By May 1, 2020, all stores, shopping centers and hairdressers could open. It was also decided to reopen restaurants, hotels, and other businesses in the service sector (Fechner, 2020).

The government has helped maintain liquidity by helping businesses and companies with economic packages. A €7 billion emergency aid package has been launched to support short-term work and small and medium-sized businesses in this process. Moreover, €15 million in emergency assistance has been invested in supporting industries affected explicitly by the COVID-19 outbreak. Furthermore, a fund for micro-entrepreneurs has been established, and grant support has been provided (Fechner, 2020). For at least three months, free digital services for small and medium-sized businesses that need to work from home or run businesses have also been offered (Bundesministerium für Digitalisierung und Wirtschaftsstandort-Austria, 2020). In addition to this, efforts have been made to strengthen fragile supply chains and the food and pharmaceutical industries.

Economic policies implemented despite the PPandemic's adverse effects caused an estimated additional cost of €20 billion and a specific decrease in GDP growth (Dorn et al., 2020: 3). Conversely, under the assumption that vaccine and medical studies will succeed, it is estimated that a general recovery in the Austrian economy will occur for the years 2021-2022, and a rapid return to pre-pandemic levels is expected (Fenz et al., 2020: 213). In Austria, the health crisis has been tried to be controlled within the framework of the governance approach in combating COVID-19 (Desson et al., 2020: 415). Austria's struggle against COVID-19, health and economy-based sub-policy titles came to the fore. Then, Slovakia's COVID-19 policies were discussed.

3. COVID-19 AND POLICY PRACTICES IN SLOVAKIA

Slovakia has been one of the most prosperous countries in Europe in the fight against COVID-19. The first COVID-19 case in the country was recorded on March 6, 2020. This date nearly coincides with the WHO's declaration of a global pandemic on March 11. Since March 6, 2020, the Slovakian government has implemented measures and practices in many areas such as curfews, transportation restrictions, the transition to distance education, postponement of sporting events, economic measures, and social assistance, all within the scope of combating COVID-19. These

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can be briefly listed as follows (Krizan, 2020: 2-8; Law No. 355/2007, FRA, 2020: 2-13; Podnikajte, 2020; Ministry of Health Care, 2020; Taxand, 2020; Korona.gov.sk, 2020; Nemec, 2020):

- As part of the fight against coronavirus, the entire army has been mobilized throughout the country.

- Masks are required to be worn everywhere except in residences. Social distancing rules have been implemented, and people have been asked to stand at least two meters away from each other in crowded areas and queues.

- Citizens have been advised to limit their contact with people.

- The sale of respirators to the public is prohibited.

- All citizens returning to Slovakia from abroad are required to take COVID-19 tests, and those whose test results are positive must be quarantined at facilities specified by the Ministry of Interior.

- A mandatory 14-day home quarantine has been imposed since March 13, 2020, for people returning from abroad, including those living in shared households and permanent or temporary residence in the Republic of Slovakia. (FRA, 2020: 2).

- Shopping centres and large stores have been closed since March 16, 2020.

- Mandatory hand disinfection and use of disposable gloves and masks were introduced at store entrances.

- Border crossings are closed. Transport outside the country is allowed only in limited and essential cases.

- The Ministry of Foreign Affairs of Slovakia has selected twenty countries and closely monitors their developments and COVID-19 measures. This issue is of great importance in terms of policy transfer and lesson drawing.

Slovakia followed an incremental strategy in fighting against the virus immediately after the COVID-19 Pandemic emerged in China. As a first step, it carefully followed the Pandemic and completed its preliminary preparations. As a second step, strict quarantine practices were enacted to prevent or delay the virus's entry into the country. In the third stage, a roadmap was determined to control the epidemic's spread, diagnose, and treat patients, and manage the process. In the fourth stage, isolation, social distance, security, and economic support measures were implemented. In the early stages of the Pandemic, Slovakia became the most prosperous country in Europe with these measures (Donicava, 2020: 729; Walker and Smith, 2020).

