

Asia Fighting COVID-19

Kyrgyzstan's Fight Against COVID-19

Abstract

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Keywords:

Kyrgyzstan – COVID-19 – pandemic – resilience – containment – lockdown – economy – healthcare

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Introduction

The novel coronavirus SARS-CoV-2 reached Kyrgyzstan relatively late. The country borders China, where the first COVID-19 cases were reported in December 2019. However, it was not until March 18, 2020 that Kyrgyzstan registered its first cases of the virus. By this time, the World Health Organization (WHO) had already declared the crisis a pandemic, with more than 200,000 cases reported in over 145 countries¹ (Roser et al., 2021). Following many other countries, Kyrgyzstan suspended travel to and from China on February 3. The

first COVID-19 patients, thus, turned out to be Kyrgyz citizens returning from a pilgrimage to Saudi Arabia.

Despite the advantage of “prior notice”, Kyrgyzstan has been hit hard by the pandemic. Within a year, by March 13, 2021, the total number of COVID-19 cases had reached 86,818. The figure includes 1,480 COVID-related deaths (World Health Organization, 2021). While relatively small in absolute terms, the number of COVID-19 related deaths per million was 230 (Statista, 2021). The figure is much higher than in neighbouring Ka-

Figure 1. COVID-19 Deaths and Excess Deaths in Kyrgyzstan in 2020, by Months
Source: Giattino et al., 2021

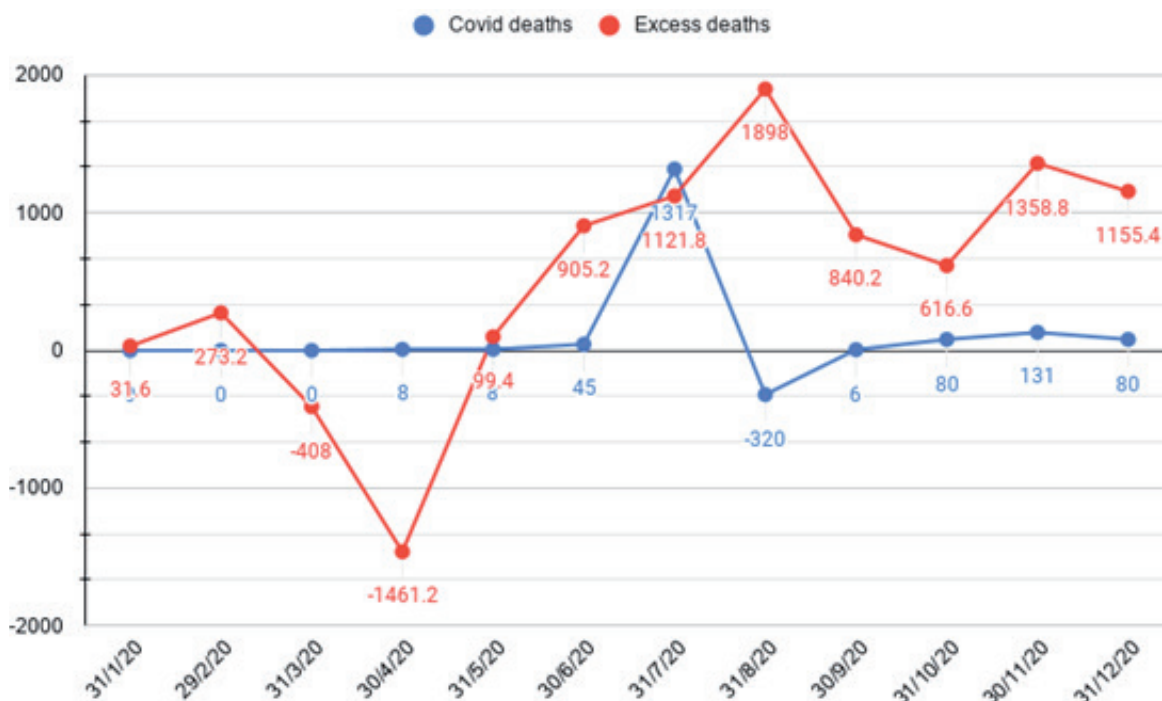
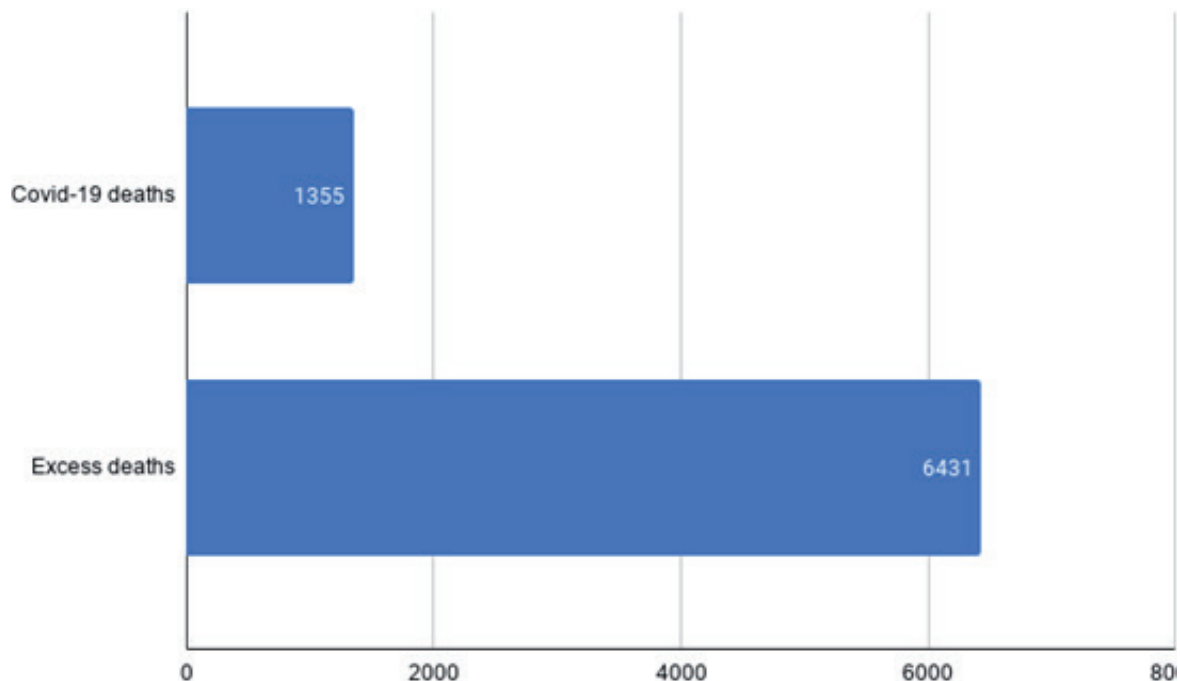


