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RESEARCH ARTICLE

Comparative Analysis of Covid-19 Government Strategies in Argentina, Brazil, India, Pakistan, and Turkey

Sıla Turaç Baykara [1] I Jorge Tenorio Fernando[2] I Ricardo Daniel Furfaro[3] I Muhammad Arif Rajput[4]

[1] Assist. Prof. Dr., Izmir Demokrasi University, Izmir/Turkey
ORCID: 0000-0002-6744-3901
E-Mail:
silaturac.baykara@idu.edu.tr

[2] Professor, FATEC, Sao Paulo/ Brazil
ORCID: 0000-0001-6923-8859
E-Mail:
jorge.fernando@fatec.sp.gov.br

[3] Professor, Universidad de Ciencias Empresariales y Sociales, Buenos Aires/Argentina
ORCID: 0000-0002-5054-129X
E-Mail:
ricardofurfaro@yahoo.com.ar

[4] Dr., Sindh Judicial Academy, Karachi/ Pakistan
ORCID: 0000-0002-2784-2297
E-Mail:
drarifrajput1@gmail.com

Corresponding Author:
Sıla Turaç Baykara

Abstract

The aim of this research was to show how covid-19 was managed by governments across different nations – Argentina, Brazil, India, Pakistan, and Turkey – focusing on political, economic, and social aspects. Research covered the period from April 2020 to April 2021. After showing data about the pandemic, this research did an analysis of the official discourse and the measures adopted by using comparative and qualitative content analysis as methodological approach. In the research, figures were contrasted with the authorities' measures and their outcome in terms of immunization level and number of deaths. Results demonstrated that there was a lack of coordination to follow the plans and political use of the pandemic to cover the tackling of problems awaiting resolution. Given the global extent of the covid-19 pandemic and its negative consequences, it was concluded that it would have been wise to treat it as a pan-coordination action beyond national borders instead of addressing individual countries' interests. Such approach would have allowed to accelerate reaction and benchmark practices to achieve a faster mitigation of harmful effects, thereby saving millions of human lives, as well as preventing the devastating consequences in the economic and social realm.

Keywords: *Institutional Logics, Covid-19 Politics, Pandemic Management, State Policies.*

Öz

Bu araştırmanın amacı, Covid-19'un Arjantin, Brezilya, Hindistan, Pakistan ve Türkiye gibi farklı ülkelerdeki hükümetler tarafından nasıl yönetildiğini siyasi, ekonomik ve sosyal yönlere odaklanarak göstermektir. Araştırma, Nisan 2020'den Nisan 2021'e kadar olan dönemi kapsamaktadır. Çalışma, pandemi verilerini verdikten sonra karşılaştırmalı analiz ve nitel içerik analizini metodolojik yaklaşım olarak kullanarak hükümetlerin resmi söylemlerinin ve alınan önlemlerin analizini yapmaya çalışmıştır. Araştırmada rakamlarla, yetkililerin önlemleri ve bunların sonuçlarıyla aşılama düzeyi ve ölüm sayısı açısından karşılaştırılmıştır. Sonuçlar, çözüm bekleyen sorunların üstesinden gelmek, pandeminin planlarını ve siyasi kullanımını takip etmek konusunda koordinasyon eksikliği olduğunu göstermiştir. Çalışmanın sonucunda, Covid-19 pandemisinin küresel boyutu ve olumsuz sonuçları göz önüne alındığında, bireysel ülkelerin çıkarlarını ele almak yerine ulusal sınırların ötesinde bir pan-koordinasyon eylemi olarak ele alınması öngörülmüştür. Bu tür bir yaklaşım, zararlı etkilerin daha hızlı bir şekilde azaltılmasını sağlamak için tepki ve kıyaslama uygulamalarını hızlandırmaya, böylece milyonlarca insanın hayatını kurtarmanın yanı sıra ekonomik ve sosyal alanda yıkıcı sonuçları önlemeye izin verebilecektir.

Anahtar Kelimeler: *Kurumsal Mantık, Covid-19 Politikası, Pandemi Yönetimi, Devlet Politikaları.*

Introduction

According to the World Health Organization (WHO), Covid-19 is the disease caused by a new coronavirus known as SARS-CoV-2. WHO became aware of this new virus on 31 December 2019, after the publication of a report of cases on 'viral pneumonia' in the city of Wuhan, People's Republic of China. In terms of the progress of the world alert on the new coronavirus, on January 30, 2020, a group of experts working for the WHO declared the outbreak of SARS-CoV2, with the recognition of the covid-19 as a Public Health Emergency of International Concern (PHEIC). Soon after that, on March 11, 2020, the ongoing Covid-19 disease was upscaled by the WHO as a pandemic (Perlman, 2020).

