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### **COVID-19 PANDEMIC IN KYRGYZSTAN**

**Annotation.** The COVID-19 pandemic shows and tests how developed the healthcare system is, their counteraction potential, the level of preparedness and the speed of emergency response. The healthcare system of Kyrgyzstan has shown complete failure in protecting citizens from coronavirus. Overcrowded hospitals, lack of medicines and equipment, shortage of doctors. This situation was common during the first wave of the pandemic. The governments of many countries around the globe could not cope with this situation and at this moment civil society and the volunteer movement joined in. It is obvious that on a global scale, the pandemic has affected the situation of men and women in different ways, limiting their economic opportunities and increasing the gender inequality and female suppression. First of all, due to the loss of sources of income of females, including women-entrepreneurs, traditionally focused on the service sector, a large proportion of women workers at risk in the health, social welfare and education systems, increased household workload in quarantine conditions. In this article, we will try to reveal the relevance of this issue, based on the process of equal social partnership as a tool for coordinating interests between the government and representatives of all sectors of society to create a favorable climate in the post-crisis period.

**Key words:** COVID-19 pandemic; social protection; health; coronavirus; economic crisis; risk; government; Kyrgyzstan; reasons.

#### *Introduction*

The COVID-19 outbreak was a turning point for Kyrgyzstan. The point is not that the country suffered enormous losses, not even that the pandemic was universal, but that it exposed such serious problems that the state could not cope with which ultimately lead to the ruling regime collapsing as a result of the Third People's Revolution in Kyrgyzstan in October 2020. The first cases of COVID-19 infection were registered in China, in Wuhan in December 2019, and then on March 13, 2020 in Kazakhstan, March 15, 2020 in Uzbekistan, and March 18, 2020 in Kyrgyzstan. The authorities of these republics, having analyzed the experience of the countries that became the first victims of COVID-19, chose the Chinese option of combating the pandemic by introducing strict quarantine measures after the detection of confirmed cases of the virus.



Tajikistan and Turkmenistan have chosen a different tactic. For a long time, Tajikistan and Turkmenistan denied the presence of coronavirus in the countries. Only on April 30, 2020, Tajikistan recognized the presence of the virus in the country, and even then only on the eve of the visit of the WHO delegation to Dushanbe. Turkmenistan held on to their initial strategy and, according to official data, did not recognize the presence of coronavirus on its territory at all.

The authorities of Kazakhstan, Uzbekistan and Kyrgyzstan, who have recognized the presence of COVID-19 and deaths from it among the population, have introduced strict measures at the state level. After the first three cases of COVID-19 infection were recorded on March 18, 2020, in Kyrgyzstan, by order of the Government of the Kyrgyz Republic, an "Emergency situation" regime was introduced on March 22, 2020. On March 25, the local governments of the relevant territories declared a "State of emergency" until April 15, 2020 in Bishkek and Osh, Nookat and Karasui districts of the Osh region and Suzak district of Jalal-Abad region. On April 15, 2020, the "state of emergency" was extended to the city of Naryn and At-Bashinsky district of Naryn region.<sup>1</sup>

Moreover, a number of opposition politicians directly accused the ruling regime of the president at that time, of spreading COVID-19 and the first cases of infection. Accusing them of accepting religious pilgrims who arrived by plane at Manas airport, which were initially detained, but subsequently let into the country without quarantine measures after the intervention of the ruling clan of the president. And this is confirmed by the geography of the spread of both COVID-19 and the subsequent territorial declaration of the "state of emergency" on the territory of the republic, where, along with the large population of the capital of the country and the south of the republic, the small population of the Naryn region alternates and where infected religious pilgrims have returned.

The complex epidemiological situation in the world forced the strictest measures to be applied to all EAEU countries: border closure (Russia), the introduction of a state of emergency (Kazakhstan, Armenia) isolation (Belarus), the introduction of a state of emergency accompanied by a complete shutdown of economic activity and the transfer to a remote mode of operation of state bodies and the introduction of a curfew (Kyrgyzstan), and cancellation or postponement of festive (commemorative) events.

The declaration of quarantine, the introduction of an emergency situation, a state of emergency all over the world, led to the closure of companies and factories, which affected the socio-economic situation of the country.

