Post-Soviet State Responses to COVID-19

MAKING OR BREAKING AUTHORITARIANISM?

Marlene Laruelle and Madeline McCann[1]
George Washington University

Pandemics are not only a medical and social issue. They also are deeply political—even geopolitical—and feed strong-state efforts to regulate human bodies in a way some refer to as "biopolitics." COVID-19 promises to fundamentally reshape the way citizens interpret individual and collective safety, as well as the ways in which state structures conceptualize and prepare themselves for major health crises. State measures taken in response to the novel coronavirus depend largely on the nature of the political regime and its social contract with its population. While the crisis is still emerging, one can already identify three broad models: the Chinese model, in which the authoritarian state is capable of taking draconian measures to prevent the spread of disease; the Asian model, illustrated by Singapore and South Korea and characterized by mass testing and a population ready to heed state instruction closely; and the European model, where states have difficulties restraining populations' autonomy and are unable to deploy the repressive arsenal necessary to enforce order in the face of national emergency.

A fourth broad model may be emerging in the former Soviet Union: leadership that denies the importance of the crisis and its potentially devastating impact on public health. Despite shared borders with China and Iran, high levels of internal population mobility, and frequent interactions with Europe, many of the states of Eurasia currently show some of the lowest coronavirus case rates across the continent. This suggests a serious underreporting of cases, consistent with decades-long traditions of concealment and secrecy. In what follows, we identify post-Soviet states' political—and ideological—responses to the coronavirus outbreak (accurate as of at least March 20) and categorize them based on what we know about the diffusion of innovation, drawing tentative conclusions about the implications.

---

[1] Marlene Laruelle is Research Professor, Director of the Institute for European, Russian, and Eurasian Studies (IERES), Director of the Central Asia Program, and Co-director of PONARS Eurasia at George Washington University. Madeline McCann is Program Coordinator for PONARS Eurasia at George Washington University.

Early Responders: Armenia and Georgia

Armenia was one of the earliest and most active responders to the coronavirus outbreak. On March 1, immediately after the first novel coronavirus case was confirmed there, schools, universities, and kindergartens were shut down. Authorities have worked to distribute information about the pandemic through the National Center for Disease Control and Prevention, while simultaneously imposing restrictive fines on news that does not reflect official reports, sparking concerns about censorship. The country imposed a state of emergency on March 16 that included banning all large gatherings and setting up checkpoints across the country. Prime Minister Nikol Pashinyan has announced that the government intends to allocate at least 150 billion drams (over $300 million) to support the economy in the time to come following the crisis.

Georgia also took active measures to prevent the spread of the virus, including closing all schools on March 2 and launching a massive awareness campaign led by public health experts. On March 13, Tbilisi announced a concrete economic stimulus plan to soften the effects of the coronavirus. While it has not yet declared a state of emergency, authorities have recently announced a full ban on international travel and ordered the closure of all shops, except those with essential services such as food markets and drug stores.

Late Responders: Kazakhstan, Azerbaijan, Moldova, Ukraine

While other neighboring countries, including Turkey, Georgia, and Armenia, acted quickly to limit travel with Iran as its infection rates soared, Azerbaijan waited over a week longer to set up screening at the border. Schools and universities in Azerbaijan have been closed since March 3. On March 13, after the country's first recorded death, authorities banned large celebrations and public events and mutually closed the border with Georgia, and later with Turkey. On March 19, Azerbaijan was the last country of the South Caucasus to release an information portal providing citizens the latest news and recommendations regarding the outbreak. The same day, President Ilham Aliyev signed a decree allocating 1 billion manats ($600 million) to deal with the pandemic. In his address to the nation on March 18, Aliyev used the pandemic to attack political opposition parties.

On March 12, Kazakhstan closed schools and colleges and suspended all public events prior to any officially recorded cases. On March 15, following the first confirmed case of the disease, a state of emergency was declared barring most entrance and exit from the country. By March 19, Nur-Sultan and Almaty were both sealed off with security forces intended to enforce compliance, regulate operations of medical institutions, and create special checkpoints for food and medicine. The military was recruited to help disinfect cities, and an anti-crisis economic package is currently in development.

