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Special theme: COVID-19 in the separatist conflict regions

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All the Eastern Partnership states, with the exception of Georgia, now see disturbingly high rates of new infections and deaths, contrasting with both EU and Balkan states where the peaks have passed. Belarus still sees no preventive measures, and Armenia sees a renewed acceleration of infections.

Our special survey of how the COVID-19 is affecting the separatist conflict regions shows:

The amplitude of infection per capita seems to be lower than average in the South Caucasus regions due to effective isolation measures, but higher in Donbas and Transnistria more in line with Ukraine and Moldova respectively.

Lockdown measures have been generally applied, except in South Ossetia, while in Abkhazia they seem not to have been applied strictly.

A striking difference is observed between Abkhazia which is welcoming international assistance received logistically from across the border with Georgia, versus South Ossetia which refuses any such possible assistance except what might arrive from Russia. There is also a new Georgian hospital located next to the dividing line with Abkhazia, intended to take patients from Abkhazia.

Existing diplomatic conflict resolution processes have been suspended for the time being, without visible positive or negative impacts from the COVID-19 crisis.

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Summary evolution of infections and deaths

The main points from the last two weeks, which are detailed in Tables 1 to 4, are:

- The Eastern Partnership states in general still see low but fast increasing total infection and death rates compared to Western Europe (with on average 50% increase in the total number of infections in the last two weeks). The only exception is Georgia, whose success in keeping epidemic infection to very low levels is confirmed. However all the five other Eastern Partners now see disturbingly fast rates of increase of both infections and deaths.
- Belarus continues to see an exponential growth of infections, albeit with still surprisingly low numbers of deaths. Ukraine sees a continued strong growth of infections and deaths, albeit less fast than either Belarus or Russia. Both Moldova and Azerbaijan now also see accelerating rates of infections, faster than Ukraine and on a par with Belarus and Russia. Russia itself saw a further huge 60% growth of reported infections over the last two weeks.
- The fastest increase is now seen in Armenia, which had at first stabilised the situation, but then lost control in a second wave with a doubling of infections in the last two weeks - a warning of the risks entailed in premature relaxation of restrictions.
- The very low morbidity rates (deaths relative to infections) in the Eastern Partners and Russia is puzzling, and raise questions of reliability of the death statistics (e.g. through misclassification of COVID-19 caused deaths). In Western Europe data are available on the total of 'excess deaths' in 2020 so far, compared to the averages for recent years, and these data are broadly consistent with reported COVID-19 deaths. However data on 'excess deaths' are not at present available for Eastern Partner states or Russia.
- In Western Europe there is confirmation that the peaks have been passed, and numbers of new infections and deaths are falling substantially (new infections over the last two weeks added around only 10% to the totals), although increases are still notably higher in the UK and Sweden.
- The US has seen heavy but slowing growth of infections and deaths over the last two weeks.
- While the Balkans and the Eastern Partnership states appeared early on in March and April by following a similar path with low infection rates, this picture now changes. The Eastern Partners (except Georgia), with their fast rising levels of infection and deaths, now part company with the Balkans where stabilisation predominates.
- The world totals show a steady growth of infections and deaths. While Europe has passed its peak, and this begins to be the case in the United States, other continents (especially in Brazil and India) become the new epicentres to keep the global totals still strongly rising.

Special theme - COVID-19 in separatist conflict regions

DONBAS ²

Data on COVID-19 infections and deaths. The first COVID-19 infection was confirmed on March 28 on the Occupied Territories of Lugansk Oblast (OTLO) and on March 31 on the Occupied Territories of Donetsk Oblast (OTDO). According to the self-proclaimed authorities, as of May 26, there are 384 confirmed cases of COVID-19 and 6 deaths in the OTLO, and 409 and 13 in the OTDO, respectively. The OTDO 'authorities' claim that 3000 tests have been conducted since mid-March. The trustworthiness of the provided numbers is questionable.

Measures taken to prevent epidemic. In the OTDO, the preventive measures were introduced before the COVID-19 cases were confirmed. On March 19, the OTDO closed schools, cinemas and theatres, and banned sports events. They also introduced mandatory curfew for all inhabitants over 65 years old and fines of up to RUB 60,000 (EUR 770) for violation of the quarantine rules. However, the public transport and restaurants remained operational. The OTLO imposed the lockdown only on March 30, after the registration of the first COVID-19 cases, but the measures were stronger. Alongside with closure of education and entertainment establishments, they banned operations of public transport, restaurants, non-food shops and sport facilities. The gradual lifting of restrictions in OTDO began in mid-May, while OTLO announced easing of preventive measures starting on June 1.

