

# International Humanitarian Assistance for Health: Türkiye's Health Diplomacy Practices during the Covid-19 Pandemic

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## ABSTRACT

COVID-19 has significantly impacted the health systems of developed countries, leading to a surge in the demand for medical supplies and equipment. This study is dedicated to shedding light on Türkiye's health diplomacy practices and its pivotal role as a facilitator in addressing the escalating global humanitarian and medical aid demand for medical equipment, supplies, medicines, and vaccines due to COVID-19. The study employs the PRISMA systematic analysis method as a data collection protocol to scrutinize Türkiye's international humanitarian and medical assistance during the COVID-19 pandemic in the context of health diplomacy practices. The study's findings, which are categorized under four headings: international humanitarian aid based on COVID-19, international medical equipment and supplies, international ventilator aid, and Türkiye's international COVID-19 vaccine aid, reveal that Türkiye has extended a broad spectrum of medical aid and support, including ventilators, vaccines, and medical equipment, to 161 countries across five continents, demonstrating its global reach and impact. Furthermore, as a testament to its "entrepreneurial and humanitarian foreign policy," Türkiye has underscored regional and international cooperation through its medical and humanitarian endeavors. Türkiye's international humanitarian assistance has gone beyond material aid to encourage dialogue and has been a message of international solidarity for communities. In future research, establishing a connection between Türkiye's regional and international medical assistance and tangible political, social, and economic outcomes will validate the impact and benefits of its humanitarian efforts.

**Anahtar Sözcükler:** Public Diplomacy, Health Diplomacy, Humanitarian Diplomacy, Covid-19, International Humanitarian Aid

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# Sağlık için Uluslararası İnsani Yardım: Covid-19 Pandemi Sürecinde Türkiye'nin Sağlık Diplomasisi Uygulamaları

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ÖZ

Covid-19 gelişmiş ülkelerin sağlık sistemlerini önemli ölçüde etkilemiş, tıbbi malzeme ve ekipman talebinde artışa yol açmıştır. Bu çalışma, Türkiye'nin sağlık diplomasisi uygulamalarına ve COVID-19 nedeniyle tıbbi ekipman, malzeme, ilaç ve aşılaraya yönelik artan küresel insani ve tıbbi yardım talebinin karşılanmasında Türkiye'nin kolaylaştırıcı rolüne ışık tutmayı amaçlamaktadır. Çalışma, COVID-19 salgını sırasında Türkiye'nin uluslararası insani ve tıbbi yardımlarını sağlık diplomasisi uygulamaları bağlamında incelemek için veri toplama protokolü olarak PRISMA sistematik analiz yöntemini kullanmaktadır. COVID-19 temelli uluslararası insani yardımlar, uluslararası tıbbi ekipman ve malzeme, uluslararası vantilatör yardımları ve uluslararası COVID-19 aşı yardımları olmak üzere dört başlık altında kategorize edilen çalışmanın bulguları, Türkiye'nin beş kıtada 161 ülkeye vantilatör, aşı ve tıbbi ekipman dahil olmak üzere geniş bir yelpazede tıbbi yardım ve destek sağladığını ortaya koyarak yardımların küresel erişimini ve etkisini göstermektedir.

Ayrıca, "girişimci ve insani dış politikasının" bir kanıtı olarak Türkiye, tıbbi ve insani çabaları aracılığıyla bölgesel ve uluslararası iş birliğinin altını çizmiştir. Türkiye'nin uluslararası insani yardımları, diyalogu teşvik eden maddi bir yardım ötesinde toplumlar için uluslararası dayanışma mesajı olmuştur. Gelecekte yapılacak araştırmalarda, Türkiye'nin bölgesel ve uluslararası tıbbi yardımları ile somut siyasi, sosyal ve ekonomik sonuçlar arasında bir bağlantı kurulması, insani yardım çabalarının etki ve faydalarını doğrulayacaktır.

**Keywords:** Kamu Diplomasisi, Sağlık Diplomasisi, İnsani Diplomasi, Covid-19, Uluslararası İnsani Yardım

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## INTRODUCTION

The strategic importance of public diplomacy activities for states in creating legitimacy for their policies in the international arena is increasingly recognized. Gaining sympathy among foreign populations and becoming an attractive destination are among the soft power advantages of modern countries. Possessing attractive soft power advantages is directly proportional to a country's ability to influence international policy and decision-making.

The emergence of the COVID-19 pandemic in Wuhan, China, in December 2019, which quickly spread worldwide, has significantly impacted countries, institutions, and individuals, leading to changes and transformations in all areas. During this period, the public diplomacy activities of countries have also undergone differentiation, with some losing the impact of their soft power advantages while others have strengthened and maintained their soft power advantages.

This study will first discuss the place and importance of health diplomacy in the context of public diplomacy and examine the positioning of humanitarian assistance in the health field. After addressing the role of public diplomacy in managing international public opinion through health, this study will analyze Türkiye's health diplomacy and international medical assistance during the pandemic by following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement. The findings of the study will then be discussed, along with Türkiye's entrepreneurial and humanitarian foreign policy discourse.

## THEORETICAL BACKGROUND: HEALTH DIPLOMACY AS AN IMPLEMENTATION AREA OF PUBLIC DIPLOMACY

The messages states convey to foreign populations in the health sector have gained increasing importance, particularly in the COVID-19 pandemic: The accelerated pace of globalization dissolves the distinctions between many domestic and foreign issues. One nation's health status and risks can affect not only its prospects and those of its neighbors but also those of the entire world (Katz, 2011, p. 504). Today, health is increasingly of interest to diplomatic actors. The rise of global health risks such as COVID-19 has made protecting global public health a priority agenda item for state and non-state actors (Chattu & Chami, 2020, p. 2). The COVID-19 pandemic has caused the economic impact of international

health to become increasingly important, prompting states to turn to health diplomacy. In this study, the concept of health diplomacy will be first addressed.

The processes in which states use health to reach non-state actors overlap with public diplomacy (Sevin E. , 2016, p. 92). Peter Bourne introduced the concept of "medical diplomacy" as early as 1978. He argued that the United States has not fully explored the role of health and medicine as a means for bettering international relations (Katz, 2011, p. 505). One of the reasons for the emergence of health diplomacy is the insufficiency of traditional diplomacy in this regard: The insufficiency of traditional diplomacy has constituted the starting point of health diplomacy. Firstly, it has become apparent that it is difficult for any state to solve health problems independently. Collaborations have become necessary due to the logistical capabilities of states and the borderless nature of diseases and health issues. Secondly, states have realized that they cannot solve health services issues solely through their negotiations with each other.

Consequently, new actors have been invited to the diplomacy scene (Sevin E. , 2016, p. 93) "Health issues are global. With the impact of globalization, diseases spread rapidly. No state can solve these diseases that threaten the health of the population today. The problems are not only limited to epidemic diseases; intellectual property rights related to drug patents, development goals, wars, and the increasing refugee problem have made it necessary to integrate health into foreign policy" (Kahraman & Cinman, 2019, p. 62). As evident from the definitions, the need to negotiate unresolved health issues by engaging all relevant parties forms the foundation of health diplomacy.

Global health diplomacy can be defined as the "convergence between public health and international affairs" (Thokwane, Baines, Mehjabeen, & Jindal, 2022, p. 1), and "the practices by which governments and non-state actors attempt to coordinate and orchestrate global policy solutions to improve global health" (Ruckert, Labonté, Lencucha, Runnels, & Gagnon, 2016, p. 61). According to Katz et al. (2011), global health diplomacy has different meanings. In global health diplomacy, international public health issues are surrounded by classical diplomacy, multilateral official and negotiations involving private sector actors (Katz, 2011, p. 506). As can be seen, health is a subject that countries prioritize and can be successful through a process involving different actors.