During the global economic crisis, which leads to an increase in unemployment and a significant increase in poverty among the working population, financing health care through payroll deductions leads to special difficulties and in situations in which the right to receive services is conditioned by such deductions, can lead to a reduction in access to health services at a time when people need they have the most in them.

#### *Materials and Methods*

The purpose of this research is to analyze the reasons of the destruction of the pandemic in the central asia region. Significant gaps have been identified in legislation to ensure equal rights and opportunities caused by insufficient consideration of the negative consequences of their regulatory impact. The opportunity to take into account



gender aspects in decision-making by these special bodies has been missed. Additionally, a special almost heroic position was occupied by the institute of volunteering, the youth of Kyrgyzstan risking their health, despite the risks of infection, almost at their own risk helped the doctors of Kyrgyzstan in the difficult fight against the pandemic in Kyrgyzstan.

Main research questions are:

- to study and reveal the problems and weaknesses of the health care system and social protection of the population. To review the disorganized actions of the authorities during the pandemic in Kyrgyzstan;

- to analyze the work of all structural units on nonproliferation and pandemic prevention;

- to determine the reasons of the spread of the virus and the mistakes of the ruling elite and criticism of the opposition

The topic of the study covers the period when the world, including Kyrgyzstan, was forced to move into the digital space.

While conducting the research, we took as a basis new methodological and theoretical approaches, alongside with the innovations that have taken place in science in recent past.

Therefore, we not only base our research on holistics, objectivity and comparability, but also generalize on the basis of comparative-historical analysis. We were guided by new scientific considerations and conclusions formulated recently and used both logical and statistical methods of research.

The adaptation of society to new complex challenges from the covid-19 virus in 2020 and its consequences on the socio-economic development of countries determined the topic of this study

In the course of studying the topic of the article, we proceeded from the disclosure of the essence of the methodological instruction “attempts by state structures to ensure the safety and protection of society from the covid-19 pandemic, which became a tragedy for many families who lost relatives during the pandemic.” This position was guided, firstly, by the fact that until now in the history of Kyrgyzstan, criticizing the activities of the government, the opposition, not only exposed their inability, sometimes unjustified actions that infringe on human rights, but also helped to deeply explore the "gaps" in the healthcare system, in the field of digitalization, which remained unnoticed.

The following sources of information were used: Internet resources, statistical data of the Statistics Committee, articles and journals, the Constitution of the Kyrgyz Republic. Research by sociologists from the association.

#### *Results and Discussion*

After the Kyrgyz authorities restricted the movement of the population and suspended the activities of almost all enterprises, quarantine measures were quite successful - at the time of the lifting of the state of emergency in May 2020, only 12 people died from coronavirus in the country, but this led to a complete paralysis of the economy and a budget deficit of one fifth.<sup>2</sup>

At the end of January 2020, the number of cases of COVID-19 in Kyrgyzstan did not exceed 10,000 people, and the first death from COVID-19 was recorded on April 2, 2020. By the end of 2020, more than 1.7 million people died from coronavirus in the



world, according to Johns Hopkins University data. The number of infected was more than 77.3 million with more than 43.5 thousand have recovered. In the first place in terms of the number of cases were the USA (18 million), India (10 million) in second place, Brazil (7 million) in third place. Russia is in fourth place (2.8 million). In terms of the number of deaths, the United States is also leading (319 thousand), followed by Brazil (187 thousand) and India (145.8 thousand). Russia is ninth (50.7

thousand). The coronavirus epidemic in Kyrgyzstan, which began at the end of March, escalated in July and claimed a large number of human lives. The total number of victims of the virus reached 1,090 people by that time. The peak of coronavirus in Kyrgyzstan occurred on July 17, 2020 - 1,654 cases per day. Since the first cases of COVID-19 registration in Kyrgyzstan, the number of cases has increased from three cases (March 18, 2020) to 77,910 cases (February 12, 2021), of which 41,069 cases were laboratory confirmed, 36,841 cases were clinically and epidemiologically confirmed.<sup>3</sup>

The sharp increase in the number of coronavirus cases has shown the unpreparedness of the health systems of many countries to work in an emergency situation and timely implementation of medical measures. Temporary recommendations noted that "According to the World Health Organization, approximately 40% of patients have mild symptoms and do not require hospitalization, 40% of patients have moderate symptoms that may require hospitalization, 15% of patients have severe symptoms requiring oxygen therapy and other hospital treatment, 5% patients develop extremely severe pathologies requiring artificial lung ventilation (ventilator)." <sup>4</sup>