Figure 2. Total COVID-19 Deaths and Excess Deaths in Kyrgyzstan, 2020
 Source: Giattino et al., 2021



zakhstan (173 deaths per million) and Uzbekistan (18.5), though lower than most European states (Statista, 2021).² Moreover, it has been argued that the actual death rate is several times higher. Kyrgyzstan's State Registry Service reported that excess mortality in 2020 reached 6,684, about five times higher than the 1,385 COVID-19 deaths reported by January 1, 2021 (Kozhobaeva, 2021). The Economist (2021) reports that Kyrgyzstan registered 127 excess deaths per 100,000 persons in the period after the first 50 COVID-19 deaths. In comparison, the figure is 58 for Uzbekistan and -2 for South Korea.³

During the first 12 months of the pandemic, Kyrgyzstan saw two periods of intensive growth of new cases, one in July 2020 and another in October–November 2020 (see Figure 3). The first surge occurred several weeks after the lockdown was lifted in the capital city Bishkek. Locally named “Black July”, this period saw people unable to receive medical help as the hospitals ran out of workforce, beds, and equipment. Responding to public pressure, on July 16, 2020, the government

decided to include in its statistics the number of suspected cases of COVID-19 that had not been confirmed by a test (U07.2).⁴ This change also explains the drastic increase in reported cases and deaths in the middle of July 2020 (see Figure 4). The second surge occurred in October–November 2020, following an intensive 1-month nationwide electoral campaign in September and large-scale political turbulence in the early October.

The purpose of this report is to offer a comprehensive analysis of Kyrgyzstan's fight against COVID-19. It builds around three questions: a) what was the government's strategy to address the pandemic; b) what were the successes and failures in the country's fight against COVID-19; and c) what are the longer-term consequences of the pandemic for the future? The report looks at how key actors, including the government, civil society, private business, and international donors and partners, responded to the emergency. Specific attention is paid to revealing the nature of successes and failures that the country faced in addressing the pandemic in 2020.

Figure 3. Total Cases of COVID-19 in Kyrgyzstan by Days
 Source: Roser et al., 2021

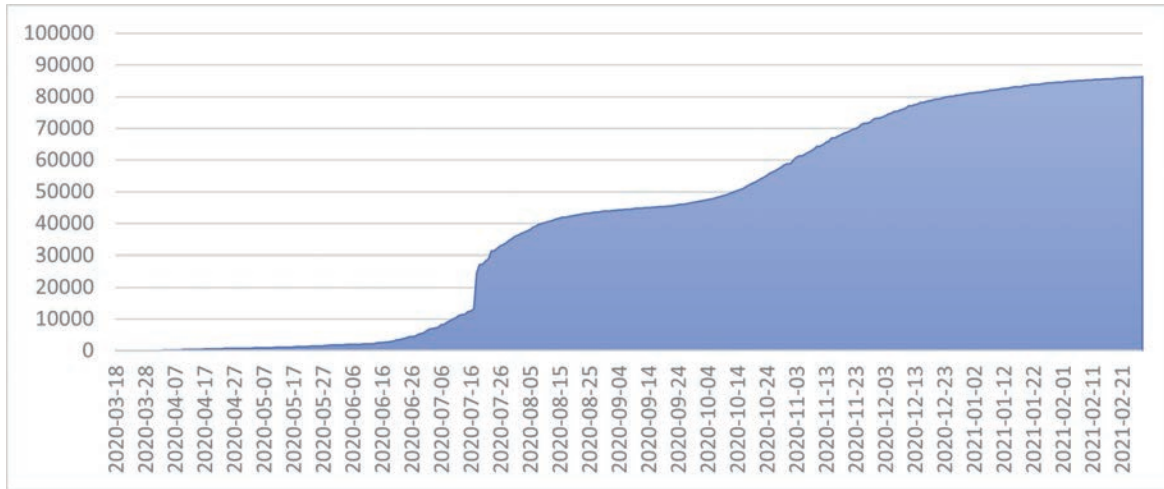
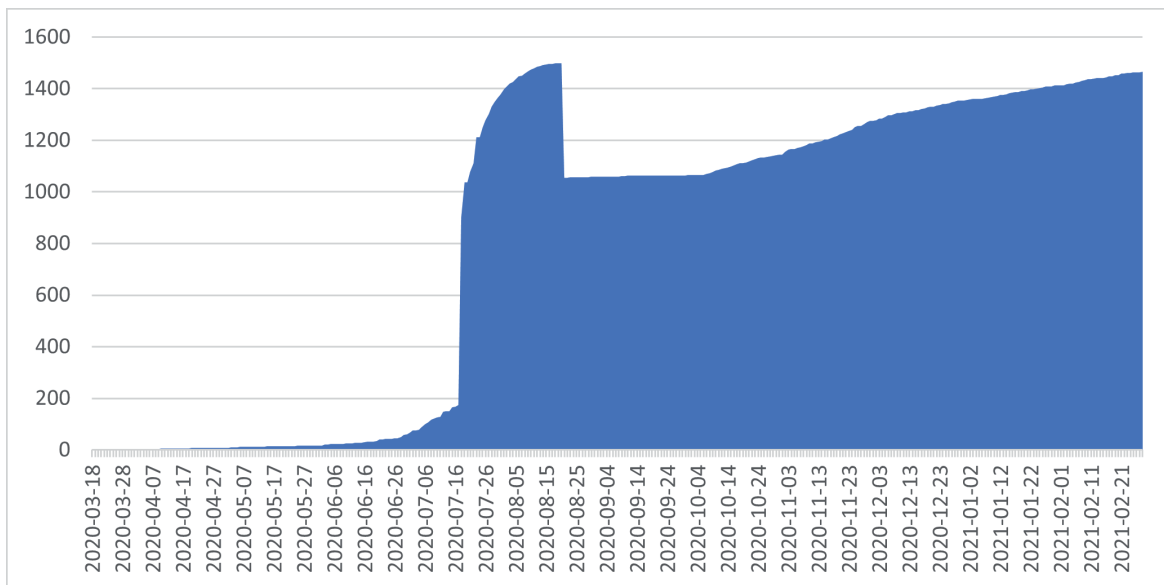