For quite relevant periods of time, there was enough consciousness on a worldwide basis, about the existence of certain emerging infectious diseases with pandemic potential. In addition, there was also a recognition by the WHO that these diseases could constitute a very important threat to global health security (Perlman, 2020). However, it is worth to point out that the level of attention which countries in different geographic regions of the world such as Brazil, India, Pakistan, Argentina and Turkey paid to these warnings and recommendations towards implementing proactive actions such as prevention, preparedness, and response capacity, has not been the same. Some of the countries duly invested into appropriate and effective personal protective equipment, others in healthcare facilities, while certain ones simply focused on other priorities which were not related to the medical sphere. It is key to identify what the risks brought by the covid-19 pandemic are, and later describe what the different strategies to fight it by certain countries like Argentina, Brazil, India, Pakistan, and Turkey. Such countries are either placed in different geographical parts in the world or have different background culturally and religiously.

There is no doubt at this stage that the covid-19 pandemic has dramatically impacted the world

and have changed people's lives forever. According to the Committee for the Coordination of Statistical Activities of the United Nations, by March 15, 2021, countries had reported more than one hundred and twenty-three million (123M) Covid-19 cases on a worldwide basis, and over two million and seven hundred thousand (2.7M) casualties due to the disease (The United Nations, 2021). These numbers constitute a catastrophe difficult to ignore. The negative effects of the pandemic are visible and have been perceived as a real catastrophe for years to come. From disrupting basic lifestyles to heavily affecting human interaction, from causing to change the way people work, communicate and commute to seriously affecting people's circulation not only locally but also internationally. It is imperative that governments taking decisions to fight the covid-19 pandemic, have ready and transparent access to the best and most reliable information available.

For comparative purposes, facts, statistics, and data on the covid-19 pandemic for Argentina, Brazil, India, Pakistan, and Turkey (listed in this order in each of the rows below) will be presented and analyzed later in this research. All such information has been obtained from official sources. Table 1 below presents an year-end 2021 summary of main figures related to covid-19 pandemic about each country under analysis.

Table 1. Covid-19 Overview, by country, Jan 2022 (Source: World Health Organization, covid-19 Dashboard 2022)

Country	Cases - cumulative total	Cases - newly reported in last 7 days	Deaths - cumulative total	Deaths - newly reported in last 7 days	Total vaccine doses administered per 100 population	Persons fully vaccinated per 100 population
Argentina	5.739.326	259.021	117.245	179	163,07	70,6
Brazil	22.305.078	58.802	619.209	675	148,28	66,11
India	35.018.358	209.472	482.551	1.959	106,97	44,73
Pakistan	1.297.865	3.834	28.945	33	72,4	32,87
Turkey	9.651.503	286.995	82.932	1.015	147,1	61,53

Different approaches usually lead to different results, and this has not been an exception according to our view. It is relevant to try to identify the rationale behind all these approaches, and in this sense, analysis of local rules, habits and customs issues should not be, by any means, left aside, as each of the countries under analysis have their own cultures. Another relevant problem to be

addressed is the changing political, economic, social and health contexts existing in each of the countries, prior to and during the covid-19 pandemic. A contrast of such context in the different jurisdictions, which will include the various aspects and conditions of the health system, characteristics of medical care, conditions of health infrastructure and levels of medical supplies, may also help to understand the different approaches that the governments have taken towards fighting the covid-19 pandemic.

In addition, and during the period covered by this research (beginning of April 2020 through end of April 2021), such approaches in the various countries have suffered both slight and profound changes which have been adopted in accordance with the negative or positive evolution of the pandemic, whichever the case had been. Examples of relevant data that will be presented for the period in question include different levels of school closures, business shut-downs, travel bans, among other relevant restrictions and/or prohibitions.

A key objective of this research is to reflect, on the one hand, the general official announcements of the various administrations towards facing and fighting the Covid-19 pandemic. On the other hand, this is contrasted with the strategies, actions/measures effectively adopted by such administrations towards fighting the pandemic, including the outcome and results of such actions/measures. Another relevant objective is to identify the degree of similarities and differences underlying those strategies, actions and measures in question taken by the different administrations in the countries. The ultimate purpose of this objective is to be able to make a thorough assessment as to the determine the viability and convenience of implementing pan-coordination initiatives beyond national borders. Such kind of initiatives would promote proactivity, teamwork, benchmarking, and collaboration among countries avoiding them to only focus on their governments' interests. These initiatives would also contribute to avoid reactivity (vs. proactivity) and procrastination. Key focus of this approach is to strongly restrict the number of covid-19 contagions and casualties, which at the same time would

prevent and limit the spread of business, economic, social and health very negative consequences.

