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**SOCIAL PERCEPTION ON PROVIDING HEALTH SERVICES DURING THE
FIGHT AGAINST CORONAVIRUS FROM THE PERSPECTIVE OF GLOBAL
GOVERNANCE’S PRINCIPLES**

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Abstract

After the emergence of Covid-19, the countries have to adopt their health policies into the current situation. Countries’ fights against coronavirus have a certain effect on their economic and political decisions, as well as relations with other actors. In this research, it is aimed to explain how people living in Turkey perceive the health services during the fight against coronavirus from the perspective of global governance’s principles. In that regard, a survey has been conducted by a total of 329 people from 48 different provinces in 7 different geographical regions of Turkey from 13.05.2020 to 30.08.2020. The survey consists of two parts. In the first chapter, socio-demographic characteristics of the number of people who answered the survey will be explained. In the second chapter under the title of good governance, there are 40 Likert-type questions as an indicator of transparency, accountability, participation, equity, effectiveness, e-Governance, Global Governance. E-survey method was applied in this research. Permission was obtained from the Scientific Research Platform of the Turkish Ministry of Health for the research. Data collected through survey was analyzed through Excel program in this article.

Keywords: Covid- 19, global governance’s principles, health services

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1. INTRODUCTION

The world is facing the worst pandemic in a century, caused by a new form of coronavirus. In a highly interconnected world, efforts to mitigate the effects of covid-19 need to be coordinated, as an outbreak anywhere in the world puts all other countries at risk (Caparrós and Finus, 2020:1). National governance systems and governance capacity are not only reflected in the regular governance activities, but also reflected in the response level when encountering a major public health crisis (Zhang and Zhang, 2020:1). Global governance is a concept which has a guidance for supranational and international relations. Its components include public institutions and non-governmental actors in the border or beyond the borders. The State assume the most influential role in this component. International actors, multinational corporations, NGOs, international policies, have also significant responsibility for establishing rules and regulations.

Pandemic is a health events that have led to certain changes in the management of daily routines in the world history. It has a global influence on the course of events. International cooperation and joint participation are must to find solutions to problems that concern everyone. Covid-19 continues to seriously threaten life (Gündüz, 2020:1; Işık and Çetenak, 2018:99; Üstün and Özçiftçi, 2020:144).

On the one hand, pandemic has proven the realist theory's argument that state is still the main actor of the foreign policy and survive is the main point for states despite globalization. On the other hand, it explains how fragile and easily refuted the liberal paradigm about the role of state. According to liberal theory, NGOs and supranational actors are more important than states which has a decreasing effect in the global world. However, the pandemic leads to the return of the nation state. Each state has focused on their own citizens and economics (Valiyeva, 2020:392).

2. GLOBAL HEALTH AND GOVERNANCE

The concept of "Global Health", which emerged as a result of the acceleration of globalization, has a different meaning than the concepts of Clinical Medicine, Public Health and international health. Accordingly, health problems should be addressed in a way that takes into account the entire world community. Global health has a transboundary meaning, there are also aspects of economics, politics and jurisprudence "Governance" is a concept that summarizes the new understanding of management. Governance means an understanding of management with accountability and sustainability in interaction with all stakeholders in the solution and management of health problems. The covid-19 is a typical example that can describe a certain change in the concept of global health mechanism. In fact, infectious disease outbreaks have already posed a global threat throughout history. Cholera, plague, flower, typhus, AIDS, influenza outbreaken in the Middle Ages are examples of pandemics that have cost millions of lives in a short time. The word "pandemic" which is used to express the extent of these problems, is also intended to emphasize that the problem is already global. Activities aimed at monitoring, controlling and preventing certain diseases have also had global characteristics since very ancient times because of this nature of health problems. Examples include the international disease classification list (ICD), quarantine practices, mandatory disease declarations and notification practices (Hayran, 2020:16)

