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COVID-19 INFLUENCE ON THE BALTIC-BLACK SEA REGION: CASES OF EU'S MEMBERS AND UKRAINE

The aim of the article is to reveal the difference in approaches and possibilities of the countries of the Baltic-Black Sea Region (samples of several EU members and Ukraine) towards the struggle with pandemic. Research based on both postcolonial studies and biopolitics and it is empirical. The methods include case studies, Internet-based research, archival research, interviews, comparative, statistical, graphical methods, and discourse analysis. The following aspects are researched: approaches of the countries to counteract the pandemic, their cooperation with international organisations, and cooperation with 'donor'-countries, influence of COVID-19 on socio-economic and security spheres of BBSR countries. The authors give prognosis how selected countries of BBSR will overcome the pandemic and develop in the post-pandemic period. The fight against the pandemic continues, and its economic consequences will be felt during next years as well. The situation in Ukraine looks worse in the terms of economic recovery because Ukraine is hit by Russian aggression since

2014. The effectiveness of the individual response to the pandemic depends on the level of trust in society and the commitment of political leaders to learn, collaborate, consult and take principled decisions in times of uncertainty. This commitment to the common good determines the degree of public trust in leaders and institutions, which, in turn, affects citizens' willingness to comply with the restrictions to their daily lives imposed by the lockdown measures. This explains the difference in the impact of the pandemic within the EU. Bulgaria differs in these parameters from the Baltic countries and closer to Ukraine.

Key words: COVID-19, the Baltic-Black Sea Region, mask diplomacy, vaccine diplomacy.

Introduction

COVID-19 is the 21st century's Chernobyl moment — not because a disease outbreak is like a nuclear accident, but because it has shown so clearly the gravity of the threat to our health and well-being. It has caused a crisis so deep and wide that presidents, prime ministers and heads of international and regional bodies must now urgently accept their responsibility to transform the way in which the world prepares for and responds to global health threats. If not now, then when? We either beat the pandemic worldwide or we will not beat it at all. The only way out of the crisis is a global immunization campaign. In less than a year, the world has come together to develop and secure equitable global access to COVID-19 vaccines. The vaccines available are a scientific triumph, but they must now be delivered across the globe. At the time of writing, fewer than one in 100 people in low-income countries had received a first dose — a graphic demonstration of global inequality. As the virus spreads, it is also mutating and creating new challenges. The risk of vaccine nationalism is still looming large. Countries and manufactures must prioritize global solutions. It is also crucial that all manufacturers continue to make their vaccines available and affordable to COVAX, so that the global rollout can continue. Countries that have more vaccines than they need should share vaccines through COVAX; all relevant stakeholders should take action to ensure that the world can produce enough vaccines, at a price that even the poorest countries can afford. «People's health first» should be the guiding principle, driving all efforts in the fight against the pandemic — both nationally and globally.

Therefore, in this article the key terms are pandemic, threat, and vaccine diplomacy. A *pandemic* is a disease outbreak that spreads across countries or continents. It affects more people and takes more lives than an epidemic. The World Health Organization declared COVID-19 to be a pandemic when it became clear that the illness was severe and that it was spreading quickly over a wide area. The *threat* means an external, uncontrolled event that entails a danger of harm or is perceived as such by countries, sectors of the economy, the general population or individuals. It is a combination of factors and conditions that can have a negative impact on the individual and society. The newest entry to the pandemic lexicon is *vaccine diplomacy* with some countries using their jabs to enhance their own power and global status.

COVID-19 has affected the regional development of the Baltic-Black Sea Region as well. BBSR represents an extended area, comprising the following countries: Sweden, Finland, Estonia, Latvia and Lithuania (the Baltic States), Poland, Belarus, Bulgaria, Georgia, the Republic of Moldova, Romania, the Russian Federation, Turkey, and Ukraine. In the context of comparing the experience of Ukraine with the experience of member-states of the EU, the Baltic States and Bulgaria were chosen, since in terms of economic and social standards Bulgaria is the closest to Ukraine and the Baltic States are taken as typical examples for counteracting the pandemic. The scientific interest of the chosen countries also lies in the differences of approaches to deal with the pandemic, how effective was and is the external aid from international organizations.

The aim of the article is to reveal the difference in approaches and possibilities of the BBSR countries towards the struggle with pandemic. Research based on both postcolonial studies and biopolitics, and it is empirical. The following aspects are researched: approaches of the countries to counteract the pandemic, their cooperation with international organisations, and cooperation with 'donor'-countries, influence of COVID-19 on socio-economic and security spheres of BBSR countries. The authors give prognosis how selected countries of BBSR will overcome the pandemic and develop in the post-pandemic period.

There are several studies dedicated to the influence of the COVID-19 on the political, economic and social life. Jaroslav Dvorak (2020) pointed out that the timely introduction of quarantine by the Lithuanian authorities was not sufficient but Ringa Raudla (2021) stated the Baltic States responded quickly to the COVID-19 pandemic. The expected financial crisis will affect the Baltic States' EU policies, for example, support for the extension of Union competences in public health management and other initiatives deepening integration.

And maybe the most important question for this research is the problem of inequality in vaccine race. In the early days of the pandemic, when drug makers were just starting to develop vaccines, placing orders for any of them was a risk. Wealthier countries could mitigate that risk by placing orders for multiple vaccines and, by doing so, tied up doses that smaller countries may have otherwise purchased, according to experts. Low-income countries made their first significant vaccine purchase agreements in January 2021 — eight months after the United States and the United Kingdom made their first deals, according to data compiled by UNICEF. The result has been that, as of March 30, 86 % of shots that have gone into arms worldwide have been administered in high- and upper-middle-income countries. Only 0.1 % of doses have been administered in low-income countries (Rich countries, 2020). The WHO expects that supply from COVAX will increase, however. According to the budget released this month, the organization said COVAX was «on track to hit its target of supplying at least two billion vaccine doses in 2021.» And 1.3 billion of those doses, the budget said, would be donations to lower-income countries.

But even with that influx, poor countries may end up waiting years before their populations can be fully vaccinated. That long wait would give the virus

more time to spread, and potentially give rise to new mutations. The Oxford-AstraZeneca vaccine has become ubiquitous: At least 94 countries of varying income levels have administered doses. Its lower price and comparatively easy storage positioned it as a crucial part of the global vaccination effort, but it has recently suffered a series of setbacks (Rich countries, 2020). A study of *The Economist* found that the Oxford-AstraZeneca vaccine showed relatively low efficacy in preventing mild and moderate cases of the more contagious variant. Many low-income countries are dependent on exports from the Serum Institute, including Ukraine. The global race for doses has also affected which countries get which vaccines. With much of the supply of the Pfizer and Moderna vaccines already spoken for by wealthier countries, China, India and Russia have become important suppliers of vaccines to lower-income countries (Rich countries, 2020). This question will be studying further in the article too.

The methodology of this article includes case studies, Internet-based research, archival research, interviews, comparative, statistical, graphical methods, and discourse analysis.