At that time, the World Health Organization (WHO), relying on scientific research, believed that it was possible to get infected with coronavirus only by contact with the surface on which the virus got. But later on the organization has reported that in some cases it is impossible to exclude the possibility of transmission of infection by airborne dust. This means that the virus can spread in tiny particles that are released when a person speaks or breathes. Air-dust transmission occurs when we inhale viruses or bacteria that are on dust particles that can be in the air for several hours. Infections such as tuberculosis, influenza and pneumonia are transmitted by airborne dust. This is especially relevant for climatic conditions of Central Asia.

WHO has recognized that there is evidence indicating the possibility of transmission of coronavirus in closed rooms and in crowded places. In the course of research, it turned out that artificially sprayed coronavirus can be in the air for at least three hours. Many of those who became infected claim that they did not violate the rules of social distancing. Measures to combat the virus are determined by how it spreads. WHO recommends washing your hands with warm water and soap for 20 seconds and observing social distancing. But some scientists claimed that these measures - although very important - are not enough to combat the virus, which is transmitted by airborne dust.

239 scientists from 32 countries wrote an open letter in the summer of 2020 to WHO. They called on the organization to amend its recommendations taking into account data on airborne dust transmission of the virus. The coordinator of the WHO global group for infection prevention and control, Benedetta Allegranzi, in response to the scientists' message, said that information about the transmission of infection by



airborne dust in the described situations in closed rooms with a large crowd of people and with poor ventilation should not be discounted.<sup>5</sup>

The transmission distance of the coronavirus is up to 2.5–4 m. Fortunately, the infection self-destructs quite quickly in the air. But in 2-4 hours of its existence, it is still possible to get infected. The higher the humidity, the longer the life span of the virus in air.

According to the authoritative statement of scientists and practitioners from the National Laboratory of Infectious Diseases (NIEDL) of Boston University and the company Signify (works

in the field of lighting), a coronavirus infection can be destroyed in 25 seconds. During the experiment, a group of researchers treated the virus-contaminated material with various doses of ultraviolet radiation. "The radiation of special lamps effectively inactivates the virus. At a dosage of 22 megajoules per square centimeter, the virus is destroyed almost completely in 25 seconds,"

the sources report with reference to the study.<sup>6</sup>

Thus, for the destruction of coronavirus from the surfaces of objects and from the air, one of the most effective methods is open-type UV irradiation. To destroy viruses with single-stranded RNA, such as coronaviruses, an irradiation dose of  $339-423 \mu\text{W} \cdot \text{s} / \text{cm}^2$  of ultraviolet light is required (99.9% room cleanliness). Thus, the time of virus destruction by a UV lamp depends on its power, as well as the area of the treated surface and usually ranges from 2 to 30 minutes. At the same time, the World Health Organization (WHO) notes that the use of UV radiation in the fight against coronavirus is most effective to use open-type radiators. With open radiation, both air and surfaces will be treated.

In addition to the coronavirus, UV radiation with a wavelength of 254 nm is effective against other viruses (including influenza), bacteria (staphylococci, enterococci, bacilli), fungi and mold. But there are also strict restrictions. Exposure to ultraviolet radiation on the skin can cause its erythema. Exposure to ultraviolet radiation in the eyes can cause retinal burns. Direct UV radiation exposure to plants is not recommended. In Japan, the production of safe UV lamps that kill coronavirus has begun. The production of Care 222 UV lamps safe for human health was

started by the Japanese company Ushio Inc. The company specializes in the production of lighting equipment. It is assumed that this lamp can be used to disinfect rooms and surfaces in the presence of people. Unlike the usual UV lamps, which emit light with a wavelength of 254 nanometers, the new one from Ushio emits waves with a length of 222 nanometers, which are safe for humans, but deadly for coronavirus. Moreover, it can be used in elevators, trains, buses, offices, shops and of course in classrooms.

