

A Comparison of the Authoritarian Strategies Used by Brazil and Turkey to Tackle the COVID-19 Crisis

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For authoritarian-minded leaders, the COVID-19 crisis offered a convenient pretext to silence critics and consolidate power. Populist and autocratic leaders used the crisis as an excuse to do things they had long planned to do but had not been able to. Using a narrative literature review, this study examines the authoritarian responses to COVID-19 in Brazil and Turkey between 2020 and 2021. Available articles were retrieved from Medline and Google Scholar using a non-systematic approach using inclusion and exclusion criteria. Major identified authoritarian responses were imprisoning human rights defenders, journalists, lawyers, political activists, and medical professionals; flaunting public health and human rights laws; blaming other countries for causing the pandemic; and underreporting COVID cases. The study concludes that these actions had devastating consequences for democracy, human rights, and public health.

Keywords: COVID-19, Brazil, Turkey, authoritarian leaders, political polarization

INTRODUCTION

The COVID-19 pandemic has presented governments worldwide with unprecedented challenges. While certain national leaders have devoted their efforts to protecting public health and mitigating the pandemic's impact, others have seized the crisis as a chance to consolidate their power and suppress dissenting voices (Kisa, 2021; Kisa & Kisa, 2020; San et al., 2020; Ortega & Orsini, 2020; Silva, 2021). In particular, populist and autocratic politicians have exploited this crisis to advance longstanding agendas that were previously untenable (Kisa & Kisa, 2020; Knaul et al., 2021). To stave off any protests, the governments of nations with struggling economies have employed nationalist rhetoric, fabricated enemies, blamed the West, expanded the authority of their security forces, and prohibited public demonstrations (Kisa, 2021; Silva, 2021; Knaul et al., 2021; Bruce et al., 2022; Fonseca et al., 2021; Machado, 2021; Lasco, 2020). The pandemic has laid bare the perils of authoritarian crisis responses (Boschiero et al., 2021; Ferrante et al., 2021; Carnut et al., 2021). It is imperative for leaders to treat the threat of the virus seriously and prioritize public health, rather than downplaying the situation and placing their own interests above those of the populace (Moussa et al., 2023; Grančayová, 2021; Gulseven, 2021).

In Brazil and Turkey, Presidents Jair Messias Bolsonaro and Recep Tayyip Erdoğan, respectively, have utilized the pandemic to implement authoritarian measures (Fonseca et al., 2021; Gulseven, 2021; Knaul et al., 2021; Ortega et al., 2020), causing disastrous ramifications for both the economy and public health of their nations (Silva 2021; Kisa 2021). This study will scrutinize Brazil's and Turkey's forceful responses to COVID-19 between 2020 and 2021, providing an overview of their socioeconomic, demographic, and

health indicators. Remarkably, these were among the few nations that did not report increased sickness and death rates, likely due to underreporting, while simultaneously suffering economic setbacks. It will be revealing to juxtapose these two countries, bearing in mind that their leaders may have misrepresented the facts.

The striking parallels between Brazil and Turkey constitute a valuable case study for understanding the repercussions of autocratic leadership amid a public health crisis. Both countries, under the guidance of leaders leaning towards populist and authoritarian governance, have exhibited remarkably similar trajectories in their pandemic responses. The similarities extend beyond their geopolitical realities and involve their leaders' manipulation of public narratives, flagrant dismissal of scientific evidence, and incitement of societal polarization. However, each nation's unique cultural, social, and economic contexts add complexity to this comparative analysis. This study will scrutinize the actions taken by these governments and explore the underlying political structures and societal attitudes that influenced their COVID-19 responses. Through this analysis, the study aims to elucidate the broader implications of authoritarian responses to global crises and stimulate discussions on strategies for resilience and democratic reinforcement during such challenging times.

METHODOLOGY

A narrative literature review was used to describe the efforts to control COVID-19 and consolidate power in Brazil and Turkey between 2020 and 2021. Available articles were retrieved from Medline and Google Scholar using a non-systematic approach. The inclusion criteria for articles in this review were as follows: (a) articles published between 1 January 2020 and 31 December 2021; (b) articles in English; and (c) quantitative and qualitative articles. The search terms were COVID-19, Brazil, Turkey, authoritarian, autocratic, dictatorial, and populist.