On February 27, the Security Council took the first concrete anti-pandemic measures, increasing border controls and blocking border crossings at Slovak airports, especially at the Austrian border. Also, a crisis committee was established within the Ministry of Health (Krizan, 2020: 3). On February 28, a thermal scan became a requirement for all passengers arriving in Slovakia by air. On March 7, in the capital Bratislava, an in-depth sterilization process of public transit was undertaken. On March 8 and 9, primary and secondary schools in Bratislava and secondary schools in Trnava and Košice were closed (Bahna et al., 2020: 1-5). On March 15, a health emergency was declared; wearing face masks in public areas was mandatory. On March 16, a state of emergency was declared (Donicava, 2020: 729). On March 18, international railway

stations were closed. On March 25, face masks were made mandatory in all indoor and outdoor areas. Planned operations and other non-urgent treatments in the health care sector were delayed. Restrictions on freedom of movement were introduced during the Easter holiday of April 8 to 14 (Euromil, 2020). With the decrease in virus cases on April 21, preparations for the “new normal life” transition were started in Slovakia, and the first phase of quarantine removal steps started (Nemec, 2020). Between 6 March to May 15, 2020, the number of people diagnosed with COVID-19 in Slovakia was 1,480, with only 27 deaths. While 135,902 people were tested, 1,131 patients recovered. From March through September, the country’s number of daily infections rarely rose above 100 (Holt, 2020: 1386). Slovakia achieved this success despite large-scale demonstrations and a government crisis (Karadağ, 2018). With the decrease of virus cases on April 21, preparations for a new normal life transition were started in Slovakia, and the first phase of quarantine removal steps began (Nemec, 2020). In this term, the positive antigen test rate in Slovakia was 3.51%, and the positive PCR test rate was 20.49%. Although Slovakia has three times more beds and resources per capita than the United Kingdom (Slovakia produces the most ventilators per capita), the country’s health system was in danger of collapsing in the second wave due to a lack of health investment in the past decade (Bi-team, 2020).

A state of emergency was declared again in the country on October 1, and new restrictions entered into force. Under the state of emergency, citizens are restricted from travel within the country, and a travel ban has been imposed on countries with high epidemic levels (Holt, 2020: 1386; Krizan, 2020). Sporting and cultural activities, family gatherings, and religious rituals were banned throughout the country, while ceremonies such as funerals, baptisms and weddings took place without a celebration or banquet afterwards (Pavelka et al., 2020). In Slovakia, restaurants only serve customers outdoors or as takeaways. Fitness centers, wellness centers, water parks, pools and saunas have been closed. Slovakia also requires a negative test result from everyone entering the country (Geržová et al., 2020: 5-34). Despite the measures taken in Slovakia, the number of cases increased and in October, Slovakia tested everyone over the age of 10. From October to November 1, 2020, support teams consisting of more than forty thousand paramedics, soldiers, police, administrative officers, and volunteers were deployed to implement COVID-19 Tests (News18, 2020).

Slovak authorities have decided to use antigen tests instead of PCR tests, which are less reliable but produce in 15 minutes. Although the test is free and voluntary, the government has stated that it will apply a 10-day home quarantine, including a ban on working for those who do not take the test (Euronews, 2020; Pavelka et al., 2020). On the first day, 2,581,013 people were tested, and 25,850 people were optimistic. On the second day, approximately 1,040,000 citizens participated in the test campaign, and 12,509 tested positive. The Slovak Medical Association criticized the government for “blackmailing” the public and wasting resources (Canşen, 2020). Various campaigns have been organized throughout the country to increase Slovakia’s measures, ensure that citizens support them, and minimize the economic, social, and psychological problems that arise due to isolation (Nemec, 2020). In addition to promotional campaigns, the government has prepared flyers, billboards, posters, and spot films that have been shown on TV channels to inform the public about the necessary measures (Korona.gov.sk, 2020).