Theoretical basis of research is the provisions set forth in the works of Ukrainian and foreign scientists devoted to the study of COVID-19 economic and security effects in the Black Sea Region, in periodicals, and official websites of the IMF, the World Bank and OECD. Mostly they were built on post-colonial studies or biopolitics. Both theories allow revealing the difference in approaches and possibilities of EU's countries and Ukraine towards the struggle with pandemic

At present, many scientists are devoting their research to studying the impact of the pandemic on the global economy. They all use different tools and methods consider different areas of influence but all come to the same conclusion that the impact is enormous, but mostly negative, unfortunately. The pandemic has had a greater impact on global economic growth than anything that has been experienced for nearly a century (Maital, Sh. & Barzani E., 2020). Developed economies are experiencing new recovery but economic growth in developing countries lagging behind (Maital, Sh. & Barzani E., 2020). This bucket crisis is being removed from the financial world, and the virus pandemic is different from all the previous ones that humanity has encountered. Richard Baldwin and Beatrice Wieder di Mauro in their article «Economics in the Time of COVID-19» (2020) compare this pandemic and the economic crisis with the previous ones. This pandemic is different, economically speaking. Previous post-war pandemics affected countries that were much less economically dominant at the time. And these pandemics were much smaller; the number of COVID-19 cases is already eight or nine times higher than the number of SARS cases. Because of this, each country is literally a pioneer in conducting policy in such conditions, so each copes in its own way. But by studying the experience of other countries, you can form your own special policy and avoid all the mistakes made by others (McKibbin W. & Roshen F., 2020). Countries around the world are trying to stop the spread of the new coronavirus in 2019 (COVID-19), severely restricting travel and personal

business. The paper «Global economic footprint of the COVID-19 pandemic» (2019) analysed the economic footprint of such 'blockades', uses detailed data sets of global supply chains and sets of pandemic scenarios. It has been found that the economic losses associated with COVID depend largely on the number of countries imposing the blockade, and that the losses are more sensitive to the duration of the blockade than to the severity — suggesting that stricter restrictions can reduce economic damage lock duration. The results also highlight several key vulnerabilities in global supply chains: Even countries not directly affected by COVID-19 can suffer large losses (eg > 20 % of their GDP) with such cascading impacts that often occur in countries with low and middle income. Open and highly specialized economies suffer particularly high losses (for example, energy exported to Central Asian countries or Caribbean countries focused on tourism). Weaknesses in supply and declining consumer demand lead to particularly large losses in globalized sectors such as electronics (production decreases by 13–53 %) and cars (2–49 %). The retrospective analysis means that previous, tougher, and therefore shorter blockades are likely to minimize overall economic damage and that global supply chains increase economic losses in some countries and industries (Global economic footprint, 2019). One of the consequences is a growth of global unemployment; it reached more than 10 % at the end of 2020, compared to 5.2 % in 2019. In this sense, regardless of its socio-economic situation, each country must take measures that balance the demand for health security and the livelihoods of its population. Global poverty increased for the first time since 1990 (Buheji, M., 2020).

Approaches of the Baltic Black Sea Region Countries to Counteract the Pandemic

According Sophie Harman, COVID-19 is unique case among world pandemics. «The difference with COVID-19 is that instead of global health security loosely being about protecting the West from the rest, or the global North from threats emerging from the global South, COVID-19 turned the nature of the threat on its head, making it one about protection from the failing interventions in key western states. The threat lays with internal government responses to the outbreaks rather than those of external states or institutions» (Harman, 2021, p. 619). Let's try to check this conclusion on the material of the post-communist countries of Baltic Black Sea Region.

The first cases of coronavirus infection in the BBSR were registered almost simultaneously in the Baltic countries: at the end of February — in the first weeks of March 2020. It was to some extent natural, given the close economic, social and cultural ties between three countries. The Baltic States showed almost the same dynamics of the development of the coronavirus epidemic, starting from the first days of March 2020, which was characterized by a sharp increase in the number of cases in March and April, a prolonged plateau stage until September 2020, a slight increase in the number of cases in September, which continued with a higher rate of infection population in October 2020.

Baltic States were one of the first countries in the European Union that put the restriction measures on free movement from abroad and within the countries. On May 15, 2020 Foreign Ministers of the Baltic States signed a memorandum of understanding on the free movement of persons between the Baltic States (Agreement on free movement, 2020). According to that Agreement starting from May 15, the borders of Estonia, Latvia and Lithuania could be crossed by individuals who displayed no symptoms, held the citizenship of one of these countries, and had a residence permit or right of residence and those whose permanent place of residence was in one of the Baltic States according to the population registry. Anyone that didn't comply with these rules had to self-isolate for 14 days (Agreement on free movement, 2020). That step was called 'travel bubble' (meaning that the citizens of these countries could move freely among these three countries) and was an important sign of close cooperation among these countries.

One of the first steps made by the Baltic States was the introduction of a state of emergency — Lithuania was the first to declare a national-level emergency on 26th of February, Latvia did it on the 12th of March and Estonia on the 13th of March. In addition Lithuania also created a COVID-19 response strategy to contain, over the short term, the risk of the spread of the coronavirus (COVID-19 response strategy, 2020). These first measures proved to be effective as a relatively milder pandemic scenario emerged in the Baltic States in comparison with other countries.

The authorities of the Baltic States developed similar approaches to counteract the pandemic. The Government of Estonia approved the Strategy for overcoming the pandemic crisis in April 2020. The strategy is divided into three stages. The first stage was the escalation of epidemics. The second stage is stabilization, when it is possible to gradually abandon the imposed restrictions. Judging by the indicators, Estonia is currently at this stage. The third stage is a return to normal life to maintain readiness for a new outbreak. Estonia also launched a 2-billion-euro support programme. Within the programme the state funds were supposed to be used to support businesses through KredEx and the Rural Development Foundation. The package also included support for the Estonian Unemployment Insurance Fund's labour market support (Töötukassa), sickness and tax benefits. It allowed tax debt to be postponed for 18 months, a temporary suspension of the second pillar pension contributions, as well as partial compensation for the direct costs of cancelled events (Estonia, 2020). The Latvia's government also announced coverage of 75 % of the costs of outbreak-induced sick leaves or workers' downtime, or up to 700 Euros per month (Latvian government, 2020). There was also support for 'employee downtime' whereby the government made monthly payments of 75 % of their salaries. Lithuania submitted a plan to allocate 10 % the country's GDP (about 5 billion Euros) for the implementation of the response measures (Law on the Management, 2020). From those, 500 million Euros has been allocated to the health sector and included the purchasing of PPE, reagents, medical and other equipment; additional funds for health care, including staff salary supplements; supplementary social security coverage

for COVID-19 health care workers; additional funding for public authorities involved in emergency management, including staff salary supplements and faster and simpler public procurement necessary to protect public health in an emergency.