Governance is used in the international literature as the equivalent of the English word "government". In the beginning, the concept of governance was used in the literature as a "good Governance" in a World Bank's report published in 1989 (Abdioğlu, 2007:93; Işık

and Çetenak, 2018:94; Okçu, 2007:303). World Bank's report sets out principles for public administration reforms, also known as the "good governance" principles, which will be replaced in the "White Paper on European governance". The principles have been written by the European Commission later (Delice, 2013:3; Okçu, 2007:301; Siddiqi et al., 2009:16). Although these principles may have minor differences among each other, they are generally the same in all reports. These principles, which reflects the management change process of Turkey, can be listed as transparency and openness, accountability, fairness, participation, effectiveness, adherence to the law, consistency, responsibility, place and moderation (Arslaner and Karaca, 2017:133; Siddiqi et al., 2009:18; Yıldırım, 2018:281; Yıldırım, 2019:821).

Transparency and openness: Concepts that are interchangeably used contain different meanings in essence. Transparency is associated with knowing who, when and where decisions are taken. Openness, on the other hand, relates to the right of citizens to access documents (Delice, 2013:5).

Accountability: Accountability refers to responds of people, who hold power, to the expectations of the citizens. It also includes those people's attitudes while they fulfill their tasks (DPT, 2007:13).

Participation: It refers to the effective participation of civil society and the public in the decision-making processes from preparation to implementation, from implementation to monitoring. Decisions taken by the public sector with a participative understanding increase the implementation of those decisions (TESEV, 2008:19).

Equitability: Nepotism practices are not applied to any part of society in the decisions taken by the public sector. Applying the rules followed by the citizen to everyone in the same way allows citizens to trust the state (TESEV, 2008:18).

Rule of law: the concept of law refers to all the rules governing relations between people and the state, in which sanctions are determined depending on the rules established by the state. The rules set limits guide a person or institution by limiting their range of motion (Yıldırım, 2019:822).

Effectiveness: The concepts of effectiveness and efficiency are interchangeably used. While effectiveness describes achieving goals, the concept of efficiency refers to using the most appropriate source to achieve goals. Based on this point, the public administration should aim to achieve the goals set by using resources in the most appropriate way when carrying out actions and operations (DPT, 2007:15).

These basic principles are the ones that lay the groundwork for the establishment of a democratic management structure and reveal the understanding of good management. Over the last decade, digital governance (or e-governance) has become a widely discussed subject as well as a new reality for how the state and society communicate and interact. More and more local governments are using the Internet to communicate with their citizens. As for e-governance, like other concepts starting with "e - ", it refers to the application of information and communication technologies in the execution and development of activities in the relevant field. It is the application of an understanding of governance to administrative functions that envisages a moral, accountable and responsive management style under the influence of information technologies and aims to increase transparency and managerial skills (Demirel, 2010:6; Kickbusch and Gleicher, 2012:23, Şahin, 2018:248).

Good governance is a very important criterion in terms of increasing the international reputation of countries and gaining prestige to countries. With this criterion, policy makers will be able to evaluate their countries relative to other countries in terms of governance. By WGI (World Governance Indicators), freedom of expression and accountability are defined by six indicators: political stability and nonviolence, government effectiveness, administrative quality, rule of law and ability to control corruption (Özer et al., 2020:32).

3. MATERIALS AND METHODS

In this study, covid-19 from the perspective of global governance principles in Turkey's health services is intended to determine how it is perceived by the society of the presentation.

Method of the Research

Survey method was applied in this research. Permission was obtained from the Scientific Research Platform of the Turkish Ministry of Health for the research. The questionnaires were delivered to 900 people via electronic mail between 13.05-30.08.2020. For this purpose, questionnaires were applied to a total of 329 people in 48 different cities in seven different geographical regions of Turkey. The data obtained from a stratified proportional sample that will represent the population based on gender, education status working status and income status variables from 20 years old and above was analyzed.

The questionnaire consists of two parts. In the first part, the socio-demographic characteristics of the participants in the research are explained. In the second part, under the heading of good governance principles, there are 40 (5-point Likert-type) questions on transparency, accountability, participation, equity, efficiency, e-governance, global governance indicators. (1 = Strongly Disagree; 2 = Disagree; 3 = Undecided; 4 = Agree; 5 = Strongly Agree). The answers given to the questions posed within the scope of governance principles have been evaluated. The data collected in the study have been analyzed using the Excel program.