Theoretical Background

Despite the advances in medical science, the pandemic brought uncertainties across all instances of social life, demonstrating mankind's fragility to a relatively simple virus. Besides, it exposed governments and placed political institutions' capacity of reaction to testing, revealing challenges and inequalities to carry out coordinated actions. In academia, numerous studies came up trying to embody the breadth and depth of that phenomenon, using varied epistemological approaches. Cozza et al (2021) advocate we learn from this experience and use the pandemic as an opportunity to look after other individuals in social organizations to repair negative practices. Pérez-Nebra et al. (2021) claim the need for diverse methodologies that shall help capture the changes at work after COVID-19, giving voice to neglected populations. That view is corroborated by Amis and Greenwood (2020) when they propose giving a central role to periphery topics in change management theory and practice. Jacome (2020) critiques what he considers a narrow view about organizations and working relations. For Munir (2020), Covid-19 has exposed a high degree of inequality in organizations which lacked focus from management researchers.

Finally, considering the object of analysis, a more adequate approach was given by Montgomery and Dacin (2021):

Institutions were holding strong. It was not long, however, before Covid-19 was revealing the failures of long-trusted institutions to care for citizens equitably, or to maintain public trust. Institutions were revealed to be inadequate or in decay. These included institutions such as government, public health, education, democracy, religion, and science. In some cases, these institutions appear fractured and weak and in other contexts we see them appear stronger as market logics retreat and state logics expand. (Montgomery and Dacin, 2021: 1426).

As they reflected, traditional institutions were thrown under public spotlight, and some did not pass the scrutiny with favorable evaluations. From a theoretical standpoint, a way to have a critical view of their effectiveness in dealing with the pandemic is through the institutional logics' perspective.

The concept of institutional logics was firstly raised by Friedland and Alford (1991) to discuss conflict and change in organizations. These authors claim institutions comprise both a material and a symbolic facet, which are mobilized by individuals to serve their purposes, thus conveying either an opportunity or a constraint to change.

Thornton and Ocasio (2008: 100) define institutional logics as "the socially constructed, historical patterns of material practices, assumptions, values, beliefs, and rules by which individuals produce and reproduce their material subsistence, organize time and space, and provide meaning to their social reality." And they suggest doing interpretive analysis with use of ideal types and discourse analysis to discuss topics of different cultures and institutions as they are manifested in society.

Hinings and Tolbert (2008) advocate the importance of understanding the mechanisms by which individuals are open to move and change institutional orders, or are bound to keep them. For these authors, that approach would shed light to relations of power in present societies. This view is corroborated by Aldrich and Ruef (1999) when they advocate theorists should have an interpretative approach by focusing on actors' constraints in their interactions within the organizational setting.

Thornton, Ocasio & Lounsbury (2012) state that both individuals and organizations are conscious about variations in cultural norms, symbols and practices of institutional orders, and they tend to have this diversity embedded into their thoughts, beliefs, and decision making processes, namely, agency - therefore, different sets of knowledge that drive agency compose the various institutional orders. For these authors, agency can either reinforce or modify the predominant institutional logics, which encompasses practices resulting from cultural norms, symbols, and beliefs. In other words, individual and organizational behavior must be identified and conform to a certain institutional context and suit to certain goals, or else it may lead to a conflict situation when they will struggle against present institutional logic, opening space for change.

Furthermore, they highlight (p.124) the benefits of analyzing society as a "nearly decomposable inter-institutional system of institutional orders" since it allows scholars to identify the diverse nature of cultural influences upon institutions, people and organizations. In their description, they highlight seven different institutional orders: family, community, religion, state, market, profession, and corporation. To this research, given the object of analysis, we deem adequate to focus on three of them: a state institutional logic, a market institutional logic, and a community institutional logic.

It is our assumption that, in the management of the covid-19 pandemic, governments have moved intermittently between a state logic and a market logic in their actions and initiatives to fight against the pandemic and the conflicts it brought. A few countries were apparently guided by a community logic, which may have contributed to a quick reaction to mitigate the harmful consequences of the pandemic. In other cases, a lack of clarity regarding the approach to follow and their consequences may have led to some tardiness or even paralysis of actions.