Figure 4. Total Cases of Deaths From COVID-19 in Kyrgyzstan, by Days
 Source: Roser et al., 2021



The report draws on a combination of primary and secondary research. Official data from the government, reports by international organizations on COVID-19, and online news reports make up most of the available information. Additionally, the author conducted 12 interviews, including with health workers, civil society activists, and people who had direct experience with COVID-19, either themselves or via a family member.

The remainder of the report consists of four parts. Following the introduction, the next section details the government’s pandemic strategy and assesses its implementation. The third section elaborates on the consequences of the pandemic, focusing on socio-economic and political dimensions. The final section summarizes the findings and offers several recommendations.

Box 1. Kyrgyzstan: A Brief Background

Kyrgyzstan is one of five Central Asian Soviet republics that emerged as a newly independent state in 1991. It borders China and three other post-Soviet republics: Kazakhstan, Tajikistan and Uzbekistan.

With a population of 6.5 million and GDP of US\$8.5 billion, Kyrgyzstan is a small country and a small economy. Remittances from labour migrants, mainly in Russia, account for 30% of the country's GDP, making it among the world's top remittance-dependent countries. The country's main export item is gold, which accounts for over 40% of exports (Mogilevskii et al., 2015, p. 13). Since the early 2000s, Kyrgyzstan has become a significant transit country for Chinese goods bound for Russia, Kazakhstan, and other Central Asian states.

Politically, Kyrgyzstan remains a weak democracy. Since the early 1990s, it stood out for reforms aimed at political and economic liberalization, earning it labels of an "island of democracy in Central Asia" and "baby of IMF". The incompleteness of political reforms, compounded by authoritarian tendencies and high-level corruption, pushed the country towards successive forceful regime turnovers. Street protests ousted sitting presidents in 2005, 2010, and, most recently, in October 2020.

Fighting the Pandemic: Strategies, Successes, and Challenges

What strategy has the government of Kyrgyzstan adopted to fight the pandemic? How effective were the decisions and their implementation in curbing the spread of the virus? Finally, what were the factors critical to the success, or failure, of the country's pandemic strategy? These are the questions that this section addresses below.

There are three characteristics of the pandemic that determined the basic parameters for the responses of governments. First, there was neither effective medicine nor vaccine readily available against COVID-19 as the virus spread. Therefore, containment and mitigation emerged as necessary measures that nearly all governments adopted, albeit in different forms and scales. Second, given the high level of infectiousness, the government had to provide appropriate medical services, from medications to bed capacity, in hospitals. Third, mitigation measures such as lockdowns, travel restrictions, and business closures have had severe economic implications. Thus, governments' strategies had to account for the economic damage of the pandemic.

Reflecting the above tripartite nature of the pandemic, the present section reviews Kyrgyzstan's fight against COVID-19 in three aspects: a) measures to contain the spread of the virus, a) actions to offer medical support to patients with complications, and c) measures to alleviate economic damage of the pandemic-related restrictions. This section also discusses factors that posed obstacles to, or on the other hand, helped, the effective fight against the pandemic.

Containment and Mitigation

Although the first reports of a novel coronavirus emerged in late 2019, it was on January 24, 2020 that Kyrgyzstan's healthcare ministry set up an "operational headquarters" to monitor the situation (Orlova, 2020). A few days later, the government set up the Republican headquarters to prevent the spread of COVID-19 under the prime minister's chairmanship. The early measures included enhanced screening at the borders and preparing "observation sites" for incoming travellers. On February 3, the country closed its border with China, a measure that was extended to all countries on March 17 (Economist.Kg, 2020).

A series of strict restriction measures were introduced in the second half of March. On

March 18, 2020, the first three COVID-19 cases were reported among citizens who had recently returned from a pilgrimage to Saudi Arabia. On March 24, 2020, President Sooronbay Jeenbekov declared a state of emergency in the cities of Bishkek, Osh, and Jalalabad, and several rural districts where new cases had been found. The measure effectively introduced a comprehensive and strict lockdown: businesses were closed, public transport suspended, and residents were ordered to stay at home. Simultaneously, health workers continued putting newly arrived people (Kyrgyz citizens returning from other countries) under observation. People with confirmed infection were placed in the so-called “red zones” of hospitals, with high isolation levels. Contact tracing and testing for contact persons were underway. It is noteworthy that Kyrgyzstan has never attempted mass testing.

On May 10, 2020, the government lifted the strictest lockdown aspects though the state of emergency remained.⁵ Checkpoints within the cities were removed, and small-scale businesses were gradually allowed to resume their work. Some restrictions lasted for longer, including the closure of public transport and restaurants. Most public schools remained closed until early 2021, but the authorities did not reintroduce any major restrictions after that point. The government continued calling on organizations, businesses, and individuals to respect social distancing, personal hygiene, and wearing of masks but retained no punitive measures to enforce these measures.