To prevent the spread of COVID-19 and decrease transmission, all educational institutions from kindergarten to universities were closed and moved to distance education (Mikušková and

Verešová, 2020: 884; IOM, 2021). On March 25, the Ministry of Education, in cooperation with the third sector, established a “crisis” website to disseminate information, recommendations, and guidelines on distance education and provide digital education content to all students (Szabo, 2020). Teachers have started to offer distance education in various ways, such as video communication platforms like Zoom, MS Teams and Moodle learning management systems (LMSs) (Čiefová, 2020: 1-5). Technological tools have also been used in Slovakia’s fight against COVID-19. In this context, the ZostanZdravy mobile application was prepared and offered in the service of citizens. This application aims to inform and guide citizens about COVID-19 to minimize the epidemic’s risks and prevent its spread (ZostanZdravy, 2021).

In Slovakia, a 10% contraction in GDP has occurred during the COVID-19 outbreak (Kufelová and Raková, 2020: 1). While the Slovakian economy’s contraction was 3.7% in the first quarter of 2020, the contraction rate was 12.1% in the second quarter, when the impact of COVID-19 was most felt. Since the financial crisis of 2009, the economy has shrunk for the first time in ten years (Ministry of Trade, 2020). Because of this challenging economic situation, the Slovakian government is covering 80% of businesses’ salaries. Also, the government is providing a bank guarantee of €500 million to merchants and citizens. The state covers 55% of the gross salary of parents who care for quarantined employees and family members for the entire period (Khanec and Martišková, 2020, Iuslaboris, 2020). Additionally, municipalities have distributed food to people who need assistance.

Looking at Slovakia’s struggle against Covid-19, it is seen that it comes to the fore in the fields of health and economic policy. It has similar and differentiated policies with Austria, which is discussed within the scope of the study. It is noteworthy that Slovakia requested emergency medical assistance from the European Union on 17 February 2021. Slovakia, whose occupancy rates in hospitals and intensive care rose on related dates, demanded professional staff such as doctors and carers (Demirkan, 2021). In the continuation of the study, Türkiye’s struggle with COVID-19 will be discussed, and an attempt to determine which courses of action can be transferred from Austria and Slovakia will be made.

4. FIGHT AGAINST THE PANDEMIC: THE TURKISH EXPERIENCE

Many countries have taken similar measures along WHO guidelines to combat the global COVID-19 Pandemic. Social distancing, masks, dissemination of hygiene measures, social isolation, and curfews are examples of such measures. Türkiye has also implemented many similar measures considering WHO guidelines. Bakir (2020: 424) stressed that the presidential system in Türkiye has a positive impact on the ability to act quickly at the point of fighting COVID-19. Capano et al. (2020: 302) also state that Türkiye has undergone a successful policy implementation process due to its capacity to combat crises such as the refugee crisis caused by the civil war in Syria.

Like all countries, Türkiye has developed new policies in many areas, such as health, education, economy, and social support, to combat COVID-19. Türkiye, which is noted for its advanced health sector capacity, first tried to deter the virus’s entry into the country and took restrictive measures with restrictions and isolations during this period. Meanwhile, the Science Board established under the Ministry of Health has developed data-driven policy recommendations and has advised the government (Babaoğlu, 2021; Kulaç and Babaoğlu, 2020). City hospitals have played an essential role in combating COVID-19 through their contributions in diagnosing

coronavirus, isolating patients, and conducting the necessary tests. Ankara City Hospital has become a center of the fight against COVID-19. Thanks to intensive care bed capacity, Türkiye has never experienced a health system crisis like Italy or Spain (Ahsan and Babaoğlu, 2020). Approximately 30% of the Turkish population has been tested. Relative to population, the number of cases is approximately 3% to 8% among those tested. The ratio of coronavirus-related deaths to the number of cases is 1% (MoH-Türkiye, 20/02/2021). With the “city hospitals” built before and during the Pandemic, no serious bed problems have been encountered in Türkiye, and the health system has successfully handled the process. New hospitals were built during this period, appropriate tools were provided, and local ventilators were produced and used in intensive care. Through human trials in ongoing vaccine studies, Türkiye has performed successful process management in a medical sense (Ahsan and Babaoğlu, 2020).