In addition, it is worth looking at the pan-coordination approach that has been proposed here to have countries more effectively face the challenges of the covid-19 pandemic. The Merriam-Webster (2021a, 2021b) dictionary refers to prefix "pan" as the advocacy of the union of a group while the same source refers to the concept of coordination as the process for organizing people or group so that they work together properly and well. This means that if countries would have worked together in common policies under the guidance of WHO, results of the fight against the pandemic, would have been different. Examples of group of countries working with common policies can be found in the European

Union, the African Union, the North-American Free Trade Agreement and the Andean Pact.

Methodology

In terms of use of methodology, the present research has been based on both comparative and qualitative content analysis. Comparative analysis in social sciences is about to understand the causes in events or relationships by gathering different variations in several kinds of variables (Pickvance, 2001). Comparison is a scientific method which is used in comparative research for contrasting two or more cases to demonstrate the similarities and differences between the cases based on a fact or a certain aspect (Azarian, 2011). For comparative purposes, facts, statistics, and data on the Covid-19 pandemic for Argentina, Brazil, India, Pakistan, and Turkey have been presented and analyzed herein. This research has comparatively analyzed data from websites that are based in different countries by coding the theme structure and the content. For the presentation of the country information, the websites were chosen from the most important online media of the selected countries. The selected online media are the most relevant online news websites from each of the jurisdictions. All websites were accessed and saved at 12:00 of the respective local time.

Qualitative content analysis is a very common method to deal with qualitative data. The researcher analyses the data based on the questions that are being asked (Berelson, 1952). Qualitative content analysis is also known as ethnographic content analysis which explains the social and cultural meanings, and therefore emphasis on political messages in documents, rise (Altheide and Schneider, 2013). In addition, ethnographic content analysis is a 'blend of objective content analysis and participant observation' (Altheide and Schneider, 2013: 5). The content analysis could use various communication forms like interview, email, political speeches, or documents like newspapers and magazines as raw materials. After data collection through political speeches, newspapers and magazines, data analysis has been made based on the questions researchers have framed.

Data Presentation, Assessment and Discussion

Based on the objectives defined herein, focus is placed on the five countries of analysis, namely Argentina, Brazil, India & Pakistan, and Turkey. All data covers between 1st of April 2020 and 30th of April 2021, and numbers have been estimated based on available relevant information provided by different sources (i.e., WHO, Worldometers, National Ministries of Health, worldwide well-known newspapers).

Argentina

With a population of nearly forty-six million according to Worldometers, half of which are under the poverty index, the local sanitary infrastructure and volume of medical supplies were not enough to fight against a true catastrophe properly and seriously like the Covid-19 pandemic. Since the outbreak of the first covid-19 case in March 2020 and far from the government's declaration and predictions that the pandemic was not going to reach this part of the world, there was a non-stop increase in the number of cases which placed public and private intensive care medical services in real danger due to the lack of material resources, validated diagnostic tests and unreasonable delays in sample processing (Gemelli, 2020).

The government turned out to be wrong once again, and therefore, its approach and strategy to face the pandemic was also inappropriate and erratic. According to Forbes Argentina (2021), instead of benefitting from benchmarking processes to look at best-in-class worldwide practices (especially in northern Europe), there was only a call for a limited number of local epidemiologists to design and put a very severe lockdown in place which lasted more than a year. Neither local nor highly recognized international economists, psychologists, psychiatrists, businessmen, educational experts, and counsellors of any kind, were summoned to listen to their opinions and recommendations. It was a real isolationist approach with no regional collaboration, cooperation and/or coordination

initiatives to share knowledge and practices to fight the pandemic. Implementation of such a lockdown was focused solely on avoiding the covid-19 virus to extend, with no attention paid to the negative effects caused to education, mental health of the population (with no focus on the eldest) and the economy, which turned out to be dreadful both in the short and long terms. Schools were closed, group and individual circulation was banned, access to shops, restaurants and public places was heavily restricted, and there were thousands of shutdowns of small & medium size businesses with massive downsizings. According to Amnesty International, the result was catastrophic with a fall of over ten percent in the GDP and over thirteen percent of unemployment rate. The strategy was focused mainly on health versus a true disregard of the economy, and it turned out to be unsuccessful under both aspects.