Overall, the containment and mitigation measures worked in the early phase. In March–May 2020, the number of new cases remained below 20 per day (e.g. Roser et al., 2021). While the numbers were increasing, the pace of change was slow compared to expectations of the exponential growth experienced by Italy and Spain during the same months. However, a few weeks after the government lifted restrictions, the number of new cases snowballed. The situation escalated sharply in the capital city Bishkek

in July 2020 as the healthcare system could not cope with the influx of patients. The government refrained from reimposing the ban, leaving it all to the healthcare system.

Treating the Patients: The Health Dimension

The experience of other countries has demonstrated that containment measures might slow down but not prevent the spread of the virus. Therefore, preparing the healthcare system was part of each country's strategy to ensure the necessary number of beds in hospitals, personal protective equipment (PPE), medications, and workforce. Records show that Kyrgyzstan did not manage to prepare hospitals for the post-lockdown surge.

Kyrgyzstan's healthcare system was poorly prepared for the pandemic. According to the National Statistics Committee (n.d.), the number of hospital beds in the country decreased from 41,939 to 26,560 between 1990 and 2019. The government declared that 2,000 beds had been reserved for COVID-19 patients, but those were quickly filled in the summer (Ryskulova, 2020a). In the early phase of the pandemic, all individuals who had tested positive were hospitalized until complete recovery. On June 16, as the number of cases grew, the government stopped hospitalizing asymptomatic patients. According to the updated protocol, the latter were to be kept under observation at home (Azattyk, 2020a).

In June 2020, reports emerged that people with COVID-19 symptoms would not be admitted to hospital unless they had tested positive. A particularly acute issue was the growth of pneumonia among patients whose PCR test had been negative. Under intense public pressure, on June 24, the healthcare ministry declared that patients with COVID-19 symptoms would no longer require a positive test result in order to be hospitalized (Azattyk, 2020b). The government soon merged statistics for confirmed COVID-19 cases (code U07.1) with cases revealing COVID-19 symptoms without a positive test result (code U07.2).

During the peak weeks of June–July 2020, the government mobilized doctors and nurses from other parts of the country, students of medical institutions, and volunteers at large. As emergency rooms were overrun, the government set up so-called daytime infusion sites (*dnevnoy statsionar*) in different parts of the city to provide advice and treatment to patients on a drop-in basis. Manas airbase’s premises, which had served NATO operations in Afghanistan in 2001–2014, was first transformed into an observation site and later into a temporary hospital. On July 22, 2020, the government announced a plan to construct two new hospitals with 100 beds in each. As discussed below, the measure was too little, too late.

Finally, a critical problem was the lack of clarity on a clinical protocol for the treatment of COVID-19. During the pandemic period, the healthcare administration changed treatment protocols four times, with the latest being adopted in September 2020. The early changes mainly focused on limiting the use of antibiotics and expanding the range of anticoagulants, a doctor said in an interview. However, two problems remained. First, due to the deficit of necessary equipment and medicines, the application of treatment protocols was not the same across hospitals. Second, treatment protocols were disregarded in cases of patients who were self-medicating. According to the respondents to this study, people often took antibiotics and other intravenous therapies with little information on whether the antibiotic was actually necessary or appropriate.

Alleviating the Burden: The Economic Dimension

Long before the first cases of COVID-19 were reported, it became clear that the pandemic would severely damage the country’s economy. Governments faced an “excruciating trade-off between saving lives and saving livelihoods” (The Economist, 2020). The very early containment measure – the closure of the border with China in January – immedi-

ately hit trade and domestic manufacturing. At the time, both President Sooronbay Jeenbekov and Prime Minister Mukhammedkalyi Abylgaziev acknowledged the economic challenges but stressed the population’s health would be a priority (e.g. Qırğız Respublikasının Prezidenti [President of the Kyrgyz Republic], 2020). In the subsequent months, the government struggled to balance public health and the economy, although there was no perfect solution.

The economic dimension of the government’s pandemic response reflected the urgency of at least three problems. First, the lockdown within the country and closures of international borders shut down private business, negatively affecting both household and state budgets. Second, lockdowns in other countries (particularly Russia) led to a drastic drop in remittances, a critical issue for socio-economic welfare in the country. Third, the overburdened healthcare system required immediate financial injections. These three issues have become even more pressing in the context of the economy’s “pre-existing conditions”, such as tight fiscal space and large external debt.

The economic relief efforts of the Kyrgyz government could be grouped into two categories. The first category concerned mitigating the damage of lockdown to businesses. The government’s plan to “reduce the negative impact on economic and social stability” of the pandemic, adopted on March 30, 2020, offered deferrals for the payment of tax arrears and social security contributions (Ministerstvo Yustitsii Kyrgyzskoy Respubliki [The Ministry of Justice of Kyrgyzstan], 2020). Inspections of businesses by tax agencies were to be suspended, and the annual tax declaration was extended to one year. A few weeks later, the government announced an Anti-crisis Fund for concessional lending to small and medium-sized businesses (Sputnik, 2020b). In addition, the government committed to providing food packages to socially vulnerable groups of the population.

Second, because of limited domestic resources, the country's leadership launched an active mobilization of external support. Speaking on economic measures, Deputy Prime Minister Erkin Asrandiev acknowledged that the country's budget does not allow it to follow the developed countries' practice of "providing gratuitous loans and tax write-offs". Even for basic measures, Kyrgyzstan ended up needing external funding. President Jeenbekov was among the first country leaders to contact by telephone the country's long-time partners and donors to seek support. As a result, Kyrgyzstan was the first country to receive an emergency loan from the International Monetary Fund on March 26, 2020 (International Monetary Fund, 2020). Other first respondents to Bishkek's plea for help included the Asian Development Bank, the World Bank, the Islamic Development Bank, and the European Bank for Reconstruction and Development.