The lamp is capable of neutralizing 99 percent of viruses located on an area of 3 square meters in six minutes from a distance of 2.5 meters. However, the cost of one lamp is about \$2,860. Currently, the company intends to sell lamps exclusively for medical institutions due to production restrictions.<sup>7</sup>

Many countries already produce their own recirculators, which receive the appropriate certificates. UV bactericidal irradiator of a closed type, designed for disinfection of air in rooms of all categories in the presence of people. Disinfection



takes place in the process of forced air recirculation by means of a fan through the irradiator housing, inside which there are no-zone ultraviolet lamps with a wavelength of 253.7 nm, having a wide spectrum of action on microorganisms, including bacteria, viruses, fungi and spores, including a triple air purification system with a capacity from 50 sq.m to 150 sq.m . Modern ultraviolet lamps made of quartz glass are usually used in irradiators. Quartz glass is characterized by the highest transmission of radiation of a bactericidal wavelength of 254 nm, which provides increased efficiency compared to conventional glass. In addition, quartz completely blocks the formation of ozone.

Kyrgyzstan has all the possibilities (Tokmak Glass Factory, Maili-Sui electric lamp Factory and many others) for the widespread production of such recirculators and the safe resumption of classes in schools and universities of the country.<sup>8</sup>

The Ministry of Health of the Kyrgyz Republic revised the statistics on deaths among patients with a new type of coronavirus in July 2020. Of the 437 cases, coronary heart disease was the cause of death in 358 (82%), acute myocardial infarction in 24 (5.6%), acute cerebral circulation disorders in 13 (3.1%), acute renal failure in 10 (2.5%), and other causes in 32 (6.8%) – suicides, oncological diseases and more. The number of deaths is 1,053, the mortality rate is 2.4%, the mortality rate per 1 million population is 162. The peak of morbidity and mortality from coronavirus in Kyrgyzstan occurred at the end of June - July. Until July 17, only laboratory-confirmed cases of COVID-19 were included in the statistics. The Ministry of Health decided to

<sup>6</sup>Обнаружен способ уничтожить коронавирус за 25 секунд // [https://www.vazhno.ru/a/53795/20200626/obnaruzhen-sposob-unichtozhit-koronavirus-za-25-sekund/ab-mt-novid/?rb\\_clickid=65524737-1595006645-171998873&utm\\_campaign=27649394&utm\\_content=65524737&utm\\_medium=cpm&utm\\_source=mytarget](https://www.vazhno.ru/a/53795/20200626/obnaruzhen-sposob-unichtozhit-koronavirus-za-25-sekund/ab-mt-novid/?rb_clickid=65524737-1595006645-171998873&utm_campaign=27649394&utm_content=65524737&utm_medium=cpm&utm_source=mytarget) от 26 июля 2020

The latest updated mortality data show that in 2020-2021, 2,448 people with a diagnosis of COVID-19 died, which accounted for 6.1% of all deaths during this time, per 100,000 population it was 37.2 people. In terms of territories, respectively: Batken region – 189 deaths, 6.6% and 34.8 people; Jalal-Abad region – 343 deaths, 5.1% and 27.4 people; Issyk-Kul region – 205 deaths, 5.3% and 41.1 people; Naryn region – 111 deaths, 5.2% and 38.2 people; Osh region - 400 deaths, 5.5% and 29.0 people; Talas region – 118 deaths, 6.5% and 43.8 people; Chui region – 288 deaths, 3.9% and 29.8 people; Bishkek – 646 deaths, 10.9% and 60.7 people; Osh – 148 deaths, 7.4% and 46.6 people.<sup>9</sup>

In July, Kyrgyzstan led the world statistics on mortality per capita for a particular day at least 6 times. Combining data on coronavirus and pneumonia on July 16 was the reason that Kyrgyzstan was in the lead in all world counters...

In the evaluation model, the experts used data on the supply of COVID-19 vaccines to each country, data from a meta-analysis of the effectiveness of vaccines against SARS-CoV-2 variants, the country-specific level of public distrust of vaccines, the increased infectivity of the dominant variants in these countries and their ability to break through immunity.

And this model has shown that Kyrgyzstan has the worst mortality rate of all countries in the world. In Kyrgyzstan, only 1.5% of the population is currently



vaccinated, and there are difficulties with their supply. The main part of the vaccinated received vaccinations sent as aid (mainly China and Russia).