4. RESULTS

Figure 1: Socio-Demographic Characteristics of the Participants and Distribution by Regions

		n	%
AGE	20	10	3,1
	21-45	205	62,3
	46-64	106	32,2
	64+	8	2,4
	GENDER	Female	207
	Male	122	37,1
EDUCATION STATUS	Primary Education	6	1,8
	High School	39	11,9
	University	183	55,6
	Master's/Doctoral	101	30,7
WORKING STATUS	Student	29	8,8
	Working	260	79
	Not Working	17	5,2
	Retired	23	7
INCOME STATUS	Not Working	43	13,1
	Minimum Wage	14	4,3
	2500-3500	34	10,3
	3600-5000	88	26,7
	5000 and above	150	45,6
GEOGRAPHICAL REGIONS	Central Anatolia	170	51,7
	Blacksea	16	4,9
	Marmara	76	23,1
	Aegean	35	10,6
	Mediterranean	16	4,9
	Eastern Anatolia	8	2,4
	Southeastern Anatolia	8	2,4

62.3 % of the participants are in the 21-45 age range. 62.9 % of those are female, 55.6 % of them graduated from university. 86.9 % of the participants working and 45.6 % of those has an income which is 5000 TL and above. 51.7% of them was from the Central Anatolia region, %23.1 Marmara, %10.6 Aegean, %4.9 Mediterranean, %2.4 Eastern Anatolia.

Figure 2: Transparency Principle Responses of Research Participants

	TRANSPARENCY PRINCIPLE	1 n (%)	2 n (%)	3 n (%)	4 n (%)	5 n (%)
1	Public institutions and organizations related to health services are transparent in every sense.	28 (8,5)	47 (14,3)	115 (35)	72 (21,9)	67 (20,4)
2	Decision-making processes regarding regulations and regulations are transparent and accessible via social media.	26 (7,9)	36 (10,9)	93 (28,3)	96 (29,2)	78 (23,7)
3	Information processes required for the participation of the public on health policies are transparent and accessible via social media.	22 (6,7)	42 (12,8)	84 (25,5)	101 (30,7)	80 (24,3)
4	Transparency in health services has further increased the effectiveness and sense of trust in health management.	18 (5,5)	50 (15,2)	73 (22,2)	85 (25,8)	103 (31,3)
5	Transparency has provided individuals with significant control over the management of health services.	30 (9,1)	40 (12,2)	93 (28,3)	83 (25,2)	83 (25,2)
6	Coronavirus-19 epidemic statistics were shared with the public by attaching importance to transparency and ensuring that information technologies are used in this direction.	25 (7,6)	41 (12,5)	77 (23,4)	94 (28,6)	92 (28)

42.3% of the participants stated that public institutions and organizations are transparent. 52.9% of them argue that decision-making processes are transparent and their accessibility through social media. 55% of those assume that transparency provides an important control in healthcare management. 56.6 % of the participants stated to agree that the covid-19 epidemic statistics are shared with the public, giving importance to transparency and ensuring the participation of information technologies.

Figure 3: Responses of Research Participants on the Accountability Principle

	ACCOUNTABILITY PRINCIPLE	1 n (%)	2 n (%)	3 n (%)	4 n (%)	5 n (%)
7	It has an accountable structure in early prevention and warning, risk reduction and risk management capacities against global health risks.	31 (9,4)	33 (10)	88 (26,7)	102 (31)	75 (22,8)
8	It has an accountable structure in health policies created according to important groups such as age and chronic diseases.	25 (7,6)	28 (8,5)	87 (26,4)	109 (33,1)	80 (24,3)
9	Medical services, medical supplies, medicines, etc., with health assurance for everyone on a sustainable basis. is accountable in access.	30 (9,1)	37 (11,2)	100 (30,4)	87 (26,4)	75 (22,8)
10	Supporting the development of vaccines and medicines for communicable diseases is accountable in terms of providing total development assistance to the health sector.	29 (8,8)	40 (12,2)	99 (30,1)	81 (24,6)	80 (24,3)
11	Medical assistance required for the protection of developing countries is accountable in terms of global cooperation and governance.	35 (10,6)	45 (13,7)	100 (30,4)	80 (24,3)	69 (21)
12	It has an accountable structure in ensuring healthcare financing and healthcare workforce employment, healthcare worker density and distribution.	46 (14)	43 (13,1)	102 (31)	76 (23,1)	62 (18,8)