Bulgaria and Ukraine were covered by the pandemic a little later. Bulgaria began vaccination against COVID-19 on December 27, 2020. The following vaccines have been approved in Bulgaria: Johnson & Johnson, Moderna, Oxford/AstraZeneca, and Pfizer/BioNTech. Prime Minister Boyko Borisov announced that vaccination against coronavirus with AstraZeneca in Bulgaria has been suspended until the European Medicines Agency (EMA) provides written information on its safety. Earlier, several EU countries suspended or reduced vaccination campaigns due to several cases of thromboembolism in vaccinated people. Bulgaria became the seventh country to restrict the use of AstraZeneca following reports of blood clots in people who have been vaccinated (Boyko Borisov, 2020). Among EU's countries Bulgarians stay extremely sceptical about vaccination. They do not believe in a pandemic. One of the reasons for the low level of vaccination is that Bulgaria has invested in AstraZeneca injections and neglected the more expensive Pfizer/BioNTech and Moderna vaccines. Another reason is that 'anti-vacciners' are very influential in Bulgaria. According to Trend polls, 43 % of Bulgarians do not want to be vaccinated (Coronavirus vaccinations, 2021). Meanwhile till June 17, 2021, there were 420,749 cases of coronavirus, with 17,957 deaths (Bulgaria, 2021). Till May 2021 only 5.6 % of the population were fully vaccinated. The country ranks last in the EU in the percentage of immunized citizens, with only 9 % of Bulgarians receiving at least one dose of EU-approved vaccines (Coronavirus vaccination statistics, 2021).

Ukraine faces challenges common to most European countries of balancing the need to ease unprecedented economic and social pressure caused by COVID-19 lockdown measures with avoiding widespread virus transmission that inevitably causes massive influxes of intensive care patients which can lead to a collapse of the health system. Since the beginning of the registration of COVID-19 cases in Ukraine, as of December 2020 (at the same time as Bulgaria), 821,947 confirmed cases of COVID-19 have been registered up to May 14, 2021 (the incidence rate was 2,158.2 per 100,000 populations). During the entire follow-up period, 13,733 deaths were registered among people with a confirmed diagnosis of COVID-19 (mortality was 1.7 %). Among the dead, the majority were men — 7,309 people; 53.2 % of the total number of deaths. A sharp increase in the number of registered cases was observed from August to September 2020. The number of reported cases of COVID-19 continues to grow. Among the 11,208 deaths that had a history of diseases, the vast majority (9,754; 87 %) had cardiovascular disease, and 2,365 people (21.1 %) had been diagnosed with diabetes. Half of the deaths (51.8 %) with concomitant pathology had a combination of diseases (cardiovascular disease and diabetes, immunodeficiency or obesity, etc.). In general, mainly people who died aged 50 years and older had concomitant diseases (10,571 people), which was 94.3 % of the total number of such deaths (Interview with Anastasia Bakanova, 2021).

Official point of view said the reaction of political elites were absolutely adequate. The challenges associated with overcoming the effects of the pandemic are reflected in the National Security Strategy (2020), namely in the current and projected threats to national security and national interests of Ukraine, taking into account foreign policy and domestic conditions (paragraph 11, 12, 29, part II). The Government of Ukraine adopted a supplementary budget and created funds dedicated to offsetting the consequences of the pandemic and managing the health emergency. It also adopted tax measures and, through the National Bank of Ukraine (NBU), monetary and macro-financial policies that support maintaining the liquidity of the Ukrainian economy. Coordination of process of introduction of the COVID-19 vaccine and conducting of a vaccination campaign is carried out by the Emergency Operations Centre of the Ministry of Health of Ukraine on COVID-19 response of spread infectious diseases that can be prevented by vaccination (Order of the Ministry, 2016).

But from the other hand the challenges of countering the coronavirus crisis have called into question the ability of Ukrainian institutions to provide timely assistance to their citizens (*Ukrainian Prism*, 2021, p. 310). The preparation of the COVID-19 vaccination campaign has begun only in September 2020. Later for developing of the practical recommendations for the preparation of a vaccination campaign against COVID-19 in Ukraine on base of the Public Health Centre of the MHU the Working group of experts which consists of national experts and representatives of the Bureau of the World Health Organization in Ukraine, UNICEF, Centres for Disease Control and Prevention of the USA was established. The staff members of the National Technical Panel on immunoprophylaxis (NTPI) have been involved into work. Consequently, of cooperative efforts of NTPI and experts the recommendations about priority groups who should be vaccinated in Ukraine are developed. Also, within the framework of accessing of COVID-19 vaccines for the population of Ukraine, the text of the application for free vaccines through the mechanism Gavi COVAX AMC, in expectation of covering 20 % of the population of Ukraine, was approved by the decision of the Emergency Operations Centre of the MHU on COVID-19 response of spread infectious diseases that can be prevented by vaccination (Interview with Anastasia Bakanova, 2021).

Inter-institutional cooperation in the context of overcoming coronavirus challenges can be described as 'wave' given the presence of both peaks of interaction and the chaos of the process of such interaction. It took place in conditions of insufficient coordination between those who urgently closed the borders (for example, the State Border Guard Service) and those who had to organize evacuations and help Ukrainian citizens who remained abroad (MFA). Later, the Ministry of Foreign Affairs, the Ministry of Infrastructure, the Migration Service, the MHU, and the State Aviation Service were involved. Unfortunately, the inconsistency of actions and the relatively short period of time allotted for returning to the country, the cancellation of flights and the lack of the proposed alternative were evidence of the lack of inter-

institutional cooperation. The model for road and pedestrian crossings was gradually worked out by the Ministry of Internal Affairs together with the MHU. An unresolved issue is ensuring the rights of Ukrainian seasonal workers to travel to the countries they invited to work.

The activities of the Ministry of Foreign Affairs ensured a process of evacuation of Ukrainians and citizens of some other countries from abroad during the first half of the year (for example, Lithuanian citizens from India or foreign citizens from China). Ukrainian special flights were organized. Active work was carried out to ensure the passage to European countries (organization of special corridors) and to ensure the work of border crossings with neighbouring countries. The MFA actively participated in the effective use of 'digital diplomacy' tools. For example, the first 'virtual' visit of Minister D. Kuleba to Germany was organized. There were digitized services that our citizens began to receive, including an electronic consular queue. The launch of the Ministry of Foreign Affairs of the 'Protection' program and the intensification of the use of the 'Friend' application had a positive effect on helping Ukrainians abroad. The Ministry of Foreign Affairs created an online map of world travels during COVID-19. So, despite the chaotic actions in the initial stage, Ukrainian institutions were able to expand the range of online services as well as to answer on other pandemic challenges.

Role of Cooperation with International Organizations during the Struggle with COVID-19

The hypothesis about the significant role of international organizations can be tested on the example of Ukraine, because common sense dictates that of all the selected cases, it is the weakest in economic terms and the least able to cope with any disasters alone.