The secondary data sources were the World Development Indicators (World Bank, 2022), Our World in Data (Mathieu et al., 2020), Eurostat (Eurostat, 2021), and the Global Health Security Data (Bell & Nuzzo, 2021). These were used to compare health statistics, educational attainment, Global Health Security (GHSI) values, Universal Health Coverage (UHC) values, COVID-19 statistics (deaths, cases, vaccine hesitancy, number of vaccinations), and economic indicators (per capita income, income share) for Brazil and Turkey between 2020 and 2021.

RESULTS

Brazil and Turkey are among the few high- to middle-income countries with differences in their mortality and poverty indicators, as well as in their preparedness for global epidemics. The Turkish and Brazilian health systems are a combination of public and private operators (Kisa, 2021; Massuda, 2018). In each both countries, the public health system is mainly funded by the government and provides free or low-cost care to its citizens, while the private system consists of a network of hospitals and clinics that offer more advanced and specialized services for a fee or on a contractual base from the public (Bener et al., 2021; Massuda et al., 2018). One of the key features of both countries' health systems is their Family Medicine/Health Programs. Turkey introduced its program in 2003 (Bener et al., 2021; Kisa, 2021), while Brazil's began in 1994 (Cerdeira et al., 2022; Massuda et al., 2018). These programs provide comprehensive and preventive health services to individuals and families through a network of general physicians or community health workers (Bener et al., 2019; Cerdeira et al., 2022). These providers are responsible for the primary healthcare of their patients, including routine check-ups, vaccinations, and management of diseases (Bener et al., 2021; Massuda et al., 2018).

Brazil has a population of over 213 million people (Table 1), and its economy is one of the largest in the world. Despite its size and wealth, Brazil faces significant challenges regarding public health (Cerdeira et al., 2022; Massuda et al., 2018). The country has a high rate of maternal and infant mortality, and it also has a problem with non-communicable diseases, which account for 75% of all deaths (Cerdeira et al., 2022). Additionally, Brazil struggles to provide healthcare to rural areas and faces a high number of deaths from

suicide (Cerda et al., 2022) (6.9 per 100,000 people). The UHC index for Brazil is 75%. Although the health status of Brazil remains a concern (Mathieu et al., 2020), life expectancy at birth for females and males is 79.7 and 72.5 years, respectively (World Bank, 2022).

Turkey has over 85 million people and faces significant challenges regarding public health. The country still has a high rate of infectious diseases and a growing non-communicable disease problem (Bener et al., 2019; World Bank, 2022). The infant mortality rate is 8.1 per 1,000 live births, life expectancy at birth for females is 80.8 years and 75 years for males, and the suicide mortality is 2.4 persons per 100,000 (World Bank, 2022). The percentage of deaths from non-communicable diseases is 90.2, while for communicable diseases and maternal, prenatal, and nutrition conditions, it is 5.2% (Bener, 2019).

The number of physicians, nurses, midwives and hospital beds per 1,000 people are important measures of the availability of healthcare in a country. Turkey has relatively low levels of physicians (Bener et al., 2019) compared to Brazil (Derda et al., 2022) (1.8 vs. 2.3 per 1,000 people, respectively), as well as nurses, where the respective numbers are 3 and 7.4. In addition, Brazil allocated 9.6% of its GDP for health in 2021, while the Turkish share was only 4.3% (World Bank, 2022).

TABLE 1
DEMOGRAPHIC AND HEALTH INDICATORS IN BRAZIL AND TURKEY (2021)

	Brazil	Turkey
Population and Mortality		
Population, total	213,993,441	85,042,736
Crude birth rate (per 1,000 people)	13.5	15.5
Infant mortality rate (per 1,000 live births)	13.1	8.1
Crude death rate (per 1,000 people)	6.6	5.5
Life expectancy at birth (years)... female	79.7	80.8
..... male	72.5	75.0
Maternal mortality rate (per 100,000 live births)	60.0	17.0
Cause of death: non-communicable diseases (% of total)	74.7	90.2
Cause of death: communicable diseases and maternal, prenatal, nutrition (% of total)	13.7	5.2
Suicide rate (mortality per 100,000 population)	6.9	2.4
Health inputs		
UHC service coverage index	75.0	79.0
Physicians per 1,000 people	2.3	1.8
Nurses and midwives per 1,000 people	7.4	3.0
Hospital beds per 1,000 people	2.1	2.9
Current health expenditure per capita (international \$)	1,497.8	1,186.7
Current health expenditure (% of GDP)	9.6	4.3