External aid received. The occupied territories received Russia-made test kits, the quality of which was criticised even by the Russian authorities. Humanitarian help is shipped by the Red Cross from the Ukraine-controlled territory, while the 'head' of the OTDO promised humanitarian assistance to the South Ossetia.

Impact on cross-border movements and relations with Russia. Since mid-March, the occupied territories of Donbas appeared almost completely isolated from the outside world. Checkpoints with government-controlled Ukraine are closed, with few exceptions. The border with Russia is closed as well, although a special procedure for trucks is in place. Moreover, the restrictions were introduced for movement even between the OTLO and the OTDO. The 'authorities' also have been denying members of the OSCE Mission passage through the "contact line" in either direction on the pretext of the quarantine measures.

Economic and social impact of measures. The OTLO/OTDO leaders were reluctant to introduce the large-scale shutdown given the overall economic weakness. The pandemic reinforced the existing economic problems resulting in growing unemployment and massive wage arrears. The largest social group badly affected by the crisis is the elderly: around 500-600,000 cannot longer travel to government-controlled areas to pick up their Ukrainian pensions. As a result, OTLO/OTDO markets are short of the equivalent

² Veronika Movchan and Artem Remizov

of €46 million of monthly cash inflow. According to Ukraine's Ministry for Reintegration, due to the coronavirus crisis, the OTLO/OTDO budgets lose around €4 million monthly. Given the drop of oil prices and demand for energy, one of the main income sources — coal production — suffered the most. In the first quarter of 2020, coal production decreased by 33% in the OTLO alone, causing the announcement of the plans to close unprofitable coal pits. It has already caused a six-day strike in an OTLO-controlled Nikanor-Novaya coalmine at the end of April to early May. In response the 'authorities' managed to pay striking miners 5-month salary debt, although after the previously agreed deadline of May 25 has passed.

Local political narratives. The OTLO/OTDO representatives sometimes try to link COVID-19 to Ukrainian government forces, claiming high numbers of infected among Ukrainian soldiers, and not excluding the existence of secret laboratories that develop biological weapons in the Ukraine-controlled territories.

Impact on behavior/attitudes. In spite of a rather small prisoner swap conducted on April 16, there is not much progress achieved towards conflict settlement. The major condition for another Normandy summit — the opening of new crossing points, more disengagement of troops and a lasting ceasefire — were not met. The OTLO/OTDO actions on limiting access to OSCE mission were heavily criticised by Germany and France. Moreover, during the trilateral contact group meeting on May 14, the Ukrainian authorities presented evidence of several high-ranking OTLO/OTDO representatives holding Russian citizenship. Consequently, the rhetoric of the OTLO/OTDO leadership became even more hawkish.

CRIMEA ³

Data on extent of COVID-19 infections and deaths. Information about the first case of the infection in Crimea, illegally annexed by Russia, appeared on March 21. As of May 26, the Russian authorities reported 340 cases of infection and 11 COVID-19-related deaths. However, the Ukrainian human rights organisations and authorities are sceptical about the reliability of published data.

Measures taken to prevent epidemic. The Crimean authorities comply with the Russian regulatory acts on combating the pandemic. The "high alert" regime in Crimea was introduced on March 17 banning mass events. The tightening for restrictions followed through March 25-April 5 with the suspension of activities of beauty salons, restaurants, cafes and other catering establishments, except take-away services and delivery of orders, etc. Retail trade was limited, with selling only the food and non-food essential goods and remote selling. Non-essential travels were banned. Under-aged have to be unaccompanied by parents in public places, and organised groups of children are prohibited from travelling outside Crimea. The use of public transport was limited in time and number of routes, while only those who could prove the strictly defined reasons for travelling could use it.

³ Source: mostly taken from the [monitoring reports](#) by the Crimean Human Rights Group.

However, the mandatory use of masks in public transport, shops and public places, as well as when performing works or providing services was introduced only on May 12. The governing bodies and regional authorities launched "hotlines" regarding COVID-19; citizens were advised to consult also the website Stopkoronavirus.rf.