As highlighted above, in the third dimension discussed by Katz et al., “informal diplomacy,” states are not considered the only actors, as even individuals can contribute when necessary. Global health diplomacy occurs not only in the conventional spheres of diplomacy, such as state-to-state and diplomats-to-diplomats negotiations, but in other diverse arenas (Kato, Mackey, & Heng, 2019, p. 7). “In communication processes centered around health mediation, states act as the primary actors and health diplomacy can forge relationships with non-governmental organizations, individuals, and other stakeholders while sharing messages that can effect change in public opinion” (Sevin E. , 2016, p. 92). As evidence, in an increasingly globalized world, multidimensional participation in matters concerning the entire globe is progressively taking center stage. The escalating significance of health has spurred states to undertake additional measures in this field. States aiming to generate appeal and soft power in the eyes of foreign populations have incorporated health into their agendas.

Fazal defines health diplomacy as international assistance or cooperation meant to promote health, or that uses health programming to promote nonhealthy-related foreign aims. States also may use health diplomacy to build goodwill and soft power, as well as to pursue humanitarian aims. During pandemics, states assess the urgency of their various aims and the best means to achieve them via health diplomacy (Fazal, 2020, pp. 78-79). This shift towards health as a means of soft power has also resulted in an increase in humanitarian assistance within the health sector.

### **Joint Action for Humanity: Health Diplomacy and International Humanitarian Assistance for Health**

The need for health diplomacy grows as global humanitarian problems and crises increase. In this respect, all actors acting together and taking action in cooperation will contribute to achieving results (Chattu, Pooransingh, & Allahverdipour, Global health diplomacy at the intersection of trade and health in the COVID-19 era, 2021).

Global poverty, security, and health problems are deepening globally. In response to escalating humanitarian needs, governments and international or supranational civil society organizations endeavor to address these global humanitarian needs. However, the COVID-19 pandemic has increased the demand for humanitarian assistance, with the requirement rising from 39% to 55% in 2020, while the provision of non-COVID-19 humanitarian assistance has diminished (Development Initiatives, 2021,

p. 12). In this critical situation, the ethical dimension of international assistance emerges as a primary and fundamental concern.

In the realm of international humanitarian assistance, it is crucial for governments to prioritize the needs of individuals and respond to them with a human-centered approach. This requires that the recipient country or society be prioritized during assistance distribution without donor countries allowing their “national interests” to take precedence over ethical considerations. The ultimate goal should be the economic, social, and democratic development of the target country (Kalaycı & Koca, 2015, p. 175). However, asserting that governments have made an unambiguous decision between prioritizing national interests or human-centric approaches in their humanitarian assistance efforts is challenging. Achieving a balanced approach that addresses both concerns is necessary in this context.

As a natural consequence of the different sources and reasons for humanitarian crises, international humanitarian assistance's scope and implementation areas also vary, including food, health, education, sanitation, and development assistance for welfare. While humanitarian assistance is generally discussed in the context of humanitarian diplomacy, health-focused international humanitarian assistance plays a key role in improving and developing global public health. It is, therefore, a subject of health diplomacy in terms of its implementation. Therefore, in this study, international humanitarian assistance for health is discussed within the context of health diplomacy. However, given the organic and close relationship between these two concepts, it is also appropriate to mention the approach of humanitarian diplomacy.

Smith and Minear define the concept of humanitarian diplomacy as “encompass the activities carried out by humanitarian organizations to obtain the space from political and military authorities within which to function with integrity” (Smith & Minear, 2007, p. 1).

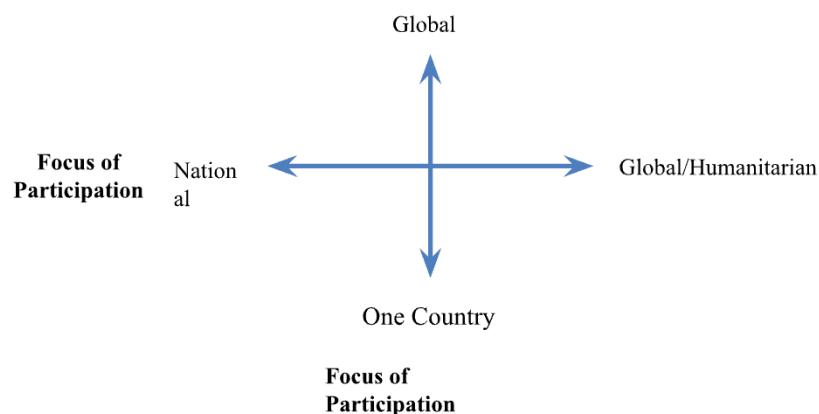
Similarly, the International Federation of Red Cross and Red Crescent Societies (IFRC), which is an effective actor in delivering international humanitarian assistance worldwide, defines humanitarian diplomacy as, “Humanitarian diplomacy is persuading decision makers and opinion leaders to act, at all times, in the interests of vulnerable people, and with full respect for fundamental humanitarian principles” (IFRC, 2022, p. 2). When evaluated in this context, humanitarian diplomacy encompasses a comprehensive and inclusive perspective that goes beyond international humanitarian assistance alone,

involving the persuasion of conflicting parties, negotiation processes, the healthy delivery of assistance in conflict environments, and human rights advocacy on a legal basis. Similarly, global health diplomacy involves raising global health issues through states, non-governmental organizations, and multinational health organizations, regulating relationships and interactions among global health organizations, and delivering international health assistance. And beyond the transparency and ethical dimensions of these actors, it enables the protection, improvement, and development of health (Adams, Novotny, & Leslie, 2008, p. 318; Akman, 2022). The COVID-19 pandemic has made the urgent need for global health diplomacy even more visible.

In health diplomacy, variations may arise depending on the objectives and actors involved.

According to the framework of health diplomacy presented in Table 1 by Fazal (2020), states can establish relationships with different actors at the national or multilateral level, focusing either on national interest or humanitarianism. This fundamental framework of health diplomacy offers an opportunity to classify the focus and dimensions of relationships among states. In this regard, states have carved out new avenues for diplomacy by establishing contacts and collaborations around vaccines, masks, medical devices, and other medical assistance at both bilateral and multilateral levels. These contacts and collaborations in global health diplomacy have played a decisive role during the global struggle against the pandemic.

**Table 1** Health Diplomacy Framework (Fazal, 2020, p. 81)



## **Pandemic Background: Global Health Diplomacy and COVID-19-Related Humanitarian Assistance**

In December 2019, the emergence of COVID-19 in Wuhan, China, sparked intense health diplomacy efforts and led to announcements of bilateral, regional, and global cooperation and assistance among states. The World Health Organization (WHO), which can be considered the leading actor in global health diplomacy, was criticized at the beginning of the pandemic for its statements favoring China (Feldwisch-Drentrup, 2020) with expressions that mitigated the impact of the virus (Babones, 2020) and the Trump administration in the US announced that it would withdraw from the World Health Organization (Apuzzo, Weiland, & Gebrekidan, 2020). On the other hand, many countries, including the US, China, Türkiye, and Germany, have carried out bilateral and multilateral health diplomacy activities through medical humanitarian assistance. However, the extent to which global health diplomacy activities have effectively addressed the pandemic and met health-related humanitarian needs remains a significant question. According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), 235 million people will need basic humanitarian assistance and protection, such as health, food, education, and sanitation, in 2021, which corresponds to one out of 35 people worldwide. In 2022, the situation has worsened, and it has been determined that 274 million people in the world need humanitarian assistance (OCHA, 2022) Meanwhile, the COVID-19 pandemic has become one of the most profound problems affecting the world from the Great Depression to the present day, and extreme poverty has increased for the first time in 22 years (OCHA, 2021, p. 9)

The pandemic has affected the healthcare systems of developing countries, and this has put the treatment of diseases such as cholera, HIV, and malaria at risk, especially for vulnerable populations such as children and women. Similarly, the pandemic has exacerbated the lack of Access to personal care and hygiene equipment for women and children, leading to an increased need for medical humanitarian supplies to protect against COVID-19. (OCHA, Global Humanitarian Overview 2021, p. 8) In addition to this, the pandemic has made existing crises, such as food and poverty, even more complex (Development Initiatives, 2022, p. 11).