Challenges and Mistakes

Following Black July, the government of Kyrgyzstan faced intense criticism of its handling of the crisis. Law enforcement agencies have even launched criminal cases, with the former healthcare minister arrested, reportedly for promoting business interests during the pandemic. Over time, more information may emerge on what went wrong and right in the country's pandemic performance. Due to the lightning-fast pace of the pandemic, few countries have indeed avoided significant troubles. However, in the case of Kyrgyzstan, one can conditionally indicate three issues that bear the most significant responsibility for the most catastrophic aspects of the fight against the pandemic. These are a) pervasive scarcity of economic resources, b) poor policy planning and implementation, and c) low level of public trust in public institutions. Most issues, as discussed below, stemmed from a combination of the above factors rather than a particular one.

The shortage of beds in hospitals was perhaps the most glaring reflection of both resource

deficit and policymaking problems. During the early phases of the pandemic, the government routinely reported having sufficient beds for COVID-19 patients. However, during the surge of new cases in late June and July, the healthcare system quickly became over-run. As both doctors and volunteers report, their inability to respond to pleas for help was the pandemic's most heart-breaking aspect. A doctor interviewed for this study said that the rooms and hallways were packed with beds, but there were still newly arriving patients. The situation was well described by a video of two patients dying outside a hospital without receiving any medical help (Sputnik, 2020c). The government only announced plans to build new hospitals in the two biggest cities, Bishkek and Osh, on July 22, 2020, when the second wave started flattening (Biibosunov, 2020). As a local media agency illustrated, it took 129 days after the first COVID cases in the country for the government to take this decision, much longer compared to 8 and 21 days in neighbouring Uzbekistan and Kazakhstan (24.kg, 2020).

Second, the government failed to train a sufficient number of health workers in anticipation of the second wave. On June 25, 2020, when the number of new cases was rapidly growing, the head of the intensive care unit at Bishkek's Emergency Medicine Center, Egor Borisov, tweeted that his service was on the verge of collapse. As quoted in Ryskulova (2020b), he wrote "what is happening now is a disaster. [...] Almost every hour we are setting new record in terms of the number of calls waiting in the queue. There was nothing like it before. Disaster." The authorities mobilized medical workers of all specializations. Thus, the traumatology clinic staff worked at the temporary hospital at Ganci airbase, which had the highest fatality among patients, according to a medical doctor. They had neither proper training nor an effective communication system for immediate advice. "I kept advising some of my former classmates, traumatologists, via WhatsApp, as they had little training relevant for the task," said a pulmonologist. To make

matters worse, the government failed to procure essential medical equipment. While the shortage of oxygen generators was a known issue, some emergency hospitals lacked even the blood clotting tests necessary for doctors to decide on medication.⁶

Third, the government's decision to impose the strictest of lockdowns in the very early stage was dubious. As respondents noted, when the number of new cases was in single digits, strict isolation of patients, active testing, and contact tracing would be sufficient. Restrictions for the rest of the population at this stage could have been more forgiving, with emphasis on a mask regime, social distancing, and targeted closures. The lockdown in Bishkek and Osh, the country's biggest cities, quickly exhausted the material resources of households. At the end of the lockdown, the population was desperate to restart business and was frustrated given the low levels of contagion. This proved a fatal combination. With survival needs high and vigilance against the virus low, the city's residents rushed to catch up, paving the way for Black July a few weeks later.

Fourth, "COVID denial" proved to be fatal for many families and the healthcare system. The forms of such denial ranged from a simple disregard for the illness to outright rejection of the pandemic as a conspiracy theory. As respondents suggest, the relatively low level of new cases and deaths in the first 2 months of the pandemic convinced many that the disease was not as dangerous as the media was reporting it to be. The rule whereby asymptomatic patients were kept in the hospitals at the early stage also led to cynicism, with the treatment labelled "as nothing more than free food" in hospital. In addition, some categories of people, particularly among ethnic minorities, stood out for their reluctance to visit the hospital even when experiencing symptoms. As one doctor said, some recovered patients insisted on not publicizing their COVID-19 experience to avoid being ostracized by their communities. Such an attitude

did change, but only when the healthcare system was already overwhelmed.

Fifth, some aspects of local culture, such as the importance of family gatherings and celebrations, helped the virus spread. Respondents to this study all confirmed that despite the ban on gatherings of all kinds, people continued hosting parties (e.g. funerals, end-of-fasting dinners during Ramadan, or wedding-related gatherings). In such cases, restaurants kept their front doors locked but let guests enter through back doors. Often, journalists spotted high-ranking politicians, including parliament members, in large events at restaurants during the lockdown.

Community Volunteers as a Rescue Force

If the pandemic has exposed the state's fragility in Kyrgyzstan, it has equally demonstrated society's resilience at large. As hospitals ran out of workforce, beds, medicines, equipment, and even food, thousands of volunteers showed up as a rescue force. The groups were diverse, including medical students, businessmen, singers, athletes, and, most importantly, ordinary citizens who rushed to help doctors and patients during the crisis.

The volunteers helped in a variety of ways, but three particular roles can be highlighted. First, in the early phase of the crisis, the volunteer movement grew to support the most vulnerable socio-economic groups. From late March onwards, when the COVID cases remained relatively low, the strict lockdown quickly pushed thousands of households dependent on daily income to the brink of survival (more details in Section 3). In this context, volunteers launched campaigns, small and large, to procure and deliver food packages to the neediest families.

Second, when the number of patients started pushing the healthcare system to its limits, volunteers came to support health workers by purchasing and delivering masks, PPE, and oxygen generators. During the peak weeks

in summer 2020, both individuals and various groups rushed to procure and deliver the most urgent medicines, such as heparin or Clexane.⁷ Several interviewees spoke of the delivery of mobile oxygen generators or the installation of oxygen stations in hospitals.

Third, in the most critical weeks, volunteers became directly involved in providing medical services. Those who were better prepared, such as students of medical institutions, were first mobilized to support doctors and nurses in hospitals. Later, other volunteer groups also became involved. Thus, Sofiya-Aidana Murzaeva, who worked in a restaurant before the pandemic and had no medical training, was part of a group helping patients with oxygen generators until medical brigades arrived (quoted in Ryskulova, 2020b).