Moldova has closely followed broader coronavirus containment decisions across Europe, such as closing schools on March 11. On March 17, it declared a state of emergency, with measures including suspending international travel and closing all non-essential shopping centers, stores, and restaurants. Media NGOs have nonetheless criticized state authorities for a lack of transparency surrounding the pandemic and requested that the government collaborate more closely with journalists during the crisis.

By March 12, Ukraine imposed a three-week nationwide quarantine and shut down educational institutions and public events with over 200 people. On March 17, all international passenger flights into and out of Ukraine were stopped and most public spaces were closed. The same day, the Ukrainian Parliament adopted a new anti-coronavirus law that sought both to limit the spread of the disease and to lay the foundations for financially supporting those facing serious repercussions from the coronavirus.

The Laggards: Uzbekistan and Kyrgyzstan

Uzbekistan and Kyrgyzstan have been slow to assess the levels of risk resulting from close proximity to and economic dependence on China. Uzbekistan reported its first case on March 15 and Kyrgyzstan its first three cases on March 18. These abnormally low levels reveal a lack of both testing and healthcare structures able to identify infected citizens, as the virus has likely been spreading through the populations undetected.

Both countries have taken some late measures to combat the virus's spread. On March 15, the government announced that it was shutting down educational institutions for three weeks and cancelling all public events, including Nowruz celebrations. President Shavkat Mirziyoyev ordered the government to set up a $1 billion fund, financed by soft loans from abroad, to both curb the spread and social impact of the virus. As in Armenia, Uzbek authorities have sought to control panic in the media, announcing that, according to Uzbek law, anyone sharing information with the intention of inciting panic can face up to $9,400 in fines and three years in prison.

On March 16, prior to any officially confirmed cases of the virus in the country, Kyrgyzstan temporarily shut down public spaces as well as schools and universities, while kindergartens were still to remain open. The following day, it banned entry to foreigners. On March 18, after the first three cases in the country were reported, it was announced that kindergartens would be closed as well. While not officially declaring a state of emergency, on March 22, the government declared an emergency "situation," forbidding travel and planning to carry out disinfection.

The Deniers: Turkmenistan, Tajikistan, and Belarus

Turkmenistan, Tajikistan, and Belarus have all either denied or minimized the severity of the COVID-19 public health crisis.

Turkmen authorities still have not recognized any cases of citizens testing positive, denying reports to the contrary. Although Turkmenistan borders Iran, there has been almost no mention of COVID-19 in official state media since February. Despite this official silence, the state has taken several measures to combat the spread of the virus, including canceling flights, closing borders, distributing booklets about what to do in case of infection, and ultimately sealing off Ashgabat (without any public announcements) on March 20. Unlike most other Central Asian states, Turkmenistan did not cancel the official celebrations of Nowruz.

President Gurbanguly Berdymukhamedov announced that a traditional medicinal plant from the desert, *yuzarlik* (scientific name *Peganuma harmala*) can be used to fumigate homes and prevent infectious diseases. This declaration belongs to a state repertoire that Berdymukhamedov has been building since he rose to power in 2006-2007, using health as an ideological tool to legitimate his authority. As a dentist, the president presents himself as the doctor of the nation, using health and healthcare to brand the regime, from instating the Walk of Health in Ashgabat to the inauguration of Potemkin-style new hospitals across the country.

While Tajikistan has taken some steps to combat the spread of the virus, including advising its citizens to refrain from traveling to certain places and closing airports on March 20, it has consistently denied the existence of any cases and continued with business as usual. Like Turkmenistan, Tajikistan gathered thousands to proceed with the celebration of the Novruz holiday on March 21. For a country whose economy is largely dependent on Chinese production, and one with a large migrant worker community traveling regularly to and from Russia, the absence of any identified cases signals a total lack of preparedness and urgency on the part of the authorities. This is consistent with broader trends in the field of natural disaster preparedness, where Tajik authorities are notoriously limited, with a Ministry of Emergency Situations that is extremely underequipped and understaffed.