In addition, and in accordance with the content of the local Argentine newspaper Clarin (2021), there was no ready access to vaccines which might have saved thousands of lives. It was more a reactive than a proactive approach. Priority was given, due to ideological reasons, to Russian and Chinese supplies which turned out to be at the end of the day, totally unreliable and caused delays which had a direct impact in the very high number of casualties. Supply volumes from those sources were always insufficient to fulfill the emergency needs for vaccines. With a very difficult health and economic context, the Argentine government administration chose to incur in autocratic practices, issuing a huge number of emergency decrees instead of going through Congress and submitting bills of law for debate with other political parties.

As a result of an ineffective, inefficient and sometimes illegal management of the pandemic, Argentina suffered catastrophic health and economic results despite imposing the longest and most stringent lockdown on its population. Thousands of lives could have been saved and the impact on the economy and on society could have been considerably milder.

Brazil

In Brazil, the central government initially denied that covid-19 pandemic constituted a problem. The Minister of Health recommended social isolation and use of masks. However, Brazilian President Bolsonaro did not follow any protocols and would show up without protection interacting closely with the crowd without mask protection. Given conflictive viewpoints, the Minister of Health was dismissed and replaced by a military, who was not a physician.

The management of the pandemic got political, with state governors claiming lockdown was necessary, following WHO's recommendations. On the other hand, President Bolsonaro claimed that life had to go on as usual. "Everyone has to die one day – we need to stop being a country of sissies" (November 2020). In addition, Brazilian Ministers posted critics to WHO and China regarding the pandemic ("comunavirus", "vachine"). President Bolsonaro openly recommended medicines that were considered innocuous to treat Covid-19 symptoms, while being reluctant to purchase vaccines. Later on Bolsonaro claimed that no masks were required for individuals vaccinated and already infected. Given the seriousness and dramatic stage of the pandemic, such claim was energetically rejected by the scientific community.

A special committee was formed within the Senate to analyze to what extent Bolsonaro could be held accountable for the pandemic mismanagement by sending misleading and contradictory messages to the population and adopting policies usually contrasting with WHO's recommendations. As claimed by Grøsvik (2021), the Brazilian president behaved as a typical populist by blaming outsiders and victims, demonstrating contempt for institutions, making broad use of denialism, and showing suspicion of elites to convey the message that he is a standard man from the population.

In addition, an extensive analysis of the government official discourse carried out by researchers in the field of law and public health from the University of São Paulo (Ventura & Reis, 2021) advocates there was a deliberate strategy

behind the covid-19 policy communication, which has been based on:

1- Defense of a natural collective immunity approach through covid-19 contagion as the best way to control the pandemic.

2- Incitement to exposure to the covid-19 virus and non-compliance of preventive sanitary measures.

3- Banalization of casualties and negative effects caused by the covid-19 virus.

4- Systematic rejection to circulation restrictions done by state governments promoting confrontation between health and economy and the idea that quarantine would cause more damage than the covid-19 virus itself.

5- Focus on assistance (reactive) rather than preventive actions to confront the disease, and only when pushed by other institutions such as the Supreme Court.

6- Attack to criticism to the way the pandemic was managed, particularly against the press and independent journalism. (Ventura and Reis, 2021)

From a political standpoint, the pandemic can be both a threat and an opportunity. Brazilian economy was already in a downturn aggravated by a drop of business activities during the pandemic. Covid 19, in this sense, has been deliberately used as the cause of all the problems of the country, many of which were actually already there before.

In October 2022, there will be presidential elections in Brazil. Bolsonaro will be running for reelection. Some state governors are going to be candidates, too. They are all using the pandemic to get good visibility to boost their campaigns. Governors are dealing with the tough part of the pandemic, getting lockdowns, opening ICU and vaccinating people. The federal government adopted a more flexible and amicable position and has allowed the population for on-site work and general freedoms. Who is going to win this battle in the political arena, it is still to be revealed: allea jacta est. What is crystal clear, however, is who are literally losing their lives in this bloody, dirty power game: the Brazilian population, particularly that portion who have unsatisfied needs.

Turkey

With a population of nearly eighty-six million according to Worldometers and in the fifty-fourth place during the latest Human Development Index Ranking, by April 2021, Turkey had nearly forty thousand of total casualties, four hundred of daily casualties and five million of total infected people (Worldometer, 2021; Ministry of Health in Turkey, 2021). When the outbreak of the Covid-19 pandemic was evident in countries such as China, South Korea, USA and its neighbor Iran, Turkey designed a policy to delay the entry of the disease into the country by taking a series of precautions. For this reason, several actions were taken such as installing thermal cameras at the airport, screening the passengers from the countries where the cases were expanding, and evacuating Turkish citizens from such countries. From January to the first week of March 2020 while Covid-19 cases were spreading all over the world and increasing, not a single case was reported in Turkey until the night of March 10, 2020 (DW, 2021).