On May 18, the gradual lifting of restrictions began. The obligatory "self-isolation" was cancelled, except for persons over 65 years old and ill. While public events are still banned, and the mask regime continues, many businesses are restarting activities. However, easing does not include tourism.

External aid received. N/A.

Impact on cross-border movements and relations with Ukraine and Russia.

Starting from March 18, foreigners and the Ukrainian citizens, except the owners of unlawfully issued Russian passports, are not allowed to enter Crimea from the Ukrainian territory. Later on, these restrictions were extended to holders of the Russian passports except for "citizens of the Russian Federation permanently residing in the territories of certain regions of the Donetsk and Luhansk regions". Another exemption is the death of the close relative. At the Ukrainian checkpoints, Ukrainian nationals may leave or enter Crimea in case of any humanitarian reasons, if the trip has been approved by the Chairman of the State Border Service of Ukraine.

Despite the transport restrictions within Crimea, air and car traffic with the regions of Russia did not stop. However, everyone who arrives in Crimea has to undergo 14-days self-imposed isolation. On May 27, the leadership in Crimea announced that all who travel to Crimea on personal business would be obliged to pay observation costs. However, it is unclear how this will be enacted.

Economic and social impact of measures. The crisis has hit Crimean business hard, especially tourism and services. Some compensatory measures were introduced by the Russian Federal government and regional authorities. In particular, around 24,000 businessmen have applied for a monthly subsidy equivalent to €150. To receive support, the business should keep at least 90% of its employees. The Russian government prescribed harsh operational conditions for resorts. The authorities themselves recognised that these conditions are almost impossible to comply with.

Local political narratives. There is increasing dissatisfaction among medical workers with the failure of authorities to pay bonuses promised by the Russian Federal authorities. The law enforcement bodies started to investigate these cases; however, the issues are far from solved.

Impact on behaviour/attitudes. There were several cases of hate speech, when the Crimean "government" stigmatised those arriving from Ukraine, particularly after holidays abroad. The authorities in Crimea publicly criticised statements by Ukrainian officials who doubted the reliability of reported data on COVID-19 case

TRANSNISTRIA⁴

Data on COVID-19 infections and deaths. The Transnistrian region reported 929 infections and 36 deaths⁵, which amounts to 12% of Moldova's infected population and 13% of its COVID-19-related fatalities.

Measures taken to prevent epidemic. The Transnistrian administration introduced first quarantine measures on 12 March and the state of emergency between March 17 and May 15. The "Operational Headquarter", led by region's "Ministry of Interior Affairs", adopted over 30 decisions introducing restrictions on social and economic activities. Other measures were dictated through decrees adopted by region's "president". To supplement the lack of health personnel, recruiting was organised from the unemployed population, law enforcement and former militaries with medical education, and freshly trained volunteers. The gradual easing of the lockdown began on 12 May, and extended on 21 May, provided that 2-meter social distancing and personal protection (masks, gloves) are ensured.

External aid. Specific external aid has been received from Russia (tests). The private sector, such as the local internet provider "Interdnestrcom", the leading Enterprise "Sheriff", and Russian oligarch Igor Chayka, also offered humanitarian aid.

Impact on cross-border movements. The population of the region can leave it, including to enter the main territory of Moldova, only if they hold "special permits" that are issued by the Operational Headquarter since 19 March. The emergency health-related personnel have been exempted from this rule.

Economic and social impact of measures. In order to enable the social distancing, the region's administration requested from the public institutions to switch to digital administrative work (email, etc.). The region's banks issued free banking cards for pensioners, public sector workers etc. The installation of terminals became obligatory for all banks. Only essential economic entities continued to work until 21.00 hours (groceries, pharmacies). About 3,000 entrepreneurs received financial support from the administration. Export of agri-food goods was prohibited. Other measures adopted by the region's administration were: obligatory respiratory masks in public spaces (transport); disinfection of public spaces; delivery of Russia's compensation to the pension payments; arranged transportation of the health workers to the hospitals; interdiction of public gatherings; controlled selling of masks, gloves and disinfectants per person; supervision of the quarantine regime (since 1 April); restriction to religious places during Easter holidays; online educational process; food transportation to socially vulnerable categories.

Local political narratives. The region's administration accused the constitutional authorities in Chisinau of deliberate complication of the procedures at the border check-points for the import of medical materials.

⁴ Denis Cenuşa

⁵ As for 27 May 2020

Impact on behaviour/attitudes. The region's administration controlled the audiovisual and print media coverage of the COVID-19, except for online communications, and thus largely shaped public perceptions.