According to OECD estimates, while the Turkish economy was expected to grow by more than 3% before the Pandemic, Türkiye’s economic activity will fall by between 20% and 25% during the COVID-19 period. According to IMF forecasts, the Turkish economy will shrink by approximately 5% in 2020 (Deloitte, 2020: 5; STM, 2020: 4-5). On March 18, 2020, the Turkish government announced a new economic relief package worth 260 billion TRY (\$38.3 billion) called the Economic Stability Shield (ILO, 2020). Special credit rates, tax exceptions, premium supports, and incentives were provided for small and medium-sized enterprises in this program. (Escarus, 2020: 107-108).

5. DISCUSSION

As Bakir (2020) and Capano et al. (2020) stated, there is a direct relationship between the COVID-19 combating policy success and countries’ political and administrative systems. Some similarities and differences are noticeable when examining the systems of countries. Austria, which has a parliamentary system, and Türkiye have similarities in the direct election of the head of state by the people, which is not found in parliamentary systems. In Austria, this system emerged due to the desire to strengthen the head of state in response to the political crisis in 1929, and in Türkiye, a similar development occurred in 2007, and the electoral system changed (Bakırcı, 2013: 1181-1190). In Türkiye, which switched to a semi-presidential system in 2007, the presidential system started in Türkiye with the president's election on 24 June 2018 (Çınar, 2018). In the Republic of Slovakia, an executive power consists of a head of state elected by the citizens and a government headed by the prime minister responsible to the parliament (Marušiak, 2017: 114-115, 127). Countries' data on the Pandemic are also examined, and all three countries’ data on confirmed coronavirus cases, death rate and daily updates are listed below (See Table 1).

Table 1. Coronavirus tracking table in Türkiye, Austria, and Slovakia.

Country	Population	Confirmed Cases Rate		Total Cases	Cases Reported in the Last 24 Hours	Total Deaths	Deaths - Reported in the Last 24 Hours
Türkiye	85.033.013	62‰		5,235,978	7,656	47,271	137
Austria	9,006,398	71‰		640,162	570	10,334	6

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Slovakia	5,459,642	71%		389,690	102	12,339
						4

(WHO (2021b), <https://Covid19.who.int/table> / Worldometers (2021)<https://www.worldometers.info/world-population/population-by-country/> Last update: (31.05.2021)

In Slovakia, it was observed that the health system was strained during the second wave period. Slovakia is notable in terms of economic policies. In Slovakia, it is required to cover 80% of employees' salaries in enterprises and 55% of the gross salaries of quarantined employees and parents who provide care for family members for the entire period. Also, the bulk payments mentioned above have been an essential support for businesses. Türkiye has also developed flexible working wages, an unemployment fund, and turnover support for businesses. However, compared to Slovakia, it can be argued that economic support in Türkiye remains lower. According to IMF data, Austria spends 11.7% of its GNP on Covid-19 aid. When evaluated within the EU, Austria ranks second behind Greece (13.7%) and Germany (11%). As of 31 March 2021, 34 billion Euros of Coronavirus aid has been provided by Austria through various assistance tools such as short-term work, fixed-cost subsidies, victimization funds, guarantees, tax deferrals and discounts.