The MHU's negotiations with international financial organizations played a large role in preventing the worst-case scenario in Ukraine. Negotiations were held with the European Investment Bank on a loan for the purchase of vaccines for 50 million euros and 25 million euros for vaccines from the World Bank. Liquidity is also supported with a number of large loans from the International Monetary Fund (IMF), World Bank and the European Bank for Reconstruction and Development (EBRD), which will help the country wade the pandemic and continue its reform process (Interview with Anastasia Bakanova, 2021).

In March 2020, Ukraine and the United Nations Office for the Coordination of Humanitarian Affairs developed an Emergency Response Plan to address the coronavirus pandemic COVID-19, which included an analysis of the humanitarian crisis in Ukraine caused by the coronavirus pandemic and helped coordinate donor assistance to Ukraine (Ukrainian Prism, 2021, p. 310). Health and economic shocks are closely intertwined. The sooner countries can control the spread of the pandemic the more limited the consequences of the health and economic shocks. Conversely, if an economic shock grows larger, the adverse health and social effects will be greater. Similarly, if an economic shock is not addressed, it may further undermine peoples' health.

This equation is the backbone of United Nations and partner discussions on supporting Ukraine in economic response and recovery.

The United Nations Country Team suggests pursuing, on the one hand, a multi-pronged strategy involving gender-responsive employment retention schemes, and on the other hand, local job creation through support packages for MSMEs that are also able to create jobs in the green economy, especially for vulnerable women and youth. These measures need to be accompanied by infrastructure investments for the economy to benefit of the advantages of digitalization fully. Similarly, agriculture needs infrastructure investments along food value chains, with an emphasis on storage and processing. The UNCT supported Ukraine in offsetting these consequences, especially in the Eastern Conflict Area, where they are more pervasive, and expanded outreach and coverage of assistance. It also provided the opportunity for vulnerable groups to voice their concerns and participates in the response. The UNCT supported the country with the establishment of a Joint SDG Fund to support national and regional strategic planning and financing for a COVID-19 response. The UNCT provides technical guidance and support in the health sector and build capacities for public private partnerships (PPPs) (Harman, 2020, p. 174).

In collaboration with the PAHO Revolving Fund, UNICEF is leading efforts to procure and supply doses of COVID-19 vaccines for COVAX. In addition, UNICEF, Gavi and WHO are working with governments around the clock to ensure that countries are ready to receive the vaccines, with appropriate cold chain equipment in place and health workers trained to dispense them. UNICEF is also playing a lead role in efforts to foster trust in vaccines, delivering vaccine confidence communications and tracking and addressing misinformation around the world (172 countries, 2020).

The COVID-19 pandemic has clearly demonstrated the importance of the work of the World Health Organisation and the imperative for international collaboration in facing global health challenges. It is universally accepted that mass vaccination is the main weapon in the arsenal to stem the spread of COVID-19. This can only be successful when the vaccine is universally available. What we now witness is that some countries have access to large quantities of vaccines whilst others continue to suffer very high infection rates and mortality due to a lack of vaccines. This inequity has consequences beyond the obvious healthcare problems and has far reaching detrimental impacts on the economic and social structure of many countries. Ukraine continues to support the WHO in its efforts to secure vaccines for all countries, supports the WHO call for waiving of intellectual property rights for vaccines and reiterates the call made last November for equitable distribution.

Ukraine has special task — to express concerns about the delivery of healthcare to those affected by the Russian aggression against Ukraine including 3 million citizens living in close proximity to the conflict area and 1.4 million displaced as a consequence. Apart from the impact of the COVID-19 pandemic, this on-going aggression continues to impact on the physical and psychological health of a large part of our population. «We are equally concerned about the

access to quality healthcare for our citizens living in the temporarily occupied Autonomous Republic of Crimea and the city of Sevastopol, certain areas of Donetsk and Luhansk regions, especially against the backdrop of the COVID-19 pandemic», underlined M. Stepanov (Interview with the Minister, 2021).

November 5, 2020, Ukraine signed a Biennial Collaborative Agreement with the Regional office for Europe of the WHO. This comprehensive agreement facilitates joint cooperation on a broad spectrum of healthcare reform initiatives in support of the Government's commitment to provide access to a high quality, well-funded, staffed and administered healthcare system for every citizen. This Collaboration Agreement provides a clear roadmap for cooperation. Equally, the funding provided for in the Agreement, in excess of 6 million dollars, constitutes a major contribution to combined regional efforts (Europe and Ukrainian Government, 2020).

So, the MHU developed a strategy and established a testing algorithm in partnership with other partners such as the WHO, The Centres for Disease Control and Prevention (CDC), and UNICEF. In collaboration with the WHO, it also started monitoring laboratory capacity and collecting information for resource planning. Given increasing testing needs, the WHO is continuing to support the delivery of laboratory equipment, reagents and consumables to 25 laboratories in the Oblast Laboratory Centres (OLCs), the Public Health Centre and the Expert Centre at the National Medical Academy of Post-Graduate Education.

The WHO has multiple roles within COVAX. It provides normative guidance on vaccine policy, regulation, safety, R&D, allocation, and delivery. Its Strategic Advisory Group of Experts (SAGE) on Immunization develops evidence-based immunization recommendations. Its Emergency Use Listing (EUL) ensures harmonized review across member states. It provides global coordination and member state support on vaccine safety monitoring. It developed the target product profiles for COVID-19 vaccines and provides R&D technical coordination. WHO leads, together with UNICEF, the Country Readiness and Delivery workstream which provides support to countries as they prepare to receive and administer vaccines. Along with Gavi and numerous other partners working at the global, regional, and country-level, the CRD workstream provides tools, guidance, monitoring, and on the ground technical assistance for the planning and roll-out of the vaccines. Along with COVAX partners, WHO has developed a compensation scheme as part of the time-limited indemnification and liability commitments (COVAX reaches, 2021).

However, whereas the WHO and other health agencies have called for equitable distribution of vaccines, it is clear that those countries that possess the economic and political might have essentially closed the door to the rest of the world. In these countries they are already vaccinating even the youngest in their populations whilst others do not have enough to vaccinate their most vulnerable citizens and healthcare workers. As M. Stepanov sum up, «In the case of Ukraine we initially had to rely on an allotment of vaccine from COVAX because we were unable to purchase on the commercial market» (Interview with the Minister, 2021).

The Access to COVID-19 Tools ACT-Accelerator, is a ground-breaking global collaboration to accelerate the development, production, and equitable access to COVID-19 tests, treatments, and vaccines. It was set up in response to a call from G20 leaders in March 2020 and launched by the WHO, European Commission, France and The Bill & Melinda Gates Foundation in April 2020 (172 countries, 2020). The ACT-Accelerator is not a decision-making body or a new organization, but works to speed up collaborative efforts among existing organizations to end the pandemic. It is a framework for collaboration that has been designed to bring key players around the table with the goal of ending the pandemic as quickly as possible through the accelerated development, equitable allocation, and scaled up delivery of tests, treatments and vaccines. It draws on the experience of leading global health organizations which are tackling the world's toughest health challenges, and who, by working together, are able to unlock new results against COVID-19. Its members share a commitment to ensure all people have access to all the tools needed to defeat COVID-19 and to work with unprecedented levels of partnership to achieve it. The ACT-Accelerator has four areas of work: diagnostics, therapeutics, vaccines and the health system connector. More than one hundred economies have received life-saving COVID-19 vaccines from 24 February 2021.