ABKHAZIA⁶

Data on extent of Covi-10 infections and deaths. Abkhazia had [registered 25 cases](#) of COVID-19 on May 25, with one recorded death. However 188 people have crossed from Abkhazia to Tbilisi-controlled territory amid the coronavirus pandemic, with 80 taken into various hospitals free of charge, and others in self-isolation or quarantine zones

Political context. Abkhazia went ahead with its presidential election for a new leader on March 22. The candidates held crowded election meetings. Aslan Bzhania was elected the new de facto leader of the republic.

Measures taken to prevent the epidemic. A state of emergency introduced only after the presidential election. Many people simply ignored the restrictions. On March 28 for example a traditional Abkhaz [mass wedding](#) took place in the village of Baslakh with more than 500 guests, despite the new curfew. While the "state of emergency" was observed by many, one [commentator](#), Diana Kerselyan, on April 20 described many people out and about and traffic jams. "They says that people do not fully realize the danger and that is alarming. There is a feeling that most people believe that the virus will pass us by."

In mid-May restrictions began to be lifted. Two sources in Abkhazia and [video footage](#) suggested that life had in many ways returned to normal. The market reopened and public transport resumed operations. On May 26 the border crossing into western Georgia was [reopened](#).

It was announced that Abkhazia would be [open for tourists](#) on June 1, but this also raised fears about this causing a wave of infection.

Extent of aid received. In sharp contrast to South Ossetia, Abkhaz de facto officials reached out to international organizations in March for assistance. On March 18, a delegation of five UNDP and WHO officials [visited Abkhazia](#) and met with de facto officials. This launched a program of assistance from UNDP, UNICEF, UNHCR and WHO to carry out a needs assessment and then provide Abkhazia with training and equipment. (By mid-April there had been [three shipments](#) worth 100,000 USD). Funding came from the EU and (unusually for Abkhazia) from USAID. Also, unusually, UNDP helped facilitate [online consultations](#) between Georgian specialists from Kutaisi Infectious Hospital and their Abkhaz colleagues and two other online meetings between specialists on either side currently treating COVID-19 patients. UNDP's medical assistance also [included support](#) for

⁶ Thomas de Waal

the HIV/AIDS Centre in Sukhumi and the Department of Experimental Biology and Medicine at the university in Abkhazia, ASU.

Much of this was below the radar or little reported on. Abkhazia remains very much in the Russian media space and the public is often unaware of international assistance programmes.

Russia itself has been less prominent in providing medical aid. Instead the de facto health minister singled out assistance from the Abkhaz diaspora in Russia which had [provided](#) humanitarian aid worth over 55 million roubles (700,000 euros.)

Economic impact. The economic imperative to open up is very strong. Annual [government expenditure](#) for Abkhazia for 2020 was set at around 10.5 billion roubles (135 million euros). For the last decade about half of the income has come in the form of financial assistance from Russia, with tourism being the main source of local revenue. The economy is already fragile.

Local political narratives. Officials on both sides continued to make political statements blaming one other. On the Abkhaz side there was little public commentary on the international assistance. On the Tbilisi side the big news was the [opening](#) in late March of a new hospital, whose construction cost 41 million lari (11.7 million euros) right near the boundary with Abkhazia in the village of Rukhi. The message was sent that there were 100 beds specifically for residents of Abkhazia..

SOUTH OSSETIA ⁷

Data on COVID-19 infections and deaths. South Ossetia was slow to report cases. [An article](#) on April 6 called the region “an island in a seething sea of epidemic,” as it had allegedly had no infections at all. De facto officials have downplayed the threat posed by the pandemic and continued to meet without masks or social distancing. The first infection was only reported on May 6 and the number now officially stands at 22 cases.

Measures taken to prevent the epidemic. On April 5 the region tightened closure of its de facto border (or Administrative Boundary Line or ABL) with government-controlled Georgia, which had already been effectively shut since last year.

On May 10, the region also closed its border with Russia, even to truck cargoes. A South Ossetian informant said this angered locals, as Russian military personnel were exempt, while the thousands of locals who have more than one property and families in both North Ossetia (in Russia) and South Ossetia could not cross. This is even more controversial as the infection has mostly arrived in the region via Russian military personnel.