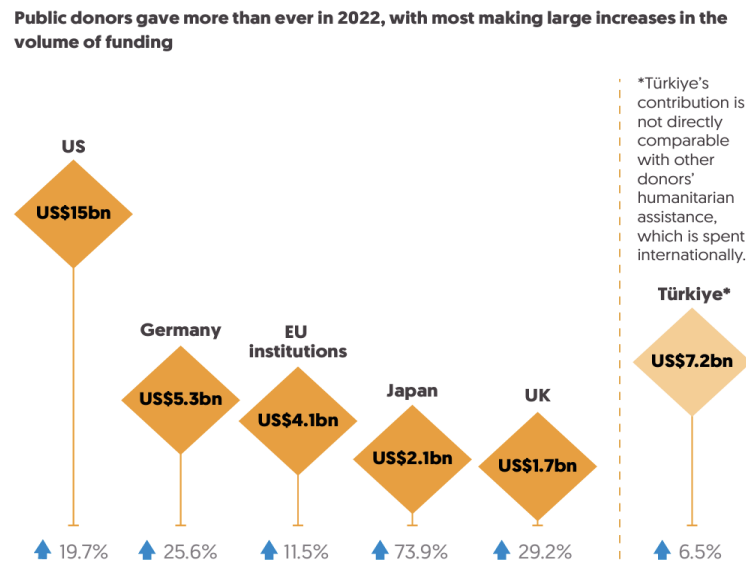
In 2020, \$30.9 billion in global humanitarian assistance was provided to tackle humanitarian crises worldwide; however, the ongoing COVID-19 pandemic has reduced the response rate to existing



humanitarian crises, resulting in a heightened threat to 503 million people living in fragile states who are highly vulnerable to the impacts of the COVID-19 pandemic (Development Initiatives, 2021, p. 18)

At this point, Türkiye, being the second-largest humanitarian assistance donor in the world in 2020, has been noted that its assistance was directed towards Syrian refugees in the country and thus cannot be compared with the assistance of other countries (Development Initiatives, 2021, p. 48). In 2022, Türkiye has maintained its position as the second-largest humanitarian assistance donor in the world, but its humanitarian assistance has been distinguished from other international assistance, as in previous years. (Development Initiatives, 2023, p. 13) This situation is an indication that there is a need for Türkiye's humanitarian assistance to be communicated more effectively to the international community as part of its public diplomacy efforts.

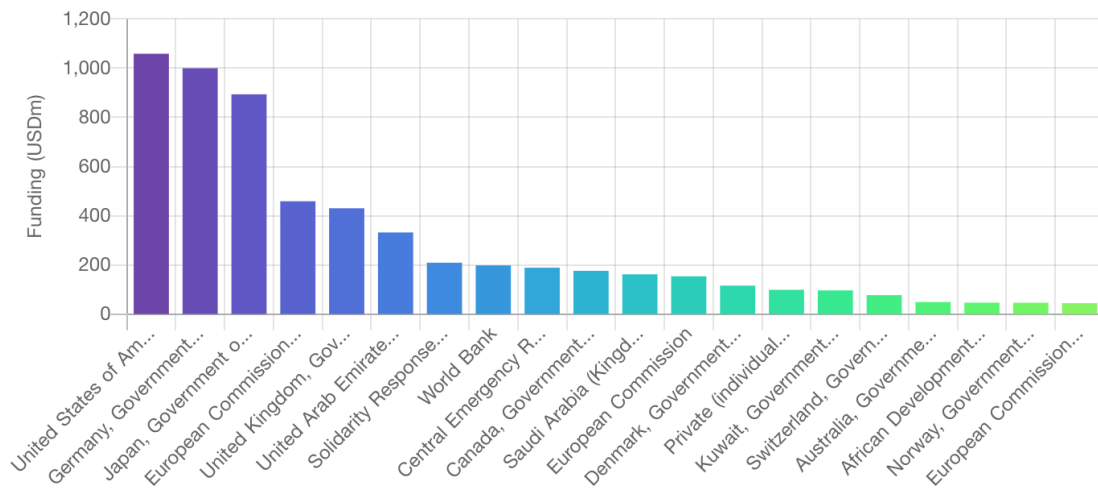
**Figure 1** Public Donors by volume, 2022 (Development Initiatives, 2023, p. 14)



Due to the profound social, economic, and humanitarian impact of the pandemic on individuals at the global level, the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) created the "Global Humanitarian Response Plan (GHRP)" to combat the pandemic (OCHA Financial Tracking Service, 2020) Under this plan, a need for \$9.5 billion was anticipated globally for the fight against COVID-19 in the first stage, but only \$3.79 billion, or 39.9%, was met (OCHA Financial Tracking Service, 2020) As stated in Figure 2, the United States, Germany, Japan, the European Commission, and the United Kingdom were the countries and institutions that provided the most support for the global

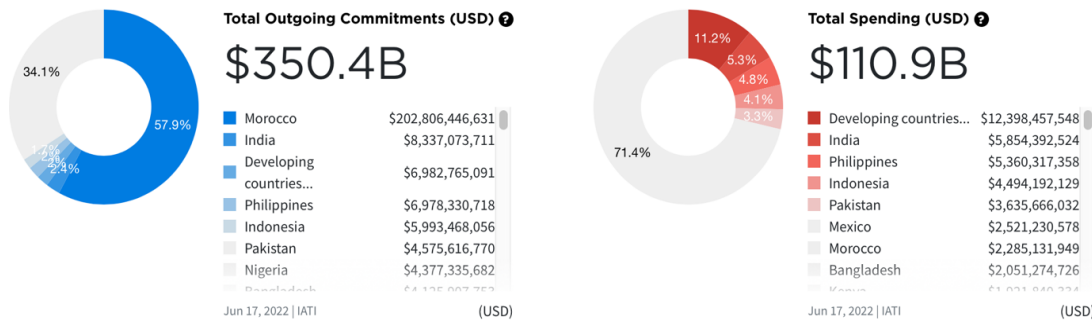
COVID-19 response plan. The collected assistance was carried out by a range of international organizations, including the World Health Organization, the UN Children's Fund, the World Food Program, the United Nations High Commissioner for Refugees, the International Committee of the Red Cross (ICRC), and the International Federation of Red Cross and Red Crescent Societies (IFRC), which are the leading actors of global health diplomacy (OCHA Financial Tracking Service, 2021).

**Figure 2** OCHA, Funding Against Emergency Coronavirus Disease Outbreak- Covid-19 (OCHA Financial Tracking Service, 2020)

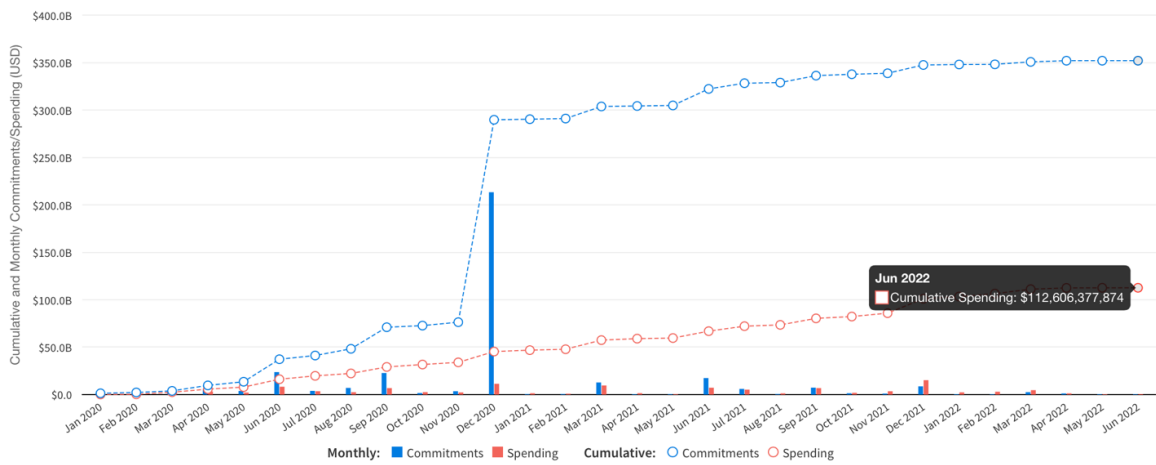


On the other hand, the quantity and scope of anticipated needs and expenditures for the pandemic period, which was intensely felt between 2020 and 2022, expanded later on. The rapid global spread of the pandemic and the increasing need for vaccines and other medical humanitarian assistance in countries with problematic health systems can be considered as one of the main reasons for this. In this respect, as shown in Figure 3 and Figure 4, according to data prepared in collaboration between the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the International Assistance Transparency Initiative (IATI) (OCHA, 2022) states and international civil society organizations have committed \$350 billion in financing to combat COVID-19 worldwide between January 2020 and June 2022. However, only \$112 billions of this amount has been spent in practice. This situation indicates that total spending has remained significantly below the total outgoing commitments. Moreover, a significant portion of this financing has been allocated to developing countries, including Morocco, India, and others, and the financing expenditures in practice have similarly focused on developing countries, such as India, the Philippines, and Indonesia (OCHA, 2022)