Following the announcement of this first case in Turkey, the initial restrictive decisions came into effect in Turkey on March 12, 2020. The entertainment venues were closed. Mass prayers were prohibited. A strict curfew was imposed over the age of 65 and under the age of 20. Barber shops were closed. Working hours of food markets were restricted. Domestic air transportation was also subject to prior permission. Primary and secondary schools, colleges and universities started on-line classes. Schools went back to on-site education gradually starting in September 2020. Students went to school on certain specific days of the week and followed their lessons on-line and from home the rest of the days. However, after the mid-term break in November 2020, the Turkish government decided to keep schools closed due to the increase in the number of cases (Sülkü, Coşar ve Tokatlıoğlu, 2021).

On the positive side, Turkey has had an advantage in the fight against the pandemic as there was a numerous pool of health staff, there were sufficient intensive care beds and lung-ventilation devices to help patients breathe.

Additionally, several measures have been taken in Turkey to protect citizens from the pandemic and prevent its spread such as free medicines and government-sponsored free tests for covid-19, isolation of the old and young population, curfews and lockdowns, communication tracking with mobile phone app called as 'Hayat Eve Sığar' (HES). HES is a mobile phone application that allows monitoring of infected patients. With this application, citizens could both monitor their health status and instantly see the risk status in their environment (Ertit Taştan, Beyzi and Bakır,2021).

First signs of normalization in Turkey took place gradually in May, June, and July 2020. Travel restrictions and curfews were lifted. Restaurants, cafes, cinemas, theaters, and wedding halls were reopened. However, year 2021 started with rights' restrictions again. Restaurants and cafes could not host customers. Curfews were imposed after 9 PM on weekdays and during weekends. Those restrictions were relaxed again as of March 1, 2021, when the second phase of normalization started. On April 14, 2021, a 2-week partial curfew was implemented. A curfew was then announced between 29 April 2021 and 17 May 2021. Turkey entered third phase of gradual normalization as of 1 July 2021. The curfew ended and restrictions for places to eat and drink were also lifted. Now, the mask and social distance rules taken within the scope of corona measures continue throughout the country (DW, 2021).

Like in most countries of the world, Turkish government was also criticized because of the way it managed the pandemic. During the process, curfews were imposed across provinces, age groups and along the whole Turkish territory. On the night of April 10, 2020, 2 hours before the announcement that a 48-hour curfew would be declared in 30 metropolitan cities and Zonguldak as of April 11, 2020, queues formed in the bakeries and markets and a brawl ensued (Sülkü, Coşar ve Tokatlıoğlu, 2021). However, the biggest criticism against Turkish government has been about the type and extent of the imposed curfew. A two-week curfew has been often demanded by professional organizations and experts in Turkey to avoid virus circulation, including in the

businesses' production processes, but the Turkish government rejected the idea. Instead, curfews for a few days, long curfews during weekends and holidays, and short-term lockdowns were implemented. An additional criticism against the Turkish government was regarding certain inconsistencies in the number of cases and the fact that the Ministry of Health did not communicate or share the data transparently. The Turkish Medical Association drew the attention on the fact that Turkey did not correctly use the codes defined by the World Health Organization, and therefore the death toll was lower than the real one. One of the aforementioned codes defined patients with positive PCR test, and the other one identified patient with negative PCR test despite clinical findings pointing to covid-19. Allegedly, since Turkey did not use the second code, the number of cases and deaths were reflected in the table incompletely. Therefore, the World Health Organization called on Turkey to report the number of cases in accordance with WHO guidelines (DW, 2021).

Finally, the vaccination process in Turkey started with China's CoronaVac vaccine on January 13, 2021, when Minister of Health Fahrettin Koca and members of the Scientific Committee were vaccinated on live TV to encourage citizens to be vaccinated. On April 12, 2021, the use of the Pfizer-BioNTech vaccine, which was developed by Pfizer, U.S. Pharmaceutical company and BioNTech, German biotechnology company, was started (BBC, 2021).

In the pandemic, the course of the economies in line with the exit strategies from the pandemic process and the reconstruction of economic life after the pandemic emerge as very important issues. President Recep Tayyip Erdoğan announced the economic measures package of 100 billion TL on 18 March 2020 and the law proposal containing economic measures against the coronavirus pandemic was accepted in the General Assembly of the Grand National Assembly of Turkey and became law on 16 April 2020 (Sülkü, Coşar ve Tokatlıoğlu, 2021).