COVAX has now delivered more than 38 million doses across six continents, supplied by three manufacturers, AstraZeneca, Pfizer-BioNTech and the Serum Institute of India (SII). Of the over 100 economies reached, 61 are among the 92 lower-income economies receiving vaccines funded through the Gavi COVAX Advance Market Commitment (AMC). COVAX, the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator, is co-led by the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, the Vaccine Alliance, and the World Health Organization. They are working in partnership with developed and developing country vaccine manufacturers. It is the only global initiative that is working with governments and manufacturers to ensure COVID-19 vaccines are available worldwide to both higher-income and lower-income countries (COVAX reaches, 2021). Despite reduced supply availability in March 2021 COVAX delivered doses to all participants that have requested vaccines in the first half of the year.

Even at first glance, the situation with the EU member states looks different than with Ukraine. For them cooperation with the UN, WHO, and other international organizations did not play such essential and inevitable role («we do not choose, we take what they give»), since they themselves are an integral part of an international organization. Thus, all their actions first of all were coordinated and subject to the decisions of the European Commission.

For example, within the framework of the European Commission, a temporary structure was created to support member states in the context of the coronavirus. It developed five types of support on the basis of which countries could request funding.

1. Direct grants, selective tax incentives and advance payments: Member States could develop schemes to provide any company with up to € 800,000 to meet its urgent liquidity needs.

2. Government guaranteed bank loans: Member states had to provide government guarantees so that banks could continue to give loans to the clients. Government guarantees could cover loans to help businesses meet current working capital and investment needs.

3. Government loans to companies: Member States were able to provide loans to companies at favourable interest rates. These loans could help businesses meet current working capital and investment needs.

4. Bank support measures that channel state aid into the real economy: some member states planned to use the existing lending opportunities of banks, as well as subsidize small and medium-sized companies. Such assistance was seen as direct support to the clients of the banks, not the banks themselves.

5. Short-term insurance of external loans. It helped to make government insurance for short-term external loans more affordable.

According to the European Commission's proposal, the money could be directed to priority areas, including: 1) ensuring the functioning of the health care system of the member states, including the purchase of protective equipment, tests and equipment, solutions for e-health, etc.; 2) maintaining corporate liquidity and addressing short-term insolvency, especially in the worst-hit sectors of the economy; 3) various measures to protect the incomes and jobs of the population.

On March 19, 2020, the European Commission approved two schemes to support the Estonian economy. The country was provided with 1.75 billion euros, directed to loans to enterprises on favourable terms, as well as the provision of government guarantees against the loans. Estonia distributed these funds for two funds. The first fund was open to support all companies except agricultural, tobacco and those dealing with genetic modification. The second fund administered the financing of rural areas in Estonia throughout the country. In addition to these finances, Estonia could additionally receive about 300 million euros from the European Union to fight the coronavirus. These resources appeared as a result of the release of liquidity from unused funds of the structural funds and the EU budget. Under normal circumstances, these resources would have been accumulated by the Commission, but in extreme circumstances, they are allocated to Estonia to finance measures related to the fight against coronavirus. Moreover, the European Commission temporarily allowed this amount to be considered as national co-financing, and not as exclusively EU funds. That was technically in favour of Estonia, which in the next multi-year budget for 2021–2027 will have to face a significant increase in the share of co-financing — the amount that the country has to invest in projects funded by the EU (Estonia to get €295, 2020). Similar measures have been taken in Latvia and Lithuania.

The coronavirus has become a new factor in the financing of public spending, since it required large-scale support from both business and citizens at the same time. It was also a test of the financial solidarity systems of the Member States of the EU. The EU passed this test successfully despite the scepticism at the beginning of the pandemic.

Influence of COVID-19 on Diplomacy, Economics, and Security

China's anti-coronavirus package has reached many EU member states. For the European Commission, China's kind gestures are just a way to thank those EU countries that provided significant assistance to China when it was at the epicentre of the coronavirus crisis. With regard to mask diplomacy, by supplying medicines to European countries, China seeks to enhance its image as a responsible world leader, which some European countries are willing to accept. Beijing often used the supply of masks for geopolitical gain, and at the beginning of the crisis it used the struggle of Europeans for medical goods. The Europeans lacked such goods in part because they exported a huge amount of protective equipment to China a few weeks ago, and yet China tried to create a narrative of how it came to the rescue.

Critics suggest that Chinese «mask diplomacy» aims to build rapprochement with Europe at a time when cooperation between Brussels and Washington has been poor. Bulgarian Prime Minister Boyko Borisov spoke with his Chinese counterpart Li Keqiang at the start of the pandemic. Beijing has expressed readiness to make a large donation of masks, glasses, gloves and other sanitary materials. Bulgaria already received a consignment from China which includes 12,000 disposable masks and 2,000 special masks. «China is once again proving the high level of its friendly and diplomatic relations with Bulgaria,» Borisov told the Chinese Prime Minister (How effective, 2020). However, in Bulgaria the main conclusion is: «We will produce it locally». The country has a large textile industry and local production of masks and protective suits for medical staff. In addition, Borisov ordered the resumption of production of the famous drug Analgin-quinine, very popular during communism, which Bulgaria stopped producing in 2012 due to EU restrictions. He also criticized the EU for its lack of solidarity in connection with CORONA-virus crisis and said he ordered his ministers to study the Russian experience in fighting the pandemic (How effective, 2020).

Vaccine diplomacy is the next stage of mask diplomacy. At the moment, the media is paying more attention to the problem of inequality in the distribution of vaccines between different countries and how this process affects the pandemic. They write that modern diplomacy is lacking the financial resources and political power to impose obligations on vaccine manufacturers, loses the race. This is particularly true in Africa and Latin America, but European periphery is not in the good condition too.

On the world stage, a number of major players in the field of vaccines are China, Russia, USA, and India. Russia has aggressively promoted its vaccine in EU countries. Polish Prime Minister openly declared that «in the case of Russia, we can talk about the so-called vaccine diplomacy. By supplying the vaccine against COVID-19, which is in short supply in the world, Moscow is using it to achieve certain political goals». As the main such «goal», the official called «to prove that the Russian vaccine is better than Western, and thus increase its geopolitical influence» (Kowalski, 2021, p. 11).

At the same time in Bulgaria the Health Care Committee of the Parliament supported the proposal of the Bulgarian Socialist Party to start negotiations

on the purchase of Sputnik V, arguing that the government's failure to vaccinate citizens today should be compensated by the Russian vaccine. The BSP has consistently supported Russia. Although the party says it does not oppose the country's EU and NATO membership in the European Parliament the Bulgarian Socialists do not support resolutions criticizing Russia.