**Figure 3** Total Outgoing Commitments and Total Spending for COVID-19 (OCHA, 2022)



**Figure 4** Cumulative and Monthly Commitments/Spending for Covid-19 (OCHA, 2022)



The COVID-19 pandemic has brought many challenging tests and opportunities for the international community, which is considered “multipolar.” Initially, the differences in development levels between countries further highlighted the inequality in the fight against the pandemic. On the one hand, developing countries with problematic healthcare systems have faced difficulties accessing basic medical equipment and supplies to combat COVID-19, and the public health of these countries is under threat. Conversely, developed countries such as the United States and the European Union have had to dispose of millions of COVID-19 vaccines they stockpiled as they expired (Schreiber, 2021). The United States alone has discarded 82 million doses of the vaccine (Massie, 2022). Additionally, the goal of donating close-to-expiry COVID-19 vaccines to developing countries has resulted in some failures, with more than 100 million doses of vaccines being refused by recipients due to concerns about the short remaining shelf of the vaccines (Barnéoud, 2022)

On the other hand, countries have launched significant health diplomacy and medical humanitarian assistance traffic, allocating billions of dollars in COVID-19 financing, as previously stated,

for “a safer world” and to fight against COVID-19 (data.humdata.org, 2022). Health diplomacy practices need to be used effectively to protect and promote global public health. (AlKhalidi, et al., 2021, pp. 5-6). The following section of the study will examine the health diplomacy practices of the Republic of Türkiye during the COVID-19 pandemic.

## RESEARCH OBJECTIVE AND QUESTIONS

Given the common issue of foreign policy statements remaining at the rhetorical level, examining the transition from rhetoric to action is crucial. Western states tend to unquestioningly accept the ambiguities between ethical foreign policy discourse, responsibilities, and policy outcomes. This gap between ethical foreign policy rhetoric and responsibility is incompatible with the principle of accountability (Chandler, 2003).

This study addresses the significant problem of evaluating how and to what extent Türkiye's humanitarian diplomacy rhetoric was realized based on data. The aim is to underscore and discuss Türkiye's pivotal contributions to global health diplomacy. This approach moves beyond theoretical declarations to achieve tangible and measurable outcomes in the real world, highlighting Türkiye's crucial role in this global endeavor.

In order to achieve the study's objectives, we will seek answers to the following research questions:

**RQ 1:** In which countries and regions did Türkiye engage in health diplomacy and international humanitarian assistance during the Covid-19 pandemic?

**RQ2:** What are the characteristics and types of Türkiye's international medical assistance in the context of health diplomacy?

The study assumes that a comprehensive, rigorous, and evidence-based study will prove the effectiveness and results of Türkiye's humanitarian diplomacy and foreign policy strategies during the pandemic and establish an objective link between foreign policy discourse and practices. In line with this assumption, a methodology was designed to collect systematic data to answer the research questions. The potential impact of these findings on our understanding of Türkiye's foreign policy, and by extension, global health diplomacy, cannot be overstated, underscoring the importance of this research.

## METHODOLOGY

### Study Design: Population and Sample

The study focuses on Türkiye's international medical humanitarian aid during the pandemic. The sample included both hardcopy and online resources, covering countries, regions, types of aid, and characteristics during the pandemic period to reveal the specific outcomes of Türkiye's aid efforts.

This study provides a comprehensive analysis of Türkiye's health diplomacy and international medical assistance during the COVID-19 pandemic. Before delving into the methodology, it is important to understand that Türkiye, as a key player in global health, has been actively involved in providing medical aid and support to various countries during this crisis. The methodology was designed to ensure rigorous data collection and analysis based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement.

### PRISMA Statement

The PRISMA statement, known for its evidence-based framework, was chosen as the data collection protocol for this study. While this study was not a systematic review or meta-analysis, PRISMA was used to increase the transparency and reliability of the research process. Its guidelines help to reduce bias and compile precise, reliable results from large datasets (Sohrabi et al., 2021, p. 1). By following PRISMA, we ensure consistency and integrity in our research methods (Page et al., 2021; PRISMA, 2023).

### Research Protocol

The research protocol applied in this study consists of a four-stage process, as summarized in Figure 6. This process was implemented within the framework of the search criteria shown in Figure 5. The websites of the Presidency, the Ministry of Foreign Affairs, the Directorate of Communication, TİKA, and the Turkish Red Crescent were also visited to ensure that there was no missing data. Reports and books on the websites of the ministries that were not scientific studies were utilized. In this study, most of the sources obtained from the Google search engine are news. These online news sources are mainly public news agencies such as Anadolu Agency, TRT news, BBC, Euronews, DW. The time limit in the study was started in March 2020, when the first case was seen in Türkiye, and this time limit was chosen due

to the abolition of "Measures for Public Employees within the Scope of COVID-19" and the end of the news reflected in the search engine according to keywords in June 2022. After this date, scientific studies conducted in the Google Scholar search engine in line with keywords were followed and related similar studies were examined.

## **Research Protocol Process**

### *Phase 1: Data Collection*

Data was meticulously collected through various search engines using predefined keywords related to humanitarian aid and health diplomacy, as shown in Figure 5. The search criteria included specific terms related to Türkiye's international medical assistance during COVID-19. The search resulted in 274 news, reports and content, ensuring a comprehensive data collection process.

### *Phase 2: Selection of Data*

The overall relevance of the collected reports, news articles, and other content was transparently assessed. Among the 274 news articles, reports, and content obtained during the data collection process, those with the title of keywords or humanitarian aid information were selected for the analysis process. In contrast, the other content was excluded from the research. As a result of this selection, 95 news, reports and content remained.

### *Phase 3: Data Eligibility*

This stage involved a detailed and thorough examination of the data to identify key themes and patterns. For this reason, the data eligibility of the relevant reports, news articles, and content for the purpose of the study was meticulously examined. At this stage, reports, news articles, and content that contained concrete information on the country of assistance and the type, number, and amount of international medical aid within the framework of the research questions were included in the study, while the others were excluded from the analysis. This ensured a comprehensive and rigorous data eligibility process. Again, the sources containing information on the type and number of Türkiye's international aid were analyzed and classified according to aid types. Themes were created based on the categorized types of aid.