While President Aleksandr Lukashenko of Belarus has not denied the existence of the virus, he has consistently minimized its severity as a public health emergency. The authorities have neither closed public spaces and educational institutions, nor restricted movement into or out of the country. In his public pronouncements, the president has played the ideological cord of the "healthy peasant," indicating that the entire problem could be solved by working in the fields, eating regularly, and, facetiously, drinking 50 grams of vodka. According to Lukashenko, "The tractor will heal everyone. The fields heal everyone." Beyond creating a dramatic caricature of the situation, Lukashenko's

pronouncements play a significant ideological card in celebrating the rurality of the country and of its regime. The authorities have also [denounced](#) Russia's border closing (as well as similar policies imposed by its European neighbors more generally), putting the blame on Moscow for any deterioration of the domestic economic situation.

Russia: Health and Regime Security

Russia likely belongs to the first two categories of early and late responders, depending upon the angle one takes. It was quick to close borders with China, introduce quarantines for newcomers, and place Moscow under special safety measures, but has not yet declared a state of national emergency. While it reports an abnormally low level of infection, it has [registered](#) a huge boom in pneumonia cases since January, an indirect confirmation that the virus has been underreported or falsely attributed over the past several weeks.

The Russian government has not announced a state of emergency, but it has been closely monitoring the arrival of the virus on its national territory. The border closing with China in its Far East, with exceptions for citizens returning home, has been in effect since January 31. In March, Russia closed its borders entirely and announced a ban on the entry of foreign nationals and stateless people until May 1. This ban included citizens of neighboring Belarus and members of the Eurasian Economic Union, thus effectively cutting thousands of labor migrants from Central Asia off from their work. The closure confirms that, as in the European Union, national borders prevail over any supranational entities during times of crisis.

The government has introduced numerous measures encouraging social distancing, including prohibiting large gathers and closing schools and universities until at least April 12. The Moscow municipality under Mayor Sergey Sobyanin has been particularly pro-active, recently floating the possibility of a stay-at-home order in the case of rapid crisis escalation. It is also building large new health care facilities, trying to imitate what China did. Traffic police have launched spot checks on the city's taxis to ensure drivers wear face masks and regularly disinfect their vehicles. In remote regions, the population can still rely on outdated but existing healthcare fabric used to deal with infectious illnesses, and in major cities Russian hospitals are [well equipped](#) with respiratory systems. Historically, however, Russia has notoriously [mismanaged](#) major health crises such as the HIV/AIDS epidemic, which infected more than 1.3 million people.

Prime Minister Mishustin's cabinet has unveiled new economic and regulatory measures [intended](#) to mitigate impact of the coronavirus, such as home delivery of medications, special procedures to pay sick leave, and deferment of payments for companies in difficult situations. This package of measures, quite similar to the ones proposed by European governments, is a sign that the Russian authorities do indeed envision a large outbreak of the virus accompanied by a serious disruption of the national economy. Like [China](#),

Russia is trying to brand itself as a supplier of international aid—to Italy in particular—confirming that the health crisis has become an object for great power competition.

Conclusion: COVID-19 State Responses, a Research Agenda

The COVID-19 pandemic will generate a whole wave of new research on how societies will transform in the wake of the trauma and how states will adapt to prepare for future public health crises. For the Eurasia region, previous literature has shown how much post-communist regimes' legitimacy relies on the ability to manage natural or industrial disasters. It thus remains to be seen if a health disaster may challenge, reinforce, or weaken popular support for the authorities. Literature on crisis management and communication has explored how authoritarian states manage partial accountability and how citizens may organize their own responses in the face of a lack of state efficiency. Here too, the current crisis will offer a unique opportunity to study in real time how biopolitics evolves.

In Russia in particular, depending on the level of the crisis—which has yet to peak at the time of this writing—the state's ability to present itself as having effectively managed the crisis could have deep political impacts. Faced with a growing urban activism by an active segment of the population, and a population already on edge as a result of recent welfare state and pension reforms, the authorities' policies will be closely scrutinized. They could either increase support for the strong state as the provider of security—based on the examples that Asian countries have faced the COVID-19 crisis with more success than Europe—or, on the contrary, accelerate the delegitimization of the regime.