The rise of the volunteer movement attracted different interpretations. On the one hand, the society at large stood up during the crisis because help was not coming from anywhere else. Lacking in resources and mired in corruption, the state in Kyrgyzstan has long lost the trust of its citizens. The pandemic exposed the government's unpreparedness to organize necessary work towards building hospitals, procuring medicines and equipment, or protecting the economically vulnerable households.

On the other hand, there is a cultural aspect that aligns with the above institutional explanation. As several interviewees argued, the practice of joining forces and offering mutual help is part of the Kyrgyz people's nomadic past. With the exception of the Soviet period, the Kyrgyz rarely lived under a centralized state. Thus, it is not only the present weakness of the state in Kyrgyzstan but a more profound disregard for the state as an institution that explains the rapid rise of volunteer movements in the country. One may also add that the drastic increase in social media consumption in the country proved crucial for mobilization and coordination of volunteers during the pandemic.

Taking Stock: Social and Political Consequences of the Pandemic

If the virus proved to be the most dangerous for people with pre-existing diseases, the pandemic likewise exposed and damaged the policy areas least equipped to deal with such a crisis. However, a thorough assessment of the pandemic's consequences is a daunting task. The pandemic is far from over. Moreover, the full extent of the damage already inflicted may yet be far from evident. With these caveats, the following three subsections discuss some critical consequences of the pandemic in Kyrgyzstan beyond the claimed lives and damaged health.

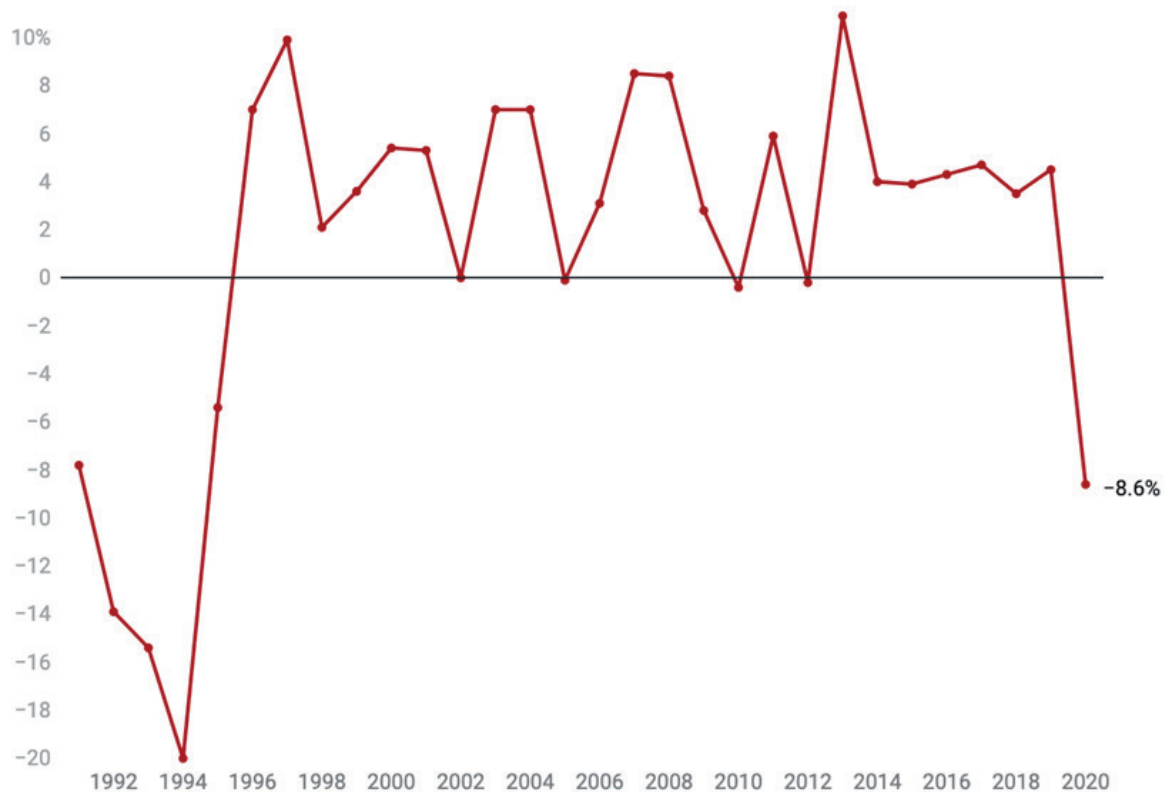
Socio-Economic Consequences

The early and most evident damage of the pandemic has been inflicted in the economy. Expenses directly related to containing the contagion and supporting patients were only part of the cost. Much bigger in scale were the losses incurred due to business closure within and between the countries. Small and weak economies such as Kyrgyzstan's have proven particularly vulnerable due to their dependence on foreign trade, remittances, and day-to-day work.

Drastic deterioration of the quality of life was an immediate economic consequence of the pandemic in Kyrgyzstan. The World Bank estimated Kyrgyzstan's poverty level to have risen from 20% to 31% in 2020 (24.kg, 2021). Other figures bolster this evidence. Thus, the country's GDP shrank by 8.6% in 2020 (Azattyk, 2021). This was the most profound economic contraction since the early 1990s. To compare, Russia's and Kazakhstan's economies shrank by 3.1% and 2.5% in 2020, respectively, while Uzbekistan's economy recorded a growth of 1.6%.

Three policy responses to the pandemic appear to bear the most responsibility for the above figures. The first is the disruption to international trade and travel. On March 13,

Figure 5. GDP Growth in Kyrgyzstan, 1992–2020
Source: Azattyk, 2021



2020, before the first cases of COVID-19, the country's leaders spoke of the negative effect of the closure of the border with China. The garment industry, one of the largest employers in the country, depends on Chinese textile materials for production. The border closure starved the sector of raw materials and access to the Russian market for export. The pandemic suspended construction firms' work as cash stopped flowing overnight and supply chains were broken for critical materials such as pipes. Even worse times were to come for Kyrgyzstan's tourism sector, which "nearly vanished" with a 90% decline, as the OECD report suggests (2020, p. 18).