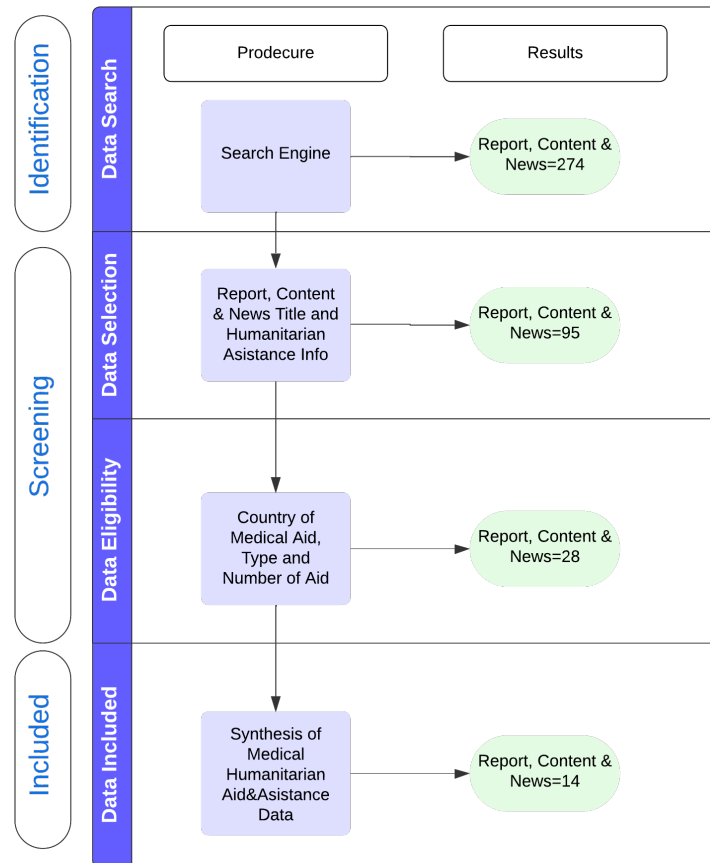
### *Phase 4: Data Synthesis and Visualization*

The final phase involved synthesizing data from multiple sources and visualizing and presenting the findings. At this stage, repetitive content that shared the same information was removed.

**Figure 5** Data Search Criteria

Database	Search Filters
1 Google Search Engine&Google Scholar	* Keywords: "Covid-19, Pandemic, Turkey's Aid, Turkey Masks, Vaccine Aid, Turkey's medical aid"
2 Books and Reports	* Date Range: March 2020 - June 2022
3 Turkish Ministry Websites	* Content Scope: International Medical Aid
4 Online News	* Language: English, Turkish

**Figure 6** Research Protocol based on PRISMA (Page et al., 2020, PRISMA, 2023)



## FINDINGS

Assessing the global health diplomacy traffic that intensified during the pandemic as only international cooperation and solidarity from a global health perspective would offer an exclusive and narrow perspective. Therefore, in today's world, while global health diplomacy practices inherently

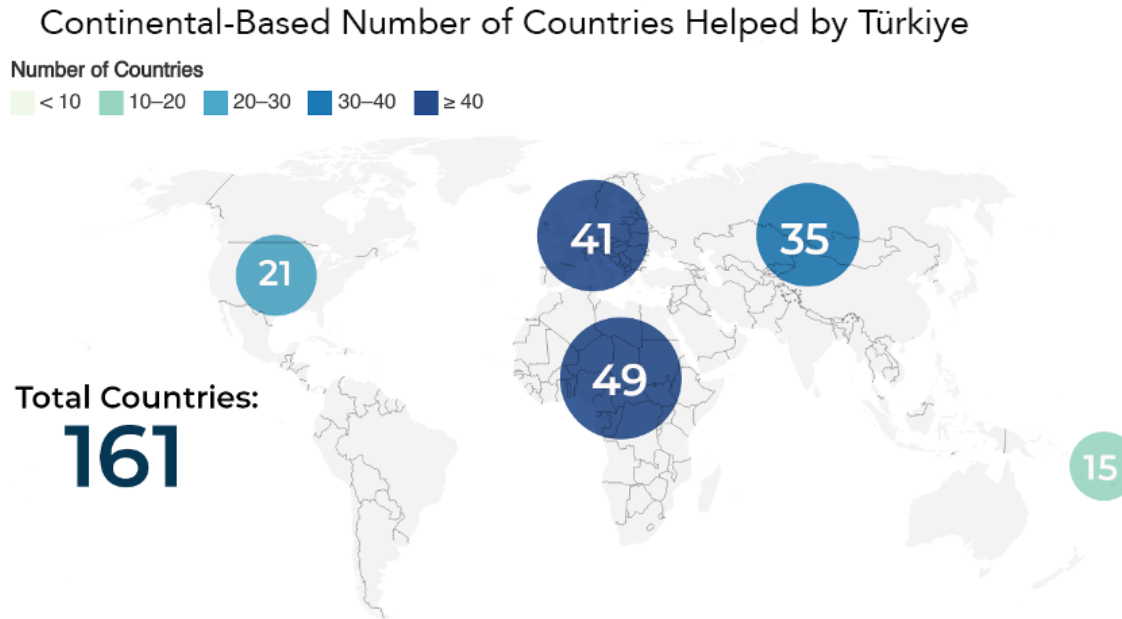
strengthen international cooperation and global solidarity, diplomacy traffic conducted through medical equipment, supplies, vaccines, or masks can not only improve the global economy, trade, and development but also have a significant impact on health systems, global health security, inequities, and inequalities (Taghizade, Chattu, Jaafaripooyan, & Kevany, 2021, p. 4). As seen in *Figure 6*, we included 95 contents, news, or reports containing information on Türkiye's medical assistance in the systematic analysis procedure. These data sources 28 passed the data eligibility procedure by including country, number, and nature of assistance. Similar data was excluded to simplify medical aid. Then, 14 data sources were used in data synthesis to examine Türkiye's humanitarian practices. The study's results were analyzed and discussed under the sub-themes of Covid-19-based international humanitarian assistance, medical equipment and material support, ventilator and vaccine aid.

### **Türkiye's Covid-19-Based International Humanitarian Assistance**

Since the beginning of the COVID-19 pandemic, Türkiye has acted openly to cooperate, dialogue, and assist internationally. It has provided medical humanitarian assistance to dozens of countries in response to the increasing need for medical supplies and equipment worldwide as of March 2020. Similarly, Türkiye has evacuated Turkish citizens stranded abroad due to the pandemic's impact on international transportation networks. As of April 2022, Türkiye has assisted in 161 countries during the COVID-19 pandemic (T.C Dışişleri Bakanlığı, 2022). Additionally, Türkiye has evacuated Turkish citizens from 142 countries since the beginning of the pandemic (T.C Cumhurbaşkanlığı İletişim Başkanlığı, 2021, p. 363) of these assistances, 133 were sent as direct grants (T.C Dışişleri Bakanlığı, 2022), while other forms of assistance were provided through cash transfers or export/purchase permissions (T.C Cumhurbaşkanlığı İletişim Başkanlığı, 2021, p. 371)



**Figure 7** Continental-Based Number of Countries Helped by Türkiye (T.C Dışişleri Bakanlığı, 2022; T.C Cumhurbaşkanlığı İletişim Başkanlığı, 2021)<sup>1</sup>



During the pandemic, Türkiye has emphasized regional and international cooperation within its “entrepreneurial and humanitarian foreign policy.” By providing medical equipment and supplies to countries in need, Türkiye has demonstrated its soft power (T.C Dışişleri Bakanlığı, 2021). In this sense, as seen in *Table 2* above, Türkiye has not only acted regionally but has also carried out humanitarian assistance activities at the international level in delivering medical supplies, equipment, financial assistance, and facilitating sales/export permits (T.C Cumhurbaşkanlığı İletişim Başkanlığı, 2021, p. 372). This also showcases the increased scope and dimensions of Türkiye's engagement in health diplomacy practices during the pandemic.

### International Medical Equipment and Material Assistance

The rapid spread of the pandemic across countries worldwide and the increase in COVID-19 case numbers at the national level have led to an increased demand for essential medical equipment for diagnosis, protection, and treatment processes. Türkiye has provided assistance in the form of vital medical equipment and materials such as “diagnostic kits, gloves, protective coveralls, aprons, face

<sup>1</sup> It was uniquely designed using the data obtained for the research.

shields, goggles, masks, disinfectants, and PCR devices” to hundreds of countries in need (T.C Cumhurbaşkanlığı İletişim Başkanlığı, 2021). During the pandemic, Türkiye, the third largest aid donor after the USA and China, sent medical aid and equipment materials to countries according to their demands and needs. This aid, which was provided without discrimination between countries, paved the way for Türkiye to establish a meaningful dialogue based on solidarity and create a positive perception in the international community through its health diplomacy (Koyuncu, 2021, pp. 941-942). As a result, Türkiye has demonstrated an approach based on solidarity and cooperation at the global level.