But the Minister of Health of Bulgaria Kostadin Angelov stated that there are enough vaccines against COVID-19 in the country, and stressed that according to Bulgarian law, vaccines should be authorized by the European Medicines Agency (EMA). Angelov told lawmakers that the Bulgarian Medicines Agency (BDA) would not be able to assess the safety and effectiveness of the Russian vaccine if it was released in Bulgaria before a European permit. Chief State Health Inspector Angel Kunchev said that the Russian vaccine was being used successfully in Serbia, but recalled that its purchase in Slovakia had led to a government crisis (How effective, 2020).

While the coronavirus has significantly changed the context of health sovereignty, it has not affected all Member States equally. These differences reflect both differences in the impact of the virus and differences in health systems and different approaches to containment in Member States. This issue is now a much higher priority across Europe, and many countries are considering measures that would not have been a priority before. But there are significant differences of opinion among individual EU Member States on how they should respond to the geopolitical competition for health security, what support they expect from their European partners and how they can best create a multilateral environment for protection of sovereignty of European health care.

According to the total number of vaccinations in 14 countries of South-Eastern Europe, there are four groups. Hungary and Serbia which have vaccinated more than 30 % of the population have become clear leaders. This is followed by six EU member states which have vaccinated between 15 % and 25 % of citizens (Bulgaria, Cyprus, Croatia, Greece, Romania, and Slovenia). In the third group, between 5 % and 10 % of those vaccinated, there are only Albania (10.57 %) and Montenegro (7.85 %). Finally, Bosnia, Kosovo, Northern Macedonia and Moldova are well below the 5 % threshold (Coronavirus, 2021). These countries as well as Ukraine relied almost entirely on EU assistance in getting enough injections, but Brussels let them down.

These data point to the apparent failure of EU vaccination diplomacy. The EU missed an opportunity to demonstrate influence over its BBSR neighbours and strengthen its image as a «civic institution of power.» Often diplomacy in this part of Europe is zero-sum game where political influence is the main prize. The EU's lost opportunity was a great for Russia to score a few points in the region.

The economic consequences of the pandemic for all the countries in the Baltic Sea region led to the so-called coronavirus recession, which became a reality after the stock market crash in March 2020. The economies of the three Baltic States have also been significantly affected by the pandemic. Small in volume and open in nature, with a relatively large transport sector, they were vulnerable to a sharp drop in external demand.

The closure of borders and restrictions on freedom of movement led to significant economic consequences. The tourism and transport industries were among the first to be hit by the pandemic. For example, regional air carriers, primarily the Latvian AirBaltic, were forced to completely stop all flights from March 17 to mid-April 2020, and then significantly reduced the number of flights from April to May, 580 flights were cancelled (AirBaltic, 2020; Kaminski-Morrow, 2020). As a result, the company was forced to reduce the number of employees by at least 250 people.

Domestic containment measures have affected household consumption as well as industrial production and the rapidly growing tourism industry sector. The economies of the Baltic States fell by 8 % by the end of 2020 despite a fairly rapid easing of restrictive measures, as well as the introduction of fiscal stimuli, support of economic activity, which meant to reduce the decline in GDP comparing to other EU member states (Baltic Sovereigns, 2020).

In Bulgaria prior to the pandemic a series of structural reforms, the extremely successful integration of Bulgarian manufacturing firms into global production chains, and sound macroeconomic governance led to a five-year GDP growth rate above 3 % (World Bank, 2019). So, before the COVID-19 Bulgarian economy was doing well. But in 2020, GDP growth was only 2.2 %, which is twice less than in 2015. The maximum growth for the period under review was observed in 2015 and was equal to 4 %. Traditionally an agricultural country, Bulgaria is now significantly industrialized. In fact, the agricultural sector accounts for only 3.2 % of GDP and employs 6.3 % of the workforce (World Bank, 2020). The main crops are sunflower, tobacco and wheat. About 46 % of the country's territory is considered agricultural land.

As a result of the COVID-19 pandemic, the Bulgarian government has implemented three special financing programs for agricultural enterprises that have encountered difficulties in optimizing their agricultural activities. Industry accounts for 21.6 % of GDP and 30.1 % of the labour force employed in the industrial sector. Industry continues to rely heavily on manufacturing subsectors (metallurgy, chemicals, engineering), which are estimated to account for 14 % of GDP (World Bank, 2020). The negative consequences of the COVID-19 pandemic are significant and affect all sectors of the Bulgarian economy, which has the greatest impact on the tourism sector. Exports of goods declined by 9 % in 2020; in 2021 it restores pre-crisis level. The same trend was observed in a large part of the manufacturing industry, especially in export-oriented enterprises. Exports of services declined between 25 % and 30 %, mainly due to a decrease in revenues from international tourism by more than 60 %. In 2021, the scenario envisages a partial resumption of tourism. Revenues are expected to remain 20–25 % lower than in pre-crisis 2019 (World Bank, 2020). Bulgaria is one of the European countries experiencing sharp jumps in inflation. After 2016, when inflation was negative, many factors contributed to the rise in further inflation. These include regulated commodity prices, fixed exchange rates and an increase in the share of domestic value-added goods abroad. Annual inflation fell to 1.2 % in 2020 due to the COVID-19 outbreak and a further drop in oil prices (World Bank, 2020). By

2019, the unemployment rate had returned to normal and was already 4.2 %. The unemployment rate was estimated at 5.6 % in 2020, strongly influenced by negative economic impact of the COVID-19 pandemic (World Bank, 2020). Bulgaria's budget deficit in 2019 amounted to 2.1 % of GDP. The government budget in 2020 recorded a deficit of 1.4 % of GDP, is expected to decline to 0.7 % in 2021 and 0.1 % in 2022 due to increased health care spending due to pandemic. As in every member state of the European Union, Bulgaria's national budget system performs its own functions, and the state budget complements the EU budget. The peculiarity of the interaction between the Union budget and Bulgarian budget is the practice of the predominance of financial income with the EU over payments from Bulgaria, stored on budgetary period 2014–2020. In addition, 25 September 2020, the European Council approved 511 million Euro of financial support (scheme SURE), which covers the increased cost of unemployment due to the pandemic.

The response to the COVID-19 pandemic triggered an unprecedented economic crisis in Ukraine as lockdown measures involved temporary closure of most businesses, particularly in the service sector, almost halting economic activity altogether except for the key sectors such as transport, food production and sale, agriculture, and pharmaceutical production and sale. The devastating disruption of global supply chains resulted in a sharp drop of business sales, household incomes and jobs. In agriculture, the most affected food supply chains are fruits and vegetables, milk and dairy, which experienced problems in transportation and storage, and retail. They also have difficulty in obtaining imported inputs (Sykov, 2020). Projections for Ukrainian GDP growth changed from +3 % in January to -6 % in July 2020, taking in consideration the temporary closure of domestic sectors, with the manufacturing, retail trade and transportation sectors hit particularly hard, and a strong contraction of domestic demand, exports and remittances. In case strict lockdown measures are prolonged or re-instated to mitigate a second wave of infections, assessments indicate greater long-term damage to economic fundamentals with a possible reduction of GDP by -11.2 % and of investment leading this decline. Forecasts point to a very weak external environment, supply-side disruptions, and a major slump in domestic demand (Assessment of the socio-economic, 2020).