There are also lessons that Türkiye can draw from different countries during this period. Although digitalization steps have been taken, there have been problems using public services due to the digital divide. Digitalization is also one of the highlights to combat the Covid-19 Pandemic. During this period, a digital transformation occurs from the point of view of both citizens and governments. On the one hand, during this period of opportunity, digital capacity increases, and on the other hand, digital tools help combat the epidemic (Kronblad and Pregmark, 2021: 108; Soong-Chul, 2021: 155). The digitization initiative program for SMEs implemented by Austria is a critical implementation in this respect (Gümüşlü, 2020: 22). Considering that there are 3.5 million SMEs in Türkiye, the transfer of this Austrian policy and its implementation by drawing lessons specific to Türkiye will turn the gloomy economic picture created by COVID-19 into a positive one. The transition to distance education has been challenging for all three countries. Digital infrastructure capacity in Austria is below the OECD average. During COVID-19, telemedicine experiences became standard in all three countries. In this process, remote access to medical services has been expanded to reduce physical contact (Donicova, 2020: 730).

In contrast, Slovakia implemented training activities with private sector support and coercive measures for TV channels. Overall, Türkiye has conducted this process successfully. It can be claimed that a successful education policy has been put forward in many aspects via the EBA TV channel and mobile applications developed, websites, on-duty teacher application in schools, and sharing the technical infrastructure of different public institutions. However, there have been differences among students globally due to the digital divide, inadequate technical infrastructure in rural areas, and family-related education. It has been observed that Türkiye and Austria have made similar efforts under the heading of social policies. Vefa (Fidelity) social support groups established in Türkiye and the "COVID-19 Civil Society Initiatives platform" in Austria are like

volunteerism and coordination. In Slovakia, it has been found that local governments serve disadvantaged groups in their homes, distribute food, and set up mobile support lines. In Türkiye, both provincial organizations and local governments have successfully implemented such assistance. The implementation of sterilization measures in all of Slovakia's public transit is an important step. Public transit in Türkiye's cities is under the control of local governments, and different practices have been observed during the Pandemic. It has been observed that while large municipalities have implemented successful programs, small municipalities have failed to make the necessary efforts due to budget constraints.

It is claimed that the public strictly complies with restrictions on time and attendee numbers imposed at events in Slovakia. In the first wave of the Pandemic, Slovakia has been the only country in Europe to declare a state of emergency with its measures. From the first COVID-19 case in March 2020 and through to September 2020, the daily number of infections in the country rarely exceeded 100. Slovakia was also the first country to conduct mass testing and has been a critical model country in diagnosing, detecting, and preventing transmission. In Türkiye, the possibility of effective control is limited due to the expansive geography.

For this reason, it is believed that these time and attendee restrictions were not fully enforced in rural areas. In some areas, there have been increases in the number of cases caused by such control problems. Furthermore, Slovakia's general application of antigen testing on October 31 and November 1, 2020, was an essential step in detecting pandemic cases and control. Türkiye experienced difficulties obtaining tests and implementing detection and tracing measures, particularly at the epidemic's beginning. With the arrival of test kits produced in Türkiye, a rapid detection phase began. Türkiye performed partial standard tests in May and June, but these widespread testing efforts were later terminated. With a population of approximately 85 million, it is not easy to conduct mass testing in Türkiye. Seemingly, there are lessons to be learned from the Slovakian example. It can also be argued that Slovakia made an essential gain in the prevention of contamination with the start of mask distribution in the first stage. Türkiye has also provided masks and hygiene supplies for itself and many other countries during the Pandemic. Conversely, problems with distributing free masks for citizens and organizational problems have been observed due to the large geography and crowded population. For this reason, Türkiye ended free mask distribution soon after its implementation.

Table 2. Combating against Coronavirus Pandemic in Austria, Slovakia, and Türkiye.

Topic	Austria	Slovakia	Türkiye
First case	The first case was seen on February 25, 2020.	The first case was seen on March 6, 2020.	The first case was seen on March 11, 2020.
First reaction	Closing borders of the country	Closing borders of the country	Closing borders of the country
Isolation decisions	It has implemented long-term quarantine measures. It has implemented domestic and international travel restrictions.	It has implemented long-term quarantine measures. The State of Emergency has been declared. It has implemented domestic and international travel restrictions.	It has implemented short-term quarantine measures. It has implemented domestic and international travel restrictions.