**Table 3** Types of Medical Supplies and Equipment Assistance Provided by Türkiye<sup>2</sup> (BBC, 2020; NATO, 2020; Abdula, 2022; Anadolu Ajansı, 2020; Toruntay, 2020; T.C Cumhurbaşkanlığı İletişim Başkanlığı, 2021)

### Types of Medical Supplies and Equipment Assistance

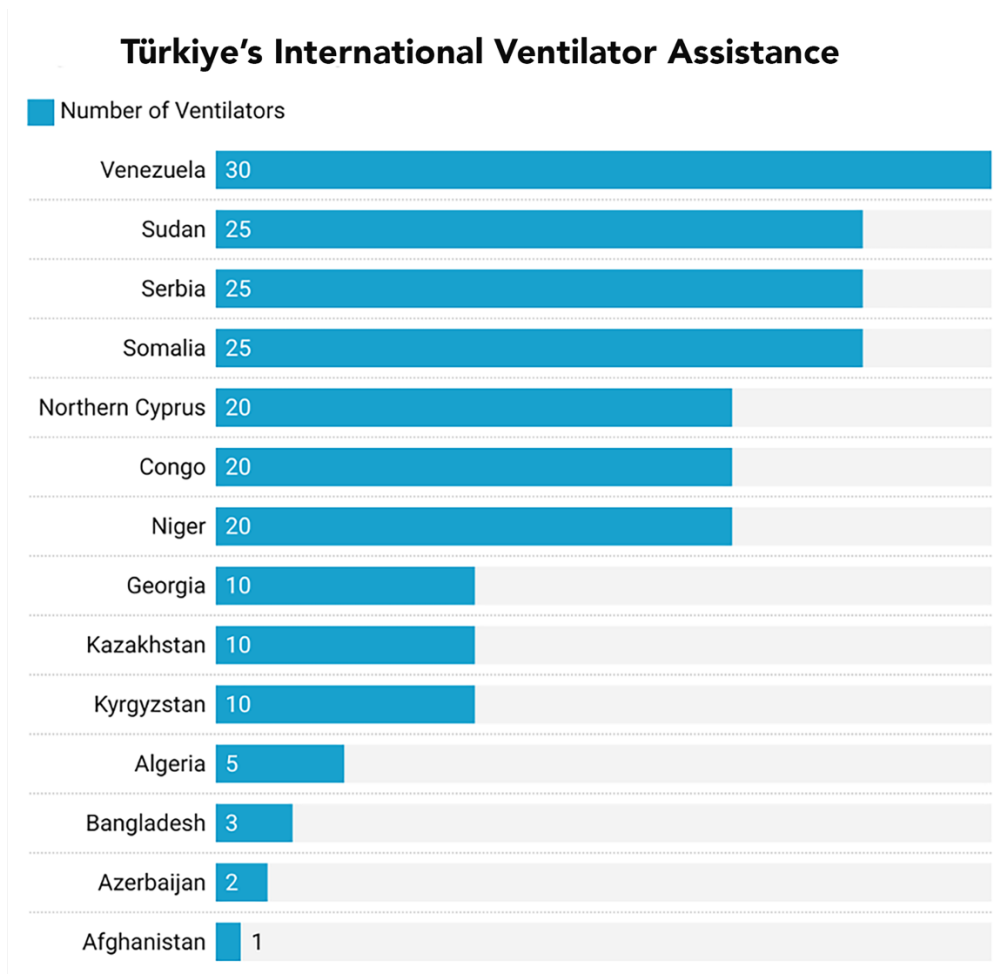
Material	Type
Mask (N95, Surgical Mask)	Medical Supplies and Equipment
Disinfectant (Disinfectant, Hand Sanitizer)	Medical Supplies and Equipment
Face Protector	Medical Supplies and Equipment
Eye Protector	Medical Supplies and Equipment
Overalls	Medical Supplies and Equipment
PCR Device	Medical Supplies and Equipment
Hydroxychloroquine	Medical Supplies and Equipment
Tamiflu	Medicament
Apron	Medical Supplies and Equipment
Visor	Medical Supplies and Equipment
Glove	Medical Supplies and Equipment
Diagnostic Kit	Medical Supplies and Equipment
Emergency Aid Unit	Medical Supplies and Equipment

<sup>2</sup> Türkiye has provided various types and details of medical supplies and equipment as assistance. The table shows only recurring and prominent types of medical supplies and equipment provided to all countries, serving as a summary of the overall assistance.

## Türkiye's Ventilator Production and International Ventilator Assistance During the Pandemic

One of the primary symptoms of COVID-19 during the pandemic has been identified as cough, sore throat, and shortness of breath (T.C Sağlık Bakanlığı COVID-19 Bilgilendirme Platformu, 2021). Due to the severe acute respiratory distress syndrome (ARDS) associated with COVID-19, patients experience respiratory difficulties (Kebapçı, 2020, p. 46), and their breathing processes are carried out using ventilator devices, which “enable a person to inhale and exhale” (T.C Sağlık Bakanlığı COVID-19 Bilgilendirme Platformu, 2020). In this regard, the need for ventilator devices has increased in many countries as the number of pandemic cases has risen and the situation has worsened.

**Figure 8:** Türkiye's International Ventilator Assistance (Anadolu Ajansı, 2020; TİKA, 2022; Erkoyun, 2020; Toruntay, 2020; Şahin, 2020; Şah, 2020; Gündoğmuş, 2020)

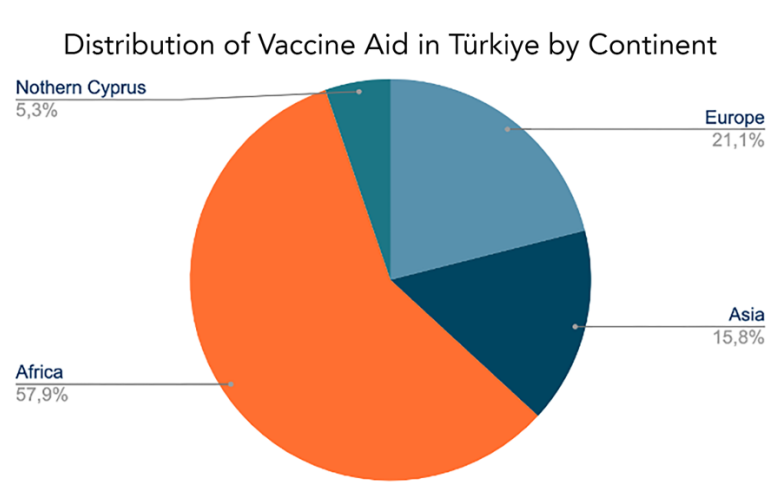


During the pandemic, Türkiye has met this global demand for ventilator devices by developing and manufacturing domestic ventilator equipment. The Ministry of Health and the Ministry of Industry and Technology, in collaboration with companies such as Arçelik, ASELSAN, Baykar, and Biosys, initiated the production of ventilators, which are both exported to many countries around the world (Sputnik Türkiye, 2020) and provided as assistance/donations (Anadolu Ajansı, 2020). This has also increased Türkiye's competitiveness in the international ventilator device market (Erkoyun, 2020)

### Türkiye's International Covid-19 Vaccine Assistance

In the context of combating the pandemic, Türkiye has contributed to global vaccination efforts by providing COVID-19 vaccine assistance to many countries as the need for vaccination became increasingly evident. As of April 2022, Türkiye has provided a total of 6.3 million vaccine doses to 19 different countries (T.C Dışişleri Bakanlığı, 2022). As seen in Figure 5, Türkiye's international vaccine assistance has been concentrated in Africa and Asia. Furthermore, Türkiye announced at the 3rd Türkiye-Africa Partnership Summit that it would ship 15 million COVID-19 vaccine doses to African countries (Bizot, 2020). Türkiye's emphasis on providing vaccine assistance to Africa and Asia contributes to reducing global health inequalities that have become more apparent during the pandemic. This focus also highlights the prioritized and special position of Africa (T.C Dışişleri Bakanlığı, 2021, pp. 26-33) within the framework of Türkiye's "entrepreneurial and humanitarian foreign policy" (T.C Dışişleri Bakanlığı, 2021, p. 4) vision.