This pandemic is unprecedented, as evidenced by economic studies that have compared it to the past. The crisis caused by it has a different effect on the world economy, the most affected are those countries that should not. Reducing of all macroeconomic indicators are literally everywhere, all countries impose strict quarantine, but it was determined that the role played by duration rather than rigidity (positive experience of EU countries vs. negative Ukrainian). During the crisis, the economy is unable to stabilize and show a rapid return to normal on its own. The right reaction of national authorities in Baltic States and Bulgaria was the factor that contributed to the return of the economy to normal in 2021. Foreign exchange reserves will lose weight, because they are needed to invest in a crisis policy to stabilize the economy. But we should not forget that by starting the engine of the economy, invest-

ing countries and organizations will be able to return the money through the production of their own products.

Prognosis and Conclusion

The COVID-19 pandemic represents a new type of threat, the various groups of the consequences of which have yet to be assessed. The protracted nature of the pandemic will certainly lead to deepen the identified groups of consequences and the emergence of new approaches to the communication of this threat as an actual news feed.

Forecasts for the world economy are not optimistic. The three most significant recessions were the World War I, the Great Depression and the World War II; the scale of the predictions of the global economic downturn during the pandemic is comparable to the Great Depression of 1929–1930.

The authors of the research «The Extent of COVID-19 Pandemic Socio-Economic Impact on Global Poverty» (2020) argue that one of the consequences of this global economic depression will be an increase in price pressure which will resume in mid-2022 (Buheji, 2020). COVID poses a real threat to the UN Sustainable Development Goals for Poverty Reduction by 2030. By calculating per capita reductions in household income or consumption, the team identified three scenarios: low, medium, and high global declines of 5, 10, and 20 % for the three international poverty lines: \$ 1.90, 3.20, and 5.50 per day. It is estimated that 1.4 billion people are in extreme poverty in developing countries. In some regions, the adverse effects of the COVID-19 pandemic could return poverty levels similar to those recorded 30 years ago. In the worst-case scenario of a 20 % reduction in income or consumption, the number of people living in poverty could increase by 420–580 million, compared to the latest official data for 2018 (Buheji, 2020).

From the first days of the pandemic, quarantine restrictions and closed borders were imposed in most countries of the world, and air services were suspended. Each country was left alone with the crisis, which unfortunately demonstrated the weakness and vulnerability of international agencies and institutions.

The pandemic temporarily destroyed freedom of movement within the Schengen area, helped to undermine solidarity against the background of growing national autonomy. The search for a mechanism to overcome the crisis in the world that survived COVID-19 remains a critical issue for the EU. Video conferencing and online talks have yielded no results other than the understanding that the EU will not follow the path of the 'corona-bonds'. Therefore, the poor EU countries will suffer the most, while the rich countries will be forced to focus on overcoming the consequences at home. Some countries are calling for a new Marshall Plan for Europe, appealing to the United States that they themselves are suffering from the epidemic. US involvement in European affairs is critical to solidarity within the Euro-Atlantic Alliance — its absence could affect the willingness of European members to fulfil their responsibilities. Due to the economic crisis, plans to achieve 2 % of GDP expenditures on defence for a number of key European

NATO member states will be finally destroyed. Due to the pandemic, military coordination is weakened — the Alliance's military exercises, including Defender Europe, are reduced in scale or abolished altogether (Kravchenko, 2020).

A major test of European solidarity was the violation, as a result of quarantine measures, of the normal conditions for the functioning of the four European freedoms: freedom of movement of goods, capital, labour and services, which is the foundation of the Common Market. Most of the quarantine measures are implemented by national authorities which gives grounds to talk about the 'renationalization' of European policy. As a result, a significant threat to European unity could be the strengthening of European sceptics of the far-right and far-left, especially in the countries of 'new' Europe.

Medical diplomacy (purchase of equipment and medical supplies) is extremely relevant today. And in the case of the EU, it is about promoting better internal coordination and international cooperation, through which they can seek a coronavirus vaccine and fight the effects of the crisis. Stories of interaction between EU member states (both old and new Europe) are actively promoted through diplomatic channels. In fact, countries are creating a new national image, which will be an important asset when the coronavirus passes. Another thing is how much this is noticed by ordinary citizens: they seem to be somewhat inclined to overestimate Chinese aid (according to a recent SWG poll, 52 % of citizens consider China to be Italy's best friend).

The need for a quick response and resolution of the crisis on its own provoked the beginning of changes primarily within states. B. Tertrais considers the tendency of strengthening sovereignty to be one of the most important consequences of the pandemic and the most logical solution for overcoming the crisis with the least losses. In support of his opinion, the scientist cites examples of the crises of 2000 and 2010, arguing that it is during critical circumstances that national societies are most inclined to demand from the government and the government greater protection from external threats to public security, in a broad sense from terrorism, wars and epidemics. These requirements will be met by strengthening the role of the state in the field of health and safety through economic intervention (Tertrais, 2020).

A similar opinion is shared in «7 early lessons from the corresponding coronavirus» by I. Krastev. He argues that the crisis with COVID-19 lead to the establishment of powerful states, influential 'big government', whose effectiveness will be evaluated for its ability to rescue the economy during the crisis and protect the citizens from the epidemic. The second important lesson is that the coronavirus demonstrates the so-called 'mysticism of borders', which will serve to strengthen the role of nation-states. Krastev demonstrates is an example of states of the European Union. With the closure of borders at the start of the pandemic in the spring 2020, every government in Europe had to focus only on its own people to ensure the safety of its own citizens. Under normal circumstances, member states do not distinguish between ethnic patients in their health system, but during the crisis they give priority of

its citizens to other Europeans with EU passports. So, coronavirus strengthen nationalism. To survive, the government will ask citizens to build walls not just between states, but between people (Krastev, 2020).

At the same time, the pandemic has led to the revitalization of civil society, the growth of volunteer organizations and in the future may still contribute to positive changes in the political sphere of society. As a result of the current crisis, public institutions will receive a mandate to strengthen of the so-called 'deep state'. In the article of I. Todorov and N. Todorova the term 'deep state' has in mind all those highly skilled bureaucrats, diplomats, experts who work in government or even non-governmental institutions and combine two basic features: basic values and high professionalism. If the COVID crisis is not the last global challenge of the next years (very likely), the trend to strengthen government institutions in general and the 'deep state' in particular can become dominant. For international relations a new meaning of state institutions in the life of societies means strengthening the principle of 'every man for himself' or a new level of interaction between the 'deep states' of individual countries. The latter scenario may even lead to the formation of a 'deep global' that should not be confused with the UN and other current intergovernmental organizations. The question is not about the current international officials, but the global network which will have the ability to monitor and analyse the information. In the ideal case, these international formal or informal associations will have enough powers to adopt and implement decisions on the basis of a combination of the best of knowledge and intelligence of all mankind (Todorov & Todorova, 2020, p. 21).