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Education Policy	F2F education was suspended, and distance education started. Students were given computers and tablets on loan until the end of the year.	F2F education was suspended, and distance education started.	F2F education was suspended, and distance education started. EBA TV channel has been established for distance education. Free tablet computers were given to the students by the central government and local governments.
Helping actors for decision-making process	COVID-19 Science Board was established.	A Crisis Committee has been established.	COVID-19 Science Board was established.
Antigen Testing	Antigen tests have been done on the entire population.	Citizens over the age of 10 has been tested for antigens	Only the applicants in the hospitals were tested.
Social Policy	A platform has been created to bring together people who need social support needy.	The government covered 55% of the gross salaries. The municipalities supplied the food needs of quarantined people.	Aid distribution and meeting the needs were ensured with Vefa Social Support Groups. The municipalities supplied the food needs of quarantined people.
Economic Measures	Short-term work allowance. Support payments has been made for small and medium-sized businesses. A support package has announced for industrial production.	It has covered 80% of the salaries of the employees of the enterprises that have been closed by force. Various supports are provided. A total of 500 million Euros of bank guarantee has been provided to merchants and citizens.	Short-term work allowance. Credit priority has been given to SMEs and companies that need cash and have collateral deficits. 100 Billion Turkish Liras (10 million Euros) resources were transferred.
Case tracing	Stopp Corona mobile app was used	ZostanZdravy mobile app was used	Hayat Eve Sığar (Life Fits Home) mobile app was used.
Vaccination	The first vaccine started on December 27, 2020. Pfizer-Biontech vaccine has been chosen.	The first vaccine started on December 27, 2020. Pfizer-Biontech vaccine has been chosen.	The first vaccine started on January 14, 2021. Sinovac and Pfizer-Biontech have been chosen.
Lesson-drawing	Counselling with the EU.	Counselling with the EU. Moreover, 20 countries were selected and monitored for lesson drawing.	Bilateral cooperations

It has been observed that the measures taken by countries regarding the COVID-19 Pandemic are similar. For example, countries have prepared support packages to eliminate the economic problems caused by the Pandemic. Importance has been given to face masks, social distancing, and hygiene issues. Schools and universities were placed on hiatus, and the distance education model was adopted. Many stores and shopping malls have been closed across the country. There have also been problems mask supply and concentrating of distance education systems, particularly at the beginning of the Pandemic. Furthermore, there have been periods when local governments have been unable or uncoordinated in implementing the central government's decisions. Here, it was observed that Türkiye is disadvantaged by its more expansive geography.

On the other hand, Slovakia has chosen 20 countries to monitor and transfer the combating COVID-19, and it is an essential step for policy formulation. Austria and Türkiye have bilateral dialogue and cooperation with many countries in this period, but they did not prefer to formulate such a monitoring system.

Besides the international collaborations, new national policy actors have been discovered during the Pandemic. Scientific Councils and the crisis committee have been effective for combating policies. These units develop policies and recommendations, monitor treatment processes and vaccination studies, and share data with the public. Each country's health ministry supervises more technical issues, such as hospital administration and laboratory studies. The most important factor affecting success in combating such a crisis is working in coordination. In this context, it is seen that the administrative units, non-governmental organizations, and citizens are working in coordination in all three countries. None of the countries in the study has neglected issues such as the economy, agriculture, health, education, or social policy, and the continuation of public services and windows of opportunity for digitalization has been implemented with coordination. The Coronavirus Scientific Advisory Board established in Türkiye has made significant contributions in determining health policies in the fight against the epidemic. The Social Sciences Advisory Board was also established, and this board has advised on the Pandemic's social issues. Like Türkiye's Coronavirus Scientific Advisory Board, Austria has established a scientific board, and this board makes recommendations regarding the fight against COVID-19. Also, Slovakia has established a crisis committee, which has a similar attribution.