**Figure 9** Distribution of Vaccine Aid in Türkiye by Continent (T.C Dışişleri Bakanlığı, 2022)



On the other hand, Türkiye's vaccine assistance in the global fight against COVID-19 has remained more limited than other medical equipment and supplies (Esen, 2021). This can be attributed to Türkiye's limited initial access to vaccines and the domestic need for vaccines. Furthermore, Türkiye has not participated in COVAX, a global collaboration program aiming to accelerate the development and equitable access to COVID-19 tests, treatments, and vaccines (Gavi, 2022). Despite these factors, after the emergency use authorization for the first domestic COVID-19 vaccine, TURKOVAC (TUSEB, 2020), 130,000 doses of TURKOVAC were initially donated to the Democratic Republic of Congo (T.C Dışişleri Bakanlığı, 2022). Offering the TURKOVAC vaccine within the framework of health diplomacy, emphasizing cooperation and solidarity, holds significant potential to reduce global health inequalities in COVID-19.

## DISCUSSION AND CONCLUSION

Due to its transnational character, health is an essential and fundamental element of humanitarian diplomacy. Pandemics and epidemics have underscored the need for a variety of new diplomatic tools. Health diplomacy serves as an effective new field of public diplomacy that plays an important role in protecting global public health, combating pandemics, and promoting international cooperation, assistance, and solidarity.

Despite billions of dollars spent to combat the COVID-19 pandemic that caught the world unprepared, there has not been an equitable global distribution of health equipment assistance and vaccine supplies. This situation has resulted in a lopsided picture where only a tiny proportion of developing countries have been vaccinated. In contrast, prosperous and developed countries have received far more vaccines than they need, resulting in vaccine waste. The pandemic has also exposed the fragility of economic, social, and human solidarity ties in a world that prides itself on globalization. Despite the negative aspects of this situation, numerous countries have pledged billions of dollars in funding to fight Covid-19. Since the onset of the pandemic, Türkiye has actively participated in international cooperation and dialogue efforts to combat the pandemic, providing 161 countries with health equipment, respirators, ventilators, and COVID-19 vaccine grants.

This study discusses Türkiye's regional and international health diplomacy practices during COVID-19 in the context of the "Entrepreneurial and Humanitarian Foreign Policy" discourse and

Türkiye's concrete facilitating role through medical humanitarian aid. It is essential to reveal how Türkiye's official foreign policy approach, "Entrepreneurial and Humanitarian Foreign Policy," was put into practice during the COVID-19 period based on rigorous concrete findings to show the concrete results of this humanitarian foreign policy.

Based on the study's research questions, what kind of aid was provided by Türkiye during the COVID-19 pandemic, and in which countries and regions were analyzed. Based on the findings of the study, Türkiye's aid is categorized under four headings: international humanitarian aid, international medical equipment and material aid, international ventilator aid, and Türkiye's international COVID-19 vaccine aid. During the COVID-19 pandemic, Türkiye provided medical supplies and equipment to 161 countries on five continents. Türkiye provided a wide range of medical supplies globally, including masks, gloves, protective overalls, face shields, goggles, disinfectants, and PCR devices. Türkiye has also provided ventilators to 14 different countries and a total of 6.3 million doses of vaccines to 19 different countries (T.C Dışişleri Bakanlığı, 2022) This aid covers neighboring regions and countries on different continents, demonstrating the broad reach of Türkiye's humanitarian efforts.

Similar to the study's findings, Güngör (2021) found that Türkiye provided protective equipment, protective supplies, medical devices, and medicines to 70 countries based on data covering the period between February and July 2020. Niemiec (2022) also found that Türkiye provided a comprehensive range of aid to the western Balkan countries during the pandemic. This aid included ambulances, respirators, face masks, personal protective equipment sets, rapid COVID test kits, and disinfectant products, all provided under the coordination of the Turkish Red Crescent and the Ministry of Health (Niemiec, 2022).

Our study found that most of Türkiye's vaccine aid was provided to countries in the African continent. In line with the findings of the study, Çolakoğlu (2020) also shows that during the pandemic period, most of the aid was provided in Africa and then to Europe, with priority given to the Balkans (Çolakoğlu, 2020). It is possible to see this aid as an extension of Türkiye's opening to Africa, which has been ongoing since the early 2000s (Özkan & Akgün, 2010). Similarly, Turhan (2023) evaluates Türkiye's humanitarian aid in sub-Saharan Africa during the pandemic period as an element of soft power and

considers that this aid provides a positive image within the framework of public diplomacy in Türkiye's foreign policy (Turhan, 2024).

In parallel to Türkiye's health diplomacy activities during the pandemic, China also carried out "mask diplomacy," especially in Africa and Latin America. China's "philanthropic" mission in Africa provided aid such as protective materials, medical equipment, and masks during the pandemic (Oyekan & Fayemi, 2023; Teliş & Urdinez, 2022). This situation shows that countries like China also design health diplomacy practices as a foreign policy tool.

Public diplomacy is important for achieving countries' national interests and foreign policy goals (Sevin E. , 2017). In this respect, although presenting the concrete results of public diplomacy practices does not show the success of the practices alone, it is important to compare the public diplomacy rhetoric and outputs of the countries. The findings of this study will allow the concrete outcomes of Türkiye's medical humanitarian aid diplomacy during the pandemic period to be revealed and will provide legitimacy to Türkiye based on humanitarian diplomacy.

Türkiye's efforts exemplify the importance of health diplomacy in protecting global public health and show that improving relations and dialogue can be achieved through fundamental human rights such as health. On the other hand, establishing a concrete connection between Türkiye's regional and international medical aid and its political, social, and economic outcomes is essential to legitimize this aid and demonstrate its impact and benefits. For this reason, the aid results need to be monitored and analyzed so that Türkiye can design its health diplomacy strategies based on output.

In the future, as global inequalities in areas such as health, food, and hygiene increase and demands for humanitarian aid intensify, there is no doubt that health diplomacy will continue to have the potential for dialogue, cooperation, solidarity, and relationship-building in the long term, as long as humanitarian concerns and priorities constantly prevail over strategic concerns. As a result, health diplomacy offers an opportunity to strengthen and repair the world's increasingly fragile ties in an environment of increasing uncertainty. Türkiye can use health diplomacy to increase international cooperation as per its goals in foreign policy and public diplomacy.

## Limitations and Further Research

There is no data pool containing all international humanitarian/medical aid data provided by Türkiye. For this reason, the majority of the medical aid data in the study are from official websites, reports, and news in online media. The study's most fundamental limitation is the inability to verify reliability except by comparing the obtained data with other news. The study relies heavily on online news data. There is also the risk of inadvertently reflecting the country, region, and aid figures given in the news. It is also not possible to access medical aid during the pandemic period that was not officially announced or shared with the media. Despite these limitations, the study shows with a holistic approach what kind of aid activities Türkiye carried out in which countries and regions during the pandemic period.

On the other hand, this study examines Türkiye's medical and humanitarian assistance during the pandemic in a cross-sectional manner. The scope and findings are limited to concrete humanitarian assistance and actions over a specific period. In further research, conducting mixed-method comparative longitudinal studies on how Türkiye's health diplomacy efforts provide tangible outputs, contributions, and impact, in the long run, will provide methodological legitimacy to Türkiye's public diplomacy and health diplomacy activities.