According to scientists' calculations, between 16,800 and 33,700 people may die in Kyrgyzstan by the end of summer 2021 if the situation remains the same.<sup>10</sup>

Is it a lot or a little? If we compare the data with our neighbors, the statistics in Kyrgyzstan are not fundamentally different. In Tajikistan – 89.2 deaths per 100,000 population, in Uzbekistan – 59.7, in Kazakhstan – 109.0. In Russia, this figure is 221.7.<sup>11</sup>

At the same time, men are more at risk: they smoke more, abuse alcohol, and often do not pay attention to their health. In Kyrgyzstan, 25.4% of the adult population smokes. 48.2% are men and 2.7% are women. 48.2% is 425 thousand 713 male smokers (2019). The mortality rate associated with tobacco among all cancer in men aged 35-69 years is 42%, in women – 3%, in men over 70 years – 31%, in women – 6%. Based on the data obtained, it can be assumed that mortality among men is higher with coronavirus than in women.<sup>12</sup>

The state is taking enhanced measures to prevent coronavirus in Kyrgyzstan. The Law of the Kyrgyz Republic "On the Protection of Citizens' Health in the Kyrgyz Republic" defines the legal, economic and social foundations for the protection of citizens' health in the Kyrgyz Republic, which are mandatory for state authorities and local self-government bodies, individuals and legal entities. Resolution "On additional measures to reduce the risks of the spread of coronavirus infection (COVID-19)", "Temporary sanitary and epidemiological rules and regulations "Sanitary and epidemiological requirements to prevent the spread of coronavirus infection (COVID-19)".

The SARS-CoV-2-19 virus infects people of any age. However, the data to date indicate that two groups of people have a higher risk of getting a severe course of COVID-19 disease. These are elderly people, and those who have a concomitant disease. Medical and social workers who are on the "front line" are mainly represented by women. In the situation of a pandemic caused by coronavirus, medical and social workers, most of whom are women, are particularly at risk. In 2018, the number of employees in the field of healthcare and social services of the population was 97.8 thousand people, 81.4 thousand of them were women (or 83%)<sup>13</sup>

The pandemic also had a significant impact on the situation of women, an increase in the burden of caring for family members, the loss of daily earnings, difficulties in finding additional opportunities to support children in the absence of another. And also, most parents began to engage in the school education of their children with distance learning. Also in the vulnerable group were social workers, most of whom are women, who in emergency situations are forced to organize work to provide social support to vulnerable groups of the population. This is not only the compilation and refinement of data and lists, but also the direct delivery of assistance, which is fraught with risk for the social workers themselves and their families. The conditions of emergency and quarantine in schools and universities have placed an additional burden on the shoulders of teachers and university teachers. They were urgently required to create educational materials in an online format. At the same time, no training or special measures were taken to increase the above-mentioned materials' effectiveness. The moral and psychological burden, the need to support children and the family burden were also



aggravated by the stress of having to do work for which women have neither the skills nor the necessary knowledge and even basic technical means.

The Law of the Kyrgyz Republic "On State Guarantees of equal Rights and equal Opportunities for Men and Women"<sup>14</sup> contains Article 29, according to which a gender examination of legislation and draft regulatory legal acts of the Kyrgyz Republic should be carried out in order to prevent violations of gender equality, compliance with the principle of equal rights and opportunities. In practice, the vast majority of acts do not contain direct discriminatory provisions against women, but at the same time do not take into account their special needs in connection with the spread of the pandemic and the introduction of restrictive measures. Also, in the situation of the spread of COVID-19, new vulnerable groups have appeared - social workers who provide social support, and postmen who deliver mail and pensions. However, unlike medical workers, surcharges are not provided for them. Thus, significant gaps have been identified in legislation to ensure equal rights and opportunities caused by insufficient consideration of the negative consequences of their regulatory impact. The opportunity to take into account gender aspects in decision-making by these special bodies has been missed.

It should be noted that women in Kyrgyzstan have a lower level of employment compared to men, receive lower wages and pensions, depend more on social assistance from the state, therefore they have fewer opportunities to save, and in the conditions of the economic crisis caused by the coronavirus, they are in a more vulnerable position.

The experience of combating the COVID-19 pandemic has shown that the health system, characterized by significant inequality in the rights to receive services, creates problems not only for people who are at risk of being left without attention, but also for society and the economy as a whole.