The second factor accounting for the immediate consequences was the shutdown of local business. Bishkek, with a population of over a million, was shut down on short notice for nearly 2 months. The measure left thousands of families without means for survival. People trading or working in local bazaars and taxi

drivers all depend on their daily earnings, and they suffered the first and the most. The shutdown of business also affected budget revenues, limiting the state's already insufficient capacity to offer help to vulnerable groups.

Finally, the lockdown in Russia proved to have a crucial impact on families' wellbeing in Kyrgyzstan. While Kyrgyzstan's population is estimated at 6.5 million, the number of Kyrgyz citizens working in Russia is estimated to range from 700,000 to one million. Reflecting this figure, remittances account for about 30% of Kyrgyzstan's GDP, among the world's highest. Remittances fell by 47% in April 2020 (Akchabar, 2020). Even though the money transfers rebounded towards the end of the year, the total volume fell short of previous years.

The above problems aside, the pandemic will leave longer-term consequences as well. While they may not be evident in full scale

at this point, we could mention two issues. First, the pandemic not only exposed but also exacerbated the extremely high external dependence of Kyrgyzstan's economy. For most of its post-independence period, Kyrgyzstan's economy had survived on the inflow of external aid and loans, re-exporting Chinese goods to Russia, and the inflow of remittances from Kyrgyz labour migrants in Russia and Kazakhstan. The year 2020 demonstrated that each of these could stop in a moment, exposing the full scale of the local economy's vulnerability.

Another longer-term impact of the pandemic is the worsening situation with social equality and development. One example is gender equality. As an OECD study (2020, pp. 5–6) reminds us, “sectors with higher shares of female employment have been hit particularly hard”. Tourism, textiles, and the garment industry are some examples. The pandemic has also pushed many businesses to move online. This change posed an advantage for some sectors of the economy but will likely widen the so-called “digital divide”, hurting those sectors of the economy or groups and individuals less prepared for a digital world. Domestic abuse grew during the pandemic year, with women being the primary victims (Kulikova, 2021). Finally, there are serious concerns in the country about human development implications of an entire academic year spent in an online mode (e.g. Dzhamankulova, 2020).

Political Consequences

Like any significant crisis, the pandemic has affected politics worldwide. The exact impact, however, differed between countries. In some countries, such as South Korea, the ruling parties strengthened their position on the back of the successful handling of the crisis. In other countries, the leaders' failure to effectively address the pandemic cost them their seats (e.g. Brodeur et al., 2020). A recent study found that governments suffered politically if they let “COVID-19 infections accelerate, particularly in the absence of effective lockdown measures” (Herrera et al., 2020).

The pandemic year proved to be a politically eventful one for Kyrgyzstan. Between March 2020 and March 2021, the country has seen three different healthcare ministers, three deputy prime ministers overseeing the pandemic-related work and four prime ministers. More importantly, the parliamentary election in October 2020 led to protests that pushed the country's president to resign. A former parliament member, Sadyr Japarov, emerged as a new leader, first as an interim president and later as a newly elected leader (e.g. Dzhuraev, 2021). The pandemic year, thus, marked the third case of forceful regime turnover in Kyrgyzstan since 2005.

The pandemic's immediate and most apparent political impact was the sharp drop in popular support for the country's leadership. First, the government failed to offer tangible relief measures following the lockdown's catastrophic economic damage in March–May 2020. The drastic rise of COVID-19 cases and deaths in July only worsened the government's standing in terms of its failure to prepare for the onslaught. Second, accusations of corruption against the government intensified during the pandemic. As one doctor said, the embezzlement of funds allocated to fighting the pandemic was widespread and blatant. Responding to growing public demands, the State Service for Economic Crime opened a case on corruption and lobbying for pharmaceutical companies interests. Former healthcare minister Kosmosbek Cholponbaev was arrested for the investigation period, while investigators also interrogated two former prime ministers (Kozhobaeva, 2021).

It is noteworthy that the country's parliament actively pushed for two controversial bills during the pandemic's most brutal weeks. Thus, on June 18, 2020, the parliament approved the second reading of a bill requiring not-for-profit organizations to submit additional financial information (Torogeldi uulu, 2020a). A week later, on June 25, 2020, the parliament adopted the law called “On information manipulation” that sought to crimi-

nalize “false information” on the internet and grant the government power to punish those deemed responsible for “false” information (e.g. Article 19, 2020). None of the bills has been approved so far, but they do remain on the parliament’s agenda.

The dwindling support for the government eventually led to the collapse of the ruling regime. In October 2020, following parliamentary elections, opposition supporters seized the government buildings. Sadyr Japarov, a former MP, freed from prison during the protests, emerged as the country’s new leader. The protests were aimed at cancelling the election results, deemed unfair due to massive vote-buying by three pro-governmental parties. However, while elections triggered the protests, it was “the combustible combination of COVID-19, systemic corruption, Kyrgyzstan’s political culture and regional divisions”, as a Chatham House report suggests, that explain the events of October 2020 (Mallinson, 2020).

Implications for Foreign Relations

COVID-19 has exposed the fragility of international cooperation at the global level. The world turned out to be less of a “global village” when it came to the pandemic. COVID-19 has become yet another arena of competition between the most powerful countries, whether in the form of mutual blame for the outbreak of a pandemic or in the form of vaccine competition (e.g. Montbrial, 2020; Usman, 2021). However, the health crisis at the same time demonstrated there was no alternative to closer and more effective international cooperation for situations such as COVID-19. If the pandemic proved a stern test for international cooperation at a global level, what was its impact on Kyrgyzstan’s international relations?

The pandemic exposed the single biggest problem in terms of Kyrgyzstan’s international relations: its external dependence. As previous sections described, the country had no choice but to appeal to its “develop-

ment partners”, a term for traditional donor countries and international organizations, for emergency help. The closure of trade with China was a reminder that the giant neighbour is critical to nearly every business sector. The pandemic also illustrated how precarious Kyrgyzstan’s massive dependence on remittances from Russia had been.