⁷ Thomas de Waal

Despite some restrictions, life carried on more or less normally. A youth wrestling tournament [went ahead](#) in late March. Schools stayed open and the education minister announced plans to [hold dances](#) for school graduates. A [report](#) from Tskhinvali on May 16 described children still playing football, older people visiting shops and parks full of promenading families. It said, "Only a few girls can be seen wearing masks. Boys despise this accoutrement, evidently believing that real knights can go out without a visor."

Brief published reports and anecdotal evidence shows that the health system will struggle to cope if the virus spreads. Medical staff are ill-equipped and [untrained](#) to use the few ventilators in the region. On April 1 one doctor [refused to go to work](#), as he had no protective equipment.

External aid. On May 13, following online Geneva International Discussions (GID), the de facto authorities [rejected the offer](#) of humanitarian assistance from the WHO as it would have to come via Georgia, saying they would only accept if it was delivered through Russia. This leaves the ICRC as the only international humanitarian agency working in the region.

Political developments and narratives. The European Union Monitoring Mission (EUMM) has [continued its activities](#), with certain restrictions. On April 17 Georgia and EU officials reported [new evidence](#) of "borderization" (moving fences and setting up new signs) near the village of Takhtisdziri. Anti-Georgian rhetoric has increased with the Georgia-based EUMM having to [deny bizarre allegations](#) that it was secretly spreading infection.

There is widespread scepticism about the virus and belief in conspiracy theories. This is [undoubtedly influenced](#) by neighbouring North Ossetia, the local metropolis and patron for South Ossetia (with a population of 700,000 as against South Ossetia's estimated 40,000). There the official infection rates as of May 26 were 2,702 with 32 deaths, but one émigré Ossetian [social media commentator](#) gives good reasons to doubt them. The local [health minister](#) and [mufti](#) have both been diagnosed with the disease. On April 20, a rowdy [demonstration](#) was held in the North Ossetian capital Vladikavkaz by protestors, some of who denied the existence of the virus. Later it was reported that a cellular phone mast had been [burned down](#) by anti-virus sceptics.

NAGORNO-KARABAKH ⁸

Data on extent of COVID-19 infections and deaths. Local information sources in Nagorno-Karabakh (NK) have reported 34 positive/confirmed cases of COVID-19 out of 725 tests. The first case was registered on 7 April. A total of over 70 people have been told to self-quarantine. 13 people have so far recovered, and no cases of death have been registered so far. Laboratory facilities in NK are limited and test samples have to be taken back to Armenia.

⁸ Shahla Ismayil and Benyamin Poghosyan

Measures taken to prevent epidemic. An interagency commission was established in NK to coordinate the fight against the COVID-19 even before the first case was identified. On March 26 the decision was made to close the crossing points between Armenia and NK. Exceptions were made for registered residents of NK, and for trucks. On April 12 a state of emergency was declared for one month, which was later extended for another month until June 11. Public gatherings are forbidden. Schools, kindergartens and universities have been closed until the end of the academic year.

External aid received. No external aid has been provided to NK, apart from Armenia and the Armenian diaspora. Two international organizations are working in the region are the Halo Trust (clearing landmines) and the International Committee of the Red Cross. Since mid-April Halo mobilized a COVID-19 response and distributed hygiene supplies (a kit with soap, hand sanitizer, disinfectant spray, gloves, and brochures containing COVID-19 prevention guidelines), and donated protective face masks to local hospitals. Halo also adapted their vehicles to serve as ambulances to transport COVID-19 patients from remote areas to hospital.

Impact on cross-border movements. Even before the outbreak of pandemic NK had neither relations nor border crossing points with any state except Armenia. There are several border crossings along the Armenia–NK border, where as mentioned movements have been restricted since March 26. This effective isolation of the region seem to be reflected in the low number of infections per capita so far.

Economic and social impact of measures. NK is expected to face economic difficulties as a result of the pandemic, especially for small and medium sized businesses. It is reported that the closure of the borders between Armenia and NK has caused increase of prices for certain products.

Local political developments. The outbreak of COVID-19 coincided with the Presidential and Parliamentary elections in the region, which were scheduled on March 31. Despite the calls made by several opposition candidates, the authorities did not postpone the elections. As no candidate won more than 50 percent of votes, the second round of the Presidential elections took place on April 14. The opposition candidate called his supporters not to participate in second round due to the outbreak. However, the elections took place, and on May 21 the newly elected President took office. There were many observers of the elections from Armenia, but not from international organisations.