Summing up all-EU's tendencies and the recent data of major economic indicators, the speed of economic recovery from the economic downturn caused by the pandemic in the Baltic States will depend on the duration and depth of internal quarantine measures, external environment, state support through fiscal and monetary policy, possible future changes in consumer and investor behaviour. The situation for certain industries will remain difficult; this may cause a new decrease in economics and the possible «V» shape scenario of crisis management in the Baltic States will not be fulfilled. The pace of economic growth is projected to pick up gradually in the years ahead.

The baseline scenario for Bulgaria is the fast, but partial recovery of most of the industrial production and of the services; the same time of services, including transport, entertainment, tourism, etc., report a slow growth in 2021. In 2020 GDP growth was only 2.2, twice less than in 2015. Bulgaria's external debt is expected to reach 22.2 % in 2022 (World Bank, 2020). During a pandemic Bulgaria's foreign debt is increased by 10 million dollars. The coronavirus crisis has hit the Bulgarian society hard. The pandemic came after a long rise in living standards, when unemployment and poverty fell to historically low levels. Despite widespread political support, the recession will have long-term consequences.

Ukraine was not expected to reach its pre-crisis levels until 2023–2024, but the War in 2022 dramatically changed all prognoses toward socio-economic recovery.

To conclude, the economic situation in the Baltic States and Bulgaria is not dramatic, although many industries and enterprises are facing serious problems. Consistent anti-crisis shields support domestic entrepreneurs, although, of course, assistance should be even greater, long-term and, above all, strategically designed for many years. The fight against the pandemic continues, and its economic consequences will be felt during next years as well.

The effectiveness of the individual response to the pandemic depends on the level of trust in society and the commitment of political leaders to learn, collaborate, consult and take principled decisions in times of uncertainty. This commitment to the common good determines the degree of public trust in leaders and institutions, which, in turn, affects citizens' willingness to comply with the restrictions to their daily lives imposed by the lockdown measures. This explains the difference in the impact of the pandemic within the EU. Bulgaria differs in these parameters from the Baltic countries and much closer to Ukraine (before February 24, 2022).

The economic and social consequences of the pandemic, rising unemployment and poverty, are already affecting the development of public relations today, and if governments fail to curb these effects, they could pose a serious challenge to international security in the future. Trends triggered by a pandemic could, if intensified, radically change the existing system of international relations. Significant relaxation of the process of globalization has become an impetus for change within, causing increasing trend 'sovereignism'. Thus, the biggest challenge to the COVID-19 pandemic may be its consequences and how the international community will be able to counter them.

The strengthening of sovereignty and nationalism poses certain threats at the national level too. First, the establishment of the above-mentioned strong, if necessary strong leadership during the crisis, threatens the establishment of a dictatorship; crisis and emergency minutes, but authoritarianism, including digital, may remain. Secondly, a total quarantine lockdown became possible only if the individual freedoms of each citizen were restricted, which caused dissatisfaction of many people, further intensified social tensions and revealed hidden problems that needed to be solved before, but became apparent during the crisis. This is supported by demonstrations against the quarantine, which took place from April 2020 in the USA, Germany, the Netherlands, etc.

The crisis exacerbated pre-existing mistrust in the health system, which is linked to the hardships people have experienced due to the health system's dysfunctions. There is high prevalence of conspiracy thinking in Bulgaria and Ukraine, which is normally considered a precursor to conflict escalation. The limited representation of women, social policy and human rights institutions among the members of the response coordinating bodies created a situation of discrimination as lockdown measures, imposed on every citizen, and de facto caused some groups to not be treated equally. The impact of emergency measures on fundamental freedoms and human rights was pervasive and diminished access for the most disadvantaged groups in particular. This increased inequalities and further diminished trust in established institutions, and the

perceptions on access to political and civil rights, public information, the justice system, security, and the rule of law.

Answering the question of how international organizations, including the EU, influenced the course of the fight against the pandemic in Ukraine, it should be concluded that, in general, their role was significant and helped to prevent the worst-case scenario. However, like other crises, this current crisis has shown that actors in international relations seek to take advantage of the situation when weak countries ask for help and increase their dividends in the economic and diplomatic sphere. This applies not only to the Russian Federation and the PRC, but also to some extent to international financial organizations and the EU. Paradoxically, this makes the EU even more attractive in the eyes of Ukrainians. During the pandemic, they once again had the opportunity to see the benefits of belonging to the club of the rich, and therefore healthy.

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ВПЛИВ COVID-19 НА БАЛТО-ЧОРНОМОРСЬКИЙ РЕГІОН: KEYСИ КРАЇН ЄС ТА УКРАЇНИ

Резюме

Мета статті — розкрити різницю в підходах та можливостях країн Балто-Чорноморського регіону (вибірка кількох членів ЄС та України) щодо боротьби з пандемією. Дослідження, яке засновано як на постколоніальних дослідженнях, так і на біополітиці, є емпіричним. Методи включають тематичні дослідження, Інтернет-дослідження, архівні дослідження, інтерв'ю, порівняльні, статистичні, графічні методи та дискурс-аналіз. Досліджуються такі аспекти: підходи країн до протидії пандемії, їхня співпраця з міжнародними організаціями та співпраця з країнами-донорами, вплив COVID-19 на соціально-економічну та безпекову сфери країн БЧР. Автори дають прогноз, як обрані країни долатимуть пандемію та розвиватимуться у постпандемічний період. Боротьба з пандемією триває, а її економічні наслідки будуть відчуватися і в наступні роки. Ситуація в Україні виглядає гіршою з точки зору відновлення економіки, оскільки Україна страждає від російської агресії з 2014 р. Ефективність індивідуальної реакції на пандемію залежить від рівня довіри в суспільстві та здатності політичних лідерів навчатися, співпрацювати, консультуватися та приймати принципові рішення у часи невизначеності. Ця відданість загальному благу визначає ступінь довіри суспільства до лідерів та інституцій, що, у свою чергу, впливає на готовність громадян дотримуватися обмежень у повсякденному житті, накладених заходами карантину. Це пояснює різницю у впливі пандемії всередині ЄС. Болгарія за цими параметрами відрізняється від країн Балтії та значно ближче до України. Криза загострила існуючу недовіру до системи охорони здоров'я, пов'язану з труднощами, яких люди зазнали через дисфункції системи охорони здоров'я. У Болгарії та Україні існує висока поширеність конспірологічного мислення, яке зазвичай вважається передвісником ескалації конфлікту.

Ключові слова: COVID-19, Балто-Чорноморський регіон, маскова дипломатія, вакцина дипломатія.