53.8% of those participants states that they agree transparency in the risk management capacity against global health risks. 57.4% of those believe transparency in health policies pursued in the epidemic. 49.2% of those argue that there is transparency in medical materials, medical services and medicines, etc. 48.9% of them believe transparency in support of vaccine and drug development, providing total development aid to the health sector. 45.3% of the participants consider that there is transparency in medical aid to developing countries during the epidemic, in terms of global cooperation and governance. 41.9% of those claim transparencies in providing health workforce employment and distribution of health workers.

Figure 4: Participation Principle Responses of Research Participants

	PARTICIPATION PRINCIPLE	1 n (%)	2 n (%)	3 n (%)	4 n (%)	5 n (%)
13	Within the scope of the coronavirus epidemic, epidemic hospitals have been established in every province.	25 (7,6)	19 (5,8)	80 (24,3)	87 (26,4)	118 (35,9)
14	Other actors in the health sector (Private Health Sector Representatives, Non-Governmental Organizations, World Health Organization etc.) have also participated in formulating health policies and providing health services.	19 (5,8)	38 (11,6)	72 (21,9)	110 (33,4)	90 (27,4)
15	State aid has been provided to health and medical service providers in the private sector.	34 (10,3)	30 (9,1)	110 (33,4)	87 (26,4)	68 (20,7)
16	Health sector actors were informed about the Ministry of Health projects and their participation was ensured.	28 (8,5)	21 (6,4)	94 (28,6)	92 (28)	94 (28,6)
17	If I need to get health service, I prefer to participate first by using the relevant E-service.	26 (7,9)	31 (9,4)	67 (20,4)	89 (27,1)	116 (35,3)
18	Social media announcements and posts related to health made through an active participant in the epidemic process	15 (4,6)	15 (4,6)	54 (16,4)	124 (37,7)	121 (36,8)
19	I use social media applications (E-health, E-mobile, etc.) to protect the health of citizens.	16 (4,9)	24 (7,3)	51 (15,5)	103 (31,3)	135 (41)
20	I follow the developments about the epidemic published on social media and follow the rules as a citizen.	15 (4,6)	4 (1,2)	36 (10,9)	62 (18,8)	212 (64,4)

62.3% of participants believe that epidemic hospitals were established in each province, while 60.8% of those argue that other actors in the health sector have contribute to provide Medical service in the private sector. 47.1% of those argue that state help medical service providers in the private sector while 56.6 % of them argue that the health sector actors were informed about the projects of the Ministry of Health of the Republic of Turkey. 62.4% of them prefer to use E-service if they needed to receive health service, while 74.5% of them argue that the announcements published on the social media encouraged them to be an active participant in this period. 72.3% of them use E-health, E-Mobile applications that are facilitated to protect the health of citizens. 83.2% of them use the epidemic-related

developments, social media, etc. They stated that they followed the rules as citizens, agreed and fully participated in those rules.

Figure 5: Equality Principle Responses of Research Participants

	EQUALITY PRINCIPLE	1 n (%)	2 n (%)	3 n (%)	4 n (%)	5 n (%)
21	The principle of equality has been taken into consideration in the provision of healthcare services	33 (10)	27 (8,2)	75 (22,8)	84 (25,5)	110 (33,4)
22	The distribution of resources in health care has been fair.	48 (14,6)	45 (13,7)	75 (22,8)	79 (24)	82 (24,9)
23	Each citizen has been able to access quality health care.	46 (14)	35 (10,6)	79 (24)	75 (22,8)	94 (28,6)
24	Equality principle was considered in access to medical equipment (gloves, masks, etc.) for preventive health services.	69 (21)	50 (15,2)	71 (21,6)	71 (21,6)	68 (20,7)

58.9% of participants stated that the principle of equality is taken into consideration in the provision of health services, while 48.9% of those argue that the distribution of resuources pursued fairly in health services. 51.4% of them argue that each citizen is able to access quality health services. 42.3% of those agree and fully agree that the principle of equality in access to medical supplies is applied.