Sources: <https://ourworldindata.org/>; <https://databank.worldbank.org/source/world-development-indicators>; <https://www.GHSIndex.org>; <https://ec.europa.eu/eurostat/>

Table 2 shows the most recent economic, educational, and COVID-19 indicators in Brazil and Turkey. Per capita income in Brazil is relatively low compared to Turkey, \$7,500 vs. \$9,587 (World Bank, 2022). In educational attainment, 47.4% of Brazilians 25 years or older had at least completed upper secondary school, while for Turkey that percentage was only 42.2. More than 36 million COVID-19 cases were seen in Brazil as of January 2023, which caused 3,226.83 deaths per million people. Turkey had around 15 million COVID cases, with 1,175 deaths per million (World Bank, 2022; Mathieu et al., 2020). The vaccine hesitancy rate was 9.8% in Brazil and 18.8% in Turkey (Mathieu et al., 2020). Hesitancy was higher in Turkey due to concerns about the vaccine's safety or effectiveness, lack of trust in the medical community, and misinformation or misunderstanding about the vaccines (Kisa, 2021).

As a result of the literature search, six articles from Brazil (Lasco, 2020; Ortega & Orsini, 2020; Fonseca et al., 2021; Boschiero et al., 2021; Ferrante et al., 2021; Carnut et al., 2021) and three from Turkey (San et al., 2021; Grancayova, 2021; Gulseven, 2021) were found that showed the leaders' responses to COVID-19. The literature revealed that both governments used similar measures; however, only Brazil forcibly deported immigrants, distributed misinformation about the pandemic, spread falsehoods among the public, and propagated a discourse that encouraged the spread of the virus (San et al., 2020; Ortega & Orsini, 2020; Ferrante et al., 2021; Carnut et al., 2021) (see Table 3).

According to the literature, the COVID-19 pandemic exacerbated the political polarization in Brazil and Turkey (San et al., 2020; Gulseven, 2021; Grancayova, 2021). Disagreements over the appropriate response led to deep divisions along political lines, as the governments of both countries implemented lockdowns and quarantines to combat the spread of the virus (San et al., 2020; Gulseven, 2021). These oppressive measures were turned into a political tool. The leaders of both countries took some small precautions while downplaying the dangers of the disease (Gulseven, 2020; Ortega & Orsini, 2020). Disagreements led to confusion as well as a lack of consensus on how to handle this crisis Boschiero et al. 2021; Gulseven, 2021). The effect of polarization was seen in the economies of both countries (San et al., 2020; Ortega & Orsini, 2020, 2021; Fonseca et al., 2021). For example, the national leaders threatened mayors and state governors that they would get no emergency relief funding if they did not cooperate with their country's government (Grancayova, 2021; Carnut et al., 2021; Boschiero et al., 2021).

TABLE 2
ECONOMIC, EDUCATION AND COVID-19 INDICATORS IN BRAZIL AND TURKEY

		Brazil	Turkey
Income and education (2021)	GDP per capita (US\$)	7,518.8	9,586.6
	Income share held by highest 10%	39.4	31.6
	Percent of population 25+ who have at least completed upper secondary (cumulative)	47.4	42.2
COVID-19 (2022)	Confirmed cases (January 06, 2023)	36,487,021	17,042,722
	Deaths per million people (January 06, 2023)	3,226.83	1,189.25
	Mortality rate, % (April 26, 2022)	2.18	0.66
	Vaccine doses administered (September 12, 2022)	474,252,821	152,146,127
	Vaccine hesitancy	9.8	18.8
	Stringency Index (2022)	27.3	13.9
	Global Health Security Index (2021)	51.2	50

Sources: <https://ourworldindata.org/>; <https://databank.worldbank.org/source/world-development-indicators>; <https://www.GHSIndex.org>; <https://ec.europa.eu/eurostat/>