## GENİŞLETİLMİŞ ÖZET

COVID-19 salgını, küresel krizlerin yönetiminde kamu diplomasisinin, özellikle de sağlık diplomasisinin stratejik önemini altını bir kez daha çizmiştir. Pandemi, gelişmiş ülkelerin sağlık sistemlerini derinden etkilemiş, kamu sağlığının korunması için gerekli medikal insani ekipmanlara olan ihtiyacı tüm dünya genelinde artırmıştır (Development Initiatives, 2021, p. 8) Bu makalenin amacı, Covid-19 dönemindeki Türkiye'nin bölgesel ve uluslararası sağlık diplomasisi uygulamalarını sistematik olarak analiz etmeyi ve Türkiye'nin medikal insani yardımlarla sağladığı kolaylaştırıcı rolünü değerlendirmeyi amaçlamaktadır. Türkiye'nin resmi dış politika yaklaşımı olan "Girişimci ve İnsani Dış Politika"nın Covid-19 döneminde nasıl hayata geçirildiğini titiz somut bulgulara dayanarak ortaya koymak, bu insani dış politikanın somut sonuçlarını göstermek açısından büyük önem taşımaktadır. Çalışmada medikal ekipman, malzeme, ilaç ve aşı gibi tıbbi yardım talepleri bağlamında Türkiye'nin somut uluslararası insani ve tıbbi yardımları incelenmekte, daha sonra Türkiye'nin girişimci ve insani dış politika söylemi,



çalışmanın bulguları ile tartışılmaktadır. Türkiye'nin dünya genelindeki bu tıbbi yardımlarının analizi gerçekleştirilirken temelde şu araştırma sorularına cevap aranmıştır;

**S1:** Türkiye Covid-19 salgını sırasında hangi ülke ve bölgelerde sağlık diplomasisi ve uluslararası insani yardım faaliyetlerinde bulunmuştur?

**S2:** Sağlık diplomasisi bağlamında Türkiye'nin uluslararası tıbbi yardımlarının özellikleri ve türleri nelerdir?

Literatürde pandeminin erken dönemlerinde Türkiye'deki yardım hizmetlerine yönelik faaliyetleri içeren çalışmalar yayınlamıştır (Eroğlu, 2020; Cotur, 2022). Türkiye'nin Covid-19 uluslararası yardımları konusunda ise Güngör (2021), Şubat-Temmuz 2020 yılları arasını kapsayan verilere dayanarak Türkiye'nin tıbbi dış yardımlarını incelemekte, Türkiye'nin dış yardım politikasını "seçici bir stratejiyle" yürüttüğünü savunmaktadır (Güngör, 2021). Yine yakın dönemde Turhan (2024), Covid-19 bağlamında Mart 2020- Eylül 2022 dönemlerindeki Türkiye'nin Sahra altı Afrika'ya yönelik insani yardımlarını incelemektedir (Turhan, 2024; Turhan, 2024). Bu çalışmada ise Mart 2020-Haziran 2022 dönemlerinde küresel ve bölgesel düzeyde hangi ülkelere medikal tıbbi yardımların sağlandığını, ülke ve kıta bazında uluslararası tıbbi yardımların özellikleri ve türleri somut bir şekilde incelenmekte ve Türkiye'nin girişimci ve insani dış politika söylemi çerçevesinde kolaylaştırıcı rolü tartışılmaktadır.

Çalışmada yöntemsel olarak Sistematik İncelemeler ve Meta-Analizler için Tercih Edilen Raporlama Öğeleri (PRISMA) bildirisi takip edilerek pandemi sürecinde Türkiye'nin sağlık diplomasisi ve uluslararası tıbbi yardımlarının sistematik olarak analiz edildiği bir araştırma protokolü izlenmiştir. Elbette bu çalışma bir meta-analiz çalışması olmayıp, verilerinin sistematik olarak toplanabilmesi için PRISMA, bir veri toplama protokolü olarak kullanılmıştır. PRISMA, araştırma süreçlerinin tutarlı ve bütünlük içinde takip edilmesini sağlamaktadır (Page, et al., 2021; PRISMA, 2023). Çalışmada 4 aşamalı bir araştırma protokolü tasarlanmıştır. Her bir araştırma aşamasında veriler, araştırmaya uygunluğu açısından belirlenen kriterlere göre incelenmiştir.

Çalışmanın sonucunda Türkiye'nin uluslararası tıbbi yardımlarına ilişkin bulgular; Covid-19 temelli uluslararası insani yardımlar, uluslararası tıbbi ekipman ve malzeme yardımları, uluslararası vantilatör yardımları, Türkiye'nin uluslararası Covid-19 aşı yardımları olmak üzere 4 başlıkta toplanmıştır.

Türkiye, Covid-19 pandemi döneminde 5 kıtada 161 ülkeye tıbbi malzeme ve ekipman yapmıştır. Bu yardımlar sadece komşu bölgeleri değil, farklı kıtalardaki ülkeleri de kapsamakta ve bu durum Türkiye'nin insani yardım çabalarındaki geniş erişim alanını göstermektedir.

Türkiye küresel çapta maske, eldiven, koruyucu tulum, yüz siperi, gözlük, dezenfektan ve PCR cihazları da dahil olmak üzere çok çeşitli tıbbi malzeme sağlamıştır. Bu kapsamlı yardım, COVID-19 ile mücadele eden ülkelerin geniş çaplı ihtiyaçlarını karşılama girişimini yansıtmaktadır.

Pandemi döneminde önemli diğer bir yardım malzemesi ise vantilatörlerdir. 14 farklı ülkeye vantilatör yardımında bulunan Türkiye'nin katkısı sadece vantilatör tedarikini değil, aynı zamanda vantilatörlerin yerli üretimini de içermektedir. Arçelik, ASELSAN, Baykar ve Biosys gibi şirketler bu önemli cihazların üretiminde etkili olmuştur.

Salgınla mücadele bağlamında Türkiye, aşılama ihtiyacı giderek daha belirgin hale geldikçe birçok ülkeye COVID-19 aşı yardımı sağlayarak küresel aşılama çabalarına katkıda bulunmuştur. Nisan 2022 itibarıyla Türkiye, 19 farklı ülkeye toplam 6,3 milyon doz aşı sağlamıştır (T.C Dışişleri Bakanlığı, 2022). Türkiye'nin uluslararası aşı yardımlarının %57,9'u, Afrika'ya ve %15,8'i ise Asya'da yoğunlaşmıştır. Türkiye'nin Afrika ve Asya'ya aşı yardımı sağlama konusundaki vurgusu, pandemi sırasında daha belirgin hale gelen küresel sağlık eşitsizliklerinin azaltılmasına katkıda bulunmaktadır.

Türkiye'nin pandemi sırasında birçok ülkeye yaptığı tıbbi yardımlar, uluslararası iş birliği kanallarına katkıda bulunmuştur. Türkiye, pandemi sürecinde yaptığı tıbbi insani yardımlarla diğer ülkelerle yeni bir diyalog platformunun kurulmasını kolaylaştırmıştır. Öte yandan Türkiye'nin bölgesel ve uluslararası tıbbi yardımlarının somut siyasi, sosyal ve ekonomik çıktılarıyla ilişkilendirilmesi, etki ve faydaların meşrulaştırılmasına, bu konudaki yeni çalışmaların artmasına imkan tanıyacaktır. Türkiye'nin çabaları, küresel halk sağlığının korunmasında sağlık diplomasisinin önemini örneklemekte ve ilişkilerin ve diyalogun geliştirilmesinin sağlık gibi temel insan hakları aracılığıyla sağlanabileceğini göstermektedir. Sağlık diplomasisi uygulamaları, dünyanın giderek kırılmanlaşan bağlarını güçlendirmek ve onarmak için önemli bir fırsat sunmaktadır. Bu fırsatın gerçekten etkili ve evrensel boyutta faydalı olabilmesi ise salt çıkarların ötesine geçmesi, ülkelerin jeopolitik manevralarının gölgesinde kalmadan daha dirençli küresel sağlık sistemleri oluşturmaya odaklanması gerekmektedir.


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**Çıkar Çatışması/Conflict of Interest**

Yazarlar çıkar çatışması olmadığını beyan etmiştir. /The authors declare that there is no conflict of interest.

**Yazarların Katkıları/Author Contributions**

Her iki yazarın da çalışmaya katkı oranı %50'dir. / The contribution rate of both authors to the study is 50%.

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