The damage that COVID-19 inflicted upon Kyrgyzstan’s economy suggests the country’s external dependence will deepen, at least in the near future. One illustration is Kyrgyzstan’s substantial external debt to China. Starting in 2010, China began to actively lend capital to Central Asian states. As a result, nearly half of Kyrgyzstan’s sovereign debt is owned by China. President Jeenbekov appealed to Chinese leaders at least twice to provide debt relief (e.g. Asanov, 2020; Torogeldi uulu, 2020b). Beijing has not responded to any of those thus far.

Another example of a deepening external dependence is the way in which Kyrgyzstan’s neighbours, Kazakhstan and Uzbekistan, emerged as donors during the pandemic. Although these energy-rich countries have always had more robust economies, the relations between Central Asian neighbouring states were mostly partner-like. Kyrgyzstan’s donors and lenders were mainly to be found in Western capitals, Moscow, Ankara, or Beijing. In view of the obviously desperate situation in Kyrgyzstan during the pandemic, Kazakhstan and Uzbekistan each sent rounds of aid, from masks to medicines to construction materials for mobile hospitals (e.g. Forbes.kz, 2020; The Tashkent Times, 2020). During the recent visit of Kyrgyz president Sadyr Japarov to Tashkent, Uzbekistan announced a donation of 20 ambulance vehicles (Gazeta.uz, 2021). Thus, this trend appears likely to continue in post-pandemic times.

Conclusion

COVID-19 has become a severe stress test for the entire governance system of Kyrgyzstan.

No policy area has been left untouched by the impact of the global health crisis. The country's healthcare system, underfunded for many years, had reached the point that calls were left unanswered and patients were left unattended. Many lives were lost, and even more families ended up on the brink of survival. The full scale of the pandemic's economic damage has yet to be realized, while the pandemic is far from being over. The country's leadership was ousted in street protests, for its hapless handling of the pandemic and its implications.

The fragility of the Kyrgyz economy has been at the heart of the country's suffering under the coronavirus. The pandemic quickly exposed and exacerbated the pre-existing weaknesses, including the country's empty coffers and households' reliance on remittances from abroad and daily earnings. The situation worsened due to the lack of timely policy measures to prevent overburdening the health sector. Finally, serious allegations against high-ranking officials of embezzling pandemic aid remind us that corruption, together with incompetence, remains the most prominent factor undermining government capacity from within.

The crisis that overwhelmed state institutions revealed the resilience of society in Kyrgyzstan. Thousands of volunteers showed up to deliver food to starving families during the lockdown, raise funds to procure masks and oxygen systems, and eventually help doctors and nurses to handle the influx of patients in makeshift hospitals. The show of solidarity was reassuring at the moment of a crisis. Yet it was also a reminder that the same solidarity remains necessary to build a more effective, resilient, and accountable state.

In January 2021, Kyrgyzstan elected a new president and voted in favour of a constitutional change. In April, people will vote on the new draft of the constitution, and later in the autumn, they will elect a new parliament. The country's top political leadership transi-

tion and the overhaul of the constitution have raised heated debates, both on the substance and procedure dimensions. That said, if the new leaders plan to learn from the past, they should start from the immediate past, the pandemic's first year. While wreaking havoc on the country, COVID-19 has also helped clarify the most critical reform areas. The list may be long, but the following five seem to be the most important aspects.

First and foremost, Kyrgyzstan's leaders will have to rebuild people's trust in the state and public institutions. The country's population has long learned to survive irrespective of the state's actions. However, the year 2020 demonstrated that solid public institutions benefiting from the trust of the people would be critical for a successful fight against crises such as COVID-19. Fighting corruption and enhancing the competence of the government will be only the first of the required steps.

Second, the pandemic must push Kyrgyzstan to build up the resilience of its economy. The size and location of the country impose severe limitations. However, there is little alternative to expanding the scope of economic activities and revenue sources. The pandemic demonstrated that the global international cooperation regime should not be taken for granted. An unexpected emergency can disrupt well-established supply chains, cut remittances overnight, and suspend budget revenues. Maintaining robust fiscal space is necessary for shocks such as COVID-19.

Finally, Kyrgyzstan will have to reassess its approach to building relations with the world. For too long, international relations, for the country's leadership, meant nothing more than extracting resources without upsetting certain geopolitical balance. The challenges that Kyrgyzstan faced during the pandemic, and will likely face in securing adequate vaccination, require the country to build proactive engagement with all of its potential friends. Leaving the obscure geopolitics and ever-tempting donor-recipient relations aside,

such engagement should prioritize business, research, and culture. Multifaceted and multi-dimensional international partnerships, together with a resilient economy and effective political institutions, will be critical for Kyrgyzstan to face the next crisis better prepared.

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FOOTNOTES

- 1 Based on Covid-19 timeline across the world (Roser et al., 2021).
- 2 The total number of deaths at the time of writing per one million is 899 in Germany and 1,354 in France, for instance.
- 3 Excess deaths for 2020 refers to the difference between (a) average number of deaths in the previous five years (2015–2019) and b) number of deaths in 2020. In the context of the pandemic, the figure is useful to assess how many “more” deaths occurred in 2020 – mainly because of Covid-19 given that no other extraordinary causes of death occurred in the same year (e.g. earthquake). Excess deaths would include cases directly related to Covid-19 and deaths from other causes that could be prevented if there had been no Covid-19 (e.g. people who could not receive timely advice or treatment for other illnesses).
- 4 These cases mainly included pneumonia accompanied by other symptoms of Covid-19 such as fever and coughing, but with PCR tests either not conducted or returning negative results.
- 5 There are two different words for the state of emergency, ozgocho abal and ozgocho kyrdaal. Both translate as a state of emergency. Ozgocho abal allows the government more extraordinary powers to enforce strict measures compared to ozgocho kyrdaal (Sputnik, 2020a).
- 6 Author's interview with a doctor in Bishkek, March 10, 2020.
- 7 For some details, see Imanaliyeva (2020).