According to the research results, silencing the opposition by every means was seen in both countries. The prohibition of public demonstrations curtailed the rights of dissident persons and institutions to make themselves heard. In both countries, people who tried to organize or join protests were arrested or harassed (Boschiero et al., 2021; Ferrante et al., 2021; Carnut et al., 2021; Grancayova, 2021). This had a chilling effect on political activism (Gulseven, 2021, Ferrante et al. 2021). In addition, these prohibitions exacerbated existing political tensions. With the traditional avenues of political opposition closed, people turned to other means, such as social media, to voice their grievances (Gulseven, 2021; Ferrante et al., 2021). Both countries' parliaments passed laws allowing governments to shut down websites that they considered to be spreading "fake news" about the pandemic (San et al., 2020; Carnut et al., 2021). Those who criticized the actions of the rulers on social media were arrested or detained (Ferrante et al., 2021; Grancayova, 2021). This has led to increased enmity and conflict, as well as killed any consensus on addressing the challenges posed by the pandemic (Grancayova, 2021; San et al., 2020).

One of the most worrying developments in Brazil and Turkey was the two governments' handling of the health crisis. President Bolsonaro downplayed the danger of the virus, calling it a "little flu" and telling the public to "stop whining." Bolsonaro also resisted imposing lockdown measures and touted unproven treatments such as hydroxychloroquine and encouraged people to hug each other. Similar shenanigans were exhibited by President Erdoğan, who called the virus a "mild flu" and urged the public "not to be afraid" (Ferrante et al., 2021; Lasco 2020; Boschiero et al. 2021). The two presidents repeatedly attacked the media for reporting on the pandemic and accused them of spreading "fake news" (Lasco, 2020; Ortega & Orsini, 2020; Fonseca et al., 2021; Boschiero et al., 2021; Ferrante et al., 2021; Carnut et al., 2021). They also targeted health professionals and scientists who expressed concerns about the government's handling of the crisis, calling them "stupid," "liars," and "traitors" (Grancayova, 2021; san et al., 2020; Carnut et al., 2021).

The study results show that, in both countries, many civil servants were dismissed, especially those who criticized the government's handling of the epidemic (Boschiero et al., 2021; Ferrante et al., 2021; Grancayova, 2021). In Turkey, for example, trustees were appointed to head several opposition municipalities (Grancayova, 2021). Critics argue that the dismissals were an attempt by the government to silence the opposition and consolidate its power. This has led to concerns about the erosion of democracy in both countries (Gulseven, 2021; Ferrante et al., 2021). The layoffs were also criticized for undermining the effectiveness of the civil service. Most of the dismissals were of experienced and talented people (Grancayova, 2021; Ortega & Orsini, 2020). Layoffs can leave gaps in the organization and slow down the ability of government to respond to a crisis.

TABLE 3
AUTHORITARIAN RESPONSES TO COVID-19 IN BRAZIL AND TURKEY

	Brazil	Turkey
Imprisoning human rights defenders, journalists, lawyers, political activists, and medical professionals	Yes	Yes
Rejection of public health science	Yes	Yes
Rejection of human rights laws	Yes	Yes
Blaming other countries for causing the pandemic	Yes	Yes
Underreporting of COVID-19 cases	Yes	Yes
Condemning WHO for failing to obtain the information that the world needs	Yes	Yes
Forced deportation of immigrants	Yes	No
Discussing withdrawal from international agreements	Yes	No
Resorting to the rhetoric of nationalism	Yes	Yes
Creating contrived enemies	Yes	Yes
Blaming the West (by stating that they are jealous of the country's success)	Yes	Yes
Giving more authority to security forces	Yes	Yes
Banning opposition public demonstrations	Yes	Yes
Political polarization	Yes	Yes
Threatening the mayors/state governors that they would get no emergency relief funding for COVID-19 if they did not cooperate with the country's government	Yes	Yes
Distribution of misinformation about the pandemic, spreading falsehoods to the population on social media	Yes	No
Encouraging the spread of the virus	Yes	No
Dismissing officials who did not adhere to the leader's word	Yes	Yes
Encouragement of supporters to take direct and violent action	Yes	Yes