Impact on conflict settlement process. The COVID-19 outbreak has caused a break in the negotiation process. On 19 March the OSCE mission monitoring the ceasefire announced an indefinite suspension of its operations because of the pandemic. On April 21 a video conference was organized between Armenian and Azerbaijani foreign ministers with the participation of the OSCE Minsk group Co-Chairs. In a joint statement the Co-Chairs (from France, Russia and the United States) underlined the importance of observing the ceasefire strictly and refraining from provocative actions in the current environment, and called on both sides to take measures to reduce tensions further.

Despite initial concerns there has been no escalation of tensions. Armed forces on both sides refrained from military incidents along the front lines during the last 2 months. Military exercises nonetheless took place in the region, undertaken by both Armenian and Azerbaijan forces respectively.

COVID-19 in Belarus: recent developments ⁹

Infections and deaths. The epidemic situation in Belarus is continuing its rapidly worsening trend in May. On 18 May the number of total cases in Belarus came to exceed that in Sweden. The new infections rate has reached more than 900 cases per day on average (since 11 May). The total number of contaminations for 26 May reached 38,059 and the fatality rate is about 0,6% (or 208 cases). There are numerous doubts about the correctness of official data, especially regarding the low deaths rate. The statistical faults are based on the indication of other causes of death than the COVID, and possible artificial reduction of daily cases.

Healthcare system. The healthcare system is about to reach its critical level of sustainability. According to deferent experts' assessments, 80% of beds in hospitals reserved for the infected are occupied. Belarus performs a good testing policy and conducts about 31 tests per 1000 population, which is more than in the EU-27 (according to World Bank assessments). The Ministry of Health does not provide the data on infections and deaths among medical personal. The protective equipment for doctors is still not sufficient, but due to the mobilization of civic initiatives, international help and government efforts, the problem is not too acute. There are cases of repression of medics for their interviews to independent media and bloggers.

Preventive measures. Belarus does not follow even mild recommendations of the WHO on introduction of social distancing measures, like banning mass events and introduction of quarantine in schools and universities. Instead of this government organized a mass military parade on May, 9, national wide "subbotnik", and keeps the football championship open. Governmental information policy remains inconsistent and based on manipulation and hiding of data, suppression of independent opinions and downplaying the scope of the problem. The ongoing electoral campaign and the summer campaign for admission to universities will increase the mobility and contacts between people, which may additionally contribute to the spread of disease.

Compensatory measures. On 24 April the government introduced a so-called "first package" of measures to support some branches of the economy suffered the most from the COVID crisis. The package includes measures on easing of the tax regime, postponement of rental payments, and social support measures for the unemployed. The measures were widely criticized for their insufficient character by the business associations. It was announced in May that the government started to develop a "second package" of support measures for economy.

⁹ Andrei Yahorau

Impact on the population. Business has suffered significantly, especially small and medium enterprises. According to opinion polls 64% of SMEs faced a decrease in revenue, while in 25% it decreased by more than 40%. In May 48.5% of the population felt a decline in their income over the past month. Dynamics on the labor market remains negative, 5.2% of respondents experienced job loss in the last two weeks, and only 1.7% found a job.

Mood of the population. Most respondents of the opinion polls give expected a negative development of the economic situation in the next two weeks. The main concerns of the population remains the potential collapse of the healthcare system and fall of wages. The population continues to support the introduction of more strict isolation measures, first of all, a ban on mass events and the introduction of quarantine in educational institutions. An unprecedented wave of solidarity wave has unfolded in the civil society and private measures to help the medical system. The most remarkable initiative #byCOVID19 managed to collect more than 300,000 USD through crowdfunding.

Table 1: Infections in EaP 6 states, recent data, 26.5.20

	29.3.20	28.4.20	12.5.20	26.5.20	26.5 X 12.5
China	81,149	83,938	84,011	84,102	1.0
US	123,726	988,469	1,347,936	1,662,768	1.2
Russia	1,246	93,558	232,243	362,342	1.6
Europe 7	290,632	981,287	1,103,099	1,183,159	1.1
Georgia	90	517	639	732	1.1
Moldova	231	3,481	4,995	7,147	1.4
Ukraine	418	9,410	16,023	21,584	1.3
Belarus	94	12,204	23,906	37,144	1.5
Armenia	424	1,867	3,538	7,402	2.1
Azerbaijan	182	1,678	2,589	4,271	1.6
EaP 6	1,439	29,157	51,600	78,280	1.5