CONCLUSION

This study discussed the policies of Slovakia, Austria, and Türkiye against COVID-19. Because of the ongoing nature of the Pandemic, the measures have continually changed during this review. It should be noted that the measures within this framework were valid during the preparation of this study. The measures of the three countries covered in the study have been compared within the framework of the COVID-19 Pandemic. Countries' administrative system has different effects on its fight against the Pandemic. In this context, Türkiye's leading actors in this fight are the President, the Minister of Health, and the Scientific Advisory Board. In Slovakia and Austria, governed by a parliamentary system, Prime Ministers have also taken an active role in combating the Pandemic. On the other hand, unlike the other two countries, Slovakia has twice declared a State of Emergency during the Pandemic.

When these three countries are examined, all three have implemented similar protocols in the treatment of COVID-19. However, it appears that Slovakia differs in the number and method of tests. The practice of mass testing is remarkable. It is seen that the health infrastructure is Türkiye's most substantial aspect of the fight against the Pandemic. City hospitals in Türkiye, which were established before and during the Pandemic, have played an important role in charting its progress. In Slovakia and Austria, hospital capacities have been a significant problem during the Pandemic. Slovakia has already requested assistance from the European Union, stating that it could not cope with the increase in cases as of February.

Furthermore, Austria provided doctor and nurse support to Slovakia in response to this request. All three countries developed mobile apps to track the cases. In Türkiye, the Ministry of Health has developed a mobile application (life-fits home), and an attempt has been made to follow up citizens in isolation with the application. It was also attempted to prevent patients' entrance to

crowded public spaces by using codes generated through the application at access to public areas (Yıldız, 2020).

Due to limitations of mobility in the daily life and curfews would cause stagnation in the market economy. Moreover, restrictions taken due to COVID-19 will affect the economies of these countries negatively. Also, it could wait for a destructive effect on the world economies, as the Great Depression did in 1929. Austria and Slovakia, as members of the European Union, could be more advantaged because of the support of the European Union. They can fight against the economic effects of the Pandemic more easily. Although the COVID-19 Pandemic is on the agenda with its negative consequences worldwide, it has also acted as a trigger for digitalization processes. The environment in which public administrations are required to perform numerous public services has changed radically, forcing public managers to adapt their conventional management methods to the new circumstances innovatively. In an environment in which information no longer holds any prognostic value due to the quickly transformed conditions in which different stakeholders have ever more complex motives and interests that are also continually changing and conflicting. This description also applies to or will be more critical in any future waves of the COVID-19 Pandemic and the post-COVID-19 era. Public institutions and organizations have had to adapt to new administrative techniques and methods to cope with the problems that have arisen in the Pandemic's changing situation. While governments made more successful efforts in the first wave of the COVID-19 epidemic, the measures taken in the second wave did not have the same effect (Klimovský and Nemec, 2021: 2). This result is that citizens are tired of restrictions, there are early openings due to economic reasons, and the delay in the supply of vaccines has been effective.

COVID-19 has provided significant windows of opportunity for this radical transformation in the public sector. Digital transformation practices, which continued at different speeds in different countries until 2020, accelerated during the Pandemic. The rates of digitalization in services and policies increased exponentially compared to the past. This study will help lesson-drawing and provide recommendations by addressing the policies and practices implemented in three countries. Countries should be prepared for similar crises in the future by adapting their technologies, accordingly, strengthening their health infrastructure, and giving priority to projects that will increase solidarity throughout the country. These factors will most likely play an essential role in combating against the possible future epidemics. Finally, Turkey, which is larger than other countries in terms of both area and population, did not lag behind European countries with the work they did during the coronavirus period, and even managed these areas better during the pandemic period with projects and applications developed in many centres.

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