The key quality condition for the development of a transparent and accountable healthcare system is the creation of high-digital infrastructure and technologies. It is obvious that on a global scale, the pandemic has affected the situation of women and men in different ways, limiting their economic opportunities and increasing the scale of inequality and gender-based violence. First of all, due to the loss of sources of income, including women entrepreneurs, traditionally focused on the service sector, a large proportion of women workers at risk in the health care, social protection and education systems, increased household workload in quarantine conditions.

The COVID-19 pandemic shows and tests how developed the healthcare system is, their counteraction potential, the level of preparedness and the speed of emergency response. The rapid spread of COVID-19 underscores the direct need to strengthen medical personnel as an integral part of any sustainable healthcare system.

It should be noted that medical workers serve as the foundation of the healthcare system. The Covid-19 crisis showed that it was the representatives of this profession, due to its nature, who risked and risk their health every day doing their job. However, as practice has shown, there was no one to protect the health workers themselves who were in the epicenter of the fight against the COVID-19 pandemic. In order to provide them with the necessary protection in the struggle to save human lives, it was necessary to create decent conditions of protection and work for them.

Also, the main problems of the healthcare system in the world, including in Kyrgyzstan during the coronavirus epidemic, faced were the workload of hospitals and





the lack of medical personnel, the lack of proper effective management and other organizational mechanisms in the healthcare system.

A special almost heroic position was occupied by the institute of volunteering, the youth of Kyrgyzstan risking their health, despite the risks of infection, almost at the risk of their own lives helped the doctors of Kyrgyzstan in the difficult fight against the pandemic in Kyrgyzstan. Many complained that they could not receive timely medical care, and stories were spread on social media about how people died on the entrances of the hospitals.

Volunteers came to the rescue, actually taking over part of the functions of the state. Medical students volunteered, and at the beginning of the pandemic, volunteers worked 12 hours per shift.

Then the first volunteer mobile brigades appeared in the city, which, with the help of oxygen concentrators (devices for extracting oxygen from the air, which are used both in the hospital and at home), supported the breathing of seriously ill patients until the ambulance arrived.

On the night of July 14, a 21-year-old fifth-year medical student of the Kyrgyz State Medical Academy, Adinai Murzabekova, died in Bishkek. Adinai worked as a volunteer nurse in one of the day hospitals of the capital, opened by the Mayor's office for people who need injections and IVs to relieve regular hospitals. It was assumed that patients of mild and moderate severity would go there, but in the first week seven seriously ill patients died there, for whom there was no place in hospitals.

After another 12-hour shift, Adinai became ill, local media reported with reference to friends that she had seizures. The girl needed resuscitation, but there was no necessary equipment in the hospital, and the ambulance did not arrive. Many volunteers noted that they did not undergo any diagnostics, and no one warned that there is a huge load here, since patients with 70% lung damage come, and volunteers work in sweaty suits for 12 hours a shift and if there are health problems, then in such conditions anyone can not stand it.

After the autopsy, the Ministry of Health said that Adinai had bilateral pneumonia — although relatives said that the girl was healthy.

Subsequently, this turned into calls for impeachment for the authorities.

During the peak of the load, there were already two thousand volunteers in the mobile brigades, they had 12 cars and 30 oxygen concentrators.

Both Kyrgyz stars and businessmen, as well as ordinary citizens, were thrown off at the hubs. In July, social networks turned into a bulletin board where they sold and bought oxygen concentrators, masks and medicines for pneumonia. Pharmacies most often did not have these drugs.

In March, the Ministry of Health opened a special account to combat coronavirus, where funds were transferred by both donors and charities, as well as ordinary citizens.

It was possible to raise more than \$ 300 million, but the government, due to the budget deficit, directed most of these funds to pay salaries and pensions, including doctors and teachers. Part of it was spent on supporting small and medium-sized businesses, and only 44 million went to healthcare.



During the quarantine period, no special hospitals were built in Kyrgyzstan, as in many other countries. The authorities of the country began the construction of an infectious diseases hospital only in July — after the peak of morbidity.

The government promised to pay compensation to the sick and the families of the deceased doctors, but later it turned out that a special commission should consider each case: at the beginning of the pandemic, according to the authorities, many doctors themselves did not comply with safety rules and incorrectly used PPE.