Another important finding of the research is how Presidents Bolsonaro and Erdoğan resorted to the rhetoric of nationalism. One way the two men used nationalism was to frame the epidemic as an external threat (Grancayova, 2021; Ortega & Orsini, 2020; San et al., 2020). For example, Bolsonaro repeatedly referred to COVID as “the Chinese virus” and accused China of spreading the disease (Ferrante et al., 2021). This rhetoric was used to distract from the government’s own failure to deal with the crisis and shift the blame to an outside enemy. A similar form of nationalism was used by Erdoğan to justify the repression of the opposition (Gulseven, 2021; Grancayova, 2021). Both leaders attacked their critics by calling them “Western puppets,” “traitors,” and “enemies of the nation” (Gulseven, 2021; Fonseca et al., 2021; San et al., 2020). Furthermore, both leaders used nationalism to push for policies that undermine democratic norms by stating that the developed countries are jealous of their own country’s success (Gulseven, 2021; Fonseca et al., 2021; Ortega & Orsini, 2020; Grancayova, 2021).

The literature also shows that there have been fears about Turkey’s and Brazil’s under-reporting of COVID-19 cases and deaths (Lasco, 2020; Ferrante et al., 2021; Grancayova, 2021). For example, the Turkish Medical Association estimates that the actual number of cases in the country is at least ten times higher than the official figures (Gulseven, 2021; Grancayova, 2021). A similar situation was expressed by the Brazilian Society of Infectious Diseases, which estimated that the government underreported cases by a factor of four (Lasco, 2020; Carnut et al., 2021). In addition, details about COVID-19 cases and deaths could not be provided because the cases were not reported correctly or on time.

The pandemic has led to discussions on Brazil’s and Turkey’s withdrawal from some international organizations (San et al., 2020; Grancayova, 2021; Ortega & Orsini, 2020). In both countries, suggestions were raised that they should focus on their own national interests (Grancayova, 2021). These debates have been conducted through scientists and non-governmental organizations supported by their governments (Fonseca et al., 2021; Gulseven, 2021; San et al., 2020). It has also been stated that the World Health Organization (WHO) cannot adequately perform its functions and provide proper guidance to countries. Some have argued that Brazil and Turkey should reject the advice of international organizations and instead rely on their own experts to address the challenges posed by the pandemic (Boschiero et al, 2021; San et al., 2020; Ortega & Orsini, 2020; Carnut et al., 2021; Grancayova, 2021; Gulseven, 2021).

LIMITATIONS AND STRENGTHS

The study has some limitations and strengths. The first limitation was that the study did not use a systematic literature review. Searching the databases without a structured format meant that the review risked selection bias. Second, this study only focused on Brazil and Turkey, so any general conclusions about the findings should be made with caution. This comparative study was the first to understand authoritarian responses to COVID-19 and crisis management strategies. The study’s results may lead to an international collaborative study to develop a valid instrument for measuring authoritarian responses and consolidating power in a pandemic.

CONCLUSIONS AND RECOMMENDATIONS

COVID-19 has revealed the dangers of authoritarianism in Brazil and Turkey, as well as the need for strong civil organizations and other democratic institutions. The leaders of both countries used the pandemic as an opportunity to consolidate their power and suppress dissent. These two leaders were soon criticized for their lack of transparency in handling the pandemic and their disregard for public health. As a result, both countries experienced and continue to experience significant virus outbreaks, with millions of cases and hundreds of thousands of deaths. Brazil’s and Turkey’s national leaders used many anti-democratic tactics, such as polarization, nationalist rhetoric, creating enemies, dismissal of bureaucrats, and inciting violence. In addition, the study results revealed that the COVID-19 crisis offered a convenient pretext to silence critics and consolidate power.

These authoritarian responses to the pandemic had devastating consequences for democracy, human rights, and public health. The international community needs to denounce these demagogues and make

them accountable for their actions. In addition, the strengthening of democracy and human rights in these authoritarian countries, together with the strengthening of economic and social structures, are essential. The study concludes that a pandemic cannot be fought by fiat, or by concealing the numbers, changing terms, spying on social media users and non-governmental organizations, or banning civil liberties. Pandemics can only be conquered by having all institutions, health workers, scientists, and the public fighting together.

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