Figure 6: Responses to the Rule of Law Principle by Research Participants

	RULE OF LAW	1 n (%)	2 n (%)	3 n (%)	4 n (%)	5 n (%)
25	Ethical principles have been complied with in the decision-making process in health services.	29 (8,8)	29 (8,8)	90 (27,4)	99 (30,1)	92 (24,9)
26	Equality of the group that will benefit from health services has been ensured.	34 (10,3)	37 (11,2)	79 (24)	89 (27,1)	90 (27,4)
27	Right to Information and Patient Rights are provided by law.	27 (8,2)	29 (8,8)	67 (20,4)	97 (29,5)	109 (33,1)

55.8% of the participants argue that ethical principles are complied with in the decision-making process in health services. 54.5% of them state that the equality of the group that will benefit from health services is provided. 62.6% of them say that the Right to Information and Patient Rights are provided by law.

Figure 7: Effectiveness Principle Responses of Research Participants

	EFFECTIVENESS PRINCIPLE	1 n (%)	2 n (%)	3 n (%)	4 n (%)	5 n (%)
28	The level of efficiency is high in terms of the indicators of the number of healthcare workers and health institutions.	22 (6,7)	16 (4,9)	82 (24,9)	105 (31,9)	104 (31,6)
29	The level of efficiency is high in terms of satisfaction in health services.	15 (4,6)	28 (8,5)	78 (23,7)	108 (34,8)	100 (30,4)
30	The managerial efficiency of health services is high.	22 (6,71)	31 (9,4)	80 (24,3)	99 (30,1)	97 (29,5)
31	The level of efficiency in the use of health technologies is high.	18 (5,5)	18 (5,5)	72 (21,9)	122 (37,1)	99 (30,1)
32	The level of efficiency in using resources for financing health services is high.	29 (8,8)	37 (11,2)	91 (27,7)	94 (28,6)	78 (23,7)
33	The level of efficiency in the provision of health services is high within the scope of quality standards.	18 (5,5)	25 (7,6)	91 (27,7)	107 (34,5)	88 (26,7)

63.5% of those participating in the research argue that the level of efficiency is high in terms of the indicators of the number of healthcare workers and health institutions. 59.6% of them believe that the managerial efficiency of health services is high. While 67.2% of them state that the efficiency level of health technologies is high, 52.3% of them say that the efficiency level of the use of financing resources of health services is high. 61.2% state that the level of efficiency is high in the provision of health services within the scope of quality standards.

Figure 8: E-Governance Responses of Research Participants

	E –GOVERNANCE	1 n (%)	2 n (%)	3 n (%)	4 n (%)	5 n (%)
34	E-services (E-Health, Mobile health) related to access healthcare services are easy and simple to use.	13 (4)	22 (6,7)	64 (19,5)	113 (34,3)	117 (35,6)
35	I think that enough attention is given to e-Health services.	21 (6,4)	22 (6,7)	84 (25,5)	107 (32,5)	95 (28,9)
36	In general, I believe that E-Health services are safe.	24 (7,3)	13 (4)	90 (27,4)	97 (29,5)	105 (31,9)
37	E-governance processes carried out with the World Health Organization are transparent, accountable and effective.	26 (7,9)	31 (9,4)	112 (34)	85 (25,8)	75 (22,8)

69.9% of the participants say that using E-Services related to access and delivery of healthcare services is easy and simple. 61.4% think that enough importance is given to e-health services. 61.4% argue that E-health services are safe. 48.6% of them believe that the E-governance process carried out with WHO is transparent and effective.