Doctors have repeatedly been outraged by these unfair, in their opinion, accusations and stated that protective suits were not always enough for everyone.

Kyrgyz doctors have been particularly badly affected by the coronavirus: since the beginning of the pandemic, according to official data alone, almost 3,000 medical workers (about 21% of doctors in the country) have fallen ill, more than 70 have died.<sup>15</sup>

After the death of two patients at the entrance to the hospital in Bishkek in June, the ministry once again stated that there were enough places for all patients in hospitals, and the cause of deaths was the late treatment of patients.

However, a week later, the Ministry of Health still admitted that there were not enough ventilators and oxygen concentrators in the country. But the department did not provide accurate data on what kind of equipment and what kind of specialists are missing in a particular hospital.

#### *Conclusion*

In general, many factors converged here, or rather it was a combination of factors – the poor state of the healthcare system, the negligent attitude of the population and the leadership to the danger of coronavirus, poor public administration and lack of leadership in the country and overall corruption.

Despite the fact that Kyrgyzstan started preparing for a pandemic early, the time gained due to a full lockdown was not utilized properly. Two weeks after the registration of the first case, a problem was found in the government management. The decision of the Security Council spoke about the poor training of officials – they did not purchase tests, did not increase the number of laboratories, there was not enough of personal protective equipment and transportation for doctors, the mechanism for identifying contacts has not been implemented.

Doctors were thrown to the front line without training, without PPE, without treatment protocols. The protocols themselves were subsequently changed 4 times, and at the peak of the epidemic, treatment was prescribed chaotically, from hospital to hospital, from doctor to doctor.

Separately, it is necessary to highlight poor information training – part of the population did not believe in the existence of the virus, and how dangerous it was. Former chief sanitary doctor Tolo Isakov in March 2020 at briefings throughout the country compared the coronavirus with the usual flu. Conspiracy theories dominated the populace, ranging from chipping, deliberate spraying of the virus and ending with the spread of COVID-19 symptoms through 5G antennas.

In the period from January 27 to June 21 2020, there were no places left in hospitals, medicines and equipment were not purchased, beds in hospitals were not prepared. Work was not even carried out to determine pneumonia, which had a ten times mortality rate of COVID. The interdepartmental Commission investigating the



"Black July" directly pointed to violations in the use of international aid, the distribution of humanitarian aid and corruption among the country's top leadership. According to their conclusions, the third protocol, which was ready in mid-May 2020, was deliberately adhered to so that several pharmaceutical companies with direct communication with high-ranking officials could get rid of the purchased medicines that turned out to be useless.

First of all, we are talking about the huge volumes of antibiotics that are still in warehouses. And on August 18, 2020, the FOMS reported on the allocation of 1,105 million soms (about \$ 14.5 million) for the purchase of medicines, PPE and disinfectants for hospitals throughout the country.<sup>16</sup> Subsequently, on September 15, 2020, financial police officers detained the ex-Minister of Health of Kyrgyzstan Kosmosbek Cholponbayev. He was accused of abuse of power and negligence.

Financial police reported that senior officials of the Ministry of Health are suspected that they, abusing their official position, concluded an unprofitable contract for the provision of consulting services, which caused damage to the state budget in the amount of about 9 million soms. Kosmosbek Cholponbayev served as Minister of Health from April 20, 2018 to April 1, 2020.<sup>17</sup>

On July 15, President Sooronbai Jeenbekov signed a decree on the posthumous awarding of the deceased volunteer Adinai Murzabekova with the medal for courage. A week before, when the Ministry of Health recognized that the increase in the incidence of Covid-19 in Kyrgyzstan was going according to the worst scenario, Jeenbekov appealed to the people and urged "not to look for the guilty, but to unite efforts."

Within an hour after the publication of the speech on YouTube, about 2,000 users disliked it. Later, the video was republished, removing the ability to comment and rate.

On July 21, Jeenbekov met with volunteers, where he thanked them for their contribution to the fight against the pandemic and assured that the problems were being solved. Some volunteers openly refused to meet with the president.