Furthermore, covid-19 has also impacted on the contraction of the Turkish economy as the integration of Turkey to the global economy was

affected by a slow-down of economic activities around the world. Especially with the spread of the pandemic all over the world and the implementation of travel restrictions, tourism activities have also been hit. Turkish tourism revenues shrank, tourism-based health expenditures, accommodation expenditures and international transportation expenditures were also negatively impacted. However, one of the biggest effects of the covid-19 pandemic, has been the deterioration of the labor market as well as a decrease in the employment rate and labor force participation; youth unemployment rate has also increased. When the sectoral employment levels are examined, it is seen that the largest share is in the service sector, followed by the industrial sector in the second place, the agricultural sector in the third place and the construction sector in the last place. When the first normalization process was launched in June 2020, the strongest recovery among the sectors has been observed in the construction sector with the effect of the decrease in loan interest rates and loan support packages. In this process, the business and household sectors were tried to be financed, especially with expansionary policies. Many measures have been taken, especially the Economic Stability Shield Package (Soylu, 2020).

Pakistan

In the last week of March 2020, nationwide lockdown was imposed in Pakistan. In early April 2020, the National Command and Operations Centre (NCOC), a joint civilian-military body, was formed to deal with the pandemic at federal level. Although, at first, Pakistan had forced strict complete nationwide lockdown but on decreasing of cases, the policy of complete lockdown was shifted to smart lockdown (identified hotspot). This policy was introduced by Prime Minister of Pakistan, Imran Khan whose viewpoint was that "If we were like Italy, France, America or England, I would have locked Pakistan down completely." He had elucidated that 25% of Pakistani populations are below the poverty line and if they are forced to follow lockdown then how will they feed their families?" (Daniyal, 2020).

On the economic front, for Pakistan, keeping in view the ratio of poverty in its population, balancing between averting a health crisis of Covid-19 and keeping the economy afloat has been complicated. However, the Pakistan government has taken some steps, including the Ehsaas Emergency Cash program whereby, total of Rs. 179,274.75 million were dispersed directly to 14,830,876 poor persons in a transparent manner (Ehsaas). Although in fiscal year 2020, Pakistan's economy had suffered an economic contraction by 0.4% but after that, it started recovering. As per report of Asian Development Bank (Asian development outlook, 2021) "Pakistan's economy is recovering, particularly in the manufacturing and construction sectors, supported by the government emergency relief,". The State Bank of Pakistan (2021) has also stated that the country's GDP is expected to rise to 3.49%. With the policy of smart lockdown and implementation of Covid-19 SOP's with the assistance of armed forces, Pakistan not only avoided the hardship to the poor people but also allowed its economy to progress (Akhtar et al., 2021).

Moreover, instead of ringtones, an awareness message was sent to the caller about the dangers of covid-19 and SOP's to follow. Furthermore, the Pakistani authorities through mobile tracking forced the suspects of Covid-19 to get their tests done. In addition, Pakistan started anti-coronavirus inoculation drive to all adults and children above the age of 12 years free of cost. With the timely and wise decisions based on information/data, and expert advice, Pakistan has been able to gently tackle four covid-19 waves, and now cases have been reduced to less than 1,000 per day with a positivity rate of about 2 %. (Covid-19 Health Advisory Platform, 2021).

India

Initially, during the first wave, the in Indian government imposed a strict complete nationwide lockdown on March 25, 2020, with strict compliance of the SOP's like wearing masks in public places, social distancing etc. and the public places were closed. This strategy coupled with a massive vaccination program contained the virus,

which is evident from the data reflecting that the covid-19 cases started declining since October 2020 through mid-February 2021. In January 2021, the Government by claiming that India has beaten the covid-19 had started easing the restrictions without any precautions and/or preparation, and allowed people to travel to their villages, which inadvertently pushed the virus out into the villages (Quint, 2021). At the end of February, the health minister started claiming that they are in the end game of covid-19 in India. (Harsh Vardhan, 2021). This false claim had misled people to believe that India had controlled the virus, which resulted in dropping of adherence to S.O.P's. In the mid of March 2021, the second wave had started and spread like wildfire in India and in the month of May 2021, India became first country of having more than 400,000 new cases in 24 hours (Coronavirus/India, 2021). Big religious gatherings like Kumbh festival, -'Super-spreader', the reopening of most public places and crowded election rallies had played a key role in surge of virus. In addition, population density, politically and religiously motivated decision-making worsened the crisis of India's second wave. According to Bhatt et al., (2021), the main causes of deadly second wave of covid-19 infections were ignorance of warnings by experts for a new wave, non-preparation, delta variant, non-adherence to SOP's, poor health infrastructure, allowing religious gatherings and elections. There also appears to be a lack of co-ordination between states and the federal government over the supply of oxygen and essential drugs (Covid-19 in India, 2021).