Table 2: Summary world data, infections and deaths per capita, 26.5.20

	Infections	Infections per 100,000 pop.	Deaths	Deaths per 100,000 pop.	Population millions
China	84,102	6	4,638	0.3	1,383
US	1,662,768	511	98,223	33.0	325
Russia	362,342	251	3,807	2.6	144
Europe7*	1,183,159	344	146,842	42.4	344
EaP6	78,282	109	1,263	1.8	71
Balkan5	16,918	84	539	2.7	20
World	5,508,904		346,508		

*Italy, Spain, France, Germany, UK, Belgium, Sweden

Table 3: COVID-19 recorded infections

	Cases of infection, 29.3.20	Cases of infection, 28.4.20	Cases of infection 12.5.20	Cases of infections 26.5.20	Multiple of 26.5.20 over 12.5.20
China	81,149	83,938	84,011	84,102	1.0
US	123,726	988,469	1,347,936	1,662,768	1.2
Russia	1,246	93,558	232,243	362,342	1.6
Italy	92,472	199,414	219,814	230,158	1.1
Spain	73,235	232,128	227,436	235,400	1.0
France	37,575	166,036	177,542	183,067	1.0
Germany	57,685	158,758	173,526	180,802	1.0
UK	17,089	158,353	224,332	262,547	1.2
Belgium	9,134	46,687	53,779	57,342	1.1
Sweden	3,442	19,621	26,670	33,843	1.3
E7	290,632	981,287	1,103,099	1,183,159	1.1
Georgia	90	511	639	732	1.1
Moldova	231	3,481	4,995	7,147	1.4
Ukraine	418	9,410	16,023	21,584	1.3
Belarus	94	12,208	23,906	37,144	1.5
Armenia	424	1,867	3,538	7,402	2.1
Azerbaijan	182	1,678	2,589	4,271	1.6
EaP 6	1,439	29,155	51,600	78,280	1.5
Bosnia	278	1,585	2,141	2,406	1.1
Serbia	659	6,630	10,176	11,193	1.1
Montenegro	84	321	324	324	1.0
N. Macedonia	241	1,399	1,664	1,991	1.2
Albania	197	750	872	1,004	1.2
Balkan 5	1,459	10,685	15,177	16,918	1.1
Turkey	7,402	112,261	139,771	157,814	1.3
World		3,060,152	4,193,302	5,508,904	1.3

Source: John Hopkins University

Table 4: Deaths from COVID-19

	Deaths 29.3.20	Deaths 28.4.20	Deaths 12.5.20	Deaths 26.5.20	Multiple of 26.5.20 over 12.4.20
China	3,300	4,637	4,637	4,638	1.0
US	2,229	56,253	80,684	98,223	1.2
Russia	4	867	2,116	3,807	1.8
Italy	10,023	26,977	30,739	32,877	1.1
Spain	5,982	23,822	26,744	26,834	1.0
France	2,312	23,327	26,646	28,460	1.1
Germany	433	6,136	7,661	8,323	1.1
UK	1,109	21,158	32,141	36,996	1.2
Belgium	353	7,331	8,761	9,312	1.1
Sweden	105	2,355	3,256	4,029	1.2
<i>E7</i>	<i>20,317</i>	<i>111,106</i>	<i>135,948</i>	<i>146,842</i>	<i>1.1</i>
Georgia	0	6	11	12	1.1
Moldova	2	102	179	261	1.5
Ukraine	9	239	425	644	1.5
Belarus	0	79	135	204	1.5
Armenia	3	30	47	91	1.9
Azerbaijan	4	22	32	51	1.6
<i>EaP 6</i>	<i>18</i>	<i>478</i>	<i>829</i>	<i>1,263</i>	<i>1.5</i>
Bosnia	6	63	113	146	1.3
Serbia	5	125	218	239	1.1
Montenegro	1	7	11	9	-
N. Macedonia	6	65	91	113	1.2
Albania	10	30	31	32	1.0
<i>Balkan 5</i>	<i>28</i>	<i>290</i>	<i>464</i>	<i>539</i>	<i>1.2</i>
Turkey	108	2,900	3,841	4,369	1.1
<i>World</i>		<i>212,056</i>	<i>286,513</i>	<i>346,508</i>	<i>1.2</i>

Source: John Hopkins University