July 14 at change.org there was a petition demanding to impeach the president. One of its authors, journalist Raushan Aitkulova, also filed an application with the Prosecutor General's Office demanding that Sooronbai Jeenbekov, the Government and the former Prime Minister be prosecuted for "inaction during the coronavirus pandemic, which led to the deaths of hundreds of

Kyrgyzstanis." However, no one managed to sign the petition - website change.org it was blocked on the territory of Kyrgyzstan the day after its publication.

Protests began in Bishkek on October 5. The third revolution in Kyrgyzstan took place almost two weeks later. And although the October Revolution of 2020 was held for a different reason, many of those who came to it were dissatisfied with the leadership of Kyrgyzstan and its inaction during the Pandemic.

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**Г. Канафина, Т. Чумаченко, Г. К. Шашаев, С. Сагнайкызы**  
**ПАНДЕМИЯ КОВИД-19 В КЫРГЫЗСТАНЕ**

**Аннотация.** Пандемия COVID-19 показывает и испытывает на сколько развита система здравоохранения, их потенциал противодействия, уровень



готовности и скорость реагирования на чрезвычайные ситуации. Система здравоохранения Кыргызстана показала полную несостоятельность в защите граждан от коронавируса. Переполненные больницы, отсутствие лекарств и оборудования, нехватка врачей. И такая ситуация была распространенной в период первой волны пандемии. Власти многих стран не справлялись с данной ситуацией и в этот момент подключилось гражданское общество, волонтерское движение. Очевидно, что в глобальном масштабе пандемия по-разному повлияла на положение женщин и мужчин, ограничив их экономические возможности и увеличив масштабы неравенства и гендерного насилия. Прежде всего, из-за потери источников доходов, в том числе у женщин-предпринимателей, традиционно ориентированных на сектор услуг, большая доля подверженных риску женщин работниц систем здравоохранения, социальной защиты и образования, повышения объема домашней нагрузки в условиях карантина. В данной статье, на основе процесса равного социального партнерства, как инструмента согласования интересов между правительством и представителями всех слоев общества для создания благоприятного климата в постковидный период, попытаемся раскрыть актуальность данного вопроса.

**Ключевые слова:** Пандемия COVID-19; социальная защита; здравоохранение; коронавирус; экономический кризис; риск; правительство; Кыргызстан; причины.

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**ҚЫРҒЫЗСТАНДАҒЫ КОВИД-19 ПАНДЕМИЯСЫ**

**Андатпа.** COVID-19 пандемиясы Денсаулық сақтау жүйесінің қаншалықты дамығанын, олардың қарсы тұру әлеуетін, дайындық деңгейін және төтенше жағдайларға жауап беру жылдамдығын көрсетеді және сезінеді. Қырғызстанның денсаулық сақтау жүйесі азаматтарды коронавирустан қорғауда толық дәрменсіздікті көрсетті. Толып жатқан ауруханалар, дәрі-дәрмектер мен жабдықтардың болмауы, дәрігерлердің жетіспеушілігі. Мұндай жағдай пандемияның бірінші толқыны кезінде жиі болды. Көптеген елдердің билігі бұл жағдайды жеңе алмады және осы кезде азаматтық қоғам, еріктілер қозғалысы қосылды.

Жаһандық ауқымда пандемия әйелдер мен мужчин жағдайына әртүрлі әсер етіп, олардың экономикалық мүмкіндіктерін шектеп, теңсіздік пен гендерлік зорлық-зомбылықты арттырғаны анық. Ең алдымен, табыс көздерінің жоғалуына байланысты, оның ішінде дәстүрлі түрде қызмет көрсету секторына бағдарланған кәсіпкер әйелдерде Денсаулық сақтау, әлеуметтік қорғау және білім беру жүйесіндегі әйелдердің тәуекелге ұшыраған жұмыскерлерінің үлкен үлесі, карантин жағдайында үй жүктемесінің көлемін арттыру. Бұл мақалада Үкімет пен қоғамның барлық топтарының өкілдері арасында ковидтен кейінгі кезеңде қолайлы климат құру үшін мүдделерді үйлестіру құралы ретінде тең әлеуметтік серіктестік процесіне сүйене отырып, біз осы мәселенің өзектілігін ашуға тырысамыз.

**Кілт сөздер:** COVID-19 пандемиясы; әлеуметтік қорғау; денсаулық сақтау; коронавирус; экономикалық дағдарыс; тәуекел; Үкімет; Қырғызстан; себептер.