The second wave had exhibits disturbing reports like, shortage of hospital beds, medicines and it has been flashed on international media that people are dying without getting timely treatment and oxygen. India's crematoriums and graveyards were overwhelmed. It has got attention of the world. (Covid-19 in India, 2021)

Results

There is no doubt that through comparative and qualitative content analysis, findings show that governments in the different countries have taken

different approaches towards managing a real human catastrophe. Overall, governments had to show action (whether negative or positive) against a truly uncertain and very complex situation. What cannot be, in any way, overseen, is the real negative and dramatic impact that the pandemic has had on the populations from a political, economic and social perspective.

In general, government authorities in the geographic areas of the countries under analysis tend to be more reactive than proactive. This is due to the lack of infrastructure, scarce resources, and training capacities. Therefore, their actions and decisions should be transparently measured to set medium and stretch goals for improvement purposes. It is then, highly recommendable that lessons learnt from this pandemic should be clearly identified and assessed, so that improvement dashboards are put in place and implemented with fixed dates of accomplishments to face future crises of this sort. Although hard to recognized, governments should clearly communicate to their population the results of their actions, what has really worked and what has failed.

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Results of this research show that there has been, in one way or other, a clear "populist" approach taken by the governments of Argentina, Brazil and India to manage the pandemic. Whether right or left winged, such governments have tended to use manage pandemic data and numbers, as well as the release of official information for political purposes. In these countries, governments have either deliberately reduced the importance of the pandemic like in the case of Brazil, or there were frequent public declarations that the situation was under control like in Argentina and India, while the number of casualties continued to strongly increase, and second and third waves of the disease were causing schools to close, businesses shutdowns and unemployment levels to rise. Transparency in their actions and decisions was sometimes doubtful, sometimes not even complying with WHO guidelines like in the case of Turkey. In the meantime, there was also a political use of vaccination campaigns like in the case of Argentina, where worldwide best in class vaccines were rejected for ideological reasons creating huge uncertainties in the population. These decisions and unreliable communication negatively impacted on the hope of the low and middle classes who were losing their jobs and seen their patrons and employers close their businesses. In the case of Pakistan, it seems that the smart lockdown (hot spot) instead of complete long-term lockdowns (i.e. Argentina), as well as social welfare programs have caused to reduce negative impacts on the low-income Pakistani population both on the economic and social areas. However, the real fiscal and financial impact of such programs, the level of recovery of the Pakistani economy, the initial bump-up of the manufacturing businesses (i.e. textiles) and employment to pre-pandemic times, still remain to be assessed, in particular because of the new waves of the pandemic, and the recent different covid-19 strains which have followed the original one, namely delta and omicron. These strains will require new and innovative actions by the different governments of the countries under analysis.

Conclusions

Based on the results of the research, there is no question at all that the Covid-19 pandemic has dramatically impacted the world and has changed people's lives forever. It can be concluded that the governments of the countries -Argentina, Brazil, India, Pakistan, and Turkey-, they have taken reactive pandemic decisions on isolation, according to their own conveniences, and most of them trying to get political advantages out of the very complex situation they had to face. There was neither consultation nor alignment with countries belonging to the same geographical blocks as to the closure of borders (i.e., Argentina and Brazil). Not even the implementation of certain formal coordination efforts (i.e., India and Pakistan) Applying the concept of institutional logics that was addressed on the Theoretical Background section, no country fully reached the Community Institutional Logic.

For the reasons indicated above, it would have been wise to think about the implementation of a pan-coordination action involving at least geographical regions with common-goal policies. There is also a strong value in pan-coordination efforts with the purpose of putting in place uniform strategies. With pan-coordination plans, countries would be compelled to accelerate the overall speed of reaction to face a pandemic crisis and emergency situations, participate of inter-country medical aid programs, facilitate the purchasing and/or exchange of medical infrastructure and staff, implement benchmarking processes to identify worldwide best-in-class practices, design and deploy real risk mapping initiatives, and most importantly, mitigate the harmful economic and social effects of a pandemic, especially in the low-income sectors of the population. The above conclusions could give rise to further topics which will surely deserve further scholar research.

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