Figure 9: Global Governance Indicators Responses of Research Participants

	GLOBAL GOVERNANCE INDICATORS	1 n (%)	2 n (%)	3 n (%)	4 n (%)	5 n (%)
38	International organizations (OECD, IMF, UNDP) changes in a positive way to agree with the assumption that Turkey's governance indicators monitored.	18 (5,5)	27 (8,2)	95 (28,9)	105 (31,9)	84 (25,5)
39	I agree with the assumption that positive changes will be observed in the United Nations E-Government Participation and E-Government Development Index.	17 (5,2)	26 (7,9)	102 (31)	103 (31,3)	81 (24,6)
40	The World Health Organization in e-governance process with Turkey positively in terms of changes in the health care system agree on the assumption that followed.	17 (5,2)	20 (6,1)	97 (29,5)	103 (31,3)	92 (28)

57.4% of the participants agree on governance indicators of international organizations to be changed in a positive direction for Turkey. 55.9% agree with the assumption that positive changes will be followed in the United Nations E-State Participation and E-Government development index. 59.3% of Turkey with WHO in E-Governance process positively in terms of changes in the health system argues that followed.

5. CONCLUSION

New covid-19, which emerged in Wuhan, China's Hubei province in December 2019, is a global health problem. Covid-19 has been characterized by the World Health Organization as a public health emergency of international concern and later a pandemic. It is a serious global public health emergency threatening human life and public health security. To address the epidemic, it is necessary not only to take good prevention and treatment measures, but also to have an effective and targeted governance (Ning et al., 2020:1).

China's experience has been proved to be effective. However, lessons from several public health interventions show that success in one country may not necessarily imply success in another due to social, economic, political and cultural factors. Therefore, other countries shall learn from China based on their own national context and global experience. In particular, a number of policy implications can be derived from China's governance model:

1. Making people's lives and health as a top priority
2. Emphasizing whole-of-government and whole-of-society actions
3. Working towards building together a community of common health for mankind

(Ning et al., 2020:3).

Turkey has a strong health system capacity and infrastructure. Turkey has been implementing a health reforms initiative called the Health Transformation Program since 2002. This program has covered and strengthened nearly all of the building blocks of health systems in Turkey – from governance to health financing to health service delivery, with heavy investments in health infrastructure, redefining the roles of all key relevant stakeholders for the better.

Three key macro-level features of this health system transformation that seem to have played critical enabling roles during the pandemic are as follows;

1. Strengthening of primary health care (PHC) services. With accessibility and equity as foundational principles, staff in PHC facilities links people and communities through a network of nearly 8000 hubs with 25 000 family medicine units. Each serves, free of charge, a surrounding catchment unit of 3000 persons, thus traversing the geographical and social extent of the country. Every person in the 3000 catchment population unit thus has an assigned family physician in charge of their health, facilitated by electronic 4 health records for each, including street address records of all. This comprehensive PHC network with improved access to and up-to-date health and geographical information on each person made community outreach and engagement for the SARSCoV-2 response efficient, effective and timely – from risk communication to testing to contact tracing
2. Turkey built large "Healthy Cities", harnessing a public-private partnership model that boosted its health infrastructure manifold, especially intensive care bed capacity with some hospitals specifically equipped with negative pressure rooms –

assets and capacities that proved decisive in saving lives among those severely ill with SARSCoV-2 without seriously straining critical care systems and capacities.

3. The population was extensively covered with a reliable information technology (IT) infrastructure that enabled and supported critical response elements. These ranged from timely reporting of surveillance and early warning to telemedicine for the elderly and those with chronic diseases, as well as those with mental health problems and home- /facility-bound persons. It also connected those who were “healthy but worried” with a health-care provider, precluding crowding of health facilities and possibly excessive health-care worker (HCW) infections (WHO, 2020:3).

This virus has no borders and countries are interconnected and interdependent. Therefore, only by working together can countries guarantee success. Turkey has successfully turned the corner in the current wave of the pandemic and stands among the countries with lower mortality rates generally but remarkably low mortality rates in the elderly (WHO, 2020:19).

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